

Friday 3 March 2017

Stakeholder briefing

Temporary and urgent closure of inpatient services at Holsworthy Community Hospital

The Northern Devon Healthcare NHS Trust (NDHT) today outlined significant operational and safety issues which require us to temporarily close inpatient services at Holsworthy Hospital, from March 2017.

This briefing note explains what gave rise to the issues and the temporary arrangements that we will put in place to ensure patients continue to be able to access the care they need.

The Trust has taken the decision in response to a number of significant operational and safety issues which have escalated to reach a position that is no longer sustainable at Holsworthy Hospital. These are:

1. Sustained reliance on agency staff to cover staff sickness and maintain safe staffing levels
2. Prolonged and continued recruitment difficulties due to national skills shortages
3. Continued low bed occupancy even when there is high demand at North Devon District Hospital

We appreciate this decision will cause concern among the local community and we did not take it lightly. We know that there is a great deal of support for our community hospitals, particularly in more rural parts of the county, such as Holsworthy, and that this will be unwelcome news for many local people. However, we cannot fail in our aim to provide safe, high-quality and sustainable services to our patients.

We will be holding a series of engagement events (see below) where we will explain in detail the rationale behind this temporary and urgent closure and provide the public with the opportunity to ask question and express any anxieties they might have.

Background

In 2015 we carried out a consultation around inpatient services in community hospitals. At that time, a decision was made to keep 40 inpatient beds in Northern Devon and that these inpatient beds would serve the patients of Torridge and North Devon respectively.

Since 2015, we have also continued to invest in our community teams and we are now caring for more people in their own homes.

Why are Holsworthy inpatient services temporarily closing?

The Trust is concerned about a number of simultaneously occurring risks to our ability to maintain a safe inpatient services, namely the levels of staff sickness, the sustained and increasing dependence on agency staff and the low occupancy of the beds at Holsworthy. We have carried out a risk assessment in relation to these concerns and this has led us to conclude that we have no option but to temporarily close inpatient beds at Holsworthy as an urgent measure.

A summary of the concerns follows. For more information, please refer to the [report and minutes of the NDHT Executive Director meeting](#) (available online from 3 March 2017)

Workforce concerns

There are a number of workforce issues relating to therapy and nursing at both Holsworthy and South Molton community hospitals that are causing us concern. These issues are particularly serious in Holsworthy.

There are significant levels of staff sickness in registered nurses (11%) at Holsworthy community hospital. This requires the Trust to support the inpatient services with agency staff, which increases the risk of patient harm and means the service is delivered at a premium cost per month. This reliance on agency nurses is unreliable and puts the Trust in breach of its contract with NEW Devon CCG.

These hospitals require two trained nurses per shift so if one is an agency worker, there is relatively higher risk of patient harm than on larger wards where there are more staff. Our patient data demonstrates that where we have reduced agency staff, our incidents of harm to patients, such as falls and pressure damage, have also reduced.

In summary, having a large proportion of agency staff does not provide the best care for patients and it is also expensive. The rural location of Holsworthy also means that agency workers are harder to find and this means at times only one registered nurse may be available to manage the patients at Holsworthy Hospital.

We are also experiencing significant difficulty recruiting physiotherapists, due to an increasing national shortage, and there is currently close to a 50% vacancy position in terms of registered therapists at Holsworthy. Whilst we have workforce issues at both South Molton and Holsworthy, they are more acute and challenging in Holsworthy and the actions we have been taking to mitigate the workforce issues are becoming unsustainable.

The ‘Home First’ model leading to lower bed occupancy

Thanks to our excellent community services, and significant work undertaken to improve patient flow at North Devon District Hospital, the Northern Devon Healthcare NHS Trust has coped very well over the winter. The Trust was recently highlighted by the Head of NHS Improvement, Jim Mackey, as one of the very few trusts “performing on all fronts” and we are regularly at the top of national tables when it comes to 4-hour A&E waiting times. This demonstrates that our model in northern Devon is very good at meeting people’s needs, even in periods of high demand for our services.

More and more people are leaving NDDH and going straight home, to continue their recovery with support from our nurse, therapy and social care teams. The length of time people can expect to stay in hospital is going down year on year.

This means that a decreasing number of patients are transferred to Holsworthy and South Molton community hospitals. Even when we are in escalation at NDDH, the beds in Holsworthy are not fully used because there aren’t enough patients who need that sort of inpatient care anymore. We are therefore seeing lower bed occupancy for a sustained period of time in our community hospitals (see the data table below).

Average monthly occupancy of Holsworthy Community Hospital:

Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
79.17%	71.77%	67.92%	72.38%	91.73%	94.79%	76.81%	71.04%	65.93%

This creates a risk because our community hospital inpatient nurses are seeing fewer patients. For example in December 2016 there were only 10.5 beds (on average) occupied in Holsworthy, meaning that each of the two registered nurses on shift had five patients to care for. This is a higher nurse to patient ratio than an acute ward and is an insufficient volume of patients to enable nurses to maintain their skills

and competencies and may make it difficult for our nurses to achieve revalidation with the Nursing and Midwifery Council (a professional requirement required for registered nurses to practice).

What have we already done to address these risks?

As the Trust monitored the emerging risks in our agency use, staff sickness and recruitment difficulties, we took a series of actions to try to address these patient safety risks.

Moving staff between North Devon District Hospital and Community Hospitals

As there is almost no bank or agency market for therapy vacancies we continue to work with many unfilled therapy shifts especially in the community hospitals.

The NDDH ward nurse and therapy teams have been supporting the community hospital's growing vacancy position by covering shifts at short notice in the community hospitals for many months but this created pressures on our acute inpatient service. Every day the operational teams balance safety and available resource. This position is not sustainable or safe and disrupts effective team-working between our staff.

Considering a new model for the inpatient beds

In 2016 we looked at changing the model of care in our community hospitals to an intensive rehabilitation service. This would have complimented the very strong and resilient service being delivered in people's homes.

However, the workforce development required to deliver a nurse/therapy-led intensive rehabilitation service will take up to two years to implement because we do not currently have staff with the required skills. This means this model cannot be used to its full potential at this time.

Equally we are not assured that if we were able to change the model now there would be sufficient patients requiring community hospital care within the Holsworthy area.

We have made every effort to address the challenges detailed above, but unfortunately we have not been able to overcome them and we are now in a position where these significant operational and safety issues have escalated to reach a position that is no longer sustainable.

How can we be assured patients will still be cared for appropriately?

Despite reducing our community hospital beds in 2015, there are still 35-45% of patients in a bed who have no medical need to be there. Results from the 2015/16 South West Bed Rehabilitation audit of the 25 community and 208 acute beds at NDHT occupied on the day of audit showed that:

- 40% of our community hospital beds were occupied by patients who no longer needed to be in hospital
- 51% of all inpatients had rehabilitation needs
- 26% of patients with rehabilitation needs did not require nursing care

This means that the actual need for community hospital beds is even lower than the current occupancy levels suggest.

Having said this, patients who are too unwell or not suitable to be cared for at home will still be able to receive care in a hospital bed. Based on the results of the audit, we anticipate that up to five patients per month will be directly impacted by this temporary closure. These patients will either be cared for in another community hospital, have a longer stay at NDDH or receive their care in an NHS-funded care home placement.

In this way we are able to minimise the impact on the majority of patients.

What do we mean by temporary?

The gradual and continuing decline in occupancy, combined with the vacancy situation, long-term sickness and increased agency pressures, means inpatient beds at Holsworthy hospital will need to temporarily close. This is an urgent measure, while a long-term model of care is developed that addresses the current safety and sustainability risks we are facing.

We are therefore unable to say at this time exactly how long the closure will be for as it will be dependent on the further development of community based services. The NEW Devon Clinical Commissioning Group (CCG) will review the temporary closure and will work with the Trust to determine a timeframe.

We will be closely monitoring the impacts of the closure by collecting the following data for those patients with a Torridge postcode, particularly Holsworthy:

- Whether people are being discharge safely (through readmission rates to NDDH)
- Impact on NDDH Emergency Department (to understand whether more people from Holsworthy attend A&E)
- Length of stay in our hospitals (to check there are no delays to discharge)
- Patient experience of care at home and inpatient services
- GP experience of accessing care for their patients
- Volume increase/decrease of calls to the ambulance service or 111
- Impact on Devon Doctors (out of hours GP service)

We will publish this data at regular intervals to ensure we are all able to examine the impact of this temporary closure of beds.

Other services at Holsworthy

Our community hospitals offer much more than just inpatient beds and these will remain unaffected by the changes to the inpatient services. At Holsworthy we run a large range of other outpatient clinics and services, from audiology through to urology. We hold balance classes, bladder and bowel clinics, cardiac services, physiotherapy, day treatment services such as blood transfusions and a depression and anxiety service. Voluntary services such as the Alzheimers Society, Devon Carers, Holsworthy Forum and the Stroke Club also use the facilities at the hospital. For the full list of services currently operating from Holsworthy, please see the link on our website.

Have your say

We want to support the community to understand this temporary and urgent closure. To achieve this, we are hosting a series of engagement events which will provide the opportunity for people to understand more about the rationale behind our decision and express any concerns or anxieties they might have.

Because this is a temporary and urgent measure we will not be running a public consultation at this time. There is no quick fix, or sticking plaster to the problems we are facing and nothing we have tried to address these risks has proven to be sustainable. A consultation would only be worthwhile once there is a model which addresses these risks.

Engagement events

We will be hosting two days of drop-in sessions and two public meetings on the times listed below.

Drop-in sessions – booking required

Monday 20 March 10.30 am to 1pm

Thursday 30 March 9.30am to 12pm

The drop in sessions will run in 30 minute slots with a limited number of people per session. If you would like to attend a drop in session, please contact Judith Latchman on 01271 322460 or judith.latcham@nhs.net to book your slot.

Public Meetings

Thursday 23 March 3.00pm – 4.30pm

Thursday 23 March 6.00pm – 7.30pm

Location: Holsworthy Memorial Hall
Manor Car Park, North Road, Holsworthy, Devon, EX22 6DJ.

There is more information on our website:

www.northdevonhealth.nhs.uk/have-your-say/Holsworthyengagement

People can also write to the Trust at:
Holsworthy Engagement
Northern Devon Healthcare NHS Trust
Raleigh Park
Barnstaple
Devon EX31 4JB

Email: ndht.contactus@nhs.net

Conclusion

Patients and their families need to be confident there are enough nurses on shift to care for them while in hospital and that those nurses have the necessary skills to deliver high-quality care.

We also need to make the best use of our resources and the decline in bed-occupancy at Holsworthy means that currently we can no longer run effective inpatient services at the hospital.

Admissions will cease on 3 March 2017 and the unit will close once the last patient has been discharged. We will continue caring for all current inpatients and make sure they are discharged safely.

We tried several different approaches to maintain safe inpatients services at the community hospitals and we therefore share the community's sadness that we are having to temporarily close, as a urgent measure, the inpatient services at Holsworthy.

This is a temporary decision taken to resolve an immediate risk of patient safety and quality of care but bearing in mind the staffing difficulties we face, the issue is unlikely to be resolved quickly.

This requires serious thought and a long term review of the way community care is commissioned and provided into the future. Whilst the problem in delivering the service is ours, the long term solution is the responsibility of the body which commissions services to meet the needs of the local population, the NEW Devon Clinical Commissioning Group, so it would not be appropriate for NDHT, as a provider, to host a consultation at this time.

This decision is separate from the work that is being carried out as part of the Sustainability and Transformation Plan (STP) and will have no impact on the Your Future Care consultation. It is a decision made solely by the Board of Northern Devon Healthcare NHS Trust.

NEW Devon Clinical Commissioning Group and the management team of the STP understand the risks we are facing and endorse the actions we have taken to address these risks.

We would like to thank our committed and dedicated teams who have worked extra hours and gone above and beyond to serve the patients of Holsworthy so well over the years and we will continue to support our staff affected by this temporary action.

Alison Diamond
Chief executive

Nicola Ryley
Director of nursing

Questions and answers about Holsworthy

Why are you doing this now?

This situation has been gradually building over several months. We have attempted to recruit nurses and therapists but vacancies have been further compounded by prolonged sickness. The bed occupancy remains low with only 10 beds on average being used. Due to this prolonged low bed occupancy, our nurses are now at risk of de-skilling and this was the final safety trigger which means we need to act now.

Why are you not carrying out a public consultation?

These are urgent and temporary measures that we need to do to ensure we are able to care for our patients' safely. In these circumstances consultations are not required by law, however, we are committed to ensuring that people understand the situation we face which is why we have published the documents transparently describing our response to the risks and holding several public meetings.

Furthermore, whilst the problem in delivering the service is ours, the long term solution lies with the New Devon Clinical Commissioning Group, so it would not be appropriate for us to host a consultation about the way services are commissioned and provided into the future.

Will any staff be made redundant?

No – no staff are at risk of redundancy as a result of the temporary closure. We value the staff that work so hard for us and have put in place a programme of full support to every employee with our HR colleagues and Staff-side representatives. Every member of staff will be supported to explore redeployment opportunities and alternative career options to ensure that we retain, and continue to support, our skilled workforce.

Where will community inpatient services be available to residents of Holsworthy and surrounds?

In the first instance, we would work with the patient and their carers and family to identify if the patient could be cared for at home. If patients need inpatient care, there will always be a hospital bed for them.

Are you allowed to act unilaterally to close beds?

We alerted our commissioner, NEW Devon CCG, about the risks we were facing at the earliest opportunity. We are able to take this decision as we have to put patient

safety first and because this is a temporary measure. Our most senior and board-level clinicians believe there to be an unacceptably high risk to patient safety if the inpatient beds are kept open with insufficient staff, insufficient patients or significant reliance on agency staff.

Will the beds ever reopen?

We cannot say for how long the beds will close. The CCG will review the temporary closure and will work with us to determine a timeframe. We are working with the CCG to further develop the community-based services that will enable us to provide the right level of care that meet the needs of the people of Torridge and North Devon within the resources available. We will be maintaining a close dialogue with the local community to ensure they are kept informed.

Why is not acceptable to use agency staff?

We have taken an active strategy to reduce the use of agency staff across all our services, and have significantly reduced reliance over the last 18 months. Agency staff don't know the hospital, our safety processes and our local partner teams. Using agency nurses does not provide acceptable continuity of care for our patients and is proven to carry greater risks with patient safety and care. Our patient data demonstrates that where we have reduced agency staff, our incidents of harm to patients have also reduced.

What have you done to recruit?

We have launched numerous recruitment drives to fill the vacancies, including creating a new recruitment website, establishing a new local bank, targeting registered nurses in local communities, producing videos and producing eye catching advertising. We have rolling advertising on NHS Jobs, attend numerous careers and jobs fairs across the UK and recruit from European countries.

However, there is a general shortage of registered nurses across the country, and when they are available their preference is generally to work at larger hospitals or the community nursing teams. .

What are you doing to make up for the loss of beds at Holsworthy?

Extra resources, deployed from the closure of the inpatient beds, will be put into the community health and social care teams, who treat people in their own home.

Will the beds reopen in six months if you manage to recruit and train more nurses and therapists?

Even if we do manage to recruit and train more nurses and therapy staff, we will still have the problem of low and decreasing occupancy at the hospital. This means that we will be putting these staff at risk of skills degradation and not being able to revalidate through the Nursing and Midwifery Council (NMC).

We will be working with the CCG to develop a model of care that will enable us to provide services that meet the needs of the people of North Devon and Torridge within the resources available.

Where will the current patients in Holsworthy Hospital go?

Any current inpatients will be discharged home when appropriate or the NHS may fund a placement in a care or nursing home to enable their rehabilitation more locally. We aim to avoid transfers between hospitals whenever possible, so will stop admitting people to Holsworthy as soon as the decision is made.

We constantly hear on the news that there are patients stuck in acute hospital beds that do not need to be there. Why can't those patients be looked after at Holsworthy?

We have very few patients who are stuck in beds in NDDH. This is because our acute consultant, nurse and patient flow teams work so determinedly to get patients discharged 'home first' and without delay. Our community teams also work really well in getting people back home and preventing admission in the first place. The low levels of occupancy at Holsworthy Community Hospital show that so called "bed blocking" is not an issue at in Torridge and North Devon.

With regards to decreasing occupancy, even if there aren't sufficient suitable patients from NDDH what about patients at the RD&E who live in that area?

There is not a natural flow from the RD&E to Holsworthy as patients tend to use Plymouth or NDDH, but we do acknowledge that there may be some people from the Holsworthy area waiting in the RD&E for a community bed. However, there are some limitations on which of these patients can be cared for in a community hospital dependent upon which GP the patient is registered with and the medical care required.

Have you ever re-opened inpatient beds at a community hospital after "temporarily" closing them?

No we have not. Unfortunately, the issues we are facing at Holsworthy are the same as those experienced previously at Moretonhampstead, Ilfracombe and Axminster . These are a symptom of the fact that the historic community hospital model is not sustainable across Devon.

Okehampton Community Hospital might close under the CCGs current consultation. This will leave no community hospital provision in this area. How are you going to address this?

Patients who need inpatient care will still get a bed. We acknowledge that this decision means that some patients and their families/carers will have to travel further to access appropriate inpatient services , but this relates to a very small number of people every month.

What mitigation are you putting in to the Holsworthy community to compensate for this loss of beds?

We already have a well-established community team in the Holsworthy and Torrington area that cares for between 350 and 450 people in their own homes at any one time. In order to care for the extra patients, we will deploy staff affected by the temporary closure to increase the resource in the community team.

Where are you going to get this resource from?

These would be staff who were previously working at Holsworthy Community Hospital. The remaining nursing staff may be redeployed to other sites across the Trust, where there are vacancies or agency usage.

Are you confident the hospital based staff are competent and willing to be redeployed in to community based roles?

In the past, where we have redeployed staff, we have found that they have been happy in their new roles in the community. We agree that additional skills and training may be required. We always provide the appropriate support for our staff as they transition to new roles.