

Holsworthy

NDHT response to NEW Devon CCG Information Request

1 December 2017

The Northern Devon Healthcare Trust is pleased to provide the information requested by the NEW Devon CCG to support the identification of the next steps regarding the temporary closure of the inpatient unit in Holsworthy.

The information requested is provided below and should be considered alongside the 'Safe Inpatient Services in Holsworthy and South Molton' paper which contains in depth information about the issues the Trust was facing which lead to the temporary closure.

All papers and documents referred to in this paper can be found on the Trust's website: <http://www.northdevonhealth.nhs.uk/have-your-say/Holsworthyengagement/>

Responses to information requests

a) QEIA

An updated QEIA is enclosed with this response, supported by a narrative report. This follows on from the previous QEIA's sent to the CCG in March 2017 and July 2017.

The November 2017 QEIA continues to support the view that Holsworthy residents are receiving care that meets their needs.

b) How many vacancies are there on the inpatient unit? What is that as a percentage of the full establishment?

The table below outlines the **current** Holsworthy inpatient staffing position:

Staff Group	Funded FTE	Actual FTE	Vacancies	Vacancy % of full establishment
Healthcare Assistants Total	6.61	1.21	5.40	81.6%
Nursing and Midwifery Registered Total	8.02	0.8	7.22	90.0%
Holsworthy Inpatients : Total	14.63	2.01	12.62	86.3%

Since the closure of the unit there have been some staffing changes:

- One RGN has found alternative permanent employment
- Two have retired
- One has resigned
- Five HCAs have left or retired
- The 1.21 WTE HCA have moved from the wards to support OPD and day cases at Holsworthy hospital.

When reviewing the staffing position in Holsworthy that led to the temporary closure, it is important to also consider the staff sickness issues as they are not reported as vacancies.

Both the vacancy position and the staff sickness position required the Trust to support the inpatient service with considerable agency use. Please click here for the information published at the time <http://www.northdevonhealth.nhs.uk/wp-content/uploads/2017/03/Key-facts.pdf>

This reliance on agency nurses put the Trust in breach of its 2015 TCS contract with NEW Devon CCG.

c) The steps that have been taken by the Trust to fill the vacancies that are still in place? (this should include recruitment, re-prioritising staff, flexible use of bank etc.)

Before the closure we tried on numerous occasions to recruit to vacant posts in Holsworthy. The detail is as follows:

415-AE17-077ND – physiotherapist – advertised on 20/02/2017

- 8 registered applicants.
- 7 did not meet the specification for the post so not shortlisted.
- 1 applicant shortlisted and booked into interview being held on 03/04/2017.

415-AC17-051ND – specialist physiotherapist – advertised on 06/02/2017

- 3 registered applicants. None met the specification for the post so not shortlisted.

415-AG16-555ND – community matron – advertised on 11/11/2016

- 4 registered applicants.
- 2 did not meet the specification for the post so not shortlisted.
- 2 applicants were shortlisted and invited to interview.
- 1 applicant withdrew prior to the interview.
- 1 attended interview and was offered the post, however later declined the offer of employment.

Re-advertised on 01/02/2017

- 2 registered applicants.
- Both shortlisted and interviewed. 1 applicant was appointed and commenced employment.

415-AE16-522ND – staff nurse – advertised on 18/10/2016

- 1 registered applicant shortlisted and invited to interview, however the candidate withdrew prior to the interview.
- Re-advertised on 14/12/2016 – 1 registered applicant shortlisted and invited to interview. Applicant attended the interview and was offered the post but declined the offer of employment. 415-AE16-521ND – senior staff nurse – advertised on 17/10/2016
- 7 registered applicants. 2 did not meet the specification for the post so were not shortlisted. 5 applicants were shortlisted and interviewed. 1 applicant was appointed and has commenced employment.

415-AG16-511ND – physiotherapist – advertised on 13/10/2016

- 1 registered applicant. Did not meet the specification for the post so not shortlisted.
- Re-Advertised on 30/11/2016 – 3 registered applicants. None met the specification for the post so not shortlisted. 415-AS16-249ND – ward manager – advertised on 18/05/2016
- 1 registered applicant. Shortlisted, interviewed and appointed and has commenced employment.

415-AC16-211ND – physiotherapist – advertised on 04/05/2016

- 3 registered applicants. None met the specification for the post so not shortlisted.
- Re-advertised on 21/06/2016 – 6 registered applicants. None met the specification for the post so not shortlisted.

415-AE16-097ND – physiotherapist – advertised on 26/02/2016

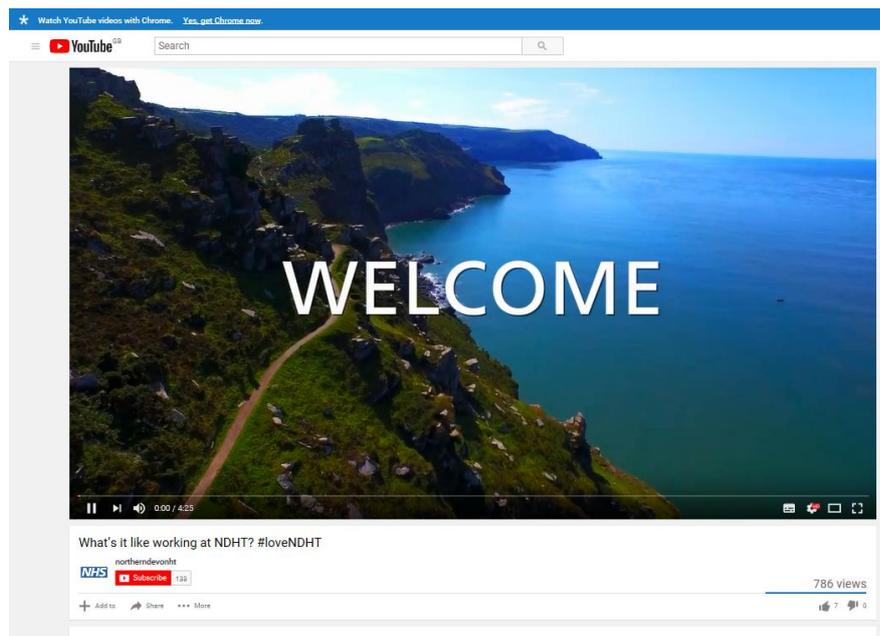
- 1 registered applicant. Did not meet the specification for the post so not shortlisted.
- Re-advertised on 15/04/2016 – 3 registered applicants. None met the specification for the post so not shortlisted.
- Re-advertised again on 21/06/2016 - 3 registered applicants. None met the specification for the post so not shortlisted.

We also advertise all our vacancies on social media.

The Trust also runs continuous recruitment efforts via open days and national recruitment campaigns. Nursing Open days were held in March and October 2017 and have proven to be the most effective recruitment method, particularly for registered general nurses. All appointments were to NDDH or community nursing team.

Since the temporary closure the Trust has also been looking in to developing the roles of Nursing Associates. An article was featured in the Nursing Times about our work in this area: <https://www.nursingtimes.net/news/workforce/speed-dating-link-with-local-firms-helps-cut-nurse-vacancies/7022161.article>

We also launched a national ‘what’s it like to work at NDHT’ campaign at www.ndhtjobs.co.uk



With a view to ensuring that we could recruit and redeploy inpatient staff back to the unit, the Trust instigated an action plan to explore, and if possible, address the occupancy issues.

Meanwhile, the original staff from the inpatient nursing and therapy team in Holsworthy have been temporarily re-deployed to other positions.

d) What consideration has been given to reviewing other services from which staff could be moved?

NDHT considered re-deploying nursing staff to the Holsworthy inpatient unit when weighing up the decision to temporarily close the unit. The consensus was that - given the current nursing vacancy position across both our acute and community services – moving staff to Holsworthy risked destabilising our acute and community services, which would adversely impact a far greater number of patients.

e) Is the Trust under the Agency pay cap? By how far?

Month End	Agency cap position
August 2017	£63k BELOW cap

September 2017	£80k BELOW cap
October 2017	£30k ABOVE cap.

NB: this data includes acute medical and nursing services.

f) As part of winter planning did the system consider Holsworthy inpatient beds and the impact of reopening them? Is that documented?

At the time of planning for 2017/18 winter, it didn't appear that any safety solution would emerge in sufficient time to be incorporated in to NDHT's winter plan.

We have a duty to make robust and resilient winter plans. Holsworthy was therefore not considered as part of the NDHT nor 'system' winter plan.

g) As part of the DTOC recovery plan what consideration was given to the reopening of the inpatient beds? Is that documented?

The vast majority of DTOCs are caused by factors other than community hospital bed availability. There is nearly always bed capacity available at South Molton community hospital, therefore NDHT's DTOC recovery plan has focused on the target areas of patient flow where we know delays occur, i.e. pharmacy, family choice, transport, time of day of discharge.

Our DTOC position has significantly improved over recent months.

h) Can the Trust give evidence of the underspend associated with the temporary closure and the investment that has been made in alternative services to mitigate the risk?

Mitigation

An outline of the investment that we designed to mitigate the loss of beds in Holsworthy is contained below. This was implemented in March/April 2017.

Mitigation Action	FTE	Cost (£k per annum)*
Community therapy (in addition to existing in patient staffing) Assistant practitioner band 4 (mid point) to support rehabilitation in the community and end of life care at home/in residential homes	1.0	26
Community Nursing Band 5 (mid point) to support end of life care at home and in residential settings as well as support training for nursing homes	1.5	47
Step Up/Step Down Estimate based on 1 person/week requiring step up/ step down/end of life care involving enhanced care and/or rehabilitation eg overnight care either at home or in a residential/nursing environment at average £700/week cost	-	36.5

Travel		10
TOTAL	2.5	119.5
<i>These figures have been adjusted since March 2017 to take into account the 2017/18 Agenda for Change paycales.</i>		

Underspend

There are no cost pressures caused by the temporary closure, the temporary mitigation is stable and sustainable.

At the end of October 2017, there was a small (£76k) underspend of the Health and Social care division budget.