Holsworthy: next steps

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The purpose of this document is to set out how the Trust intends to approach and address the risk factors present in the delivery of safe, 24/7 inpatient services in Holsworthy, namely bed occupancy and availability of staff.

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Reference	

1. EXECUTIVE SUMMARY

1.1. On 2 and 3 March the Northern Devon Healthcare Trust (NDHT) announced to staff and the public the reasons why the growing safety concerns meant it was not considered safe to continue operating the 16 inpatient beds at Holsworthy Community Hospital. The Trust effected a temporary and urgent closure and the last patient was discharged by 23 March 2017.

1.2. The NDHT Board is wholly committed to maintaining safe and high quality services and felt unable to ignore the safety triggers occurring at Holsworthy which risked a future, safe inpatient service. These were:

1. Insufficient patients needing an admission to Holsworthy hospital (bed occupancy).
2. Insufficient availability of staff to run the inpatient unit safely.

1.3. NDHT held two public meetings and eight drop-in sessions, and attended a town council meeting in public to explain the decision, listen to the community and hear their concerns.

1.4. As a result of the ongoing dialogue with the community and some of its leaders/representatives, there is an expressed willingness to work alongside us to support the Trust address its safety concerns.

After purdah (9 June) we plan to invite community representatives to work with us in assessing our progress and exploring the options. We are absolutely committed to being transparent about our progress, success and challenges and communicating these openly and regularly with our community.

1.5. This paper describes how the Trust will approach addressing the risks of low bed occupancy and staff availability in order for the beds to reopen.

1.6. The two risks which need to be addressed before the Trust can reopen the beds are:

- Low bed occupancy
- Poor and inconsistent availability of staff (sickness and vacancies) leading to reliance on agency staff

1.7. The bed occupancy needs to be solved first, as the staffing resource needed will be determined by the number and acuity of patients.

1.8. This paper will be presented to the Northern Devon Healthcare NHS Trust (NDHT) Executive Director team for consideration before being shared with Northern, Eastern and Western Devon CCG, the commissioners of these services in April 2017.

2. BACKGROUND

2.1. The reports and minutes of the decision-making process and subsequent engagement are all published on the Trust website and can be found here:

- **NDHT Board paper** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/Safe-inpatient-services-at-Hols-and-SM-13.2.17-FINAL-CCG.pdf)
- **NDHT Board minutes** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/holsworthy-minutes.pdf)
- **Stakeholder briefing** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/Stakeholder-briefing-Holsworthy-FINAL.pdf)
- **Public meeting presentation** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/Presentation-for-public-meetings-Holsworthy-FINAL.pdf)
- **Key facts document** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/Key-facts.pdf)
- **FAQ and Q&As from public engagement** (http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/FAQ.pdf)
- **Public engagement feedback and themes report** (in draft)

2.2. The Care Closer to Home model of care was implemented following NDHT's Safe and Effective Care within a Budget consultation in 2015. This model of care – which promotes 'home first' as the default setting for care – is very successful. NDHT is now supporting and caring for ever more people in their own homes. An unforeseen consequence of the strength and success of the community model of care is that the 16 beds in Holsworthy have had decreasing occupancy, leading to 4-5 beds being free at most times.

2.3. The longer a patient stays in a bed[1] there is a reduction in muscle function which leads to an evidence reduction in level of independence that can be attained.

2.4. There is not the same active case management in the community hospitals to be discharged in a timely way leading to delays in discharge.

2.5. There is some growing evidence that changes in clinical practice and assessment at NDDH (as well as RD&E and Plymouth) to embed the 'home-first' culture and effective patient flow between acute and community has also contributed to the declining occupancy.

[1] *Source: National Audit of Intermediate Care 2014*
http://www.nhsbenchmarking.nhs.uk/CubeCore/.uploads/NAIC/NAICSummaryReport2014.pdf

2.6. Prior to the temporary and urgent closure NDHT tried several projects to increase the availability of staff and volume of patients using the community hospitals. A description and summary of the outcomes of these attempts follow:

- **Deploying staff flexibly between NDDH and Holsworthy.** This put significant pressure on the resilience of our acute inpatient services and was very difficult to manage on a day to day basis.

- **Nurse/therapy-led units.** NDHT launched an internal project to look at how to bolster the resilience of our community hospitals by creating nurse/therapy-led inpatient services and increase the volume of patients using the hospitals. At the time, the therapy and nurse workforce position and national shortages in these essential staff groups means that this model could not be explored further.

- **Attempts to engage with primary care.** NDHT struggled to approach this in the right way; we weren't able to give GPs sufficient notice to attend meetings.

2.7. **Summary:**

The Trust considers that, prior to the temporary closure, it had done its best to access all available internal resources to address safety concerns and maintain high quality inpatient care.

However, there is always more than could be done and the next section describes the Trust's proposed external approach and the co-operation that we will be seeking from neighbouring organisations, commissioners and partners to resolve our safety concerns and enable the beds to reopen safely and sustainably.

The meeting with the CCG in April will be the first in a series to enable the CCG to support NDHT and for the commissioner to check NDHT's progress.

3. FEEDBACK FROM THE COMMUNITY

Through the public meetings, drop-in and correspondence with our staff and the public since the temporary closure, the Trust has listened to and absorbed the following feedback:

3.1. **Questions/challenges from the community**

- Are we denying access to patients from NDDH, RD&E and Plymouth who could benefit from care at Holsworthy Community Hospital?
- Why aren't we working more closely with Cornwall?
- Is there enough care in the Holsworthy area, whether in the home or residential care/nursing homes?
- Social isolation is a real concern
- End of Life care is a real concern

3.2. Themes emerging from our public engagement are as follows:

- Detail on the temporary closure - the rationale, the length, how will we monitor the impact
- Anxiety about how people will be cared for at home
- End of Life care – How it works in the community, what about people who want to die in hospital
- What is being done to address the occupancy and staffing issues in order to re-open?
- How are staff being supported?
- Data – queries on the data used to inform the decision and requests for more data to be considered.
- General questioning on how community hospitals have changed over the last 20 years
- How the closure will affect serious incident planning and NDDH in escalation
- What other services are continuing at Holsworthy Hospital

4. THE APPROACH

The approach to this project is set out in detail in Appendix 1: Action Plan. A summary is set out below.

Our purpose

4.1. One: Explore whether the occupancy can be increased sufficiently to run safe inpatient services from Holsworthy hospital

Then

4.2. Two: Recruit, redeploy and retain a sustainable workforce to deliver the model of care

Who needs to be involved

4.3. Key stakeholders

- Northern Devon Healthcare NHS Trust
- Royal Devon and Exeter NHS Foundation Trust (Okehampton)
- Cornwall Community Trust (Stratton)
- Hospice
- GPs in Holsworthy, Black Torrington i.e. those with admitting rights to the hospital
- CCGs – NEW Devon and Cornwall
- Devon County Council
- The community leaders/representatives (to be defined)

Please see section 5 for an outline of the engagement approach we will take with these stakeholders.

It is crucial to obtain the support of the commissioners of this work because they have a system-wide perspective which is required.

For example: Holsworthy is very close to the Cornish border. We need the CCG to help us liaise with a neighbouring county's health and social care bodies to understand whether we can increase bed occupancy by considering the whole Devon and Cornish local population catchment.

From NDDH's point of view, Cornish patients often experience delays getting home from NDDH because we are negotiating with a different health system. If a by-product of this work is to smooth this pathway for patients, this would be extremely constructive.

Tactics to increase the occupancy (with support from the CCGs)

4.4. This work is likely to fall into two parts

1) Audit to understand the reasons for the decline in occupancy and whether anything could reverse this trend

2) Explore whether extending the catchment area for patients currently able to be admitted to Holsworthy hospital would increase the occupancy to fill the 16 beds.

4.5. Audit to understand the reasons for the decline in occupancy and whether anything could reverse this trend

Through listening to the feedback from the community about the social and historic value of the inpatient services and well as examples where people have felt they were unable to access a bed, NDHT agrees that it is important to understand this more.

It remains the case that NDHT data shows a downward trend of occupancy. There has been no internal command or strategy to block access to a community hospital bed for eligible patients.

However, there are clear concerns in the community. We will conduct retrospective audits/reviews (looking at past patients) to understand whether or not more people could have appropriately used the inpatient services in the past six-nine months to identify whether this had an impact on overall bed occupancy.

We will look at the following evidence:

- Review patients referred to Holsworthy/NDHT from NDDH, RD&E and Plymouth. Need CCG and acute neighbours to provide data on how many could have benefitted from a community bed (using existing admission criteria). How many admissions to Holsworthy CH happened for these patients? This may require clinical review of notes/retrospective clinical audit.

- Understanding the Cornwall pathway - Cornwall patients, admitted to NDDH. Do they use Stratton or Holsworthy? Are there any delays caused because we are operating across county borders? This may require clinical review of notes/retrospective clinical audit.

- Audit of delays to and from Holsworthy/NDDH for nursing home and residential home placements and map the location of these placements.

- Review of performance data from Devon Cares over the same period to show unfilled personal/domiciliary care for the same period.

- Ditto care and residential care home capacity for the same period.

- Ask GPs for case studies/examples when NDDH Pathfinder or local H&SC team had been unable to source or provide care, leading to an admission to either NDDH or Holsworthy.

- Audit of GP step-up patients against criteria to see if all admissions were appropriate for Holsworthy Community Hospital.

- Planning the 'Perfect week' in May with primary care to test better ways of working to include:

    - Embedding a member of the community health and social care team within the practice to test if this speeds up referral/response and reduces duplication.

    - Early triage of home visit requests by GP Nurse Practitioner

    - Ensuring the right person with the right skills goes out to see a patient first time

    - Working in partnership with local care homes to support resident patients

    - Joint paramedic/nurse response to ambulance calls from Holsworthy care homes

4.6. Availability of staffing

If the outcome of the audit and catchment work suggests that Holsworthy inpatient services could run at a safe capacity, a cohort of patients can be defined that delivers an improved bed occupancy and the commissioners are assured that it would offer a safe, resilient service then NDHT would start preparing the workforce plan required to safely deliver the service.

Because staff have been temporarily deployed from Holsworthy there would be a 3-4 month lead time to them ending their redeployments and returning to Holsworthy.

If new or replacement posts are required this lead-time may increase to 6 months. The caveat to this work to address the availability of staffing is that there has been no material improvement to the nurse workforce availability at a national level.

Parameters – quality and financial

Quality

The quality parameters are that we need to be able to find a sustainable and sufficient source of patients to fill the beds (resulting in high bed occupancy) before we can reopen.

Once the bed occupancy is resolved we then need to confirm a sustainable and sufficient supply of workforce to maintain a high quality and safe service.

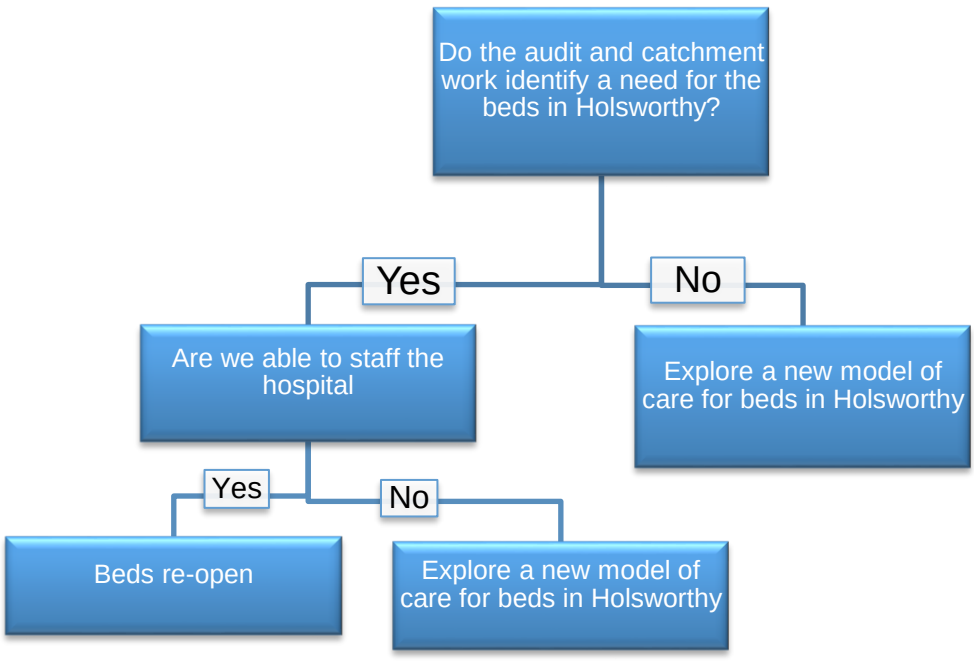
The model of care must be deemed to be high quality and safe by the Commissioner's quality leads and NDHT's regulators.

Financial

The financial parameters are that whatever solutions are found, it has to remain within the existing budget.

As it is the combination of the occupancy **and** staffing problems which resulted in the need to temporarily close the beds at Holsworthy, both elements needs to be addressed in order to re-open. Only solving one of the elements will still result in the exploration of developing a new model of care.

The process is summarised in the diagram below:



What happens if we are not successful increasing the occupancy or addressing the staffing problems?

If, having carried out the work described above we are unable to run inpatient services at Holsworthy community hospital safely, we would look to work with the CCG and the community to develop a new model of care in Holsworthy hospital.

Any new model of care would look to meet the needs of the local population by providing high quality and sustainable services within the budget.

Ensuring the community are informed of our progress

This paper will be presented at a meeting with NEW Devon CCG in April 2017. NDHT will request support for the intended approach and support with liaising with partners and neighbouring organisations to achieve the objectives.

We will publish all documentation on the Trust website as well as releasing briefing notes, press releases etc at relevant milestones.

We plan to meet regularly with the community to discuss our progress and findings. We hope this will this will mean they feel engaged and informed about our actions to reopen the beds.

5. Our engagement approach

Phase 1 March – April 2017

In early March, NDHT announced that it had significant concerns about the safety of community inpatient services, particularly at Holsworthy. The issues of bed occupancy and staff availability were most pressing at Holsworthy and the Trust took the decision to temporarily close the beds and redeploy the staff.

Throughout the rest of March we held drop in sessions and public meetings which were attended by staff, public, stakeholders and the wider community to explain this decision and our safety concerns. These meetings also provided an opportunity for people to raise concerns about the temporary closure.

Phase 2a May – July 2017

Operational activity: Having dealt with the immediate safety risk, safely discharged the inpatients and supported our staff into temporary redeployments, NDHT will commence the project to address safety concerns. These are set out in this paper and action plan.

NB: Inbetween the temporary closure and the 'Next Steps' plan being drafted, a general election has been called.

This significantly impacts and reduces the level of engagement the NHS is able to undertake between now and 9th June. Purdah guidance is here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/610239/general-election-guidance-2017.pdf

This means that the NHS cannot engage in any meetings with any politicians or elected members on any subject which has political connotations, or would have the potential to be used for political purposes.

We are extremely frustrated to be in this position as it will delay our engagement and postpone the meetings we wished to hold in April with community leaders to discuss our approach to the next steps.

At a time when it is crucial for the NHS to be open and transparent about its plans, this presents some unavoidable risks to relationships of trust being established.

Phase 2b June - August 2017

Engagement activity: The engagement activities that will take place between June and August to support this project and ensure the community and stakeholders are aware of our progress are set out below.

Engagement parameters

At this stage, we are working towards addressing our safety concerns to re-open inpatient services at Holsworthy Community Hospital under the current model of care (accepting patients who require rehabilitation which cannot be delivered at home and is not appropriate to receive in an acute hospital).

As outlined in this document, this involves addressing our occupancy rates and staffing issues.

We have initially given ourselves 4 months to complete this project. If, despite our best attempts, by the 31 August 2017 we are unable to address our safety issues, we would then explore looking at alternative models of care for inpatient services at Holsworthy hospital. If required, this would create a third phase of our work in Holsworthy.

Phase two engagement objectives

1) Ensure the community are kept fully informed about the progress we are making in addressing our safety concerns

2) Provide a platform for people to feedback their anxieties and or concerns

Planned engagement activity from June 2017

1) Develop a stakeholder reference group consisting of key representatives from the local community with whom we will have monthly meetings to discuss our progress in addressing our safety concerns and being confident of finding sufficient patients to increase the occupancy.

2) Hold fortnightly/three-weekly drop in sessions for members of the community to ask questions and obtain more information.

6. Decision

NDHT Executive Directors considered and agreed the proposed approach on 24.4.17. NEW Devon CCG indicated their support on 24.4.17.

Therefore, with all parties in agreement, the Next Steps approach will be mobilised during May 2017.