



Date	21 September 2021
Agenda Item	7

Report to: West Lothian Integration Joint Board

Report Title: Update on Temporary Closure of St Michaels Hospital & Staffing Pressures

Report By: Head of Health

Summary of Report and Implications	
Purpose	This report: (tick any that apply).
	- seeks a decision <input checked="" type="checkbox"/>
	- is to provide assurance <input checked="" type="checkbox"/>
	- is for information <input type="checkbox"/>
	- is for discussion <input type="checkbox"/>
	<p>The purpose of the report is to provide a situational update relating to the temporary closure of St Michael's Hospital in August 2021. This report also outlines future decision-making proposals for St Michael's by taking into account the ongoing, wider bed-based review of current and future demand that is part of the transformation work, commenced in May 2021.</p> <p>Additionally, this report provides an assurance to the IJB that options are being fully evaluated through an assessment framework that includes detailed data analysis.</p>
Recommendations	<ol style="list-style-type: none"> 1. It is recommended that the IJB agrees to support an extension of the temporarily closure of St Michael's - from 30 Sep to 30 Nov 21 - to reflect the challenging, deteriorating staffing position that remains unchanged and is assessed as a critical factor. 2. The IJB is asked to agree that a decision on St Michael's will not be taken before the end of November, to allow time for the completion of the bed based modelling work - intended to determine current and future community bed base need - within Workstream 3 of Bed Based Home First programme. 3. The IJB is requested to support the assessment framework approach in Appendix One, in gathering robust data and engagement with stakeholders, to assure that proposals brought to the IJB in November 2021 will be based on evidence and needs of the population

	4. Finally, IJB is asked to be cognisant of the need to prioritise IJB reserves to increasing the capacity within Care at home
Directions to NHS Lothian and/or West Lothian Council	Not required.
Resource/ Finance/ Staffing	<ul style="list-style-type: none"> • There is impact on operational & financial pressure to the Health and Social Care Partnership • Transferring staffing resource to acute to ensure safe staffing levels. • Reduce agency costs for SMH and Baillie wards.
Policy/Legal	Public Bodies (Joint Working) (Scotland) Act 2014
Risk	Risks and limitations of access to care at home staff to support whole system flow
Equality, Health Inequalities, Environmental and Sustainability Issues	
Strategic Planning and Commissioning	
Locality Planning	
Engagement	Engagement with Planning and Commissioning Boards.

Terms of Report

1 Background

- 1.1 A decision was taken in early August to temporarily close St Michael’s Hospital and transfer the existing patients across to Baillie Ward at Tippethill to support the local Acute Hospital with critical staffing pressures, in order to ensure that the beds could be managed safely.
- 1.2 At the time the decision was taken the community hospital’s occupancy levels was sitting at about 50% occupancy, and with new ways of working this had been the case for the last 6-12 months. This gave an assurance that there would be sufficient capacity in the system to support this. The subsequent transfer of a skilled workforce from St Michael’s to Baillie ward provided an assured that Baillie ward could safely manage all 3 patient pathways, whilst releasing staff to the acute site.
- 1.3 Prior to a decision being taken on St Michael’s temporary closure, work had already commenced on reviewing the bed based needs within West Lothian. In June 2021 a Day of Care Audit (DoCA) - a snapshot to determine whether the people met the criteria and were in an appropriate setting to meet their needs - was carried out of all people in the community hospital, mental health, interim social care beds and the rehabilitation ward at St John’s Hospital. The audit showed that a significant number of people in the community beds could have their care needs met in a more homely setting, which equated to 36-50% in St Michael’s and Baillie ward and a similar number across other community sites, as well as opportunities to drive down the length of stay. A further

DoCA was conducted on the 9 Sep 21 and is currently being collated; early indications suggest there are opportunities to meet needs in other low-level intervention settings. These audits will form part of the evidence in assessing the number of beds required in the short, medium and long-term.

2 Summary of Progress

- 2.1 The health and social care within West Lothian is operating in a rapidly deteriorating Covid situation, with increasing numbers of people with acute symptoms accessing the local acute hospital. The impact has been felt across the whole system in terms of managing staff absences and vacancies to meet this demand but also in our ability to access care to manage people safely out of hospital. The staffing levels across the system remain critical, particularly in the acute hospital, due to high absences of staff with Covid symptoms or C-19 exposure; this is likely to continue for the foreseeable future.
- 2.2 Whilst the WLHSCP partnership continues to sustain days lost to delayed discharge - at levels below the national average and consistently operating within the upper performance quartile - it is clear that our ability to sustain this position is weakening due to the fragility of the independent care at home market, reductions in available packages of care and a growing trend of demand outstripping supply.
- 2.3 The HSCP & Acute Management together with the Medical lead has taken a partnership approach to embedding 3 patient pathways into Baillie Hospital. A positive outcome is that more patients are reaching their preferred pathway first time, and this is seen through patient feedback to the MDT team at Baillie. The rehabilitation pathway is providing a period of assessment and rehabilitation to support a person's opportunity to improve their health baseline and mobility, and prevent families considering longer term care too early. All patients in our community beds are overseen by a SW team to ensure the assessment and needs are continuously reviewed, to maximise their opportunities to move to the most appropriate destination in order to meet a person's individual needs as early as possible.
- 2.4 There has also been a reduction in the number of people being identified as requiring a continuous care hospital pathway (HBCCC), with all options to place a person closer to home, in the least restrictive environment, being the default position
- 2.5 Whilst within our community bed based services, we continue to have bed capacity, the team are unable to utilise this fully as Baillie was closed last week due to patients and staff testing positive to C-19: this now means that the unit will not be in a position to consider admissions for 16 days, post last positive result. This is a similar position in the care homes, with many not being in a position to admit until circa 30 September at the earliest, assuming the local Covid position does not deteriorate further.
- 2.6 The current limitations with access to beds - and the ongoing need to separate both Covid and non-Covid patient flow - is accelerating discussions about the need to increase the in-house capacity of care at home. The WHSCP is currently working with NHS Lothian to identify the capacity required to alleviate flow pressure in the acute hospital, which includes opportunities of moving rehabilitation currently in ward 14 at St John's Hospital into the community; this would provide additional beds in the acute system. This highly prioritised proposal would require an increase in community staff providing care at home and modelling is presently in progress. NHS Lothian are also keen to work with the IJB to identify additional resources within the IJB reserves to prioritise the growth of the community in-house care resource in preparation for the winter months, with an agreement exit strategy fully supported by all partner organisations.

3 Review of Next Steps

- 3.1 In view of the increasing prevalence and need for acute beds to treat Covid - and the critical lack of qualified staff to manage the care - it is proposed that a decision on re-opening St Michael's

should be deferred to November 2021, unless the staffing position significantly improves and there is a need for the beds.

- 3.2 As part of robustly assessing the demand for community beds in the short, medium and longer-term, the Workstream 3 Bed based review is currently considering drafting a framework for assessing factors that is anticipated to determine how many beds are needed, and where they would be needed. Appendix One provides detail.
- 3.3 Clearly, development of bed based proposals requires extensive consultation and engagement with the West Lothian population and key stakeholders. Although alternative approaches to ensure partner and stakeholder engagement is optimised, ongoing restrictions and limited opportunities for people meeting in person mean that any consultation undertaken at this point would be restricted, and important views about the priorities for a new bed based plan might not be captured.
- 4 In conclusion, the IJB is asked to note progress and agree the recommendations within the plan

References	N/A
Appendices	Appendix One – Framework for Assessing Bed based need and staffing pressures, intrinsically linked to St Michael's
Contact	Jeanette Whiting Strategic Programme Manager Jeanette.Whitng@nhslothian.scot.nhs.uk

Appendix One - West Lothian Bed Base Review – Proposed Criteria for Assessing Bed & Staffing Needs in Short, Medium and Long Term

Criteria areas	Factors	Detailed work
Staffing	<ul style="list-style-type: none"> • Whole system pressure for clinical bed based staffing • Safe Staffing – ability to recruit and retain across geographical areas • Skill Mix (ratios linked to acuity of Pt) 	<ul style="list-style-type: none"> • Evidence of recruitment challenges • Safe staffing audit • Quantify acute staffing pressures
Engagement	<ul style="list-style-type: none"> • Forums, patient group • Consultation with elected members • Families and Carers 	<ul style="list-style-type: none"> • Evidence of engagement
Geographical Location	<ul style="list-style-type: none"> • Demographics and population size – using existing services • Socio economic profile 	<ul style="list-style-type: none"> • Public health/Council create visual map demographics and socio economic profile
Disease	<ul style="list-style-type: none"> • Acuity (Stable/Unstable Criteria) • Admission Criteria/NICE Guidance • Clinical tipping point - risk of keeping at home 	<ul style="list-style-type: none"> • Acuity (Stable/Unstable) scoring of existing patients • Profile of Patient needs
Local Market	<ul style="list-style-type: none"> • Private sector and availability of care homes • Closeness of facilities across the market 	<ul style="list-style-type: none"> • Visual WL map of care homes and health and social care facilities • Understand the offer and opportunities in these facilities
Demand and Capacity	<ul style="list-style-type: none"> • Strategic – Long term need • Tactical – where should facilities be • Operational – how many beds 	<ul style="list-style-type: none"> • Modelling Existing Demand/ Capacity ALOS, Admission rates, discharge profile, occupied bed days, projected growth
Financial	<ul style="list-style-type: none"> • Cost per bed, per pathway – link to ALoS, occupancy, outcomes 	<ul style="list-style-type: none"> • Bed costs per pt Pathway • Financial modelling by bed mix
Estate	<ul style="list-style-type: none"> • Review condition of estate and existing contractual commitments in short, medium and long term 	<ul style="list-style-type: none"> • Assessment of the Estate
Impact Assessment	Equality and quality <ul style="list-style-type: none"> • Positive impact on protected groups and in reducing equalities 	<ul style="list-style-type: none"> • Conduct an Impact Assessment

