Northern Devon Healthcare NHS
NHS Trust
Incorporating community services in Exeter, East and Mid Devon

Safer staffing at the Tyrrell Hospital, Ilfracombe

Phase 2 Engagement Report

March – June 2015

Date 15 June 2015

1. Background

Following the decision by the Northern Devon Healthcare Trust Board to implement safer staffing in its community hospitals, the inpatient beds at the Tyrrell hospital in Ilfracombe were temporarily closed on the 1 November 2014.

This decision was made in July (with implementation from November) to address the immediate and escalating patient safety concerns of the inpatient services.

Between August and October 2014 we undertook phase one of our engagement activity around this decision. A public meeting, several drop-in sessions, a meeting with the local Mayor and local MP were held, as well as multiple meetings with the League of Friends in Ilfracombe; the aims of which to give local people and groups more information about the reasons for the temporary closure.

The Trust chose not to undertake formal consultation about its decision because of the immediate and escalating patient safety concerns caused by lone-working registered nurses in Ilfracombe and a number of other small community hospitals (units with 10 beds or fewer). The Trust was also experiencing staffing shortages at this time which was resulting in a high dependency on agency staff.

Since this time £130,000 has been invested into enhancing the local health and social care community teams to enable more people to receive their care at home. See Appendix one for summary of the £130,000 investment.

In March 2015 we launched phase two of our engagement activity in Ilfracombe. This document reports on this engagement activity.

2. Why did we engage in phase 2?

We wanted to ensure we remained in touch with the people of Ilfracombe while the temporary closure at the Tyrrell was still in place. We also wanted to ensure that people understood the reasons for the closure, encourage discussion on any other solutions to our patient safety concerns and talk about how to use the hospital building in the meantime.

3. Objectives – What were we trying to achieve?

There were three key objectives we wanted to achieve during this second engagement phase:

1. **Ensure the community fully understand the safety concerns, and the reasons for the temporary closure**

2. **Gather feedback from the community about alternative solutions to the safety concerns**

3. **Gather feedback about how we ensure the hospital is well used to support the health needs of the local community while the beds are closed**

A fourth objective was to enable the Trust to contribute its safer staffing engagement to the northern locality of NEW Devon Clinical Commissioning Group (CCG) to support its consultation into the long-term configuration of community services.

4. What did we do? – The engagement events

During April and May 2015 we ran three engagement events at the Landmark Theatre in Ilfracombe at the dates and times below:

Friday 10th April, 5:00pm – 8:00pm

Monday 13th April, 11:00am – 2:00pm

Friday 22nd May 5:00pm – 8:00pm

The events were well attended with approximately 70 people attending in total.

Each event began with a presentation from a Trust Executive Director providing an update on why the beds remained closed and an overview of how the £130,000 enhancement to local health and social care team was supporting the people of Ilfracombe while the beds were closed (See appendix one for a summary).

These events were designed to support positive and productive conversations. Attendees were seated between three tables, each focussing on one of the objectives (listed below). Each table had a facilitator and scribe. The topics for each table were as follows:

1. **Do you understand safer staffing?**

   "We want to explain in ways that you understand, the patient safety concerns we have around lone working which resulted in the temporary closure."

2. **Alternative solutions to the safety problem - what else could we do?**

   "Working within the environment of nursing shortages, financial restraints and safer staffing is there any other way we could address these safety concerns?"

3. **What about the Tyrrell in the meantime?**

   "Since the beds closed we have halved the waiting list for the strength and balance classes as we can run twice as many sessions at the hospital. What else could we do that would help you?"

Attendees had approximately 40 minutes for each subject area before being encouraged to move on to the next topic. This meant that all attendees had time to cover each of the three topics in detail.

Representatives from One Ilfracombe were in attendance and supported input into looking at how the building could be used in the meantime.

(One Ilfracombe sets out to redesign the way services are delivered locally to achieve better outcomes for the people that use and pay for them. See website for more information: http://www.oneilfracombe.org.uk/about-us/)

5. What we were told

We gained a wealth of feedback at each all of these events. The feedback has been arranged into themes and is outlined below.

5.1 Safer staffing

We were really pleased that, while there was an overwhelming feeling that the community wanted to have the inpatient beds at Tyrrell, 94% of people who completed the feedback forms said that they understood our patient safety concerns regarding lone-working nurses and the reasons behind the temporary closure.

Key areas of conversation around this topic focused on the national nursing shortage, nursing ratios, bed blocking, the closure of Burrow House (local care home), patients going to other hospitals, care at home and the increasing population in Ilfracombe.

The key areas of discussion under the topic of safer staffing were as follows:

National nursing shortages

Attendees wanted to understand why there was a nursing shortage, why it had happened and what had been the cause. Detailed conversations took place around nurse training and the number of university places available. While this was useful for the attendees to gauge the context, it was understood that it was out of the control of the Trust to resolve.

Nursing ratios

Queries were raised about the timing of the Trust's decision to implement safer staffing and what had changed now when the Tyrrell had been running with just 10 beds for years.

This again was a very useful area to discuss and facilitators shared the recommendations from the Francis report which looked into the failings at Mid Staffordshire Hospital. References were also made to the national patient safety work which had also informed the safer staffing decision.

"Bed blocking"

Attendees raised concerns that the lack of inpatient beds at the Tyrrell was adding to the increased pressures at North Devon District Hospital and their perception of 'bed blocking' problems.

Facilitators described that where patients receive care is based on how unwell they are or what their needs are, these assessments are carried out by clinicians every day. Examples as follows:

- Patients who are the most unwell go to an acute hospital.
- Patients who require rehabilitation will go to a community hospital or receive enhanced home-based care.
- Patients who require long term care will go to a residential or nursing care home

The appropriateness of the care setting is essential to ensure people get the right care, we cannot mix and match. For example:

- If someone is very unwell, they would not go to a care home because they will not receive an appropriate level of care.
- Similarly if there were not enough beds in an acute hospital but someone needed this level of care, it would not be appropriate for them to go to a community hospital or care home because the level of care provided would not be appropriate.

- Equally if somebody needed to move into a care home they would not be admitted to an acute hospital (eg NDDH) while waiting for a bed.

The closure of the Burrow House

Concerns were raised that, following the closure of Burrow House (the local care home) vulnerable and elderly people would have nowhere to go. Discussions took place around the appropriate location for people to receive care and support, and how a community hospital cannot be a replacement for a care home. The concerns however were taken on board by the Trust.

Care at home and people going to other hospitals

Attendees gave feedback that care at home wasn't working due to the lack of time that domiciliary carers had with patients. There was recognition that the district nurses had no time limit and would stay as long as needed, however it was felt that the system could only really work if the social care aspect worked just as well.

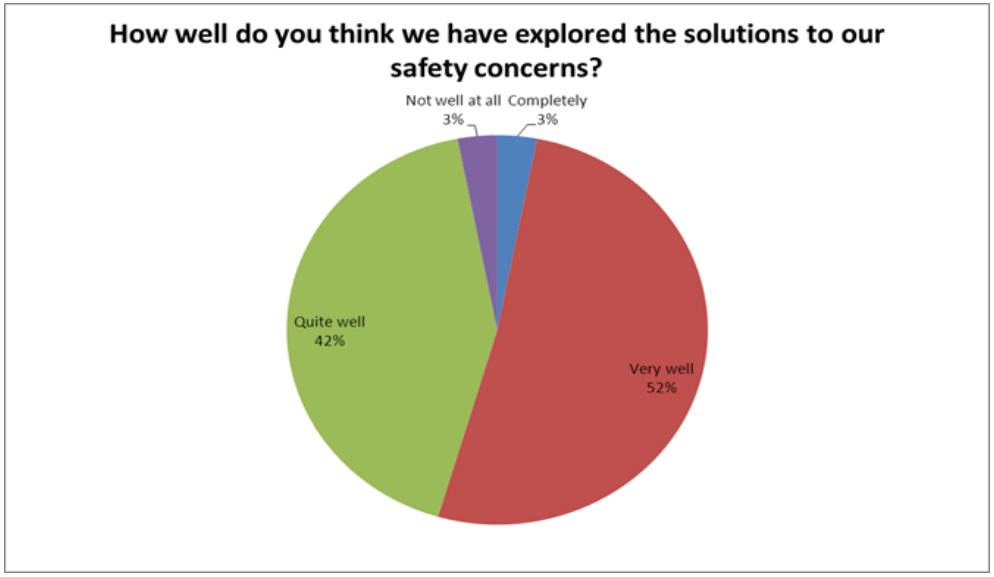
Concerns were also raised about people having to go to other community hospitals (such as South Molton) resulting in family not being able to visit patients. People were informed that from November 2014 to February 2015 1.5 more people per month were admitted to South Molton who might otherwise have been able to go to Ilfracombe. It was agreed that a report would be produced for the community to see how care had been working during the temporary closures.

The increasing population in Ilfracombe

Attendees raised the issue that 700 homes are being built in Ilfracombe which would increase the need for the inpatient unit. It was described that NDHT is commissioned by the CCG to deliver a service based on the current population. It is also evident from the CCG's consultation that they had taken into account future population projections.

5.2 Alternative solutions to the safety problem - what else could we do?

We asked attendees to tell us how well they thought we had explored the solutions to our safer staffing problems. The results from the feedback we received are in the pie chart and following narrative below.



Recruitment

Much discussion took place about how to encourage more nurses to work in community hospitals. Some ideas included using nurses from nursing homes, looking further afield, working with other organisations, local advertising (eg flyers around the town), recruitment videos, targeting holiday makers, re-location packages. These were all noted, however it was recognised that recruitment alone would not address the lone working patient safety issues that exists in 10-bed inpatient units.

Creating a 16 bed unit at the Tyrrell

There was an understanding that the minimum number of beds required to ensure safe staffing levels was 16. Much discussion took place as to whether the Tyrrell could accommodate 16 inpatient beds and consideration of healthcare estates regulations (such as required space between beds etc.) and the safety of the patients who now have much more complex needs than in the past. The Trust agreed to look into this option further and an initial walk around assessment with the League of Friends and the facilities staff took place on the 29th May 2015.

It was acknowledged that if developing the Tyrrell to accommodate 16 beds were to require further investment and structural change to the building, there would need to be a further review of the need and cost implications.

Rotating rota

There was a suggestion that developing rotating rotas with nurses working between NDDH and the Tyrrell could address the issue of nurses becoming de-skilled when working in ratios of 1:5. There was an acknowledgement that there would be a cost implication of this, but the Trust agreed to look into this as a potential solution.

Generating revenue

There was recognition that much of the proposed alternative solutions would require increased revenue, therefore conversations took place about how this could be achieved. Some options included: Increase the size of and charge for the

car park, there is a large kitchen that is currently unused; could this be turned into a café? Increase in taxation for local residents, local contributions, charity funding and the League of Friends shop revenue. These suggestions were noted

5.3 What about the Tyrrell in the meantime?

There was expressed anxiety that if new services start being delivered, the beds would never return to the Tyrrell. There was reassurance that any new services would be temporary and only be implemented if they could be stood down at very short notice should the time come where the inpatient unit re-opened.

It was acknowledged that this could also be a limiting factor on which services could be introduced to the Tyrrell.

Over the course of three meetings we received a wealth of ideas about local services people would value coming to their local town. The complete list of suggested services put forward by the community is below:

- MIU
- Day care – bathing and social community side
- Preventative gym use
- Secure long term specialised services to bring people out of area
- Increase outpatient clinics
- Specialised services requiring specialised beds
- Rehab use and bed use for days
- Day-case unit for 16 beds
- Preventative work such as strength and balance classes
- Drop-in physio clinic for preventative and drop-in – Wellwoman / Wellman
- Skype calls from the Tyrrell to consultants further away
- Increased x-ray and possibly scans
- Renal dialysis

- A real ‘health’ focus
- Op ‘doing’ procedures – ie ears
- Support groups – ie diabetes, stroke, carers
- Social groups to help with social isolation
- Mental health support group
- Minor surgery
- Health education
- Diabetes care for young people
- Anything that takes children out of school to Barnstaple
- CAMHS
- Reading group drop in sessions
- Transport
- Volunteer bureau – new car moved to Bideford – New community bus
- Diabetes club
- Befrienders extend service to those from Burrow house – can we use personal budgets?
- Community centre
- Kitchen used by befrienders
- Bring more facilities into the community hospital to reduce pressure on the acute
- Eye clinic
- Longer MIU hours – advertising and 111
- Obesity clinic and healthy eating
- Blood transfusions
- Dementia support services
- Respite care
- Urgent care

- Pharmacy
- D-Docs could be based at the Tyrrell?
- Ultrasound scans
- IV antbiotics
- PIC and HIC lines
- Catheter care
- Dermatology
- Leg ulcer clinic
- Venipuncture
- It is really important that it is a vibrant hub for the community
- Foot clinic
- Post-op care consultations and follow-ups
- Stop smoking clinic
- Café to help with social isolation
- Chemotherapy
- Radiotherapy – in due time
- Breast screening
- Prescribing nurses for the MIU
- Prescribers for tourists – those who have forgotten their medication etc
- Social prescribing – clinics / drop in
- Relate counselling
- Bereavement Counselling
- Support for carers
- Specialist operation that you currently have to go to Derriford and Exeter for

The Trust committed to working through this list and identifying what could happen now, which required commissioner support to procure on behalf of the population, which suggestions could be considered over a long-term timeframe and which suggestions could not be clinically or financially possible at present.

5.4 What are the priorities?

We asked attendees to let us know on their feedback forms what they considered the priorities for the use of the hospital while the beds are closed. A summary of the response is as follows – for more information, please see appendix two for the full evaluation report.

Priority	Number of people who said it
Clinics	10
Beds	7
Community hub / asset	4
Day Care	3
MIU	2
Stay Healthy classes / groups	1

6. Recommendations

Based on the engagement activity in phase 2 and the feedback that has been received as outlined above, the following recommendations are put forward:

1) Investigate the opportunity for 16 beds in Ilfracombe

We, the Trust, agree to explore the possibility of developing a 16 bedded unit at the Tyrrell.

The first stage will involve the existing space to identify whether the current facilities will fit 16 beds. If so, a review will need to take place on the cost, patient need and workforce implications of taking this forward.

If building work is required, cost implications, as well the need for this work to be temporary will also need to be considered.

2) Explore rotating rotas

When considering addressing the lone-working risks by ensuring at least two nurses on shift at all times, the Trust would investigate whether a rotating rota between NDDH and Tyrrell would address the risks of nurse competency and de-skilling associated with two nurses each only caring for five patients.

The Trust's Director of Nursing has professional accountability for ensuring the revalidation and competencies of the nursing workforce.

Cost and efficiency implications would also need to be assessed when looking at this option.

3) Categorise proposed clinics

We categorise all of the proposed clinics under the following headings:

- Take forward and able to implement quickly
- Take forward for further investigation (Investment / Organisation / needs assessment commissioner support)
- Will not take forward at this stage (with an explanation eg requires significant long term investment

Once this categorisation has taken place, proposals to be presented to NDHT's Ilfracombe Tyrrell Heads of Department (HODs) meeting, followed by the Clinical Services Executive Committee (CSEC) for approval. A diagram of this process is shown on image 1, page 13

4) Implement new temporary services where possible

Once approved, work should commence to introduce new temporary services as quickly as possible to ensure the ward space is being utilised to support the people of Ilfracombe in the best way possible.

5) Report back to community

It is recommended that the Trust maintains the on-going relationship with the Ilfracombe community by following up these recommendations in a timely way. We will also ensure the community is kept fully informed of all developments taking place at the Tyrrell, providing opportunities to influence and feedback where appropriate.

Copies of the engagement report will be made widely available to the people of Ilfracombe as soon as it is published. It is hoped that an implementation plan for any temporary new services will be available in July 2015. This information will also be shared widely with the local community.

6) Provide requested information to the community

During the sessions, requests were made for information on the below. The Trust will complete these reports and provide information to the community in June / July 2015.

- Evidence and information about Care at home, to include the social care aspect.

- Occupancy statistics of the Tyrrell for 2014/15 and 2013/14
- A Case study showing the difference between home based care and community hospital based care.

7. Conclusion

We are really pleased with and very grateful for all of the feedback and opportunities for discussion that occurred during the engagement events in April and May. We heard the strong message from the community that they wanted the inpatient unit in the Tyrrell to return. There was a clear sense that the beds have supported the community in Ilfracombe for a long time and there is anxiety about how vulnerable and elderly people will be cared for in their current absence.

However, we are also really pleased that, based on the conversations and feedback forms, there is a now a very good understanding about the safety issues that exist with small inpatient units and which ultimately led to the temporary closure.

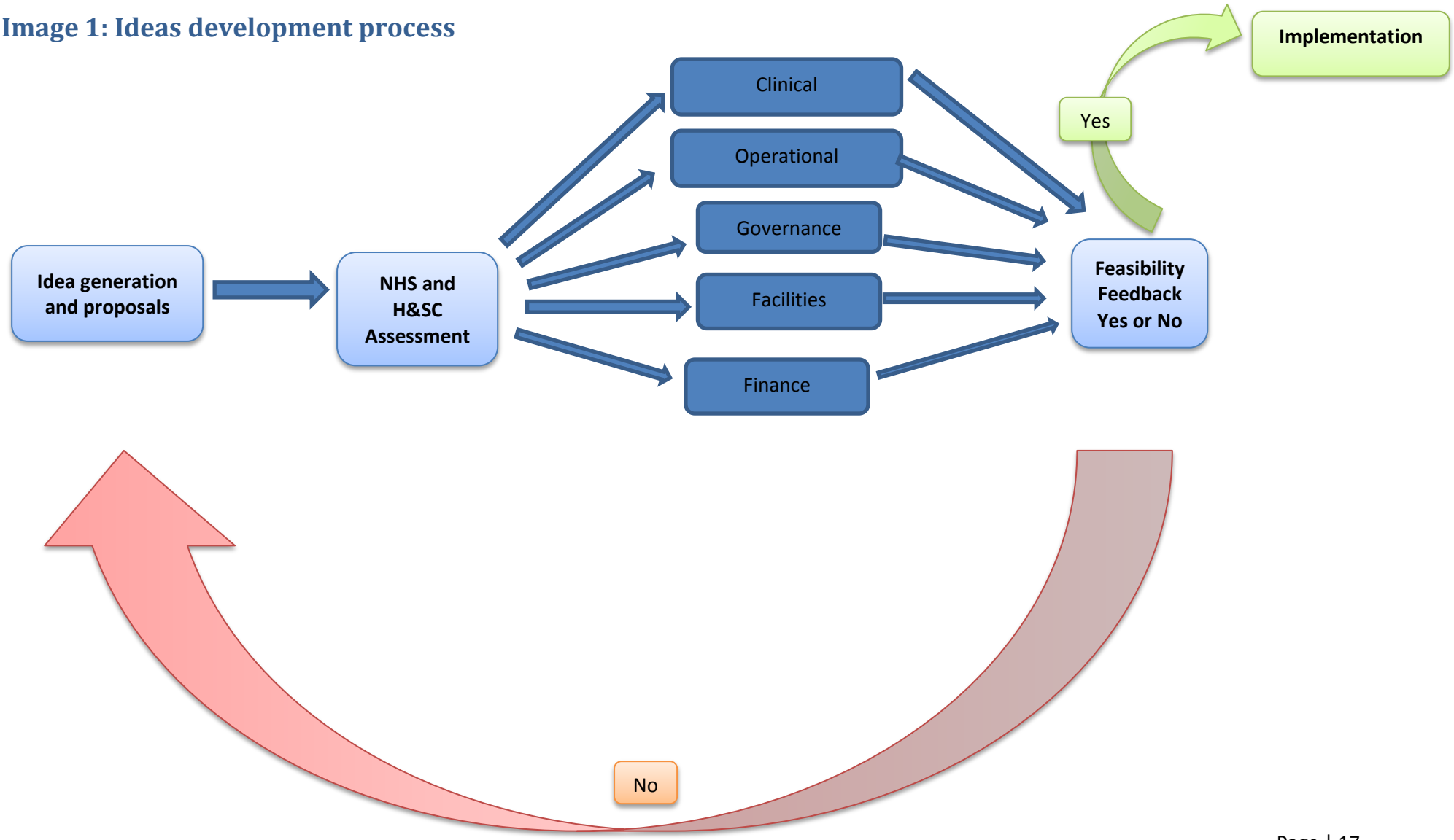
We recognise that more work needs to be done to communicate the model of home-based care so that people can better understand and feel reassured about how being looked after at home works. We also recognise the need to ensure all aspects of this model of care work well and are coordinated to work around the needs of the patients, carers and their families.

We welcome the proposed alternative solutions to our safety concerns and look forward to working with the League of Friends at the options of a 16 bedded unit at the Tyrrell. We also commit to exploring rotating rotas which we will do internally and report back.

We were thrilled with both the volume and positivity of the ideas put forward by the community about how we can use the ward space while the beds are temporarily closed. Where ever possible we hope to implement these as soon as possible.

Finally, we sincerely thank the community for engaging with us on these difficult and complex issues, and especially thank them for their ideas about other uses for the hospital. This time and effort will help us to ensure that the Tyrrell continues to provide excellent health care services to the people of Ilfracombe and enable us to ensure that these services are developed now and into the future in true partnership with the people of Ilfracombe.

Image 1: Ideas development process



Appendices

Appendix one: Summary Ilfracombe mitigation information

November 2014 – February 2015

- £130,000 was invested into our community teams to ensure they could provide care for people while the beds were are closed.
- This resulted in:
    - Increase in caseload by 3%
    - 10% more visits to people at home with clinicians staying 12% longer with them.
    - This is a total of 23% more patient facing time
- Of this cohort of people, non-elective admissions to NDDH were down by 8% compared to the same period in 2014. (Considering over all NDDH admissions are up by 9% this is positive impact)
- Over the four month period, six more people have been admitted to South Molton than the same time period in 2014. This is 1.5 people per month
- Friends and Family Test scores – 100% of patients said they would recommend the service, 96% were extremely likely.

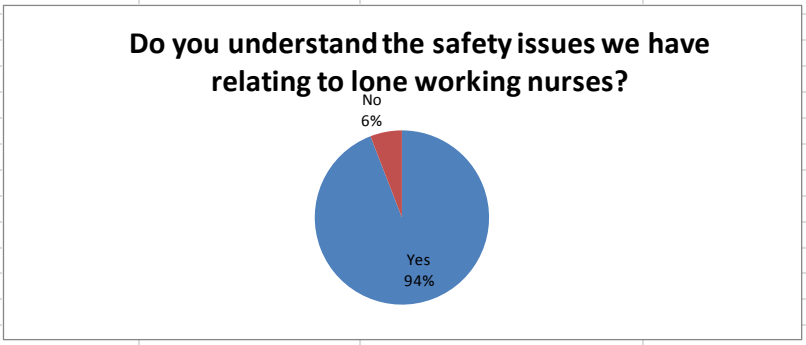
Figures based on approx. 21,000 people registered with the two GP practices in Ilfracombe.

Appendix two: Evaluation feedback report

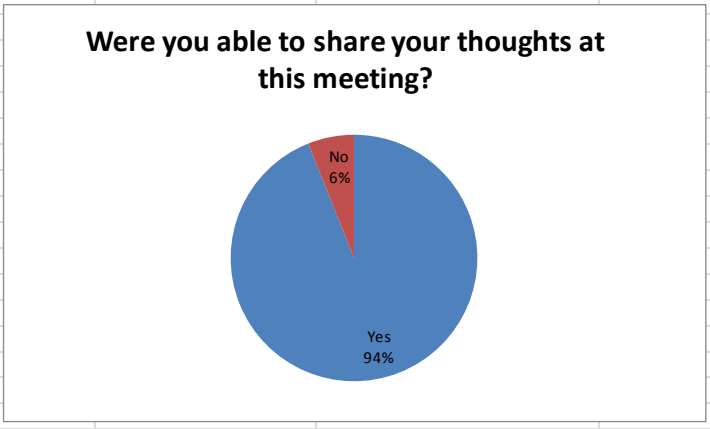
Appendix two - evaluation form feedback report

All events combined	Total attendees: 67	Total completed forms: 34

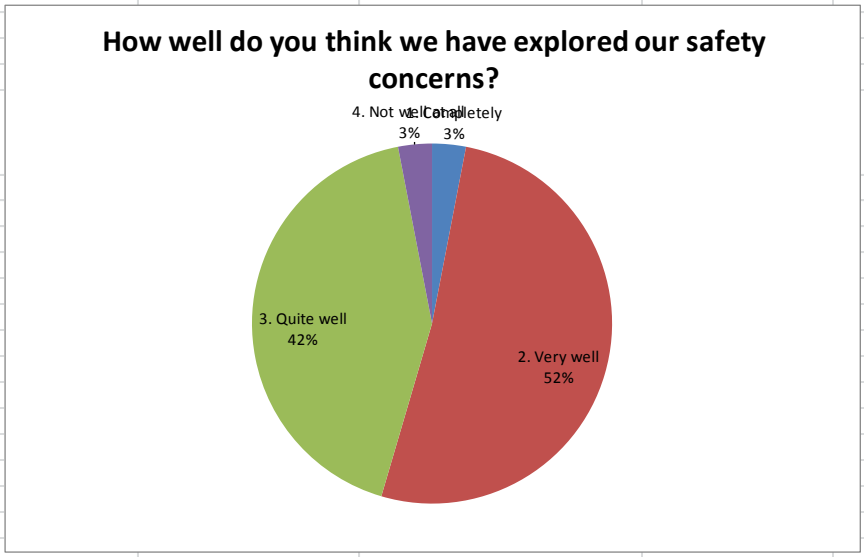
Question	Rating / Response			
	Yes	No		
1. Do you understand the safety issues we have relating to lone working nurses?	32	2		
Comments	I understand the issues in relation to current regulations BUT CCG is quite happy to close community hospital beds and then send convalescent patients to care homes who don't have the same standards - THIS IS WRONG	Rules made to fit		



	Yes	No		
2. Were you able to share your thoughts at this meeting?	31	2		
Comments		We seem to be discussing the same issues and not getting nowhere		
		Very repetitive		



	1. Completely	2. Very well	3. Quite well	4. Not well at all
3. How well do you think we have explored the solutions to our safety concerns?	1	17	14	1
Are there any other solutions we could have considered?		More x ray days, also blood transfusions etc.	Preferable use of community nurses to supplement 'Tyrrell Staff'	
			Just closing beds is not the solution, we need inpatient beds in our local community hospital	It should have been the other way round i.e. to have ALL services in place first and then reduce the beds
			The fact that the district hospitals are urgently requiring beds for acute patients - the Tyrrell could help with community beds please	



4. What do you see as a priority for the use of the hospital in the meantime?	More clinics to help people
	As a community 'day' care hospital. Keeping beds, including some to be available for overnight when possible. A more vibrant hospital may be a more attractive option for recruiting nurses
	Get the beds back in Ilfracombe
	Get 16 beds
	Ways of returning beds for day beds, rest bite, some inpatient beds
	Keep clinics open! Especially beds!
	Keep the clinics going
	To be a base for different groups. I.e. a gym for active pensioners to help people remain fit and healthy for as long as possible. To enable people to stay healthy and active
	Beds back PLEASE, as it is difficult for many to travel to Barnstaple as there are many elderly without transport many without family living locally
	Several suggestions made at the event recorded
	Keep the Tyrrell as a community asset for the people of Ilfracombe and its catchment area
	Various outreach clinics instead folk having to go to NDDH (obviously subject to numbers)
	Continue with existing facilities i.e. MIU and explore other needs for community health issues and services
	All outpatient treatment
	Burrow House ex-users. Public opinion - explore the possibilities of community tax to keep 16 bedded Unit
	Befrienders or transfer of Burrow House day care clients
	Approve all of the clinics
	Day Clinics - any use to keep the Tyrrell Open
	Social/media hub
	To nurse sick patients
	16 beds
	16 beds
	To use it in such a way that facilities can be adapted as soon as possible to make way for the inpatient beds again
	Beds back as quickly as possible please
	MIU, clinics, day beds, increase x-ray use
	Local elderly people need to know that their needs now and in the future will be met by nursing and medical staff
	Community based, café, foot clinic
	Expanding the various clinics and using it to deal with social isolation - social prescribing. Relieving bed blocking in NDDH?

5. Is there anything else you would like to tell us?	Care Closer to home' should mean, ultimately, that Ilfracombe patients should not have to go to South Molton
	Get the beds back!
	I had been concerned that the public had a lack of confidence / trust in the information / explanations
	Ilfracombe people want a bedded unit
	I still want the beds back. I would support the LoF if they would put money into the kitty
	Make far more of the catering facility at the Tyrrell as a social hub
	You could charge people who currently use the car park who are not going to the hospital
	Tyrrell hospital is very important for our community with inpatient beds
	It seems to be all about finance rather than care in the community
	It looks like there are a lot of people over-played to service us badly. Underpayment would have different outcomes
	We should make the Tyrrell a stand by 16 bed hospital that can be opened at short notice to relieve a shortage of beds in the acute hospital. They could staff it by temporarily moving nurses from the acute hospital / care in the community nurses?
	I feel that this meeting was a waste of time as it seems that it has already been decided to close the beds
	What was the original intention for the on-going use of the Tyrrell?
	I would like to see the Trust work with One Ilfracombe and its plans for well-being in the community
	It would be good to help people in doubt who is who and what is paid for by DCC and what can be the NHS. I think sharing some basic models of how the care of the array of healthcare and different options