

# MINUTES OF A MEETING OF THE EXECUTIVE DIRECTORS

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Held in the Boardroom, Chichester House Boardroom, NDDH on 13<sup>th</sup> February 2017

## PRESENT:

Alison Diamond	Chief Executive (Chair)
Colin Dart	Acting Director of Finance
Iain Roy	Director of Facilities
Nicola Ryley	Interim Director of Nursing
George Thomson	Medical Director

## IN ATTENDANCE:

Katherine Allen	Deputy Director of Operations and Transformation - <i>Deputising for the Director of Operations and Transformation</i>
Jenny Nash	Director of IM&T
Tim Robinson	Assistant Director of Human Resources ( <i>Dialled in</i> )
Kate Winter	PA to Chief Executive and Acting Director of Finance

## APOLOGIES:

Darryn Allcorn	Director of Workforce and Development
Andy Ibbs	Director of Operations and Transformation

## 55/17 Community Hospitals

Alison Diamond (Chief Executive) asked Katherine Allen (Deputising for the Director of Operations and Transformation) to present the options for delivering safe inpatient services in Holsworthy and South Molton Community Hospitals detailing all issues of safety, workforce (staff), workforce (process) and financial. The focus is currently on Holsworthy Hospital due to immediate pressures but South Molton Hospital has similar issues emerging.

Katherine Allen outlined a number of risk factors which have emerged between September 2016 and January 2017 which the Trust has been unable to resolve including long term sickness resulting in increased agency usage and decreasing inpatient occupancy.

### Background

To increase the resilience of community hospitals a test of change pilot was launched on 16<sup>th</sup> January for a new model of care which included:

- Exploring admission criteria to community hospitals to focus on offering intensive rehabilitation to patients 'stepping down' from NDDH. Exploring whether there was an unmet rehabilitation need which would benefit patient flow.
- Exploring how the community hospitals could access the senior medical input at NDDH.
- Exploring how the community hospitals could access the senior nursing and

therapy teams currently supporting patients in their own homes.

During this time, despite every effort the Trust has been unable to address staffing and agency risks in the community hospitals. It was noted however that the Health and Social Care teams across Northern Devon are fully established and offering a resilient service.

## **The Case for Change**

### Vacancies

There is currently a 25% vacancy position across the therapy teams at Holsworthy and South Molton Hospitals. It was noted that two band 6 therapy posts at Holsworthy Hospital had been vacant for two years despite a number of attempts to recruit, which is making the vacancy position more serious in Holsworthy than South Molton.

There is a similar position for the community hospital inpatient nursing teams due to long term sickness which means we are wholly reliant on agency nurses and this position is not sustainable either financially or in terms of continuity of care.

Alison Diamond suggested that there may be more resilience in other service areas of the Trust and asked whether there was merit in using staff differently to make the community hospital therapy teams more resilient. Nicola Ryley (Interim Director of Nursing) confirmed that this option had been explored but had proved unsuccessful as it destabilised other teams. It was also noted that there is a national shortage of therapy staff, which has also made it difficult to recruit to posts at the acute site, meaning these staff could not be spared to support the community hospitals, particularly as their caseload would immediately drop in number.

George Thomson (Medical Director) reported on an increased number of medical outliers (medical patients who are on surgical inpatient wards) at the acute site which has increased the pressure being placed on the medical inpatient therapy team. This team would therefore be unable to be redeployed to a community hospital as it would impact on patient flow at NDDH.

Iain Roy (Director of Facilities) highlighted press reports on recruitment to nursing and therapy posts and a two thirds reduction in European staff looking for employment in the UK. Tim Robinson (Assistant Director of Human Resources) confirmed that the UK is becoming less attractive to European workers following the vote to leave the EU. Nicola Ryley advised that the Trust is targeting our recruitment efforts in specific countries where the skills have been identified.

Alison Diamond asked whether the therapy teams had been through a skill mix process and was advised that a review had been undertaken. A number of actions had been put in place including developing band 4 posts and working with Plymouth University to attract therapy staff in the future. There is also a commitment within the existing therapy team to develop and ensure there is a sustainable therapy service in future.

Alison Diamond asked whether there are other options that can be considered to fulfil the needs of the Hospitals that had not yet been explored, and Holsworthy in particular, given the escalating pressure being felt in this service. Nicola Ryley referred to

associate nurse roles which had been created, however these posts take two years to train. Nicola Ryley confirmed that every potential option had been explored with a focus on being able to provide a safe service for vulnerable patients.

Iain Roy asked whether the Trust could learn from other NHS organisations however Nicola Ryley again advised that there is a national shortage of therapy staff and the Trust should be commended in the action it has taken to look at alternative approaches for staff recruitment including pioneering work with Petroc. It was understood that there are similar recruitment issues across the whole of the UK.

Alison Diamond asked whether the Trust was able to use agency. Nicola Ryley confirmed that the Trust has tried to secure agency staff to sustain services at Holsworthy Hospital but the agencies are unable to consistently fulfil all of our staffing requirements and agency is not a sustainable or safe option.

#### Staff Sickness Requiring Agency Cover

Alison Diamond reflected that there is also an issue with long term sickness which results in services becoming vulnerable very quickly.

The Executives noted that there are currently three out of 15 nursing staff currently on long term sick leave at Holsworthy Hospital which has resulted in the Trust being totally reliant on agency in order to continue providing inpatient services at this Hospital. South Molton is similarly affected by staff sickness periodically but the current pressure is being felt in Holsworthy. This means that the Trust is in breach of its contract with commissioners where it was agreed that a community hospital would not be totally reliant on agency staff to stay open.

George Thomson asked why action had not been taken before now to stop agency usage and asked whether the consultation on Eastern community services had resulted in the action being more difficult to take.

Nicola Ryley advised that attempts have been made to transfer staff from NDDH to Holsworthy Hospital however this has proved difficult due to the geography, although some staff from the acute site had provided cover. Nicola Ryley explained that staff with long term sickness at Holsworthy Hospital is related to significant illnesses and therefore is likely to continue. Although there has been a strategy of employing agency at Holsworthy Hospital, action has been taken to recruit to the nursing bank through local engagement however this has not resulted in the numbers of professionals needed to sustain the resilience of the services. There is also concern about the impact of using high volumes of agency staff on the quality and consistency of care. There is also a risk of nursing skills and core competencies being reduced at Holsworthy Hospital due to the low volume of inpatients each nurse deals with - this will cause difficulties for the nurse revalidation.

Nicola Ryley reported on work that had been undertaken and explained that there are higher risks of falls and pressure ulcers when there are higher levels of agency staff. These risks have reduced considerably where there have been reductions in agency staff. The Trust had made a commitment to reduce agency to ensure that vulnerable patients receive continuity in care and stimulation.

Alison Diamond asked whether there was opportunity to skill-mix the nursing teams. Nicola Ryley made reference to the Medicines Act which requires two registrants on each shift to be able to check medication and did not recommend changing this. Tim Robinson enquired whether long term secondments had been explored into Holsworthy Hospital and it was confirmed that this had been explored, specifically with staff living in the Holsworthy area.

Nicola Ryley confirmed that she had also considered contacting neighbouring Trusts, i.e. RD&E to see if any of the closest community hospitals could offer any support. Okehampton was considered but it became clear that this hospital is facing its own challenges and does not pose a viable source of resilience to Holsworthy at this time.

### Bed Occupancy

Alison Diamond sought clarity on the current bed occupancy levels at the community hospitals. It was noted that there is an average bed occupancy level at the community hospitals of 85% however Holsworthy Hospital currently has a bed occupancy level of 78% which gives a 1:6 nursing ratio which will be an issue for nurse revalidation as the patient throughput is not sufficient to meet revalidation requirements

Nicola Ryley reported on occasions when bed occupancy at Holsworthy Hospital is as low as eight inpatients, which presents a risk in terms of maintaining nursing skills. Holsworthy Hospital also has a more mature workforce, many of who are planning to retire in the next few years. Tim Robinson highlighted that newly employed nursing and therapy staff are reluctant to be assigned to a community hospital as careers in acute and community home-facing teams are more attractive.

Alison Diamond referred to the low volume of inpatients at Holsworthy Hospital and asked whether there was evidence available to accommodate inpatients in a different way. Katherine Allen referred to a previous occasion where a community hospital had to be closed under urgent measures. On this occasion patients had been absorbed into the community nursing staff caseloads.

Alison Diamond asked whether there was evidence to support that a community hospital bed was the right place for a patient to be placed. Katherine Allen advised that even with the 2015 reduction in community hospital beds, there are still 30-40% of patients being placed in community hospital beds inappropriately. George Thomson understood that inpatients admitted to Holsworthy Hospital were only from that area and the assumption is that all other patients under the care of the Trust are discharged to their home with the support of the community nursing team.

Alison Diamond asked how many patients would require an inpatient bed if they could not be accommodated at Holsworthy Hospital. George Thomson considered that based on current data and experience from Torrington, Bideford and Ilfracombe a maximum of five patients per month would still require a bed, meaning the discharge options were to a local care home, return home with enhanced support or stay at NDDH for an extra day before being discharged to their home. Experience of previous bed closures supports this assessment that the impact of closing any beds temporarily will be minimal and affect small numbers of patients.

### Length of Stay

Alison Diamond sought assurance on the five patients per month that are likely to require an alternative arrangement to any mitigated plans put into the community. Katherine Allen suggested that the Trust should commit to monitor where patients are displaced and track where they go.

Alison Diamond referred to end of life care provided at community hospitals and asked whether these patients could be managed in the community effectively. Nicola Ryley considered that the patients could be managed effectively in the community and work is being undertaken with commissioners to explore this further.

### Mitigation – Enhancing the Community Health and Social Care Teams

Alison Diamond sought clarity on mitigating actions required and asked where the workforce for the mitigation would be found. Katherine Allen explained that – subject to consultations with the staff – the Trust would enhance the local community team with the staff currently employed in the community hospital and that their place of work could be moved from a community hospital setting to the community.

### Workforce at Community Hospital

Alison Diamond sought clarity on the existing workforce.

Tim Robinson confirmed that there are 60 staff aligned to Holsworthy Hospital inpatient unit (excluding GPs). Thirteen of these staff are therapy staff (cover inpatient and community), 6 administrative and clerical, 12 health care assistants, 15 registered nurses and 14 hotel services staff. Alison Diamond asked for clarity on the number of staff assigned to Holsworthy inpatient services and was advised that this number is high because a large number of staff are part time.

### **Finances**

Colin Dart explained that increased sickness levels at Holsworthy Hospital had resulted in increased agency and the nursing establishment overspending by £5-10k per month. Any closure of inpatient beds under urgent measures will be cost avoidance rather than a saving. It was noted that the cost of redeploying staff e.g travel costs had not yet been assessed.

### **Summary**

Alison Diamond asked whether there was a different solution available to closing inpatient beds under urgent measures. George Thomson considered that the only alternative option would be to close a ward at NDDH or at South Molton Community Hospital. Neither are attractive options as both have higher bed occupancy than Holsworthy.

George Thomson highlighted that there is a shortage of nursing staff at Holsworthy Hospital which is causing a significant safety issue for inpatient services and unless the Trust can recruit to vacancies and address sickness, the only option is to close beds at the acute site and transfer staff to Holsworthy Hospital, however this would create a

larger safety risk at NDDH.

Alison Diamond reflected on the average length of stay for Holsworthy Hospital inpatients of 19 days and sought guidance on whether the closure of inpatient beds under urgent measures would result in “bed blocking” on the acute site. George Thomson highlighted that up to five patients per month, based on current occupancy levels, may still require a bed or ongoing rehabilitation in hospital or by spot purchasing beds in a care homes. This would be monitored closely to ensure the Trust are continuing to meet the needs of patients and avoiding inequity.

Alison Diamond reflected on the small increase to the length of stay in the acute site when other community hospital beds had closed under urgent measures and asked whether we could expect to see this occur again. Katherine Allen provided assurance that on previous occasions this had been the case during the transition phase whilst staff became familiar with the new discharge processes.

Alison Diamond sought clarity on the vacancy position in other areas and asked whether staff assigned to the Holsworthy Hospital inpatient unit could be transferred. Tim Robinson considered that staff could be transferred to Bideford. It was noted that very few staff assigned to the Holsworthy Hospital inpatient service live in the Barnstaple area and therefore may be reluctant to transfer.

Alison Diamond asked what level of support could be offered to staff assigned to the Holsworthy Hospital inpatient services. Tim Robinson advised that each member of staff will need to be assessed individually. Consideration may also need to be given to solutions outside of the organisation.

## **Conclusion**

The Executives agreed that there were such significant risks to the inpatient services at Holsworthy community hospital that it was necessary to temporarily cease inpatient services. These risks were caused by our workforce pressures, namely high and increasing agency use and staff sickness and the decreasing number of patients coming to the unit causing problems with clinical staff maintaining their core competency skills. The Trust has tried a variety of tactics to reduce or address these risks and has not succeeded in the context of a national nursing and therapy skills shortage.

The same risk factors are present at South Molton, but not to the same extent as Holsworthy

The Executives will monitor the impact of temporarily closing the beds.