

Outcome of shortlisting exercise

Thursday 6 August 2015

Part one: How were they scored?

There are four criteria outlined by the Northern Devon Healthcare NHS Trust as essential and which must be included in the final decision making criteria. These have therefore been removed from the shortlisting exercise.

1. High quality and safe
2. Financially affordable
3. Ability to recruit and retain staff *
4. In line with the CCG strategy

*While this criterion is essential, it remains part of the exercise because the ability to recruit and retain staff varies between the different sites

For the remaining criteria, the group divided into four groups, each was given the task of selecting 10 criteria to be shortlisted and considered as the final decision making criteria.

Each group fed back their shortlisted criteria, criteria was then given a number of points according to the number of groups that selected it.

The results and subsequent discussions were as follows:

No.	Criteria	Points
1	The options must demonstrate their impact of reducing inequalities	III
2	The options must demonstrate their positive impact on protected groups	Essential
3	The quality of the building stock and the condition of the facilities	III
4	Quality of housing	II
5	Number of older people living alone	IIII
6	The private sector availability in terms of care homes and social care will be important influencer but the potential to increase or incentivise the market is as important	III
7	Distance from North Devon Distract Hospital	I
8	Distances to other hospitals to access bed-based care	II
9	Number of households with car	

10	This option allows us the best degree of flexibility for a period of surge	III
11	There must be explicit medical support for the care of people in the beds	
12	Ability to recruit and retain staff in the units	essential
13	Life expectancy	
14	Dementia	I
15	Disease Burden	II
16	The options must reflect where we think the locations need to be to meeting the changing demographic	III
17	Number of carers	II
18	The impact of lost opportunities – ie is there an alternative plan for the use which could create greater benefit for the community which would be stopped	III
19	The local community have a track record of contributing financially and operationally to supporting the health and social care in the community	

Further discussion points

Discounted criteria

Criteria 11: It was considered that medical cover would be available wherever the beds are finally located this should therefore not be a factor in deciding where beds are finally locating

Criteria 19: There was much discussion about criterion 19. There was final agreement that it would be discounted from the decision making criteria as it has the potential to unfairly disadvantage the less wealthy communities. However it is important not to discount the significant and generous contributions from groups such as the League of Friends and the differences these make to community hospital facilities.

Combining criteria

There was over all agreement that criteria 7, 8 and 9 could be combined to form one criteria under the heading 'Accessibility and transport of any kind to another bedded unit for rehabilitation'

There was agreement that criteria 2, 4, 13, 14, 15, 17 could all be covered under one criterion of 'reducing inequalities'

Final agreed criteria

Following these discussion, the final shortlisted criteria were agreed as follows:

1. Ability to recruit and retain staff
2. Oder people living alone
3. Accessibility and transport of any kind to another bedded unit for rehabilitation
 - a. Access to NDDH
 - b. Access to another CH
 - c. Number of people with cars
 - d. To include subsidised transport
4. Reducing inequalities
 - a. Positive impact on protected groups
 - b. Housing
 - c. Life expectancy
 - d. Carers
 - e. All disease states
5. The quality of the building stock and the condition of the facilities
6. The private sector availability in terms of care homes and social care will be important influencer but the potential to increase or incentivise the market is as important
7. This option allows us the best degree of flexibility for a period of surge
8. The options must reflect where we think the locations need to be to meeting the changing demographic
9. The impact of lost opportunities – ie is there an alternative plan for the use which could create greater benefit for the community which would be stopped

The feasible options

It was agreed in the meeting that it would not be possible to include the Tyrrell Hospital in Ilfracombe as a viable option in the process.

The beds at Ilfracombe have been temporarily closed since November 2014 due to staffing difficulties and safety concerns over having only one registered nurse on duty per shift, working without professional supervision and support (lone working).

The Trust requires inpatient units to have a minimum of 16 beds in order to eradicate the issues around 'lone working'. The maximum number of beds the Tyrrell could currently accommodate is 12.

The Trust now has confirmation that it would cost in the region of £1.5million to £2.5million to extend the Tyrrell so it could provide 16 beds. The cost of a complete refurbishment was estimated at around £2.5million.

In addition to the cost implications, the time required to develop Ilfracombe into a suitable site, even if the finances were available, is up to two years. The decision and implementation about where inpatient beds will be located needs to be made sooner than this.

The resulting feasible options for possible bed locations are therefore as follows:

- **Bideford community hospital**
- **Holsworthy community hospital**
- **South Molton community hospital**
- **1 rehabilitation ward at North Devon District hospital in Barnstaple**

Potential combinations for site/s

If beds are to be located within community hospitals it is likely that this would be across **two** sites.

If NDDH is identified as the preferred option, this will be the site for all of the beds therefore rehabilitation beds will be located at **one** site.

A combination of NDDH with another community site is not an option because it will result in wasted ward space as NDDH.

Scoring the options against the criteria

Each of the above options will be scored against the shortlisted criteria. To assist with the scoring exercise, an information pack has been developed containing details about each of the towns according to the different criteria.

At the time that this pack was developed, Ilfracombe had not been discounted as an option and a ward at NDDH was not known to be a feasible option.

As much of the relevant information as possible about Barnstaple and NDDH will be provided for the meeting on Monday.

Below is an outline of the pages where the relevant information about each of the criteria can be found in the information booklet.

Criteria	Page in information booklet
Ability to recruit and retain staff	10
Oder people living alone	18, 19
Accessibility and transport of any kind to another bedded unit for rehabilitation	22
a. Access to NDDH	
b. Access to another CH	
c. Number of people with cars	
d. To include subsidised transport	22
	To be presented on Monday

Reducing inequalities	
Protected groups	21
Housing	20
Life expectancy	19
Carers	19
All disease states	19
The quality of the building stock and the condition of the facilities	6, 7
The private sector availability in terms of care homes and social care will be important influencer but the potential to increase or incentivise the market is as important	11, 12, 13, 14
This option allows us the best degree of flexibility for a period of surge	6
The options must reflect where we think the locations need to be to meeting the changing demographic	17, 18
The impact of lost opportunities – ie is there an alternative plan for the use which could create greater benefit for the community which would be stopped	15