

# Notes from the Independent Chair of the Holsworthy Stakeholder Group. July – December 2017

## Overview

A decline in occupancy combined with staff retention and recruitment issues caused the Northern Devon Healthcare Trust (the Trust) to temporarily close the inpatient beds at Holsworthy Hospital in March of 2017.

The Trust launched an engagement process to support this activity and pulled together a group of Stakeholders (the Group) to look at the issues surrounding the beds closure. The Group make up included County, District and Town council members, League of Friends, GPs, patient representatives and members from the Trust. It was Chaired independently.

The objectives below were agreed by the Group and are outlined in the Terms of Reference

### **1. Occupancy**

The group will work to understand the reasons for the decreased occupancy and how this could be reversed

- a) NDHT will work with partners across the region to understand whether there have been any 'blocks' in the system with regard to admissions to Holsworthy hospital.
- b) Members of the stakeholder group will provide information, including patient feedback, complaint letters, etc to support this activity.

### **2. Staffing**

Once the occupancy issues have been resolved, work will commence to recruit required staff.

The community submitted a number of patient experiences outlining incidences where they had been refused access to an available bed at Holsworthy hospital. The trust committed to investigating each of these experiences. From this list, the report showed that no patients were inappropriately denied access to beds at Holsworthy Hospital.

The Group establish through the Trust, that the number of patients needed to ensure sufficient occupancy of 16 in-patient beds was at least 1 per day. The Group referenced this during its discussions as the 'cohort of patients' needing to be identified in order for the beds to be reopened.

The summer months saw slow progress with the investigations, from both the Trust and other NHS agencies. The Group therefore deemed it necessary to use Freedom of Information requests to force the responses. The FOI investigations found that that there was no evidence that any patients were actively denied access to the beds in Holsworthy for step down care from the Royal Devon and Exeter NHS Foundation Trust. . The Trust in Plymouth failed to respond within the required 21 day period and as such was in breach of their legal requirement. This was followed up by the NDHT and the CCG and PHNT submitted their response in January 2018. In general, the FOI responses opened up further questions regarding lack of historic data held by the various agencies.

The FOIs also found. the closure of the beds has also not impacted on nursing and residential home placements (total placements were lower than for the same period in the previous year and (at the time of the report) there was capacity at all care homes in the area.

The Trust provides a Quality & Equality Impact Assessment (QEAI) to the CCG every 12 weeks which monitors services using key performance measures. The latest reports following the closure of the beds has shown very little impact on the overall wellbeing of patients from Holsworthy postcodes. The attending clinicians at the December meeting

highlighted that the transition of support into people's homes from the community hospital beds has mostly been coped with in a successful manner to date.

There had been some information tabled by one of the attending GP practices at the September 26<sup>th</sup> meeting regarding patients that were deemed vulnerable and with undue impact on families due to the lack of beds in Holsworthy hospital. Attempts were made by the Trust to investigate these cases however they reported that the GPs had not been available to undertake this further.

As per the Terms of Reference, the group's initial objective was to identify whether any blocks in the system had caused the decline in occupancy. The Group has a justifiable concern that any facility that is seen to be "closed" will not be an attractive proposition for recruitment. At the meeting in December, the CCG said they would be approaching the Trust regarding their recruitment efforts.

The Group has shown varying behaviours over the last six months with the Chair having seen the practical and emotional side coming to the fore on several occasions.

Geographic and rural arguments, previously regarded as key, regarding Holsworthy hospital, have been raised on numerous occasions but it has been beyond the remit of the Group to include these towards resolution. They were raised again with the CCG in the December meeting.

With the temporary closure being an operational issue, The Chair initially steered the Group away from including the CCG in the early meetings. Because of ongoing operational changes, the CCG were then not available to attend until the meeting on December 12<sup>th</sup>.

The latest involvement of the CCG and their consideration to attend meetings/events in Holsworthy and to share their position statement early in 2018 means this group could now be going in a different direction.

The CCG members also commented that they supported the Trust's decision regarding the temporary closure on safety grounds but would be following up with them regarding the on-going recruitment.

In conclusion,

- The meetings have followed a structured progress route.
- The cohort of patients needed to reopen the beds has not, for a variety of reasons, been identified.
- Katherine and Nellie from the Trust have worked extremely hard to get what information they can.
- Both the GP practices and the Trust need to work together constructively and be proactive to ensure that patient needs are met and the community is aware of what is happening.
- The inclusion of the CCG, now that the Trust has reached a crossroads in its investigations, has to be a benefit to the Group and the Holsworthy community as a whole.

Next Steps

- The Holsworthy Stakeholder Group, in its current form, has probably run its course regarding the objectives as set out in the Terms of Reference.
- The CCG are preparing a position statement for early 2018 and the suggestion would be to review this document then establish the route forward to support or challenge the content.
- Hold one further meeting to agree the next steps.

## Comments from the Chair.

“The Group’s objectives initially, were to run the investigation into the decline in occupancy and recruitment sequentially. Hindsight may suggest that a parallel recruitment drive may have had the benefits of, a) the Community working more closely with the Trust, which was one of the requests at the outset, and b) kept the profile of the Group’s activities high in the eyes of the community.

I would personally like to have seen the GPs and the Trust engaging more and working together as the clinical and patient interfacing experts. The community looks towards these experts for guidance and this has not been particularly overt. It has been brought to my attention over the last week that certain GPs are commenting that they have had up to 5 patients a week suitable for admission to community hospitals. Why are these not being raised to the Trusts representatives within the Stakeholder Group?

There is a low level of trust between the community and the Northern Devon Healthcare Trust. I am a great believer in that nobody comes into work to do a bad job but sometimes the intentions of one party do not fit with the wishes of another and therefore the emotion takes over and stalemate occurs. The emotions of a community may sometimes stand in the way of a need to change and the change agent needs to be overtly aware of these emotions and approach them with sensitivity and feeling, as one would with any personal situation. Unfortunately with the pressures of business being fraught, these emotional requirements are often ignored and, whilst dealing in facts is paramount, giving lower priority to these often leads to even more resistance. From my position outside of the community and the Trust, I feel that this is the situation that has arisen in Holsworthy. It is incumbent on the Trust now to seriously consider how it can engage with the community to improve the level of trust towards them, with the aim to drive the feeling that both parties are working together as opposed to the current environment of conflict. Change is only accepted if the recipient either sees an opportunity or a threat. From the community’s perspective, they see the threat of losing a service. From the Trust’s view there is a real safety threat. Management of the communication and involving the community in difficult decisions has to be the way forward not only for the NDHT but other Trusts with similar issues. Whilst the Trust is commissioned to provide services it doesn’t have to make all the decisions in isolation. It is also necessary for the ‘representatives’ of the community to look to drive engagement opportunities with the Trust and to support the Trust’s objectives in providing the services. It is not necessary to wait for a consultation or a recruitment issue to raise its head before the parties come together. In today’s era of electronic communication we feel that posting on a website or sending a blanket email is sufficient as a communication tool. Devon’s demographics are, as we know, towards the more elderly end of the population. The electronic age has yet to catch up! Therefore, talking face to face and open meetings is still seen as far more friendly and informative as opposed to an inanimate email. We will not always agree with some of the decisions made but if the community see both the Trust and the elected representatives working together this has to be a benefit in managing the changes that will inevitably come. Without some drive on both sides to improve the level of Trust, there will continue to be unrest.”

Suggestions for future working between the Trust and the Community.

- Establish working groups to improve engagement between the NHS provider and the users.
- Agree the base needs through detailed analysis.
- Meet regularly to review and share the actions.
- Plan in open communication meetings/days.
- Hold a community open day at the surrounding hospitals/facilities.