

Questions and Answers

	Question	Response
	<p>About the Community Hospital at Bishop's Castle and the current situation</p>	
<p>1.</p>	<p>What services are currently being provided at Bishop's Castle Hospital?</p>	<p>There is currently outpatient physiotherapy delivered from the site with plans to expand this to link with the new musculoskeletal service. There is also speech and language therapy provided by ShropCom and diabetic eye screening clinics run by Midlands Partnership Foundation Trust.</p> <p>In addition to the services being delivered directly from the site, the South West Rapid Response Team have operational basis in Church Stretton and Bishop's Castle and Admiral Nursing also use the hospital as a base from which home visits can take place.</p>
<p>2.</p>	<p>Why was the decision taken to temporarily close the beds?</p>	<p>The decision was made in October 2021 due to sustained and unacceptable levels of nursing vacancies. These were at such a level the Trust was unable to safely staff the inpatient beds and there were serious patient safety and quality concerns.</p> <p>There had been over 100 shifts in the preceding 6 months where the ward was covered with 100% agency staff. Permanent staff had been working excessively to try and maintain adequate cover and there were numerous incidents and near misses and developing quality and safety concerns being identified via the Trust incident reporting system.</p> <p>The Shropshire Fire service had also escalated concerns to the Care Quality Commission for not having adequate staff Fire trained due to the levels of agency being utilised.</p>
<p>3.</p>	<p>Why is recruitment a problem and what have you done to try and resolve it?</p>	<p>Challenges with filling Registered Nursing vacancies is a well-documented national issue with over 43,500 Registered Nurse vacancies nationally. This challenge is more acute in rural areas where it is harder to attract staff due to limitations with the infrastructure such as transport and housing and also the type of work carried out.</p> <p>The Trust has had in place rolling adverts and has held recruitment days but has been unable to recruit sufficient numbers to address the gaps and to cover the staff who have left for retirement or</p>

		<p>to pursue opportunities elsewhere.</p> <p>Shropshire Community Health Trust has had vacancy challenges for some time in all Community Hospitals and Community Teams and has been working hard to try and address these gaps. This has included utilising an external company to advertise on social media platforms via a robust recruitment campaign plus changes internally to recruitment systems to speed up the process of recruitment and onboarding of staff.</p> <p>The Trust has increased its number of Trainee Nursing Associates by over double in the last 12 months and has commenced recruitment of International Nurses and increased the levels of placements offered to Student Nurses in a bid to attract more Registrants at qualification stage into the Trust.</p> <p>As a result we have started to see a small but sustained improvement in vacancies in some areas. Recruitment to the Bishops Castle Hospital has however remained difficult with little domestic interest in Community Hospital vacancies.</p> <p>Utilising international recruits, Nursing Associates and newly qualified staff does reduce vacancies but alongside this reduces the experience and skill mix within the workforce with these staff requiring significant additional support which unfortunately due to the small size of the workforce at Bishops Castle is difficult to safely do.</p> <p>These options also have a lead in time of between 2 and 4 years.</p>
4.	Why can't the remuneration package be enhanced to attract staff?	<p>Nursing pay scales are set nationally under agenda for change and the Trust cannot deviate from this. Further the bandings for roles are set according to national job profiles to allow for consistency across organisations and further regionally and nationally.</p> <p>The Trust does have an option of paying a recruitment and retention premium in exceptional circumstances for a job or group of jobs that are difficult to recruit. The Trust has a number of Community Hospital Nursing posts and payment of this premium based on geography alone would</p>

		<p>risk de-stabilising the staffing levels in the other community hospitals in the area where the same posts exist.</p> <p>The Trust has only ever applied the recruitment and retention premium on one occasion for roles within the Prison Healthcare Team where there are no other comparable posts within the organisation and the environmental factors are a differential for the posts.</p>
5.	Why can't international recruitment be undertaken in Bishop's Castle	<p>In order to recruit and support international recruits there has to be a core staff base to provide support and supervision as a) the international recruits are going through a period of assessment and training and b) they are supernumerary and therefore cannot be counted when looking at the numbers required for safe staffing levels.</p> <p>From experience the international Nurses once on the professional register continue to require support for a further 12 – 18 months before being in a suitable position to safely take charge of a shift.</p> <p>Alongside an inability to offer suitable pastoral support which from the experience of our acute colleagues at the Shrewsbury and Telford Hospitals is a significant reason why staff do not settle – this includes transport issues, housing availability and cost and being able to easily access local cultural networks whilst settling into their community.</p>
6.	How many staff need to be recruited for the ward to operate safely?	<p>There is a minimum requirement of two Registered Nurses required to safely staff the ward on each shift and this is required on a 24/7 basis. This is in line with national safer staffing requirements. The ward also requires as a minimum 3 Healthcare Assistants on days and at least 1 on nights.</p> <p>Currently the level of vacancy is such that an additional 6 Registered Nurses and 8 Healthcare Assistants are needed in order to safely re-open the beds.</p> <p>At times of increased patient demand due to acuity and dependency the numbers of registered staff and Healthcare Assistants can temporarily be higher.</p>
About the Engagement		

7.	What is the engagement that is being undertaken?	<p>The engagement activities undertaken to date and continuing are as follows and the Trust's website is being kept up to date with the details:</p> <ul style="list-style-type: none"> • Online survey which went live on 14th June with a direct email drop to those living within a 20 mile radius of Bishop's Castle • Outreach workers present in Bishop's Castle Town Centre on the 13th and 15th June to undertake face to face surveys • Three focus groups being recruited to by an independent company to be made up of members of the public representative of the geography and demography of patients treated at Bishop's Castle Hospital. These are taking place week commencing 17th July. • A staff focus group is taking place in addition to the ongoing weekly staff meetings • A staff listening was held on 21st July. • Four public meetings chaired by an Independent Chair. Two have already taken place on 3rd and 5th July with a further meeting planned for 20th July and an online meeting being arranged.
8.	Can paper copies of the survey be left in local libraries and shops for completion?	<p>Careful consideration was given to a request to distribute paper copies of the survey and it was decided that these should not be left in public places for completion for two main reasons a) the potential for loss of personal data as the surveys request sensitive information and personal identifiers such as postcodes and email addresses and b) given the size of the county and the number of locations that we were being asked to distribute the surveys to, it was felt we could not resource this in terms of both distribution but also monitoring the availability of the surveys for the duration of the engagement period so as to ensure a continued supply of surveys in all the locations.</p> <p>We instead arranged for posters to be put up at all locations suggested by the councillors with the details of how to access the survey online or to request a paper copy which would be posted out with a pre-paid envelope. This arrangement has been in place since 14th June.</p>
9.	Why are face to face surveys and public	Given the size of the area we serve, circa 200 square miles, it is neither feasible nor proportionate to

	<p>meetings only being held in Bishop's Castle?</p>	<p>conduct face to face surveys in every area without risking exclusion. We recognise that that patients can come from further afield for the services at Bishop's Castle but have taken this as the central point that people can access and have taken a proportionate pragmatic approach in order to gather the maximum response.</p> <p>Furthermore, we have adopted several different methods of engagement to try and ensure maximum reach. We have seen a positive response to the online survey which has been advertised across the geography and will continue to be advertised and publicised over the course of the next 2 weeks. We have also had a good attendance rate at the two public meetings held so far. We are also holding focus groups that are being recruited to based on the demography and geography of the patients we serve. This will ensure that representative views are obtained across the area.</p>
<p>10.</p>	<p>Why was there not more notice given regarding the meetings being held on 3rd and 5th July?</p>	<p>We recognise that it is preferable to provide as much notice as possible. The meetings were initially publicised on our website, social media and communication to local councillors on 22 June but due to unforeseen circumstances the timings of one of the meetings had to be changed and the posters were delayed, we would like to apologise for this.</p> <p>Whilst there was a good turn out to both of the public meetings, we have listened to the feedback regarding more notice being needed and we have arranged a further public meeting to take place on 20th July and we are also making arrangements for an online meeting following feedback at the first public meeting held on 3rd July.</p>
<p>11.</p>	<p>Can the public meetings be cancelled and re-arranged with more notice and the engagement period extended to allow wider involvement?</p>	<p>There has been a proportionate process of engagement to date. There has been a positive response to the surveys (both on line and face to face with still two weeks to go), plus a number of people had registered for the events on 3rd and 5th July with more anticipated to attend in addition to those who have registered and it would not be fair to those members of the public who had registered and others to cancel . However, we listened to the feedback and decided to arrange a further face to face meeting as well as an online meeting to give anyone who can't easily attend in person a chance to share their views.</p>

		<p>Given that the response rate to the engagement activity so far has been very positive and it is too early to say whether any extension of the engagement process is required. If when the engagement process is nearing conclusion there are any concerns that we have not had the reach or diverse input needed to satisfy the Board that the staff and public have been adequately involved then that would be the time to consider whether further engagement is needed.</p>
12.	<p>Why has the Board sprung this decision on the community with such short notice and why such a short period of engagement?</p>	<p>Communication regarding the decision the Trust is intending to make commenced on 22nd May and the decision is planned for 3 August which is felt to provide ample time for the staff and public to share their views. The beds have been closed for 18 months the staff and public have understandably been pushing for a decision from the Trust and therefore we do not agree that the action we are taking is being sprung on the community. It has been well known that the Trust has been unable to safely staff the inpatient beds for 18 months and to continue with this situation is not right for our staff or patients.</p>
13.	<p>There was an issue with the phone number to request a paper copy of the survey</p>	<p>The survey went live on 14th June and the numbers provided for people to request paper copies were correct. However, we recognised on 15th June that the PALS phone was diverted through to the Trust's switchboard and this had caused confusion. The staff on the switchboard were immediately briefed and the voicemail message was amended to make it clearer that people could leave their details to request a survey. We would like to apologise for any confusion caused.</p>
14.	<p>The survey is not fit for purpose and does not appear to have been written by someone with local knowledge as an example it references an option of attending another hospital within 10 miles and there isn't one for people local to Bishop's Castle.</p>	<p>In terms of 'fit for purpose', this survey has been co-designed with an independent communication company that has a great deal of experience in this area.</p> <p>The survey is being distributed to a wide geographical area so has not been designed solely for people living in or near Bishop's Castle to complete. For example the highest percentage of patients cared for in Bishop's Castle inpatient beds prior to closure were residing in the Shrewsbury area where there is access to other hospitals.</p> <p>Also, where possible open options have been provided for respondents to avoid closed questions and for this particular question there is an option of 'other'.</p> <p>The postcode of respondents will be cross referenced with their responses as part of the wider analysis on the impact of the bed closure.</p>

15.	Why was the survey delayed in going live and is there enough time for people to respond as a result?	The survey was delayed in going live to enable final content and technical checks to be made. To account for this the engagement period was extended by two weeks. The survey went live on 14 th June and will remain open until 14 th July with the engagement period planned to close on the 17 th July, however, a further public meeting now added for 20 th July. The period of informing staff and the public of the engagement process commenced on 22 nd May with the full engagement commencing with the survey on 14 th June and subsequent engagement activities throughout the remainder of June and July with the last planned activity now on the 20 th July.
16.	What will happen to surveys returned after the closing date of 14 th July?	These surveys won't be included in the external analysis as this has already commenced but they will be considered and the views captured in the final report presented to the Board.
The Decision being made by the Board		
17.	What happens when the engagement process ends and is there time to consider everything before the Board meeting on 3 rd August?	<p>Once the engagement period closes we have arrangements in place to do the final analysis and collation of the responses from all the different activities we have undertaken with support from the independent companies who have been undertaking the survey and focus groups.</p> <p>Analysis of the early engagement activity and responses is already underway to ensure we have sufficient time to prepare and consider the required report. Once we have all the responses a report will be written to clearly show the activity undertaken and themes emerging from the responses. This report will inform the board's decision in August on whether Shropshire Community Health NHS Trust can and should continue to fulfil delivery of the contract for the inpatient bed service at Bishop's Castle that the ICB commissions.</p> <p>We are committed to making sure board members do have sufficient time to consider the engagement report thoroughly and conscientiously, as would be the case for all of our Board papers. To support this we have put time aside in diaries for board members to read, digest and ask questions about the report ahead of our public board meeting. We will do this as a 'seminar session' for our board, to make sure that by the time they discuss the issue at our board meeting they are familiar with and have had time to digest and consider the outcomes from our engagement activity.</p> <p>Since this question was received the Trust has announced that the Board will defer its decision to 7th September to allow for a Recruitment Review to be undertaken and as such there is additional time</p>

		available to ensure the analysis of all of the engagement activity is completed well in advance of the Board's decision.
18.	Has the impact on Welsh patients been considered? It was reported that Welsh patients were having to travel further to Whitchurch for care.	The Board will of course be considering impacts such as these when making its decision. The data currently available indicates that there has been almost a 20% reduction in the admission of Welsh patients to Whitchurch in the last financial year so we would need to understand further the reports of patients travelling further from Wales, but please be assured this is all being looked at as part of the wider analysis of potential impacts.
19.	What services are going to be impacted by a decision to withdraw from the contract?	The engagement being undertaken is related to a decision about the contract for the inpatient beds only and therefore there is no impact on the outpatient services that continue to be offered from the hospital
20.	The Board has delayed its decision to 7 th September, why and how will this meeting now take place?	The Board has delayed the agenda item for the Bishop's Castle Inpatient Service to allow for a recruitment review to be undertaken by an external HR expert. This was in response to concerns raised by the public and staff. In light of this the Board will not have the output of this review in time for the August Board meeting so has agreed to defer the item to September. This agenda item will be considered in a public session i.e the meeting will be conducted with members of public able to attend and observe. The Trust is also looking at venues in Bishop's Castle to enable the meeting to be held locally.
21.	When will the report being presented to the Board be available and where can I get a copy?	In line with usual practice, the Trust will publish its Board papers on its website one week in advance of the meeting.
22.	Will the public be able to ask questions of the Board?	In line with usual practice, members of the public can put questions to the Board in advance of the meeting, these will then be read out and a response given. If the questions are received at short notice i.e less than 24 hours before the meeting every endeavour will be made to answer the questions but if there is a need source additional information these will be responded outside of the meeting and an addendum added to the minutes.
Recruitment Review		
23.	Why has a recruitment review been commissioned and what is it looking at?	The Trust has commissioned an external HR expert to look at two areas: firstly, the recruitment activity undertaken by the Trust and whether this is sufficient? Secondly, any other opportunities

		<p>the Trust may wish to consider in order to successfully recruit the required staff.</p> <p>This is in response to concerns that have been raised with regard to the Trust's recruitment attempts and the need for the Board to be satisfied that all reasonable attempts have been made before it makes its decision.</p>
24.	Are there terms of reference and can these be shared?	The Trust has issued a letter of engagement setting out the terms of the review it wishes to be undertaken. This will be published on our website for transparency.
25.	Who prepared the Terms of Reference?	The Terms of Reference were drafted by the Trust's Director of Governance who is experienced in overseeing reviews both internally and externally. The final draft was then approved by the Trust's Chief Executive as the Executive Lead for the Trust's Board.
25.	Who has been commissioned to do the review and how have they been selected?	<p>The Trust approached more than one potential reviewer and the selection criteria was that they had to be experienced in NHS HR policy and recruitment, external to the Trust and with no local conflict i.e a non-shropshire resident. They also had to be available to commit to completion of the work in time for the meeting in September so as to avoid any further delay in the Board being able to make its decision.</p> <p>The Trust has commissioned Mr Tony McCarthy who is an experienced HR Consultant who has significant experience of working with NHS organisations. Most notably, he supported the Lord Carter review and provided HR input into the staffing elements, looking at innovative ways to maximise clinical staff resource.</p>
26.	Will the reviewer be speaking to people and if so who?	<p>Yes part of the scope of the review is for the reviewer to meet with key people. These will be determined by the reviewer and the Trust will support arranging the necessary meetings. The Trust has suggested that the reviewer speak with the Trust's HR Team, Chair of Staffside, ICB representatives, local GP and local councillors but this will ultimately be for the reviewer to determine.</p> <p>In addition, any comments that have been received from the staff themselves or the public in relation to staffing / recruitment will be provided to the reviewer as part of the data pack he will be considering.</p>



Shropshire Community Health

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27.	How can the public be involved in the review?	As above, all comments received from the public will be provided to the reviewer.
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