

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

2 NOVEMBER 2022

THE ROLE OF COMMUNITY HOSPITALS

Summary

1. The Health Overview and Scrutiny Committee (HOSC) has requested an update on the configuration of services across the 7 Community Hospitals in Worcestershire. This includes an overview of performance headlines, challenges and future opportunities.
2. Senior representatives from Herefordshire and Worcestershire Health and Care NHS Trust (HWHCT) will be in attendance to respond to any queries HOSC Members may have.

Background

3. Herefordshire and Worcestershire Health and Care NHS Trust manage community hospitals across Worcestershire. Community hospitals host 3 distinct clinical service areas (inpatients, outpatients and Minor Injury Units), but in addition, they house many other community services who provide their clinical service within the patient's own home. There are 12 distinct wards across the county, within 7 buildings, which offers circa 233 inpatient beds. Each of those buildings has its own challenges and opportunities.
4. The clinical services running from each community hospital are detailed in Appendix 1.
5. Outpatient services run across 4 sites, with the variety of clinics described in Appendix 1. The activity in each area is complex and different organisations are accountable for activity across a range of contracting models. HWHCT has been working closely with Worcestershire Acute Hospitals NHS Trust (WAHT) counterparts to simplify these operating models to ensure good governance around activity and outcomes.
6. Minor Injury Units (MIU) are technically a subcontract of A&E delivery and are delivered by HWHCT on 4 sites. Throughout the Covid pandemic the delivery model has changed significantly and it is now possible to book an allocated appointment in a MIU via the NHS 111 system, alongside the more routine offer of walk-in availability. Activity throughout the MIUs across the county varies and is variable across the seasons of the year. MIUs are very much dependant on the availability of X-Ray services, which are provided by WAHT.
7. The baseline bed numbers across all 7 sites is 233 beds. Of these, 75 are commissioned specifically for Clinical Pathways:
 - Palliative Care x 6 (Primrose Unit, Bromsgrove)
 - Fractured Neck of Femur rehabilitation x 16 (Pershore)

- Stroke Rehabilitation x 32 (Evesham)
 - Intensive Assessment and Reablement x 21 (Worcester City).
8. The Clinical Model throughout the hospitals has changed significantly in recent years, away from a Primary Care Supported model to one of Advanced Care Practitioners (highly qualified Nurses or Therapists with advanced skills) supported by directly employed Doctors or local GP's. This project has been fully evaluated and demonstrates a safe model that has improved quality outcomes for patients and staff.

Challenges and Future Opportunities

9. The information below outlines current challenges and actions being taken around workforce as well as performance and opportunities for further developing the configuration of services on each site.
10. Throughout the Covid pandemic, in order to support the most efficient access and discharges, referral criteria was relaxed and patients have been admitted to the next bed available rather than within their locality. Whilst it is preferable for beds to be available to local people, this remains a daily challenge.
11. Patient Flow across the whole system, including ambulance handover delays and system escalations impact on every aspect of the inpatient areas, with a higher occupancy level than historically, a higher turnover, and significant pressure to increase total numbers of community beds.
12. The most recent Performance Information is shown in the table below.

Urgent Care Dashboard - 2022/2023

Biro was last updated at :

Community Hospitals Total	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Total
Total Admissions and Internal Transfers In	254	257	252	256	19	0	0	1038
Admitted directly from ALEX	86	77	66	62	3	294		
Admitted directly from WRH	128	131	122	135	14	530		
Admitted directly via ECT	5	7	9	6		27		
Admitted directly via GP	13	14	14	16	1	58		
Other direct admissions	15	20	24	25	1	85		
Total Direct Admissions	247	249	235	244	19	994		
Total Internal Transfers In	34	26	35	26	1	0	0	122
Total Discharges (including deaths) and Internal Transfers Out	243	270	258	250	24	0	0	1045
Total Deaths	9	6	14	22	1	0	0	52
ALOS - Discharged/Transferred	23.5	24.8	26.4	24.5	31.4		25.0	
ALOS - Current Inpatients	21.4	23.2	23.0	24.4	52.5	82.5		

13. The most significant challenge for the community hospitals remains staffing. The HWHCT funded staff establishment to provide the clinical and support teams for all the clinical services across the community hospitals is 498 full time equivalent staff. These staff are supported by more than 200 other personnel, for example,

catering departments, porters, cleaning etc. Of the 498, there is an average vacancy rate of circa 16%, which equates to approximately 80 staff. Compounded by absences related to Covid-19, alongside other expected absences, this leads to high use of temporary staff in all areas, which leads to added complexity for leaders working within the system.

14. There are many initiatives to attract and retain staff in HWHCT, including a recent programme to support international Nurses. Although this has been a challenging process, the Trust is beginning to see the long-term benefits and plans to build on the successes of this particular programme.
15. A further challenge for the system, which impacts on the availability of community hospitals, is the significant relationships with partner organisations, for example Primary Care and Social Care. Similar challenges to capacity in these organisations lead to long delays in transfers of care, which ultimately can have a detrimental impact on the patient.
16. In conclusion, Community Hospitals remain a key element in the configuration of health provision within Worcestershire and HWHCT has a deep commitment to the continuity of the community hospitals to provide good quality care and rehabilitation to patients within the county. However, the complexities of providing that care within a significantly challenged health and social care system overall cannot be underestimated, with the most pressing challenge of workforce being one of national concern.

Purpose of the Meeting

17. The HOSC is asked to:
 - consider and comment on the information provided on the role and contribution to health of Community Hospitals; and
 - determine whether any further information or scrutiny on a particular topic is required.

Supporting Information

Appendix 1 - Overview of Clinical Services by Community Hospital

Contact Points

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In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager) there are no background papers relating to the subject matter of this report.