Shropshire Community Health NHS Trust

Public Board - 7th Sept 2023

MEETING
7 September 2023 15:00

PUBLISHED
7 September 2023

Agenda

Location	*Date*	*Owner*	*Time*
SPaRC Theatre, Brampton Rd, Bishop's Castle, Bishops Castle SY9 5AY	7/09/23		15:00
1. Welcome		Chair	15:00
2. Apologies and Quorum		Chair	
3. Declarations of Interest		Chair	
4. Bishop's Castle Report		CEO	15:10
4.1. Service Review		CEO	15:20
4.2. Engagement Report		Director of Governance	15:50
5. Questions and Comments from the Public			16:20
6. Any Other Business		Chair	
7. Meeting Evaluation		Chair	
8. Date of Future Meeting - 5th October 2023			

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Shropshire Community Health NHS Trust

Bishop's Castle Inpatient Service

0. Reference Information

Author:	Shelley Ramtuhul	**Paper date:**	7 September 2023
Executive Sponsor:	Patricia Davies	**Paper written on:**	30 August 2023
Paper Reviewed by:	N/A	**Paper Category:**	Quality and Safety / Governance / Operations
Forum submitted to:	Board of Directors	**Paper FOIA Status:**	Full

1. Purpose of Paper

1.1. Why is this paper going to the Board of Directors and what input is required?

This paper presents the information collated to support the Board in making a decision on the Inpatient Service at Bishop's Castle.

2. Executive Summary

2.1 Context

The inpatient beds at Bishop's Castle Community Hospital were temporarily closed in October 2021 due to staffing shortages which were impacting on safety and the quality of care. Since this time the Trust has attempted further recruitment without sufficient success to enable the beds to re-open. In light of this the Board concluded that it could not see any reasonable prospect of being able to staff and re-open the beds. The Trust therefore needs to consider the contract it holds for the inpatient service and whether it must withdraw from the service provided at Bishop's Castle

2.2 Summary

- The Board agreed that prior to making any decision regarding whether or not to withdraw from the inpatient service it should embark on a period of engagement with its staff, patients, the wider public and stakeholders. This paper provides a detailed report of the engagement that has taken place to inform the Board's decision.
- Further the paper provides a detailed overview of the inpatient service provision at Bishop's Castle with a particular focus on the quality and workforce challenges which predicated the decision to temporarily close and that have seen the Trust unable to re-open the service to date
- The paper presents the options available to the Board with regard to the Inpatient Service and sets out the questions the Board should carefully consider in its decision making

2.3 Decision for the Board

The Board must consider the following questions in consideration of it's final decision regarding the Inpatient Service at Bishop's Castle Community Hospital

Bishop's Castle Inpatient Service

- Has the workforce and quality situation at Bishop's Castle Community Hospital changed since the temporary closure of the Inpatient Service?
- Does the Board agree that there remains a decision to be made regarding the Inpatient Service at Bishop's Castle Hospital?
- Does the Board consider that there has been sufficient information provided to the staff, public and other stakeholders regarding the decision it intends to make?
- Is the Board satisfied that its staff, public and stakeholders have been adequately involved in the decision it is proposing to make?
- Has the Board received sufficient information and had adequate time to consider this in order to make a decision?
- Has the Board considered the quality and equality impact of the decision it is making? And have adequate mitigations been identified?
- Is the Board agreed on the course of action to be taken (with regard to the presented and preferred options)?

2.3. Conclusion

The Board of Directors is asked to consider the Bishop's Castle Service Review Report and the Engagement Report in the context of the decision it is being asked to make regarding the Inpatient Service it currently delivers at Bishop's Castle Community Hospital.

Bishop's Castle Inpatient Service

3. Main Report

3.1 Background

The Shropshire Community Health NHS Trust (SCHT) Board concluded in March 2023 that the Trust remained unable to provide an inpatient bed facility at Bishop's Castle Community Hospital and could see no realistic prospect of reopening the (temporarily closed) beds.

The Board agreed to formally advise NHS Shropshire, Telford and Wrekin (NHS STW) that the Trust continued to have no reasonable prospect of being able to safely staff and re-open the beds and that therefore wished to make a decision regarding whether it could continue to provide the inpatient service.

The Board agreed to commence a process of engagement with patients, carers, members of the public, stakeholders and staff so that the outcome of that engagement could feed into a final decision for the Trust and further inform any next steps or considerations required by NHS STW.

- **Public Engagement Report**

By law, NHS Commissioners and Trusts must ensure that users and potential users of health services that they commission and/or provide are involved in certain decisions that affect the planning and delivery of those services.

The public engagement was announced on 22 May and ran from 12th June 2023 to 15th August when the last public meeting was held. The Trust commissioned a number of external companies to support the engagement activity to ensure the engagement activity was robust and had scrutiny from experts external to the Trust.

Through the engagement process there were occasions when feedback from staff and the public caused the Trust to consider further opportunities to engage and the engagement activity was extended and enhanced as a result. Overall there has been a good level of public and staff involvement across a number of different engagement activities but the message has been consistent; there is a strong desire to ensure the future and sustainability of the hospital and there is a feeling that if the beds do not re-open this would be in jeopardy. There are strong arguments made for the beds being needed however a greater argument around the retention of the facility.

Towards the latter end of the engagement period the discussions with South Shropshire PCN have been very encouraging in terms of greater partnership working and what services are needed and possible to be delivered from the site. The Trust is keen to ensure the momentum of these discussions is not lost. Specifically, in this regard, the Board is asked to support the establishment of a Rural Health Group and the identification of Rural Health Champion from within it's Non-Executive Directors

A full Quality and Equality impact assessments has been completed.

- **3.2 Service Review Report**

The Service Review Report outlines the details of the inpatient service at Bishop's Castle. This is broken down into four key areas: quality, resource, performance and workforce.

From a quality perspective it is clear that there were significant quality issues in the run up to the temporary closure of the beds. These were predominantly around safety concerns which were being reported both by staff and the local GP practice but there were also complaints from service users.

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The temporary closure mitigated the safety issues in their entirety but it is recognised, through the public engagement, that there has been an impact on patient experience with reports of patients having to travel further for a community bed or remaining in the acute hospital if a bed is not available. However, it is not possible to say whether the re-opening of the beds would alleviate this as the data shows that the beds in Bishop's Castle were predominantly used by those outside of the local area. Further, the facility was only able to accept patients that met a certain criteria with minimal clinical input needed and therefore those requiring a higher level of care would still need to travel to another facility.

The resource and performance aspects have not been adversely affected by the temporary closure as the activity required under the contract for inpatient services is still being delivered across the three remaining sites.

The workforce issues remains the same with attempts having been made to recruit the required numbers of registered staff to re-open the beds. During the engagement process, the Trust heard reports of poor recruitment practices that had potential to impact on its recruitment efforts and as such it commissioned an external HR Consultant to review this. In the process of collating the required information for the review the Trust was able to identify gaps in the data and processes and in discussion with HR Consultant noted that a robust Recruitment and Workforce Plan was needed. Considering this, the review was halted although all the information collated has been presented for completeness. It is not possible to say whether recruitment would have been successful in the absence of the identified gaps but equally the Trust cannot be assured that it did not impact.

3.3 Options

If the Board is in agreement that situation with the Inpatient Service at Bishop's Castle remains unchanged in relation to the quality and workforce issues previously identified and is in agreement that a decision needs to be made the following options are presented for consideration. These are presented for consideration in two parts as first there needs to be a determination about the recruitment efforts in order to secondly decide on the next course of action:

<u>Part One</u>

In relation to the recruitment efforts:

Option 1
Conclude that the recruitment efforts have been reasonable and sufficient despite the gaps in data and processes identified.

It is clear from the feedback from the HR Consultant that there have historically been gaps in the recruitment processes. Due to a lack of data arising from a change in personnel and a change in systems it is not possible to quantify the impact these gaps had on the recruitment efforts and whether the required level of recruitment would have been otherwise successful.

This option is not recommended

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Option 2
Conclude that the gaps in data and processes identified are such that the Board cannot be assured that the recruitment efforts were reasonable and sufficient.

This is the recommended option as there is insufficient evidence to provide full assurance.

Part Two

The following options are dependent on the decision made by the Board in relation to the Trust's recruitment efforts and relate to whether or not the Trust should withdraw from the inpatient service:

Option 1
If the Board concludes that the recruitment efforts have been reasonable and sufficient so that any further attempts at recruitment would be futile, it could conclude that there remains no reasonable prospect of recruiting sufficient staff to safely re-open the beds. As such the Trust should give notice of its intention to withdraw from the inpatient service.

This option is only recommended if the Board accepts Option 1 in Part One.

Option 2
If the Board concludes that it cannot be assured the recruitment efforts have been reasonable and sufficient it could conclude that further recruitment attempts are needed before withdrawing from the inpatient service (if recruitment unsuccessful). In this situation there are two courses of action that could be taken:

a) Formulate a Workforce and Recruitment Plan (as suggested by the HR Consultant in feedback) with clear targets as to the numbers and type of staff to be recruited, the activity to be undertaken and the timeline for completion. On completion of the recruitment plan if the recruitment numbers have been achieved the beds would be re-opened, if they have not been achieved, notice would be provided to withdraw from the inpatient service and to provide the commissioned activity over the remaining three community hospital sites.

b) Formulate a Workforce and Recruitment Plan (as suggested by the HR Consultant in feedback) with clear targets as to the numbers and type of staff to be recruited, the activity to be undertaken and the timeline for completion. In the meantime, provide notice to the commissioner of the intention to withdraw from the inpatient service and to provide the commissioned activity over the remaining three community hospital sites. On completion of the recruitment plan, if the recruitment numbers have been achieved the Trust would seek to rescind the notice provided and to re-open the beds, if the recruitment numbers have not been achieved, the notice would stand and the Trust would withdraw from the inpatient service

Option 2b would be the preferred option as it would enable the same recruitment effort whilst not delaying a final position. The avoidance of further delay is important both for the staff but also for patients as the ongoing focus on the inpatient beds could detract from discussions around the potential opportunities for the site.

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However, there would need to be discussion with the Commissioners to obtain their agreement that notice could be rescinded.

There would also need to be consideration on how staff recruited could be given security around future roles if notice is given and this would need to be covered in the recruitment plan.

In the event that the commissioners do not agree with 2b, option 2a is recommended.

Option 3
If the Board concludes that it cannot be assured the recruitment efforts have been reasonable and sufficient it could conclude that further recruitment attempts are not needed in any event because the service report demonstrates that the contract is being delivered across the remaining three sites. Further the commissioners are undertaking demand and capacity work to assess the local population need for community beds and therefore the outcome of this should be awaited first.

This option would create delay in reaching a conclusion on the inpatient service and would also delay recruitment attempts (assuming a future need was demonstrated) and is therefore not recommended.

3.5 Conclusion

The Board of Directors is asked to note the information provided under the cover of this report to support and inform it's decision in relation to the options outlined above.

Part One

Option 2 is recommended – the Board cannot be assured that the recruitment efforts were reasonable and sufficient due to gaps in the recruitment data and processes

Part Two

Option 2 is recommended – the Trust should produce a Workforce and Recruitment Plan and re-attempt recruitment with a view to safely staffing and re-opening the beds. This should be time limited and either with or without notice being provided to the Commissioner dependent on their agreement.

In addition, the above, as previously outlined, there have been rich conversations about future opportunities for the services in Bishop's Castle and the Board is asked to affirm it's commitment to continue with these. In particular, the Board is asked to support the establishment of a Rural Health Group under the PCN and the identification of a Rural Health Champion from within it's Non-Executive Directors to ensure a continued focus on rural health at a Board level.

Shropshire Community Health
NHS Trust

BISHOP'S CASTLE INPATIENT SERVICE REPORT
August 2023

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1. EXECUTIVE SUMMARY

1.1 About this Report

1.1.1 Purpose of the report

On 7th October 2021, at the private section of Shropshire Community Health NHS Trust (SCHT) Board meeting, the Board considered critical staffing and associated safety issues at Bishops Castle Community Hospital (BCCH). After reviewing the evidence, the Trust Board decided to temporarily close BCCH on safety grounds, due to the consistent and very high reliance on agency staffing and the lack of adequate numbers of staff to provide the services in a safe manner.

Since this time SCHT has endeavoured to recruit sufficient staffing numbers, in particular registered nurses, to enable the safe re-opening of the beds. However, in March 2023 the Board considered the fact that adequate staffing levels had still not been achieved. The Trust concluded there was no reasonable prospect of being able to re-open the beds. SCHT informed the strategic commissioner, NHS Shropshire Telford, and Wrekin (STW) of the position and commenced discussion regarding next steps.

The Board is being asked to make a decision on whether to withdraw from the inpatient service at BCCH which would enable NHS STW to look at alternative options.

This report provides background information regarding the Inpatient Service to enable the Board to weigh the risks and benefits of the decision they are being asked to make.

1.1.2 What this report contains

The report provides information to the Board on the Inpatient Service at Bishop's Castle covering the following four key areas: **Quality**, **Resource**, **Performance** and **Workforce**. It covers the period and events leading up to the temporary closure, the efforts made to mitigate the impact and to recruit sufficient staff to re-open the beds; the current activity and workforce information to provide a comprehensive overview of the service.

1.2 Summary of Report

1.2.1 Inpatient service provision prior to the temporary closure

Bishops Castle provided 12 inpatient beds and an additional 4 escalation beds that were used during system escalation and as capacity mitigation to estate works across the other Community Hospital sites. Referrals into the beds were both step up, i.e. to avoid an admission to the acute setting and step down i.e. those patients who were medically stable but required further nursing and therapy intervention prior to returning home/usual place of residence.

1.2.2 The decision to temporarily close the inpatient Service

Staffing levels within the inpatient unit had been an issue for some considerable time. Fill rates for all staff and Registered Nurses were under pressure for two years prior to closure with a significant drop in substantive staff seen in July 2020, which did not recover. This position continued to deteriorate through 2020 and 2021. The local GP practice reports raising concerns in 2020 regarding safe staffing levels. Mitigations such as temporary staffing and agency were put in place at the time to support the position alongside recruitment efforts by the Ward Manager and ward team, responsible for staffing levels within the unit.

During the summer of 2021 inpatient Registered Nursing staffing levels at the BCCH became increasingly pressured to the point where patient safety was put at an unacceptable risk. The GP practice again raised concerns to the Medical Director, which the Trust took seriously. Attempts were made to mitigate immediate safety and staffing concerns through use of agency, bank cover and mutual aid from other Community Hospitals where this was possible and clinically safe to do so. However, it was clear that the only option available to the Trust, to preserve patient and staff safety, was to take the difficult decision to close BCCH on a temporary basis whilst working to address recruitment and staffing issues. This difficult decision was taken in the October 2021 SCHT Board.

At the time of decision, the vacancy rate for staff in BCCH stood at 70%, almost twice that of other Community Hospitals with vacancy rates of c30-40%.

To mitigate the impact of this temporary closure, the Trust enhanced local community nursing and teams to further support patients in their place of residence. In January 2022, the Trust also prioritised the roll out of the Rapid Response Team to BC and the surrounding areas. This team both facilitates early supportive discharge from the acute to home and prevents avoidable admission by intervening and providing enhanced care and additional support to community teams and the patient within their place of residence. Furthermore, the Local Authority and ICB spot purchased 10 ‘step down beds’ within the adjoining Stone House residential home in January 2022 – April 2022 to support residents who needed social care related beds over the winter period. These beds were supported by the local medical practice.

In addition, the Outpatient services were quickly re-instated and the Hospital has remained open to clinic services including Physiotherapy, Diabetic Eye Screening and Speech and Language Therapy. SCHT has been unable to recruit the required staff and the beds have therefore remained closed since the decision in October 2021.

1.2.3 Quality

Like any NHS organisation, the Trust has a low tolerance of risks to patient safety. SCHT had experienced staffing challenges for a number of months and had made every effort to mitigate the quality issues and keep BCCH open through various measures:

- Use of agency staff.
- Using on call manager to work night shifts.
- Buddying arrangements with other local Community Hospitals.
- Providing remote oversight from other local services within the Trust.
- Constant and consistent monitoring by the senior team with a focus on patient safety and risk.
- Careful management of the rotas to ensure fire trained staff on shift

However, despite reasonable attempts, the Trust has been unsuccessful in recruiting substantive staff and the situation was felt to be unsustainable and unsafe. The quality section of the main report outlines the significant quality concerns that the Board had.

1.2.4 Resource

SCHT is commissioned by STW ICB to provide inpatient activity equivalent to 26,471 Occupied Bed Days. This activity has previously been provided across 4 hospital sites, but the staffing challenges at BCCH mean that the activity is currently being delivered across just 3 of these sites.

SCHT has not made a saving through the temporary closure of BCCH, due to increased costs to support inpatient care across the 3 currently available sites. This is due to a number of factors linked to post-Covid such as an increase in the dependency of patients meaning increased staffing levels being needed and a significant increase in agency spend. Further SCHT has increased its occupancy across the three sites compared to the four and as such there are additional costs associated with this.

It is reasonable to assume that this increase in cost would have been even greater if BCCH had been open, particularly given the high level of agency reliance in any event and therefore whilst the BCCH closure has not resulted in a saving it is reasonable to assume it has mitigated additional cost pressure.

SCHT remains focused on reducing agency spend and has associated workstreams to deliver this. It is of note that this reduction in cost has not been delivered across the first four months of the financial year.

It is expected that funding from NHS STW will remain unchanged to enable continued provision on commissioned levels of inpatient activity, to meet patient need.

1.2.5 Performance

Assessment of the performance of BCCH must be caveated as the impact of Covid both during and after making the data more difficult to analyse as it is difficult to say with any certainty what impact this had. As an example, Whitchurch was used as a red site and therefore patients would have been transferred there irrespective of their place of residence. The fast-track discharge processes in place would also have impacted on the throughput of patients.

Notwithstanding the above, the data tells us the following:

- Percentage of occupied bed days have increased with 3 sites (91% 22/23 and 94% 23/24 YTD) compared to 4 sites (87% 19/20 and 69% 20/21),), resulting in a slight over performance against the contracted activity plan for Shropshire Telford & Wrekin in 22/23.
- Average Length of Stay (LoS) in 22/23 across 3 sites (15.9) is broadly the same as 19/20 across 4 sites (15.6)
- Admissions at the 3 remaining sites have increased following the temporary closure.

1.2.6 Workforce

Staffing levels at BCCH had been a concern for some time and the safety of the services provided at BCCH due to inadequate staffing levels, had been raised previously at both Trust Board and Quality and Safety Committee meetings prior to the decision taken on 7th October 2021. Of particular note are the following headlines:

- In the six months prior to closure, 96-night shifts and 24-day shifts were run purely in reliance on agency staff.
- On 3 separate occasions an on-call manager had to cover a night shift to support the inpatient ward.
- Sickness absence rates were at between 8 and 14% prior to closure.
- Securing adequate staffing had been and continues to be a challenge with recruitment efforts both prior to and following the temporary closure.
- 73% vacancy rate of Registered Nurses at the time of temporary closure.
- Prior to the closure a serious incident was declared and reported to the CQC, when an agency nurse had to deal with a fire incident, as no other substantive members of staff were on shift at the time.

2. ABOUT THE SERVICE

This section of the report provides an overview of the inpatient service at Bishop's Castle covering both prior to the temporary closure and since the closure up to the present time. It sets out the challenges SCHT has faced, and the actions taken to try and mitigate these.

2.1 Context and Background Information

SCHT has five community hospital sites, four of which have inpatient beds: Whitchurch (32 beds plus 4 escalation), Bridgnorth (25), Ludlow (24) and Bishops Castle (12 plus 4 escalation). Oswestry Hospital has no inpatient beds. This means that total inpatient capacity of SCHT is 93 beds plus 8 escalation beds.

The Trust is contracted to provide inpatient community care across Shropshire and up until October 2021 this was provided across the four sites.

BCCH is a 16-bed inpatient unit - 4 beds have been held as escalation beds, only utilised during periods of severe escalation (when system escalation is level 4) or to mitigate bed unavailability at other sites. During 2019/20 escalation beds were opened once in January. During 2020/21 the beds were opened from June through until March in the main to help mitigate a reduction in bed capacity at Whitchurch due to estates work. The beds remained open in 2021/22 through until its temporary closure to support a reduction in bed capacity due to estate works in Ludlow Community Hospital.

From April to September 2021, the percentage occupancy of the 16 beds, ranged from 57.3 to 69.8%. Even with such low levels of occupancy, maintaining appropriate staffing levels had proved difficult. The staffing levels for day shifts were 2RN's and 3 HCA's am (7.5 hours) and 2RN's and 3 HCS's for pm shift (7.5 hours) and 2 RN's and 1 HCA for night shift (10 hours). The minimum number of RN's per shift, as per safer staffing requirements, must not fall below 2 RN's.

The beds were predominately used for Shropshire residents stepped down from the Royal Shrewsbury Hospital (RSH); however, some patients from Powys were also admitted when being discharged from RSH. There were occasionally beds used for patients from other counties.

On 7th October 2021, at the private section of the SCHT Board meeting, the Board considered critical staffing and the associated safety issues at BCCH. The Trust Board decided to temporarily close BCCH on safety grounds, due to the consistent very high reliance on agency staffing and the lack of adequate numbers of staff to provide the services in a safe manner.

As required, the Trust submitted a statutory notification to the Care Quality Commission, on 15th October 2021.

Closure of BCCH commenced on 17th October 2021, at which point no new inpatient admissions were received. The closure was complete by 31st October 2021, at which point all inpatients had been transferred either home or to another appropriate place of care. All patients and their families were fully informed and involved in the transfer.

At the time of BCCH closure, there were 12 patients occupying beds in the hospital:

- 1 patient was a Bishop's Castle resident
- 5 patients were from Telford
- 1 patient was from Powys
- The remaining patients were from Shrewsbury

Performance against the contracted activity plan for Shropshire, Telford & Wrekin ICB in 2022/23 showed a very slight over performance of 11 ODBs with a capacity of 81 beds plus 4 escalation beds. This demonstrated that SCHT continued to deliver the activity commissioned by STW ICB, albeit across three sites rather than four. It is worth noting that during this time bed occupancy has risen, indicating that the system appears to be more efficiently managed.

Notwithstanding the improved efficiency, attempts have been made to recruit since the temporary closure without success. This is covered later in the workforce section of the report.

In March 2023 the Board took the view that there was no reasonable prospect of the Trust being able to adequately staff the inpatient service to enable the re-opening of the beds and entered into discussions with NHS Shropshire Telford and Wrekin (NHS STW) as the Commissioner with regard to next steps.

SCHT agreed to commence engagement with staff and the public regarding the current situation and the fact the Board needed to make a decision on whether to relinquish the inpatient service at Bishop's Castle but continue to deliver the required contractual activity across the remaining three sites. This would enable the Commissioner to consider alternative options.

2.1.1 Community Hospital Bed Configuration

The table below shows the configuration of beds pre and post the temporary BCCH closure:

Community Hospital	Pre-October 2021	Post October 2021
Whitchurch	32 (plus 4 escalation) beds	32 (plus 4 escalation) beds
Bridgnorth	25 beds	25 beds
Ludlow	24 beds	24 beds
Bishops Castle	12 (plus 4 escalation) beds	0
Total	**93 (plus 8 escalation) beds**	**81 (plus 4 escalation) beds**

2.1.2 Services Provided to Inpatients

Bishops Castle Community Hospital Inpatient beds supported both step up and step-down pathways. Step up pathways were for patients who required nursing care and treatment to prevent an admission to the acute setting. Step down pathways were for patients that were medically stable enough to transfer from the acute, but who still required nursing and therapy intervention before being able to safely go home / usual place of residence.

The top 5 primary diagnosis descriptions for patients using BCCH beds were between April 2020and September 2021 are below:

- Fractured neck of femur (fractured hip)
- Urinary Tract Infection
- Pertroachanteric fractures (fracture hip)
- Falls
- Fractured Pubis (fractured pelvic bone)

2.2 Quality

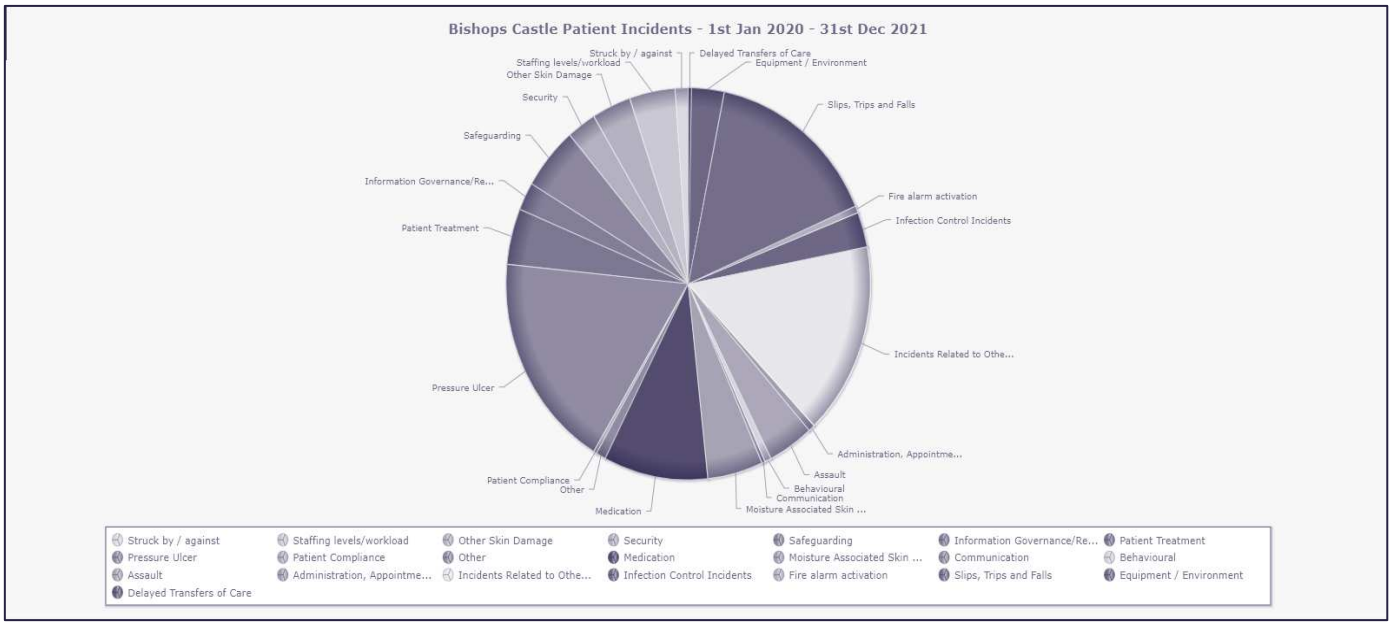
Given that the Inpatient Service was closed and remains closed as a result of quality and safety concerns this section of the report outlines the quality and safety data for the service in the lead up to the temporary closure.

At the time of temporary closure, the Trust Board considered that the continued operation of the Inpatient Service would carry the following unacceptable risk:

- Lack of continuity of care leading to potential harm to patients
- Shortage of staff on a shift leading to poor patient experience and potentially more errors
- Regulatory and statutory non-compliance

2.2.1 Incident Data

All Incidents reported January 2020 to October 2021*



*Note the title on the chart is 1st Jan 2020 to 31st Dec 2021 however the data relates to January 2020 to October 2021

All incidents reported total 259 from January 2020 to October 2021. Incidents involving staffing were the most frequently reported across the 2-year period. 14 were coded as staff workload and further detail on each incident is provided below. When qualitative data (discussed later) is triangulated with this report, there is evidence that Datix incidents have not been reported or logged when staffing shortages and incidents have occurred. Without complete data, there is a risk that this is not a true reflection of staffing issues experienced at Bishops Castle Community Hospital.

The National Quality Board offer guidance for local providers on using other measures of quality, alongside staffing fill rates, to understand how staff capacity may affect the quality of care; these include patient and carer feedback, staff feedback, medication incidents relating to omissions, and patient safety incidents relating to pressure ulcer prevalence and falls.

Alongside the 14 staff workload incidents reported between January 2020 and October 2021 a total of 53 patient slips, trips and falls, 15 hospital acquired pressure ulcers and 32 medication related incidents of which 9 related to missed doses, or wrong dose/drug administered.

Incident date	Description	Action taken
10-Jan-2020	Registered nurse from Prohealth Nursing Agency did not attend night shift. This left one registered nurse and one healthcare assistant to cover the night shift	The agency was rung who said that the nurse, booked for the night shift, had had a family emergency and hence could not attend. The on call manager was contacted. All bank nurses and healthcare assistants were rung and asked if they could work, with no success. This was reported back to the on call manager, who sourced a member of staff from a neighbouring community hospital. Day nurse is remaining on duty until additional member of staff arrives.
17-Jan-2020	Agency RN booked for night shift did not arrive on duty until 22:00	Tried many times to contact Acton Banks with no luck. As we were unaware if the agency nurse was going to turn in for duty. I telephoned a member of our own staff who agreed to come in. She lives an hour away. I was anxious that I would have to stay on duty until our member of staff came in. I felt as though this was unsafe as I was physically and mentally very tired after a busy late shift. The agency nurse turned up at 22:00.
26-Jan-2020	The agency nurse booked for the early shift 26/01/20 did not arrive on duty at 07:30. Thus leaving on one RN on duty for 14 patients.	The agency were contacted and it was explained that we have a no show. They said they would try and contact the nurse concerned. staffing at community hospital informed at 8am, he rang the agency who admitted a mix up on their part. The on call manager was made aware of the staffing situation by staffing at CH.
5-May-2020	Agency RN booked for night shift did not attend. This left x1 RN plus 2 HCA but x1 HCA needed for a 1:1. Staff escalated to on-call manager. Agency were telephoned and stated they had cancelled the shift previously. 8 patients present on the ward. Staffing remained within acceptable variation for that number of patients.	Extra HCA was arranged from substantive staff and RN on late shift stayed until 22.30. So ward was staffed with x1 RN & 3 HCA (inc. for 1:1). RN was unable to take her break but no other red flag incidents occurred. Centralised staffing have been asked to check bookings for this particular agency RN, for this week to avoid further errors. I have checked on RN and she said the shift was manageable but tiring.
28-Jul-2020	Informed at beginning of Night Shift that Agency Health Care Assistant booked to support this shift by providing 1:1 supervision to a patient requiring close supervision was unable to attend. On call duty manager had been made aware of the situation earlier in the evening and advised no other staff available to support. 2 x patient with DoLs in place. 1 patient has been extremely agitated over previous 24 hours showing paranoid tendency with occasional aggression and has attempted to leave the ward. GP is aware and 'as required medication' prescribed for paranoia. Mental Health Nurse had been consulted. Staff on duty 1 x HCA 2x Trained Nurses. Staff ratio considered to unsafe in relation to unpredictable needs of patients.	On call duty manager advised of concerns. Health care assistant allocated to provide close supervision of safe bay with rotation of other 2 staff members to provide some relief for breaks. Aim for 2 x staff within clinical area at all times with breaks allocated on basis of patient activity at given time.

Incident date	Description	Action taken
1-Aug-2020	Staffing for this shift should have been 2 RN's and 3 HCA's (including one to one or enhanced patient support). On shift was SR EM, Agency SN F, HCA KB and Agency HCA E. One of the Agency HCA's did not attend, who had been booked for a long day (stating that he had a flat tyre). This meant that one member of staff was allocated to both patients who required EPS (both under DoLs), one member of staff administering medication, one member of staff serving breakfasts and one member of staff attempting to provide personal care to a patient urgently. There was no hot water in the building. SR EM was attempting to resolve staffing issues, resolve the issue of no hot water and assist with personal care of the patients in between carrying out administration o9f medication.	DR AP was on site and helped by fielding phone calls to enable EM to perform her role. AB was informed of the issues with staffing and advised EM to phone around people, which she was unable to do when carrying out a medication round. AB was asked to inform estates of the issue with hot water as EM attempted to call, but was in a queue and there were call bells ringing
3-Sep-2020	Lack of adequate staffing has led to patients being neglected to supervise 2 confused high risk falls male patients in bay 3, and a confused female patient in bay 1 who was given lorazepam with no effect. Whilst attending to a male in bay 2 who needed toileting, a male confused patient in bay 3 got out of bed and came to the bay doors unaided. Whilst a member of staff was off the floor there were only 2 staff to cover supervising a confused female patient in bay 1, and the 2 males in bay 3. This meant an end of life patient was not able to be attended to regularly, and other patients needs were extremely difficult to meet.	Datix done, night diaries kept, reporting to day staff on arrival
3-Dec-2020	Agency nurse MS from ID Medical did not turn up for the night shift. MS had booked the shift privately rather than going through her agency. When she knew she would not be able to attend the shift she spoke to another agency nurse BA who said he would cover for her. His agency then put the shift out which BA thought was the shift MS had asked him to do. Another agency RN (TW) had also cancelled her shift on 3/12/20. He therefore was the only RN working on the night shift.	Staffing has got involved and discussed with MS who apologised. In future MS will go through her agency to book shifts. Escalated to Locality Manager.

Incident date	Description	Action taken
3-Dec-2020	Agency RN cancelled her shift at 17.45 for a night shift at Bishops Castle Community Hospital on 02/12/20. Last minute cancellation.	- Ward Manager (WM) did a ring around of substantive staff in an attempt to cover the night shift - Staffing personnel had left by this time - WM escalated to Locality manager. Authorized to go out to agencies including Thornbury Agency - WM left building at 18.30 shift not covered at this present time - WM contacted the ward at 21.00 No agency or Thornbury able to cover shift. - WM returned to ward to work this night shift, following a 10 hour day shift - Busy night shift included two admission, all care delivered to a high standard
19-Dec-2020	At 07:30 staff arriving to commence the early shift informed that agency staff nurse booked to cover early shift had called to cancel. Agency HCA booked for early shift failed to arrive. Staff on duty to cover shift 1 RGN - regular agency nurse known to unit and substantive HCA. Patient occupancy 11 patients Dependency 11 score 0 . 1 patient requiring distant supervision due to unsettled behavior and risk of falls (has had 2 x unwitnessed falls during admission). 2 patients nursed within side rooms due to source isolation. At handover for late shift it appeared all patient basic care needs had been met due to staff diligence.	Duty manager had been made aware of depleted staff numbers and had offered assistance. Central staffing made aware of non attendance of booked staff. Contact made with agency nurse for afternoon shift who attended early. Patient care interventions triaged. Patient safety and comfort achieved.
21-Apr-2021	When coming into work on the 21st of April there was only 1 registered nurse on shift with a full ward of 12 patients. The off duty had been changed to an extra HCA rather than RN for the second nurse. The 1 nurse on shift was an agency nurse, who was left very uncomfortable with the situation resulting in the rest of the team feeling anxious about how the day was going to be.	Datix completed
11-Aug-2021	Staffing unable to book 1 to 1 for patient who has a history of daily falls prior to admission and who has a Deprivation of Liberty safeguarding insitu. She is a very high risk of falls.	Patient was being isolated in the side room as she had come from an acute ward bay where other patients were experiencing diarrhoea. Patient has had no diarrhoea since admission so moved to bay with 3 other females to enable closer monitoring.
24-Sep-2021	Short staffed on night shift of HCA, on call manager contacted advised to ring around for staff and agency, permission given to go to Thornbury but could not provide. On call manager came into hospital after 1am due to fire risk as needs to be 3 members of staff on ward and stayed in relatives room. We had 2 new admissions arrive at 21.00pm, dependency of patients is high, 1xmale confused trying to get out of bed needing close supervision. 2xstaff members on shift unable to take	Datix completed

Incident date	Description	Action taken
	breaks. Unable to check controlled drugs as 2x members of staff unable to leave ward unattended. Also had a patient fall at start of night shift	
16-Oct-2021	On the late shift (13:30 - 21:30) only three RN staff with no HCA. One patient requiring one to one enhanced support due to confusion from a brain tumour. 5 other patients highlighted as high risk of falls.	Staff rotated to ensure patient requiring one to one has constant supervision. Member of night staff attended the ward at 19:45 to support. On call manager aware. Authorisation given for off framework agency staff to be requested but unable to cover.

2.2.2 CQC complaint – 30 May 2021

Incident Number: 94060
Type: AFA
Address: Bishops Castle Community Hospital
Time: 0433

As per telephone conversation, a few issues were highlighted during this incident:

- The member of staff who met us on arrival was extremely confused by what was happening, she explained that the majority were agency staff on duty at that time and felt they had insufficient knowledge/understanding/training to deal with the scenario.
- It was noted that the emergency shut off for piped oxygen around the hospital had been broken and isolated by staff.
- There was nobody present with knowledge of how the alarm panel worked or how to silence or reset.
- It took a long time to locate the keys for the fire panel and the external oxygen storage building where the alarm was showing to have activated.
- They were also struggling to get hold of a manger or responsible at that time of night.

Response to CQC questions following concern raised by Shropshire Fire & Rescue

The investigation that followed this incident revealed that several Agency staff who were working on a shift with 100% agency cover were not Fire trained. The response to the CQC investigation is detailed below.

Details of the Fire Training provided within the Trust

All staff within the Trust undergo fire safety training through an e-learning module. The Trust's compliance position as of 1st June 2021 was 94.64%

In addition, staff who work in our Community Hospital services and at the Oswestry Health Centre undergo High Risk Fire training. This is delivered face to face, bespoke to each site and includes all clinical/non clinical staff who work within these settings. This includes domestic staff, admin teams, central bank, and pathology. The Trust's compliance position as of 1st June was 82.29%

Fire Safety & High Risk Fire Safety Compliance for Substantive Staff (12 months rolling)

	Jun 20	Jul 20	Aug 20	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21
Fire Safety Training Compliance %	91.6	92.9	91.97	93	92.2	92.2	92.1	92.5	92.7	92.1	93.4	94.6
High Risk Fire Training Compliance %	73.8	73.1	55.3	77.7	80.9	77.8	77.6	65	64	75	81.7	82.3

To mitigate the risks that under compliance have posed the following have been implemented.

- Prioritisation of staff who are most out of date
- Ensuring staff are compliant with Fire Safety Training (e-learning)
- Roster checks to ensure a minimum of one high risk fire trained staff member is on duty every shift to ensure compliance with fire procedures.

Agency induction programme

- Induction checklist is used for Agency staff and induction programme detailing fire evacuation and process is in place for all wards and is checked prior to booking with the Bank and Temporary Staffing Lead.

2.2.3 Health and healthcare inequalities - duties

When proposing any changes to services that will / or have potential to impact on patients there are statutory requirements both within the NHS Act 2006 and the Equality Act 2010 to consider equalities and health inequalities. In order to meet this duty, SCHT has completed a quality and equality impact assessment (updated and informed by the recent engagement activity) which is attached at Appendix 1.

The demography of the patients treated at BCCH is outlined below for completeness:

The percentage split of patients Admitted to Bishop's Castle Hospital between April 2019 to October 2021

Admissions	%
BC Resident(SY9 postcode)	**7%**
Non BC Resident	**93%**

Gender	%
Female	**60%**
Male	**40%**

Age bracket	%
0-69	**8%**
70-74	**9%**
75-79	**11%**
80-84	**22%**
85-89	**26%**
90-94	**17%**
95+	**7%**

Ethnicity	%
White - British	**82%**
Patient declined to state (Not stated)	**15%**
*Other (Incl. White - Any other White background; White - Irish; Mixed - Any other mixed background; Not Known)	**3%**

* Due to small numbers, these categories have been combined.

Religion	%
Patient Religion Unknown *	**88%**

** Religion & Nationality vary rarely entered, not mandatory fields.

2.2.4 Patient Experience

There were 4 formal complaints during the period January 2020 – October 2021 relating to communication and patient care received. Please see table below for details:

First received	Description	Outcome	Complaint Status
Directorate: Adult Services Division			
20/10/2021	Complainant unhappy about condition of their spouse when they visited them in Bishops Castle Hospital, concerned not receiving 1 to 1 care as expected.	Detailed reply sent providing reassurance about one-to-one care being provided to the patient. Apology given for condition of toilet facilities and assurance given about monitoring regime.	Complaint partly upheld

22/06/2020	Patients family member is raising concern that a nurse on the ward shared something that she had said about her sister-in-law with the person, and it has caused a fallout between the two family members. The complainant sates it is a breach of confidentiality.	Apologised for sharing information and the nurse will be taking further training and this will be discussed as a case study confidentially in team meet for learning	Complaint Upheld
15/01/2021	Complaint received via CCG - Complainant concerned about communication relating to relative's discharge from Bishops Castle and Ludlow Community Hospitals including package arranged by Social Services.	Detailed reply sent explaining and apologising for shortcomings in communication particularly with regards to meetings leading up to the patient's discharge.	Complaint Upheld
29/07/2020	Complainant unhappy about relative's treatment while in Bishops Castle Hospital and also querying whether any tests were undertaken before the patient was discharged. Difficulties also experienced by Warden in contacting the Ambulance Service following the patient's discharge.	Detailed reply sent explaining treatment provided by different practitioners while patient was in Bishops Castle Hospital and also issues in discharge. Reply also included information about Ambulance Services response to requests for assistance.	Complaint partly upheld

It is recognised that the temporary closure has potential to impact on patients and through the engagement there have been reports of patients having to travel further for treatment, the Trust has however not received any formal complaints in this time. The impact on patient travel needs to be considered in the context of the limitations to the care that can be provided from the site and therefore not all admissions to other facilities would be avoided.

To aid the consideration of the impact the following data provides an overview of the geography of the patients treated at BCCH prior to its closure (April 2019 to October 2021):

Postcode Area	BC Discharged Patients
SY3	12%
SY8	9%
SY6	8%
SY5	8%
SY9	6%
SY7	6%
SY1	5%
SY2	5%
SY11	5%
SY4	4%
SY21	4%
WV16	3%
SY16	3%
SY15	3%
SY13	2%
SY22	2%
WV15	2%
SY10	2%

TF9	2%
TF2	2%
TF4	1%
SY12	1%
LD7	1%
TF13	1%
TF10	1%
TF7	1%
TF11	1%

2.3 Resource

2.3.1 Contracting Model for Inpatient Provision

Within the current contract with NHS STW, SCHT are required to provide inpatient care. There is no service specification currently that describes this any further. Annual activity plans are usually agreed and included within commissioning contract documentation, although contracting was paused nationally during Covid. For the last 3 years activity has been measured in a currency of bed days (prior to this in a currency of Finished Consultant Episodes (FCE)), which is reviewed at service line level each year as part of the planning process.

2.4 Performance

2.4.1 Impact of closure on other sites - Admissions

SCHT has focussed hard to use the beds it has in the best possible way. Working with the Local Councils to improve the integrated discharge process has meant the following improvements have been delivered:

No. Episodes	Average Admissions per month Oct '20 to Sept '21	Average Admissions per month Nov '21 to Jul '23	Change in Average Monthly Admissions since BC Temporary IP Closure (No)	Change in Average Monthly Admissions since BC Temporary IP Closure (%)
Bishops Castle	21	0	-21	-100%
Bridgnorth	39	44	5	13%
Ludlow	33	40	7	21%
Whitchurch	51	58	7	14%
Total	**143**	**142**	**-1**	**-1%**

Notes:

October '21 excluded from calculations as it was a transition month for BC temporary IP closure

Ludlow had a number of bed closures in 2022 in order for essential fire remedial works to be undertaken

This work has shown that even with less beds the number of patients seen and treated has remained mostly static. through redeploying resources into other Inpatient areas and enhancing local community nursing teams. This would indicate that SCHT has become **more efficient** meaning the closure of the **12 beds (plus 4 escalation beds) at Bishops Castle has been**

mitigated by the efficiency improvements. (Noting that for some of this period 4 additional beds have been used elsewhere.)

2.4.2 Impact of Closure on Other Sites – Bed Occupancy

Since November 2021 SCHT has focused efforts on increasing patient (bed) occupancy levels in the remaining open beds resulting in an improved position.

The table below shows how average bed occupancy has improved and now exceeds the pre Covid year of 19/20.

Bed Occupancy	2019/20 AVERAGE	2020/21 AVERAGE	2021/22 AVERAGE	2022/23 AVERAGE	2023/24 AVERAGE (TO M4)
Bishops Castle	84%	60%	61%		
Bridgnorth	92%	75%	87%	94%	97%
Ludlow	85%	71%	80%	88%	98%
Whitchurch	86%	68%	73%	91%	88%
Total Bed Occupancy	**87%**	**69%**	**77%**	**91%**	**94%**

Note that Ludlow, given the estate and requirement for partial closure over the last 12 months to complete essential fire safety work and difficulties with the layout and staffing, has seen less increase but has seen real efficiencies, nonetheless.

90% of the patients admitted to Community Hospital beds were stepped down from the acute, thus supporting the system position. Furthermore, 61% of patients treated returned to their usual place of residence reducing the overall economic and care position for the ICB system.

It is important to note, however, that on average, 30% of the Community Hospital beds are occupied by patients who have 'No Criteria to Reside' (NCR), i.e., patients who do not require a health-related intervention. This figure has remained static even with the better working flow with the Local Authorities. There are further opportunities to be had in terms of more targeted support and assessment through the Integrated Discharge Team within SaTH to ensure that a 'home first' approach is taken, thus freeing up the c30% of the 85 beds for more sub-acute care which a recent (MCAP) audit has recommended.

2.4.3 Impact of closure on other sites – length of stay

AVERAGE LoS	2019/20 AVERAGE	2020/21 AVERAGE	2021/22 AVERAGE	2022/23 AVERAGE	2023/24 AVERAGE (TO M4)
Bishops Castle	12.4	13.6	14.6		
Bridgnorth	15.7	14.0	15.1	15.6	17.5
Ludlow	13.8	14.9	13.7	15.7	17.8
Whitchurch	18.7	11.9	14.4	16.4	18.5
Total Average	**15.6**	**13.4**	**14.4**	**15.9**	**18.0**

Length of stay has increased following the temporary closure of BCCH inpatient beds across the 3 remaining Community Hospital sites. Due to the impact of Covid and the change in the

dependency of patients now being cared for in the Community Hospital beds it is difficult to solely correlate the BCCH temporary closure to an overall increase length of stay.

2.5. Workforce

2.5.1 Safe staffing

Staff work hard to deliver care, many working additional hours to sustain services. Our population is ageing, and the age profile of our staff are also getting older.

Staff upon whom we have relied for many years are approaching retirement age and we are experiencing increasing difficulty in recruiting staff to replace them. In 2021 the percentage of Nursing and Midwifery staff in the age bracket of 51 upwards represented 42% and in 2023 the percentage is 40%. It is to be noted that in 2021 the percentage of Nursing and Midwifery staff 61 years or over was 7%, this indicates that staff are leaving between the age of 51 to 61 and this is a similar picture in 2023. This increases our reliance on temporary and agency staff which in turn impacts on the quality and continuity of service we can offer. It also increases the cost of our services. These factors contribute to the growing problems we are experiencing. We need to find a way to maximise the care we can provide, making the best use of our scarce resources and creating attractive career and employment opportunities that people will want to take.

Nationally workforce availably within the NHS has become an increasing risk with more staff leaving than joining. Data from NHS England and NHS Improvement show a Registered Nursing (RN) vacancy rate of 9.9% as 31st March 2023. This is a slight decrease from the same period the previous year when the vacancy rate was 10.0%. As of March 31st, there were over 40,096 Registered Nurse vacancies in England, which demonstrates the size of the challenge we are also facing locally.

Workforce requirement for Bishops Castle

Grade of Staff	WTE Establishment
Band 7	1.0
Band 6	4.2
Band 5	8.0
Band 3	1.8
Band 2	14.19

The table below shows the position as of July 2023:

Registered Nurses	Budget WTE	Vacancy WTE	% vacancy
Bishops Castle	10.24	6.97	68.1
Ludlow	13.21	-0.05	-0.4
Bridgnorth	13.98	0.95	6.8
Whitchurch	16.76	3.69	22.0

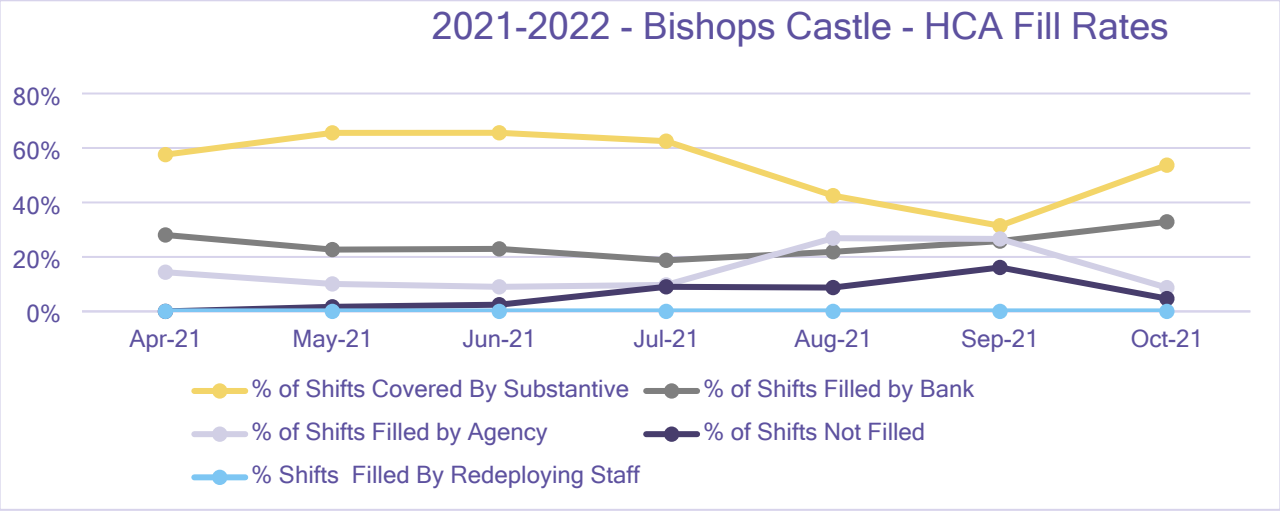
Support to Nursing	Budget WTE	Vacancy WTE	% vacancy
Bishops Castle	10.89	8.69	79.8
Ludlow	21.79	4.35	20.0
Bridgnorth	24.64	2.34	9.5
Whitchurch	23.46	1.29	5.5

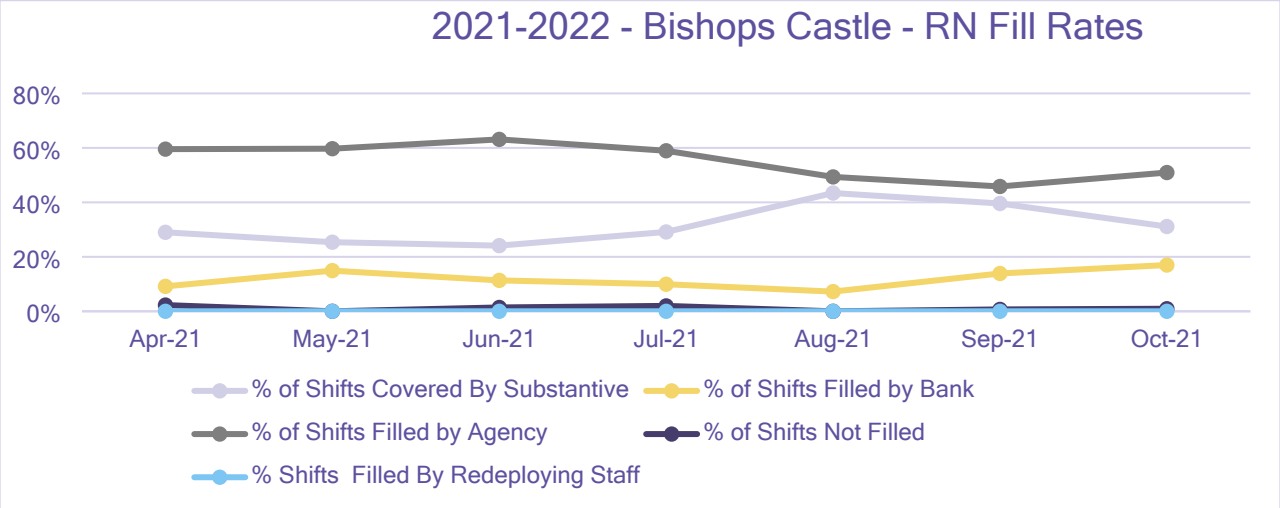
Whilst there are vacancies for Registered (qualified) Nurses at all the Community Hospitals the 68.1% vacancy rate at Bishops Castle is extremely high and is preventing the beds being safely used.

The consequence of these vacancies meant that the Trust was carrying several significant risks as outlined in the quality section of the report. However, in addition there were staff specific risks as follows:

- Shortage of staff leading to limited opportunity to train and develop.
- Poor staff experience leading to lack of staff retention and more vacancies.
- Roles seen as undesirable leading to lack of interest from potential recruits.
- Deteriorating staff survey results reflecting reduced staff morale

The following graphs provide a snapshot view of the fill rates for shifts for BCCH in totality followed by a breakdown by registered nurse and support worker.





From July 2021, the trend for substantive HCSW continued to decrease to just above 30% in September, with a peak in shifts that were unable to be filled.

August 2021 saw a continued decreasing trend for substantive Registered Nurses in post with a parallel increase in Agency and use of Bank staff. The trend for Agency and Bank staff use at Bishops Castle remained higher than any other Community Hospital. In addition, the substantive vacancy rates was around 70% almost twice that of the other Community Hospitals at 30% to 40%.

In October 2021, 2 substantive Registered Nurses and 1 substantive Healthcare Support Worker resigned prior to the temporary closure of BCCH. The Registered Nurse recruited who started work in the October, subsequently resigned. All exited the Trust before the end of December 2021.

Since January 2022, 1 Registered Nurse and 4 Healthcare Support Workers have resigned owing to Retirement(s), Ill Health and Work/Life Balance. None of these are reflected in the above graph and would drop this trend in substantive staff significantly lower than the figures displayed above.

There is no exit interview data held and as such we cannot further identify any more specific causes for the turnover.

Qualitative data

Discussions with on-call Managers and the Agency and Bank Lead at the time of the temporary closure confirmed continued difficulties in getting staff or Agency to cover BCCH. This is reflected in part with Datix however, when data is triangulated, not all events appeared in the Datix system. It is assumed therefore, that not all incidents experienced at BCCH have been formally reported, this is a separate issue and concern. There were more occasions reported to the Managers about staff sleeping or staying very late to ensure patients are settled and safe before going home which were not captured or reported on Datix.

During the Bishops Castle staff briefing day 14th October 2021 which was attended by Staff Side Representatives from Unison and the Royal College of Nursing, several staff members and the Ward Manager spoke about the difficulties getting staff to safely provide patient care and comply with mandatory regulations. They also admitted working more than expected to help their colleagues and ensure a good standard of patient care. They admitted to being tired and not always completing a Datix as they may be seen as not coping. There was further discussion and staff agreed that the position for safer staffing had become untenable. This view was echoed by Dr A Penny. They expressed that they felt valued by the Trust and Senior Management Team. The Ward Manager and the majority of Staff thought the decision to temporarily close the hospital was the right decision albeit they were not happy with the way it was handled, this was noted at the time of the closure but has been re-iterated through the staff focus group.

2.5.2 Recruitment

The below provides a summary of advertising activity for BCCH prior to the temporary closure: -

- January 2020: B6 Senior Nurse (1.00 wte) – no appointment made.
- June 2020: B7 Ward Manager (1.00 wte FTC) – 1.00 wte appointed.
- September 2020: B5 Staff Nurse (1.00 wte) – no appointment made.
- October 2020: B4 Trainee Nursing Associate (1.00 wte) – no appointment made.
- October 2020: B3 Trainee Nursing Associate (1.00 wte) – no appointment made.
- October 2020: B5 Staff Nurse (1.00 wte) – no appointment made.
- November 2020: B4 Trainee Nursing Associate (1.00 wte) – no appointment made.
- November 2020: B5 Staff Nurse (1.00 wte) – no appointment made.
- January 2021: B6 Senior Nurse (1.00 wte) – no appointment made.
- January 2021: B3/4 Trainee Nursing Associate (1.00 wte) – 1.00 wte appointed.
- April 2021: B6 Deputy Ward Manager (1.00 wte) – no appointment made.
- September 2021: B5 Staff Nurse (4.72 wte) – no appointment made.

From October 2021 the Trust was consistently advertising for Registered Nurse's. The advert(s) would be open for a number of weeks and then would close for a short period to allow for shortlisting and as there were insufficient appointable candidates, the jobs were constantly re-advertised up until November 2022.

The below table shows a summary of applications from October 2021: -

Date	Job Vacancy	Applications	Shortlisted	Interviews	Appointed	Comments
October 2021	B5 Staff Nurse	0	0	0	0	N/A
November 2021 – December 2021	B5 Staff Nurse	1	0	0	0	Applicant did not meet essential criteria
January 2022 – February 2022 (x2 advertisements)	B5 Staff Nurse (Community and Inpatient)	3	3	1	0	1 interview unsuccessful and 2 applicants DNA'd
March 2022 – April 2022	Multiple Posts Advertised	See Recruitment Day information.				
May 2022 – July 2022	B5 Staff Nurse, Nurse Associate and Bank	4	0	0	0	Applicants did not meet essential criteria
August 2022	Multiple Posts Advertised	-	-	-	-	Southwest Recruitment Event
September 2022 – November 2022	B5 Staff Nurses and Nursing Associates	2	2	0	0	1 DNA and 1 interview cancelled

In April 2022, there was a Recruitment Open Day for BCCH, this was promoted widely in advance via social media, local radio and publicity via the local council and was well supported by the local community.

There was a total of 49 applicant/ attendees for the recruitment day, resulting in several appointable candidates on a Bank or Substantive basis, and as summarised in the below table.

	HEADCOUNT				
Job role	**Attendee/ Applicants**	**Appointable to BCCH**	**Not Appointable**	**Withdrawn application/ DNA**	**Not Interested in BCCH**
Healthcare Support Worker	33	13	11	6	3
Domestic	1	0	0	1	0
Nursing Associate	1	1	0	0	0
Occupational Therapist	4	2	0	0	2
Assistant Occupational Therapist	1	0	0	0	1
Rehab Technician/ HCA	1	0	0	0	1
Registered Nurse	4	3	1	0	0
Temporary Staffing	2	0	0	1	1
Unknown	2	0	1	1	0
TOTALS	**49**	**19**	**13**	**9**	**8**

The below table provides a summary update of the Registered Nurses, Nurse Trainees and Healthcare Support Worker appointments made.

Staff Group	Band	WTE	Contract Type	Work Base	Comments
RN	5	0.6	Permanent	BC	2 applicants totalling 0.6 WTE. Unable to progress as only wanted BC and BC remained closed
RN	5	NA	Bank	BC	Didn't engage with the onboarding process
NA	4	1.0	Permanent	BC	Appointed to BC but in the interim working at Ludlow
HCA	2	3.4	Permanent	BC	1.6 WTE withdrew prior to commencement 0.6 WTE candidate went to Ludlow and subsequently resigned 1.2 WTE on hold as will only work at BC
HCA	2	NA	Bank	BC	2 staff kept on hold due to BC being closed. 1 withdrew.
HCA	2	NA	Bank	BC/ Ludlow	4 bank only, 3 started at Ludlow,1 withdrew

- In July 2022, all registered Bank staff were written to offering bank work and invited to apply for substantive roles, but there was no interest.
- There was also a leaflet drop to Coverage Care Nursing Home promoting RN job opportunities but there was no interest.
- There was also a Recruitment Event on 5 August 2022 Southwest Locality however there were no RN applications for BCCH.
- Due to the difficulty in recruiting qualified staff a skill mix approach has been explored with Nursing Associates supporting Registered Nurses. However, only one Nursing Associate has been successfully recruited and they are currently working at Ludlow Hospital.
- The recent recruitment of International Nurses is encouraging but cannot be the sole solution due to the mentorship and supervision requirements. This remains an unviable option.
- Onboarding appointed staff has been challenging as they have been hosted by other teams on a temporary basis whilst sufficient staff are recruited to reopen Bishops Castle Hospital safely.

What has been clearly heard from existing staff, from prospective candidates through the recruitment event and from our students and recruits is that they want portfolio careers that focus on the delivery of subacute care within and across community settings as this allows for the greatest level of career development. The BCCH model of care, the care environment and the location does not allow for the level of sub-acute care to be delivered. Therefore, the roles remain less attractive to candidates.

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.

These options also have a lead in time of between 2 and 4 years.

Nursing payscales 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.

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 risk de-stabilising the staffing levels in the other community hospitals in the area where the same posts exist.

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.

Through the engagement SCHT has heard the concerns of the public and staff with regard to its recruitment efforts and accordingly commissioned an external HR Consultant to look at this in more detail and provide an opinion. However, during the process of collating the information for the HR Consultant the Trust determined that there were issues with it's data and processes such that a full review could not be completed and it accepts that whilst it has made reasonable efforts to recruit there are issues with its data and processes. Due to the absence of information it is not possible to quantify the impact of this on the Trust's ability to recruit and the Board needs to consider this when making it's final decision.

The decision was taken to halt the review as it was clear that this could not be completed thoroughly and robustly but in the interest of transparency, the following is being appended to the report to enable the Board to take a view on the Trust's recruitment efforts based on the information available.

This information is as follows:

- Commissioning Letter
- Questions from HR Consultant
- Responses from the Trust (as at the time of the review being halted)
- Termination letter

The full details of this can be found at Appendix 2

3. OPPORTUNITIES FOR FUTURE SERVICE PROVISION

A meeting took place on 14th August between SCHT, ICB, Shropshire Local Authority, South West PCN, Local GP practice, and Councillors to scope the potential services that could be provided as part of a wider Health and Wellbeing Hub at Bishops Castle Hospital. Following this, several clinical discussions have taken place to develop a proposal to STW ICB for further discussion and support.

The below outlines at a high level the current opportunities identified by the clinical discussions to date;

- Review and expansion of current outpatient clinics on site. This would involve support form ICB colleagues in recognition that not all services are provided by SCHT ie Diabetic Eye Screening
- Expansion of Mental Health Services provided locally, as above support will be required from ICB.
- Utilisation of space to support voluntary sector and public health services including social prescribing.
- Supported remote outpatient clinics – virtual appointments with specialty teams supported by onsite objective measurements ie height & weight, and bloods etc.
- Health visitor open access clinics
- Opportunity to use BCCH as a pilot site for STW Diabetes Transformation Programme to support a multi-disciplinary team approach to Diabetes Care including involvement from local Patient Groups
- Further integration with primary care to develop services from BCCH especially within Additional Roles areas
- Enhanced DAART model to support local delivery of assessment, diagnosis and treatment

In a meeting on 23 August 2023 with the PCN it was agreed to look at the establishment of a Rural Health Group to oversee the wider discussions needed around the challenges for rural health and the service provision opportunities. The Trust is taking this forward with a further meeting planned with the PCN to establish clear terms of reference, reporting lines and membership.

In addition to the above, the Trust recognises the vital contribution it makes to rural health provision and has welcomed the rich conversations that have taken place regarding the role it can play. In order to maintain this momentum and continue the discussions both externally with

partners through the above mentioned Rural Health Group. It is proposed that that the Trust nominate a Rural Health Champion from amongst its Non-Executives to ensure that there is Board level focus and challenge from a rural health perspective when business matters are discussed and considered.

4. CONCLUSION

This report provides an overview of the service provided and the challenges with staffing and the impact on quality in the period prior to the temporary closure. It goes on to provide information on the impact of the closure on activity and in relation the Trust's delivery of its contract.

The report is not intended to provide a rationale for or against a withdrawal from the inpatient service but rather to provide information to enable the Board to consider the impact of the decision they are being asked to make.

It is clear that from an activity perspective, the Trust is able to meet the requirements of its contract across the three remaining sites with greater productivity seen at those sites. There is however an impact on patient experience whereby local residents, who otherwise may have met the criteria for care at Bishop's Castle Hospital, are having to travel further afield. The geographical information provided suggests this relates to a small number of people.

The report needs to be read in conjunction with Engagement Report which sets out the clear strength of feeling from the community regarding the retention of the inpatient service.

Finally, the report covers the recruitment challenges and efforts and outlines the actions taken by the Trust without success. The Board wished to explore any further opportunities to explore regarding recruitment and commissioned a report to provide expertise on this. However, during the course of collating the information for this review it became apparent that due to a change in personnel and a change in systems not all information was available for the review. Further gaps in processes were identified which will need to considered. In light of this, the review was halted although the working documents are presented for information.

In addition to the decision being asked of the Board, this report does outline the positive discussions that have taken place regarding opportunities for Bishop's Castle Hospital and a clear intention from the Trust in relation to it's contribution to rural health and specifically the Board is asked to consider and agree to the following:

- Support for the establishment of a Rural Health Group
- Identification of a Non-Executive Director Rural Health Champion

5. APPENDICES

1. QEIA BCCH August 2023
2. External Recruitment Review Documents

QUALITY & EQUALITY IMPACT ASSESSMENT (QEIA) Version 8

Project Title	Temporary Closure of Bishop Castle Community Hospital Inpatient Beds	**Project No.**	
Completed by: *(Leads)*	Claire Horsfield, Director of Operations	**Project start Date:**	August 2023

INITIAL ASSESSMENT	
Description of project or scheme **(Only complete if Project Initiation Document has not been completed)**	At the Board meeting of 7th October 2021, the Trust Board considered a presentation and held a detailed discussion surrounding bed-based community hospital provision, and the future direction and clinical model of these services. During this discussion the Board raised again the issue of safety due to staffing levels at Bishops Castle Community Hospital (BCCH), an issue that has been raised previously at both Board and Quality and Safety Committee. Concerns were raised that BCCH were at tipping point with the potential for patient harm to occur given the untenable staffing position. The Trust Board has subsequently decided to temporarily close the inpatient beds at BCCH on the grounds of safety, due to the consistent very high reliance on agency staffing, concerns about the impact on quality of care and patient safety. • During the 6-months prior to decision to temporarily close 96-night shifts and 24-day shifts were run purely on agency staff. • On 1 occasion an on-call manager had to travel to BCCH to stay overnight to assure a minimum of 3 staff for fire safety during the night to support the ward • On 2 separate occasions Registered Nurses had to stay overnight following a late shift or work part of a night shift/sleep shift to ensure safe staffing levels. This included working the following day. • Sickness absence rates are between 8 and 14% • Staffing had been a challenge for some time and attracting staff to work in the area remained difficult. 9 advert campaigns in the prior 6 months had yielded only 3 RN substantive staff. Likewise there had been 6 Support Worker adverts with only 5 staff appointed but 3 leavers meaning in 12 months with 6 adverts this had generated an increase of 2 HCAs. • An incident was reported to the CQC on 30th May 2021 by Shropshire Fire Service when an agency nurse was unable to deal with a fire incident The closure commenced from 17th October 2021 where no new admissions were received into the ward. The beds were fully

<table>
<tr><td></td><td colspan="3">closed by 31st October 2021. All remaining patients were discharged to the most appropriate place of care. The Trust aimed to move patients only once.</td></tr>
<tr><td>Will patients, carers or staff be affected by the scheme or project?
(please tick appropriate)</td><td>Yes</td><td>~~No~~</td><td>Explanation:
Bed Compliment
BCCH has a bed base of 16 beds. In an attempt to mitigate staffing struggles, 4 are held as escalation beds, only opening during periods of severe escalation (when system escalation is level 4).

Fig 1 below demonstrated bed days available vs occupied bed days and % occupied against the16 beds as this is the ward bed capacity.

<table>
<tr><th></th><th></th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th></tr>
<tr><td rowspan="3">Bishops Castle</td><td>Total FCEs</td><td>15</td><td>22</td><td>19</td><td>24</td><td>23</td><td>25</td></tr>
<tr><td>OBDs for FCEs</td><td>192</td><td>344</td><td>306</td><td>347</td><td>300</td><td>319</td></tr>
<tr><td>Average FCE LOS</td><td>12.8</td><td>15.6</td><td>16.1</td><td>14.5</td><td>13</td><td>12.8</td></tr>
<tr><td rowspan="3"></td><td>OBDs in the Month</td><td>275</td><td>284</td><td>335</td><td>297</td><td>319</td><td>329</td></tr>
<tr><td>No. of Available Beds</td><td>480</td><td>496</td><td>480</td><td>496</td><td>496</td><td>480</td></tr>
<tr><td>% Occupancy</td><td>57.3%</td><td>57.3%</td><td>69.8%</td><td>59.9%</td><td>64.3%</td><td>68.5%</td></tr>
</table>
Data source: Information Division SCHT

NB FCE - finished consultant episode

Due to the ongoing staffing challenges the above indicates that it has been challenging to open additional escalation beds when required. It was also the case that the opening of the escalation beds within this area was rarely required due to there being beds available in the other community hospitals.

Fig 2 for 12 beds

<table>
<tr><th></th><th>April 21</th><th>May 21</th><th>June 21</th><th>July 21</th><th>August 21</th><th>September 21</th></tr>
<tr><td>OBD</td><td>275</td><td>344</td><td>306</td><td>347</td><td>300</td><td>319</td></tr>
<tr><td>Available Occupied Bed Days</td><td>360</td><td>372</td><td>360</td><td>372</td><td>372</td><td>360</td></tr>
</table>
</td></tr>
</table>

			% 76.4 92.5 85.0 93.3 80.6 88.6 Whilst occupancy is demonstrated to be better at 12 beds, there has still been an unsustainable reliance on agency staff to support staffing and to keep these beds open. Beds were predominately used for Shropshire residents stepped down from Royal Shrewsbury Hospital (RSH), however some patients from Powys were also admitted when being discharged from RSH. There are occasionally beds used for Betsi patients and other counties. The 12 beds at Ludlow that were closed for the circa 3 months while major remedial building work has been undertaken have reopened in an incremental way to mirror the incremental reduction of Bishop Castle Community Hospital beds. These 12 beds will opened on an incremental basis commencing the 15 October 2021 taking Ludlow bed compliment to 24. As of 10/11/21 - the following beds were currently available: Whitchurch - 32 beds plus 4 escalation Ludlow – 24 beds Bridgnorth – 25 beds **Total of 81 beds (or 85 with escalation)** Given occupancy levels at 16 beds for BCCH was circa 65%, the temporary closure should not significantly impact on the system as staffing can be flexed and mobilised to cover Ludlow which has been running on 50% agency. Higher substantive staffing ratios also improves quality of care. Furthermore, the criteria and discharges process with SaTH was reviewed to ensure a pull model within our community hospitals to maximise community services and bed utilisation with an aim to run at a minimum of 90% occupancy in the open Community Hospitals. A consequential positive impact in closing BCCH has resulted in securing safe staffing at our other Hospital sites, in particular Ludlow. Previously the MIU in Ludlow was closed to ease staffing issues

			within the Ludlow and Bishops Castle areas; the increased ability to flex the remaining BCCH staff will help ensure closure of other services is not required. As of week commencing 8/11/21 – all beds are closed at BCCH and every patient was moved to their final destination. All patients and families were fully informed and in agreement. There is no patient activity occurring at Bishop's Castle Hospital however staff are utilising it as a base. The Ward has been mothballed until circumstances change with all medication and IT being removed. At the time of closure of the ward, the following details about the patients is useful to note: Only 1 patient was a Bishops Castle resident 5 patients were from Telford 1 patient was from Powys Remaining patients were from Shrewsbury All patients were awaiting long term care beds or packages of care with none requiring active medical treatment. **System** The system is currently is in a phase of flux and development. SCHT is a significant partner to the system. The beds being taken out of the system from BCCH are being provided at Ludlow. Escalation capacity is at Whitchurch Community Hospital with ongoing discussions to further support flow out of the 2 local acute Hospitals as non elective activity increases. **Patients and carers** At the time of the completion there are 12 in patients. Only one Bishop Castle resident, 5 were from Telford and Wrekin 1 from Powys and 2 Shrewsbury. Each patient and their carers have had a discussion with the MDT on the ward to determine where they are in their patient pathway, estimated discharge and probable discharge destination. No patient would be moved twice and patient preference would be taken into account. There is one Outpatient clinic seeing 4 physiotherapy patients a week. This service will be re-

			provided either at the local GP, Coverage Care or at Ludlow Hospital. The local funeral Directors have a contact to use the Mortuary. This is in an adjacent building and will continue. No other services are provided. Weekly informatics report to be generated to review the number of Bishops Castle residents accessing SCHT services to help understand local demand for services **Staffing** There are 33 people (GPS RN HCA and domestics based at BCCH. Staff on the ward employed substantively at BCCH 7 RNS (6.3 WTE) and 8 HCA staff (6.67 WTE) bank workers (we have 3 regular Agency workers who have been included in our discussions). The staff employed fall into the following categories: • Registered Nurses • Allied Health Professionals • Healthcare Assistants • Administration • Hotel Services On the 14 October all staff directly employed at BCCH and those supporting on an ad hoc or bank and agency capacity were invited to meet the Interim COO and interim DON. At the meeting staff were advised that they were doing an amazing job, though it was becoming increasingly difficult to assure safe staffing levels. Many staff at the meeting expressed relief in that they were concerned about assuring safe level of care and felt valued by the Trust as the risks to patient safety and quality of care were recognised. All staff and bank workers will have a 1:1 to discuss their preference for temporary redeployment. We will work with our trade unions and support services (e.g. Occupational Health) to ensure that staff are provided with full support. Though HR, Staff sides and Unions were not present at this meeting, every effort is being made to ensure that they are involved at each step of the process as we move forward.

			Current services *Current services are being reviewed and provided to support patients from this area and include: Short term support to housebound patients requiring flu vaccination Insulin administration as requested by GPs Full review and enhanced support of frequent attenders to ED and support to help prevent attendance – working with GPs and Community Matron Support to patients for end of life care to provided at home – to help increase capacity within this area for Bishops Castle and Craven Arms Review of GP Frailty register and support that can be offered for these patients whilst ensuring in line with local care programme Ongoing discussions to support and enhance Community Teams whilst avoiding duplication of workload Also worked with the Local Authority to increase spot purchasing of beds Medium to long term discussions if beds remain closed: • Support with Falls Assessments and prevention education (new) • Virtual Ward implementation for 32 beds being worked up at pace • Support with IV antibiotic administration • Early supportive discharge for fractured NOF patients on returning home, to reduce their length of stay in the acute Trust • Bridging service for care delivery, again to support earlier discharges • General health promotion and education • Virtual outpatient service so patients can have a remote face time consultation • IV iron infusion service • Wound dressing service/clinic
Have patients, carers, the public or staff been involved in the development of the scheme or project? (please tick appropriate)	**Yes**	~~No~~	Explanation: **Staffing** Staff have raised concerns around the staffing levels at BCCH.

			All staff and bank workers affected will have a 1:1 to discuss their preference for temporary redeployment. We have continued to review the data in relation to vacancies, agency usage, bank usage and absence levels. The decision was discussed at Board and has been made on a safety and quality basis. 3 regular agency Nurses are now supporting Ludlow and all beds are open in this Hospital. Ongoing review of current work in order to assess the impact on new ways of working and how these are impacting on service users and the wider system. Continue to receive feedback from system partners and service users in regard to current services being offered while the Hospital is closed. **Patient's and Public** The Local GP Practice identified several key members of the public, patients and patients relatives who were willing to speak with members of the Quality Team in regard to the temporary closure of the in-patient area and were offered semi-structured interviews and 1:1's at a locality of their own preference.
What consultation method(s) did you use?	**Explanation:** SCHT is committed to the patient, staff and communities it services. SCHT is also wholly committed to full and meaningful engagement with partners and stakeholders. The NHS act (2006) requires NHS bodies to consult with service users when planning or changing services. The decision to temporarily close BCCH was been made on a safety and quality basis. The following communications and engagement were made: • Staff directly affected • Trust Staff		

	• Local GP practices • CQC • NHSEI • CCGs • Acute providers • Coverage Care • LA senior Officers and councillors • Local MP • HR and Staff side A full media pack has been developed. **Patient's and Public** Several key members of the public, patient representatives, patients and patients relatives had 1:1 semi-structured interviews with members of the Quality Team to discuss the impact of the temporary closure of the in-patient area on protected characteristics. A full staff and public Engagement Plan was developed in April 2023. This included the following; • JHOSC • Health & Wellbeing Boards • Bishops Castel Staff • Staff Side Chair • JNP • Local Councillors • Members of the Public • Media Through the following channels; • Staff briefings • 3 face to face public meetings in Bishops Castle • 1 virtual Public Meeting • Focus groups – public and staff

	• Questionnaires – online and paper The full detail of the engagement plan will be presented to the Board on 7th September 2023.

IMPACT ON QUALITY – SAFE By safe we mean that people are protected from abuse and avoidable harm				
IMPACT ON QUALITY – EFFECTIVE By effective we mean that peoples care, treatment and support achieve good outcomes, promotes a good quality of life, and is based on the best available evidence				
IMPACT ON QUALITY – CARING & RESPONSIVENESS By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. By responsive we mean that services are organised so that they meet people's needs				
IMPACT ON QUALITY – WELL LED By well led we mean that the leadership, management, and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture				
CQC Domains	**Risk**	**Risk Score CxL= (Prior To Mitigation)**	**Mitigating Action**	**Risk Score CxL= (After Mitigation)**
CQC notification - BCCH 15-10-21.doc The embedded CQC notification was made and completed on the 13 October 2021.	All domains are affected, however Impact on Safe is the most significant.	20	Temporary closure fully mitigates Safe domain	3

Well Led	Staff and bank workers will search for alternative employment due to the temporary closure • Unable to recruit Substantive staff • 75% vacancies of A4C band 5 RN • 24-day shifts and 97 Night shifts solely staffed by Agency staff. Loss of 12 Beds and 4 escalation beds in BC	9	We will work with the staff and bank workers to ensure that they all have a 1:1 discussion and any impacts identified are mitigated where possible. A communication plan will be agreed with trade unions and staff going forward so they are kept up to date on the situation at BCCH By temporarily ceasing in patient services and closing the hospital the need is removed. By delivering an increased level of community-based services will help to mitigate against local bed-based services within BC The reprovision of 12 beds in Ludlow CH will ensure access to rehabilitation and step-down beds are in place	6
Effective Caring & Responsive	Loss of service to support patients in Bishops castle area	20	Instigate short term services as outlined above * and measure these on at least a monthly basis	6

Quality Measure/Indicator (KPI) (Specific, Measurable, Achievable, Relevant, Timely)	Target	Monitored By/Frequency

Recruitment to vacancies (currently the vacancy rate is 8.14 WTE) 6 WTE Registered Nurse vacancies	Full substantive compliment of staff to assure safe staffing levels	Monitored by Clinical Services Manager on a fortnightly basis and Quality and Safety Committee.
Patient Impact of the closure – complaints etc	Few or no complaints surrounding bed availability in Bishops Castle	Monitored by the complaints Team
Reduction in sickness absence levels (The absence rate for BCCH in September was 13.58%)	Reduction in sickness absence levels (excluding LT)	Monitored by Clinical Services Manager on a fortnightly basis
Further monitoring in regard to current activity – measures for new ways of working	Increase in admission avoidance numbers No increase in complaints Increase in compliments	Monitoring in development and aligning to local care programme objectives/metrics so as to evaluate the positive impact of any new model

EQUALITY IMPACT ASSESSMENT

Considering the above information, what impact will this proposal have on the following groups in terms of impact on service, delivery, patients and staff? Explain below:				
Protected Characteristic	**Positive**	**Negative**	**None (why)**	**Actions to be mitigated**
Sex			X	**Service Delivery** The reprovision of a local service based in the community will mitigate the loss of beds. The local community values the hospital and services provided. Though initially it was felt older people services may be adversely affected, the provision of a locally based frailty service within the patient's home would alleviate this for many. Palliative, end of life patients, those with mental health issues, including dementia, who relied on the care input of family and friends for their wellbeing and mental disability and those of ethnic backgrounds who are unable to be supported at home, would require admission to a Community Hospital or Acute Care not provided locally. It was felt that this would impact negatively on their ability to visit and frequency of visiting with family, loved ones or significant others. Patients relative and carer groups expressed the difficulties in visiting family members who were admitted to care facilities some distance away. Patients from ethnic backgrounds who have recently moved to BC area who may suffer with PTSD would be adversely affected by having care provided where relatives and family would find it difficult to support them due to distance and lack of public transport. To illustrate this, it was discussed that visiting the PRH would take 2 bus journeys over 3 hours significantly impacting the ability of visits to PRH and other rural Community Hospitals which may affect the wellbeing and mental health of patients. For relatives or patients who have disability, age related changes and do not drive, there is limited local community transport to Ludlow which in March 2022 was further decommissioned resulting in one bus per day to Ludlow, with no return bus.
Gender Reassignment			X	
Age		X		
Disability		X		
Race & Ethnicity		X		
Sexual Orientation	X			
It Religion or Belief (or No Belief)			X	
Pregnancy & Maternity			X	
Marriage & Civil Partnership			X	

				Subsequently, patient representatives felt the closure of the in-patient area significantly and negatively would affect patients with the protected characteristic of age, disability and race and ethnicity. Dial a Bus services are run by volunteers and those with disabled badges or bus passes are unable to use them on this service. Patient representatives felt this would impact negatively on those with age and/or disability. Patient representatives expressed concern about homophobia within the rural community and felt that confidentiality of Sexual Orientation would be maintained in a distant care facility, positively impacting on this protected characteristic. **Patients** Out-patient services for patients remain at Bishops Castle and are unaffected. Some Podiatry services have been moved and to another Community Hospital site. This may adversely affect those with disability if the estate or equipment does not meet this groups need however, podiatry services provided at any site offer the same care, are equitable for patients and therefore not deemed to impact. A podiatry home visiting service remains in place. The temporary closure is not thought to affect the Veteran Community, other than as highlighted above, as Services remain available in different locations. **Staffing** It is acknowledged that the temporary closure of BCCH will have an impact on all staff and bank workers. There are no staff currently absent on maternity leave. SCHT continue to work with staff, bank workers and trade unions to mitigate any personal impact, including those staff who may be pregnant or have a disability. All staff and bank workers will have a

					1:1 personal log to work through to highlight adverse impact and identified mitigation. Consideration will be given to people's protected characteristics, residence, mobility and choice. The reprovision of local based services have enthused many staff who are eager to provide enhanced care in a different way locally. Other protected characteristics are not thought to be impacted on.
QEIA Review Meeting Date	25/07/2022	**QEIA Review Meeting Outcome**	• Updated Oct 21 - approved by SCHT Executive Team • Updated Nov 21 - approved by SCHT Executive Team • Updated July 22 – protected characteristics • Updated August 22 – Veterans		

QEIA Approval	**Role**	**Name/Signature**	**Date**
	Director for Operations	Claire Horsfield	
	Service Delivery Group Manager	Katie Turton	

Risk Rating Chart

Consequence Score	Will undoubtedly occur, possibly frequently	Will occur but not persistently	May occur occasionally	Do not expect to happen but is possible	Cannot believe this will ever happen

Injury/Harm	Finance	Service	Reputation		Almost certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Likelihood Score									
Very minor or no harm	Less than £10,000	No or very little impact on services	Some negative publicity	1 None	LOW 5	LOW 4	VERY LOW 3	VERY LOW 2	VERY LOW 1
Minor injury/Illness (e.g. cuts and bruises) will resolve within a month	£10,000 to £50,000	Disruption of services causing inconvenience. May cause efficiency/ effectiveness problems	Regular negative publicity	2 Minor	MODERATE 10	MODERATE 8	LOW 6	LOW 4	VERY LOW 2
Injuries of illness which requires extra treatment or protracted period of recovery. Should resolve within a year	£50,000 to £500,000	Loss of service for a significant period of time (less than a month)	Loss of public confidence, protest action	3 Moderate	HIGH 15	MODERATE 12	MODERATE 9	LOW 6	VERY LOW 3
Single serious (life threatening) injuries/illness	£500,000 to £3.5m	Loss of services to such an extent that effects on public health will be measurable	Punitive action, e.g. HSE, CQC significant organisational change results	4 Major	HIGH 20	HIGH 16	MODERATE 12	MODERATE 8	LOW 4
Multiple Serious (life threatening) injuries/illness	£3.5m plus	Permanent loss of a significant service. Threatens the viability of the organisation	Damage to such an extent that the organisation must cease to exist as is	5 Catas-trophic	HIGH 25	HIGH 20	HIGH 15	MODERATE 10	LOW 5

Risk Rating Chart - Risks should be rated Consequence (**C**) x Likelihood (L) x **=** (e.g. **3**x3=9) and once mitigated, the consequence usually remains unchanged (e.g. **3**x1=3)

NHS
Shropshire Community Health
NHS Trust

Tony MacCarthy

Sent via e-mail

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27th July 2023

Dear Tony

I write further to our conversation on 12 July 2023 when we discussed the work the Trust would like to commission to look at recruitment activity in the Bishop's Castle area and more specifically, the recruitment of registered nurses for the Bishop's Castle Community Hospital.

As advised, the Trust temporarily closed the inpatient service in Bishop's Castle Community Hospital in October 2021 due to significant safety concerns around the inadequate level of permanent registered staff. These concerns were raised by staff and the local GP and were also evidenced in several incidents and near misses occurring in the months leading up to the closure.

Over the last 18 months the Trust has tried to recruit to the vacancies without success and this has resulted in the Board taking a view that it cannot see any reasonable prospect of being able to re-open the beds in the absence of the required staff. Prior to the Board making its decision regarding the inpatient service on 7th September, it would like to commission and receive an external view on both the Trust's recruitment efforts to date and any prospect of successful recruitment in the future.

Thank you for agreeing on the 19th of July to undertake this work. I set out below the terms of reference for the review.

Purpose of the review
To undertake a review to consider the Trust's recruitment efforts for the Bishop's Castle Community Hospital prior to and in the 18 months since the closure of the inpatient service and to offer a view on all opportunities have been explored. Secondly, with due regard to the labour market in the area, offer any recommended steps the Trust could take to successfully recruit and indication of the likely success, associated timelines and resourcing required for each.

Scope of the review
The review will consider both internal and external information in the form of the following:

- The sourcing and review of relevant workforce data for Bishop's Castle Community Hospital i.e., staffing requirements, staff retention, sickness and absence data.
- A review and assessment of the Trust's recruitment activity in the area for the last 18 months to include the Trust's recruitment methods against local policy and national guidance and a particular regard to the methods of recruitment and banding of the roles being advertised.
- Consideration of the incentivisation options available to the Trust under Agenda for Change such as recruitment retention premiums
- Interviews with any key personnel you consider necessary.
- The review of all comments received from the staff and members of the public during the public engagement process in relation to the recruitment and retention of staff.
- Correspondence received from Unison and other interested local organisations.

In addition, the Trust will supply any further information or data you require to meet the review requirements.

Objective of the review
Provide a written report to the Trust Board that sets out your findings in relation to the Trust's recruitment efforts and any recommendations in relation to sustainable recruitment opportunities that the Trust should consider exploring.

The report should include an executive summary and in the interest of transparency all information reviewed should be either included within the report or as an appendix. Where this relates to third party information, such as comments from the public or staff, a summary or log of the sentiment of the documents should be included.

Timescale for the review
The report is due to be presented to the Board to inform their decision on 7th September and the Board papers will need to be published by no later than 31 August. We would therefore ask for receipt of your report by 21 August in order that it may be considered and included in the overarching paper to the Board.

Points of contact for the review
During the review your points of contact will be Lisa Gibbons, Associate Director for People, and Shelley Ramtuhul, Director of Governance. They will provide support with the sourcing of information and data and also with the arrangement of any interviews you would like to undertake. They will also meet with you on a weekly basis to track the progress of the review.

I trust the above aligns with the discussion that we had but if there are any queries or amendments you would like to make to the terms of reference of the review, please contact Shelley Ramtuhul.

Yours sincerely

Patricia Davies
Chief Executive
Shropshire Community Health NHS Trust

RECRUITMENT REVIEW-BISHOP'S CASTLE

Thank you for asking me to review your recruitment and retention activities at Bishop's Castle covering the period prior to the temporary closure, the subsequent 18 months and offering a view about the prospect of being able to recruit and maintain staffing levels in the near future

The Approach

I would like to undertake this review in four sections:

1. What does the data tell us?
2. What recruitment activities have been conducted and with what success?
3. What has been done to help with staff retention?
4. What opportunities have been considered and tested to improve efficiency and productivity that would enable a reduction of staffing within the bounds of safe staffing and legal constraints?

Methodology.

The trust operates in a complex environment with scrutiny of actions from multiple sources being a constant consideration.

The recruitment and retention issues to be examined in this report are similarly complex. They are impacted and influenced by many factors including, culture, motivation, frontline leadership etc.

Finally, the review timescale, against this backdrop, is very short.

With that in mind, I propose to conduct the review predominantly as a desktop review and will rely heavily on requests being made of the trust being answered speedily.

I do however wish to interview several key stakeholders, using a structured interview, to understand, in detail, the challenges faced and the actions undertaken.

I would also like to visit the site and locality to understand the environment within which the hospital operates.

Report.

As requested, a report and executive summary outlining my findings will be produced for the board meeting.

RECRUITMENT REVIEW – BISHOP'S CASTLE

Further to the scoping document and to get "the ball rolling" on this subject, could the trust please provide me with the following information regarding nursing:

Data:

1. What were the required staffing levels prior to the temporary closure and what was the gap with actual headcount, measured as full time equivalent staff, broken down by nursing grade?

   The temporary closure decision was taken in October 2021 and came into effect 31 October 2021. Initially the ward had 16 beds, this reduced to 12 beds on 23/1/19 due to staffing constraints and to maintain safe staffing levels.

Table 1 sets out the staffing levels that were required in October 2021: -

Band	Job Title	Actual Headcount October 2021	Actual FTE October 2021	FTE Gap - October 2021 budget	Budget October 2021 FTE
7	RN Ward Manager	1	1.00	0.00	1.00
6	AHP - Physio and OT	3	1.99	-0.01	2.00
6	RN Deputy Ward Manager	0	0.00	-1.00	1.00
6/5	Registered Nurse	7	6.26	-2.73	8.99
4	Nursing Associate	0	0.00	0.00	0.00
4	Discharge Co-Ordinator	1	0.50	0.00	0.50
3	Trainee Nurse Associate	0	0.00	-1.20	1.20
3	Rehab Tech	1	0.87	0.00	0.87
3	Domestic Lead	1	0.80	0.00	0.80
2	Healthcare Support Worker	7	5.27	-3.30	8.57
2	Domestic	3	1.80	-0.01	1.81
2	Admin / Clerks	3	1.65	0.00	1.65
3	Memory and Wellbeing Worker	0	0.00	-0.20	0.20
	TOTAL	**27**	**20.14**	**-8.45**	**28.59**

In October 2023 the Nursing and Clinical Support Workforce gaps were: -
1. - 3.73 FTE Registered Nurse
2. - 1.20 FTE Trainee Nurse Associate
3. - 3.30 FTE Healthcare Support Worker

In October 2021 the substantive workforce for BCCH consisted of 20 parttime staff (74%), and 7 full time staff (26%). One Clerical Worker amounting to 0.80 FTE was on Adoption/Maternity Leave.

Staffing Requirements:

	AM 7:30 – 15:30	Ratio	PM 13:30 - 21:30	Ratio	Nights 21:00 - 7:30	Ratio
RN	2	1:6	2	1:6	2	1:6
HCA	3	1:4	2	1:6	1	1:12
Totals		**1:2.4**		**1:3**		**1:4**

National Guidance for safer staffing is no more than 1:8 for a Registered Nurse to each patient for a day shift. There is no national standard for a night shift RN, nor HCA's. The National Guidance is also that you would not have less than 2 registered nurses on a shift.

The above is based on 12 beds.

To staff as per the above ratios we would require 357 Registered Nurse hours per week, and the Registered Nurses employed in October 2021 amounted to 232.5 – leaving a shortfall 124.50 hours per week.

To staff as per the above ratios we would require 338.5 HCA hours per week, and the HCA's employed in October 2021 amounted to 197.62 hours – leaving shortfall of 140.88 hours per week.

ESR Data shows that 23 staff were registered on the BCCH Bank, of which 13 were 'active' prior to the temporary closure in 2021, consisting of: -
4 Headcount 0.00 FTE Nurses
8 Headcount 0.00 FTE HCA's
1 Headcount 0.00 FTE Domestic

1. Additional Narrative

Registered Nurse Staffing
- Require 50 hours per day (6 shifts) of registered nurse time equating to 350 hrs per week.
- Projected 2023 Budget covers 421.5hrs of registered nursing time, which is 2 hours short of allowing for the 21% uplift.

HCA Staffing
- Require 40 hours per day (5 shifts) of HCA time equating to 280 hrs per week.
- Projected 2023 Budget covers 281hrs of health care assistant time. Applying the 21% uplift we would require 340hrs of HCA time. The budget is short by 59hours.

Therapy
- Require 37.5hrs of band 6 Physio Therapy time per week
- Require 37.5hrs of band 6 Occupational Therapist time per week
- Require 32hrs of band 3 Rehab Tech time per week
- Projected 2023 Budget covers posts only. If applying the 21% uplift the budget we would require 129.5hrs of therapy time, which means the budget is short by 22.5hrs

2. Staffing Requirements per Shift

The below numbers are for the Nursing staffing requirements per shift based on 12 beds.

For each day there was a requirement of 2.0 FTE registered nurses (Band 5 or Band 6) and 2.0 FTE HCSW (Band 2) per shift. Shift times were 07.30 – 15.30 and 13.30 – 21.30 hours.

For each night shift there was a requirement for 2.0 FTE registered nurses (Band 5 or Band 6) and 2.0 FTE registered HCSW (Band 2). Shift times were 21.00 – 07.30 hours. Fire regulations required a minimum of 3 staff per night shift.

For 16 beds, the staffing levels required 1.0 FTE extra HCA am and pm. No change for night shift.

2. Could you provide the age and service profile of nursing staff by grade at the point of closure?

Headcount					
	Registered Nurse				Healthcare Support Worker
	Band 7	Band 6	Band 5		Band 2
Age Band					
26 - 35					4
36 - 45					1
46 - 55	1	2	2		
56 - 65		1	1		2

Headcount					
	Registered Nurse				Healthcare Support Worker
	Band 7	Band 6	Band 5		Band 2
Length of Service					
0 - 5 years		4			5
6 - 10 years			1		1
11 - 20 years					2
21 - 30 years	1		1		
31+ years					

3. What were the absence statistics prior to closure? (Sickness absence, maternity leave etc.) broken down into hours lost and FTE's as well as short term vs long term absence.

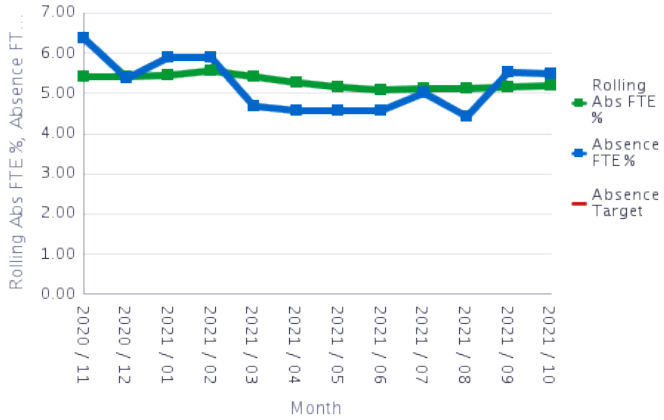
   See tables below and **Appendix Q3a** for detailed absence data.

4. How did these figures compare, locally, regionally and nationally?

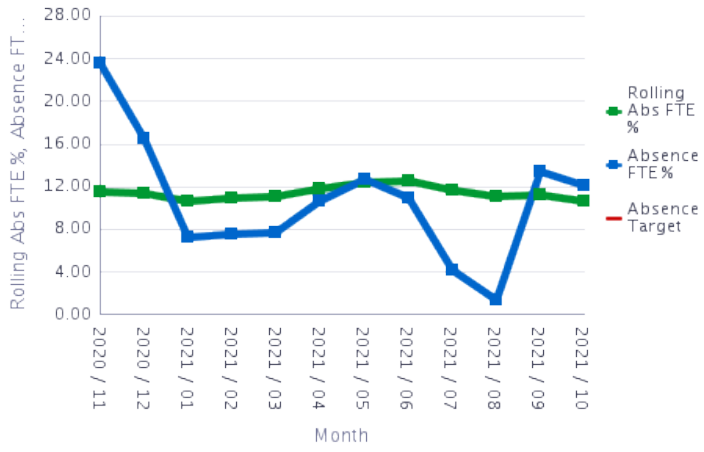
Table 2 below sets out a summary of in-month sickness absence data is for July – October 2021 for BCCH, the Trust, Midlands Region, Community NHS Trust's and STW ICS Trust's for comparison purposes.

In month		All NHS	Shropcom	BCCH	Community Trusts	Midlands Region	SATH	RJAH
July 2021	All Staff	5.10%	5.00%	3.96%	5.17%	5.40%	5.60%	4.00%
	Nursing	5.40%	6.10%	6.94%				
August 2021	All Staff	5.10%	4.40%	1.30%	5.18%	5.50%	5.80%	4.40%
	Nursing	5.50%	5.20%	1.97%				
September 2021	All Staff	5.40%	5.50%	13.61%	5.56%	5.70%	5.90%	4.60%
	Nursing	5.80%	6.08%	18.90%				
October 2021	All Staff	5.70%	5.50%	12.84%	6.08%	6.00%	6.10%	4.90%
	Nursing	6.20%	6.00%	17.67%				

12 months in month actual and rolling sickness absence **Trust**



12 months in month actual and rolling sickness absence **BCCH**



Sickness Absence Rates Comparison

Nationally and Regionally the Trust sickness absence rates for All Staff have consistently remained lower than national figures, and also when comparing the Trust to all NHS Community Trusts. Locally, the STW ICS consists of an Acute Trust 'SATH', and a specialist orthopedic Trust 'RJAH', neither of which align to SCHT. The Trust sickness absence rates are lower than SATH, but higher than RJAH.

2020 / 09

Staff Group	Absence FTE	Available FTE	Absence FTE %
Additional Clinical Services	411.36	3,174.49	12.96%
Administrative and Clerical	5.50	180.00	3.06%
Allied Health Professionals	0.00	219.60	0.00%
Nursing and Midwifery Registered	366.33	2,518.20	14.55%
Total	783.19	6,092.29	12.86%

2021 / 09

Staff Group	Absence FTE	Available FTE	Absence FTE %
Additional Clinical Services	188.40	2,177.80	8.65%
Administrative and Clerical	9.50	182.50	5.21%
Allied Health Professionals	0.00	182.40	0.00%
Nursing and Midwifery Registered	427.27	2,127.53	20.08%
Total	625.17	4,670.23	13.39%

Rolling 12-month sickness absence data consistently demonstrates for BCCH significantly higher levels of sickness absence than national and Trust figures for the years 2018 – 2021. For the 12 months prior to the temporary closure BCCH rolling absences were around 12% in comparison to the Trust at 5.5%.

5. What absence assumptions have you made going forwards? How do these assumptions compare with regional and national assumptions?

The Trusts sickness absence target is 4.5%. The Trust has assumed it will achieve its sickness target over the coming 12 months as per the below plan.

Plan											
30/4/23	31/5/23	30/6/23	31/7/23	31/8/23	30/9/23	31/10/23	30/11/23	31/12/23	31/1/24	28/2/24	31/3/24
6%	6%	5%	5%	5%	5%	5%	5%	5%	5%	5%	4.5%

NHS sickness rates can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates/march-2023-provisional-statistics

For national information please refer:
https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/labourproductivity/articles/sicknessabsenceinthelabourmarket/2022

6. Could you let me look at the nursing labour market data you considered prior to the temporary closure, including local, regional, and national markets?

See documents provided – Bishop's Castle Place Plan | Bishop's Castle Market Town Profile | NMC Register Annual Report
See ONS Link: Nomis – Official Census and Labour Market Statistics (nomisweb.co.uk)

7. Has this labour market shown any change in the last 18 months? If so what has changed and is this change reflective of changes regionally and nationally?

See: Nomis – Official Census and Labour Market Statistics (nomisweb.co.uk)
https://www.shropshire.gov.uk/information-intelligence-and-insight/facts-and-figures/employment-and-economy/labour-market/

https://www.nomisweb.co.uk/reports/localarea?compare=E06000051

8. What are the labour market predictions for the next 12 months? Again, can I have sight of your information please?
Please see: Labour market overview, UK – Office for National Statistics (ons.gov.uk)

9. What was the labour turnover rate at Bishop's Castle at the point of temporary closure and how did that compare regionally and nationally?

Turnover rate for BCCH is significantly higher than Trust turnover rate and all other benchmarking groups as depicted in **Tables 3 and 4** below.

OCTOBER 2020 - NOVEMBER 2021	TRUST	BCCH
AVERAGE TURNOVER RATE HC	12.93%	22.10%
AVERAGE TURNOVER RATE FTE	12.31%	24.76%

Table 4

12-Month Turnover Data

Oct 2020 - Oct 2021

	All NHS*		Shropcom		BCCH		Community Trusts		Midlands Region		SATH		RJAH	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
All Staff	33.40%	33.20%	15.00%	14.30%	18.18%	22.00%	13.20%	12.70%	9.90%	8.30%	10.70%	10.30%	7.80%	6.80%
Nursing	32.30%	32.00%	19.40%	18.30%	21.43%	23.93%	14.90%	14.40%	10.70%	10.50%	9.90%	9.50%	9.50%	7.70%

*All NHS turnover rate distorted due to reform, acquisitions and mergers

10. What labour turnover assumptions have you made going forwards? How do these assumptions compare with regional and national assumptions?

The Trusts turnover target is 10%. The Trust has assumed it will achieve its turnover target over the coming 12 months as per the below plan.

Plan											
30/4/23	31/5/23	30/6/23	31/7/23	31/8/23	30/9/23	31/10/23	30/11/23	31/12/23	31/1/24	28/2/24	31/3/24
14%	14%	13%	13%	13%	12%	12%	11%	11%	11%	10%	10%

For National and regional information please refer to:

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/july2023

https://www.nhsemployers.org/news/latest-nhs-workforce-and-vacancy-statistics

11. Are your pay and grading levels in line with national agreements for the level of work undertaken?

The Trust applies national Agenda for Change pay scales and grading is determined in line with the national Job Evaluation Scheme.

Recruitment.

1. When did the trust realise it had a major problem with nursing recruitment at Bishop's castle? Did any one event cause this realization?

   Staffing levels at BCCH had been of concern for a number of years and a decision was taken in October 2021. There was an initial reduction of inpatient beds from 16 to 12 in an attempt to improve the position. During the 6-months prior to the decision to temporarily close 96-night shifts and 24-day shifts were run purely on agency staff and in October 21 a decision was taken by the Trust Board to temporarily close inpatient facilities at BCCH on safety grounds due to diminishing substantive Nursing staff numbers and a reliance upon agency staff.

   See also: QEIA October 2021, BCCH Evidence Review, Hill Dickinson letter dated 19 November 2021, BCCH Vacancy Tracker

2. What was the recruitment budget, in money and headcount, prior to the temporary closure?

   In 2021 there was no specified non-pay budget for recruitment, and nor was there a dedicated resourcing team.

   Recruitment activity was undertaken and shared within a corporate HR and Workforce Team of 9.8 FTE in varying job roles from AFC Bands 3 to 8A. There was also a devolved Temporary Staffing Team of 2.5 FTE in AFC Bands 2 and 3.

3. What have you considered you needed to spend/ resource on recruitment going forward?

   During June 2013, the Trust moved to a new electronic applicant management tracking system (Trac). Prior to this date, all recruitment was managed via NHS Jobs. From April 2023, additional investment was approved for the centralised recruitment team with the addition of 1wte Band 3 and 1wte apprentice post. To date we have recruited to the substantive band 3 but the postholder hasn't yet commenced in post and there have been no suitable applicants for the apprenticeship post.

   Consideration on spend/resource specific to recruitment to BCCH going forward will be dependent on the outcome of the review.

4. In Detail, what recruitment activities have you conducted for Bishop's castle in the last 18 months?

See Service Review Report for detail.

5. Could you please describe what your normal recruitment process involves?

The Trust's recruitment process is:

- Vacancy authorisation
- Advertisement – this is on Trac our applicant management system which also publishes on NHS Jobs and Indeed.
- Selection (shortlisting) - recruiting manager and other panel members shortlist applications based on the criteria in the person specification
- Interview – undertaken by the recruiting manager and appropriate managers (some post includes stakeholder/patient panels as appropriate to the role)
- Successful applicants:
  - conditional offer is issued and pre-employment checks as per NHS Pre-Employment Check Standards are arranged and are undertaken by the centralised recruitment team
  - Pre-Employment Checks complete: recruitment team agree start date with the manager, unconditional offer letter and contract issued by the recruitment team.

6. Did you increase your recruitment budget and resourcing spend and activity prior to the closure? If so, what was the increase?

There was no dedicated budget or resourcing spend to increase in 2021.

Recruitment data is only held in NHS Jobs for 12 months so there is no data available centrally to determine whether recruitment activity did increase.

7. What resources were used for recruitment purposes for Bishop's castle, during the 18-month suspension?

For the recruitment events, these will have been supported by a variety of staff from operational teams and the recruitment team. The events are published on NHS Jobs and applications received that way. Additionally on the day applicants are able to attend and complete a paper application on site. Interviews take place on site at the event – several interview panels are organised throughout the day. The events were also publicised locally.

8. What initiatives, over and above your regular recruitment activities, did you carry out in the period prior to the temporary closure? Could you please describe(briefly) the activity, the dates of the activity, the resources engaged and the results of each activity e.g., Number of attendees at an event, number of recruits from the activity etc.

   No information available centrally.

9. What is your resourcing model? Do you try to recruit to full compliment and cover holidays and sickness etc. with overtime, bank and agency or do you try to over recruit to cover these and other eventualities?

   The establishment is built around the resource required to deliver the service.

   Finance Budgets were reviewed alongside rostering requirements for Nursing around 2018/19 and additional finance invested to account for 21% absences. Workforce gaps due to vacancies, sickness and other absence may be covered by bank staff or overtime. Agency cover is also utilised if approved where the service cannot be delivered differently.

10. How did your recruitment activity, prior to the temporary closure, compare to other establishments locally, regionally, and nationally?

    No information available centrally. National benchmarking information is available at:

https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/resourcing-and-talent-planning-2021-1_tcm18-100907.pdf
https://www.tiaa.co.uk/wp-content/uploads/2021/09/workforce-recruitment-benchmarking-report-03-2021.pdf

11. What recruitment activities have you considered necessary going forwards if you are to reopen the facility?

    This will be determined dependent on the outcome of the review however recruitment activities could include:

    - Targeted advertising – specific adverts and promotion using a variety of media and also across the system partners.
    - Recruitment events/open days

12. Did any of the key stakeholders in the facility help with your recruitment challenge? (Unions, local council, the ICS, other trusts etc.) If so, what did they do to help?

- Unison Trade union representative attended the April recruitment event.
- Local Shropshire Councillors publicised the event on social media.
- SDG manager organised an interview with BBC Radio Shropshire for both recruitment events.
- A local Southeast magazine advertised on their social media.
- Staff shared vacancies on social media.
- Bishop's Castle, North Lydbury, and Chirbury Parish Councils supported an advertising campaign and promotion of recruitment day event in April 2021.

13. Did you move employees from any of your other facilities to cover for recruitment shortages at Bishops Castle? If so, was this successful, how often did you do this and when? Have you considered doing this in the future should you reopen the facility?

The staff were not fully established at Ludlow to enable sending other staff from there to cover, however individuals were asked to volunteer. Bishops Castle is in a rural setting and travel for some staff may be difficult although they would be able to claim for the mileage and adjustment could be agreed to the shift times to compensate for the travel commitment.

14. How many of your current employees in all your establishments have registered an interest in working in Bishop's castle should it reopen?

No data held centrally.

15. Are you able to utilize flexible staffing contracts to move staff to different locations within the trust based on need and safety?

Our current statement of employment particulars does state the following:

Your normal place of work will be as stated in the summary on page 1. However, you may be required to work anywhere within the Trust (within a reasonable distance) as determined by the requirements of the service. Any such move will be after consultation with you.

In the event of a pandemic/major emergency you may be asked to carry out other duties as requested. Such requests will be in your scope of competence and with your agreement.

Some individuals may have an older statement of employment particulars based on their start date so their information would need to be checked in their personal file.

16. Have the staff at Bishops castle and in the wider trust been asked what solutions they would have for the recruitment issues the trust faced/faces? If so, can I have sight of their suggestions and the trusts views on the suggestions?

    See BCCH Questions (and answers), letter from union, email questions (and answers) from union, letter from staff, public meeting notes, public letters, public email questions (and answers), BCCH Correspondence, letters from Shropshire Defend Our NHS

Retention.

1. Have you considered any special bonuses, awards, payments, etc., to encourage staff to stay? If so, what were they, when did you try them and with what success?
   As per the FAQs:
   Nursing payscales 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.
   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 risk de-stabilising the staffing levels in the other community hospitals in the area where the same posts exist.
2. Have you considered any special schemes, additional flexible working, childcare schemes etc. that might help with retention? Both in the period prior to the temporary closure and going forward should you reopen?

   Flexible working is always on offer in line with our policy and included in our adverts. We offer salary sacrifice schemes through 'Vivup' which we are currently in the process of extending to include cars. We also offer staff the opportunity to sell back their annual leave.

   We explored housing opportunities with Shropshire Council for Bishops Castle but they were unable to help at that time due to the lack of housing available in the area.

We have undertaken the NHS Recruitment and Retention Self Assessment toolkit which resulted in a recruitment and retention action plan being developed. The action plan is overseen by our newly created Recruitment and Retention Working Group. We are seeing an improving picture with our workforce metrics. As a result of this work, we have implemented stay conversations and '30,60,90' day conversations.

3. How did your employee opinion survey results for Bishop's castle compare to other establishments, locally, regionally, and nationally? For example, looking at issues that are known to have an impact on morale and motivation, such as levels of stress, bullying and harassment, supervisor scores, tools to do the job etc.
   Staff Survey results for teams are only reported on if there are more than 11 responses. For BCCH in 2022 there were less than 11 responses therefore no information is available.
   See data shared for 2020/2021.

4. What messages did you take from the survey? Were changes to made to working arrangements, improvements made to the availability of tools to do the job better, improved leadership, leadership training and accountability etc. implemented prior to the closure to encourage retention and what improvements have you considered for any future reopening?
   Following the staff survey in 2020 Corporate actions were agreed – see information shared.
5. Have any of the stakeholders in Bishop's castle (unions, GP's, local council etc.) offered any help on how you could retain staff? If so, what did they offer and when? Have you taken up their offer, advise etc.?
   No known help on retention offered.
6. Have the staff at Bishops castle and in the wider trust been asked for their views on any solutions to improve staff retention? If so, can I have sight of their suggestions and the trusts views on the suggestions?
   Staff at BCCH have been offered 1:1s with the Clinical Services Manager, HR and Trade Unions. Also weekly meetings take place which include a Director once a month. Any suggestions, views, solutions can be raised and discussed at these forums. An engagement plan has been developed overseen by the Director of Governance.

Efficiency and productivity.

1. What opportunities, if any, did you investigate prior to the closure, that might help with staffing numbers or skills mix? Please outline those initiatives, did you test them? what impact did they have?

   Skill mix: advertised for a variety of roles, Nurses, Junior sister role, Nurse Associates.

   A variety of flexible working options with regard to the number of hours and shift patterns that could be worked were offered.
2. What have you considered you need to do differently to reopen the facility?

   Dependent on outcome of ongoing reviews - Interviewees Q
3. Have you taken the opportunity afforded by the closure to rethink the service provision and therefore the skill mix and numbers?

   Interviewees Q
4. Have the staff of Bishop's castle been asked what solutions they would have for improving efficiency that would reduce the level of staffing or staffing mix

   Interviewees Q
5. Have any of the stakeholders mentioned previously, offered any improvement opportunities that may improve staffing mix or numbers?

   Interviewees Q
6. What initiatives have been taken to reduce sickness absence? Were these initiatives successful? Please provide data.

   The HR Services team work closely with Line Managers to support absence management, where an individual is absent from work for stress/anxiety/depression they have an immediate referral to OH. Staff are also able to self-refer to OH if they wish. We also provide a Confidential Staff Counselling. Shropcom staff can access support from the Wellbeing Hub which includes initiatives such as sleep school and financial wellbeing sessions. We also have menopause clinics and Mens health Clinics.

   Absence rates have been consistently reducing since July 2021.
7. What views do the staff and separately supervision have about how to reduce absence, bank and agency? Has the trust considered these suggestions?

   Actions we take on reducing absence, bank and agency are led by national initiatives and evidence -based research. We look at hot spots in terms of absences and look at what support teams based on what the data is telling us for example if a team has a number of staff off with stress/anxiety depression we will look at supporting the completion of a stress risk assessment.

We have recently undertaken a series of listening events around the County and online to listen to staff and make changes. We have also implemented a feedback button on desktops so staff can provide feedback through that route. The feedback is shared with Executive and at present 28 actions are being worked on as a result of these listening events.

Email from Patricia Davies, CEO dated 25 August 2023

Dear Tony

Further to our recent discussion I recognise the challenges you have faced in obtaining the required information and data from the Trust in a timely manner to enable you to complete the thorough report we both wished to see. Whilst this has been in part due to the change in personnel and processes within the Trust's workforce team it is nonetheless disappointing. In addition, I understand that you have not been able to speak with all the stakeholders you wished.

In the process of the preparation of the submission of the evidence to you by the Trust we have identified gaps in our data and processes. I have therefore concluded that whilst the Trust is able to provide you with some of the evidence of the recruitment we have undertaken, it is not a complete record. In light of this I have taken the difficult decision, with support from the Trust Chair, to halt the review as it is clear there is further work we need to do to provide the necessary information.

You have helpfully pointed out to me in our last discussion that in your considered view the Trust's recruitment and workforce processes need improvement, not just in relation to Bishop's Castle, but to ensure that we are able to be the 'employer of choice' for the area. I agree with your view and will ensure we take action to improve. You have further highlighted the need for a detailed workforce and recruitment plan for the Trust. I accept your view and will discuss how we do this with the Trust Board.

Given that the review was commissioned as part of a wider public engagement process I think it would be right for us to publish the questions you asked and the information that the Trust provided. Whilst I am clear this will not be in the form of a report from you, these working papers and importantly the available data will be helpful to the Trust and will enable transparency with stakeholders and patients.

I would like to take this opportunity to thank you for taking on this piece of work and for progressing it as far as you could with utmost professionalism given the challenge of incomplete information. I am sorry we have not been able to conclude the work and I know we are both disappointed. The Trust will learn from this to ensure we have better processes in place in the future.

Regards

Patricia

Patricia Davies
Chief Executive
Shropshire Community Health NHS Trust

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Find out about our services at

www.shropscommunityhealth.nhs.uk

Shropshire Community Health
NHS Trust

ENGAGEMENT REPORT
August 2023

CONTENTS

1. FOREWORD

During the two months of the public engagement, Shropshire Community Health NHS Trust have sought the views of local people across Shropshire with a particular focus on Bishop's Castle and the surrounding areas.

This report provides information about the engagement process and activities and summarises the feedback received from members of the public, stakeholders and health and care staff.

Our intention is to demonstrate that we have respected the views presented to us and we have taken care to record the comments and suggestions received. We are grateful to everyone who has taken the opportunity to get involved with the engagement activities that have taken place. The strength of feeling amongst the local community is very apparent and the Board is aware of this and must give this careful consideration in the round with all the other information being presented to help inform the Board's decision.

2. EXECUTIVE SUMMARY

2.1 About this Report

2.1.1 OVERVIEW

The purpose of this report is to provide the Board of Directors of Shropshire Community Health NHS Trust (SCHT) with a full account of the engagement activity undertaken with staff and the public in relation to the proposed withdrawal by SCHT from the inpatient service at Bishop's Castle Community Hospital. Further, it presents and analyses the feedback received during the engagement process. This is to ensure that firstly, the Board is assured that it has met it's duty to inform and involve the public in its decision and secondly, to ensure that the voice of the communities SCHT serves is heard and considered when the Board makes its decision.

On 22nd May 2023 communication regarding the planned engagement commenced with staff, stakeholders, the public and media in the form of a number of face-to-face, virtual and written briefings. Formal engagement activity commenced on 12th June 2023 when the online survey went live and closed on 14th August 2023.

The process was led by SCHT and supported by NHS Shropshire Telford and Wrekin (NHS STW) as Commissioners of the inpatient service. In addition, SCHT commissioned several external companies to support the engagement activity with significant expertise in their respective fields.

This report outlines the engagement activity undertaken and the feedback received in order to inform the decision the Board intends to make in relation to the inpatient service at Bishop's Castle.

2.1.2 WHAT THIS REPORT CONTAINS

The report includes both qualitative and quantitative information taken from several sources in order to provide a comprehensive overview of the feedback received during the engagement process. Where applicable, an indication of the relative weight of the opinion is provided.

We have aimed to capture all the substantive points made during the engagement process and based on analysis of the comments received, this report identifies the strength of feeling that exists around the retention of the inpatient service at Bishop's

Castle whilst recognising that this is a matter for the Commissioners. Further it identifies the strong public view that more needs to be done to protect rural healthcare and to expand the access opportunities for communities in remote and rural locations.

2.1.3 COMPLIANCE

SCHT is committed to ensuring good decision-making practice by taking into account service-users' points of view. In following this practice SCHT is complying with Section 242 of the National Health Service Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007. This puts on the Trust a duty to ensure that patients and the public are involved in decisions impacting on services from the service user's perspective.

Furthermore, under the NHS Standard Contract Terms and Conditions the Trust is required to notify its Commissioners of any service changes.

Compliance with these statutory and contractual requirements are covered in this report.

2.2 Summary of Participation

Engagement activity was undertaken using several different methods to ensure appropriate reach and targeted engagement as required with the overall aim of achieving a broad and representative view of public opinion.

Methods used included: an online survey (also made available in print), face-to-face-surveys, targeted focus groups with the public and staff, face-to-face and virtual public engagement meetings and a staff listening event.

Table 1 shows a summary of the main engagement activities and level of participation.

ACTIVITIES	NO. OF PARTICIPANTS
Online Surveys	858
Paper Surveys	149
Face-to-Face Surveys	102
Public Focus Group	18
Staff Focus Group	2
Staff Listening Event	7
Face-to-Face Public Engagement Meetings	224

Virtual Public Engagement Meeting	27
Responses from the public / organisations by email	31

2.3 Summary of Quantitative Responses

The online survey received 858 responses and the following provides some headline data regarding the respondents. Please note that not all answers will total 100% as respondents may not have answered all of the questions.

- The survey was targeted to those within a 20 mile radius of Bishop's Castle but it was open to anyone who wished to participate. The results have shown that the majority of respondents were local to Bishop's Castle but that there were respondents from north of Shrewsbury and the other furthest areas were Knighton, Newtown and Much Wenlock
- The majority of respondents were service users with 22.5% having caring responsibilities. 4.2% were either staff or former staff.
- There was a clear view that the beds should remain open and that the Trust should explore other options to ensure this.
- The main reasons given for disagreeing was the rurality of the community and the need for healthcare services locally. It was however understood that there were recruitment challenges and an openness to other options being explored to retain the facility such as day care facilities whereby the reliance on registered staff would be less.

2.4 Summary of Qualitative Responses

Overall participants in the engagement process were against any decision for SCHT to withdraw from providing the inpatient service at Bishop's Castle Community Hospital. This was seen as tantamount to a permanent closure of the beds and it was felt that the longer term future of the hospital was in jeopardy.

'There's an impact on the local community and for local jobs as well'

There was challenge around the extent of the efforts made by SCHT to recruit the required staff and in response to this a review was commissioned from an external HR Specialist with knowledge and experience of NHS workforce and recruitment policies. This review was informed by output of the engagement activity but was not part of the engagement process so is covered in a separate report (Bishop's Castle Service Review Report).

In addition to views sought on the decision itself the Trust took the opportunity to discussed with the public what was important to them in relation to access to healthcare and to look at future service opportunities for the Bishop's Castle Community Hospital site. The Trust has always been clear that the decision being made and the basis of the engagement was in relation to the inpatient service only and it wishes to work with the commissioners, local partners and the community to enhance services to best meet the needs of the local population.

3. ABOUT THE ENGAGEMENT

This section of the report outlines the engagement activity undertaken by SCHT and its compliance with it's 'duty to involve' under Section 242 of the National Health Service Act 2006 as amended by the Local Government and Public Involvement in Health Act 2007.

3.1 Context and Pre-Engagement

To provide some context to the proposal SCHT has engaged on, this section of the report will provide a brief history of the events leading up to the proposal, the Trust is contracted to provide a level of inpatient community care across Shropshire and up until October 2021 this was provided across four sites (Ludlow, Bridgnorth, Whitchurch and Bishop's Castle). At this time a decision was taken by the Board that due to sustained unsafe staffing levels (mainly Registered Nursing levels), the inpatient service should be temporarily closed. Over the following 18 months the inpatient activity for the contract were met across the remaining three sites and attempts were made to recruit the required staff but were unsuccessful.

In March 2023 the Board took the view that there was no reasonable prospect of the Trust being able to adequately staff the inpatient service to enable the re-opening of the beds and entered into discussions with NHS Shropshire Telford and Wrekin (NHS STW) as the Commissioner with regard to next steps and the Trust agreed to commence engagement with staff and the public with regard to the current situation and the fact the Board needed to make a decision on whether to relinquish the inpatient service at Bishop's Castle and enable the Commissioner to consider alternative options.

On 22nd May 2023 communication regarding the planned engagement commenced with staff, stakeholders, the public and media and this was done through a combination of face to face, virtual and written briefings. An example of the written briefing is provided at Appendix 5.1

3.2 Equalities and Impacts

3.2.1 HEALTH AND HEALTHCARE INEQUALITIES - DUTIES

When proposing any changes to services that will / or have potential to impact on patients NHS providers have a statutory duty to consider equalities and health inequalities as set out within the NHS Act 2006 and the Equality Act 2010. With regard

to this, SCHT has considered its principal duties of meeting the Public Sector Equality Duty and has taken account of the likely implications withdrawing from the inpatient service will have on access to healthcare for groups or individuals protected under the Equality Act.

One of the key objectives of this engagement was to ensure that people sharing 'protected characteristics' defined by the Act who potentially face a disproportionate impact from the decision being made by the Board are engaged in order to take account of their views and specific needs.

3.2.2 QUALITY AND EQUALITY IMPACT ASSESSMENT

SCHT has in place a process of undertaking quality and equality impact assessments (QEIA) to inform any decisions regarding changes to services. This is to ensure that any quality implications are identified, considered and where possible mitigated. Further the equality aspect of the assessment ensures that SCHT meets is Public Sector Equality Duty by taking equality of opportunity into consideration.

A quality and equality impact assessment which contained a detailed review of the potential impact on people sharing "protected characteristics" and other identified groups experiencing health inequality or inequality of access was undertaken. The Equality Health Impact Assessment identified the following groups in particular as being at risk of disproportionate impact by the proposal: elderly patients, patients in rural areas and those who had caring responsibilities.

Informed by this analysis a programme of focus groups was organised which targeted those groups in particular. Further the online survey questionnaire included demographic monitoring questions which, where justified by the data, enabled analysis of quantitative responses and categorised free text comments hence providing the opportunity to identify similarities or differences in views between different groups. In addition, the face-to-face surveys were targeted in Bishop's Castle to ensure the local rural community were involved. Finally, the face-to-face public engagement meetings were held in Bishop's Castle and advertised in the rural catchment areas of Bishop's Castle Hospital to again target rural communities who may be disproportionately impacted by changes to the service at Bishop's Castle Community Hospital

3.2.3 RURALITY

The catchment area for Bishop's Castle Community Hospital is far reaching due to the rurality of the local population, with many having to travel 20+ miles to the nearest acute hospital. It is therefore recognised that any change in service has potential to impact more significantly on the rural community as the removal of a local inpatient service would mean patients travelling further for such services. However, this needs to be considered in the context of the limitations to the inpatient service that can be provided from such a small and rural facility. Due to its distance from acute services, reliance on ambulance transfers in the event of patient deterioration and the limited medical back up, the type of patient able to be nursed at Bishop's Castle Community Hospital was limited in terms of acuity and dependency. This means that those who did not meet the criteria for the inpatient service, such as those requiring acute services / enhanced treatment would need to travel to be cared for in another facility.

The Trust's engagement process ensured the voice of those disproportionately impacted due to rurality was heard. The public meetings and face to face interviews were held in Bishop's Castle to ensure anyone in the local community wishing to participate was able to. As well as paper surveys being sent out on request and an online public meeting held for those who may wish to input from further afield.

3.2.4 AGE OF POPULATION

The population data available regarding Bishop's Castle clearly identifies that the demography of the local community is an older population than the average for Shropshire and indeed nationally. Further we knew from the patient data that those accessing the inpatient service at Bishop's Castle were likely to be more elderly. In light of this the focus groups held were targeted at the older population to ensure their input and also recognising that they may be less likely to engage with the online survey.

The demographic information of those attending the public meetings was also captured and was reflective of the older population.

3.2.4 CARERS

Through the surveys and the public meetings, the demographic information showed that a high proportion of respondents were either carers or required carers, this is again probably reflective of the older population of the local community. This was

identified as a disproportionately affected group in the original QEIA and accordingly there is evidence that they have sufficiently input into the engagement to ensure reflective feedback. This is particularly linked to the issue of rurality as the impact on rural carers has come through clearly in the engagement feedback.

Taking into account these affected groups a QEIA has been completed and is attached at Appendix 5.2 to outline the identified impacts and potential mitigations.

3.3 About the Engagement Process

The Trust put in place a comprehensive and proactive engagement plan which was extended and added to as the engagement progressed, this was in response to suggestions and feedback from local councillors, staff and the local community. It was important to SCHT that it could satisfy itself that it had done everything practicable to ensure the public, stakeholders and staff had the opportunity to participate and feedback.

The engagement process was separated into two distinct parts, the first was the inform stage which commenced on 22nd May. This involved informing staff, patients, the wider public and stakeholders of the continuing position with regard to Bishop's Castle and the Trust's plans to engage and involve them in the decision it was planning to take on the continued provision by the Trust of inpatient services at Bishop's Castle Community Hospital.

Phase two of the plan was due to commence on 29 May 2023 but there was a short delay in getting the online survey opened and publicised. This went live on the 12th June and the engagement period was extended accordingly to 14th July. At it's meeting at the beginning of July, the Board heard that the initial feedback being received through the feedback from staff and the public was that there was a strong opinion that there could and should be further recruitment initiatives considered before a decision was made on the inpatient service. The Board considered this feedback and agreed to commission a Recruitment Review from an external HR specialist. In light of this, the Trust deferred it's decision to the Board meeting in August to September and this allowed for further engagement activity to be undertaken up until 15th August 2023.

Table 2 provides an overview of the engagement activity that was undertaken, those items identified in blue were additions to the process.

Stakeholder	Date	Purpose	Mechanism
Bishop's Castle staff	2 June – Ongoing	To provide staff with the opportunity to raise questions and concerns	Ongoing weekly meetings to include invites to those on sick leave / maternity leave
Staff Side Chair	2 June – Ongoing	To provide regular updates	Weekly meeting
SCHT staff	Ongoing	To provide staff with updates	Include an update in the weekly staff comms and staff Facebook
Patients Carers and Public	3 June 2023	Response to request to attend a local meeting organised by the councillors	Public meeting held in Bishop's Castle attended by the Trust's Chair, Director of Nursing and Director of Operations
Patients Carers and Public	12 June – 14 July 2023	Obtain views and opinions	Public survey (also available to staff), update on website followed by promotion via social media and the press. Posters put up in local areas to enable people to be sent copies of the survey / access support with the survey. Paper copies provided to local councillors and GP in addition to the mechanisms used by the Trust
Patient Carers and Public	13 and 15 June 2023	Bishop's Castle focussed engagement to support input into the survey and obtain views and opinions	Researchers present in the town centre
Patient Carers and Public	18, 19 and 27 July 2023	Focussed engagement targeted at those identified in the QEIA as most likely to be	Three focus groups representative of the local population and impacted groups

Stakeholder	Date	Purpose	Mechanism
		disproportionately impacted and also those less likely to participate in public meetings	held both face to face and online.
Patient Carers and Public	3, 5 and 20 July 2023	Discuss the situation and the decision that needs to be made and obtain views from the public	Three public face to face meetings held in Bishop's Castle attended by three members of the Executive Team to field questions and chaired by an Independent Chair.
Bishop's Castle staff	20 July 2023	Bishop's Castle staff focussed engagement to support input into the survey and obtain views and opinions	Focus Group
Health Overview Scrutiny Committee	10 July 2023	Share information of current situation and answer questions	In person attendance from members of the Executive Team
Bishop's Castle staff	21 July 2023	To answer any staff queries and record any concerns that have not been raised through any of the other engagement activities for inclusion in the engagement report	Online listening event facilitated by the Trust's Organisational Development Business Partner and attended by the Staffside Chair and the Director of Governance
NHS STW Board meeting	27 July 2023	Update on current situation and progress of engagement	Chief Executive update to the Board
Patient Carers and Public	15 August 2023	Discuss the situation and the decision that needs to be made and obtain views from the public	Public online meeting attended by three members of the Executive Team to field

Stakeholder	Date	Purpose	Mechanism
			questions and chaired by an Independent Chair.

In addition to the above people and organisations could submit written responses which have been collated and included in the report.

3.3.2 COMMUNICATIONS

Throughout the engagement period the Trust has communicated updates on the engagement process, public engagement meetings and latest news through the following channels:

- Trust website
- Trust social media channels
- Local media
- Posters distributed to Councillors and Dr Adrian Penney to display in key community information points
- Regular update emails to Councillors and Dr Adrian Penney

Please find below details of the information published on the Trust Website and social media channels:

- Open letter from Patricia Davies
- June Update – Detailing latest information on the extension of the engagement period, public engagement event dates, focus group information, virtual public meeting date and survey details incl how to access postal surveys.
- Bishop's Castle FAQs - July
- CE Letter to Tony McCarthy
- Update to clarify board meeting arrangements
- Bishop's Castle Virtual Public Meeting
- Face-face engagement details, survey link and phoneline details

Posters distributed:

- 85 posters advertising the in person meetings
- 150 posters advertising the virtual public meeting

Media Coverage

Date of Publication	Link
12/01/2023	Councillors call for reopening of Bishop's Castle Community hospital to help ease the NHS crisis (shropshirelive.com)
13/01/2023	Leaders call for Shropshire community hospital to re-open to ease pressure on the NHS | Shropshire Star
12/02/2023	Residents urged to turn up to meetings this week about the future of health services in Shropshire | Shropshire Star
31/03/2023	Community hospital staff 'kept in the dark' over future - BBC News
25/05/2023	Bishop's Castle Community Hospital to remain closed (shropshirelive.com)
26/05/2023	Bishop's Castle Community Hospital beds could close permanently say health bosses | Shropshire Star
27/05/2023	Anger at prospect beds could never return to Shropshire hospital as public meeting is called | Shropshire Star
31/05/2023	Health boss insists Bishop's Castle hospital will not close despite struggle to recruit staff | Shropshire Star
31/05/2023	Inpatient Bishop's Castle community hospital beds may not reopen - BBC News
06/06/2023	Staffing Struggle: 20 months of frustration for health bosses and residents over hospital closure | Shropshire Star
06/06/2023	'Feelings are running deep!' Scores turn out to have their say on hospital shut for 20 months because of staff shortages | Shropshire Star
06/06/2023	Bishop's Castle: Meeting held over inpatient bed closure - BBC News
06/06/2023	Content blocked by your organisation (countytimes.co.uk)
06/06/2023	Bishops Castle residents grill health trust on future of hospital (shropshirelive.com)
07/06/2023	Critic rounds on 'blink-and-you-miss-it' south Shropshire hospital engagement process | Shropshire Star

12/06/2023	Content blocked by your organisation (countytimes.co.uk)
13/06/2023	Permanent closure threatens Bishops Castle hospital ward | Ludlow Advertiser
14/06/2023	BBC Radio Shropshire interview with Clair Hobbs
14/06/2023	Public invited to share views on future of Bishop's Castle hospital - BBC News
10/07/2023	Another public meeting scheduled by ShropCom to discuss Bishop's Castle Community Hospital | Shropshire Star
16/07/2023	Time to use our 'ghost hospital beds' say Bishop's Castle campaigners | Shropshire Star
17/07/2023	Plans to close 16 beds at Bishop's Castle Community Hospital | Ludlow Advertiser
17/07/2023	Rural Shropshire in Revolt? Campaigners call for a guaranteed future for community hospitals | Shropshire Star
18/07/2023	Trust delays Bishop's Castle Hospital beds decision to see if it has done enough to recruit staff | Shropshire Star
20/07/2023	Would-be MP adds his support to Bishop's Castle Hospital beds campaign | Shropshire Star
31/07/2023	Campaigners plan empty chair protest over Bishop's Castle Hospital beds closure decision | Shropshire Star
03/08/ 2023	Hundreds march through Bishop's Castle to show town's strength of feeling over hospital beds closure | Shropshire Star
04/08/2023	Campaigners march to save Bishop's Castle hospital beds - BBC News
07/08/2023	More than 900 views shared on Shropshire hospital bed closures - BBC News
	Content blocked by your organisation (countytimes.co.uk)
12/08/2023	International nurses plan for shortage-hit Shropshire hospitals | Ludlow Advertiser
16/08/2023	Public meeting marks end of engagement on inpatient beds at Bishop's Castle Community Hospital | Shropshire Star

Thursday 25th May

Update on Bishop's Castle Hospital

I am writing today to update you on the community hospital beds at Bishop's Castle Community Hospital. As you know we took the difficult decision to temporarily close the beds in October 2021.

Recruitment has been a problem for several years. As an example, for the last six months the beds were open, it was extremely difficult to maintain the qualified staffing levels required to run the hospital safely. There were escalating staff concerns regarding safety and a number of staffing related incidents in the months preceding the temporary closure. Despite considerable time and effort we have been unable to secure the right level of substantive staff to deliver safe and the best possible care to patients.

After consideration of a number of factors, including establishing safe staffing and operational deliverability, a conclusion was reached by the Board that there is no realistic prospect at present of the Trust being able to re-open the Bishop's Castle Community Hospital beds. Whilst this is disappointing news, it is the right conclusion on safety grounds and to ensure that quality care is maintained.

The Board will be taking a final decision in July with regards to its contract with the ICB for the inpatient service at Bishop's Castle and whether or not it should relinquish this contract in view of the current situation. The Trust wishes to engage in the first instance in further conversations with patients, stakeholders, and our staff to explain the current position, to understand what impact the beds being closed has had and to understand the impact that the Trust relinquishing its contract for these inpatient beds would likely have. This engagement will inform the Board's final decision.

I want to thank the fantastic staff who have been involved in the provision of inpatient services at Bishop's Castle and worked flexibly during the period of closure. We will continue to meet with each of them to ensure they are kept up to date and informed of the opportunities available to them within the Trust.

Patricia Davies, Chief Executive

Tuesday 30th May 2023

Open letter from Patricia Davies, Chief Executive of Shropshire Community Health NHS Trust

I thought it would be helpful if I responded to some of the recent coverage about the inpatient community hospital beds at Bishops Castle Hospital. (Shropshire Star, Saturday 27th May 2023)

Firstly, I'd like to thank our staff for their ongoing dedication, and I appreciate it's a difficult time for them. I wanted our staff to hear the news from us first as I believe that is the right and proper thing to do. Our staff want to work on the ward at Bishops Castle Hospital and are rightly disappointed about the news. They have been a credit to the Trust and we must do what we can to support them. We managed to brief them last week and so now we move into a period where we must explain our views and answer questions from patients and the public.

Importantly this is not about closing Bishops Castle Hospital and those who have suggested that are wrong. There are and will continue to be important services provided to the community by our staff and other NHS staff from the hospital. I do accept the important role these services play in providing good access locally.

However, this process is about the 16 inpatient community hospital beds that have been temporarily closed since October 2021. Having tried to recruit and attract staff to these jobs we have concluded there is no reasonable prospect, at present, of the Trust being able to safely re-open the inpatient community hospital beds at Bishop's Castle Hospital.

Caring for patients without the right safe staffing levels is not right for the patients or for the staff expected to work in these circumstances. Recruitment has been a problem for several years, and despite considerable time and efforts, we have been unable to secure the right level of staff to deliver safe, high-quality care. This is a national, regional, and of course a local issue.

Therefore, and with regret, we have notified NHS Shropshire, Telford and Wrekin (STW), the organisation responsible for commissioning local health services, of the current position. We will now commence a period of engagement with our staff and the public on the current position, and the decision we must take as to whether or not to

relinquish the contract with NHS STW to provide the community hospital beds at Bishop's Castle Hospital.

To be clear - it will then be for NHS STW to decide what to do next.

For avoidance of doubt, this is not formal public consultation - nor is it about closing the hospital. It is a process of engagement about our conclusion as the people currently responsible for the community hospital beds, that we can see no realistic prospect of safely re-opening the beds.

Over the next week or so our website www.shropscommunityhealth.nhs.uk will contain more information on the engagement process. We will also publish information on the work we have done over the last period to try and recruit and how the community hospital beds have been used in the past.

Our website will include a link to a questionnaire that will be available online for people to respond. We will be helping people who don't have internet access and holding some focus groups. This will be conducted by independent market researchers.

In addition to the meeting local councillors have arranged at short notice we are organising two public meetings at the end of June. Dates and times will be published shortly.

I realise that this is a difficult time for our staff and the community of Bishops Castle and surrounding areas. We look forward to hearing your views and suggestions.

Patricia Davies, Chief Executive of Shropshire Community Health Trust

2.4.3 ACCESSIBLE INFORMATION

As with all communications and information issued by SCHT, accessibility of information was an important aspect of the engagement, both in encouraging participation and providing a range of flexible opportunities through which to respond. Support was made available to those who needed it to access information using SCHT's usual accessible information methods which can be accessed via the Patient Advice and Liaison Service (PALS). This number was publicised on the Trust's website and on the posters that were issued.

The accessible formats available to the public on request were translated versions or access to interpreters for people for whom English is not a first language or who need a BSL signer, audio, large and Braille formats. No requests for these were received.

Support was available people with a learning disability or difficulty in communicating via the PALS service but again no requests were received.

There were different ways offered in which people could participate in a variety of formats in order that people could choose the way in which they were most able to engage.

3.3.1 Public and Staff Focus Groups

There were four focus groups held in total, three public and one staff group. These were recruited to by an independent research company with recruitment weighted to target those identified in the QEIA as most likely to be disproportionately disadvantaged by the decision being made i.e the older population and those in rural areas. In addition there was a group aimed at the 18-40 age group as it was anticipated that this would be an under represented group in the public meetings and indeed this was the case.

The staff group proved particularly difficult to recruit to despite adding an additional date and there being targeted communications regarding the focus group. The Trust therefore also held its own internal listening event to provide further opportunity for staff to input.

The full report can be found at Appendix 5.3

3.3.2 Surveys

SCHT commissioned an external company to undertake online and face to face surveys to gain an insight into local residents' views and opinions regarding the future of the bed facility at Bishop's Castle Community Hospital. A representative cross-section of local residents living within a twenty mile radius of Bishop's Castle were targeted to take part in either a face-to face or online consultation over a period of one month from 12th June to 14th July 2023. The survey was however open to all members of the public and therefore was able to capture those who lived in the wider catchment area.

The face-to-face surveys were undertaken on Tuesday 13th June and Thursday 15th June in Bishop's Castle Town Centre following advice from the local councillors and residents to avoid Wednesdays when the town centre shuts down.

Photo of local resident completing a face-to-face survey

In total, 960 interviews were carried out – 102 face-to-face, by fully trained, professional market research interviewers and 858 residents completed an online version of the face-to-face questionnaire.

In addition paper copies of the survey were made available upon request with posters distributed with the details of how to receive a survey by post with a pre-paid return envelope. In total 16 surveys were received via the post.

Finally, the councillors and GP supported with the distribution of paper surveys and at the public meeting on 20th July 2023 SCHT was presented with a box of 133 completed surveys. These were accepted outside of the survey closure time for completeness but there does need to be caution exercised with regard to consideration of these surveys as unlike the online and face to face surveys, there is no mechanism to prevent duplicate submissions by a respondent and the analysis has to be completed manually.

The full report can be found at Appendix 5.4

3.3.3 Public Engagement Meetings

SCHT conducted three public engagement meetings in the Community College in Bishop's Castle on the following dates, 3rd July, 5th July and 20th July. These meetings were publicised on the Trust's website, via social media. The local councillors and GP also supported the promotion of these meetings.

The meetings were chaired by an independent Chair and attended by the Chief Executive, Director of Nursing, Clinical Delivery and Workforce, the Director of Operations and the Director of Governance.

The meetings were well attended with 224 attendees across the three face to face events, and the format was as follows:

- Chief Executive addressed the room with an update on the current situation with the inpatient service and the process the Trust is going through in order to inform the Board's decision on the inpatient service.

- There was opportunity for the public to ask questions and the SCHT panel answered these whilst the wider SCHT team maintained a log for inclusion in the frequently asked questions log that can be found at Appendix 5.5

- There were facilitated discussion groups focussing on the impact of the temporary closure of the inpatient service and the likely longer-term impact if SCHT should permanently cease providing this.

A report detailing the public meetings has been prepared by the Independent Chair and can be found at Appendix 5.6

3.3.4 Public and Organisational Feedback

SCHT received 31 items of correspondence (email and letter) during the engagement period. Where these raised questions they were responded to and the questions were used to inform the frequently asked questions log that can be found at Appendix 5.5.

In order to ensure any comments received were included in the engagement report for the Board's consideration, these have been collated and the key messages summarised and set out in section 4.4 of the report. The full details of the feedback have been included in the Appendices and can be found at Appendix 5.7.

4. FINDINGS

4.1 Public and Staff Focus Groups

Staff Headline Findings

Key Themes: Key themes that emerged from the discussion include concerns about decreasing bed numbers and increasing reliance on temporary staff, perceived lack of support from higher management, negative impacts of hospital closure on communities, communication breakdowns between management and staff, difficulties faced by patients due to closures, and suggestions for repurposing closed hospitals.

Supporting Evidence: •"I had to work extended hours due to staffing shortages." •"No debriefing was provided post-COVID despite the significant challenges faced by staff members." •"Closing the hospital has had negative impacts on the community." •"Patients are often taken to Shrewsbury in Telford Hospital… many prefer not to go due to previous negative experiences." •"If coverage care were interested in taking over the facility, they could provide palliative care services."

Areas of Agreement and Disagreement: Participants agreed on several issues including the negative impact of hospital closures on communities and dissatisfaction with management decisions. However, there were differing opinions regarding how best to utilize unused facilities following closures.

Implications and Recommendations: Findings suggest a need for more thoughtful decision-making processes that consider local circumstances and involve meaningful engagement with affected communities. Future research could explore innovative ways to repurpose closed hospitals while addressing community needs effectively.

Conclusion: The focus group discussion highlighted critical issues facing rural healthcare facilities like staffing shortages, poor management decisions leading to trust loss among staff members and communities. It underscores the importance of involving local communities in decision-making processes related to healthcare provision.

Empty Nesters Headline findings

Key Themes: Three key themes emerged from the discussion - concern over increased travel times and decreased access to healthcare services due to lack of public transportation; criticism towards NHS management for what they perceive as financially

driven decisions; scepticism about whether their feedback will genuinely influence decision-making processes.

Supporting Evidence: • Participants express worry over increased travel times to other hospitals, potential isolation for patients. • They criticize what they perceive as flawed decision-making processes within NHS management. • They express scepticism about whether their feedback will genuinely influence decision-making processes.

Areas of Agreement and Disagreement: Participants unanimously agreed on their opposition to the hospital's closure and criticized NHS management. However, there was disagreement or uncertainty about suggesting alternative uses for the hospital building if it were to close permanently. Some refused to speak about what it could be used for as they felt that it needed to be used for its purpose and felt that it would be used against them by NHS Shropshire.

Implications and Recommendations: Based on these findings, it is recommended that future decisions consider factors such as patient travel time and costs, environmental impacts, local job losses, effects on rural communities. Also suggested are mobile health services and incentives for staff working in rural areas. It would be beneficial to involve residents in decision-making processes regarding healthcare services in their area.

Conclusion: The focus group discussion highlighted significant concerns about the closure of Bishop's Castle Community Hospital. Participants strongly opposed this move due to anticipated negative impacts on individual patients and the wider community. They called for more transparent and inclusive decision-making processes within NHS management.

Pre/Young Family Headline findings

Key themes: • Underutilization and Closure of Facilities: Participants expressed concern about the underuse of the hospital despite recent renovations and potential bed closures. • Accessibility Issues: There were discussions about difficulties commuting to other hospitals due to unreliable public transport. • Staffing Problems: Participants highlighted issues with recruitment and retention of staff at the hospital. • Impact on Elderly Population: The closure of beds and lack of 24-hour care was seen as particularly detrimental to older residents. • Communication Gaps between

Management and Community: Participants felt that decision-makers were out-of-touch with community needs. • There was unanimous agreement among participants about underutilisation issue, staffing problems, accessibility challenges, communication gaps between management and community members.

No significant disagreements emerged from this discussion.

Implications and Recommendations: The findings suggest a need for better utilisation strategies for Bishop's Castle Community Hospital including improved transportation options for patients, effective recruitment strategies for staff retention, enhanced communication between management and community members as well as consideration towards providing 24-hour care especially for elderly patients.

Conclusion: The focus group discussion revealed deep-seated concerns within the Bishop's Castle community regarding their local hospital's operations. It underscored a pressing need for action from relevant authorities to address these issues effectively while considering diverse perspectives without stereotyping or bias. Future research could explore potential solutions based on best practices from similar communities facing comparable challenges.

Empty Nesters Headline findings

Key Themes: Three key themes emerged from the discussion - importance of local healthcare services, impact of hospital closures on rural communities, and perceived neglect by decision-makers.

Supporting Evidence: • He appreciates the proximity of the hospital to the care home as it made it less disruptive for her during her series of mini strokes. (Importance of Local Healthcare Services) • They believe this move is driven by economic reasons rather than patient welfare… (Impact of Hospital Closures) • …they feel ignored by health service providers who seem unaware of their unique challenges living in a rural area. (Perceived Neglect).

Areas of Agreement and Disagreement: All participants agreed on the vital role Bishop's Castle Community Hospital plays in their community and expressed dissatisfaction over its closure. However, there was disagreement on alternatives such as home care or long-distance travel to other hospitals.

Implications and Recommendations: The findings suggest that decision-makers need to better understand local needs before making changes that significantly impact rural communities. Regular consultations involving residents could be beneficial. Unused hospital facilities could potentially be repurposed for mental health services and respite services.

Conclusion: The focus group discussion highlighted a community struggling with insufficient healthcare resources and feeling overlooked by those responsible for delivering these services. There is a clear call for better understanding of local needs, more effective communication between decision-makers and residents, and innovative solutions that make use of existing resources

4.2 Survey Responses

The Trust released an online survey which received 858 responses. In addition paper copies were issued as requested and this resulted in 149 further responses. Finally, there were face to face surveys conducted over a two day period in Bishop's Castle which resulted in 102 responses.

On the basis of these responses, the strength of feeling regarding the future of the community hospital and, in particular, the bed facility is clear with the vast majority disagreeing with the decision to temporarily withdraw the bed facility. Further a high percentage of respondents expressed the impact the closure of the facility would have on them personally and also on their community. It is felt that if SCHT withdraws from the service this will be tantamount to a permanent closure of the bed facility.

The direction of travel for the NHS generally is that patients should be kept at home with appropriate support as far as possible due to the benefits this has on broader wellbeing and the prevention of deconditioning seen in patients admitted to hospital, particularly elderly patients, however this was not a view shared by respondents and there was an overwhelming preference to be treated in a local community hospital.

The reflection of the independent company who undertook the survey was that local residents are very well informed about their hospital and care in the community and that the permanent closure of the bed facility would be a 'travesty'. They noted that demographically, the area is middle class with an ageing population who pride themselves in living in a rural environment and despite the growth of virtual care

enabling people to stay in their homes and receive support and monitoring that there is a positive desire to retain the Bishop's Castle inpatient service which has a reputation for providing an excellent service.

4.3 Public Engagement Meetings

In total 224 people attended the face to face engagement meetings and it was clear that there was a significant strength of feeling among those who attended the meetings that the inpatient beds at Bishop's Castle should remain open. As with the findings of the survey and the focus groups, the public view was that the bed closure would be the beginning of the end for the hospital.

There was evident distrust at the meetings in the Trust's engagement process and a certain amount of cynicism around whether there would be genuine listening or whether the decision was a 'done deal'. The public want to feel confident that their views have been carefully considered and that there is recognition of how important the hospital is to their community.

There was much discussion around the specific needs of the rural community and what more could be done both at provider level and commissioner level.

The recruitment challenges were discussed at length and were a focus of the question and answer sessions with a strong sense that more could be done to recruit staff.

There was a sense of frustration over the course of the four meetings that people were saying the same things but not being listened to and that it had taken a long time for ShropCom and the local authority, and other providers, to meet to discuss possible solutions. There had previously been a series of Big Conversation events run by NHS STW and there was confusion around the difference of the events and frustration that the same conversations were taking place.

Whilst the strength of emotion during the meetings was at times challenging, there were also positive conversations about potential opportunities going forward and the way in which the Trust can work with local partners and the community to develop and implement a strategy for rural health.

In addition to the face to face meetings, an online session was held to attract those from further afield or those who perhaps have work or childcare responsibilities that would prevent them from

4.4 Public and Organisational Feedback

31 items of correspondence (email and letter) were received during the engagement period, as summarised below in Table 3. These can be found in full at Appendix 5.7. Where the correspondence is received from a group or elected representative names have been included, where correspondence has been received from an individual member of the public, names and addresses have been removed (redacted).

In addition the Trust is aware of a number of communications with NHS STW in relation to Bishop's Castle. These have only been included in the report where SCHT is also a party to the communication, however, consideration has been given to the issues raised in these communications and they raise no new issues not already covered elsewhere in this report.

The Trust was also presented with a petition containing 2630 signatures asking for the beds to be retained.

Ref	Date	Details	Key Messages
01	31.05.23	Member of the Public	Concerns with the engagement process
02	01.06.23	Member of the Public	Queries regarding the engagement process. Outlining importance of beds and value to the community
03	07.06.23	Parish Clerk, Edgton Village	Queries regarding the engagement process
04	14.06.23	Ruth Houghton, Liberal Democrat Councillor for Bishop's Castle	Concerns with the engagement process
05	14.06.23	Russel George MS/AS, Member of the Welsh	Outlines of constituents likely affected by a permanent closure and the impact, asking for

Ref	Date	Details	Key Messages
		Parliament for Montgomeryshire	clarification of engagement with Powys Teaching Health Board
06	16.06.23	Adrian Osborne, Powys Teaching Health Board	Marginal issue for Powys but would like to know more about the engagement
07	17.06.23	Member of the Public	Cautioning against a decision to close the beds and focussing on the opportunity for steering committee to look at opportunities for a hub
08	20.06.23	Member of the Public	Concerns regarding the survey questions and shared personal impact of the temporary closure – mother had to travel 50 miles away
09	21.06.23	Member of the Public	Against the proposal, concerns raised regarding the loss of much needed hospital beds, concerns with the engagement process and challenge to the fact that the Trust cannot recruit
10	27.06.23	Russel George MS/AS, Member of the Welsh Parliament for Montgomeryshire	Request to extend engagement period and for geographical information relating to patients admitted to Whitchurch and details of further public events
11	30.06.23	Ruth Houghton, Liberal Democrat Councillor for Bishop's Castle	Concerns with the engagement process
12	02.07.23	Member of the Public	Highlighting need for end of life care and locality of services
13	04.07.23	Member of the Public	Feedback on the public meeting, emphasis on the need for the facility and the need for public opportunity to scrutinise the engagement information

Ref	Date	Details	Key Messages
14	05.07.23	Heather Kidd, Liberal Democrat Councillor for Chirbury and Worthen	Questions regarding the Trust's recruitment
15	05.07.23	Worthen with Selve Parish Council	Concern at loss of community asset and would like all efforts explored to keep the facility open
16	06.07.23	Ruth Houghton, Liberal Democrat Councillor for Bishop's Castle	Questions about the focus groups
17	07.07.23	Mark Crisp, Staff Side Chair	All staff would like the opportunity to participate in the focus groups
18	10.07.2023	Clerks of Clun Valley Quakers	Needs of community and urging review and reconnection in a positive way
19	13.07.23	Dr Morton, Chair of SW Shropshire PCN / Dr Shepherd, Clinical Director of SW Shropshire PCN	Concerns with engagement with Primary Care Network
20	17.07.23	Edgton Village Residents	Retention of the beds is vital, impact on rural community, impact on beds in acute hospital if community beds are removed
21	17.07.23	Chair of Bishop's Castle Patient Group	Concerns with engagement process, challenge to recruitment efforts and outlining the beds are much needed
22	17.07.23	Gill George, Chair of Defend our NHS	Questions regarding the engagement period, rurality of the

Ref	Date	Details	Key Messages
			community, harm being one by loss of beds and lack of confidence
23	18.07.23	Joint UNISON Branch Secretaries	Concerns with process prior to temporary closure, challenge of recruitment attempts and reference to international recruitment and the return of staff to their substantive roles
24	19.07.23	Ruth Houghton, Liberal Democrat Councillor for Bishop's Castle	Clarification sought regarding the Board Meeting in September
25	19.07.23	Lydbury North Parish Council	Reference to virtual wards and the challenges of this in a rural community, travel for vising ill relatives who don't meet criteria for virtual ward, challenge to recruitment attempts and the need to recruit and give staff start dates
26	21.07.23	Jean Shirley, Chair of Bishop's Castle Community College	Concerns with the closure, focus on rurality, not convinced by recruitment attempts, the condition of the facility and reference to a clinical model adopted in Rothbury which should be looked at
27	21.07.23	Gill George, Chair of Defend our NHS	Raising concerns that the outcome is pre-determined, asking questions about the recruitment review, raising points in relation to health leadership and rural healthcare, reference to the staff survey and recruitment issues
28	26.07.23	Member of the Public	Questions regarding recruitment review

Ref	Date	Details	Key Messages
29	06.08.23	Member of the Public	Concerns over recruitment and use of facilities
30	14.08.23	Gill George, Defend our NHS	Comments on staffing

In addition to the above a letter was received from the Save our Beds Campaign on 25th August. Whilst this was outside of the engagement period it has been included in the report for completeness and echoes the public feelings outlined throughout this report.

5. APPENDICES

5.1 Public / Stakeholder Briefing

5.2 Quality and Equality Impact Assessment

5.3 Focus Groups Report

5.4 Public Survey Report

5.5 Frequently Asked Questions

5.6 Public Engagement Meeting report

5.7 Public / Organisational Feedback Log

5.1 Public / Stakeholder Briefing

Stakeholder Briefing: Bishop's Castle Hospital

25 May 2023

This briefing sets out the detail and the rationale for the Trust commencing a period of engagement with its staff, patients, the wider public and its stakeholders regarding the contract it holds to provide inpatient services at Bishop's Castle Hospital.

What is happening?

Shropshire Community Health NHS Trust (SCHT) can confirm that it has concluded there is at present no realistic prospect of the Trust reopening the beds at Bishop's Castle Community Hospital.

What is the rationale?

- Recruitment of staff has been a problem for several years.
- Despite considerable time and effort, we have been unable to secure the right level and skill mix of substantive staff to deliver safe and high quality care to patients.
- After consideration of a number of factors, including establishing safe staffing and operational deliverability, a conclusion was reached by the Board there is at present no realistic prospect of the Bishop's Castle community hospital beds being reopened by SCHT.

What are the staffing implications?

We have been talking to our staff about this for a considerable period. In the event that a decision is made to withdraw from the contract for beds at Bishop's Castle, we will offer to meet with each of them and discuss how we can support them in new roles in SCHT. There is no shortage of opportunities. Many of them may wish for the roles they have been undertaking for the last period to be made permanent.

What happens next?

The Trust will now enter into a period of engagement with patients, carers, members of the public, stakeholders and staff from 22 May to 3 July 2023. Following this, all of the opinions and views will be collated and presented to the Board for a decision on whether to give notice on the contract or not. This will be related solely to the inpatient service

and all other services will remain. In the event that the Trust does withdraw from the contract, we will continue to work with NHS STW to engage and involve the public in the co-design of any proposals for future models of care, with a focus on prevention and promoting good health and wellbeing. This aspect of engagement has already started through the Big Health and Wellbeing Conversation being run by NHS STW and will continue over the coming months.

Key messages

- The decision to temporarily close Bishop's Castle Hospital was taken on safety grounds and the impact on high quality patient care.

- There have been long-standing staffing issues at Bishop's Castle which have made it difficult to maintain a safe, high-quality service.

- Having been unable to secure the right level of substantive staff to deliver optimum care to patients, we have now been forced to accept there remains no reasonable prospect of the Trust being able to provide an inpatient service at Bishop's Castle.

- We have already begun conversations with our staff at Bishop's Castle. There is no shortage of options and opportunities for staff. We are therefore confident that we can accommodate staff needs in the event the Trust decides to relinquish its contract.

- We will continue to support NHS STW with plans that aim to engage, involve and co-design any new models of care with residents and communities.

- There is an absolute commitment to continue to provide and to grow healthcare services in Bishop's Castle.

5.2 Quality and Equality Impact Assessment

QUALITY & EQUALITY IMPACT ASSESSMENT (QEIA) Version 8

Project Title	Temporary Closure of Bishop Castle Community Hospital Inpatient Beds	**Project No.**	
Completed by: *(Leads)*	Claire Horsfield, Director of Operations	**Project start Date:**	August 2023

INITIAL ASSESSMENT	
Description of project or scheme **(Only complete if Project Initiation Document has not been completed)**	At the Board meeting of 7th October 2021, the Trust Board considered a presentation and held a detailed discussion surrounding bed-based community hospital provision, and the future direction and clinical model of these services. During this discussion the Board raised again the issue of safety due to staffing levels at Bishops Castle Community Hospital (BCCH), an issue that has been raised previously at both Board and Quality and Safety Committee. Concerns were raised that BCCH were at tipping point with the potential for patient harm to occur given the untenable staffing position. The Trust Board has subsequently decided to temporarily close the inpatient beds at BCCH on the grounds of safety, due to the consistent very high reliance on agency staffing, concerns about the impact on quality of care and patient safety. • During the 6-months prior to decision to temporarily close 96-night shifts and 24-day shifts were run purely on agency staff. • On 1 occasion an on-call manager had to travel to BCCH to stay overnight to assure a minimum of 3 staff for fire safety during the night to support the ward • On 2 separate occasions Registered Nurses had to stay overnight following a late shift or work part of a night shift/sleep shift to ensure safe staffing levels. This included working the following day. • Sickness absence rates are between 8 and 14% • Staffing had been a challenge for some time and attracting staff to work in the area remained difficult. 9 advert campaigns in the prior 6 months had yielded only 3 RN substantive staff. Likewise there had been 6 Support Worker

<table>
<tr><td></td><td colspan="3">adverts with only 5 staff appointed but 3 leavers meaning in 12 months with 6 adverts this had generated an increase of 2 HCAs.
• An incident was reported to the CQC on 30th May 2021 by Shropshire Fire Service when an agency nurse was unable to deal with a fire incident

The closure commenced from 17th October 2021 where no new admissions were received into the ward. The beds were fully closed by 31st October 2021. All remaining patients were discharged to the most appropriate place of care. The Trust aimed to move patients only once.</td></tr>
<tr><td>Will patients, carers or staff be affected by the scheme or project?
(please tick appropriate)</td><td>Yes</td><td><s>No</s></td><td>Explanation:
Bed Compliment
BCCH has a bed base of 16 beds. In an attempt to mitigate staffing struggles, 4 are held as escalation beds, only opening during periods of severe escalation (when system escalation is level 4).

Fig 1 below demonstrated bed days available vs occupied bed days and % occupied against the16 beds as this is the ward bed capacity.

<table>
<tr><th></th><th></th><th>Apr-21</th><th>May-21</th><th>Jun-21</th><th>Jul-21</th><th>Aug-21</th><th>Sep-21</th></tr>
<tr><td rowspan="3">Bishops Castle</td><td>Total FCEs</td><td>15</td><td>22</td><td>19</td><td>24</td><td>23</td><td>25</td></tr>
<tr><td>OBDs for FCEs</td><td>192</td><td>344</td><td>306</td><td>347</td><td>300</td><td>319</td></tr>
<tr><td>Average FCE LOS</td><td>12.8</td><td>15.6</td><td>16.1</td><td>14.5</td><td>13</td><td>12.8</td></tr>
<tr><td rowspan="3"></td><td>OBDs in the Month</td><td>275</td><td>284</td><td>335</td><td>297</td><td>319</td><td>329</td></tr>
<tr><td>No. of Available Beds</td><td>480</td><td>496</td><td>480</td><td>496</td><td>496</td><td>480</td></tr>
<tr><td>% Occupancy</td><td>57.3%</td><td>57.3%</td><td>69.8%</td><td>59.9%</td><td>64.3%</td><td>68.5%</td></tr>
</table>
Data source: Information Division SCHT

NB FCE - finished consultant episode</td></tr>
</table>

Due to the ongoing staffing challenges the above indicates that it has been challenging to open additional escalation beds when required. It was also the case that the opening of the escalation beds within this area was rarely required due to there being beds available in the other community hospitals.

Fig 2 for 12 beds

	April 21	May 21	June 21	July 21	August 21	September 21
OBD	275	344	306	347	300	319
Available Occupied Bed Days	360	372	360	372	372	360
%	76.4	92.5	85.0	93.3	80.6	88.6

Whilst occupancy is demonstrated to be better at 12 beds, there has still been an unsustainable reliance on agency staff to support staffing and to keep these beds open.

Beds were predominately used for Shropshire residents stepped down from Royal Shrewsbury Hospital (RSH), however some patients from Powys were also admitted when being discharged from RSH. There are occasionally beds used for Betsi patients and other counties.

The 12 beds at Ludlow that were closed for the circa 3 months while major remedial building work has been undertaken have reopened in an incremental way to mirror the incremental reduction of Bishop Castle Community Hospital beds. These 12 beds will opened on an incremental basis commencing the 15 October 2021 taking Ludlow bed compliment to 24.

As of 10/11/21 - the following beds were currently available:

Whitchurch - 32 beds plus 4 escalation

Ludlow – 24 beds

Bridgnorth – 25 beds

			Total of 81 beds (or 85 with escalation) Given occupancy levels at 16 beds for BCCH was circa 65%, the temporary closure should not significantly impact on the system as staffing can be flexed and mobilised to cover Ludlow which has been running on 50% agency. Higher substantive staffing ratios also improves quality of care. Furthermore, the criteria and discharges process with SaTH was reviewed to ensure a pull model within our community hospitals to maximise community services and bed utilisation with an aim to run at a minimum of 90% occupancy in the open Community Hospitals. A consequential positive impact in closing BCCH has resulted in securing safe staffing at our other Hospital sites, in particular Ludlow. Previously the MIU in Ludlow was closed to ease staffing issues within the Ludlow and Bishops Castle areas; the increased ability to flex the remaining BCCH staff will help ensure closure of other services is not required. As of week commencing 8/11/21 – all beds are closed at BCCH and every patient was moved to their final destination. All patients and families were fully informed and in agreement. There is no patient activity occurring at Bishop's Castle Hospital however staff are utilising it as a base. The Ward has been mothballed until circumstances change with all medication and IT being removed. At the time of closure of the ward, the following details about the patients is useful to note: Only 1 patient was a Bishops Castle resident 5 patients were from Telford 1 patient was from Powys Remaining patients were from Shrewsbury All patients were awaiting long term care beds or packages of care with none requiring active medical treatment.

			System The system is currently is in a phase of flux and development. SCHT is a significant partner to the system. The beds being taken out of the system from BCCH are being provided at Ludlow. Escalation capacity is at Whitchurch Community Hospital with ongoing discussions to further support flow out of the 2 local acute Hospitals as non elective activity increases. **Patients and carers** At the time of the completion there are 12 in patients. Only one Bishop Castle resident, 5 were from Telford and Wrekin 1 from Powys and 2 Shrewsbury. Each patient and their carers have had a discussion with the MDT on the ward to determine where they are in their patient pathway, estimated discharge and probable discharge destination. No patient would be moved twice and patient preference would be taken into account. There is one Outpatient clinic seeing 4 physiotherapy patients a week. This service will be re-provided either at the local GP, Coverage Care or at Ludlow Hospital. The local funeral Directors have a contact to use the Mortuary. This is in an adjacent building and will continue. No other services are provided. Weekly informatics report to be generated to review the number of Bishops Castle residents accessing SCHT services to help understand local demand for services **Staffing** There are 33 people (GPS RN HCA and domestics based at BCCH. Staff on the ward employed substantively at BCCH 7 RNS (6.3 WTE) and 8 HCA staff (6.67 WTE) bank workers (we have 3 regular Agency workers who have been included in our discussions). The staff employed fall into the following categories: • Registered Nurses

			• Allied Health Professionals • Healthcare Assistants • Administration • Hotel Services On the 14 October all staff directly employed at BCCH and those supporting on an ad hoc or bank and agency capacity were invited to meet the Interim COO and interim DON. At the meeting staff were advised that they were doing an amazing job, though it was becoming increasingly difficult to assure safe staffing levels. Many staff at the meeting expressed relief in that they were concerned about assuring safe level of care and felt valued by the Trust as the risks to patient safety and quality of care were recognised. All staff and bank workers will have a 1:1 to discuss their preference for temporary redeployment. We will work with our trade unions and support services (e.g. Occupational Health) to ensure that staff are provided with full support. Though HR, Staff sides and Unions were not present at this meeting, every effort is being made to ensure that they are involved at each step of the process as we move forward. **Current services** *Current services are being reviewed and provided to support patients from this area and include: Short term support to housebound patients requiring flu vaccination Insulin administration as requested by GPs Full review and enhanced support of frequent attenders to ED and support to help prevent attendance – working with GPs and Community Matron Support to patients for end of life care to provided at home – to help increase capacity within this area for Bishops Castle and Craven Arms Review of GP Frailty register and support that can be offered for these patients whilst ensuring in line with local care programme

			Ongoing discussions to support and enhance Community Teams whilst avoiding duplication of workload Also worked with the Local Authority to increase spot purchasing of beds Medium to long term discussions if beds remain closed: • Support with Falls Assessments and prevention education (new) • Virtual Ward implementation for 32 beds being worked up at pace • Support with IV antibiotic administration • Early supportive discharge for fractured NOF patients on returning home, to reduce their length of stay in the acute Trust • Bridging service for care delivery, again to support earlier discharges • General health promotion and education • Virtual outpatient service so patients can have a remote face time consultation • IV iron infusion service • Wound dressing service/clinic
Have patients, carers, the public or staff been involved in the development of the scheme or project? (please tick appropriate)	Yes	~~No~~	Explanation: **Staffing** Staff have raised concerns around the staffing levels at BCCH. All staff and bank workers affected will have a 1:1 to discuss their preference for temporary redeployment. We have continued to review the data in relation to vacancies, agency usage, bank usage and absence levels. The decision was discussed at Board and has been made on a safety and quality basis.

			3 regular agency Nurses are now supporting Ludlow and all beds are open in this Hospital. Ongoing review of current work in order to assess the impact on new ways of working and how these are impacting on service users and the wider system. Continue to receive feedback from system partners and service users in regard to current services being offered while the Hospital is closed. **Patient's and Public** The Local GP Practice identified several key members of the public, patients and patients relatives who were willing to speak with members of the Quality Team in regard to the temporary closure of the in-patient area and were offered semi-structured interviews and 1:1's at a locality of their own preference.
What consultation method(s) did you use?	**Explanation:** SCHT is committed to the patient, staff and communities it services. SCHT is also wholly committed to full and meaningful engagement with partners and stakeholders. The NHS act (2006) requires NHS bodies to consult with service users when planning or changing services. The decision to temporarily close BCCH was been made on a safety and quality basis. The following communications and engagement were made: • Staff directly affected • Trust Staff • Local GP practices • CQC • NHSEI • CCGs		

	• Acute providers • Coverage Care • LA senior Officers and councillors • Local MP • HR and Staff side A full media pack has been developed. **Patient's and Public** Several key members of the public, patient representatives, patients and patients relatives had 1:1 semi-structured interviews with members of the Quality Team to discuss the impact of the temporary closure of the in-patient area on protected characteristics. A full staff and public Engagement Plan was developed in April 2023. This included the following; • JHOSC • Health & Wellbeing Boards • Bishops Castel Staff • Staff Side Chair • JNP • Local Councillors • Members of the Public • Media Through the following channels; • Staff briefings • 3 face to face public meetings in Bishops Castle • 1 virtual Public Meeting • Focus groups – public and staff

	• Questionnaires – online and paper The full detail of the engagement plan will be presented to the Board on 7th September 2023.

IMPACT ON QUALITY – SAFE By safe we mean that people are protected from abuse and avoidable harm				
IMPACT ON QUALITY – EFFECTIVE By effective we mean that peoples care, treatment and support achieve good outcomes, promotes a good quality of life, and is based on the best available evidence				
IMPACT ON QUALITY – CARING & RESPONSIVENESS By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect. By responsive we mean that services are organised so that they meet people's needs				
IMPACT ON QUALITY – WELL LED By well led we mean that the leadership, management, and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture				
CQC Domains	**Risk**	**Risk Score CxL= (Prior To Mitigation)**	**Mitigating Action**	**Risk Score CxL= (After Mitigation)**
CQC notification - BCCH 15-10-21.doc The embedded CQC notification was made and completed on the 13 October 2021.	All domains are affected, however Impact on Safe is the most significant.	20	Temporary closure fully mitigates Safe domain	3

Well Led	Staff and bank workers will search for alternative employment due to the temporary closure • Unable to recruit Substantive staff • 75% vacancies of A4C band 5 RN • 24-day shifts and 97 Night shifts solely staffed by Agency staff. Loss of 12 Beds and 4 escalation beds in BC	9	We will work with the staff and bank workers to ensure that they all have a 1:1 discussion and any impacts identified are mitigated where possible. A communication plan will be agreed with trade unions and staff going forward so they are kept up to date on the situation at BCCH By temporarily ceasing in patient services and closing the hospital the need is removed. By delivering an increased level of community-based services will help to mitigate against local bed-based services within BC The reprovision of 12 beds in Ludlow CH will ensure access to rehabilitation and step-down beds are in place	6
Effective Caring & Responsive	Loss of service to support patients in Bishops castle area	20	Instigate short term services as outlined above * and measure these on at least a monthly basis	6

Quality Measure/Indicator (KPI) (Specific, Measurable, Achievable, Relevant, Timely)	Target	Monitored By/Frequency
Recruitment to vacancies (currently the vacancy rate is 8.14 WTE) 6 WTE Registered Nurse vacancies	Full substantive compliment of staff to assure safe staffing levels	Monitored by Clinical Services Manager on a fortnightly basis and Quality and Safety Committee.
Patient Impact of the closure – complaints etc	Few or no complaints surrounding bed availability in Bishops Castle	Monitored by the complaints Team
Reduction in sickness absence levels (The absence rate for BCCH in September was 13.58%)	Reduction in sickness absence levels (excluding LT)	Monitored by Clinical Services Manager on a fortnightly basis
Further monitoring in regard to current activity – measures for new ways of working	Increase in admission avoidance numbers	Monitoring in development and aligning to local care programme objectives/metrics so as to evaluate the positive impact of any new model

	No increase in complaints Increase in compliments	

EQUALITY IMPACT ASSESSMENT				
Considering the above information, what impact will this proposal have on the following groups in terms of impact on service, delivery, patients and staff? Explain below:				
Protected Characteristic	**Positive**	**Negative**	**None (why)**	**Actions to be mitigated**
Sex			X	**Service Delivery** The reprovision of a local service based in the community will mitigate the loss of beds. The local community values the hospital and services provided. Though initially it was felt older people services may be adversely affected, the provision of a locally based frailty service within the patient's home would alleviate this for many. Palliative, end of life patients, those with mental health issues, including dementia, who relied on the care input of family and friends for their wellbeing and mental disability and those of ethnic backgrounds who are unable to be supported at home, would require admission to a Community Hospital or Acute Care not provided locally. It was felt that this would impact negatively on their ability to visit and frequency of visiting with family, loved ones or significant others. Patients relative and carer groups expressed the difficulties in visiting family members who were admitted to care facilities some distance away. Patients from ethnic backgrounds who have recently moved to BC area who may suffer with PTSD would be adversely
Gender Reassignment			X	
Age		X		
Disability		X		
Race & Ethnicity		X		
Sexual Orientation	X			
It Religion or Belief (or No Belief)			X	
Pregnancy & Maternity			X	
Marriage & Civil Partnership			X	

				affected by having care provided where relatives and family would find it difficult to support them due to distance and lack of public transport. To illustrate this, it was discussed that visiting the PRH would take 2 bus journeys over 3 hours significantly impacting the ability of visits to PRH and other rural Community Hospitals which may affect the wellbeing and mental health of patients. For relatives or patients who have disability, age related changes and do not drive, there is limited local community transport to Ludlow which in March 2022 was further decommissioned resulting in one bus per day to Ludlow, with no return bus. Subsequently, patient representatives felt the closure of the in-patient area significantly and negatively would affect patients with the protected characteristic of age, disability and race and ethnicity. Dial a Bus services are run by volunteers and those with disabled badges or bus passes are unable to use them on this service. Patient representatives felt this would impact negatively on those with age and/or disability. Patient representatives expressed concern about homophobia within the rural community and felt that confidentiality of Sexual Orientation would be maintained in a distant care facility, positively impacting on this protected characteristic. **Patients** Out-patient services for patients remain at Bishops Castle and are unaffected. Some Podiatry services have been moved and to another Community Hospital site. This may adversely affect those with disability if the estate or equipment does not meet this groups

					need however, podiatry services provided at any site offer the same care, are equitable for patients and therefore not deemed to impact. A podiatry home visiting service remains in place. The temporary closure is not thought to affect the Veteran Community, other than as highlighted above, as Services remain available in different locations. **Staffing** It is acknowledged that the temporary closure of BCCH will have an impact on all staff and bank workers. There are no staff currently absent on maternity leave. SCHT continue to work with staff, bank workers and trade unions to mitigate any personal impact, including those staff who may be pregnant or have a disability. All staff and bank workers will have a 1:1 personal log to work through to highlight adverse impact and identified mitigation. Consideration will be given to people's protected characteristics, residence, mobility and choice. The reprovision of local based services have enthused many staff who are eager to provide enhanced care in a different way locally. Other protected characteristics are not thought to be impacted on.
QEIA Review Meeting Date	25/07/2022	**QEIA Review Meeting Outcome**	• Updated Oct 21 - approved by SCHT Executive Team • Updated Nov 21 - approved by SCHT Executive Team • Updated July 22 – protected characteristics • Updated August 22 – Veterans		
	Role		**Name/Signature**		**Date**

QEIA Approval	Director for Operations	Claire Horsfield	
	Service Delivery Group Manager	Katie Turton	

Risk Rating Chart

Injury/Harm	Finance	Service	Reputation	Consequence Score	Will undoubtedly occur, possibly frequently	Will occur but not persistently	May occur occasionally	Do not expect to happen but is possible	Cannot believe this will ever happen
Likelihood Score					Almost certain 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Very minor or no harm	Less than £10,000	No or very little impact on services	Some negative publicity	1 None	LOW 5	LOW 4	VERY LOW 3	VERY LOW 2	VERY LOW 1
Minor injury/Illness (e.g. cuts and bruises) will resolve within a month	£10,000 to £50,000	Disruption of services causing inconvenience. May cause efficiency/ effectiveness problems	Regular negative publicity	2 Minor	MODERATE 10	MODERATE 8	LOW 6	LOW 4	VERY LOW 2

Injuries of illness which requires extra treatment or protracted period of recovery. Should resolve within a year	£50,000 to £500,000	Loss of service for a significant period of time (less than a month)	Loss of public confidence, protest action	3 Moderate	HIGH 15	MODERATE 12	MODERATE 9	LOW 6	VERY LOW 3
Single serious (life threatening) injuries/illness	£500,000 to £3.5m	Loss of services to such an extent that effects on public health will be measurable	Punitive action, e.g. HSE, CQC significant organisational change results	4 Major	HIGH 20	HIGH 16	MODERATE 12	MODERATE 8	LOW 4
Multiple Serious (life threatening) injuries/illness	£3.5m plus	Permanent loss of a significant service. Threatens the viability of the organisation	Damage to such an extent that the organisation must cease to exist as is	5 Catas-trophic	HIGH 25	HIGH 20	HIGH 15	MODERATE 10	LOW 5

Risk Rating Chart - Risks should be rated Consequence (**C)** x Likelihood (L) x **=** (e.g. **3**x3=9) and once mitigated, the consequence usually remains unchanged (e.g. **3**x1=3)

5.3 Focus Groups Report

Vision One

NHS
Shropshire Community Health
NHS Trust

NHS Shropshire Community Engagement Management Report

Created for Shelley Ramtuhul
Prepared by Hannah Roberts, Evie Bradbury, Alex Brown

Discover Innovate Inspire

BG

Background

Research Objectives

NHS Shropshire Community Health Trust provide a variety of community-based health services to adults and children across Shropshire, Telford and Wrekin, as well as some surrounding areas. Their aim is to provide high quality and innovative and effective health care to people in these areas close to people's homes.

Bishops Castle Community Hospital (BCCH) is a 16-bed hospital in a town called Bishops Castle in Southwest Shropshire. In October 2021, the in-patient beds were temporarily closed due to staff shortages and safety concerns.

Due to the temporary closures, NHS Shropshire Community Health Trust entered a period of public engagement with staff and public on the current position and the decision regarding whether to relinquish the contract with NHS STW to provide an inpatient service at Bishops Castle Community Hospital. As part of the public engagement, focus groups were required to engage with the public and staff.

The research objectives were as follows:

1) Evaluate history with Bishops Castle Community Hospital and the views and opinions of relinquishing the contract for the inpatient beds at Bishops Castle Community Hospital.
2) Determine impact of giving up the contract for the inpatient bed facility at Bishops Castle Community Hospital
3) Understand the course of action if the participant or a family member requires hospital treatment and an overnight stay given that the bed facilities at Bishops Castle Community Hospital are closed
4) Determine new uses for the unused inpatient facility

In 2018, Vision One became one of a small number of research agencies who are ISO 20252:2012 (The specialist Market Research accreditation standard). This project was carried out in compliance with this standard.

RM

Research Methodology

Given the need for public engagement and the research objectives, a qualitative approach was deemed most suitable to understand public and staff views/perceptions about potentially relinquishing of the inpatient bed contract at Bishops Castle Community Hospital. In-Person focus groups were offered for the empty nesters group FG2 initially, but due to low uptake, all focus groups were moved online on MS Teams as it was felt this gave participants more flexibility.

The four online qualitative focus groups lasted 90 minutes and were moderated by Hannah Roberts (Research and Innovation Manager).

FG1 was recruited based on a database of current or ex-Bishop Castle Community Hospital staff members provided by NHS Shropshire Community Trust.

FG2, FG3 and FG4 participants were recruited by Vision One's in-house specialist team of recruiters following a social media campaign.

The following quotas were in place, which reflected the demographics of Bishops Castle Community Hospital users:

- All Southwest Shropshire residents local to Bishops Castle Community Hospital
- A broad mix of ages FG3 pre/young family (18-40 years), FG2 and FG4 empty nesters (50-70+ years)
- For FG1, all current or ex staff members of Bishops Castle Community Hospital

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N.B. The results and findings of qualitative research cannot be projected onto the overall population due to sample selection, moderation techniques and sample size.

TS

The Sample

Details of Who We Spoke To

Group One (20/07/23, 5:30-7pm)

1 1

Bishops Castle Staff

Retired Nurse at Bishops Castle, GP at Bishops Castle

Living in Bishops Castle

Ages not provided

Group Two (27/07/23, 5:30-7pm)

4 1

Empty Nesters

Solicitor, social worker, consultant and retired teacher and accountant

Living in Bishops Castle, Ludlow or Clun

Aged 58-72

Group Three (19/07/23, 5:30-7pm)

3 1

Pre/Young Family

Practice nurse, reablement practitioner, healthy lives adviser, teaching assistant

Living in Shrewsbury, Bishops Castle and Ludlow

Aged 24-35

Group Four (18/07/23, 5:30-7pm)

3 2

Empty Nesters

3 retired, 1 unemployed, 1 retail manager

All living in Bishops Castle

Aged 54-74 years

Please note; despite Vision One's best efforts to recruit 7 participants for each focus group following a number of social media campaigns, there was low interest and number of applications for this research. The focus groups were delayed by 1 week to try to generate more interest and to accommodate for everyone's schedule, but still received low interest, particularly FG1.

SF

Summary Of Findings

60 Second Summary

- **History and Impact:** Staff described a wonderful place to work which later turned into challenging working conditions due to understaffing, despite issues raised to higher management. The public spoke extremely highly of BCCH and felt it was an essential service in the community. Following the temporary inpatient bed closures, participants feel that rural communities' needs are not being understood or considered and that they have been left behind, forgotten and do not matter.
- **Inpatient Bed Closures:** The public do not agree with the closure of the inpatient beds at all. The staff can understand why they were closed, considering the understaffing, but felt that the issues previously raised should have been addressed to prevent these closures, and that the community's health needs needed to be addressed as the closures have had negative impacts on the community.
- **Course of Action and Impact:** Participants now had to travel long distances from their homes in order to access basic healthcare, which for an aging community, was often not feasible. The consequences of this were that many people were not accessing healthcare and were dying at home alone or with their families or were deteriorating or dying away from loved ones in hospitals where family members were unable to visit. This is having a devastating impact on this community, physically and psychologically.
- **New uses:** Many participants did not want to answer this question, as they strongly felt that BCCH should be used for its original purpose, as an inpatient facility, as this is an essential service for the rural community. Some felt that If they were to close the beds despite their best efforts then the space should be used to support the health of the community.
- **Overall Distrust:** There was an overwhelming sense of distrust that the participants thoughts and opinions would be considered as part of the public consultations regarding the decision to relinquish the contract for the inpatient beds, as they felt they had been misled and lied to about the real purpose of the bed closures and the motivations about helping and understanding the rural community.

HU

History And Use Of BCCH

HA

History And Use

What Can You Tell Me About Bishops Castle Community Hospital?

"When people are in the bed, they can have their own doctor go to visit them and that means a lot." (FG2)

"When the hospital here first opened and there was a sort of minor injuries clinic and it was very well used … farmers were always hurting themselves and would go into the hospital, get themselves bandaged up, stitched and would be back at work." (FG2)

"It's one of three or four remaining community hospitals in South Shropshire" (FG2)

"We had to actually go down to 12 beds from 16 beds because we couldn't staff the 16 beds." (FG1)

"We have palliative care, we have respite beds, we have services like physio and other resources" (FG4)

"The reputation that I knew of Bishop's Castle Hospital from working at Mayfair Community Centre in Church Stretton was above and beyond" (FG4)

"They closed 16 beds back in 2021" (FG3)

"BC has always been positive, community orientated, aware of what's going on in the community and out to support the community." (FG1)

HU

History And Use of BCCH

Use/Experience FG1: Staff

Bishops Castle Staff and ex-staff recalled that BCCH was a wonderful place to work with a homely atmosphere, and that 4 beds had to be closed due to staff shortages. Staff shortages were thought to be due to a reduction of permanent staff and unsafe working conditions for remaining staff, who had to work back-to-back shifts over 24 hours.

- **How It Was:** The staff members recalled the time when it was a 16- bed hospital and stated that it was a wonderful place to work, with a slow pace and a positive homely vibe.

"Very different than what I've done in my career…it was absolutely wonderful because the pace of work was a lot slower which suited me. It was homely, caring, clean. It just seemed a very pleasant place to work…a tight knit team who had to help each other out"

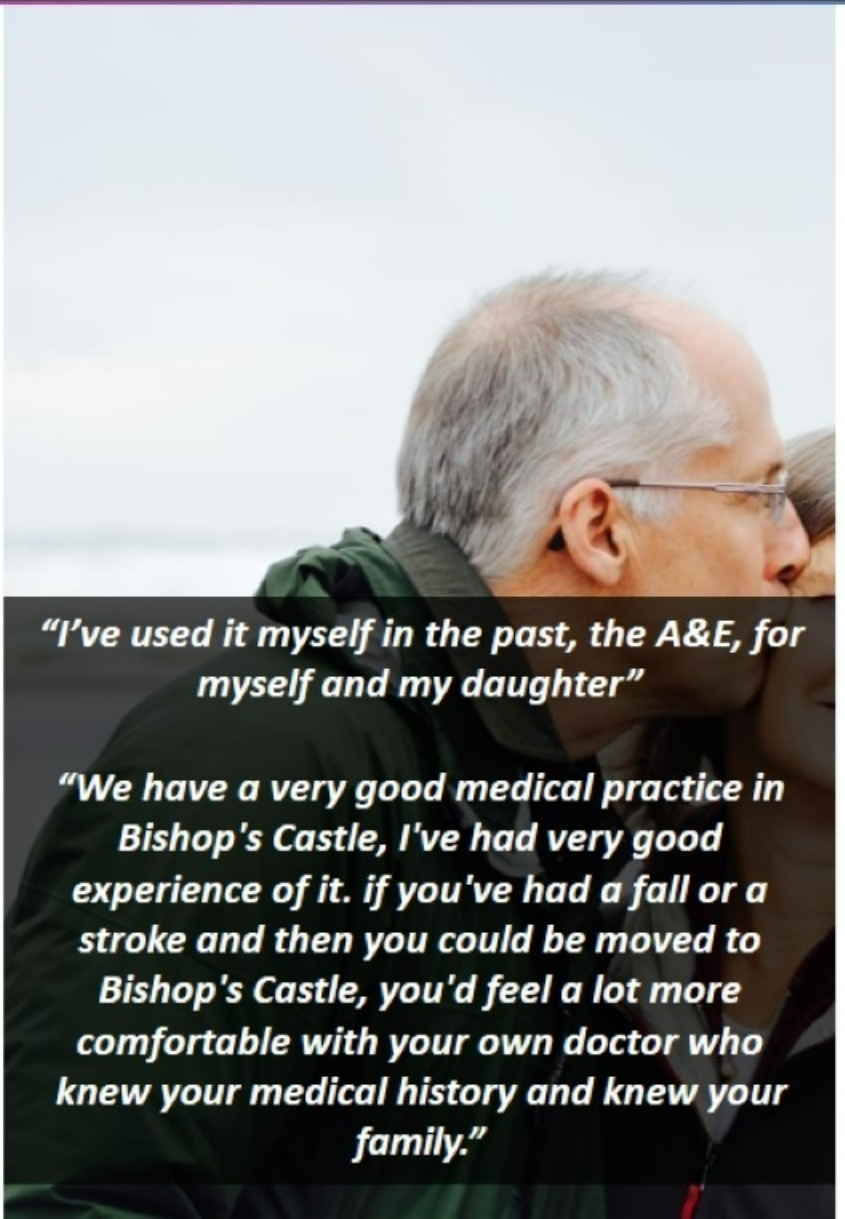
- **Closure of Four Beds:** Staff recalled the slow transition into 12 beds from 16 due to being unable to staff them, and reflected that this was due to a loss of permanent staff members

"We had to actually go down to 12 beds from 16 beds because we couldn't staff the 16 beds. When I started, there was a lot of permanent staff, but it sort of turned the other way"

"The struggle for staffing was quite real"

- **Back-To-Back Shifts:** Staff recalled external management telling nurses to work around the clock when there was no one to take over a shift, and nurses not wanting to let the team or the patients down

"Staff were being asked to do shifts, from the senior managers and the middle managers, saying there's nobody there, you've got to carry on. Nurses were working back-to-back shifts 24 hours which is totally inappropriate. They couldn't say no, they couldn't say this is unsafe because they didn't want



HU

History And Use of BCCH

Use/Experience FG2: Empty Nesters

Participants emphasised the importance of having a hospital facility close to home, so that family and friends could visit, and their family doctor that knew them and their family. They also recalled a well-used A&E service that was used in the past but no longer operates and spoke highly of the remaining outpatient facilities, although they felt that the equipment and space is underutilised.

- **Bishops Castle History:** Participants talked very fondly of BCCHS services. It was important to them that the elderly in particular could be near to their home and their family and friends when they were unwell.

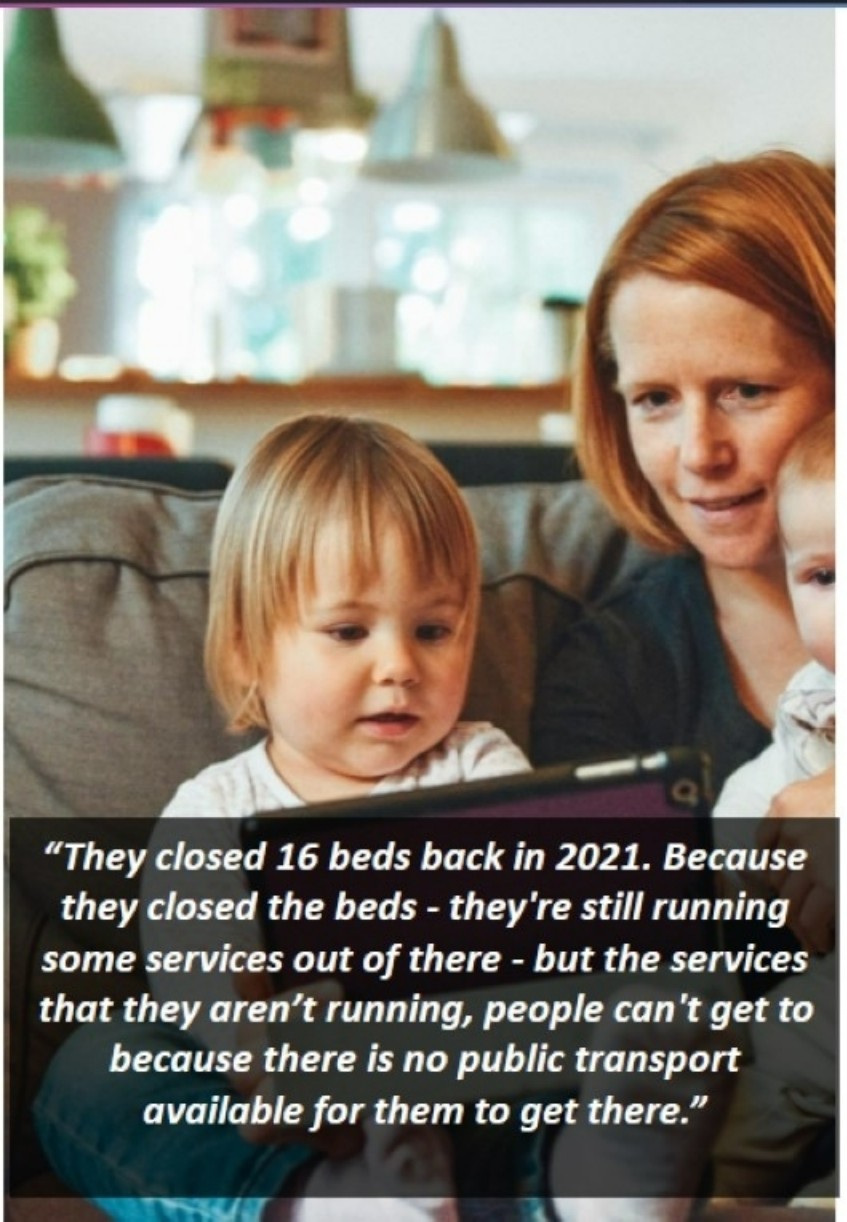
"It's made a massive difference to my mum. She gets very well served by the NHS in Bishop's Castle. As long as the people can come and see her, the district nurse at the home where she's at and the doctors. If she had to go into hospital, I dread to think what it would do, to be remotely away from where she is in her community. I dread to think what it would be like."

- **BCCH A&E:** Participants recalled BCCH as an A&E minor injuries clinic, which was well-used and liked

"When the hospital here first opened there was a sort of minor injuries clinic and it was very well used because farmers were always sort of hurting themselves"

- **BCCH Outpatient Facilities:** participants spoke highly of the outpatient facilities, but felt that they are underused

"I've used it for physiotherapy. At the moment, physiotherapy is just about the only service which is available as an outpatient clinic and that's just on one day a week. I was so impressed by the actual space, the accommodation and the equipment in the physiotherapy room, but it was like a ghost hospital."



HU

History And Use of BCCH

Use/Experience FG3: Pre/Young Family

Participants felt that BCCH was a unique and essential service for the community and for the elderly in particular. They noted the closure of the inpatient beds and the reduced services in BCCH meant that there was an under-utilised facility which was recently renovated, and that many people, the elderly most notably, would not be able to access essential healthcare services and would die in their homes.

- **Underused Facilities:** Participants noted that, because of the reduction of services and closure of the inpatient beds, the building and equipment was underused despite relatively recent renovations.

"It's massively underused for a large and updated huge building...it was renovated not too long ago"

- **Unique and Essential:** Participants reflected that BCCH was unique and allowed the aging community to access essential healthcare services. Without BCCH, there was long commute times to access these services, which was difficult or impossible for some of the elderly

"It was quite a niche thing for them to have that in the community, whether that be physio for falling, all of that sort of thing. It can be an hour to commute for some people in their elderly age. That's quite a lot, it is a lifesaver in some ways."

- **Dying At Home:** Participants felt that as a result of losing these services, people were dying alone at home.

"The proof is in the backlog of people in the acute hospitals and the people that are dying inappropriately at home."

"My son who was only 13 at the time, it was only me and him living together here in Bishop's Castle. He was distressed and he couldn't really get to see me in Shrewsbury. when I was in the hospital here in BCCH, he was able to visit me on his own, it really helped"

"40% of, of the population is 60+, which is huge compared with most areas. End of life care means more here"

HU

History And Use of BCCH

Use/Experience FG4: Empty Nesters

Participants spoke about the importance of having BCCH, as it was close to home and familiar for those who suffered from dementia, as some of their family members did, and was a great place for end-of-life care, which many of the group had experienced with their loved ones. They spoke about the importance of these facilities in the aging BC population.

- **Near To Home:** Participants spoke about the importance of having a local hospital when family members suffered from dementia and would have struggled even more with an unfamiliar environment.

"My mother-in-law had serious dementia and was in Stonehouse, the care home, and suffered a series of mini stroke TIAs. She was looked after in BCCH and it was fantastic because it's right next to the care home. She only had a minimal grasp of where she was anyway, but it would have been very difficult for us and having her elsewhere."

- **End Of Life Care:** Participants spoke very highly about the end-of-life care facilities in BCCH, owing to it's homely and personal approach. They also spoke of the aging population of BC, and the increasing importance of end-of-life care.

"With my father, it was end of life, we were desperate to get him into Bishop's Castle because the reputation was above and beyond. At BCCH, It was just like being given a warm hug and he ended up sadly dying in the hospital. In the last kind of couple of days, we were allowed to use a family room, there were chairs that you could sleep on and washing facilities and it was just perfect"

HU

History And Use

Rural Hospital Benefits

*"It was fantastic because it **was right next to the care home**"*

*"We have palliative care, we have respite beds, we have services like physio and other resources. We have **freeing up beds** from the big hospitals"*

*"The staff were wonderful and, and it was just, they were **there every minute** and he was dealt with respectfully"*

*"It keeps local people in the community and **keeps the economy viable** and keep young people there"*

*Public transport is either very poor or none existent to get to anywhere else. You couldn't get to Ludlow by public transport. You can just about get to Shrewsbury, it's a long way. It's the **time taken,** the **cost of travelling**, and **carbon footprint"***

*"They were **close to home**, they were close to their family and friends, they could have visitors, they could see their friends and family and they did get better quicker"*

*"They were close to home, they were close to their family and friends, they could have visitors, they could see their friends and family and they **did get better quicker**"*

*"Small cottage hospitals or community hospitals have **a huge role to play** within the health service"*

HU

History And Use

Rural Community Needs

Participants felt that the rural communities most basic needs were not being net, including physiological, safety and psychological needs. This was particularly the case in a predominantly aging population.

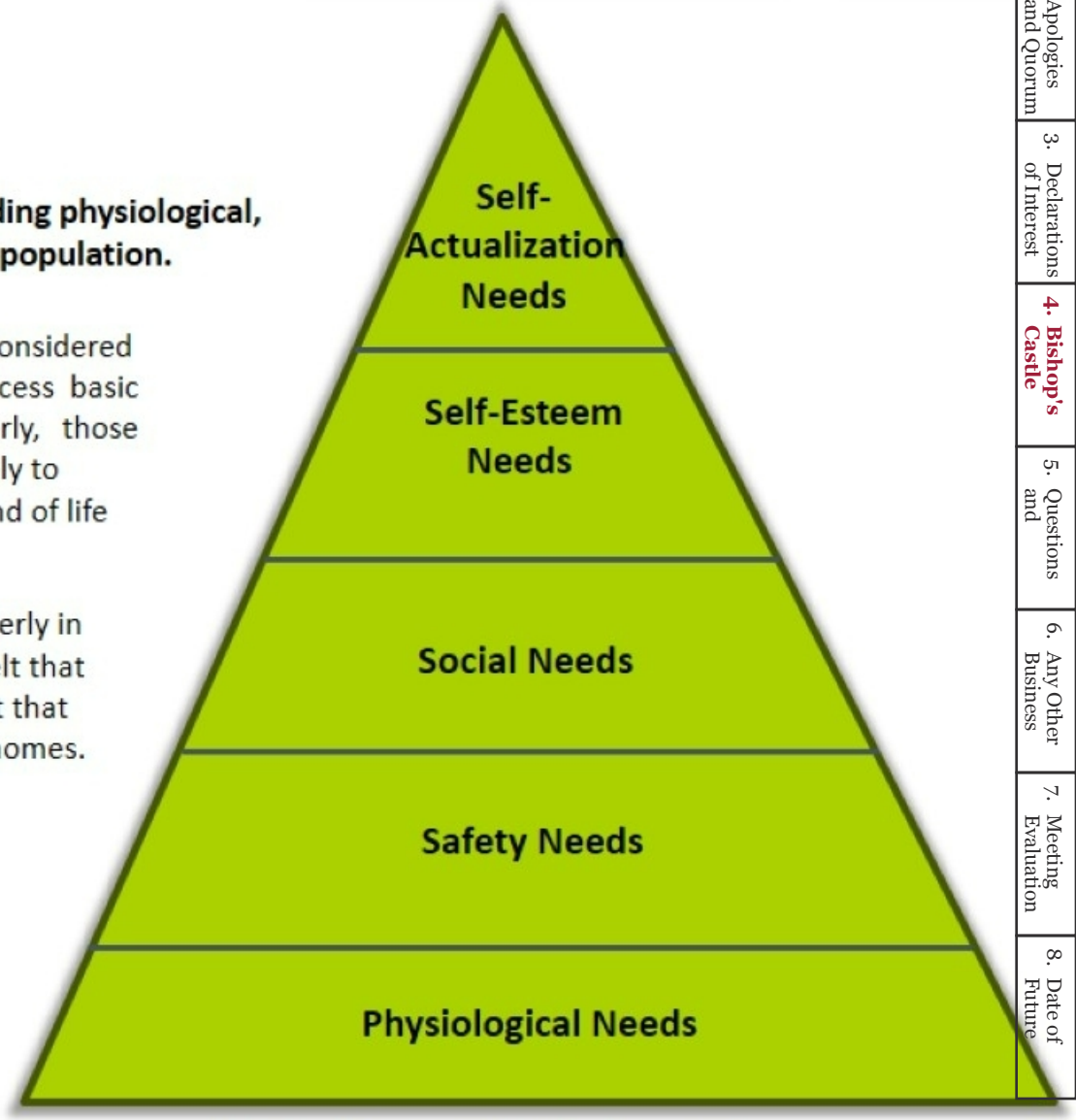
Psychological: Participants felt that the needs of the rural community were not understood or considered and they had been left behind and forgotten. They felt that having to travel long distances to a ccess basic healthcare could have catastrophic psychological consequences for people, particularly the elderly, those with dementia, and those who had never left the village, and meant that they would be less likely to recover. People felt that the psychological impact of not being to visit their loved ones during e nd of life was unimaginably harmful.

Safety: Participants expressed worries and concerns about their safety, and the safety of the el derly in the community as a result of the inpatient bed closures and reduced services at BCCH, as they felt that people who were unable to travel were not going to be able to access basic healthcare. They felt that this was going to cause unnecessary harm and mean people would die inappropriately in their homes.

Physiological: Participants felt that as members of the rural community, their basic healthcare needs were not being met. People would not be able to access healthcare and would become sick at home and even die in their home. If they were taken to hospitals further away, they felt that the stress of this would cause people to die prematurely or not recover.

Self-Esteem: Participants don't feel that they matter and feel that their lives are devalued.

Social Needs: participants are unable to be close to their friends and family in their time of need, which reduces their likelihood/length of recovery.



Maslow's Hierarchy of Needs

O&I

Opinions & Impact of the Inpatient Bed Closure

O&I

Opinions & Impact of the Inpatient Bed Closure

What Do You Think Is The Reason For The Bed Closure?

The general public felt that the reasons for the inpatient bed closures were unclear or not presenting the full story, and as a result, there was a lot of suspicion and distrust toward Shropshire Community Health NHS Trust. Economic reasons, staff shortages, safety concerns, lack of transport and lack of accommodation for new staff were all considered to be issues, but both general public and staff felt that Shropshire Community Health NHS Trust could have done much more to facilitate recruitment and to create safe working conditions, before resorting to closure of BCCH inpatient beds.

"Economic reasons... they are not willing to pay the going rate for coming to work here. It should be quite a higher rate than in Shrewsbury or Liverpool or whatever." (FG4)

"One of them is transport. There's very little public transport so people coming from a little way away might have experienced difficulty in getting to work. Another was accommodation and it is true that there isn't a lot of um rented or affordable accommodation in this area" (FG2)

"It all boils down to understaffing." (FG3)

"We just could not staff those 16 beds.... a 12 bedded hospital in the middle of rural Shropshire is fine but the struggle for staffing was quite real." (FG1)

"I know that one of the arguments from Shropshire has been that they can't recruit but their recruitment process is profoundly flawed. People have been interviewed for jobs wanting to work in Bishop Castle then offered something in Ludlow or somewhere else (FG2)"

"It costs more to run services in a rural area." (FG4)

"For 10 years have been saying it is not safe for the staff, it's not safe for the staff and I've been beaten up by the management regularly." (FG1)

"Short of resources, funds, staff, reduced services" (FG2)

"The closure came, we'd been worried about closure. We felt vulnerable"

"I would say, look, I don't believe it's safe, this is not fair, and you are representing it to the board as safe"

O&I

Opinions & Impact of the Inpatient Bed Closure

Opinions On Inpatient Bed Closures – FG1:

Staff felt that working conditions were unsafe and unsustainable, but the way the inpatient beds were closed was confusing, shocking and upsetting, and staff felt that more should have been done to prevent the situation from happening.

- **Shocked But Not:** Staff expressed that they were shocked by the closures, because the reasons were not communicated to them properly, but they had mentally prepared for the chance that the beds might close

"I think once it went that small to 12 beds, it was a shock when the hospital closed, but it was something we were always talking about the chance that it might close. We were called in to discuss an incident, they wouldn't tell us what it was about or why we had to come in."

- **Safety Concerns:** Participants expressed that safety concerns had been raised for a while by doctors and nurses, and that finally, the fire service was the reason for the closure

"It was a fire service who managed to close the beds. It was about staff safety and fire service training, but the fire service had reported them to the CQC."

- **Staff Unwell:** Because of the reduced staff and increased responsibility, staff became severely unwell

"I became very unwell with mainly anxiety, but a sort of overlying depression as well. I had to stop working for quite a long time to get over that"

- **Understandable But Mishandled:** Staff felt that the working conditions were not safe, so the closure made sense, but the way it was handled by higher management was not good

"I can understand the reasons why they closed. It certainly wasn't working…but they gave us such short notice, one day its safe the next day it's not safe, it felt odd. I just think it could have been handled better. We didn't realise it was so imminent, it was a horrible shock"

"It's a 50-mile round trip if you're taking a taxi, suppose one day there's no bus, it's at least £50 each way…the economic downturn from loss of jobs might make the ability to get taxis even lesser"

O&I

Opinions & Impact of the Inpatient Bed Closure

Opinions On Inpatient Bed Closures - FG2:

Participants unanimously disagreed with the closure of the inpatient beds. They expressed fears around continued healthcare cuts, inability to ask others to drive them far away, the amount of people who would no longer have access to healthcare in rural communities, and the economic and financial hardship that would ensue.

- **Fears Over Resources:** Participants expressed fear and concern over dwindling healthcare resources in rural areas and felt that they would see more and more closures of health services going forward

"I think it's entirely the wrong way to go with the way we develop NHS services for rural areas and I'm deeply sad that it's closed and I'm worried about Ludlow being the next one."

- **Rural Healthcare Need/Impact:** participants highlighted the negative impact that the closures have had and will continue to have on the rural community, and the reach that the hospital had.

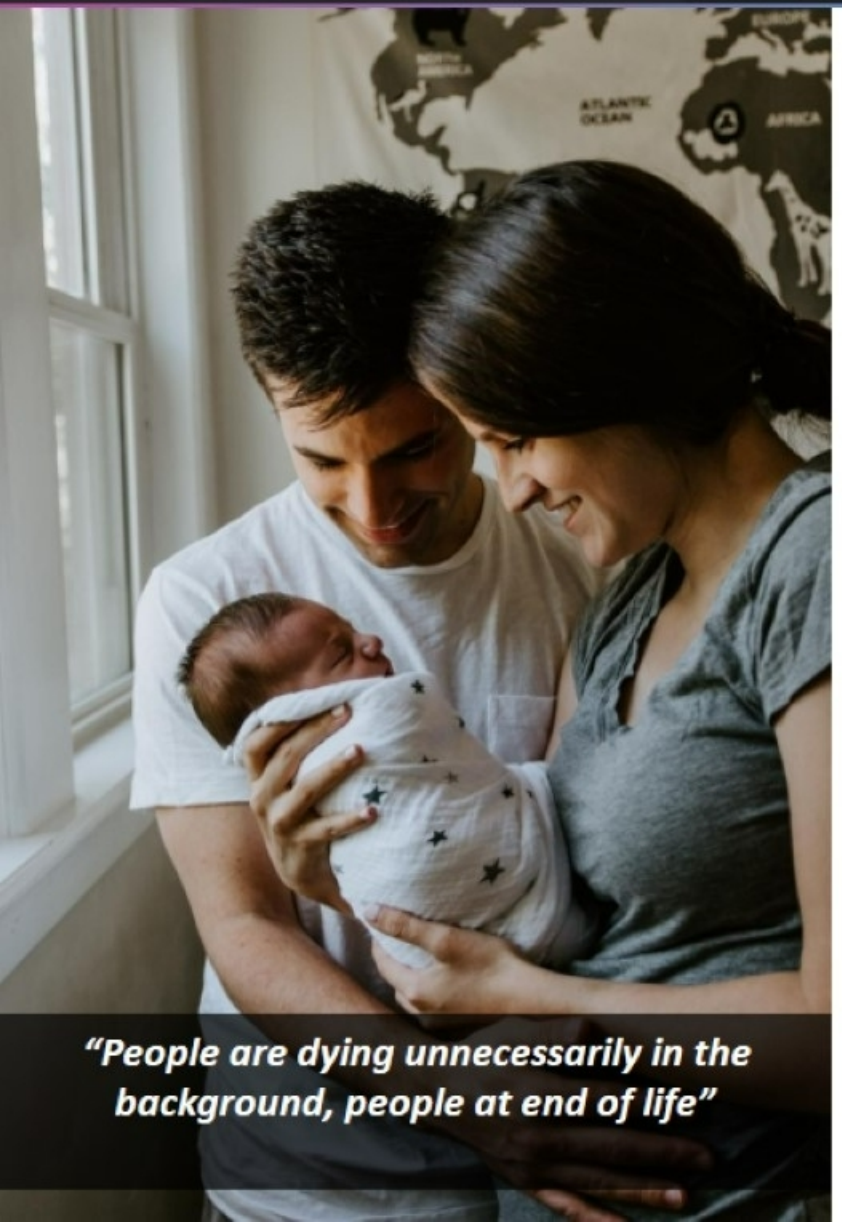
"It's not just Bishop's Castle, apparently it serves the rural community of 400 square miles. People come to Bishop's Castle for services from a very large catchment area. if we didn't have the community hospital, then people from Ludlow, Clun and Bishops Castle have to travel very long distances with public transport being increasingly cut as well. Then people in the more remote communities would have even bigger problems getting access to this kind of resource. "

- **Local Economy and Financial Hardship:** Participants expressed concerns about the wider negative impact on the local economy due to the loss of local jobs, making travel expenses even less feasible.

"There's an impact on the local community and local jobs as well."

- **Inability To Access Services:** Participants expressed that public transport was minimal and that people couldn't ask for a lift to far away healthcare services, so people would not access them.

"I really believe it would stop people from accessing services. You can't ask somebody for a lift to Shrewsbury from BC"



O&I

Opinions & Impact of the Inpatient Bed Closure

Opinions On Inpatient Bed Closures – FG3:

Participants unanimously disagreed with the inpatient bed closures. They felt anger towards Shropshire Community Health NHS Trust for closing them without warning, and felt that no one would want to work in a place with closed beds, so they would never be reopened. They expressed concerns about people who required 24-hour care and people dying at home.

- **Closure Overnight:** Participants expressed anger towards the seemingly overnight decision to close the inpatient beds, which to them, are a lifeline in the community

"There's a lot of people that are quite annoyed. It was very much overnight from the public's view. Not many of us were given the chance or the opportunity to stop it and BCCH feels like a massive lifeline."

- **Decision Already Made:** Participants felt that the shutting of the beds prevented people from wanting to work there, so they will never be reopened

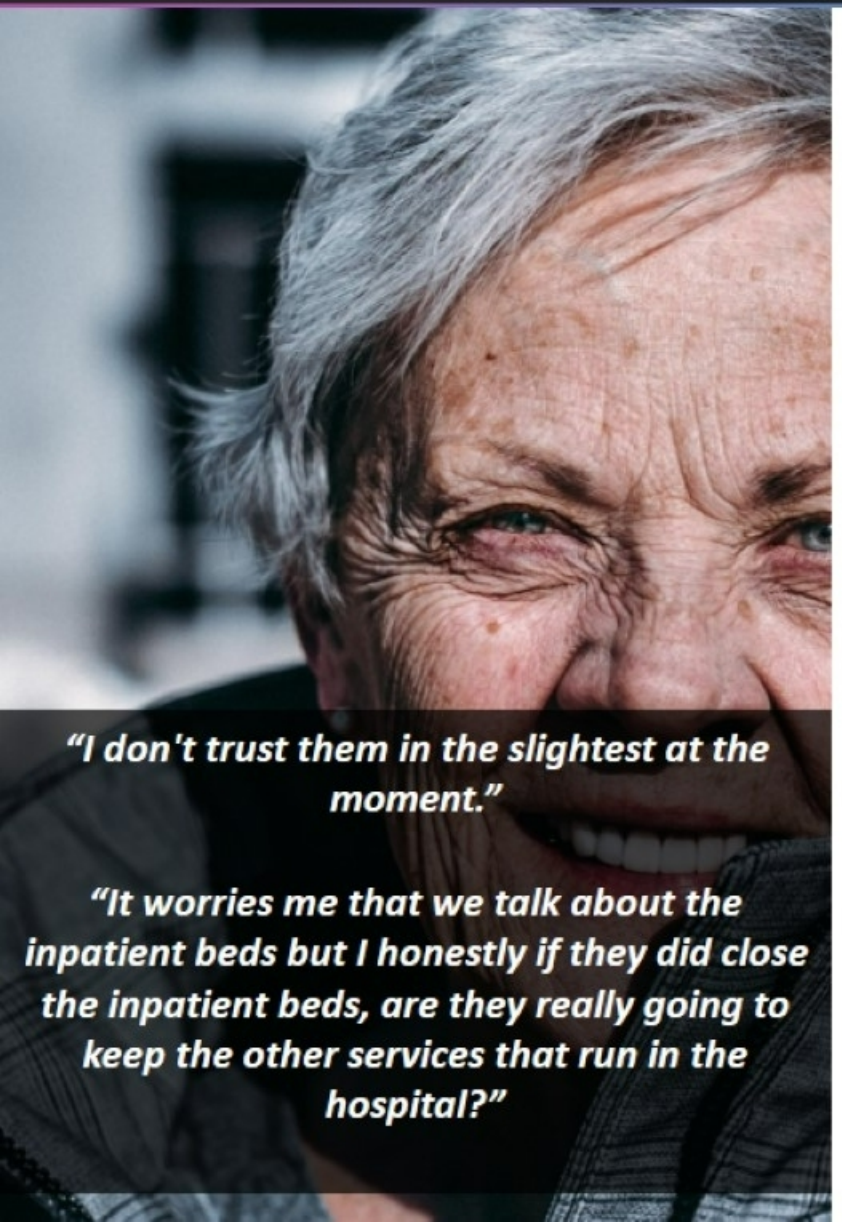
"Because they've already shut the beds, who's going to want to work in a hospital where the beds are shut? You can't recruit to a hospital where the beds are shut"

- **24-Hour Care Concerns:** Participants expressed concern for those who needed around the clock care, as there was no place for these people to stay in the community

"What about the people that need the 24-hour care? And this worries me."

- **People Dying:** Participants were devastated by the fact that people had to die under the care of their families at home, due to a lack of social and end of life care available now

"People local to bishops have no social care and they are dying under the care of their families."



O&I

Opinions & Impact of the Inpatient Bed Closure

Opinions On Inpatient Bed Closures – FG4:

Unanimously, participants did not agree with the closure of the inpatient beds and felt angry, confused, and distrusting of Shropshire Community Health NHS Trust. They felt let down and abandoned. Participants highlighted the distress that these closures were causing to their loved ones, and expressed concerns over further closures of services if the inpatient closures were to proceed.

- **Anger, Confusion And Distrust:** Participants highlighted a complete breakdown of trust, confusion over what really happened and why, and were extremely upset and angry with Shropshire Community Health NHS Trust.

"They want to shut it down to save money and even this is probably just smoke and mirrors anyway. We feel angry because we need these services in our local community"

- **Let Down:** One participant expressed that his mother had been let down by the NHS, as she had worked at BCCH all of her life as a nurse, fought for it to remain open and wished to have her end-of-life care in Stonehouse, but was unable to due to the closure of the inpatient beds. The ability to end one's life in the way that they wanted to was echoed by many of the participants.

"At the end of her life, my mum said; 'I'd be quite happy to go into Stonehouse', so the NHS has let her down after all the work she did fighting for it, working at it and then when she actually needed it, it wasn't there."

- **Distressed:** Participants highlighted the distress hat the temporary closures have already caused to their loved ones, due to not being able to visit their family in hospital.

"My son who was only 13 at the time and it was only me and him living together here in Bishop's Castle. He was distressed and he couldn't really get to see me in Shrewsbury."

O&I

Opinions & Impact of the Inpatient Bed Closure

Communication, Distrust and Suspicion

Throughout the groups, there was an overwhelming sense of distrust and suspicion of Shropshire Community Health NHS Trust as, across the board, the participants that we spoke to felt that there was no communication about what was really going on with BCCH. Participants felt that it was closed down quickly without communicating any issues first, and staff felt that issues were consistently raised and very abruptly, the beds were shut down without warning. Importantly, participants felt that these focus groups would likely not factor into the decision of whether to end the contract for the inpatient beds, due to the short timeframe for the decision to be made, but that they had to try to do something.

"I just think they didn't think about how to handle it properly, not only with the staff, but with the local community" (FG1)

"Why are they listening a month before they have to make a final decision about closing the beds? I'm sorry, but that's a done deal. We're not stupid. This is all a paper exercise that they're doing now, but we still have to fight" (FG3)

"There wasn't any communication about the closure at all. They didn't come down and talk about whether you're having any problems in your work or what do you feel about the situation in your hospital or what do you think we could do for you to make things easier?" (FG1)

"I blame the local NHS people for is not telling us the absolute truth about why they're having to make the cuts. If they were saying, look, we just haven't got the money to run Bishop's Castle unless we cut other services, then at least I could engage with them on that basis." (FG2)

"They've completely lost our confidence and trust" (FG2)

"They just want to suit their own agenda. They don't really care about us. It's plainly obvious they don't care" (FG4)

"It's a couple of weeks before they make the decision. It makes you feel that there isn't time to really pull all this together to actually make an impact. It looks like it's tokenism (FG4)

"They'll close it down anyway" (FG3)

Vision One

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Shropshire Community Health
NHS Trust

CO

Course of Action Now and If Permanently Closed

CO

Course of Action Now and If Permanently Closed

Protocol Now

If participants needed a hospital stay now, or even short-term treatment or a routine appointment, they had to travel to either Ludlow, Shrewsbury or Telford Hospitals. Some participants were annoyed at having to take up hospital beds in acute wards, when they could be recovering at BCCH instead and free up the beds. Some reported having to be discharged into a Travel Lodge now that BCCH is not available. Some used a Virtual Ward at home, although this was not for everyone, some were treated by family members at home, and some did not seek treatment at all despite needing it as they could not drive there and could not access transport.

"A lot of people in Bishop's Castle don't have cars or don't have to rely on public transport and it's pretty impossible to go and visit someone in Telford."

"How do people get to Shrewsbury if they're in difficulty? If they're traumatized at three o'clock in the morning, there's no hope there's no help."

"I hear they're going to be building two modular units. But the Shrewsbury and Telford Hospital, it will take over what Bishop's Castle Hospital needs to do. What I would like to know what's the cost of that and who are the contractors going to be?"

"It's so demoralising knowing that, you know, there's generations that are having to watch each other die because there's no support for them"

"We've had people that have been discharged from hospital that couldn't go to a community hospital, so they've put them in a travel lodge. We care for people home from hospital because there's nowhere else for them to go."

"A very elderly friend of ours who broke her hip and uh they she needed to some rehabilitation care and the nearest place was available. She's from Bishop's Castle. The nearest place available was uh Bridge North"

"If they want to have end of life care at home, you get once a day from a nurse, you get no guarantee of any social care. You have no round the clock care. You might if you get left access some night support, a couple of nights a week from seven hospice again, 70% funded by charitable donations, not the NHS."

CO

Course of Action Now and If Permanently Closed

Consequences If Permanently Closed

Isolation/deterioration/consequence of new environment

Participants spoke about acute wards and taking the vulnerable elderly, particularly those with dementia, away from familiar environments. This could cause deterioration, disablement, premature death, and traumatization.

"Taking her to a home for the first time. She'd forgotten where she lived, what she did, it was just awful again."

"If you are put in an acute ward for 88 days, as an elderly person, you come out of there completely and utterly disabled because of independence taken away, bed sores, etc."

"Some of these older generations, they've done a lot and once they start socially disengaging, they haven't got the same social cues, it deteriorates them."

"When you talk about patients with dementia, familiarity is hugely important. Taking them out of a familiar environment for the end of life is very, very traumatic."

End-Of-Life Care

Participants spoke about end-of-life care and how important it was to feel safe, be in your own community, and to be visited by loved ones when you die, for the whole family. They spoke about people living alone dying alone at home.

"Being able to be visited, feeling safer because you're in your home community, I think that's very important. I believe at the moment an end of life care at home is provided in some cases which I think is probably very good for some people."

"If you're somebody that lives alone and end of life care, you can't, you can't just be left on your own at home, you must be somewhere where you can be when you can be nursed, that's very, very important."

"40 miles away. it's a strategic planned occasional visit and if you're on end of life, that's really hugely important."

NU

New Uses For Unused Inpatient Facility

NU

New Uses For Unused Inpatient Facility

If the Inpatient Beds at BCCH were closed, what could you use the space for? (FG2)

"I don't want to answer that…Why should we lose it?"

"To see it not used for health purposes for the community is criminal"

"Personally, would hate to see it being going into private hands and that, that would be my fear really. It would be used for something that wouldn't benefit the community"

"It should be used for medical purposes to serve the community, like a routine eye clinic"

"X-ray, ultrasound, maternity, midwives, health visitors, physios, occupational therapy, social workers. Infusions, chemotherapy, all of those things can be put there."

"My worry is that all that we will do is just let them go 'wow, brilliant idea. Well, you asked for that, we're going to close the wards and give you what you asked for'."

"Dentistry, that would be really good to have more dentistry because I know a lot of people in Bishop's Castle have to go out of Bishop's Castle for dentistry."

"With BCCH, it's the synergy that you get between the staff and the medical experts and, the support functions that are local. it's an integrated thing. If that's gone, it means we can have a clinic or something. You know, that's my fear. I'm not, it's a lack of trust again that, that really, you know, I feel that my answer is going to be used against us"

"I think it, it needs to be used for something. It must not be left empty. It's too good. It's too nice."

"We don't have nursing care for someone who's got advanced dementia who is potentially causing danger to themselves or needs that extra level of nursing support."

AD

Advice for NHS Shropshire

Suggestions And What Could Have Been Done Differently

"Make some positive statements and do some immediate reaction in terms of immediately um increase the outpatient services... make a positive statement about creating a community ward."

"Have a positive vision for what a rural community health facility can offer and try to provide that for them. What we're hearing now is just go away and die. It as simple

"I'd probably want to create some sort of local board that stays with the process all the way through. Residents who can be nominated or elected by people from the local community"

"Have some people in Bishops Castle who come together as a forum so we can talk to local people and garner their views and suggestions and problems, issues, whatever and then have meetings and feedback"

"Make a realistic business plan. Have a look at the age of the people in Bishop's castle when they're making that decision."

"It's about public engagement and really listening and really trying to do what the public want rather than pretending you're listening"

"Reopen it and stop lying to us"

Summary & Conclusions

CR

Conclusions & Recommendations

The conclusion across the focus groups was unanimous; the public do not want the inpatient beds at BCCH to close and this should be considered as the result of this aspect of the public consultations by Shropshire Community Health NHS Trust when making their decision as to whether to relinquish the contract for the inpatient beds at BCCH. However, the staff feel that the working conditions at BCCH were unsafe and unsustainable, and should have been addressed, rather than closing the beds abruptly, so this must be addressed if the beds are to reopen.

- **Needs:** Participants feel that rural communities' needs are not being understood or considered and that they have been left behind, forgotten and do not matter. Their basic physiological needs for health are not able to be met due to depleted services and inability to access services, and those who moved to far away hospitals can suffer devastating psychological consequences which can reduce recovery and even cause premature death, with long lasting psychological consequences for families and the community.
- **Course of Action And Impact:** Participants now had to travel long distances from their homes in order to access basic healthcare, which for an aging community, was often not feasible. The consequences of this were that many people were not accessing healthcare and were dying at home alone or with their families or were deteriorating or dying away from loved ones in hospitals where family members were unable to visit. This is having a devastating impact on this community.
- **New uses:** Many participants did not want to answer this question, as they strongly felt that BCCH should be used for its original purpose and nothing else. Many felt that they should not lose this facility under any circumstances. Of those who did answer, the consensus was that the space should be used for to support the health of the community, and that it must be used and not left abandoned. Some felt that it should not be used privately as this will not benefit the community.
- **Overall Distrust:** There was an overwhelming sense of distrust that the participants thoughts and opinions would be considered as part of the public consultations regarding the decision to relinquish the contract for the inpatient beds,
as they felt they had been misled and lied to about the real purpose of the bed closures and the motivations about helping and understanding the rural community.

CR

Conclusions & Recommendations

Our recommendations as a result of this research program are as follows;

- **Do Not Close The Beds:** The overall consensus of the public was that the beds should not be closed, as this would cause too much harm to the community, with alternatives in many cases inaccessible or harmful. This should be considered when deciding whether to relinquish the contract.
- **Ensure They Are Properly Staffed:** The staff felt that they could not have continued with the unsafe working conditions, so working and listening to the staff and what they need and recommend is a great starting point to ensure that these beds can be properly managed in a sustainable way.
- **Communicate Clearly And Honestly:** Participants feel confused and betrayed by Shropshire Community Health NHS Trust, so an open and honest discussion should be had with the community about why the beds have been closed to build back their trust and favour.
- **Co-Design Rural Healthcare:** Participants unanimously feel that rural healthcare and needs are not considered by NHS Shropshire, so NHS Shropshire need to work with the community to determine exactly what the needs are (e.g., increased transport, mobile units for visits close to home for those who cannot travel), and to ensure that they are being met, to avoid unnecessary illness and death.
- **Consider The Demographic:** It is important to consider the needs of an aging population in a unique way, as they have increasing issues such as dementia and end of life care needs which need to be considered when accessing healthcare services, as well as the knock-on impact that trauma in these areas can have on the family and the wider community. 24-hour care was a necessity for some individuals, as well as end of life care facilities in their own home environments.
- **If The Beds Stay Closed:** Communicate the exact reasons why, and exactly what you are going to do to ensure that their healthcare needs will be met. Repurpose the facility to support community healthcare, and ensure you involve the public in its design.

Vision One

Thank You!

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Tel. 0203 693 3150 Web. www.visionone.co.uk

5.4 Public Survey Report

Shropshire Community Health NHS Trust

Bishop's Castle Community Hospital Consultation 2023

Quantitative Research among residents, who live within the catchment area of the Community Trust, to gauge their attitudes towards the future of the community hospital

Conducted by: The Murray Consultancy Ltd

Registered Office: 22, Coronation Road,
Crosby,
Merseyside,
L23 5RQ

Contents:

Bishop's Castle Community Hospital Consultation 2023

Executive Summary:

To gain an insight into local residents' views and opinions regarding the future of the bed facility at Bishop's Castle Community Hospital, a representative cross-section of local residents living within a twenty mile radius of Bishop's Castle took part in either a face-to-face or online consultation over a period of one month from mid-June to mid-July 2023.

In total, 960 interviews were carried out – 102 face-to-face, by fully trained, professional market research interviewers and 858 residents completed an online version of the face-to-face questionnaire.

The phenomenal response to the online consultation illustrates the amount of fervour there is regarding the future of the community hospital and, in particular, the bed facility. With the vast majority disagreeing with the decision to temporarily withdraw the bed facility compounded with the high percentages of local residents expressing the impact the closure of the facility would have on them personally and also on their community, is indicative of the feelings towards the permanent closure of the bed facility.

The hypothesis that patients, when they are ill, would prefer to be at home and stay at home with appropriate support should be rejected as the overwhelming preference is to be treated in a local community hospital.

Reflection:

Reading the comments made, some of which are detailed in the appendix "Ad hoc comments", local residents are very well informed about their hospital and care in the community. It appears that permanently closing down the bed facility would be a travesty. Demographically, this is middle-class, middle England with an ageing population who pride themselves in living in a rural environment. Despite emerging technology being available ('virtual' care), there is a very positive desire to retain what they consider to be an excellent service.

The Trust appears to have had recruitment difficulties, but this is an 'industry-wide' problem not just restricted to the NHS. The Trust need to redefine their recruitment strategy. If, thereafter, recruitment remains an issue, beds need to be retained to counteract bed-blocking in hospitals in larger South Shropshire towns or as a day-care facility where the onus on recruitment of trained staff is not as great.

Background:

In late 2021, the Shropshire Community Hospital Trust Board decided to close inpatient care at Bishop's Castle Community Hospital (BCCH) on a temporary basis whilst continuing to work to address recruitment and staffing issues. The hospital remains open to provide services including Physiotherapy, Diabetic Eye Screening and Speech and Language Therapy. The community beds (12 in total) remain closed whilst the Trust continues to recruit sufficient staff to safely reopen them. Taking a number of factors into consideration the Board recommend the option of the permanent closure of the Bishops Castle Community Hospital beds subject to a public consultation.

Aims and Objectives:

The overriding objective of this quantitative research is to gauge local (within a 20 mile radius) reaction to the future of the BCCH bed facility. Related objectives include:

- Assimilating key usage statistics pertaining to level of usage among residents who live within a 20 mile radius of Bishop's Castle, length of time last accessed, which facilities were accessed, length of stay in the bed facility.
- Ascertaining the key benefits of being a patient at the BCCH.
- Measuring the impact the closure of the bed facility would have on residents, their families and on the community.
- Testing the hypothesis that patients, when they are ill, would prefer to be at home and stay at home with appropriate support or be treated in a hospital.
- Quantifying the extent of agreement or disagreement with the Community Trust withdrawing the Community Hospital's bed facility.
- Evaluating what other facilities could be made available should the bed facility be withdrawn.
- Ensuring all protected characteristics are included in the sample to ensure everyone within the sampling frame has an equal probability of voicing their opinions about the subject matter.

Methodology:

To ensure that we could maximise our coverage of the Community Hospital's catchment area, we chose two sampling methodologies, specifically:

- Face-to-face engagement with specific focus on the residents of Bishop's Castle
- Online engagement among communities residing within a 20 mile radius of Bishop's Castle

The questionnaire was formulated and signed off by the Trust's Senior Directorate. Apart from questions based on the areas of investigation outlined in the section 'Objectives', we captured classification data based on the eight protected characteristics.

As regards the face-to-face engagement, the sampling procedure was based on quota sampling with minimum quota targets by gender (among those identifying themselves as male or female), and age range (under 44 and 65+). Fieldwork was carried out by professional Market Research interviewers who were fully supervised throughout.

Interviewers were also briefed to comply to the Market Research Society interviewing code of conduct, which was summarised thus:

The interviewers:

- Always wear an identity lapel badge, introduce themselves and on whose behalf they were carrying out the consultation
- Give a brief, scripted preamble outlining the objectives of the consultation
- State how long the consultation will last
- Ensure their details will not be passed on to a third party

The respondents:

- Were not be forced to continue if they wanted to withdraw at any stage during the consultation
- Were not to be misled or pressurised to take part

All responses were captured on paper questionnaires, which, after quality control, were input into SNAP, one of the country's leading Questionnaire Analysis Software packages.

As regards the online consultation, we procured a database of approximately 2,500 e-mail addresses from a company called UK Datahouse. We initially sent out an introductory e-mail promoting the survey and its importance. The e-mail was digitally signed by the Trust's Nursing Director. Within our customised Questionnaire Analysis software, SNAP (version 11),

there was a 'bolt-on' application enabling us to formulate, implement and analyse online questionnaires.

We formulated and formatted the questionnaire within the software. An e-mail with a preamble summarising the objectives of the consultation, length of time to complete (5 minutes) and an endorsement of confidentiality and anonymity, was then sent to all prospective respondents. The introductory e-mail encouraged them to complete the questionnaire via a link which would be identified for them on the e-mail. The e-mail with the link was sent out 3 working days after the initial promotional e-mail. So as to maintain interest in completion right to the final question, a 'progress bar' was inserted to inform the respondent of their progression throughout the consultation. Upon completion, the respondent submitted the questionnaire, which then appeared in the software's database for downloading and subsequent analysis.

We sent out one reminder e-mail to non-respondents with the initial access link.

On Friday the 14th of July access to the online questionnaire was closed. On Monday the 16th July, all questionnaires were downloaded into the software's analysis data platform.

Fieldwork Dates:

Face-to-Face: Tuesday and Thursday 13th and 15th June 2023

Online: 12th June – 14th July 2023

Response Rates:

Face-to-face – 102 respondents in Bishop's Castle itself

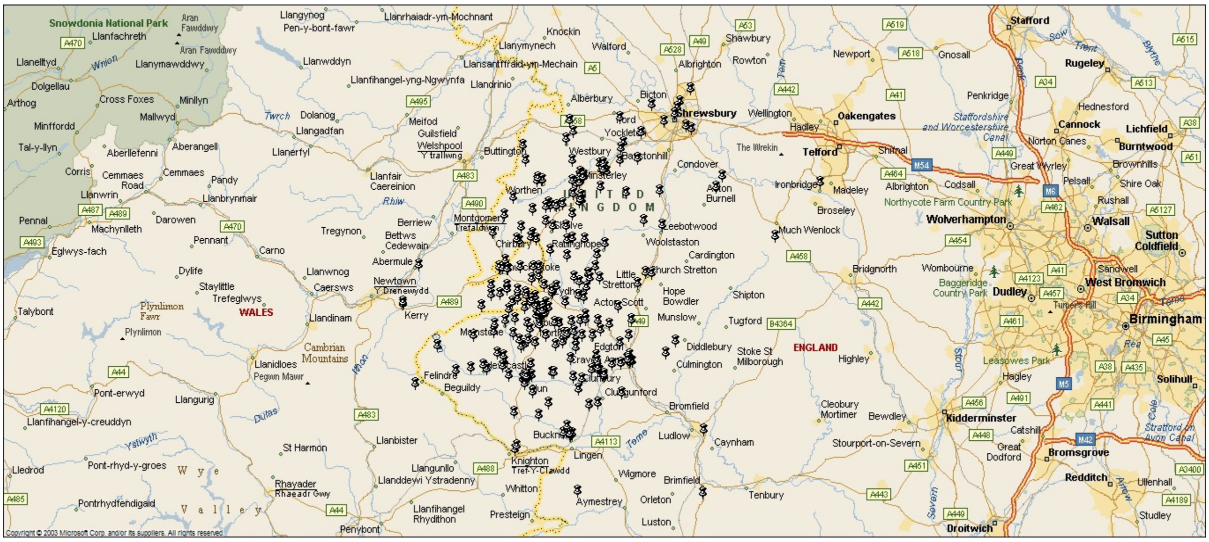
Online – 858 respondents representing a 34% rate of response

Analysis:

At the analysis stage, a weighting procedure was implemented to ensure that the profile of our sample by gender was in alignment with the gender profile of the borough as per the latest available census statistics. The reason for this was that the raw data from the online consultation showed a response profile of 70% female/30% male (amongst those who identified themselves as such). We therefore down-weighted female response and up- weighted male response to realign the representativeness of the sample.

Sampling– Geographic and Demographic Profiles:

The following map depicts pinpoints representing the postcode of every respondent participating in the consultation.



In total, 960 face-to-face and online were eligible for inclusion in the final analysis, which represents the base for each table unless otherwise stated. In some instances, because of the nature of online questionnaires, some respondents may have omitted a response, therefore some online data tables may not total 858. Please note F2F is an abbreviation for Face-to- Face. Demographically, their profiles as follows:

Q. 12 ***"Which age group do you belong to?"***

AGE	F2F	%	ONLINE	%	OVERALL	%
UNDER 18	0	0.0%	0	0.0%	0	0.0%
18 - 24	3	2.9%	7	0.8%	10	1.0%
25 - 34	13	12.7%	36	4.2%	49	5.1%
35 - 44	12	11.8%	78	9.1%	90	9.4%
45 - 54	13	12.7%	134	15.6%	147	15.3%
55 - 64	22	21.6%	185	21.6%	207	21.6%
65+	38	37.3%	401	46.7%	439	45.7%
PREFER NOT TO SAY	1	1.0%	18	2.1%	19	2.0%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 13(a) "*Which of these best describes your gender?"*

GENDER	F2F	%	ONLINE	%	OVERALL	%
FEMALE	54	52.9%	425	49.5%	479	49.9%
MALE	46	45.1%	403	47.0%	449	46.8%
PREFER NOT TO SAY	2	2.0%	30	3.5%	32	3.3%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 14 *"Is your gender identity the same as the sex you were assigned with at birth?"*

GENDER IDENTITY	F2F	%	ONLINE	%	OVERALL	%
YES	100	98.0%	802	93.5%	902	94.0%
NO	0	0.0%	3	0.3%	3	0.3%
DON'T KNOW/PREFER NOT TO SAY	2	2.0%	53	6.2%	55	5.7%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 15(a) *"What best describes your sexual orientation?"*

SEXUAL ORIENTATION	F2F	%	ONLINE	%	OVERALL	%
HETROSEXUAL/STRAIGHT	87	85.3%	692	80.7%	779	81.1%
GAY/LESBIAN	7	6.9%	12	1.4%	19	2.0%
BI-SEXUAL	3	2.9%	19	2.2%	22	2.3%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	5	4.9%	136	15.9%	140	14.7%
TOTAL	102	100.0%	859	100.1%	960	100.1%

Q. 16(a) *"Do you consider yourself to be disabled? By that I mean a health problem or impairment which has lasted, or is expected to last, at least 12 months?"*

DISABLED	F2F	%	ONLINE	%	OVERALL	%
YES	15	14.7%	174	20.3%	189	19.7%
NO	87	85.3%	678	78.9%	765	79.6%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	0	0.0%	6	0.8%	6	0.7%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 16(b) ***"Please tell us which type of impairment applies to you:"*** (Base: 189 respondents – those answering 'Yes' at Q. 16(a))

TYPE OF IMPAIRMENT	F2F RESPONSE	%	ONLINE	%	OVERALL	%
PHYSICAL DISABILITY	5	33.3%	83	47.7%	88	46.6%
LONG-STANDING ILLNESS/HEALTH CONDITION	3	20.0%	74	42.5%	77	40.7%
MENTAL HEALTH CONDITION	2	13.3%	27	15.5%	29	15.3%
SENSORY IMPAIRMENT	3	20.0%	19	10.9%	22	11.6%
DISABILITY/DIFFICULTY	2	13.3%	4	2.3%	6	3.2%
LEARNING						
SAY	0	0.0%	10	5.7%	10	5.3%
ANSWER/PREFERRED NOT TO						

Q. 16(c) ***"Are your day-to-day activities limited because of this health problem or disability?"***

Base: 189 respondents – those answering 'Yes' at Q. 16(a))

DAY-TO-DAY ACTIVITIES LIMITED?	F2F	%	ONLINE	%	OVERALL	%
YES, LIMITED A LITTLE	4	26.7%	94	54.0%	98	51.9%
YES, LIMITED A LOT	5	33.3%	59	33.9%	64	33.9%
NO	3	20.0%	8	4.6%	11	5.8%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	3	20.0%	13	7.5%	16	8.5%
TOTAL	15	100.0%	174	100.0%	189	100.0%

Q.17 ***"How would you describe your ethnicity? Please give one of the answers printed on this card."***

ETHNIC BACKGROUND	F2F	%	ONLINE	%	OVERALL	%
WHITE BRITISH	99	97.1%	784	91.3%	883	91.9%
OTHER WHITE	3	2.9%	25	2.9%	28	2.9%
ASIAN	0	0.0%	1	0.1%	1	0.1%
MIXED ORIGIN	0	0.0%	3	0.3%	3	0.3%
BLACK	0	0.0%	2	0.2%	2	0.2%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	0	0.0%	44	5.1%	44	4.6%
TOTAL	102	100.0%	859	100.0%	961	100.0%

Q.18 *"How would you best describe your religious faith or belief?"*

RELIGIOUS BELIEF	F2F	%	ONLINE	%	OVERALL	%
CHRISTIAN	45	44.1%	467	54.4%	512	53.3%
NO RELIGION	47	46.1%	253	29.5%	300	31.2%
HINDU	0	0.0%	1	0.1%	1	0.1%
OTHER	5	4.9%	22	2.6%	27	2.8%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	5	4.9%	115	13.5%	120	12.6%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q.19 *"What is your relationship status?"*

RELATIONSHIP STATUS	F2F	%	ONLINE	%	OVERALL	%
MARRIED	41	40.2%	528	61.5%	569	59.2%
LIVES WITH PARTNER	12	11.8%	84	9.8%	96	10.0%
SINGLE	28	27.5%	55	6.4%	83	8.6%
WIDOWED	8	7.8%	63	7.3%	71	7.4%
DIVORCED	6	5.9%	43	5.0%	49	5.1%
SEPARATED	4	3.9%	9	1.0%	13	1.4%
CIVIL PARTNERSHIP	1	1.0%	8	0.9%	9	0.9%
OTHER	0	0.0%	4	0.5%	4	0.4%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	2	2.0%	64	7.6%	66	7.0%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q.20 *Are you pregnant or have you given birth within the last 26 weeks?"* (Base: 479 respondents – those who identified themselves as female)

PREGNANCY STATUS	F2F	%	ONLINE	%	OVERALL	%
YES	0	0.0%	14	3.3%	14	2.9%
NO	53	98.1%	374	88.0%	427	89.1%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	1	1.9%	37	8.7%	38	7.9%
TOTAL	54	100.0%	425	100.0%	479	100.0%

Q.21 "*Do you provide care for someone? A carer is defined as anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support.'*

CARER STATUS	F2F	%	ONLINE	%	OVERALL	%
NONE	76	74.5%	581	67.7%	657	68.4%
CARE OR OLDER PERSONS 50+	22	21.6%	192	22.4%	214	22.3%
CARE FOR YOUNGER PERSONS AGED 24 OR <	3	2.9%	48	5.6%	51	5.3%
CARE FOR ADULTS 25 - 49	1	1.0%	21	2.4%	22	2.3%
DON'T KNOW/NO ANSWER/PREFERRED NOT TO SAY	1	1.0%	43	5.0%	44	4.6%

(Some respondents identified more than one carer group)

Q.22 *"Are you, or have you ever been employed by the Bishop's Castle Community Trust?'*

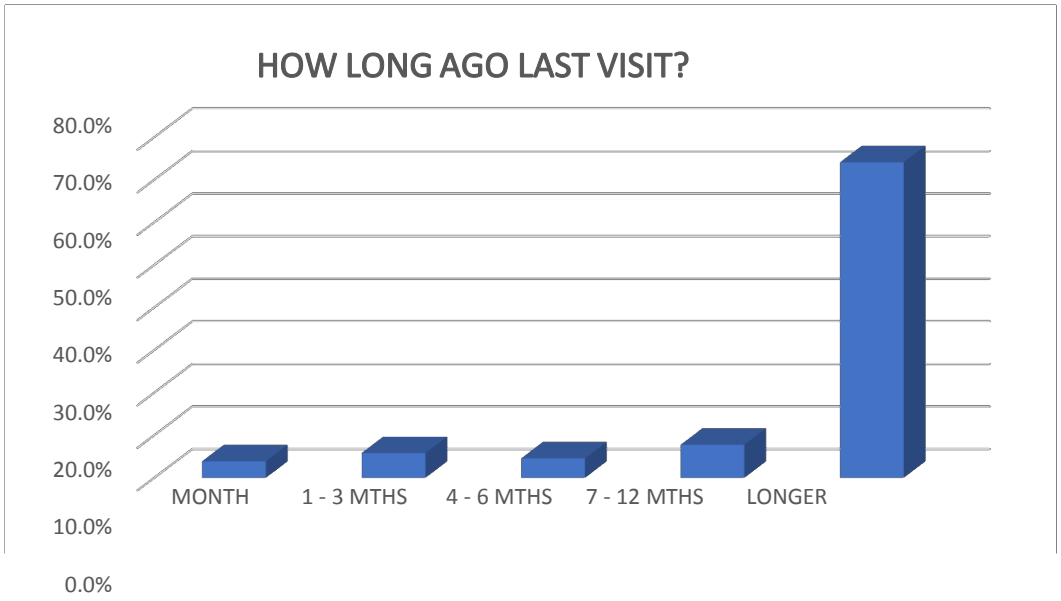
EMPLOYED BY THE TRUST	F2F	%	ONLINE	%	OVERALL	%
NEVER BEEN EMPLOYED BY THE TRUST	96	94.1%	822	95.8%	918	95.6%
HAVE BEEN EMPLOYED BY THE TRUST	3	2.9%	29	3.4%	32	3.3%
CURRENTLY EMPLOYED BY THE TRUST	3	2.9%	7	0.8%	10	1.0%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 23 *"Would you like to be kept informed of developments regarding the Bishop's Castle Community Trust? If yes, please give me your e-mail address.'*

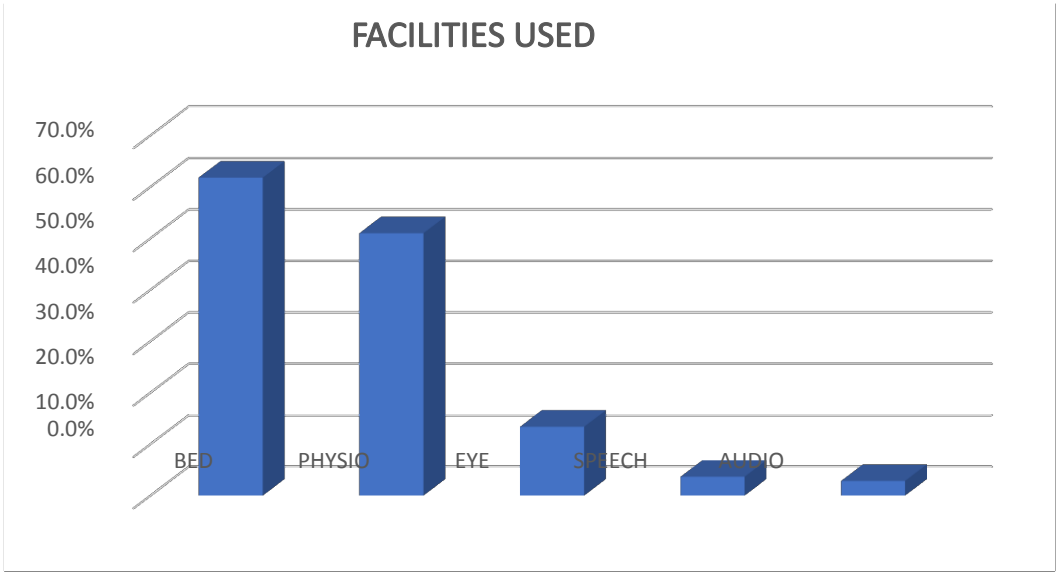
WISH TO BE KEPT INFORMED	F2F	%	ONLINE	%	OVERALL	%
E-MAIL ADDRESS PROVIDED	56	54.9%	434	50.6%	490	51.0%
E-MAIL ADDRESS NOT PROVIDED	46	45.1%	424	49.4%	470	49.0%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Summary of Main Findings:

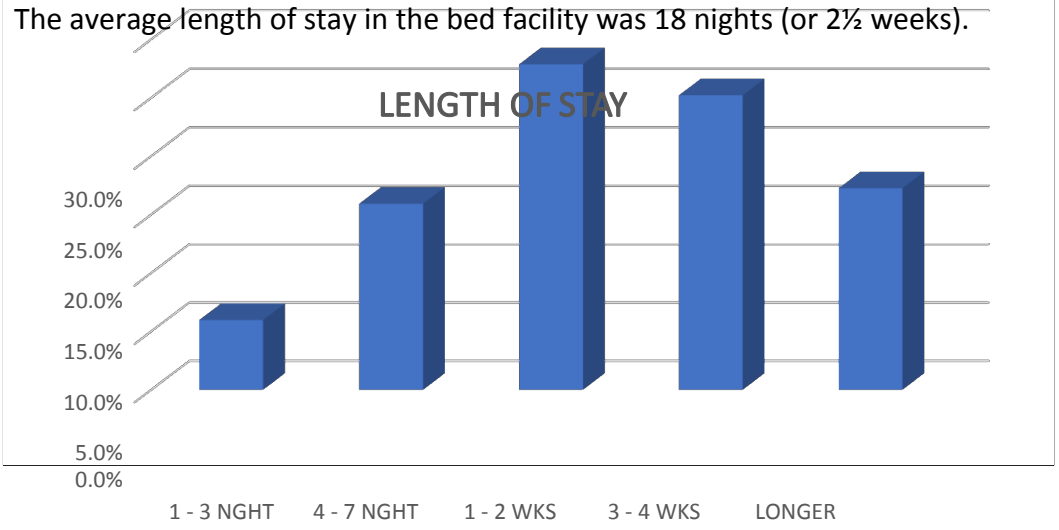
Three in four (75%) of residents within a 20-mile radius of Bishop's Castle had accessed the facilities at BCCH. Of these, three in four (74%) last accessed these facilities over a year ago.



The two most widely used facilities within the hospital were beds (62%) and physiotherapy (51%). The only other facility with a greater than 10% access was diabetic eye screening (13%).

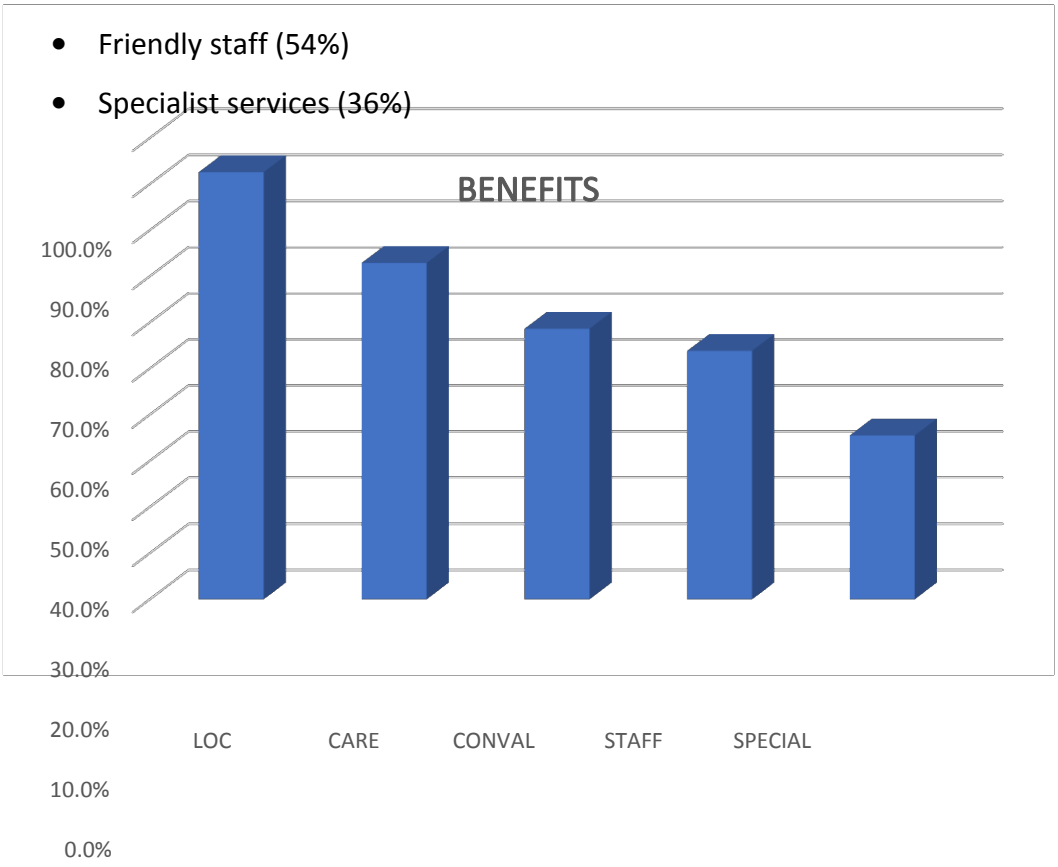


The average length of stay in the bed facility was 18 nights (or 2½ weeks).

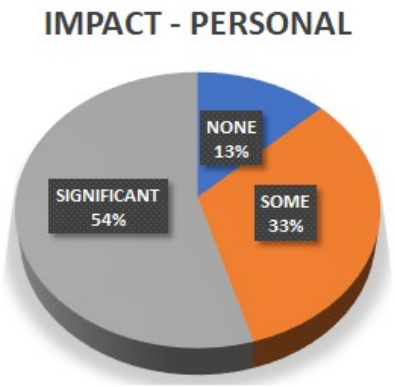


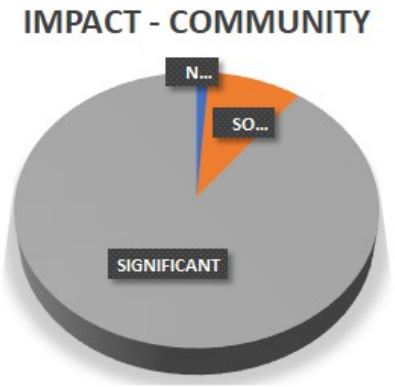
The top five main benefits of the BCCH were:

- Its location (93%)
- Community Care (73%)
- Convalescence facilities (59%)
- Friendly staff (54%)
- Specialist services (36%)



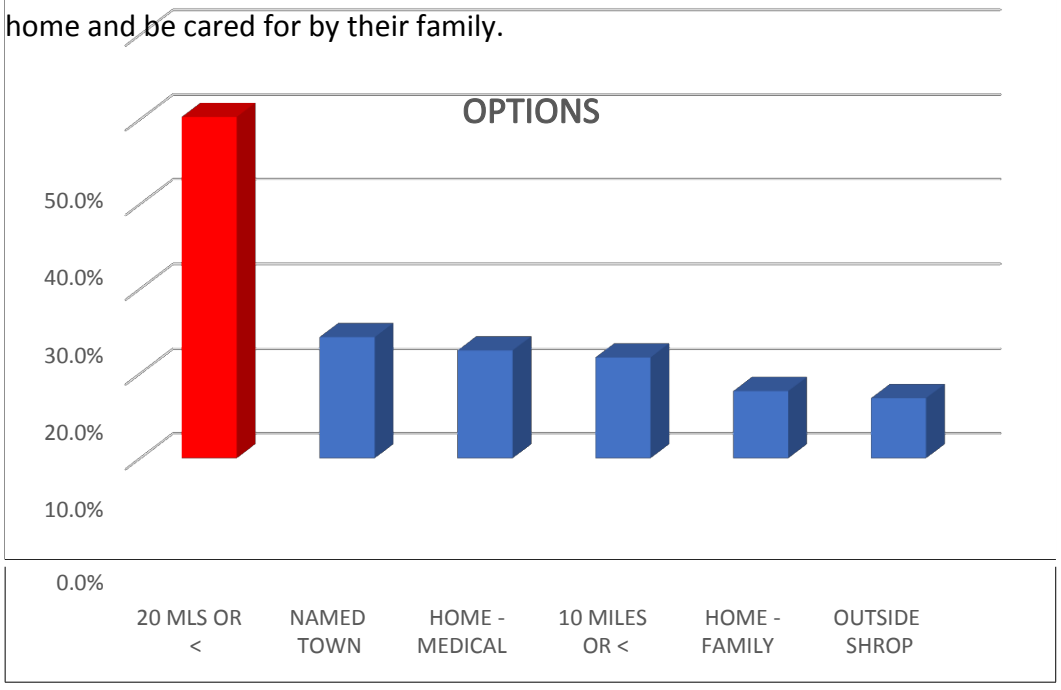
The loss of the bed facility at BCCH would have some personal or a significant effect on 87% of local residents. Almost all felt it would have a detrimental effect on the community (99%).





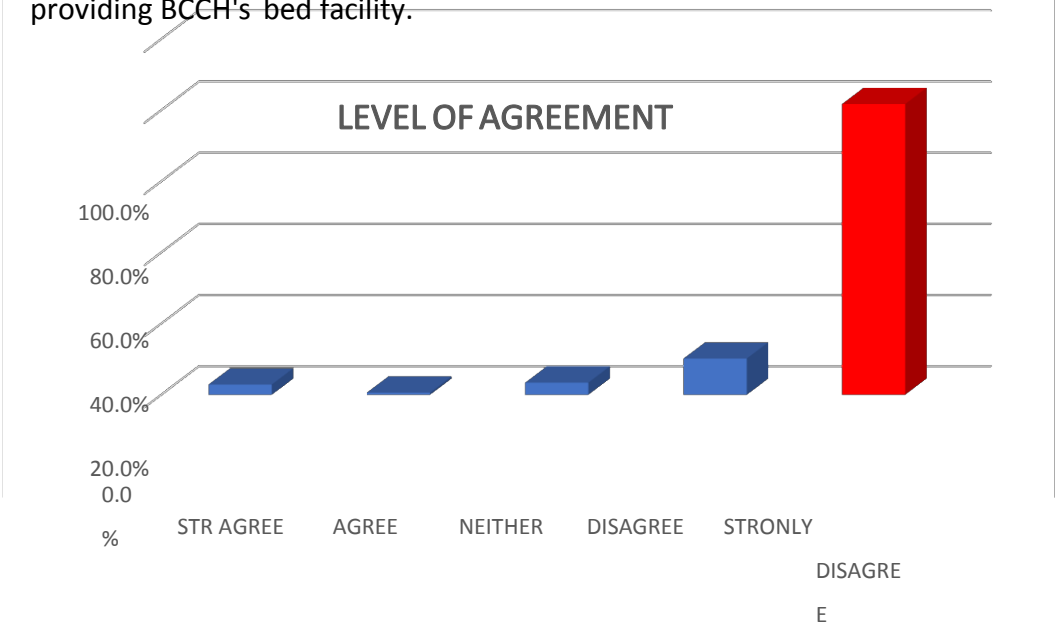
The main reasons pertaining to the personal impact included: travelling distance to an alternative hospital (38%), the fact that BCCH was local (24%), and visiting arrangements (22%).

When given a range of options regarding what course-of-action they would take if they required short-term in-hospital treatment now that the bed facility at BCCH is temporarily unavailable, the top response was a hospital within a 20-mile radius of their homes (20%). A further 14% actually named a town with a hospital. Only 13% would prefer to remain at home and be cared for by specialist medical staff and a further 8% would prefer to remain at
home and be cared for by their family.



This finding was endorsed when asked where they'd rather be treated with four in every five (81%) preferring their local community hospital.

Nine in every ten (92%) disagreed when asked if their local Trust should withdraw from providing BCCH's bed facility.



The top four reasons for their disagreement were:

- Local facilities required to cater for local needs (29%)
- Other hospitals are greater than 20 miles away (23%)
- Distance to travel to access these hospitals (14%)
- Bed shortage in other hospitals (9%)

The top four alternative uses for the unused in-patient bed facility were seen as:

- Respite or day care (31%)
- Bespoke medical facilities (27%)
- Clinics (19%)
- Care home (15%)

The management of these new facilities would be the responsibility of either BCCH (42%) or the Shropshire Community NHS Trust (34%).

Direct quotes substantiating some of these findings can be found in the section "Ad hoc Comments" appended to this report.

APPENDICES

Data Tables:

Q. 1 *"Thinking about the Bishop's Castle Community Hospital, have you, or a family member, or perhaps someone you have cared for, ever used any of its facilities?"* (Base: 960 respondents)

USED FACILITIES	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
YES	68	66.7%	651	75.9%	719	74.9%
NO	34	33.3%	207	24.1%	241	25.1%
TOTAL	102	100.0%	858	100.0%	960	100.0%

Q. 2 *"How long ago did you, or a family member, or perhaps someone you have cared for, last visit the Bishop's Castle Community Hospital? Was it …"* (Base: 719 respondents – those who have used any of the facilities at BCCH)

HOW LONG AGO?	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
WITHIN LAST MONTH	1	1.5%	27	4.1%	28	3.9%
1 - 3 MONTHS AGO	7	10.3%	35	5.4%	42	5.8%
4 - 6 MONTHS AGO	2	2.9%	31	4.8%	33	4.6%
7 - 12 MONTHS AGO	5	7.4%	51	7.8%	56	7.8%
LONGER	51	75.0%	482	74.0%	533	74.1%
CAN'T REMEMBER	2	2.9%	24	3.7%	26	3.6%
TOTAL	68	100.0%	651	100.0%	719	100.0%

Q. 3 *"And which facilities were these?"* (Base: (Base: 719 respondents – those who have used any of the facilities at BCCH)

FACILITIES USED	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
BED FACILITY	39	48.8%	413	63.4%	452	61.8%
PHYSIOTHERAPY	31	38.8%	342	52.5%	373	51.0%
DIABETIC EYE SCREENING	4	5.0%	94	14.4%	98	13.4%
SPEECH THERAPY	2	2.5%	25	3.8%	27	3.7%
AUDIOLOGY/HEARING	4	5.0%	17	2.6%	21	2.9%
MINOR SURGERY	0	0.0%	2	0.3%	2	0.3%
PODIATRY/FEET	0	0.0%	2	0.3%	2	0.3%
VISITING	0	0.0%	2	0.3%	2	0.3%
SCREENING	0	0.0%	2	0.3%	2	0.3%
RECOVERY	0	0.0%	1	0.2%	1	0.1%
OTHER	0	0.0%	10	1.5%	10	1.4%

Please note some respondents will have used more than one facility.

Q. 4 *"You mentioned that you or a family member, or perhaps someone you have cared for, have accessed the bed facility at this hospital. How long was the stay in the hospital?"*

(Base: 452 respondents – those who have used the bed facility at BCCH)

LENGTH OF STAY IN HOSPITAL	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
1 - 3 NIGHTS	3	7.7%	24	5.8%	27	6.0%
4 - 7 NIGHTS	8	20.5%	64	15.5%	72	15.9%
1 - 2 WEEKS	11	28.2%	115	27.8%	126	27.9%
3 - 4 WEEKS	8	20.5%	106	25.7%	114	25.2%
LONGER	4	10.3%	74	17.9%	78	17.3%
CAN'T REMEMBER	5	12.8%	30	7.3%	35	7.7%
TOTAL	39	100.0%	413	100.0%	452	100.0%

Q. 5 *"What do you see as being the main benefits of being a patient at the Bishop's Castle Community Hospital?"*(Base: 960 respondents)

MAIN BENEFITS	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
ITS LOCATION	97	95.1%	792	92.3%	889	92.6%
COMMUNITY CARE	14	13.7%	686	80.0%	700	72.9%
CONVALESCENCE FACILITIES	2	2.0%	561	65.4%	563	58.6%
FRIENDLY STAFF	7	6.9%	510	59.4%	517	53.9%
SPECIALIST SERVICES	3	2.9%	338	39.4%	341	35.5%
ACCESSIBLE	7	6.9%	4	0.5%	11	1.1%
NO REAL BENEFITS	0	0.0%	11	1.3%	11	1.1%
PALLIATIVE/END-OF-LIFE	0	0.0%	8	0.9%	8	0.8%
PREVENTS BED BLOCKING/FREES BED SPACE	1	1.0%	4	0.5%	5	0.5%
OTHERS	8	7.8%	18	2.1%	26	2.7%

Please note some respondents will have identified more than one benefit.

"It is proposed that the Shropshire Community Health NHS Trust will give up its contract for the bed facility at the Bishop's Castle Community Hospital due to staff shortages and recruitment problems."

Q. 6(a) *"What impact or effect would Shropshire Community Health NHS Trust no longer providing the bed facility have on you or a family member, or perhaps someone you care for?"*(Base: 888 respondents – all of those giving an answer to part a)

IMPACT ON YOU/FAMILY	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
NO EFFECT WHATSOEVER	12	11.8%	102	13.0%	114	12.8%
SOME EFFECT	18	17.6%	272	34.6%	290	32.7%
A SIGNIFICANT EFFECT	72	70.6%	412	52.4%	484	54.5%
TOTAL	102	100.0%	786	100.0%	888	100.0%

Q. 6(b) *"And on your local community?"*(Base: 916 respondents – all of those giving an answer to part b)

IMPACT ON YOUR LOCAL COMMUNITY	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
NO EFFECT WHATSOEVER	0	0.0%	11	1.4%	11	1.2%
SOME EFFECT	5	4.9%	78	9.6%	83	9.1%
A SIGNIFICANT EFFECT	97	95.1%	725	89.1%	822	89.7%
TOTAL	102	100.0%	814	100.0%	916	100.0%

(c) *"Any particular reasons?"*(Base: 605 respondents – those giving a personal/family-oriented answer and 676 respondents giving a community-oriented answer)

PERSONAL REASON	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
DISTANCE/TOO FAR/TRAVEL	41	45.6%	186	36.0%	227	37.5%
LOCAL HOSPITAL	21	23.3%	127	24.6%	148	24.4%
VISITING ARRANGEMENTS	14	15.6%	120	23.3%	134	22.1%
ELDERLY/OLD/AGEING	11	12.2%	96	18.6%	107	17.7%
COST/INCONVENIENCE/ TRANSPORT	11	12.2%	67	13.0%	78	12.9%
ACCESS	3	3.3%	33	6.4%	36	5.9%
RURAL COMMUNITY	4	4.4%	27	5.2%	31	5.1%

COMMUNITY REASON	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
TOO FAR/DISTANCE	37	36.3%	285	49.6%	322	47.6%
CARE/TREATMENT	2	2.0%	205	35.7%	207	30.6%
ELDERLY/AGEING POPULATION	9	8.8%	146	25.4%	155	22.9%
VISITING ARRANGEMENTS	8	7.8%	136	23.7%	144	21.3%
(POOR) TRANSPORT LINKS	21	20.6%	112	19.5%	133	19.6%
COST	8	7.8%	15	2.6%	23	3.4%
NEED LOCAL BEDS/STOP BED BLOCKING ELSEWHERE	3	2.9%	14	2.4%	17	2.5%
IMPACT ON JOBS	6	5.9%	2	0.3%	8	1.2%

Some respondents gave more than one family/community-oriented reason.

Q. 7 *"Imagine you or a family member, or perhaps someone you care for, require in-hospital short-term treatment requiring at least an overnight stay. What would be your course-of-action now that the bed facility at Bishop's Castle Community Hospital is temporarily closed?"*(Base: 958 respondents)

OPTIONS	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
WITHIN A 20 MILE RADIUS	24	23.5%	362	42.3%	386	40.3%
NAMED TOWN/DISTANCE OF 20 - 40 MILES	9	8.8%	128	15.0%	137	14.3%
REMAIN AT HOME - CARED FOR BY MEDICAL STAFF	19	18.6%	103	12.0%	122	12.7%
WITHIN A 10 MILE RADIUS	27	26.5%	87	10.2%	114	11.9%
REMAIN AT HOME - CARED FOR BY FAMILY	11	10.8%	65	7.6%	76	7.9%
OUTSIDE THE COUNTY	11	10.8%	57	6.7%	68	7.1%
NO HOSPITAL WITHIN 10 OR 20 MILES	0	0.0%	32	3.7%	32	3.3%
OTHER	1	1.0%	22	2.6%	23	2.4%
TOTAL	102	100.0%	856	100.0%	958	100.0%

O. 8 *"Assuming your illness was not serious or life threatening, would you rather be treated at home, or in a local community based hospital, or in a larger hospital like the one at Shrewsbury?"*(Base: (Base: 958 respondents)

PREFERENCE FOR TREATMENT	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
LOCAL COMMUNITY HOSPITAL	70	68.6%	708	82.5%	778	81.0%
AT HOME	26	25.5%	112	13.1%	138	14.4%
LARGER HOSPITAL	2	2.0%	13	1.5%	15	1.6%
DEPENDS ON CIRCUMSTANCES	0	0.0%	9	1.0%	9	0.9%
OTHER	0	0.0%	7	0.8%	7	0.7%
DON'T KNOW	4	3.9%	9	1.0%	13	1.4%
TOTAL	102	100.0%	858	100.0%	960	100.0%

O. 9(a) *"To what extent do you agree or disagree with the Community Trust withdrawing from providing the Bishop's Castle Community Hospital's bed facility?"*(Base: (Base: 960 respondents)

LEVEL OF AGREEMENT	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
STRONGLY AGREE	0	0.0%	28	3.3%	28	2.9%
AGREE	1	1.0%	5	0.6%	6	0.6%
NEITHER AGREE NOR DISAGREE	2	2.0%	31	3.6%	33	3.4%
DISAGREE	13	12.7%	85	9.9%	98	10.2%
STRONGLY DISAGREE	86	84.3%	699	81.5%	785	81.8%
DON'T KNOW	0	0.0%	10	1.2%	10	1.0%
TOTAL	102	100.0%	858	100.0%	960	100.0%

O. 9(b) ***"Any particular reason for your answer?"***(Base: 883 respondents – those either agreeing or strongly disagreeing with the Community Trust withdrawing from providing the Bishop's Castle Community Hospital's bed facility)

REASON	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
LOCAL FACILITIES REQUIRED/COMMUNITY NEEDS	33	48.5%	228	28.9%	261	29.4%
OTHER HOSPITALS > 20 MILES AWAY	6	8.8%	198	25.1%	204	23.0%
DISTANCE TO TRAVEL TO OTHER HOSPITALS	13	19.1%	109	13.8%	122	13.8%
SHORTAGE OF BEDS IN OTHER HOSPITALS	6	8.8%	77	9.8%	83	9.4%
RURAL POPULATION	2	2.9%	68	8.6%	70	7.9%
COST OF TRAVEL	3	4.4%	54	6.9%	57	6.4%
POOR PUBLIC TRANSPORT	6	8.8%	44	5.6%	50	5.6%
VISITING ARRANGEMENTS	5	7.4%	41	5.2%	46	5.2%
AGEING POPULATION	11	16.2%	33	4.2%	44	5.0%
POOR STAFF RECRUITMENT	4	5.9%	29	3.7%	33	3.7%

Q. 10 "***If the bed service closes down, the Bishop's Castle Community Hospital will have, as a result, an unused inpatient facility. In your opinion, what could this facility be used for? It doesn't just have to be for medical services, it could also be used for community based activities."***(Base: 757 respondents – excludes no answers)

OTHER USES	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
RESPITE/DAY CARE/DROP-IN	14	13.7%	217	33.1%	231	30.5%
MEDICAL FACILITIES - X-RAY, CANCER, DENTAL, VACCINATIONS	36	35.3%	169	25.8%	205	27.1%
CLINICS - DRUGS, MENTAL & SEXUAL HEALTH	11	10.8%	136	20.8%	147	19.4%
CARE HOME	21	20.6%	90	13.7%	111	14.7%
HOUSING	18	17.6%	38	5.8%	56	7.4%
COMMUNITY HUB	12	11.8%	30	4.6%	42	5.5%
OUTPATIENTS	0	0.0%	26	4.0%	26	3.4%
YOUTH FACILITIES	0	0.0%	11	1.7%	11	1.5%

O. 11 *"And who should be responsible for the management of these new activities*?"

(Base: 960 respondents)

MANAGEMENT	F2F RESPONSE	%	ONLINE RESPONSE	%	OVERALL RESPONSE	%
BCCH	34	33.3%	368	42.9%	402	41.9%
SHROPSHIRE COMMUNITY NHS TRUST	39	38.2%	286	33.3%	325	33.9%
NEW SERVICE PROVIDER	7	6.9%	71	8.3%	78	8.1%
PRIVATE SECTOR (e.g. VIRGIN CARE)	4	3.9%	39	4.5%	43	4.5%
LOCAL/PARISH COUNCIL	4	3.9%	11	1.3%	15	1.6%
COMMUNITY MANAGEMENT GROUP	1	1.0%	7	0.8%	8	0.8%
PARTNERSHIPS	0	0.0%	3	0.3%	3	0.3%
GPs/GP PRACTICES	0	0.0%	2	0.2%	2	0.2%
SOCIAL SERVICES	1	1.0%	0	0.0%	1	0.1%
OTHER	0	0.0%	8	0.9%	8	0.8%
DON'T KNOW	16	15.7%	192	22.4%	208	21.7%

Ad hoc comments:

Throughout the questionnaire respondents were given the opportunity to add value to their responses by volunteering an open-ended response to support their answers. Here are some examples of the open-ended responses given to each question:

O. 6(a) *"What impact or effect would Shropshire Community Health NHS Trust no longer providing the bed facility have on you or a family member, or perhaps someone you care for?' (b) "Any particular reasons?'*

DISTANCE/TOO FAR/TRAVEL:

"Access to other facilities is poor. Many miles away. other treatments are also many miles away. Care and taking time off work is difficult.'

"Access to services that used to be provided are now in Shrewsbury and so are much harder to get to.'

"As a family which has long lived in Bishops Castle, many of us do not drive or have age related problems which prevent. Therefore, the hospital is a critical part of the community, allowing our family to remain in contact.'

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"As a south Shropshire resident our options for local residential convalescence care are severely diminished already.'

"As I get older, I'm more likely to need to use the in-patient facilities. Being local means I'm more likely to receive visits from friends, who wouldn't be able to travel to Shrewsbury or Telford."

"My husband and I are getting older, late seventies and early seventies and this facility will increasingly be of use to us. A local facility enabling support from local friends to visit and a better and quicker recovery in such an EXCELLENT facility. Also NOT blocking beds in Shrewsbury or Telford."

VISITING ARRANGEMENTS:

"My elderly father was admitted to the Royal Shrewsbury Hospital. Once his condition stabilised, he was discharged to Bishops Castle hospital. This meant he could receive regular, daily, sometimes twice daily visits. The family and friends who visited would find it difficult, (if not impossible for some) to travel to the RSH. My father, who had onset dementia, felt reassured both by the visits and knowing he was so close to home. This benefitted his recovery."

"As I get older, I'm more likely to need to use the in-patient facilities. Being local means I'm more likely to receive visits from friends, who wouldn't be able to travel to Shrewsbury or Telford."

"Compared with having to Travel to and from Shrewsbury or Telford for visiting is easier and having visits from family and friends when in hospital lifts moral and aids recovery."

"Transport difficulties, distance to travel for appointments - distance from home for visiting, negative mental health impact this would have on patient"

"Travel and distance to Telford and Shrewsbury. Loneliness of our loved ones through having no visitors and often dying alone or with strangers as my son's father had to do in Telford when his home was in Lydbury North. Next question asks about hospitals near to us. Shrewsbury is over 20 miles away and those are country miles!"

ELDERLY/OLD/AGEING:

"Age and frailty & lack of public transport to access other hospitals (e.g. RSH, Telford) or clinics (e.g. Glaucoma clinic at Severn Fields Shrewsbury) as patient or visitor."

"As a family which has long lived in Bishops Castle, many of us do not drive or have age related problems which prevent. Therefore, the hospital is a critical part of the community, allowing our family to remain in contact."

"We may well need the facilities provided because we are ageing/not well and travelling to another location can be very difficult (costly, requires a car and driver and very time-consuming). Patients need their families close-by, not a long distance away."

"The hospital facilities locally are much further afield so all to the good to be more local. We need as many hospital beds locally as we can get with an ageing community."

COST/INCONVENIENCE/ TRANSPORT:

"The difficulty and inconvenience of relying on others for transport to hospitals, the nearest being 29 miles from our home. There is an irregular to non-existent bus service, hardly suitable for 80 plus year olds with health problems."

"Family members/friends are travelling to Shrewsbury or Telford at a great expense and inconvenience for simple things like a chat with a consultant or a 5-minute x-ray whereas these are things that could be performed at the Community Hospital. There are staff members keen to get involved with the logistics of how it would work so if we got to this stage could a comms be sent to all staff to put their names forward to get involved."

"The strain put on family members to commute to and fro to Shrewsbury on a daily basis affects their health also. This increases the cost of healthcare overall."

"Travel to Shrewsbury is difficult for the older generations in my family both distance, cost and ill health. Public transport is difficult to use with mobility problems. Smaller community hospital is friendly, easier to navigate around both for distance to walk and simpler layout for family members who have dementia. Without the bed for my relative (and also my neighbour) at BC it would have been impossible for the spouse to visit."

"We may well need the facilities provided because we are ageing/not well and travelling to another location can be very difficult (costly, requires a car and driver and very time-consuming). Patients need their families close-by, not a long distance away."

ACCESS:

"We will be forced to travel considerable distances to get treatment - many people do not have access to transport and public transport is virtually non-existent. Sometimes more than one patient from Bishops Castle is present at another NHS facility at the same time. Surely it would be easier to have NHS staff visit Bishops Castle rather than make everyone travel."

"Without the Community Hospital I have to travel over 20 miles to access hospital facilities. If I was hospitalised my family would find it difficult to visit me which would

cause distress to both parties. Access to Stonehouse Hospital would help relieve the pressure on hospitals which is causing bed blocking. I am also concerned that public money which was spent on refurbishing the bed unit will be wasted as well as that which was donated from the King's Fund."

"Four sets of grandparents have used this facility when they became elderly and infirm and when being discharged from The Royal Shrewsbury hospital, thus freeing up beds in Shrewsbury, they were all cared for with dignity and compassion, all passed away with family members being called who were able to attend quickly as the hospital is in our community and within 6 miles of the patients home, NOT LIKE Shrewsbury or Telford that can take an hours drive."

"No other hospital within a 10 mile radius, so significant travel involved in getting to any alternative. Public transport options to other hospitals are limited, in a time when we are all trying to reduce our effect on the environment, we would have to use a car. Whilst audiology, physiotherapy, podiatry are not inpatient services a local option would be more convenient and accessible to us."

"This hospital provided an excellent convalescent facility for a family member, which freed up a bed at a main hospital, while allowing my sister to have a high level of care and access to the physio and other facilities that she needed to enable her to get home."

RURAL COMMUNITY:

"Access and excellent care and being local in a small environment enhances a quicker recovery."

"Allows patients to have inpatient service in own community out of acute beds … relieving bed blocking in acute hospitals. Better for patients and their families."

"As a family which has long lived in Bishops Castle, many of us do not drive or have age related problems which prevent. Therefore, the hospital is a critical part of the community, allowing our family to remain in contact."

"Rural care is of significant importance, particularly as it can take 5-6 weeks for GP services. Knowing a relative is regarded and treated with local care and is being monitored is very basic in their treatment."

"The distances to other facilities would cause isolation. Care should be wherever possible in the community where one lives. Patients need to have contact with people and family or they give up. This is a rural area and can be miles away from the cities and larger towns. This hospital can provide care for patients following an operation or such like in a larger facility which could unblock beds in the larger facilities."

0. 6(b) *"And on your community?" (c) "Any particular reasons?"*

TOO FAR/DISTANCE:

"Ability to visit without travelling a significant distance. Better for patient so is not isolated from friends and family. Frees up beds from local main hospitals. Lowers waiting times and queues by having mobile teams with specialisms visiting the hospital and treating outpatients. This is a huge preventative measure for conditions becoming more serious."

"Alternative beds are located a significant distance from Bishops Castle (Telford/Shrewsbury or Machynlleth) and require a long drive for visits (I hour). If specialist care can be provided locally there is less pressure on ambulances services and response times. I have heard of wait times of 4-7 hours. Why should rural communities have to wait / travel so far before treatment, it isn't right."

"Centralising hospital services/beds away from rural towns is harmful to the health and well-being of rural populations; we become treated as second-class citizens when services are placed at a distance, effectively being inaccessible to many."

"For any local residents that have family members needing hospital after care that aren't well enough to be cared at home, would have to travel more than 20 miles to the nearest hospital. The hospital is in great need to be reopened especially with the lack of local public transport services to the wider community for relatives to visit family members when they want. Also with the community hospital patients would have a greater chance of having more visitors that couldn't get to the larger hospitals further afield. Especially the older generation that may not have a car, or able to drive due the health themselves or the confidence to drive the greater distances. More and more focus is being put on the larger hospitals to be the main health provider, but some community hospitals like Bishop's Castle are vital to the local community. Bigger doesn't mean better care."

"Given the recognised rural poverty problem, in particular the dire condition of transport, one of the key factors impacting on rural poverty is the need to travel long distances to get to a hospital."

CARE/TREATMENT:

"Long distance to nearest hospital for all minor treatments etc. No public transport & ambulance service poor. Much needed for care in the community."
"We have very poor ambulances and a lot of older people are scared to drive elsewhere for treatments. South Shropshire is very poorly served by local facilities."

"Alternative beds are located a significant distance from Bishops Castle (Telford/Shrewsbury or Machynlleth) and require a long drive for visits (I hour). If specialist care can be provided locally there is less pressure on ambulances services and response times. I have heard of wait times of 4-7 hours. Why should rural communities have to wait / travel so far before treatment, it isn't right."

"Closing these community hospital leaves people without a local treatment centre and only burdens other hospitals having to transport patients to other areas, where is the economics of that plus destroying a community? It would be devastating to Bishops Castle and the locals."

"I am not alone in my concern that hospital treatment should be close by for the older people in our community."

ELDERLY/AGEING POPULATION:

"I think it is counterproductive for the health of the elderly who seem to be being transferred to beds in North Shropshire facilities and other faraway locations when they have lived all their lives in the South Shropshire area. It isolates them from family and friends who otherwise would pop in to see them more, if they were close by. A visit to a relative miles away can eat into the lives of working people who are working longer hours now to make ends meet with the current cost increases to their own household expenses. Relations would have to choose between an extra shift at work to help their own family and using extensive time out, travelling to visit their elderly relative. This is more unnecessary pressure. Also today's elderly paid all their lives into the NHS system and are sadly being badly let down now."

"Increasing elderly population often unsuitable to be nursed in own homes following falls etc. With regards to Virtual ward - this area has very poor broadband/Wi-Fi reception, many elderly can't afford to have broadband, many are not confident/willing to use technology in the local area."

"It's a poor deprived elderly population with higher prevalence of LTC local care closer to home is more effective and complete"

"Its use for convalescence and end-of life medical care is vital for the wellbeing of both patients and their friends/carers/families. For people in the last days of their life it allows visits without needing a car to travel. This is particularly important for elderly people who may no longer be able to drive since weekend public transport to/from Bishops Castle is almost non-existent."

"Local friends and family - especially the elderly - can visit the local hospital and, by I improving the mental health of the patient improves outcomes."

NEED LOCAL BEDS/STOP BED BLOCKING ELSEWHERE:

"The hospital has played a major role in the convalescence of many community members in the past. This is not only important to them and their families but also crucial to prevent bed blocking in RSH."

"There is a huge hole in the community. Bishops Castle is very close knit and quite isolated. The nearest step down beds are in Ludlow, but even they have closed a ward. This lack of community step down beds greatly increases the pressure on acute beds in RSH and Hereford. Many elderly relatives have difficulty visiting RSH and Hereford leaving their loved ones isolated and effectively blocking acute beds as there is a lack of placement. BCCH was a wonderful environment with excellent facilities for rehabilitation and recuperation before ensuring patients were safely discharged, or in the worst case a dignified place to visit a loved one at the end of their life, often there would have been a staff member who knew the family making it a more personal, dignified death."

"There is a shortage of acute beds in our hospitals, due to bed blocking, patients who aren't well enough to care for themselves at home and have no near relatives to care for them. The cottage hospitals back in the 1980s should never have been closed. We as nurses back then knew it was a big mistake and the mistakes are still being made!"

"This area has a disproportionately elderly population. A local recovery/convalescent hospital will ease bed blocking at RSH and provide a safe environment for early discharge as well as providing specialist services such as physiotherapy."

"We need places like the community hospitals to stop bed blocking in the big hospitals so people can recover and convalesce in a cottage hospital and not bed block in the big ones while the ambulances are outside waiting to drop off patients."

O. 9(a) *"To what extent do you agree or disagree with the Community Trust withdrawing from providing the Bishop's Castle Community Hospital's bed facility?"* (b) *"Any particular reason for your answer?"*

LOCAL FACILITIES REQUIRED/COMMUNITY NEEDS:

"It is a lifeline to us living in a rural community. Bishops' Castle community hospital wins hands down to RSH (ward 22) and Telford"

"We need these community hospitals, it would also free up beds in the larger hospitals and in a community hospital it's not far to get to and things like physio etc can be done here"

"We need more beds in smaller community hospitals to reduce bed blocking in the larger acute hospitals."

"We need outreach community hospitals especially those offering end of life care"

"The Trust have no understanding of the community that use this facility. It is based on numbers and data, not people, community pulling together, disadvantages with transport links, isolation of some homes.....This option is not looking at the bigger picture of releasing beds in the large hospital."

OTHER HOSPITALS > 20 MILES AWAY:

"We deserve medical care like any other human we should not be penalised for not having our home in a city We don't have a hospital within a 20 mile radius"

"What happens if an elderly person becomes I'll or injures themselves, perhaps losing blood, and cannot get to a hospital 10 or 20 miles away. Needs urgent treatment and might die before an ambulance from a long distance gets to them? Are you saying you will let them die by closing down the community hospital because you can't get the staff? There are many ways of recruiting staff. Overseas nurses would be willing and grateful. Perhaps look at other models of recruitment, such as good practice hospitals and see what they are doing rather than just make statements that no staff can be recruited."

"It had a lovely refit and then was closed down for no reason and no notice and all the local nurses had to them travel about 20 miles for work"

"I disagree with the closure of the hospital as it is a massive help to patients who need to be discharged from an acute hospital but still need assistance before returning home (Prevent readmission to acute) or patients who are end of life that want/need extra medical care in a familiar environment/town, that is local for families to visit without added strains of travelling at least 20 miles at an already difficult time. However, being a member of staff during the closure of BCCH I agree to the closure in view of safe practice for all patients and staff when staffing levels were at such a low level for a high percentage of shifts. This caused a lot of stress for all staff members and of course posed a risk to patients in such a rural area in the event of an emergency."

"They say the issue is recruitment, there was a recruitment drive where there was a lot of interest from local people. The hospital was 'temporarily' closed, with no intention of it being re-opened. I pay for use of the NHS through my taxes (it is not free as some may think) I expect to have a service that is within 20 miles of my home. The bed blocking that is reported as the main issue for delays will cease if local people could still access a local hospital. By closing the BC hospital, this will terminate a flexibility in the system. It is a very poor and unthought out decision."

DISTANCE TO TRAVEL TO OTHER HOSPITALS:

"Why should rural communities have to travel over 25/30 miles one way for medical treatment or being an inpatient. Not everyone can drive or manage to drive that distance especially Telford which would really help the elderly. We pay the same taxes as urban community so should have these facilities too."

"This facility helps families in the local area so much specifically elderly residents. Without it, rural communities will have to travel long distances for hospital stays causing unnecessary stress on patients and families. This, having a detrimental effect on patients' health and wellbeing."

"The state of our local hospitals are dire, a lot due to people waiting on community beds. If this hospital were to open again, a great deal of pressure would be relieved and also patients would not be placed further distances away from their local community."

"The loss of trusted, local facilities would be devastating for those who choose to live in a vibrant small town at considerable distance from sizeable hospitals."

"Patients are having to be transferred to other community hospitals out of area. Families unable to travel that distance to visit relatives in other community hospitals. Lack of public transport. Virtual ward unsuitable for some, especially elderly who are unable/unwilling to use technology/can't afford technology. Very poor reception in local areas. Increasing elderly population in local areas."

SHORTAGE OF BEDS IN OTHER HOSPITALS:

"Social bed and community beds are desperately needed for the whole NHS system to work well. Anyone thinking beds are not needed are deluded."

"We need our local hospitals for acute needs and convalescing. The bigger hospitals don't have enough beds."

"Living in a rural area like South Shropshire and an older generation we need a local hospital as a steppingstone from one of the bigger hospitals which would then free up beds in either the RHS or Princess Royal at Telford. The cottage hospitals were such an asset in the past."

"This is a local facility and is desperately needed within our community. By providing this facility beds in acute units and the knock on effects of bed blocking would be eased."

"There are often not enough beds in Shrewsbury/Telford for patients who have to wait in A &E, and some of these are being used by patients who do not need to be there and could be cared for in a community hospital like Bishops Castle, thus freeing up their bed in Shrewsbury for someone who needs to be there."

RURAL POPULATION:

"Once the Hospital is lost, it will not return. It covers a wide rural area."

"I can imagine that this is a decision driven by cost cutting rather than considering the needs of the local community. An MiiU type facility where staff are financially rewarded in line with

their peers nationally would and could provide the 'observation' type ward required within this rural setting, as well as providing support for those staff providing a 'Rapid Response', thus preventing patients from attending the acute sector/AED which is already stressed to breaking point."

"Local services serve the local community. We are a very rural area with no public transport which makes journeying to other areas very difficult, particularly to tie in with hospital visiting hours. Local means just that. Local people are cared for by local people. Meaning a real consistency of care for all concerned."

"In a rural community it is vital to the ageing population that health facilities are available, and that includes the provision of the community hospital beds. It is wrong that end of life care takes the patient away from his/her community/friends/family. The community hospital beds could provide this sort of care."

"It is extremely unfair on a deeply rural area. Where it is difficult to travel to other hospitals and as I previously said having no local beds affects mental as well as physical health."

POOR PUBLIC TRANSPORT:

"Patients are having to be transferred to other community hospitals out of area. Families unable to travel that distance to visit relatives in other community hospitals. Lack of public transport. Virtual ward unsuitable for some, especially elderly who are unable/unwilling to use technology/can't afford technology. Very poor reception in local areas. Increasing elderly population in local areas."

"The hospital is a vital help in our locality due to lack of transport into Shrewsbury or Telford. An ageing population requires more medical facilities not less. The situation with lack of beds in our main hospital over 30 miles away would definitely be helped with beds out in the community. Sitting for 4 hours waiting in an ambulance outside the hospital in February this year made that abundantly clear to me. Ongoing degradation of local facilities. Additional travelling a burden compared with the situation before covid. Note that the provision for transport of (especially) the elderly is sparse to say the least and is mostly concentrated on the BC to Shrewsbury route."

"Availability of beds allowing recovery from operations thus relieving bed blocking in the main hospitals 2) Use for short term/simple procedures, again removing pressure from the main hospitals AND overloaded doctors' surgeries. 3) Allows visitors far easier access as opposed to Shrewsbury or (especially) Telford - both of which are long distance, especially for aged, loved ones (lack of public transport and/or inappropriate driving conditions etc)"

"It is an important service that the community needs. Many people here cannot drive or afford transport."

"Fantastic care was received for local elderly people with limited transport it was ideal."

VISITING ARRANGEMENTS:

"When we are told of bed blocking, hundreds of new virtual beds being created in Shropshire, and more care in the community, surely a facility like Bishop's Castle Community Hospital should be utilised. If a district nurse could visit 16 patients in one location on a daily basis, surely this would be more efficient that visiting those 16 patients spread over an area of several miles. The hospital has never dealt with the severely medically demanding patients, and they are very often elderly to my knowledge, so perhaps this is why staff are not attracted to the position. Perhaps it became a minor injuries unit, this would attract more staff, or perhaps it should be part of the NHS remit that if you work at a large hospital that you have to work for a month in a community hospital to widen experience. The Community Hospitals need to be seen as an extension of the larger hospitals and part of an overall health service, not as separate entities. Having said that, currently our larger hospitals seem to be spending most of their money on deciding how to operate and not actually operating."

"I understand that Severn Hospice funded some beds at Bishops Castle (3?) in order that local people needing end of life/palliative care could be in a place where friends and family could easily visit (poor transport links in the evening/on Sundays means that non drivers cannot reach Ludlow or Shrewsbury to be with a dying friend or family member). When BC hospital closed - what happened to this Hospice funding? The Hospice receives approx. 25% of its funding from the NHS - the rest is provided by donations/the Hospice shops - so what happened to that non NHS funding?"

"BC community hospital is a vitally needed service for the community and local area, people I know have had to travel 40 miles to visit a loved one where they have been sent to convalesce, which causes more stress to family at an already stressful and upsetting time."

"It's a beautiful place to have a community hospital it ran for years until it was closed. I visited many a patient/family when it was open as it was easy to go visit. It's what the local area needs."

"Already isolated rural communities without fit for purpose transport links, or non- existent, thought it was obvious. At an already hugely traumatic time when a loved one in hospital

you cut them off from their community and family by sticking them in a bed where a 40 or 50 mile trip is needed for every visit."

AGEING POPULATION:

"This is a rural area with an ageing population. We need medical care within our area. The Hospital covers surrounding communities not just the residents of Bishops Castle."

"In a rural community it is vital to the ageing population that health facilities are available, and that includes the provision of the community hospital beds. It is wrong that end of life care takes the patient away from his/her community/friends/family. The community hospital beds could provide this sort of care."

"We are so poorly catered for here in all aspects of medicine and we have an ageing population, it is disgraceful."

"The rural area which the BC hospital serves and its ageing and deprived population justifies the in-patient beds to be retained - it will contribute much needed improved health outcomes to the Community as was envisaged when the investment in the refurbishment was made."

POOR STAFF RECRUITMENT:

"I don't like the thought that the hospital will not exist as an in-patient facility, however, I know recruitment of staff has been a huge problem. We need to ask why? The NHS trust needs to be flexible with shift patterns and be a bit helpful, for example where new mothers are returning to work after maternity leave. Give people shifts to suit their lifestyle. Also, pay a bit better and treat staff better so that they are not tempted to leave and work for agencies where they are better paid and can get the shift pattern they want."

"I understand that without staff recruitment the beds cannot be safely managed, but I do not believe all avenues for recruitment have been exhausted - look again at pay structures, work with the (highly competent) local councillors, look again at the types of contracts being offered and whether they can be made more flexible to suit local suitably qualified people. Be a bit more creative in your search."

"They say the issue is recruitment, there was a recruitment drive where there was a lot of interest from local people. The hospital was 'temporarily' closed, with no intention of it

being re-opened. I pay for use of the NHS through my taxes (it is not free as some may think) I expect to have a service that is within 20 miles of my home. The bed blocking that is reported as the main issue for delays will cease if local people could still access a local hospital. By closing the BC hospital, this will terminate a flexibility in the system. It is a very poor and unthought out decision."

"The closure of beds was an illegal act. No thought has been given to the impact it will have on the local community Staff were found in the recruitment process which the Trust is denying. In other words they have made up their minds to close the hospital regardless of this survey."

"Recruitment is a nationwide issue in all industries. But it's time for higher management to step up to their paygrade and look outside the box and change the model of community care to make these facilities cost effective. So many benefits are not measurable if these facilities close, e.g. burn out of carers, independently accessing treatment and support due to it being local. Cost of care packages, readmissions due to dangerous discharges, social isolation."

Q. 10 "*If the bed service closes down, the Bishop's Castle Community Hospital will have, as a result, an unused inpatient facility. In your opinion, what could this facility be used for? It doesn't just have to be for medical services, it could also be used for community based activities."*

RESPITE/DAY CARE/DROP-IN:

"12 hour day beds 8am to 8pm for palliative care providing respite for family carers. Increased outpatient services, breast screening, chemotherapy, pre-op consultations, podiatry, hearing clinic, expansion of adjacent care home"

"Day centre for elderly & disabled to provide meals on wheels and bathing facilities & respite care as there is absolutely none in this area. In fact elderly & disabled and their carers have been totally abandoned and forgotten"

"Day care for those most vulnerable. Falls programme Pulmonary Rehabilitation Base for outreach services by MDT. Older people's outpatients' clinics"

"Day care services for young and old. As a location for physiotherapists, chiropodists, phlebotomists etc. to save patients travelling to major hospitals"

"DAY CARE. There are a large number of 'carers' in this area (including me) increasingly tied down by the extreme difficulty in finding 'sitters' or any form of day care. This facility would, importantly, need to be able to manage people with early and mid-stage dementia. Look at the Mayfair Centre in Church Stretton for ideas. All the services for elderly & dementia patients we currently have to travel for - podiatry, diabetic and other eye care, physiotherapy, speech therapy, but also things like manicures, barber's services, properly staffed washing facilities with hoists etc. These facilities, again, would need to be able to manage people with dementia. The building could be a 'hub' for the large catchment area around Bishop's Castle for these sorts of care services, with district nurses as well as Admiral Nurses being based here, alongside day care facilities and periodic specialist clinics. There could once again be a close link with Coverage Care in the adjacent building - liaison between the two facilities could provide an excellent model of community health care (as it has done in the past)"

MEDICAL FACILITIES - X-RAY, CANCER, DENTAL, VACCINATIONS:

"Given the isolated nature of rural South Shropshire, I am firmly of the opinion that medical facilities should be sited in Bishops Castle. I am very concerned about the tendency of the NHS to centralise/globalise medical services and believe it is a backward step in local healthcare provision"

"Day care and medical services that don't require a hospital stay. e.g. audiology, diabetic, physiotherapy, ultrasound, chiropody clinics and blood tests. End of life care. Alternatively a nursing or convalescent home (could be an extension to Coverage Care for those who need nursing care either after discharge from hospital or when they enter a care home"

"In addition to keeping some beds open having regular clinics where professionals come to Bishops Castle rather than many residents (often elderly) are travelling to Shrewsbury, Telford and beyond • physiotherapy • audiology • children's services • mental health services • ophthalmology • occupational therapy • pharmacy"

"Outreach services for outpatients would be most helpful and perhaps it could be used as an education, training centre"

"Physiotherapy, occupational therapy, meetings for dementia groups and/or careers of family members with dementia, meetings for the elderly who are still mobile but somewhat isolated from others, mother and toddler groups"

"A health hub for the area: NHS services like physiotherapy, mental health, counselling, complementary health services, health visitor, mother and baby clinic"

"A medical hub for minor injuries, treatments, physio, maybe x-rays, scanning procedures etc"

"A Minor Injuries Clinic, out-patient appointments, physio, ophthalmology check-ups, X-ray or scans, out of hour's services"

"Medical services are essential. There is no hospital within 10 or 20 miles so why have you used this consultation? This should be used for cancer care and drug control, taking pressure off diagnosis at SaTH where parking is nearly impossible."

"NHS clinics, respite day care, minor injuries, chemotherapy, radiotherapy,, ;-rays. It could be used as a medical hub so people didn't have to travel to the Royal Shrewsbury to hear the results of tests. In fact many tests could be carried out here"

"It should be used for medical services for the community. What about another dentist as people seem to have trouble getting an appointment in BC?"

"This could be used for a mixture of medical services rather than be left empty; it could also help to shorten waiting lists for various illnesses; bigger isn't always better. Use for doctors and nurses to triage patients and sort out exactly where they need to go. Have a hearing clinic, physio, chiropody, dentistry, working 8am-8pm (12 hour shifts were what nurses voted for)"

"When I was chair of the Bishops Castle Patients Group, we submitted a list, in conjunction with the local medical practice, to ShropComm of facilities and services that could be provided at the Community Hospital. This was politely received as a useful initiative and assurances were given a top-level – but not one of the suggestions was ever followed up. Instead, services like audiology were inexplicably lost. Videoconferencing with specialists would be an obvious use"

CLINICS – DRUGS, MENTAL & SEXUAL HEALTH:

"It should be controlled by the SW Shropshire Primary Care Network as a Community Health Hub - providing a wide range of health-related services IN THE COMMUNITY - such as social prescribing, support for mental health (we have a disproportionately high number of young male suicides in Bishop's Castle), audiology, physiotherapy, etc. Bishop's Castle has a higher than average proportion of elderly residents who have greater health need and inability to travel elsewhere. Bishop's Castle may only have a small population, but the Hospital serves a much larger hinterland of outlying, isolated villages."

"A proper service of out-patients, such as Audiology, more Physio, X-ray, Counselling, Mental Health Clinics, Diabetic services, Eye Clinics"

"Due to the increase in the instance of mental health problems. A drop in mental well-being centre"

"Its use must remain as it is with facilities extended. For example for mental health, support for young people with such things as sexual/health issues. Mental health support for adults such as dementia and related problems"

"Maternity check-ups. Mother and baby clinics, gynaecological clinics, Mental Health Services, Drug and Alcohol Addiction Service Meetings and medical checks"

CARE HOME:

"As an extension of the existing care home, for example as a nursing home so that the residents already there don't have to move out of the area when residential care is no longer suitable"

"Alternatively a nursing or convalescent home (could be an extension to Coverage Care, for those who need nursing care either after discharge from hospital or when they enter a care home"

"Extension to the Stone House, more beds? Old peoples meeting point, coffee mornings/crafts etc"

"Convalescence palliative care nursing home"

HOUSING:

"Accommodation for refugees and housing for urgent cases in the county or/and extend the home for the elderly"

"Homeless... Flats for young families or the elderly"

"Housing in some form. Ukrainians spring to mind. A long-term refuge for the homeless, those who need some protection, i.e. aged, disabled etc. There are a number of housing issues that need urgent help"

"People on the streets who have no home"

"If it did close down, affordable housing"

"Possibly it could be converted into self-contained modest flats for single, older people such as myself. I am getting to the stage of finding the expense and management of a house and possibly not being able to drive. There is nothing as far as I am aware in Bishops Castle, however, having said that I would much prefer to keep the hospital which would have a much wider benefit.

COMMUNITY HUB:

"We don't need another place in Bishop's Castle for community based activities; we have several already. What we mostly need is a community hospital with bed services"

"We already have good community based activities in and around Bishop's Castle. As I enter my 70s, with my multiple health issues, I want a local community care/rehab hospital, plus Physiotherapy and other therapies based there. We moved here in 1999, and one of the attractions was Stonehouse Hospital being there for our old age and my increasing

disabilities. I feel cheated of this essential support and care now. Using the hospital for 'community activities' just feels even more insulting to me. I already can't get out of the house much. Community activities are of no use to me"

"We already have a community hub at Enterprise House, and the Stars is being revamped for the same. There is no need for another community based hub. It needs to be a hospital as it was purpose built to be so to meet the medical needs of our community. We need it and Shropshire needs it to take pressure off our A&E"

"Community-based activities such as ...? We are quite self-sufficient in organising community based activities. WE NEED A LOCAL HOSPITAL - not for acute cases but for basic nursing, convalescence and even final end-of-life care"

"Community space to rent out as well as satellite services for both health and social care"

OUTPATIENTS:

"Outpatients, adult/paediatric clinics, ante and post-natal services, day care for elderly residents with dementia"

"Outpatients, mental health, screening, minor procedures"

"Outpatients, X-ray, End of Life Care, Dementia support (day care), Condition advice"

"Outpatient based services, health visitor, eye screening, physio etc"

"Outpatient clinics to try and bring waiting lists down"

YOUTH FACILITIES:

"I think anything that would have a benefit to the town, larger medical practice, day centre for locals, youth club for children for example. However, all these ideas would also rely on staffing which I believe will always be a struggle within the area"

"Counselling and advice services (like CAB/Housing help/youth advice etc) - mental health support (support groups) - any local club or organisation that needs a space (yoga/dance/spiritual and mindfulness groups)"

"Youth groups, drop-in centre for the elderly, a warm and friendly place for locals to meet"

OTHER INTERESTING COMMENTS:

"12 hour bed service to carry out day procedures. Physiotherapy, Audiology, Speech Therapy. Minor injury Clinic, small procedure (maybe dermatology) sessions. Midwives Clinic, Child Health Clinic. Surestart (or equivalent), Outreach Orthopaedic, Cardiac, Diabetic Clinics. Day Facilities for Dementia Patients, The elderly, Parkinsons."

"12 hour day beds 8am to 8pm for palliative care providing respite for family carers. Increased Out-patient services - breast screening, chemotherapy, pre-op consultation, podiatry, hearing clinics expansion of adjacent care home"

"A community doctors/hospital/police station all together with staff based in Shropshire all doing shift rotations there. Get an MRI scanner X-ray machines and mobile operating g theatre in place and do high volume day cases there such as Hernia repairs minor lump removals etc. Even hire out to private healthcare providers to help reduce waiting lists. So many options other than foolishly shutting it at significant financial cost and huge harm to the locality"

"Clinics for specialists from other hospitals to save patients travelling, virtual ward day treatments, DAART, physio, OT, eye screening, SLT, cardio respiratory clinics/ecg/spirometers, day case assessment, falls clinic, exercise classes, health education classes, wellbeing hub, Autism hub, Mental Health Hub, Citizens Advice, community meeting place, cafe, mental health hub, food bank, health visitors clinics, district nurses"

"Could not be used for anything better and needed more than ever with the shortage of beds everywhere"

"Don't shut it, they waste so much money on other things and punish the people in the countryside that need the help more who can't just pop to Shrewsbury or Telford"

"GP development training. Local NHS recruitment. Dementia day facilities. Consultant day visits so patients don't have to go to RSH or PRH - and search for parking space! Ambulance service focal point Specialist 'older living' clinics Specialist 'Young People' clinics"

"I can't think of any better use than being able to have loved ones cared for in their community. Failing that, enabling mobile facilities that the local elderly struggle to travel miles for"

"I don't agree with the facility being closed and I don't agree with the purpose being changed. Some form of medical service should remain there for the support of local people. Ill health does not have boundaries. I still feel the community hospitals could support the bigger hospitals"

"I have proposed an MiiU facility where an 'Observation' type ward could be established. This could also be used by the Community Nurse/Rapid Response sector to prevent the patient being moved to the acute sector, which in Shropshire proves to be a significant distances from family and friends. The long term impact on those individuals could be exacerbating stress and isolation which we know could detrimentally impact health outcomes. The BCCH has the potential to be innovative and a genuine public health amenity which in turn could reduce pressure on the Acute Sector. In addition it could establish a commitment to environmental issues given the lack of public transport and infrastructure this county has to green energy opportunities"

"If the incompetence cannot be overcome - which raises the strong question: WHY NOT? - then increase the provision capabilities for walk-in clinics"

"IF.....you close the beds.....then it must retain its use for local clinics, rather than people travelling miles for physiotherapy, ophthalmology, podiatry, hearing loss and mental health support. This should be a commitment from you to enable these facilities to expand and be used by the wider. Rural community. The community will be forthright about this and be prepared to fight for what we need"

"It definitely needs a bed or 2 but if not it can be used as a diagnostic centre, similar to Ludlow/Bridgnorth/Whitchurch and scans can be performed here. I know of more than a dozen radiographers and IT staff and admin staff that would be happy to work here/relocate as it is closer to us than SaTH. Perhaps some nurse services like seeing asthma patients"

"It does have to be for medical services because this is what is needed in the area. Stone House has provided this service for as long as I can remember and could do so again. The big problem is the Shropshire Community Health Trust which for some reason cannot or will not see what an asset it has here"

"It needs to be a hospital. A while ago I saw a property developer looking around the site. Are there any plans to demolish and redevelop the site for housing?"

"It needs to be a hospital, nothing else. My sister recently was sent to Whitchurch for after hospital care. None of our family could get to see her. My poor mother was begging people to move her closer. Re-open the hospital"

"It shouldn't be closed; it's a hospital and should be used as a hospital. You shouldn't even be thinking this far ahead yet since the consultation hasn't even closed yet"

"It was a community hospital first and should remain as a community hospital with beds. All the other services it is currently providing are sparse and although first appointments may be held there, second and onward appointments are usually moved to other local hospitals which can be a further distance so it should remain a hospital"

"Just don't close the bed service down. It is brilliant service that eases bed blocking in RSH and Princess Royal by ensuring that people are adequately cared for in their own community"

"Let the local doctors run the hospital like they use to and they are willing to: win win result"

"Much money and effort was put into refurbishing the building as a hospital not that long ago. There are other community facilities in town, it is not needed for those. It is needed as an in-patient's hospital"

"NO it needs to stay as a community hospital, nothing else. Think of all the people that would benefit from it and it would also bring local jobs which are short in the area"

"Nothing as important as providing short term hospital care for local people"

"Retrograde step when the wards are set up for top rate delivery of care, tragic to strip all that out. We already have community halls in that area. And the standard of the hospital is way above that. There just needs to be better recruitment strategy implemented for nurses. The best use of that building is as a hospital, no other sensible direction. There just needs to be a willingness to improve drive for recruitment"

"Should not be wasted. Bishops Castile already has well supported community activities e.g. the theatre. The building is well set up to provide medical services"

"The facilities are hospital specific at present and every effort must be used to maintain the use of the special facilities built into the structure of the building"

"The most ideal use of a space with wards that was only upgraded approx 10 years ago is to keep it as ward space and fill it with staffed beds to care for the local convalescents. Thus relieving pressure on the large hospitals dealing with more acute health issues"

"There would seem to be adequate community services available with Enterprise House and the proposed Community Hub currently in progress. Please try harder to recruit staff for this Bed Service and make public the efforts that have been made. Closing it down seems like the thin end of the wedge for all services currently available"

"This is a community HOSPITAL, no, no, no, no, to centralising everything in Shrewsbury!!!! This is a large and long county. Stop treating us as idiots!!! WE want to keep our local facilities. Thank you"

"We need a hospital for minor injuries, physiotherapy, daily/frequent dressings, rehabilitation, occupational therapy NOT turn our hospital into another facility"

"What a leading question! 'If the bed service closes down' - why do you bother writing 'if' when we communally feel it is 'when'. It should remain as a health based centre. You will just use the information to say that the community have suggested alternative uses!"

"When the NHS as an entirety is under the cosh, does it make any sense to close a valuable resource that would take some pressure off the hospitals in Shrewsbury and Telford"

Questionnaire:

Please note the questionnaire is common to both methodologies. However, the final section to enable Quality Control and interviewer identification were removed for the online consultation.

Bishop's Castle Community Hospital Survey

Good morning/afternoon. I'm _____ **SHOW CREDENTIALS** from the Murray Consultancy. We're carrying out a brief survey about the future of the Bishop's Castle Community Hospital. Could you spare me a few minutes, please? ☐

O. 1 Thinking about the Bishop's Castle Community Hospital, have you, or a family member, or perhaps someone you have cared for, ever used any of its facilities? ☐

YES	1	GO TO O.2
NO	2	GO TO O.5

O. 2 How long ago did you, or a family member, or perhaps someone you have cared for, last visit the Bishop's Castle Community Hospital? Was it …**READ OUT** ☐

WITHIN THE LAST MONTH	1
1 - 3 MONTHS AGO	2
4 - 6 MONTHS AGO	3
7 - 12 MONTHS AGO	4
LONGER THAN THIS	5
CAN'T REMEMBER	6

O. 3 And which facilities were these? ☐

BED FACILITY	1	GO TO O.4
PHYSIOTHERAPY	2	GO TO O.5
DIABETIC EYE SCREENING	3	GO TO O.5
SPEECH AND LANGUAGE THERAPY	4	GO TO O.5
OTHER (_____	5	GO TO O.5

O. 4 You mentioned that you or a family member, or perhaps someone you have cared for, have accessed the bed facility at this hospital. How long was the stay in the hospital?

1 - 3 NIGHTS	1
4 - 7 NIGHTS	2
1 - 2 WEEKS	3
3 - 4 WEEKS	4
LONGER THAN THIS	5
CAN'T REMEMBER	6

O. 5 What do you see as being the main benefits of being a patient at the Bishop's Castle Community Hospital? **DO NOT PROMPT**

ITS LOCATION	1
COMMUNITY CARE	2
FRIENDLY STAFF	3
SPECIALIST SERVICES	4
CONVALESCENCE FACILITIES	5
OTHER (_____	6
NO REAL BENEFITS	7

READ OUT It is proposed that the Shropshire Community Health NHS Trust will give up its contract for the bed facility at the Bishop's Castle Community Hospital due to staff shortages and recruitment problems.

O. 6(a) What impact or effect would Shropshire Community Health NHS Trust no longer providing the bed facility have on you or a family member, or perhaps someone you care for? (b) And on your local community?

	YOU/ FAMILY	COMM-UNITY
NO EFFECT WHATSOEVER	1	1
SOME EFFECT	2	2
A SIGNIFICANT EFFECT	3	3

(c) Any particular reasons?

(i) **PERSONAL**:_____

(ii) **LOCAL COMMUNITY:**_____

O. 7 Imagine you or a family member, or perhaps someone you care for, require in-hospital short-term treatment requiring at least an overnight stay. What would be your course- of-action now that the bed facility at Bishop's Castle Community Hospital is temporarily closed? **SHOW CARD ONE**

GO TO A HOSPITAL WITHIN A 10 MILE RADIUS OF YOUR HOME 1

GO TO A HOSPITAL WITHIN A 20 MILE RADIUS OF YOUR HOME 2

GO TO A HOSPITAL OUTSIDE THE COUNTY OF SHROPSHIRE 3

REMAIN AT HOME AND BE CARED FOR BY YOUR FAMILY 4

REMAIN AT HOME AND BE CARED FOR BY SPECIALIST MEDICAL STAFF 5

OTHER OPTION (Specify _____ 6

O. 8 Assuming your illness was not serious or life threatening, would you rather be treated at home, or in a local community based hospital, or in a larger hospital like the one at Shrewsbury?

AT HOME 1

LOCAL COMMUNITY HOSPITAL 2

LARGER HOSPITAL 3

OTHER (_____ 4

DON'T KNOW 5

O. 9(a) To what extent do you agree or disagree with the Community Trust withdrawing from providing the Bishop's Castle Community Hospital's bed facility?

STRONGLY AGREE 1

AGREE 2

NEITHER AGREE NOR DISAGREE 3

DISAGREE 4

STRONGLY DISAGREE 5

DON'T KNOW 6

(b) Any particular reason for your answer? **WRITE IN**

O. 1O(a) If the bed service closes down, the Bishop's Castle Community Hospital will have, as a result, an unused inpatient facility. In your opinion, what could this facility be used for? It doesn't just have to be for medical services, it could also be used for community based activities.

(b) Any other possible uses? **WRITE IN ABOVE**

O. 11 And who should be responsible for the management of these new activities?

PROMPT IF NECESSARY

BISHOP'S CASTLE COMMUNITY HOSPITAL	1
NEW SERVICE PROVIDER	2
SHROPSHIRE COMMUNITY NHS TRUST	3
PRIVATE SECTOR (e.g. VIRGIN CARE)	4
OTHER (_____	5
DON'T KNOW	6

To enable us to compare results of this engagement by different demographic groups, we would appreciate you answering the following questions:

O. 12 Which age group do you belong to? **READ OUT**

UNDER 18	1	45-54	5
18-24	2	55-64	6
25-34	3	65 OR OVER	7
35-44	4	PREFER NOT TO SAY	8

O. 13(a) Which of these best describes your gender? **SHOW CARD SEVEN**

FEMALE	1	GO TO O.14
MALE	2	GO TO O.14
PREFER TO SELF-DESCRIBE	3	GO TO O.13(b)
PREFER NOT TO SAY	4	GO TO O.14

O. 13(b) If you prefer to self-describe, how would you best describe your gender?

O. 14 Is your gender identity the same as the sex you were assigned with at birth?

YES 1
NO 2
PREFER NOT TO SAY 3

O. 15(a) What best describes your sexual orientation?

BI-SEXUAL 1 GO TO O.16
GAY/LESBIAN 2 GO TO O.16
HETEROSEXUAL/STRAIGHT 3 GO TO O.16
I USE ANOTHER TERM (PLEASE DESCRIBE) 4 GO TO O.15(b)
PREFER NOT TO SAY 5 GO TO O.16

O. 15(b) And how would you describe this?

O. 16(a) Do you consider yourself to be disabled? By that I mean a health problem or impairment which has lasted, or is expected to last, at least 12 months?

YES 1 ~~GO TO~~ O.16(b) & (c) NO 2
GO TO O.17
PREFER NOT TO SAY 3 GO TO O.17

O. 16(b) **IF YES** Please tell us which type of impairment applies to you:

PHYSICAL DISABILITY 1
LEARNING DISABILITY/DIFFICULTY 2
LONG-STANDING ILLNESS OR HEALTH CONDITION 3
MENTAL HEALTH CONDITION 4
SENSORY IMPAIRMENT (HEARING,SIGHT OR BOTH) 5
PREFER NOT TO SAY 6

O. 16(c) Are your day-to-day activities limited because of this health problem or disability?

YES LIMITED A LOT 1

YES LIMITED A LITTLE 2

NO 3

PREFER NOT TO SAY 4

0.17 How would you describe your ethnicity? Please give one of the answers printed on this card. **SHOW CARD TWO**

WRITE IN CODE NUMBER

O. 18 How would you best describe your religious faith or belief?

BUDDHIST 1

CHRISTIAN 2

HINDU 3

JEWISH 4

MUSLIM 5

SIKH 6

NO RELIGION 7

OTHER (SPECIFY_____ 8

PREFER NOT TO SAY 9

0.19 What is your relationship status?

MARRIED 1

CIVIL PARTNERSHIP 2

SINGLE 3

DIVORCED 4

LIVES WITH PARTNER 5

SEPARATED 6

WIDOWED 7

OTHER (SPECIFY_____ 8

PREFER NOT TO SAY 9

O. 20 Are you pregnant or have you given birth within the last 26 weeks?

YES	1
NO	2
PREFER NOT TO SAY	3

0.21 Do you provide care for someone? A carer is defined as anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction, cannot cope without their support. **TICK AS MANY BOXES AS APPLY**

YES - CARE FOR YOUNG PERSON(S) AGED 24 AND UNDER	1
YES - CARE FOR ADULT(S) AGED 25 TO 49 YEARS OF AGE	2
YES - CARE FOR OLDER PERSON(S) AGED OVER 50 YEARS OF AGE	3
NO	4
PREFER NOT TO SAY	5

O. 22 Are you, or have you ever been employed by the Bishop's Castle Community Trust?

YES I AM CURRENTLY EMPLOYED BY THE TRUST	1
YES I HAVE BEEN EMPLOYED BY THE TRUST	2
NO I HAVE NEVER BEEN EMPLOYED BY THE TRUST	3

O. 23 Would you like to be kept informed of developments regarding the Bishop's Castle Community Trust? If yes, please give me your e-mail address.

E-MAIL ADDRESS: _____

This information you have given us is confidential and, under no circumstances, will any of the information you have given to us today be passed on to third parties. For our own quality control, and just to make sure I've done a good job here today, you may get a call from my supervisor. Would you like to give me your name, address and mobile phone number?

NAME: _____

ADDRESS: _____

POSTCODE: _____

MOBILE TELEPHONE NUMBER: _____

Should you require details of our privacy notice, please access The Murray Consultancy's website.

Thank you very much indeed.

Please sign here to verify you have asked all appropriate questions to the above named person:

INTERVIEWER'S NAME: _____

DATE OF INTERVIEW: _____

5.5 Frequently Asked Questions

	Question	Response
	About the Community Hospital at Bishop's Castle and the current situation	
1.	What services are currently being provided at Bishop's Castle Hospital?	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. 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.
2.	Why was the decision taken to temporarily close the beds?	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. 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. 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.
3.	Why is recruitment a problem and what have you done to try and resolve it?	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. 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 to pursue opportunities elsewhere. 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.

	Question	Response
		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. 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. 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. These options also have a lead in time of between 2 and 4 years.
4.	Why can't the remuneration package be enhanced to attract staff?	Nursing payscales 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. 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 risk de-stabilising the staffing levels in the other community hospitals in the area where the same posts exist. 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.
5.	Why can't international recruitment be undertaken in Bishop's Castle	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. From experience the international Nurses once on the professional register continue to require support for a further 12 –

	Question	Response
		18 months before being in a suitable position to safely take charge of a shift. 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.
6.	How many staff need to be recruited for the ward to operate safely?	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. 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. At times of increased patient demand due to acuity and dependency the numbers of registered staff and Healthcare Assistants can temporarily be higher.
	About the Engagement	
7.	What is the engagement that is being undertaken?	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: • 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	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

	Question	Response
	libraries and shops for completion?	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. 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.
9.	Why are face to face surveys and public meetings only being held in Bishop's Castle?	Given the size of the area we serve, circa 200 square miles, it is neither feasible nor proportionate to 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. 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.
10.	Why was there not more notice given regarding the meetings being held on 3rd and 5th July?	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. 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.
11.	Can the public meetings be cancelled and	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

	Question	Response
	re-arranged with more notice and the engagement period extended to allow wider involvement?	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. 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.
12.	Why has the Board sprung this decision on the community with such short notice and why such a short period of engagement?	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 is 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.
13.	There was an issue with the phone number to request a paper copy of the survey	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.
14.	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	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. 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. 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'.

	Question	Response
	another hospital within 10 miles and there isn't one for people local to Bishop's Castle.	The postcode of respondents will be cross referenced with their responses as part of the wider analysis on the impact of the bed closure.
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 14th June and will remain open until 14th July with the engagement period planned to close on the 17th July, however, a further public meeting now added for 20th July. The period of informing staff and the public of the engagement process commenced on 22nd May with the full engagement commencing with the survey on 14th June and subsequent engagement activities throughout the remainder of June and July with the last planned activity now on the 20th July.
16.	What will happen to surveys returned after the closing date of 14th 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 3rd August?	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. 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. 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

	Question	Response
		'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. 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 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 7th 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.

	Question	Response
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 th 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 the Trust may wish to consider in order to successfully recruit the required staff. 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.
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?	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. 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.
26.	Will the reviewer be speaking to people and if so who?	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.

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

5.6 Public Meetings Report

Report on Bishop's Castle Community Hospital public meetings – July and August 2023

Prepared for Shropshire Community Health NHS Trust

21 August 2023

HOOD & WOOLF

Contents

INTRODUCTION, BACKGROUND AND CONTEXT

Introduction

This document has been prepared for Shropshire Community Health NHS Trust ('ShropCom') to provide a comprehensive report on four public meetings held in July and August 2023. The meetings were part of a programme of engagement on the viability of the Trust's contract to provide 16 inpatient beds at Bishop's Castle Community Hospital.

The report has been prepared by Hood & Woolf, an independent communications and engagement agency specialising in supporting organisations to have open and effective conversations with the people that matter most to them and their success, particularly around proposals for change.

The purpose of the report is to provide a record of the public meetings – when and where they were held, how many people attended - and to summarise and draw out themes from the conversations had and the feedback that emerged. The report will be used as one of several pieces of evidence by the ShropCom Trust Board to inform their decision about whether to relinquish their contract for providing inpatient services at Bishop's Castle.

Background and context

Staffing shortages over several years at Bishop's Castle Community Hospital have been impacting on safety and quality of care – the Trust has not been able to secure the right level and skill mix of substantive staff to deliver safe and high-quality care to patients. The Trust has been unable to safely staff a rota of registered nurses for this service. As a result, in October 2021, Shropshire Community Health NHS Trust temporarily closed 16 inpatient beds at the hospital on safety grounds. Since the temporary closure, despite a sustained recruitment campaign, the Trust has not been able to recruit enough staff to safely re-open the beds.

Considering this, in the spring of 2023, the Trust Board concluded that it could not see any reasonable or realistic prospect of being able to staff and re-open the beds in the near future. It decided to initiate a period of engagement with staff, patients, carers, members of the public and other stakeholders, on the Trust's ability to deliver the inpatient bed contract at Bishop's Castle and what alternative solutions there may be, ahead of a decision whether to give notice on the contract. The Board is now considering whether the Trust can meet the requirements of this aspect of the contract they hold with Shropshire, Telford and Wrekin Integrated Care Board (STW ICB). The decision is solely related to the inpatient service at Bishop's Castle Community Hospital and the contract ShropCom has for providing other services at the hospital is not under discussion.

About the public engagement period

- To inform their considerations, ShropCom undertook a period of public engagement in the summer of 2023 with local people, staff and NHS system partners. For local people, engagement activity included an online survey, a street survey, focus groups and public meetings.
- The purpose of the engagement period was for the Trust to hear the views of local people about:
  - the impact of the temporary closure of beds at Bishop's Castle
  - areas for improvement in community health services provided in people's own homes
  - the potential impact of relinquishing the contract for inpatient services at Bishop's Castle
  - what services the community needs that could potentially be located at and provided from the hospital if the beds were to close.

ABOUT THE PUBLIC MEETINGS

About the public meetings:

Dates, location and attendees

Four meetings were held in July and August 2023. Three were held at Bishops' Castle Community College hall on:

- Monday 3 July from 6:30pm to 8:30pm
- Wednesday 5th July from 5.00pm to 7.00pm
- Thursday 20 July from 6:30pm to 8:30pm

A further virtual online meeting was held on Tuesday 15 August from 7pm to 8:30pm.

Details of the attendance at each meeting is shown below. A significant proportion of attendees came to all four meetings.

Meeting format and panel members

Each meeting followed the same format and agenda:

- An introduction from the independent chair of the meeting - Stephanie Hood
- An overview of what has happened so far, the current position and the key issues for consideration from ShropCom's Chief Executive, Patricia Davies
- A question-and-answer session with the panel members Patricia Davies – Chief Executive; Clair Hobbs – Director of Nursing, Clinical Delivery & Workforce; and, for two meetings, Claire Horsfield – Director of Operations
- Smaller group discussions, led by a facilitator with a set of suggested questions for discussion.

The presentation given at the meetings is available in Appendix A.

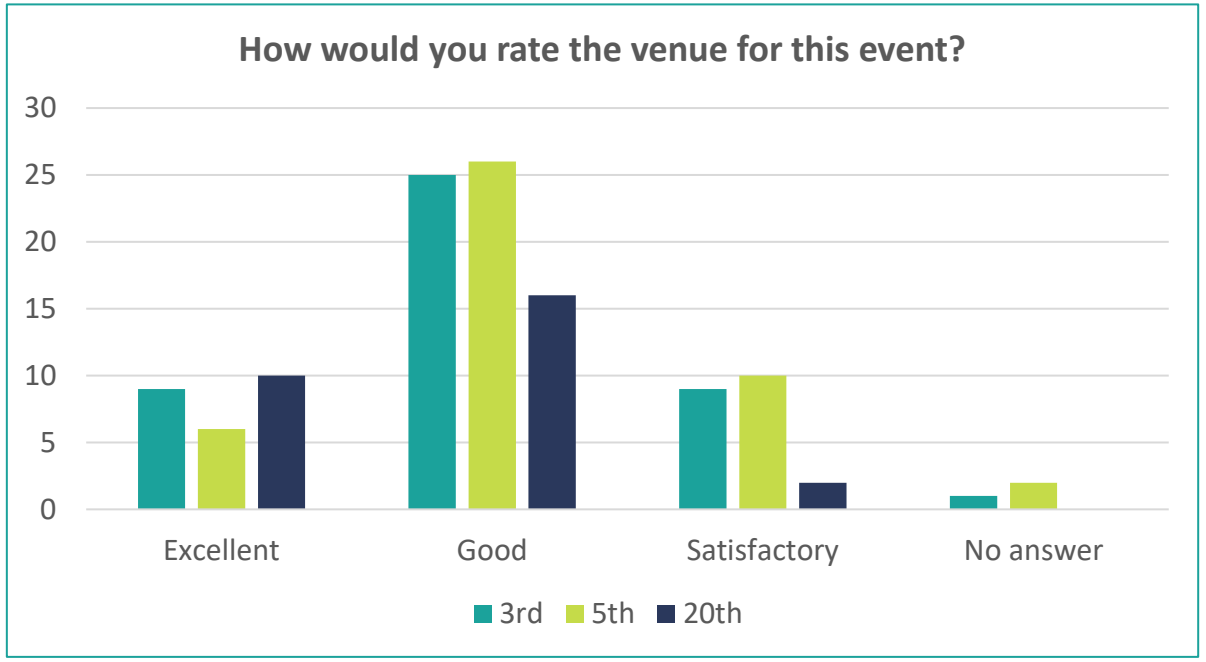
Meeting	Attended
Monday 3 July 2023	62
Wednesday 5th July 2023	79
Thursday 20 July 2023	83
Tuesday 15 August 2023	27

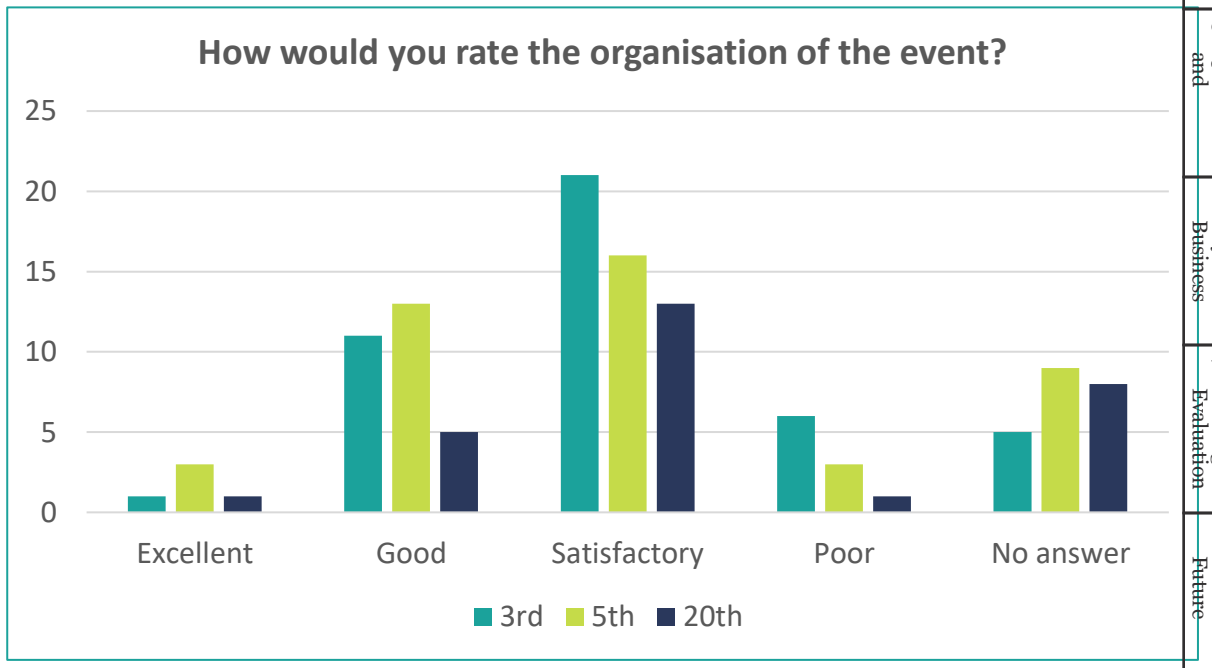
Meeting	Panel members
Monday 3 July 2023	Patricia Davies; Clair Hobbs
Wednesday 5th July 2023	Patricia Davies; Clair Hobbs, Claire Horsfield
Thursday 20 July 2023	Patricia Davies; Clair Hobbs
Tuesday 15 August 2023	Patricia Davies; Clair Hobbs; Claire Horsfield

Event evaluation: venue and event organisation

All attendees at the in-person meetings were asked to complete an evaluation form to give their feedback on the meeting venue, speakers and organisation. This feedback is summarised here.

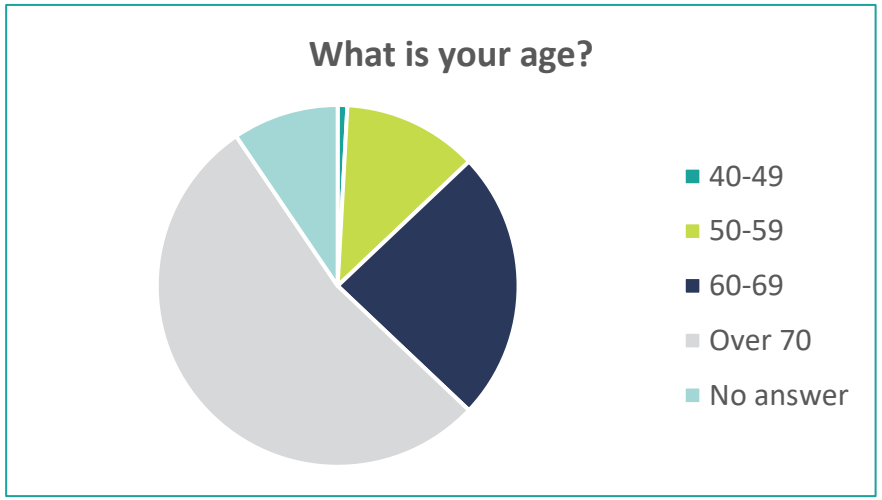
Meeting	Number of evaluation forms completed
Monday 3 July 2023	44
Wednesday 5th July 2023	44
Thursday 20 July 2023	28

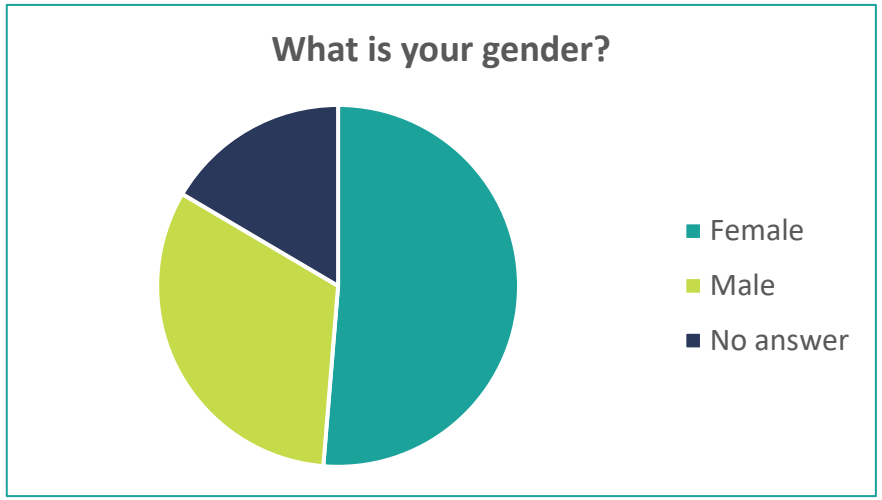


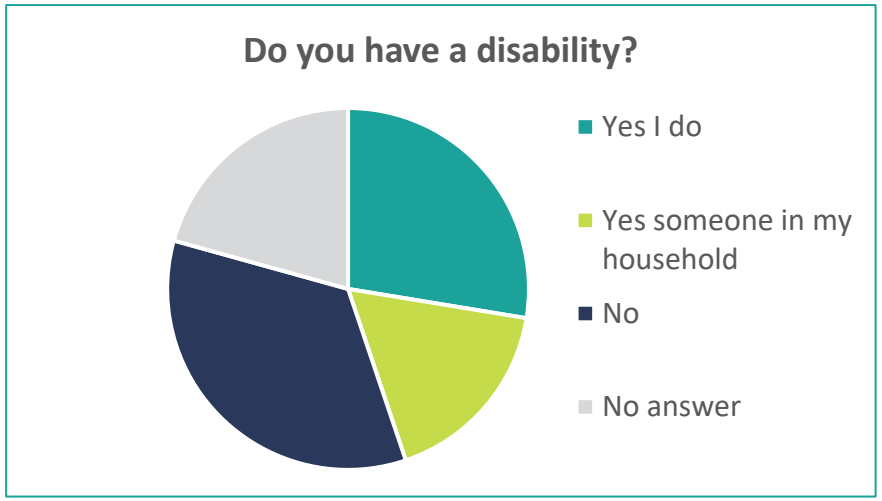


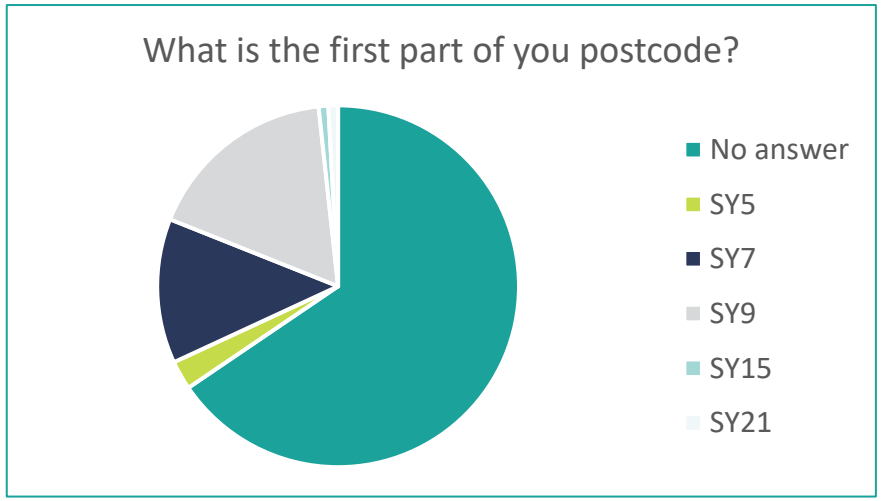
Full evaluation data from the evaluation forms is available in Appendix B

Event evaluation: attendee demographics









Full demographic data from the evaluation forms is available in Appendix B

Event evaluation: general comments

Attendees at the events were invited to provide any additional comments about the event on their feedback forms. A total of 44 comments were received. These have been reviewed and the key themes are summarised below. The full comments are available in Appendix B.

Theme	Summary
Lack of confidence in the engagement process	The most common comments related to people's lack of confidence in the authenticity of the engagement process. People think that a decision has already been made and that they will not be listened to or there is no real opportunity to influence the outcome.
Comments on the event format, content, panel and facilitators	The second most common comments were about the format of the event, the content and the panel/group facilitators. These ranged from complimentary to critical. Some people specifically commented that they found the table discussions helpful, others wanted more time for the group question and answer session.
Event practicalities	These comments were related to things like the timing and organisation of the event and the publicity in the run up. There were a mix of positive and negative comments, with several negative comments about the sound quality, in particular.
Comments on bed closure and possible solutions	There were a small number of comments relating to the bed closures at Bishop's Castle, the recruitment efforts that have happened so far, and making suggestions for potential solutions and improvements to services.

FEEDBACK FROM THE EVENT DISCUSSIONS

How the feedback has been collated and reviewed

As described on page 7, each public meeting included a question-and-answer session where attendees could ask questions of the panel, and smaller group discussions led by a facilitator. The following set of questions were used to guide the group discussions:

- What do you think the impact of the temporary closure of the beds has been?
- Have you had any experiences of community care at home that you can share?
- What do you think the potential longer-term impact of relinquishing the contract for the inpatient beds will be and are there any ways to minimise this?
- What is important to you in terms of access to community healthcare?
- What role could the hospital play in enabling you to stay well?
- What services would you like to see there?

At each meeting notes were made of the questions asked of the panel and from each of the group discussions. The notes from the group discussions were grouped according to the questions used to guide the conversation.

The meeting notes have been analysed to identify the key themes arising from both the questions asked and the group discussions. The methodology used involved reviewing every question and all the group discussion notes and then grouping similar types of questions and comments together to identify the following key areas of concern and feedback themes:

- Concerns about the approach to date on the Trust's recruitment and retention of staff and suggested solutions to address the challenges
- Questions and concerns about the credibility of the engagement process
- The impact of the loss of inpatient beds at Bishop's Castle and providing more care at home in the future
- Suggestions for potential future solutions and services at Bishop's Castle
- Wider feedback, comments and concerns about health and care services.

These are described in more detail on the following pages.

Key themes: question-and-answer sessions

The key themes from the question-and-answer sessions broadly reflected the key themes from the table discussions, however there were some differences and specific features of these that mean it is helpful to report on them separately. The key themes from the Q&A sessions are described below. It is important to note that the overarching theme from the questions asked and views shared was that attendees highly valued the inpatient beds at Bishop's Castle and want to see them reopened and sustainable for the long term.

Theme	Summary
Recruitment and retention	By far the most common subject of questions to the listening event panel was about what efforts have been made to recruit new staff and retain existing staff to enable the Trust to reopen the inpatient beds. Meeting attendees wanted to understand more about the approach to recruitment and about current staff's pay and benefits (at an organisational not individual level). People made suggestions and wanted to know if they had been tried, and what incentives were being offered to both existing and potential new members of staff. There was a strong sense from attendees that if ShropCom offered better pay and conditions, they would be better able to recruit the additional staff needed and that, to date, recruitment efforts had not been sufficient. Other questions explored whether the Trust was working with the local council to identify suitable housing for new recruits, what role overseas nursing could play in addressing the staffing challenges at the Trust, and the impact of poor transport connections on recruitment to the area. Attendees also wanted to understand more about the review of recruitment that ShropCom commissioned in response to initial feedback, and wanted reassurances they could contribute to the review and contact the individual carrying it out.
Confidence in the engagement	Like the feedback gathered on the event evaluation forms (see page 10), the approach to engagement was a common theme in the question-and-answer sessions. People raised questions about whether their views would be listened to and whether a decision had already been made. People also wanted to understand more about whether ShropCom had worked with local councillors and local authorities to try to address the challenges they are facing, and if not why. Questions under this theme also covered the decision-making process and the role of Shropshire, Telford and Wrekin Integrated Care Board and why they were not involved in the meetings. It is important to note that similar concerns and queries were raised during the group discussions (see page 18).
Future models of care	Part of the panel presentation covered the potential to provide more care to patients at home through 'virtual wards' and other home-based services. Attendees raised a range of questions and concerns about this approach, wanting to understand more about how it would work in practice. They also wanted to understand why it would be possible to recruit staff to deliver this type of care, but not inpatient care. There was a sense that if people could be recruited to provide more care in people's homes, they could be recruited to provide inpatient care. Other questions in this theme were about the need for a broader strategy for rural healthcare.
Wider health and care services	This theme encompasses a range of questions raised by participants about the impact of the closure of inpatient beds on other services, especially the impact on acute hospitals and their ability to discharge patients to reduce 'bed blocking' and about the numbers of patients from the Bishop's Castle area being cared for in other community hospitals and the impact on those hospitals. It also covers a range of questions about services provided at Bishop's Castle and more widely by ShropCom, not necessarily directly related to the closure of the inpatient beds.

Key themes: impact of closure of beds at Bishop's Castle

As described on the previous page, it was clear from the engagement meetings that attendees strongly want the inpatient beds at Bishop's Castle to reopen. A key theme, illustrating this, is the impact that the bed closures has had. This theme can be broken down further into subcategories, as set out in the table below.

Sub-theme	Summary
Impact on patients	Unsurprisingly the most common point made about the closure of the inpatient beds was around the impact on patients. Attendees described how people are being admitted to community hospitals further away from home, making it harder for family and friends to visit them. Some attendees felt that this impacted on recovery times, as well as being an overall poorer experience of care.
Impact on access for families and carers	Closely linked to the above, many attendees highlighted the impact of on families and carers of increased journey times to reach other community hospitals in order to visit loved ones. Many attendees cited the poor public transport links and the challenges of living in a rural community as particular barriers for local people.
Loss of local services	It was clear from the feedback that attendees had a real sense of loss of an important local service. People cited the loss of the end-of-life care service and raised concerns about people dying away from home and away from loved ones. People were also concerned that the closure of the inpatient beds was the "death knell" for Bishop's Castle and the hospital had "lost its vibrancy". Many of the comments about loss of local services were anticipating further services being closed in the future or even the whole hospital, putting the community at risk of losing services they value, as well as a loss of local jobs. Many comments were made about the specific needs of rural communities and the need to understand the impact that closing services can have on rural communities.
Impact on the wider NHS system	Several people raised concerns that closing the beds at Bishop's Castle was having a negative impact on the wider NHS system. People expressed concerns about the pressure being put on other community hospitals and asked questions about whether patients elsewhere were being disadvantaged by the bed closures. Others were concerned that closing the beds increased 'bed blocking' at acute hospitals because there is not enough capacity to discharge people to community beds. People cited the numbers of patients stuck in acute hospital beds that they felt could be cared for at Bishop's Castle if there were beds available.
Impact of providing more care at home	Some people were worried about providing more care to people at home. There were concerns that not all people would be able to cope with the technology needed to make this successful, particularly older and frail people. Some people felt that more care at home would place an unnecessary burden on families and carers. People were unsure whether staff would be available to deliver this model of care. Attendees also highlighted that some patients would still need to have step-down care as inpatients in a community hospital setting, meaning they would need to be cared for further away from home.

Key themes: recruitment and retention

The beds at Bishop's Castle have been closed because ShropCom have not been able to recruit enough staff to safely keep them open. Unsurprisingly, recruitment of new staff and retention of existing staff was a key topic of discussion at the meetings. Although a summary of this theme has been outlined on page 13 in relation to the question-and-answer sessions, this page provides further detail, broken down into sub themes.

Sub theme	Summary
Recruitment efforts so far	Attendees clearly felt that ShropCom has not fully explored or attempted all the potential solutions to address the recruitment challenges they face at Bishop's Castle. There is a lack of confidence in the Trust's recruitment processes. Attendees wanted to know more about what the Trust has done so far to recruit enough staff to Bishop's Castle. In addition, people felt that the recruitment they had seen or heard about was not good enough. People gave examples of stories they had heard about people attending recruitment events or applying for jobs and not being followed up, about contact details being lost and about job offers being made and then withdrawn. There were also criticisms of job adverts people had seen and a sense that without being clear that the beds would reopen, people would not apply for jobs. Attendees also had questions and concerns about the independent review of recruitment that the Trust commissioned in response to early feedback. People wanted to understand how the reviewer had been selected and what the terms of the review were. They also wanted to be assured that they would be able to contribute to the review and wanted to be able to contact the reviewer directly.
Potential solutions/ideas to address recruitment challenges	Attendees made many suggestions for potential solutions to address the recruitment challenges at Bishop's Castle and wanted to understand what ShropCom has already tried. Suggestions included offering increased rates of pay, a rural pay premium, and other incentives such as flexible working to new and existing staff members, broadening recruitment beyond the immediate Bishop's Castle area, recruiting staff from overseas, offering rotational posts that give staff the opportunity to work in different settings, and seconding in staff from other organisations. People suggested making the roles at Bishop's Castle more attractive by introducing innovative ways of working and greater opportunities for staff to increase their skills and expertise. People also wanted to know if it would be possible to open and staff a smaller number of beds, or re-open the beds in stages based on the number of staff that are available. There were several questions about what efforts have been made to address barriers to people coming to work at Bishop's Castle, for example poor public transport links and the availability of accommodation in the area. People made suggestions about potential solutions that could be explored with the local authority and with local housing associations.
Current staffing arrangements	Attendees were concerned about the impact that the bed closures was having on existing staff and wanted to know what is being done to retain staff at the hospital. People cited ShropCom's NHS Staff Survey results as an example that the Trust is not doing enough to make its staff feel valued by offering better flexible working opportunities and more career progression. Other attendees said they felt that the reliance on agency staff was demoralising for existing staff because of the increased pay and other benefits offered to them. People also said that they thought other staff were leaving Bishop's Castle because of the bed closures, and that the hospital feels like it is 'closed'. This clearly fed into people's concerns that the hospital will be completely closed in the longer term.

Key themes: future solutions and services

Potential solutions for the future of Bishop's Castle

In addition to suggestions about potential solutions to recruitment challenges, attendees also made suggestions or asked questions about potential wider solutions to secure services for the long term. These included:

- Opportunities for joint working with other providers of health and social care services - attendees felt that ShropCom has not worked closely enough with the local authority and other care providers to explore potential solutions. At the final meeting attendees were pleased to hear that these conversations had begun but were frustrated that they had not happened sooner
- The potential for the contract for the beds to be taken on by another provider
- Whether ShropCom could merge with another local provider
- What has been done to explore the role of the hospital in the long term – for example what does the Joint Strategic Needs Assessment say about this and how can Bishop's Castle play a role in supporting the Integrated Care Board's long-term priorities. People talked about ways to show the benefit and value of Bishop's Castle to the wider health and care system, for example by reducing re-admissions to acute hospitals
- What opportunities there are to look at examples of good practice from other parts of the UK and internationally, especially around how to create sustainable rural healthcare
- The other services that are currently at the hospital, such as the Rapid Response team and what role they play in ensuring the hospital is sustainable for the long term
- A sense that there were missed opportunities to make the best use of the hospital space
- Could Bishop's Castle be classed as a community asset to protect it from closure
- What role the community could play in raising funds to support the hospital.

People also wanted to know more about the evidence behind the decision to close the beds and understand whether there were other reasons beyond staffing challenges.

Key themes: future solutions and services

Potential future services at Bishops' Castle

One of the questions attendees were asked to discuss in the group sessions was what services they would like to see at Bishop's Castle in the future, and these suggestions are shown below (in no particular order). It is important to note that some attendees found this question frustrating as they interpreted it as an indication that ShropCom has already decided the beds will definitely not reopen.

Rehabilitation services including physiotherapy and occupational therapy	Other allied health professions/ services e.g., dietetics, podiatry, audiology, ophthalmology	'Sub-acute' services like IV infusions, chemotherapy and pain management
Health promotion services, health checks and wellbeing services	Pre- and post-operative assessments/care	Women and children's services/ante and post-natal care
Palliative or end-of-life care	Dementia services	Minor surgical procedures
Minor injuries/ambulatory care	Day care/respite care	X-ray
Phlebotomy	Transport links	Continence service
Mental health services	Joint working with GPs	Equipment collection
Outreach consultant	Diabetes care	Falls prevention

Key themes: wider feedback, comments and concerns about services and the engagement process

Wider comments and concerns

At the public meetings, people also raised questions or concerns about wider health and care issues and raised points not covered elsewhere in this report. These are summarised below to provide a fair representation of the meetings.

- Some people gave examples of negative experiences of care provided by local health services, including from providers other than ShropCom
- Attendees stressed the need for joined up care across health and social services, in particular discharge planning
- People asked questions about the current and future provision of a range of services and functions, for example asking why some patients are receiving physiotherapy at Church Stretton rather than at Bishop's Castle, the provision of services for people with dementia, mental health conditions and who are neurodiverse, the future of the air ambulance service
- People also wanted to know about waiting times and the number of people waiting for treatment at Bishop's Castle
- People asked what had happened to equipment that was purchased following fundraising efforts.

Confidence in the engagement process and questions about decision-making

Although this theme was briefly covered on page 13 in relation to the question-and-answer session, it was also commonly raised during the group discussions. Some of the key comments, questions and concerns that were raised related to:

- Raising concerns about whether the engagement process is genuine and credible, and whether ShropCom are open to considering potential solutions
- Needing to engage with people beyond Bishop's Castle as bed closures will impact on wider communities
- Wanting to understand more about the decision-making process – who will make the final decision, how and when, specifically the role of the Integrated Care Board
- Wanting to understand why the Integrated Care Board were not involved in the engagement process if they will be making the final decision about the bed closures
- Questions about how people will be told about the outcome of any decisions.

SUMMARY AND CONCLUSION

Summary and conclusion

As evidenced by this report, there is significant strength of feeling among those who attended the meetings that the inpatient beds at Bishop's Castle should remain open. This appears to be not only because inpatient care is highly valued by the local community, but also because there is a sense and concern that the bed closures could mark the beginning of the end for the hospital.

People want to feel confident that their views have been carefully considered and that the Trust leaders and the Integrated care Board understand how important the hospital is to their community. Attendees gave the clear message that the specific needs of rural communities should be carefully considered in the decision-making process.

As described, a wide range of suggestions were made about opportunities to address the recruitment challenges faced by the Trust, and there was a strong sense from members of the public present that more could be done to recruit staff. There was also a sense of frustration over the course of the four meetings that people were saying the same things but not being listened to and that it had taken a long time for ShropCom and the local authority, and other providers, to meet to discuss possible solutions.

Going forward it will of course be important for the ShropCom board to show how they have listened and responded to the concerns and suggestions raised through the public meetings and other engagement activity. The Trust will need to be clear about what opportunities they have explored, and what potential solutions they have discounted or chosen and why. It is recommended that whatever the board's decision on the inpatient beds contract at Bishop's Castle, it would be a positive next step for the Trust to work with local people and health and care system partners to develop and implement a strategy for rural healthcare.

Bishop's Castle Community Hospital Public Meeting

Panel host:

Steph Hood, Independent Chair

Panel members:

Patricia Davies, Chief Executive

Clair Hobbs Director of Nursing, Clinical Delivery & Workforce, Shropshire Community Health Trust

Claire Horsfield, Director of Operations

Agenda

- **Introduction** – Steph Hood, Independent Chair
- **Where we are now** – Patricia Davies, Chief Executive & Clair Hobbs, Director of Nursing, Clinical Delivery & Workforce
- **About today's meeting** - Steph Hood
- **Panel questions and answers** – facilitated by Steph Hood
- **Table discussions** and feedback to panel
- **Next steps & close** – Steph Hood, Independent Chair

Where we are now

- **Staffing shortages** at Bishop's Castle Community Hospital were **impacting on safety and quality of care**
- In **October 2021** we took the difficult decision to **temporarily close inpatient beds** at Bishop's Castle Community Hospital
- Despite extensive attempts, we have **not been able to recruit enough staff** to safely re-open the beds
- In light of this, the SCHT Board has concluded that it cannot see **any reasonable prospect** of being able to staff and **re-open the beds**
- We are now considering **whether we can meet the requirements** of the contract we hold with Shropshire, Telford and Wrekin Integrated Care Board (ICB) for **providing inpatient service**
- We are **engaging with local people** as well as NHS system partners to inform our decision on **whether or not to relinquish the contract** with the ICB for the inpatient beds

About today's meeting

- This is one form of **engagement** that is happening, alongside an **online survey** open from 12th June to 14 July, and **focus groups** being recruited to from the communities we serve – these consist of three public groups and one staff group
- The **purpose** of this meeting (and the wider engagement) is for us to **hear the views of local people** about:
  - the **impact of the temporary closure** of beds at Bishop's Castle
  - **areas for improvement** in community health **services provided** in people's **own homes**
  - the potential **impact of relinquishing our contract** for inpatient services at Bishop's Castle
  - **what services** the community needs that could **potentially be located at the hospital** if the beds were to close

Questions and Answers

Facilitated discussion session & feedback to panel

Discussion points

- What do you think the impact of the temporary closure of the beds has been?
- Have you had any experiences of community care at home that you can share?
- What do you think the potential longer-term impact of relinquishing the contract for the inpatient beds will be and are there any ways to minimise this?
- What is important to you in terms of access to community healthcare?
- What would role could the hospital play in enabling you to stay well? What services would you like to see there?

Next steps & Close

- **Collation** of all feedback and analysis
- Presentation to the Board for a final **decision early August**

Appendix B
Bishop's Castle engagement activity: Meetings evaluation forms – detailed feedback

	3rd	5th	20th	Online
Venue				
Excellent	9	6	10	
Good	25	26	16	
Satisfactory	9	10	2	
No answer	1	2	0	
Event Organisation				
Excellent	1	3	1	
Good	11	13	5	
Satisfactory	21	16	13	
Poor	6	3	1	
No answer	5	9	8	
Age				
40-49	1	0	0	
50-59	6	7	1	
60-69	9	9	10	
Over 70	25	26	11	
No answer	3	2	6	
Gender				
Female	23	23	13	
Male	14	14	9	
No answer	6	7	6	
Sexual Orientation				
Heterosexual / straight	27	22	12	
Lesbian / Gay woman	0	1	0	
Gay man	0	3	0	
Bisexual	1	1	0	

No answer	16	17	16	
Ethnic Group				
White - English/Welsh/Scottish/Northern Irish/British	38	34	19	
White Gypsy or Irish Traveller	0	1	0	
White Irish	1	0	1	
White any other white	1	0	1	
No answer	4	9	7	
Disability				
Yes I do	15	10	7	
Yes someone in my household	6	6	8	
No	17	17	6	
No answer	6	11	7	
Postcode				
SY5	0	1	2	
SY7	4	7	4	
SY9	11	3	6	
SY15	0	1	0	
SY21	0	1	0	
No answer	29	31	16	
TOTAL FORMS RECEIVED	44	44	28	
Comments	Many thanks to our table facilitator Shelley, still feel nobody is listening, we hard exactly the same words from the nurse at the front	Table discussion useful but will it change anything	A complete shambles	

	Would have preferred longer for the questions and answers	People talking too much and a lot of negative comments, need to be postivie and find ways of creating a useful and vibrant community hospital that fits with the whole system and provides a usefull service	We need a large panel to question, why generalised, we need specialist information , very few hard facts	
	Well organised, good to have tea and coffee, please act on what people want. Recruitment of nursing staff with high grade for responsibility this would give incentive	Please listen to the ideas which community has, we may be able to help solve the problem	Timing not good for working people, question time inefficiently handled, allowing people to ask questions out of turn	
	Concerned re commitment to recruitment and retention. Format tends to reinforce that this is lip service again	The microphone / sound system was appalling. Notice for the meeting was too short	Reasonable	
	Event predicated on what the NHS wants us to want rather than what we want, such a process is not a consultation	Hearing difficult in the large room. Small groups with facilitator useful	Rewind the decision and keep ludlow services going	

	No publicity prior to the event, fomat steered the meeting to what the Trust wants to do and has already decided. Good tabe discussion but will we be listened to…not convinced	Will anyone listen to what was said and will it change anything	Good to have a facilitator on the table who was a clinician and undersood the feelings of the meeting and the needs of the rural community	
	Very poor	Awful microphone system, the speakers need training in public speaking with a mic	It was refreshing to have the event led by two clinicians, please don't give up on the recruitment and think again on how to attract staff	
	Would have liked Patricia Davies and Clair Hobbs to facilitate tables. Trust staff should not be using their phones during the meeting, found it disrespectful	Facilitated not to answer the question	Opening presentation not clear	

	Questions to be discussed pushed us towards discussion of non-hospital bed based solutions. Lack of consideration of many of the points made - had been made at two previous meetings. Difficulty finding out about the meetings	Why only held meetings in bishops castle	Clearly a tick box exercise, decision has already been made, want to be involved in setting the remit of the recruitment review	
	Format was fine. Felt sorry for the organisers, the messenger gettign shot but we feel that there is very little understanding of our rural setting and very little creative thought	Feel like the meeting was a box ticking exercise and the decision has already been made	Get the impression it's a done deal	
	Everything said have heard before, going round and round but getting nowhere	Lots of reasons for why the hospital can't reopen don't hear any positives about how the service can re-open successfully		

	Longer Q&A session	Decision to close the beds has already been made. We have no bus or train service. Social care needs sorting which will reduce the medical services. BC is an elderly population and getting older and getting to shrewsbury and telford is difficult		
	Website says permanently closed which suggests the decision has already been made. Need a half way house so patients can get care nearer to home. Questions on survey worded to what they wanted to hear	Some of the answers placatory, closure has already been decided, we need the hospital to reopen		
	Good Q&A session. STW ICB/SaTH/ShropCom must work togethre to re-open the beds to optimise care	Good venue, sound variable		

	When the vans came and took the beds and equipment we knew that was the end of bishops castle hospital	Chaired well but discussion points should be the people's agenda and everyone should be open to the art of the possible		
	Ongoing problem with transport, could the transport used to take patients be used to bring staff down? Many elderly live in the area and this adds to the 'what if' anxiety. Locate x-ray, expand physio, minor injuries, antenatal, maybe chemo			
	Better PA system			
	When you take questions from the audience answer them not 3/4 questions in one go. The answers were too vague.			
	Have done all this before in the methodist hall			

5.7 Public / Organisational Written Feedback and Correspondence

01

Dear Ms Davies,

You state you commenced public engagement to inform your decision regarding the inpatient contract of Bishop's Castle community hospital on May 22 2023 and this will last 6 weeks. Can you please provide evidence of what public engagement has taken place so far, how the public have been able to share their views and how many residents / members of the public you have engaged since the start of the engagement period? As I can not find any details and this is a requirement for any engagement.

Also, you have stated many times that Bishops castle hospital is not closed, then why does your website state that "The hospital is temporarily closed"? See attached screenshot from your own website.

I would suggest that again you are trying to make a decision unlawfully without adequate engagement. Your open letter is unconvincing and insincere. The people of Bishops castle deserve and demand honesty and integrity from the people that provide healthcare in the local area.

I look forward to hearing your response.

Member of the Public

02

Dear Patricia and Philip Dunne MP

Patricia I have just visited your website https://www.shropscommunityhealth.nhs.uk/bishops-castle-community-hospital to find out about engagement on Bishop's Castle Community Hospital, however neither link on the website works despite a 'consultation process' being started on the 22nd May as stated in the attached Stakeholder Briefing?

Residents in Bishop's castle and the surrounding area made it perfectly clear at the recent public meetings that they wished the beds at the community hospital to stay open for the local community and there is overwhelming evidence that community bed closures are adding to the bed crisis at SaTH; overall NHS bed shortages; pressure on already struggling social care and ultimately pose a patient safety risk to the local population?

"The NHS has a shortage of hospital beds, with occupancy rates consistently exceeding safe levels. As the health system faces unprecedented pressures due to rising demand and the burden of COVID-19, bed capacity will remain a critical limiting factor in the ability of the NHS to recover.

Compared to other nations, the UK has a very low total number of hospital beds relative to its population. The average number of beds per 1,000 people in OECD EU nations is 5, but the UK has just 2.4. Germany, by contrast, has 7.8.
Combined with staffing shortages, an insufficient core bed stock means that hospitals are less able to cope with large influxes of patients, for example during winter or periods of high demand.
This has ultimately impacted hospitals' ability to provide safe and timely care and remains a major factor in growing backlogs"
https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/nhs-hospital-beds-data-analysis

There is additional evidence of the value of community Hospitals – I'm sure you are aware of this:

Community hospitals are important community assets, representing direct and indirect value: instrumental (e.g. health care), economic (e.g. employment), human (e.g. skills development), social (e.g. networks), cultural (e.g. identity and belonging) and symbolic (e.g. vitality and security).

https://www.ncbi.nlm.nih.gov/books/NBK536251/

Patients and family carers were overwhelmingly positive in ratings of their experiences of community hospital care, support and treatment, thus echoing findings of earlier studies (e.g. Small *et al.*[24]). Although we did not set out to make comparisons, many respondents contrasted their experience of community hospitals with that of acute hospitals. Comparisons were favourable (see Green *et al.*,[32] Small *et al.*[24] and Lappegard and Hjortdahl[105] for similar findings), although both were recognised as fulfilling valued, but distinct, functions. Respondents frequently told us that acute hospitals were where you would want to go to treat a specific medical condition, and community hospitals were where you would want to go to get (physically, emotionally and socially) better.

https://www.ncbi.nlm.nih.gov/books/NBK536256/

Value of Community Hospitals

http://www.communityhospitals.org.uk/quality-improvement/research-recent.html

Hope this is helpful

Member of the Public

03

Thank you for your helpful response summarising the engagement process and activities and extended period for engagement until 17th July, however I still can't find any online link to the online survey on the website?

I would like an email copy of the survey please.

An additional issue is how people with learning disabilities and their families will be reached and included – can you ensure that easy read information is available and explain how the equality impact assessment will focus on this cohort?

Will the specialist Learning Disability service be engaged in the process?

Dr Paul Gardner is a GPwSI in learning disability based in Bishop's Castle – copied into mail .

Finally could you tell us more information on these issues please?

- Commencing on 14th June there will be researchers present in Bishop's Castle Town Centre for a minimum of two days to undertake face to face surveys
  Who will be the researchers and how will these people reach the populations in the surrounding areas including my village Edgton?
- Three focus groups are being recruited to by an independent research company to be made up of members of the public representative of the local community
  Who is the independent research company and how are the public representatives of the local community to be chosen? (political representatives or people with specific knowledge eg health practitioners)
- A staff focus group is being arranged alongside ongoing weekly staff meetings
  For what purpose?
- Two public meetings are being organised during the last week of June, to be chaired by an Independent Chair
  Can these dates be available asap and who will be the independent chair?

Thank you

Parish Clerk

Edgton Village

04

We are writing to express our complete dissatisfaction with the engagement process that has been adopted by Shropshire Community NHS Trust regarding the permanent closure of the inpatient beds at Bishop's Castle Community Hospital. We think that this is an unprofessional and poorly thought through "engagement" with many mistakes and poor implementation. Our concerns that have led us to this conclusion are set out below as separate points for ease of reference.

1. We received a Stakeholder briefing note on the 25th May which stated that the engagement process had commenced on the 22ND of May. We note that this did not form part of NHS Shropcom board papers until the 1st June when presumably it was agreed. The stakeholder briefing note did not include any details of how the engagement process would be managed, as a result we organised a public meeting for the 5th June which NHS colleagues kindly attended. At this meeting the engagement process was discussed and suggestions put forward by the community both on the hospital bed proposals and the engagement process itself. The NHS have not as part of their engagement process, or prior, organised any meetings with the local community regarding the inpatient beds.
2. On 8th June Ruth Houghton as Councillor for Bishop's Castle was asked to identify locations where paper copies of the survey could be located. Councillors Nigel Hartin, Heather Kidd and Danny Bebb were not included despite them all being present and expressing their concerns at the 5th June meeting.
3. On Monday 12 June an email was received by Councillor Ruth Houghton setting out what outpatient services were currently offered at BC hospital and the frequency. We now need to share this with the community. Unfortunately to receive this information on the same day that the "engagement" went live means that some respondents to the survey will be doing so without the knowledge of out patient services that are currently offered..
4. On Monday 12 June an email was received by Councillor Ruth Houghton setting out more detail of the engagement process as follows :
    1. Tuesday 13th and Thursday 14th between 10 am and 5pm researchers would be in central Bishop's Castle to conduct face to face interviews. An email

seeking clarification on “central Bishop’s Castle” was sent by RH to find out where researchers had based themselves as members of the public were reporting that they hadn’t been able to meet them during the morning. There is still no information as to when face to face interviewers will visit other locations such as Clun, Chirbury, Churchstoke , Lydbury North and others.

2. The link to the web site and online survey was also shared. Having completed the survey we have significant concerns including

   Options are given in one question to choose another hospital within 10 miles and 20 miles . As we have been saying since the temporary closure was announced in November 2021 this hospital serves a wide area, there isn’t another hospital within 10 miles and only some residents in this large area would be able to reach one within 20 miles. This demonstrates a lack of understanding by the survey compiler on the rurality of this area.

   Another question asks when the respondent last used the hospital and gave varying time scales, the following question asked if this had been for inpatient beds or other services. Respondents who selected last used the hospital more than 18 months ago may well have used it as an inpatient and I therefore feel that this question is skewed in favour of a result that illustrates there has been no demand for beds for 18 months. The response will also will not accept 2 choices and therefore cuts the type of usage.

   Whilst asking for a lot of personal data the survey does not request a postcode to identify where a respondent is from. Given the limited use of postcode data to justify the temporary closure this seems to be a gap in the data needed to accurately inform this engagement . Using the post codes is important as many people who are in Wales have a GP in Bishops Castle. The hospital is their closest access point and is part of their community. On the other hand it may also be used to remove these from the survey as not being in Shropshire . Can you confirm that all responses will be considered regardless of locality.

5. A telephone number was also provided enabling members of the local community to phone up and request a survey and prepaid envelope. On using this phone

number the call handler, whilst very pleasant and professional, didn't know about the survey but did promise to arrange for a survey to be sent. Is the number correct? is it the phone number PALS who will apparently help to complete the survey over the phone?

6. On a separate occasion an older resident has called both the numbers provided on the web site to request a paper copy of the Hospital Survey. They have been told neither 'Is taking calls'. Given new no. 07591 205 909. Answerphone: 'leave message , will get back'. Can you please confirm the correct telephone number as a matter of urgency
7. We still do not know where paper copies of the survey will be located.
8. In good faith, we as local Councillors, have shared this information and the web site links with our local communities and have received a significant number of complaints which are summarised and set out above .
9. We note that the engagement process has been extended by 2 weeks to end on the 17th July. We are however of the view that this engagement is being undertaken over an inadequate period of time for a dispersed rural community. You are asking a community, that has only recently become aware of the imminent threat to the permanent loss of inpatient beds, to comment on this proposal. The community feel that this has been sprung on them . This is a strongly held view after a temporary closure of nearly 18 months with limited, if any, communication with the local community. In fact at The Big Conversation event held on 1st March this year the attendees were specifically informed that the big conversation event was not to discuss the hospital or their concerns regarding the temporary bed closures .

Given all of the above we respectfully request that this whole engagement process is " reset" with a new rewritten survey, a realistic timescale and a series of public meetings where local people are genuinely engaged with and listened to. Additionally this needs to recognise that Bishop's Castle Community Hospital serves communities on both sides of the English/Welsh border and is one of approx. 200 square miles, not just Bishop's Castle.

Yours sincerely

Councillor Ruth Houghton, Councillor Heather Kidd, Councillor Nigel Hartin

Ruth Houghton

Liberal Democrat Councillor for Bishop's Castle, Shropshire Council

05

As the Member of the Senedd for Montgomeryshire, I understand there is a proposal to permanently close the inpatient beds at Bishops Castle Community Hospital. As you can understand cross-border health care is a vital provision for Montgomeryshire constituents who reside around the Churchstoke, Sarn, White Gritt area and in addition into my colleague James Evans the Member of the Senedd for Brecon and Radnor constituency, Knighton constituents will also be affected if the inpatient facility is permanently closed.

I would be grateful to know what consultation process there has been with our local, Powys Teaching Health Board.

There will be huge implications if the hospital was to permanently close the inpatient facility due to the need and requirement for patients to be discharged timely from Shrewsbury / Telford Hospital to a step-down hospital facility before moving back home or to a nursing / care home. Also, I am aware due to the current closure of the wards, my residents are being discharged from Shrewsbury Hospital to Whitchurch Hospital which is impracticable for Montgomeryshire patients and their families.

It would be useful to understand why Shropshire Community Health NHS Trust deem the need to close this cottage hospital.

I look forward to hearing from you.

Kind regards

Russell George MS / AS
Member of the Welsh Parliament for Montgomeryshire
Aelod o Senedd Cymru dros Sir Drefaldwyn

06

I have picked up from the media a few more details about the bed issues at Bishop's Castle Hospital that were briefly discussed at the system meeting.

I will admit to being a little concerned that information about this engagement haven't been shared with me here in Powys. I recognise that this is a relatively marginal issue for us, but I know that these beds have in the past been used by Powys residents – and particularly those from my own community who are registered with Bishops Castle GP practice.

The Community Trust's website (news item dated 25 May) says that there is a "period of engagement with patients, carers, members of the public, and stakeholders that will continue until early July" but I have not been able to find any further information about this engagement and how the Trust's cross-border roles and responsibilities are being fulfilled in the planning and delivery of this engagement.

Who is best placed to urgently update me on this, and reassure me on engagement planning and delivery?

Cofion cynnes,

Adrian Osborne
Cyfarwyddwr Cynorthwyol (Ymgysylltu a Chyfathrebu)
Bwrdd Iechyd Addysgu Powys
Ysbyty Bronllys
Bronllys
Aberhonddu
Powys LD3 0LY

With kind regards,

Adrian Osborne
Assistant Director (Engagement and Communication)
Powys Teaching Health Board
Bronllys Hospital
Bronllys
Brecon
Powys LD3 0LY

07

COMMUNITY HOSPITAL, STONE HOUSE, BISHOP'S CASTLE

I am writing to express deep concern over the continuing closure of the hospital bed facility in Stone House Community Hospital, and the growing fear that this facility will be eventually axed.

I have a particular concern about the present impasse [redacted] There were threats to a number of local facilities – Stone House Care Home and Hospital, the High School Sixth Form, and even the local Fire Station.

The local communities fought a vigorous and well-informed campaign to convince the County Council and other Authorities that it would be much better to look for positive developments rather than shutting down highly valued facilities. As a result, the Hospital and Fire Station remained, and the school was transformed into a highly successful Community College.

I appreciate that times have changed and the current woeful economic situation make positive planning difficult. However, I still believe that it will be in the interest of all parties (local authorities, NHS, local health and medical services, as well as local communities) to try to turn negatives into positives. As a former member of Toc H, I like to quote that movement's four guiding compass points -_THINK FAIRLY, LOVE WIDELY, WITNESS HUMBLY, AND BUILD BRAVELY!

A most important factor to keep in mind is the indisputable position of Bishop's Castle as a 'hub' (focal point) for services and facilities for a very wide area of SW Shropshire and East Powys, This catchment area is largely remote and rural, lacking the benefits of larger conurbations with better on-the-spot services and transport facilities. Consequently, it has always been a matter of principle to provide compensatory arrangements.

I firmly believe that a carefully selected Steering Group, comprising representatives of providers and local community recipients, could put together a coherent plan for a brighter future. It would have to tackle the difficult economic issues and such crucial problems as attracting adequate qualified staff. However, it would be able to produce a much better

informed and accurate appraisal of the situation than the current consultation which many people here see as inadequate and short-sighted.

I should love to continue this letter by suggesting some of the targets such a Steering Committee might set itself, but I have gone on long enough!

Please think hard about your long-term strategies and the unhappy consequences of negative decisions, and PLEASE do not make any of those decisions irrevocable. Build bravely!

Member of the Public

08

I recently filled in the survey regarding the closing down of Bishops Castle community hospital, I was quite disgusted at how the questions were geared towards giving you the answers that you wanted,… clearly wanting to close the hospital.
I wish to demand that the questions are looked at objectively and that one's who wish the hospital to stay open are involved in creating the questions.

I am also wondering who I should email regarding how the closure of the beds at Bishops Castle recently impacted my mother who was having to be nursed at a facility over 50 miles away because of the closer.

Member of the Public

Proposal to permanently close the "In-Patient" Bed Facility in Bishops Castle Community Hospital

You will find that the communities which this hospital serves will rigorously oppose this proposal for the following reasons:

1. Given the pressure on bed availability at Shrewsbury & Telford and the knock-on effect to A & E admissions facilities such as our local hospital must have a part to play in easing these pressures. The "in-patient"bed capacity in our local facility should continue to be used to accommodate patients who are fit enough to be discharged from the major hospitals but are awaiting the provision of a care package whether at home or in a residential home. These take time to organise.

2. In addition, there is also a need for some patients who can be discharged from the major hospitals to be transferred to the Community Hospital for a short period of convalescence to enable their full recovery prior to finally being safely re-settled in their own homes or becoming residents in care/nursing homes. There are too many cases of patients having to be re-admitted to hospital via A & E shortly after having returned to their own homes.

3. The investment in refurbishing our Community Hospital amounted to a considerable sum of public money and should be treated as a welcome addition to the Health and Wellbeing capacity in Shropshire to help relieve the enormous pressures at the Shrewsbury, Telford and Gobowen hospitals. This investment was originally justified to meet the health needs of rural patients and these needs have since grown.

4. Besides "in-patient" care the Hospital should be used far more intensively for the provision of services such as physiotherapy, audiology and mental health clinics – it is frankly ridiculous that patients have to travel to the main hospitals for such services, many of them elderly, when they can be delivered to them locally resulting in much

lower net carbon footprints. This would again reduce the pressures on the facilities at the main hospitals as well as hospital transport. Should additional equipment be required to enable a wider range of clinics to take place in the Community Hospital, the “Friends of Stonehouse” will continue to play its role in raising funds to support its purchase.

5. Whilst there are undoubtedly staff recruitment and other resource issues throughout the NHS, it is difficult to believe our Community Hospital doesn’t possess many attractions to potential recruits. It is located in a scenic rural area of South West Shropshire with cheaper housing than Shrewsbury, good schools and facilities such as a Leisure Centre with a Swimming Pool and a Theatre/Cinema as well as pubs, restaurants and cafes. Incomers will find it a truly vibrant and supportive Community.

   The issue of staff recruitment has not been helped by the rumours which have circulated for some time on the Hospital’s future. Nor has it been helped by trying to recruit staff on the minimum pay-scales. There is a need to review the staffing structure to appoint a few senior experienced staff to reflect the additional responsibilities that arise in a remote rural hospital where there is much less support than in a major hospital. It is apparent that a recent recruiting exercise in Ludlow has proved to be successful.

6. In summary, the current economic climate requires all public services to challenge current ways of working to seek opportunities to deliver improved outcomes more efficiently. The Community Hospital facility provides an opportunity to deliver improved Health and Wellbeing services to the benefit of patients in the communities which it serves, staff and the two major hospitals at Shrewsbury and Telford. The vision is for our local facilities and resources, including the excellent GP surgeries and the Care Homes to play a key part in sharing the responsibility for those health services which are better delivered locally to the benefit of both rural patients and the major hospitals. This will enable the latter to focus on delivering those services requiring the support of specialist medical knowledge, skills and equipment which can only be made available in the larger hospitals and ultimately reducing their waiting lists.

Meanwhile, an “engagement” process which is scheduled to end on 17th July. Is underway. The process is flawed for a number of reasons. It fails to recognise that the area which the Community Hospital serves covers most of South West Shropshire and parts of Powys. In addition, there is a lack of awareness that many members of our community are not digitally enabled and will require paper copies of the survey. A couple of telephone help lines have been provided but several people experienced problems getting through. We were informed very late on that two staff from an independent survey company would be stationed for 2 days this week in Bishops Castle High Street to record interviewees’ answers to the survey. The interviewers were instructed to only engage with members of the Community living within the Post Code SY9 5. A quick look at an Interactive Post Code map demonstrates that even places such as Lydbury North are thereby excluded.

The process needs to be reset and staged over a longer timescale to enable proper engagement with all members of the scattered communities in the relevant post codes which the hospital serves, and the survey itself needs to be re-written.

Member of the Public

10

Thank you for your response received on 16 June 2023.

Can you please clarify why the engagement process is only until 17th July 2023.

I would be grateful if consideration can be given to extending the engagement process deadline, as the process including the relevant documentation required for the engagement process has seemed to be slow to be delivered to the relevant third-party groups and the public.

It would be helpful if you could please provide the data including the relevant Montgomeryshire general postcodes for those patients which have been admitted to Whitchurch Hospital in the last 24 months.

Could you also please confirm the date of the public event you have organised in either Churchstoke or Montgomery.

Thank you in advance and I look forward to hearing from you.

Kind regards

Russell George MS / AS
Member of the Welsh Parliament for Montgomeryshire
Aelod o Senedd Cymru dros Sir Drefaldwyn

I am contacting you in relation to the above, to once again express our serious concerns regarding the engagement process in respect of the permanent closure of the in - patient beds at Bishop's Castle Hospital.

On paper your engagement process appears to be comprehensive and inclusive. However in practice and in the delivery of it this does not appear to be the case .

Our concerns are as follows:

- Public Meetings scheduled for next week on Monday 2rd July and Wednesday 5th July have been poorly advertised within local communities. As community elected representatives we only received paper copies of posters yesterday for a meeting that is happening on Monday . We have always been committed to helping to publicise events but in reality this is just too short notice for such an important event. We would expect to put up posters at least 2 weeks prior to ensure maximum coverage.
- The meeting dates were not shared with us as elected community leader and stakeholders in advance. As a result I am struggling to attend the Wednesday meeting and Councillor Heather Kidd is unable to attend either of the meetings due to prior engagements. This is really disappointing as we would much prefer a robust engagement process where we all work together rather than one that may be subject to challenge due to its delivery.
- There has been significant confusion over where paper copies of the survey can be collected from by members of the local community. There has been no freepost address and in many instances no prepaid envelopes supplied either. The paper copies of the survey do not include a return address.
- The phone numbers on the web site were incorrect and engagement information was not available on the website when the engagement process was launched. Isn't it best practice to have everything ready to "go live" once the engagement process is announced?
- The face to face to engagement has been very limited having only taken place in Bishop' Castle , whereas the community hospital serves a much wider area in the region of 200 square miles. There has been no opportunity for local residents living in other

villages such as Clun, Chirbury and Churchstoke as well as others to be included in face to face surveys.

- We question if the survey is fit for purpose given its reference to hospitals 10 miles away(there isn't one) and asking respondents about alternative providers when respondents may not have any knowledge of alternative providers.
- We are concerned that there is insufficient time, from the end of the engagement period on the 17th July to the publication of the board papers for the 3rd August Board meeting, to collate the information gathered and to present a comprehensive report in order to enable informed decision making.

Taking into account all of the above we would like to request the following :

- Cancellation of the public meetings next week in order to enable wider advertising. Should this not be possible at this late stage then a commitment to further public meetings with sufficient notice would be appreciated.
- An extension of the engagement process to ensure that all information and views gathered can be collated in readiness for any decisions on the inpatient beds.
- That the decision on the contract is moved from the 3rd August Board Meeting to a later public Board meeting in order for all the information to be comprehensively collated.

With regards

Councillor Ruth Houghton
Councillor Heather Kidd, MBE (Services to Rural Communities)
Councillor Nigel Hartin

Ruth Houghton

Liberal Democrat Councillor for Bishop's Castle
Shropshire Council

Bishop's Castle Community Hospital

May I send a plea on behalf of many of the elderly members of the population of Bishop's Castle (and its outlying areas, as well as those over the border in Wales)? A plea for peace of mind that there is still a chance of being nursed locally, for convalescence, and for the possibility of end of life care near home. (I believe that the Community Hospital once received a grant award for End of Life Care from The King's Fund).

In 1965 the old Union Workhouse in Bishop's Castle was pulled down, and replaced by a Welfare Home for old people, and a Hospital Wing for 28 patients. It was greeted as a breakthrough experiment which should be repeated, especially in rural areas. This is now even more urgently needed, with the cost of fuel and the local Dial-a-Ride and Community Car Service being increasingly stretched for volunteer drivers.

Elderly people such as myself (89, and with very limited mobility), and my 86 year-old husband (our only driver) can no longer tackle journeys beyond Shrewsbury or Ludlow. Increasingly, friends are being expected to get to appointments in Telford, Wolverhampton or Stoke.

A local hospital capable of dealing with less complicated appointments, and particularly for convalescence and rehabilitation after surgery is very much needed here, especially to prevent 'bed-blocking' by patients waiting to be assessed to go home.

I was a founder-member of Stone House ~Friends of B.C. Care Home, Community Hospital and Community, and a volunteer at Stone House Home and Hospital for 30 years. I ran a weekly RECALL Reminiscence Project and it made me realise how much value there is for residents and patients in local contact, with a network of connections, where they can be cherished and encouraged to improve their health.

Everyone is obviously better off nearer home, but the local community itself is a source of support – volunteers here have provided Shopping, Library books, Outings and events, visits by local entertainment groups and school children. All this stimulates residents and patients to be rehabilitated within their own community, with networks of friends, and groups such as The Mothers Union, The Women's Institute, Church and Chapel, History, Gardening and Wild Life Societies, and interest groups. They can be kept up-to-date with local celebrations and events, and be kept in touch – not cut off from their own world.

I cannot emphasise enough the contribution made by home, family and community, especially one such as Bishop's Castle, in restoring patients to health rather than losing hope by being isolated far from home.

We hope that a solution can be resolved to find enough staff to restore our Community Hospital.

Member of the Public

13

I attended last night's consultation at the Community College. I thought it was a well-planned meeting and, considering the very short notice and poor publicity, it was well attended.
I have impaired hearing and so found it difficult to pick up some of the contributions. Sadly, many people just do not understand the limitations of the 'roving mike', and speak too quickly or indistinctly. There were nevertheless many valuable contributions. I should like here to submit my thoughts on the potential outcomes of these consultations.

First and foremost, I would want to resist for as long as possible any relinquishing of the contract for in-patient services. Once lost, such a contract would never be restored!

A major feature in these discussions is the fact that Bishops Castle is, and always has been, a focal point (HUB) for many services and facilities over a wide area of SW Shropshire and parts of East Powys. This area is remote and has very limited transport services. The nearest major health centres are Ludlow (18 miles), Shrewsbury (20 miles) and Gobowen (34 miles). And it should never be forgotten that many settlements, like Newcastle-on-Clun, Bettws y Crwyn, and Mainstone are even more isolated.

The retention of bed provision in BC would go some way to ensuring a reduction in the distress and disorientation caused by having to make long journeys and undergo treatment in unfamiliar surroundings. My wife, Janet, worked for many years as a volunteer offering Reminiscence Therapy in Stone House and Coverage Care and knows just how important it is for elderly people to remain in care among friends and neighbours. In this respect, the End of Life provision at Stone House has been a great consolation to patients and their families.

It hardly needs re-stating that many people believe that the presence of beds in BC for patients who are recuperating but not ready to go home could be very helpful to our main hospitals in releasing beds for more urgent use.

I am sure that the meeting provided you with lots of ideas for the increased number and frequency of Clinics and other Medical Services at Stone House. This should not, however,

be seen as an acceptable alternative to in-patient provision, but rather as a component of a positive plan to increase not diminish the medical services of ‘the Hub’. I earnestly believe that in these difficult times we need to think positively rather than of cutting back!

The thorny problem of recruitment definitely needs revisiting, as you no doubt gathered from last night’s passionate pleas. The posts need to be made as attractive as possible with consideration given to accommodation, working conditions, travel costs and difficulties, and pay structures. Clearly, a good number of people at the meeting believed that this problem could be overcome with determination and perhaps a broader, more imaginative approach.

Finally, I must express my anxiety about the process of collating the mass of material you will have gathered during your consultations. Our community must be given a proper opportunity**, before the Decision Making,** to consider your assessment, and ensure that it represents our views fully and correctly. I believe that this, and this alone, will restore some of the credibility of the whole consultation procedure.

Member of Public

14

As you know the engagement processes you arranged were not done in consultation with local Shropshire Councillors – local community Leaders – I cannot be there at all, and Nigel and Ruth are challenged to get there too but can at least cover some parts of them. Please do not take this as lack of interest on our behalf. It's anything but.
Please could you provide me with the following which I am sure are easily available as it was referred to at our public meeting as innovative.

- Dates and copies of job adverts for registered nurses and healthcare assistants? Especially nurses. Any time I looked, you were advertising a standard Band 5 with nothing remotely exciting about it and just the very bland adverts that we found we could improve on when we helped in March 2022.
- I think at the public meeting on 5th June, that ShropCom representatives offered more imaginative posts. It would be interesting to have sight of what went out on NHS jobs and when?
- What was done to encourage people to apply when closure already loomed? Wording would have been possible to ask for help and support to keep the beds open.
- A Band 6 would have been a sensible route to attract a nurse in charge. Was that considered and tried?
- You talked to us Councillors over the past 18 months about the importance of career progression was that embedded in this, please? And what was that?

Copies of adverts, dates and where those adverts happened, are important to this engagement as evidence. Also, why were we never asked to help again as ours was successful as you kindly told us?

We would have been delighted to go on to try with the nurse recruitment alongside you.

Many thanks

Heather Kidd. MBE (for Services to Rural Communities)
Liberal Democrat Shropshire Councillor for Chirbury & Worthen

15

This Parish Council has been made aware of the intended closure of Bishops Castle Community Hospital. We wrote to you in December 2021 expressing our concern that this would be the outcome for this valuable community asset in this rural parish. We have been contacted by many concerned residents of our parish as have our neighbouring parishes.

We are extremely concerned about this closure and the loss of a valued and essential service in this area, which has a higher population of elderly without private transport and family support. Public transport is reduced in this parish too.

This hospital is a community asset, highly valued by local citizens across SW Shropshire and the Powys border area for its excellent care, palliative care and skilled and dedicated staff. We consider that urgent consultation with all stakeholders and members of the community should take place and we would like reassurances that this valued community hospital will not be permanently closed for in-patient care. We note that the online survey is considered to be weighted in preference of closure. In the interim, we consider that all efforts must be made to keep the Community Hospital open, especially in light of the ambulance wait times at the RHS and PRH and the points detailed above.

We look forward to hearing from you.

Yours sincerely

S J Smith CiLCA
Clerk to the Parish Council

16

On social media today I note a sponsored post by Vison One Research asking for participants in focus groups on Bishop's Castle Community Hospital . With a £60 fee paid to eligible participants.

Is this a valid post and is this the focus group activity that is proposed as part of the engagement on the permanent closure of the in patient beds? If this is the advertising for recruiting of focus group participants how will none social media users be identified?

Clarification would be appreciated please

Thank you Ruth

Ruth Houghton

Liberal Democrat Councillor for Bishop's Castle
Shropshire Council

17

Thank you for the information regarding the staff focus group, I know from the weekly catch up meeting this afternoon with Bishops Castle staff that Clair has been in touch with you regarding the length of notice given for the focus group and that a couple of staff have emailed you directly regarding this.

From my discussions with staff it's likely that most of the 20 or so BCH staff affected will wish to be involved in the focus group(s), with this in mind may I ask for confirmation that there will be places in the focus groups for all members of the BCH staff that wish to take part in this please?

During today's meeting, I think Clair mentioned that there is going to be an online public engagement session, are you able to advise how this is being arranged and when it's due to take place please?

And I hope you don't mind, but I took the opportunity to advise staff that the August Board meeting is going to be a meeting in public rather than a public meeting, drawing the distinction between the two different types of meeting – staff indicated they're going to spread the word on this so that people know what to expect. Clair did say that questions could still be submitted to the Board in the days leading up to the meeting and that it is likely the report on the engagement activities will be published on the Trust's website 7 days before the Board Meeting.

Kind regards

Mark

Mark Crisp
Staff Side Chair
Shropshire Community Health Trust
Ptarmigan House, Shrewsbury Business Park, Shrewsbury, SY2 6LG

18

Clun Valley Quakers (the Religious Society of Friends) feel moved to speak out regarding the lack of integrity and truth in the current consultation process about the future of Bishops Castle Hospital.

Whilst we recognise the immense pressures faced by the Trust and all the various service providers concerned, we also feel that many of the statements made have been less than truthful. This may be through lack of information, or ignorance of the reality of the needs our community: geographical, housing, transport, technological access, age and income variance etc. More worryingly it may be due to the widespread sense that a decision to close the Hospital in-patients facility has already been made. Whatever the reason there has been a distinct lack of transparency and honesty behind some of the "facts" and justifications presented, particularly in relation to statements made about the recruitment process and availability of accommodation for staff.

Many of us have attended some or all of the consultations. Whilst each time we were assured the objective was to listen to the concerns and views of the local residents, it has felt increasingly like a tick-box exercise: going through the motions rather than genuine and sincere information gathering for the good of the community. The additional meeting planned for July 20th is perhaps an acknowledgement that information about the consultation has been inadequate and that something has gone wrong in the engagement process.

We appreciate that some of the panel at these events may be simply repeating "facts" they have been given but this does not excuse the misinformation, and ignorance of the reality of medical services and needs in our town. We welcome the fact that the Board of Directors of the Shropshire Community Health Trust have committed themselves to uphold the seven principles of public life as set out by the Nolan Committee, and very much hope that they will create an atmosphere of trust and integrity within the Trust in general. These matters are of particular concern to us as we can see the impact that the proposed hospital closure, and the unsatisfactory nature of the consultation process, are having on the local community in the wider Bishop's Castle area.

As Quakers, we do not regard adherence to truth and integrity as simply a philosophical aim but as something that needs to be lived out not just in our personal lives but also in public life at national and indeed at local level. We urge all involved to reconsider, review and reconnect in a serious and positive way to ensure that the best use is made of this invaluable resource, and that truth and integrity are at the heart of the process.

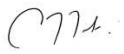
Clerks, Clun Valley Quaker Meeting

19

I am writing on behalf of South West Shropshire Primary Care Network and its constituent practices to express our concerns that we have not been informed of, or invited to participate in, any of the series of engagement events currently taking place regarding your potential handing back of the contract to provide inpatient care at Bishops Castle Community Hospital. This lack of formal consultation fails the governance test of assessing impact on all services, and also fails one of the five levels of assurance, by not including all commissioners of services (the PCN is a commissioner).

We strongly feel that this is a poor decision for the future of provision of community services to the people of South Shropshire and East Powys, which will have a significant impact on the work of practices and the PCN in future. We consider that as providers of primary care services we should have been consulted as significant stakeholders in the decision-making process and are concerned that once again primary care has been overlooked and excluded from these conversations.

Yours sincerely,



Dr C Morton, Chair, SW Shropshire PCN

Dr D Shepherd, Clinical Director, SW Shropshire PCN

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Feedback to Shropshire Community NHS Trust on Bishop's castle Community Hospital

EDGTON VILLAGE RESIDENTS

Parish Clerk

Edgton village

We are a small village of 45 households and have not been included in the Murray Consultancy Ltd survey work but here are some responses from our small village.

1. There is plenty of evidence to support the importance of maintaining Community Hospital beds should the Community NHS Trust want to find it and the community is aware of the need to discharge 'medically fit' patients for rehabilitation so as to free up acute hospital beds.

   We also learn that two modular units are to be set up at SaTH staffed by the Community Trust, if the community Trust can staff two modular wards, then why can they not staff the beds at Bishop's Castle Community Hospital?

   As one tiny village in a rural community we want to stress the importance of having community based hospital beds in our locality.

   Community Hospitals Association
   http://www.communityhospitals.org.uk/quality-improvement/research-recent.html

   Analysis of the profile, characteristics, patient experience and community value of community hospitals: a multimethod study

   https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/publications/2019/community-hospitals.pdf

2. I think it is of paramount importance to have bed facilities at Bishops Castle Community Hospital. The younger, older and more vulnerable members of the local community are in particular need of local support from family, friends and neighbours in times of need. The nearest hospital with a bed facility is Shrewsbury 27 miles away (AA route planner) if a bed is available, or 36 miles to Telford if not.
   I doubt the beds would remain empty, and for a vulnerable patient to have his or her local GP to hand at the surgery could give immeasurable support.

   (I know for a fact, both Dr's Penney and Howell were often in BCCH visiting their patients)

3. The ICB needs to consider the protected characteristics of people with disabilities, including learning disabilities, in the obligatory equality and health inequalities impact assessment of the proposal to close local community hospital beds and the potentially

catastrophic impact on disabled people being admitted to facilities away from their usual care providers or families.

4. Yes, it's important to have hospital beds at our local community hospital.
   Having hospital beds at the community hospital is important to our rural community, taking away services like this would be detrimental to all of us. We need more services not less!

5. A small local hospital is of immense value in rural communities where it can be very difficult for friends and relatives to visit patients, particularly if they don't drive. My mother broke her hip last year and was transferred to her local hospital as part of her recuperation and was given the right support to help her recovery because the staff had fewer patients and were able to tailor her care more easily.

6. I think it is important to keep Bishops Castle hospital open because it is a vital asset to the local community. People recover better/ quicker when they are closer to home. It is much easier to visit a relative when you don't have to travel so far/find public transport to do so.
   Also, if it were to have a minor injuries dept, it could save on waiting times at A&E in Shrewsbury reducing their workload.
   Possibly less load on ambulance services also.
   People may feel more reassured knowing there is somewhere local they can use at a time when confidence in the NHS is low.
   We are in a time where rural communities feel abandoned by the state/ local government it makes a huge difference to these people when they can rely upon their known friendly community hospital to look after them, this in priceless.
   This should be about people not finances.
   It provides jobs and benefits the local community.

7. I think that having hospital beds at the community hospital is absolutely vital. I found out just how important that is when my Mum was so very ill. When she was discharged from Hereford hospital, in spite of not being well enough to leave, there was nowhere for her to convalesce. Ludlow had no beds free and she was forced to return home and rely on family to help out until carers could be found. That was also a nightmare. The whole system is completely broken!

8. I think it's a terrible shame, my job in the community is home from hospital short term re-enablement before going onto full time care or self-care, the bigger hospital haven't got time or resources to give the patients that personal touch and empathy that smaller cottage hospital have, keeping people in their own community so as family can visit more easily , with easy access to physio and other resources.

Also easing the bed blocking in our larger hospitals by being able to send patients for respite or having a short stay with lesser problems that could be treated at stone house hospital instead of using a bed for more complex problems
So yes, I think that stone house hospital should be kept open

9. Yes, I believe it is important to have hospital beds at Bishops castle community Hospital as it relieves pressure from both the Shrewsbury and Telford Hospitals, allows patients to recover nearer to friends and family requiring less travelling but more regular visits, and staff are often local and familiar. Especially important for the elderly patients.

Only one comment received supporting care without hospital beds based on staffing levels.

10. I just don't think I can see how to agree with the stretch to have beds here when there aren't enough for M/h and normal care elsewhere … I might have it wrong but I think cottage hospitals are great for non-overnight care

Political views – what has changed?

As recently as 2007 our local MPs were singing the praises of local community hospitals with significant sums of capital spend, i.e PUBLIC MONEY, some of it donated by the local population, being invested on upgrades.

See HANSARD

https://www.philipdunne.com/news/new-lease-life-stone-house-hospital-bishops-castle

https://hansard.parliament.uk/Commons/2009-07

14/debates/09071447000001/HealthCare(Shropshire)

"On the same day in January 2006, some 2,000 people marched through the streets of Bishops Castle to demand that Stone House community hospital should be saved. This was a much tougher fight for lots of reasons, not least because of divisions within the community that we resolved in part through the establishment of the Bishops Castle Stone House forum, which I was pleased to chair and through which Shropshire County primary care trust and all interested groups in the community could work together to support refurbishment of the hospital, which I am pleased to say is under way.
Shropshire County PCT, led by its responsive chief executive Jo Chambers, ***is investing some £1.2 million in that major refurbishment,*** *the first phase of which took place in 2008-09, with an upgrade to the roof and new windows. In the completed project there will be a new main entrance and much-improved reception area, 16 in-patient beds, of which four will be en suite single rooms, and a significantly expanded out-patient and ambulatory care zone, which together will enable an extended range of GP, nurse and therapy-led clinics to be delivered locally.*
The redevelopment will occur in two phases. The first phase, which commenced last month and will end in October, will mainly refurbish the in-patient areas and the second phase—from November, concluding in March 2010—will focus on out-patients and the ambulatory physiotherapy areas. During the refurbishment, existing services continue to be provided

locally, which is critical given the physical isolation of this very rural population, which is served by the community hospital.

There will be 10 in-patient beds remaining available throughout the build period and out-patient clinics will be moved temporarily to the Bishops Castle GP practice, although physiotherapy will remain on the site. One of the 16 in-patient beds will be a bespoke palliative care patient room with an adjoining relatives' room and shared access to a walled garden outside. ***This will become increasingly important as the ageing demographic of the area places greater demands on end-of-life care. I will return to that in a moment.***

This has been a real community effort, with significant input to the design of the facilities by local GPs and hospital staff, and fundraising for equipment organised by the hospital's league of friends and staff, who, with the PCT, have secured Department of Health-King's Fund funding through the Enhancing the Healing Environment programme, which the Minister will be familiar with.

I shall single out a local GP, Dr. Adrian Penney, who raised some £10,000 for this palliative care scheme by participating in the five peaks challenge last year. Those people are all to be congratulated, and those are the two main success stories in my part of Shropshire in recent years.

21

On behalf of the Bishop's Castle Patients Group, I am writing to express concern and disappointment over the processes surrounding the closure, temporary or otherwise, of the beds at Bishop's Castle Community Hospital (BCCH).

A number of recent meetings have been held as part of an 'engagement' process organised by ShropCom at very short notice and with poor publicity. Despite the lack of publicity, they were well attended by people within the town. Those in the wider catchment of the BCCH are more difficult to alert to such meetings but are none the less important to engage with. Responding to this, ShropCom have organised a further meeting shortly before the deadline for their report on whether they can reopen the beds.

The engagement has also included focus groups. The main vehicle for recruiting people to the focus groups appears to have been via online messaging such as Facebook. This fails to reach much of the demographic typical of this rural area and it is unclear whether they were recruiting across the whole geographical area served by BCCH. This is estimated by our GP practice to encompass about 400 square miles including East Powys. The focus groups have also been delayed and again will only be reporting shortly before the deadline for the ShropCom report. These short deadlines feed the suspicion that the decision to recommend closure has already been taken and that the engagement is a tick-box exercise.

The engagement process also included a questionnaire full of hypothetical questions including one that mentioned a course of action involving a non-existent hospital within a 10 mile radius. The rural nature of the BCCH catchment does not seem to have truly registered with those commissioning or designing the questionnaire. The significance of the closure of BCCH is that there is no other comparable facility within relatively easy reach. Taking the most populated area, Bishop's Castle town itself, there are infrequent bus services to Shrewsbury and only two buses a week to Ludlow. By car it is 40 minutes to Shrewsbury hospital, assuming you aren't stuck behind heavy farm traffic, and at least 30 minutes to Ludlow. Bishop's Castle area residents have also been sent to other hospitals even further afield within the Shropshire, Telford and Wrekin area. Additional to the rurality of the area, the relative poverty of much of the population also exacerbates problems of access whether to receive treatment or to visit loved ones receiving treatment or palliative care.

The argument put forward for closing the beds at BCCH is that it is not possible to recruit staff for them despite a campaign of recruitment by ShropCom. Stories told by nurses and healthcare assistants at the public meetings demonstrate the incompetence of that recruitment process. People were offered jobs and then never contacted again. In the meantime, nurses have been recruited to Ludlow, some of them were willing to work in Bishop's Castle. We have also heard of the dissatisfaction of staff with ShropCom as an employer and a reluctance to work with them, particularly following the rapid 'temporary' closure in 2021. Why would anyone take a job with a hospital that looks likely to be closed when they can take a position at a hospital with a more secure future. Local people see this as the beginning of the end of our Community Hospital. How long will it be before it is no longer financially viable to maintain the buildings and therefore out patient services will decline still further and the hospital will be closed.

The hospital at Bishop's Castle has been well-cared for and, to me, looks in better condition than much of Shrewsbury hospital. It is surely wrong to be wasting a quality facility that has the potential to provide a variety of much needed services in the community. Much can be done for patients in their own homes, but there will still be a need for inpatient medical, nursing and palliative care at times. The hospital can also provide the bridge between acute care and discharging patients back to the community. Recent reports of patients discharged to hotels while BCCH stands unused is truly shocking.

We urge ShropCom to consider whether the inability to attract and retain staff is partly their fault and to reconsider their approach to staffing BCCH, including the pay bands offered to nurses who take on considerable responsibilities, particularly over-night.

Chair, Bishop's Castle Patients Group

22

Dear Patricia and Tina

This letter is submitted as a formal response from Shropshire Defend Our NHS to the Trust's engagement over your possible/potential/likely withdrawal from the contract to provide inpatient beds at Bishop's Castle Community Hospital. We trust that you will share this with your Board. We are also working with many others in rural Shropshire on longer and more considered comments on your management of Bishop's Castle Hospital and your lack of support for rural communities more generally. These will be sent to you prior to the Board meeting of 3rd August.

Procedural issues

Firstly, we hope that this letter – submitted to you on 17th July, advertised as the end of your engagement period – will be accepted. There seems to be a sudden and slightly bewildering level of confusion about the date when engagement finishes. Your Board, at its 1st June meeting, agreed to extend the engagement period by two weeks to 17th July. This is the date we have assumed to be correct. Your Bishop's Castle web page[1], in a section marked 'Update June' confirms this, stating *'The engagement period has been extended by two weeks to 17 July'*. That is why we are submitting the letter today.

However, the section of the same page headed *'Engagement and survey'* states *'We would appreciate your completion by week-ending 14th July 2023.'* Is this just for the survey or for the engagement as a whole? How is the public meant to know? One of us tried to complete the survey this afternoon, using the link in the 'Engagement' section of this page – but simply generated a message that said *'This survey is now closed'*. Parts of the engagement evidently finished early. (Those who have completed the survey report closed questions, incorrect information within questions, and minimal possibilities for expressing their views accurately).

It did close early, though. Conversely, you have an engagement meeting in Bishop's Castle on 20th July, three days after the end of your engagement period. We know from social media that people who signed up for the 'Vision One' market research company focus groups are now hopelessly

[1] Shropcom website. Accessed 17th July. https://www.shropscommunityhealth.nhs.uk/bishops-castle-community-hospital#onthispage1

confused, and there seems to be a rumour that focus groups have been postponed until the week beginning 24th July. For an engagement that ends on 17th July…

The Community Trust has been inexact in putting together its engagement process and in sharing information on the engagement process with the public. We believe you have also been inexact in some of the comments made at public engagement events, providing details seemingly at odds with information available elsewhere.

We note, too, the lack of transparency about the period between the closure of the hospital as a whole in October 2021 and the reluctant reopening of some outpatient services in February 2022. This happened only after the Trust faced a judicial review, and then reluctantly acknowledged that it had acted unlawfully. The assurance now that this is just about beds and nothing to do with services would be more compelling if you had not closed the hospital *and* its outpatient services in a single act in October 2021.

We also wonder if the engagement is remotely meaningful when there is little evidence that the public can in any way influence an apparently predetermined decision. As you say in the 'Open Letter' on the Trust's website, *'we have concluded there is no reasonable prospect, at present, of the Trust being able to safely re-open the inpatient community hospital beds at Bishop's Castle Hospital'*. Engagement is surely a (poorly conducted) box ticking process?

We note the distinction you attempt to make between 'relinquishing the contract' and closing the beds (i.e. the pretence that the latter is somehow an unrelated event). This is a legal finesse that defies belief. If the provider of this service relinquishes the contract – having already stripped out the beds and accidentally or on purpose lost all your staff – it is close to a certainty that those beds will remain closed. The advice you have had from your lawyer and simple common sense do rather conflict on this one.

The loss of community hospital beds is causing harm <u>now</u>

In 2015, your organisation closed half the beds at Ludlow Hospital. Our recollection is that this amounted to 24 beds. This was an 'interim' closure, and the argument put by the Chief Executive of the time was that there was no 'duty to involve' because this was an interim decision. A further 16 beds were lost at Bishop's Castle in October 2021.

Since then, we have seen bed occupancy at our community hospitals of around 95% to 96%. Our community hospital beds undoubtedly saved lives during Covid. These beds are a valuable and much-needed resource. What are the consequences today of closing 40 community hospital beds in SW Shropshire? Representatives of Defend Our NHS, Ludlow Town Council and Shropshire Council shared with you in March – at a 'Big Conversation' event – the grotesque misuse of a budget hotel in Ludlow to accommodate vulnerable patients who need community hospital rehab beds.

We explained to you and Simon Whitehouse, Chief Executive of the ICB, that Shropshire patients are being discharged from Hereford Hospital and, predictably, are sometimes not well enough to return home. When this is the case, and when community hospital beds or alternative care options are not available, these patients are put in Ludlow Travelodge. This happens routinely. You can, if you choose, confirm this by simply phoning GPs or councillors in SW Shropshire. This is a quiet scandal. It is an unsafe practice. It is a matter of time before a patient comes to severe harm. If those community beds were still available, those patients would have the opportunity for safe care and rehabilitation in a location close to home.

Demographics

Rurality is not a detail in Shropshire. The population of Shrewsbury amounts to around 23.6% of the population (2021 census data), while over three-quarters of us live in small market towns or more rural settings. A majority of us live in very rural areas, in the areas described by the ONS as 'villages, hamlets and dispersed dwellings'. And that part of SW Shropshire around Bishop's Castle is one of the most rural and sparsely populated areas in the country. This is of course an area with very poor or absent public transport, an area where taxi services barely exist, and an area where mobile phone signals and broadband coverage are patchy.

Shropshire as a whole has a population significantly older than most of England. Within Shropshire, SW Shropshire is one of the oldest areas. Inevitably this means a high proportion of people with disabilities, with significant health and care needs, and with restricted mobility. Many of those most in need of NHS support will not be car drivers. You are probably aware that patient transport services in STW have been sharply reduced in recent years.

Do you understand these things? Does your Board understand? The decisions that you nod through have consequences for people's lives. An awareness of population needs *should* inform every plan you have and every decision you take. There is no evidence at all that this is the case. You have no rural plan, you have no rural strategy. You are letting down Shropshire's rural communities and you do not even seem to have a basic awareness of this.

We're losing confidence

It's increasingly an open secret that the Community Trust is failing Shropshire's rural populations. You may have noticed the considerable anger expressed by so many people at your engagement sessions. You may have picked up that local GPs disagree with you; that local councillors disagree with you. Your staff, when they find the courage to speak out, disagree with you. And the people you serve? One of us joined, on Sunday, the brilliant new campaign to save Bishop's Castle Hospital beds to petition people in and around town. There were many points when people were queuing to sign petition forms condemning your plans.

We believe that dissent is growing now, and it needs to. A best guess from us is that the dissent is becoming a wave of anger. This is about Bishop's Castle beds of course, but it goes wider than that. It is about an NHS that disregards the needs of a majority of Shropshire's population. People are noticing, we're angry about it, and we're starting to organise.

You need to understand the context. You've always ignored rurality. That may not continue to be such an easy option.

The future?

Well, a best guess is that your Board will nod through your bed cuts and you will try to return to business as usual. What you will probably face is mounting resistance to those bed cuts and to your neglect of rural health needs.

We know from the stories that are starting to emerge now that your recruitment processes have been flawed. There is an obvious and basic mistake though. Repeatedly offering Band 5 community hospital nursing jobs, with no variety, no specialisms, and minimal career opportunities, has failed to recruit and retain staff. To keep doing the same thing, when it's not working, makes no more sense than trying to recruit nurses to Bishop's Castle Hospital when your own website declares the hospital to be closed.

You can do better if you choose, around Bishop's Castle and more generally around rural communities. Short term, look at your job descriptions. Consider Recruitment and Retention Premia. Take up the offers of accommodation for NHS staff that were spelled out to you at the 5th July engagement meeting. Work with your staff. Work with communities. Work with community representatives.

Sometimes, NHS leaders get things wrong. When that happens, there is a danger of digging in and refusing to be flexible. Now would be an excellent time to start listening.

Kind regards

Gill George
Chair, Shropshire Defend Our NHS

Councillor Julia Evans,
Secretary, Shropshire Defend Our NHS

Shropshire and Telford Health UNISON Branch
Ptarmigan House
Sitka Drive
Shrewsbury Business Park
Shrewsbury
Shropshire
SY2 6LG

[redacted]

[redacted]

18 July 2023

Mrs Patricia Davies

Chief Executive

Shropshire Community Health NHS Trust

Dear Patricia,

Temporary closure of Bishops Castle Community Hospital (BCCH) – Shropshire Community Health NHS Trust

At the end of October 2021, the Trust's management proceeded to temporarily close BCCH and in doing so there was a failure to engage in any meaningful discussions or communicate with UNISON and any other Staff Side Representatives ahead of proceeding with this action. This was a fundamental breach of the Staff Trade Unions Recognition Agreement and undermined industrial relations with the Staff Trade Unions. You will recall that our serious concerns and disappointment about this were conveyed by the Joint Staff Side Chair, Mark Crisp, to the Trust management at the next earliest Joint Negotiating Partnership meeting.

We first learnt of the decision to temporarily close BCCH from a member of staff who contacted UNISON and spoke to Steve Byers, Joint UNISON Branch Secretary. The staff member advised that they had attended a meeting that morning at BCCH where they were informed of the decision to temporarily close BCCH by Senior Management. The member questioned why UNISON was not in attendance to support the members at BCCH at this difficult time. As we were unaware of this meeting with the affected staff, UNISON was unable to provide advice and support to its members, nor directly ask questions on their behalf.

We also learnt that Human Resources staff were not in attendance at this meeting and it is our understanding that the Trust's own Human Resources Department were also unaware of the decision the Trust had made. In our view this demonstrated a complete breakdown in communication and engagement within the Trust's own management structure.

Communication and engagement is the fundamental bedrock on which Management and Staff Side relations are built on and, given the action that the Trust embarked upon, this was strikingly absent on this occasion. Our UNISON Regional Officer, Opinder Tiwana, also expressed her concern in a letter to you.

Management have always assured the affected staff that the closure of BCCH was temporary and that they would do their utmost to recruit to vacancies. Our members have, since the temporary closure, been predominantly redeployed to Ludlow Community Hospital (LCH) with the commitment and understanding that they would be returning to BCCH.

Since the temporary closure of BCCH, recurring recruitment adverts, which had previously proved unsuccessful, continued to be placed in the same manner with the strong and obvious likelihood of the same outcome.

In April 2022 a recruitment day at BCCH took place, which had been advertised widely with the sole intention to recruit staff for BCCH. UNISON had also been informed by the Trust that they were very optimistic about recruiting staff for BCCH at this event and our Joint Branch Secretary, Steve Byers also attended the event. However, it subsequently transpired that this was not the case as staff who were recruited that day, on the understanding that they were to be based at BCCH were in fact offered contracts to work at LCH instead. It is our understanding that unfortunately some of these staff have since left the Trust; it has come to our attention that the main reason cited for leaving the Trust has been that they are unable to continue travelling to Ludlow and that they accepted the job on the understanding that they would be working at BCCH. Again, our belief is that all staff who were successfully recruited and accepted jobs from this event would ultimately be employed at BCCH; this has proved not to be the case with the successful applicants now being embedded into the permanent staffing numbers at LCH.

Turning to the recruitment of international nurses, we believed they were going to be employed at BCCH. Whilst we recognise and agree that pastoral support for the international nurses is critical to their retention, given the number that have since successfully been recruited and the ongoing recruitment in this respect, we are of the firm view that BCCH can and should have been reopened by now, either fully or on a reduced bed occupancy. This can still be achieved through the temporary redeployment of substantive staff from LCH to BCCH until such time the international nurses are ready for deployment to BCCH; UNISON is very concerned that all options to reopen BCCH have not been fully considered nor exhausted. We continue to express our willingness to be engaged with the Trust to explore all options to ensure that the inpatient beds at BCCH are successfully reopened.

Many concerns have been raised by staff who have been temporarily redeployed and they question why they have not been returned to their substantive roles given that nursing staff numbers have increased as international nurses have been successfully recruited and deployed. Indeed, the planned ongoing recruitment of international nurses should now sufficiently address and allay any concerns the Trust may have about safety risks to patients and staff at BCCH due to inadequate staffing levels.

We are also of the view that the option of paying recruitment and retention premia to nursing staff has not been fully explored by the Trust, the cost of implementing this would likely be offset against the effect this would have in significantly reducing the cost of Agency and Bank staff.

We have also heard at a number of events where patients, their families, and local Councilors have all expressed concerns about the impact of travelling significantly longer distances to visit patients in Ludlow, Bridgnorth and Whitchurch Community Hospitals who would otherwise have normally received treatment in the inpatient beds at BCCH. There are families and aging spouses / partners who will undoubtedly, through affordability or frailty, be unable to travel these significantly longer distances to visit their loved ones; this in turn will have a detrimental effect on them. The clear positive effects on patients' morale and recovery should and must not be underestimated when their families and loved ones are able to visit them and support their care such as at meal times.

Given the bed pressures that have been and will in the future continue to be faced by the local Acute Trust, it is vitally important that the inpatient beds at BCCH reopen as soon as possible so that they can be utilized in serving both the local and wider populations and continue to support and assist the Acute Trust at times of pressure.

We strongly urge the Trust to fully consider and take into account all the matters that UNISON has raised when making its' decision at the Trust's Board meeting in August 2023. We believe the inpatient beds at BCCH can be safely re-opened and, given our view that the Trust has the resources to do so, it is incumbent upon the Trust to provide and maintain this vital community resource and service for the residents of Bishops Castle and the wider communities that BCCH serves.

Yours sincerely

Mark Crisp and Steve Byers

Joint UNISON Branch Secretaries

c.c. Opinder Tiwana – UNISON Regional Officer

24

I understand the Board Meeting on the 3RD August will be held at the Community College Bishop's Castle and that it will be held in public. Could you clarify the following please:

May the public attend?
May the public ask questions at the meeting ?
Is there an opportunity for public questions to be submitted in advance of the meeting, if so what are the timescales and contact details please?
Could you please confirm the start time ?
When will the agenda be published?

With many thanks

Ruth Houghton

Ruth Houghton

Liberal Democrat Councillor for Bishop's Castle

Shropshire Council

Paul Mulligan
Clerk to the Council – Lydbury North
lydburynorthclerk@gmail.com

Dear Board Members,

At last night's Parish Council meeting members were updated on the possible permanent closure of beds at Bishop's Castle Hospital and being replaced by a "Virtual Ward". This may sound wonderfully modern but in effect is using the district nurses to oversee the care given by family members to those who ought to be in hospital under regular observation. This new "Ward" may work well where there are large clusters of homes such as in a large town. Have the members of the Board actually seen South Shropshire? The big town of Bishop's Castle is smaller than many villages and the rest of the area is huge and sparsely populated. This going to mean that your nurses are going to spend many hours each day travelling along tiny roads filled with potholes with a twenty to thirty minute drive between patients. Is this really a good use of their time? During the winter months many of the lanes are only passable with a 4 x 4 vehicle because of sheets of solid ice. Only the main A and B roads are salted around this part of the county. The situation is similar over the Border for the Welsh patients that have used Bishop's Castle as their local hospital – big distances between houses and farms. Do your "Virtual Wards" require connectivity with senior doctors and consultants? It may be that in 2 to 3 years' time there will be better mobile reception but at the moment many houses and farms have to stand somewhere outside in the yard/garden/up the hill to use a mobile phone.

It is generally regarded as an aid to recovery for patients to have visitors when in hospital. For those patients who are too ill to be in a "Virtual Ward" and need to be in a hospital, any visitors are going to be few. At best it is a forty minute drive to Shrewsbury hospital, plus time to park and find the patient; so a two hour absence from home for the visitor is only going to give a patient 20 minutes of visiting time. This is little time for either party but especially for children who need to go to bed before school, if they are visiting a parent, or even for older ones who need to do homework in the evening or risk their exams results. The distance is particularly difficult for older partners who are often unable to drive at night and the A488 is not an easy road in bad weather for any driver with its harsh bends, climbs and descents.

Bishop's Castle has been used as a safe hospital when there are serious infections running through either Shrewsbury or Telford hospital in the past. Where will you send these patients if Bishop's Castle no longer has this opportunity or are you guaranteeing that there will never be a serious outbreak of norovirus or c.diff?

The Parish Council would very much like you to recruit staff for the hospital with a given start date so that there is no more circular argument that no one is interested because there is not start date and that there can be no start date because there are no staff!

Regards

pp

Georgina Ellis – Parish Council Chair
On behalf of Council Members – Lydbury North Parish

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I write as the Chair of Bishops Castle Community College governors to protest at the planned closure of the beds at Bishop's Castle Community Hospital (BCCH).

Our major concerns fall under the following four headings:

1. The commissioning agent has no understanding of the remoteness of this area. Your questionnaire refers us to alternatives within 10 miles – alternatives which just do not exist. In order to get to towns with hospitals, Bishops Castle has 5 buses daily to Shrewsbury (none on Sunday), 2 a week to Ludlow, none to Telford and no train service. Even this takes no account of the much greater transport difficulties for people living throughout Southwest Shropshire and the Welsh borderland, many of whom when sick or visiting are entirely reliant on the transport of family and friends.
2. We are not convinced that an appropriate staff recruitment process was carried out. The governing body here is very aware of recruitment challenges, given that our large catchment area is very similar to that of the hospital. There are enough specific stories of ineffective procedures – advertising posts at the same time as announcing the closure, contractual delays, low pay scales, terminating or moving newly recruited people - for them not to have been invented by a few disaffected individuals. We have the impression that time that should have been spent on an integrated recruitment strategy has for preference been spent on persuading the large community concerned that it has no need for hospital beds.
3. The hospital at Bishop's Castle looks well-cared for. Given a national shortage of beds, surely it is wrong to waste a facility that has the potential to provide much needed services in the community? Some are appropriately given to patients in their own homes, but this does not remove the need for inpatient medical, nursing and palliative care. Moreover, the hospital provides a potential bridge between acute care and discharging patients back to the community, of which there is a dire shortage.
4. Finally, our attention has been caught by Rothbury Community Hospital in Northumberland. This 12-bed hospital looks as though it provides a practical model for serving our needs. Is it not possible for the NHS in one part of the country to learn from the experience of another?

I haven't mentioned the removal of local employment opportunities that your proposal necessitates - something close to the heart of school governors. I won't go on but urge ShropCom to stop wasting time and money on an engagement process which, in an any case, seems to change weekly. Instead, will you please review and restructure your strategy for staffing BCCH, taking account both of local knowledge and of standard HR procedures.

Jean Shirley

Chairperson, Bishops Castle Community College

Gill, as one of the signatories of this letter, raised some important points at yesterday's meeting about the pending 'recruitment review'. She said that she would write to you outlining those points, and this letter does that. As before, we hope you will circulate this letter to your Board.

Some wider points first, though. In Shropshire Defend Our NHS, we believe very strongly that the NHS belongs to all of us, to the general public. It is the public who pay for the NHS and who use it. Our health and sometimes our lives depend on an NHS that is there when we need it.

We believe that meaningful public involvement when services change or are cut is therefore of profound importance. That did not happen, as the Trust has acknowledged, when Bishop's Castle Hospital was closed in October 2021. And since then? A prominent local Councillor made the point yesterday that Councillors have been involved in just one recruitment event in the last 22 months. The wider community feels that, ever since October 2021, information about the future of inpatient services and the hospital itself has been limited in the extreme. In the round, there is a history here that tends to explain the anger that was so evident from meeting attendees yesterday evening.

The shared view of most of us present yesterday was that there is no possibility of engagement changing the outcome. The intended outcome seems to have been determined at a private meeting prior to the 1st June public Board. That predetermination is apparent from comments made at that Board meeting, from the 'Open Letter' on the Trust's website, and from remarks made elsewhere. It is concerning.

The 'big picture' context is one we have raised before. Rural communities make up a large majority of the population within Shropshire. Although NHS decision makers note the existence of rurality in annual reports and the like, there is little or no evidence of services that are shaped around the specific needs of rural areas. It is a historic omission. In recent years, as funding restrictions have tended to play a greater role in NHS decision making, a pattern has emerged of more services being stripped out of rural Shropshire. This increased exclusion is becoming very noticeable to those of us living in rural communities. The loss of services – including those inpatient beds at Bishop's Castle Hospital - also contributed to the anger expressed by so many local people yesterday.

A recruitment review You outlined yesterday the new plan for a 'recruitment review', a month-long project with two purposes. The first objective is for the Trust to be assured you

have done everything you could (around recruitment) in the past. The second, you said, is to also see if there is anything you can further do in terms of wider workforce issues in South West Shropshire. You added at the meeting, 'We're here to talk about any other options that we might be able to take in relation to recruitment, and also talk about the wider healthcare provision within Bishop's Castle'. Good – but these are big areas, and obviously cannot be covered adequately in a two-hour engagement meeting.

We heard yesterday evening of weaknesses in the Trust's recruitment work, including the failure to utilise the knowledge and contacts of Councillors, and the remarkable loss of the contact details of people to whom the Trust wished to offer jobs. These accounts were from Councillor Kidd and local GP Dr Penney. This is not idle gossip. Other recruitment-related stories have emerged that are quite 'jaw dropping'; genuinely close to incomprehensible. There are grounds for significant doubt about the Trust's competence and/or sincerity on the issue of recruitment of staff to the Bishop's Castle Hospital inpatient service.

Our view is that it will be essential for your recruitment review to be open, inclusive and transparent. These accounts of failure are uncomfortable, but cannot be omitted from any honest account of what has taken place.

But what of that second question: is there anything more the Trust could do now around recruiting the very small number of staff required to re-open the Bishop's Castle Hospital ward, or indeed around wider staffing challenges? It is surprising that a recommendation on something so important is to be left to one man: independent HR advisor Tony McCarthy.

Surprising, too, that he has only a month to deal with this question. Frankly, we doubt that this is possible for one man – even if he were to be tremendously knowledgeable about the NHS and rurality – to give proper consideration to the two immensely important issues you are handing him. Working with local people There is still an alternative. That is to recognise the strengths, knowledge and resources of Shropshire's rural communities.

If the Trust is willing to work WITH local people, local GPs, relevant town and parish councils, and relevant unitary authority councillors, you will discover people with ideas. People who know nurses and healthcare assistants. People who can sort out accommodation for your staff – a crucial issue which you will recall suddenly became much less of an issue at the 5th July engagement meeting. People who can work with you to get this service reinstated – if you wish to reinstate it. Building an organisation people want to work for Apologies – more big picture stuff. Understanding and working with complexity helps to build high quality care.

Both of us – Gill and Julia – are clinicians by background.

We have looked at the Community Trust's staff surveys. We know this is an organisation with a pattern of below-average scores from your own staff. Some staff concerns are around 'HR' issues, with poor scores around stress and work-life balance, and a stand-out issue of poor opportunities for flexible working. Those things are fixable – and a determined drive to establish flexible working opportunities for staff could by itself make a considerable difference to recruitment and retention.

Some of the staff survey concerns are about the quality of care – for example, the relatively high number of your staff who don't believe care of patients is the organisation's top priority, and who would not be happy with the standard of care if a friend or family member needed treatment. It is also genuinely troubling that many staff do not regard the Trust as a learning organisation. Staff come to work for a decent salary. They also come to work to learn and grow clinically – and to have a salary that reflects that. And they come to work to make a difference for patients. Nurses who believe that their organisation wants to offer and supports them in offering top-notch care – those are the nurses who stay in post. The 'vision thing' Just for a moment, consider the 'vision thing'.

Consider that the NHS in Shropshire could become a national leader in providing rural health care; trailblazers for the provision of accessible care; services that travel to people, not the other way round. Consider how exciting it could be for staff to be at the heart of building a different and better service that could transform the lives of people in their own communities. And the Trust could do that careful work on creating career pathways, specialist posts, rotational posts, opportunities for personal and professional growth. You know and we know that below-average services will struggle to recruit, wherever they are. Services that are proudly and visibly on the up-and-up are infinitely more attractive.

Tony McCarthy can't pop in for a month and tackle this complex agenda. These are leadership responsibilities – but will be achieved by leaders who have a passionate commitment to working with the communities they serve and with their staff. One of our concerns is that the recruitment review is about containment and management of a perceived problem; a tick box exercise intended to confirm to your Board that everything is fine.

Another concern is that if you close Bishop's Castle, you will build even deeper anger and cynicism amongst local people and your staff – and you will throw away an important strand of the potential for positive change. That would be genuinely sad.

‘Recruitment review’ questions More concretely, these are the questions Gill asked at yesterday’s meeting. Similar questions were asked by another attendee at the meeting. People are watching what this Trust is doing. We hope that these questions will be taken seriously, answered promptly, and the replies posted publicly on the Trust’s website.

Will you share: The terms of reference and engagement that the Trust has issued; Who was invited to tender and what the criteria for selection were; Who tendered for this work, and why Tony McCarthy was selected. Also: Will your staff, and the public, and local representatives be able to submit information to the review and suggest to Mr McCarthy others he needs to contact? Will these same groups be able to meet with Mr McCarthy early in the process to share the relevant context known to us? What mechanisms exist for progress reports or feedback sessions, and will you ensure that those are open and inclusive? Is there a pre-determined report format or set of questions you have asked or will be asking Mr McCarthy to look at – and will you share this information? An additional question: can you tell us a little more about Tony McCarthy and his background?

We look forward to your early reply on those specific points. A final comment At yesterday’s meeting, a lady sitting next to Gill talked about her parents, who had died in Stone House Hospital (Bishop’s Castle Hospital) some years ago. Their deaths had been easy and comfortable. They felt safe because they were being cared for by their own people in their own community. This was where they had wanted to die. A sense of community is precious. Local care matters to people.

Kind regards

Gill George Chair, Shropshire Defend Our NHS Councillor

Julia Evans, Secretary, Shropshire Defend Our NHS

Tina Long

Acting Chair

Shropshire Community Health Trust

Via email

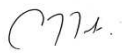
13th July 2023

Dear Ms Long

I am writing on behalf of South West Shropshire Primary Care Network and its constituent practices to express our concerns that we have not been informed of, or invited to participate in, any of the series of engagement events currently taking place regarding your potential handing back of the contract to provide inpatient care at Bishops Castle Community Hospital. This lack of formal consultation fails the governance test of assessing impact on all services, and also fails one of the five levels of assurance, by not including all commissioners of services (the PCN is a commissioner).

We strongly feel that this is a poor decision for the future of provision of community services to the people of South Shropshire and East Powys, which will have a significant impact on the work of practices and the PCN in future. We consider that as providers of primary care services we should have been consulted as significant stakeholders in the decision-making process and are concerned that once again primary care has been overlooked and excluded from these conversations.

Yours sincerely,



Dr C Morton, Chair, SW Shropshire PCN

Dr D Shepherd, Clinical Director, SW Shropshire PCN

cc. Sir Neil Mackay, Chair, STW ICB;

Dr Kieran McCormack, Secretary, Shropshire and Telford LMC

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Dear Patricia Davies,

I hope you can help me.

I am a resident of Bishop's Castle and have attended all five of the meetings/ consultations/ listening excercises regarding the future of our Community Hospital.

My immediate concern is the amazing inpatient facilities currently standing empty which, it is my understanding, could be up and running in a matter of a few weeks if staff vacancies could be filled.

I am very concerned that the person conducting the 'Independent Recruitment Report' (Tony McCarthy/MacCarthy I believe you said?) will not be aware (as, in answer to my question on July 20th, you and your colleague claimed you were not) of the failings and frankly incompetence of previous half hearted recruitment events. These include applicants details being lost/ mislaid, jobs offered then withdrawn, and totally unacceptable delays or nonexistent follow ups.

Therefore could you please send me the contact details for the independent reviewer so that I and other concerned individuals can be sure that he is made aware of these failings, ensure that the process is open and transparent, and a new dynamic recruitment drive instigated as soon as possible.

I look forward to hearing from you

Yours sincerely

Member of the Public

Dear Ms Davies,

Whilst it is encouraging to hear you extended your engagement period because you are 'listening to the public', it is clear the reason for your extension is because you were unable to complete all the engagement activity you had stated you would undertake within the original 'extended' period. This is due to your organisation's woeful planning and delivery of this activity, so of course, you needed more time.

You have finally acknowledged that you simply could not complete all of the analysis and consider the findings within the time period your engagement activity was originally due to close and your board papers were due to be published, and that of course could lead to a legal challenge. Lastly, for more than two weeks after you started a period of engagement, no engagement activity took place and there was no mechanism for the public to provide their views or participate, again, this could have been legally challenged.

It is heartening that you are undertaking a recruitment report, however if your approach to recruitment is anything like your approach to engagement, your report will no doubt suggest your Trust could have done much more and should have done better. I also suspect the poor reputation of your Trust and your poor staff survey results will also no doubt impact your ability to recruit successfully.

I have read with interest your website and the details on the Shropshire council website with regards to Bishops Castle community hospital, and I have a few questions and observations.

1. The tone of your communications on your Bishops castle webpage is extremely disappointing. In many parts it comes across as patronising and abrupt and in others defensive and insincere. I suggest you speak to your communications department about how to effectively communicate with the public as I would expect better from a public sector organisation. I'm shocked that as the CEO of the organisation you would put your name to some of the badly written communications I have seen.

2. As you are aware, considering the impact change has on protected characteristics and equality groups is a legal requirement. You have stated that you completed an equality impact assessment when making the original decision to temporary close the impatient facility in Bishop's castle and this is 'in the public domain', however I cannot locate this document, can you please forward this to me by return.

3. Given your dreadful staff survey results, what is the Trust doing to improve this and to make your organisation a place that is attractive to new staff?

4. You say the engagement activity is not just a tick box exercise and the information will be used going forward, then why the rush? It is extremely unusual to make a decision so soon after the end of a period of engagement. Why are you giving yourself so little time to consider all the information when you have said yourselves you have had a huge response? And what will be done with all the public feedback and information once your board has made its final decision?

I am yet to be convinced that between the end of the new extended date, 14th August 2023 and your board meeting on 7th September you would have had time to carefully consider all the information you have received, therefore it is obvious to all this is a done deal, and that's what is causing all the animosity and distrust within the community.

Thank you for your time and I look forward to hearing from you.

Member of the Public

www.saveourbeds.org.uk

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mail@saveourbeds.org.uk

Friday 25 August 2023

For The Attention Of:
Ms Tina Long (Chair, Shropshire Community Health Trust)
Ms Patricia Davies (Chief Executive, Shropshire Community Health Trust)
Sir Neil McKay (Chair, Shropshire Telford & Wrekin Integrated Care Board)
Mr Simon Whitehouse (Chief Executive, Shropshire Telford & Wrekin Integrated Care Board)

Dear Chairs and Chief Executives,

We are writing to you on behalf of the people of Bishop's Castle and our surrounding area. As you know we are deeply concerned about the continued closure of the inpatient beds at our hospital and the intention to consider a decision on the 7th of September at the board meeting of Shropshire Community Health Trust (Shropcom) that we believe would amount to their permanent closure. You will know how strongly local people feel about this, as indicated in the responses at public meetings, in our petition, protest, and in our campaign.

The 2021 sudden closure of both beds and all outpatient services at Bishop's Castle Community Hospital caused concern among residents, family, friends, and carers of those in south-west Shropshire and east Powys. Under the threat of legal action, a limited outpatient service was reestablished in 2022.

Recent communication from Shropcom about the proposed handing back of the beds contract resulted in the Mayor of Bishop's Castle, on behalf of the Town Council, initiating an action group to campaign for the hospital facilities to remain open. The group, subsequently named 'Save Our Beds', held its first meeting on the 13th of July in preparation for the expected Shropcom board meeting on the 3rd of August. We understand that the reason you closed the beds in the first place, and the argument that they should be permanently closed, is based on your inability to recruit, and retain sufficient staff, specifically qualified nurses, despite repeated efforts to do so. You know that we have a different view and feel that more could have been done to obtain the required staff. In particular, we note that you have commissioned an independent HR advisor to examine this. We are pleased to see that Mr McCarthy has spoken to local GPs, Councillors, and some members of our group, as we would expect this to be an essential part of his being able to produce a comprehensive report. We look forward to reading this report ahead of the meeting on the 7th of September.

We find the current NHS organisational setup extremely confusing. In particular, we are confused as to who has the responsibility for undertaking 'engagement' or 'consultation' work that could lead to the closure of our beds. We have been advised that the legal guidance that covers this is contained in the document *'Working in Partnership with People and Communities – Statutory Guidance'* – June 2022. We can see that this statutory guidance applies equally to Integrated Care Boards / Systems and NHS Trusts (page 13).

When we read through this, we cannot see that you have fully followed the guidance both in its spirit and letter. In particular, we do not feel that there was clear and sufficient engagement with the community at an early stage or that there has been any real opportunity for an examination of, and discussions about, alternative options in relation to the beds and other services.

Save Our Beds is particularly concerned that no appropriate consultation took place before or soon after the "temporary" closure of the inpatient beds. The NHS Constitution (2021) states: *"You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies,* ***the development and consideration of proposals for changes*** *in the way those services are provided, and* ***in decisions*** *to be made affecting the operation of those services"* (our emphasis). Our campaign therefore anticipates now being involved in the processes as stated in this right, as collaborative and equal partners in the future of Bishop's Castle Community Hospital.

In addition to the Shropcom recruitment campaign, the engagement process exposed a lack of understanding and care for the issues of rurality in this area and how this significantly affects healthcare. The south-west of the county is not only the most rural and sparsely populated part of Shropshire, but also one of the most rural areas in England and 57% of its population of 323,136 live in small market towns like Bishop's Castle, villages, and hamlets. The difficulties of such a dispersed population accessing care in the remaining hospitals are compounded by the age profile (census data 2011 to 2021 shows a 29.5% increase in those aged 65+), poverty, and lamentable public transport links.

The closest hospital at Ludlow is only accessible by bus twice a week. For the frail and elderly, parents with children needing hospital services, or for those wishing to visit friends and relatives this may put the hospital out of reach. Hospital transport does not take a mother and child with a suspected broken arm for an x-ray in Ludlow, or the disabled husband of a critically ill wife to Shrewsbury or Telford. In addition, there is a statutory duty placed on NHS providers and commissioners to address Net Zero emission targets. Closing facilities closer to the people who need them and effectively forcing them to use private transport neglects this duty.

We value our local hospital and indeed community hospitals in general. We believe that they can, and should, play an important role as part of the overall provision of local health and social care services.

An indication of the value given to Bishop's Castle Community Hospital is that it has been the recipient of King's Fund support which has helped equip it with a comfortable end-of-life care suite. Relatives, as well as the terminally ill, have been catered for in a familiar locality and often by healthcare staff that they knew. This facility is one which numerous people have come forward to praise and to express deep concern at the possibility that, in the future where inpatient palliative care is needed, seriously ill people will be removed from a setting that helps combat fear and loneliness in their final days.

A Freedom of Information request (SCHT FOI 3627) has revealed that community hospitals in Shropshire had in excess of 92% average occupancy over 12 months to December 2022. The beds would otherwise have had to have been supplied by the acute hospitals which are already under huge pressure; Shrewsbury and Telford Hospitals NHS Trust reported over 31,000

delayed discharge days in the year to December 2022 (SaTH FOI 22-1212). Bishop's Castle Medical Practice estimates that 543 patients could have been treated at Bishop's Castle Community Hospital during its closure. This illustrates the value of community hospitals to the wider health and care system.

The demonstration that took place in Bishop's Castle on 3rd August, organised in little over two weeks (described by the Shropshire Star as 'huge'), and the petition of 2,630 signatures indicates the determination and resourcefulness of the local community to resist closure plans. It is our contention that real engagement with our vibrant and innovative community via the Save Our Beds campaign would elicit a range of solutions to the challenges of staffing and expanding health and community services within our rural area.

We genuinely want to work with you, and the wider group of health and care organisations, in order to collaboratively develop a future plan for local services. In our view real engagement and involvement would be achieved if you were able to agree to the following:

- To work with us to establish a Partnership group, consisting of representatives of the local public, the General Practices, yourselves as providers of community health services, and other appropriate health and care commissioning and providing organisations. The remit of this group would be to develop a health and care plan for our local area with a focus on the provision of beds as a key element. This plan would include consideration of the best way that a wide range of health and care services could be provided within the resources available. It would look at what options exist for local bed-based support as part of this.
- To 'defer' any final decision regarding the current inpatient beds until the group has produced its proposals.

We believe that this would be a positive approach and lead to the sort of partnership working that is the very essence of the Statutory Guidance. More importantly, we believe that it is what both of us want to see happen.

We would request that you give the opportunity for one of us from this group together with Chris Humphris from the Community Hospitals Association, who has been advising us, to address the meeting prior to your discussion of this item. We respect that time will be limited for this. We think that this would demonstrate that your board has heard at first-hand the strength of feeling from the local community together with our desire to work constructively with you to produce the best possible plan for the future.

We do not want to be in a position where we are seeking to challenge the decision that you make. This cannot be good for local people, your staff, and most importantly the continuation and development of local health and care services. Instead, we want to find a way of working positively with you to produce (and then implement) a plan that we can all get behind. In this spirit, we look forward to having the opportunity to talk to you soon.

Yours sincerely,

Jenny Sargent
Vice Chair, Save Our Beds