

Delivering Safe Inpatient Services in Holsworthy

Implementation Plan

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This document sets out NDHT's implementation plan, as agreed with NEW Devon CCG, to reopen the Holsworthy inpatient services.

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Contents

1. Background	3
2. Starting place	5
3. Approach to reopening Holsworthy inpatient services	9
4. Gateway process	10
5. Recommended implementation strategy: Specific Holsworthy recruitment campaign	12
6. Timelines	12
7. Options appraisal	12
7.3 Option one: redeploy staff from other parts of NDHT to reopen the unit	12
7.4 Option two: launch a specific recruitment campaign focussed on Holsworthy staffing	16
7.5 Option three: Change the admission criteria to Holsworthy	18
8.0 Risks and Issues	18
Appendices	20

1. Background

- 1.1 Prior to a public meeting on the 19th April, NEW Devon CCG (CCG) wrote to Northern Devon Healthcare NHS Trust (NDHT) (see appendix 1) confirming that *'following further review, we do not believe there is sufficient evidence in place ...to support the continuation of the temporary closure'* of the inpatient units on safety grounds. The CCG requested, and received a first draft implementation plan from NDHT by 3rd May 2018.
- 1.2 The first draft of the plan was presented to the CCG on 3 May. NDHT was then further tasked with providing additional options. The second draft of this plan was presented to NEW Devon CCG on 16 May 2018.
- 1.3 NDHT's quality policies dictate the context within which inpatient care is delivered. These are aligned to the CQC requirements and NICE guidance and are:
- Minimum nurse to patient ratio of 1:8
 - Minimum of 2 RGNs on shift at any one time, meaning a minimum number of beds of 16
 - Avoid any NDHT service becoming reliant on agency or locum staffing in line with evidence base research that suggests using agency staffing negatively impacts on safety, quality and potential for increased harm.
 - Compliance with operational policies which direct clinical resources to the patients with highest acuity
- 1.4 The following implementation plan is in response to NEW Devon CCG's request for NDHT to review its position and develop a suitable implementation plan to address the issue of the continued closure and reopen the beds as per the previous model of care. Simultaneously, the CCG is leading a period of engagement with the community on a future model of care in Holsworthy.
- 1.5 NDHT proposes to open the inpatient beds as soon as the plan can be implemented safely and sustainably.
- 1.6 To aid transparency this plan details all the options that NDHT considered before recommending the safest and most effective route to deliver the outcome of opening the Holsworthy community inpatient service.
- 1.7 These options are:
1. Redeploy staff from other NDHT services to reopen Holsworthy
 2. Launch a specific Holsworthy recruitment campaign
 3. Change the admission criteria to Holsworthy

- 1.8 Before any option is implemented NDHT would have brought back to Holsworthy Hospital, where still employed by the Trust, the inpatient staff who were temporarily redeployed in March 2017 where they remain in temporary roles.

Organisational context

- 1.9 NDHT has been designated a 'Challenged Provider' by NHS Improvement which reflects the Trust's financial pressures and staffing challenges in certain workforce groups, particularly therapy and medical (doctors).
- 1.10 Following a recent CQC inspection, NDHT received a warning notice and is currently progressing well through the subsequent action plans. None of the actions required specifically relate to inpatient care but an important context to note is that there is significant senior clinical and managerial effort being put into addressing the CQC's concerns.
- 1.11 NDHT is in dialogue with the Royal Devon and Exeter NHS Foundation Trust to provide additional leadership and support to help it overcome its challenges, many of which require system support.
- 1.12 All three factors mean that there is intense scrutiny on the quality and sustainability of NDHT's acute and community clinical services and there are additional stakeholders who need to be satisfied that NDHT's implementation plan for Holsworthy does not jeopardise the safety of other services or the progress in addressing CQC-required quality issues. The CCG remains the key stakeholder responsible for requesting the reopening of the inpatient beds. Given the above, NDHT is proposing that the implementation plan follows a gateway process as NDHT has to be assured that reopening the beds is sustainably staffed to ensure safety and quality.

Financial context

- 1.13 In 2017/18, the Trust's total operating income was £210m including system support and Sustainability and Transformation Funding (STF). In a flat cash+ agreement with the main commissioner and loss of STF this reduces to an income level of £195m including the unwinding of the non-recurrent system support. The Trust has submitted a plan to NHS Improvement which recommends that the Trust begin a three-year financial recovery plan following a projected deficit of £12m at the end of this 2018/19 financial year. It has not yet been confirmed that NHS Improvement has accepted the 2018/19 plan.
- 1.14 To achieve this 2018/19 deficit plan, NDHT needs to deliver an £8.m cost reduction programme. NDHT is in the process of developing a rolling programme of change and transformation to deliver a recovery programme over a 3 year period to return to breakeven by 2021/2 whilst ensuring stable and resilient services.

- 1.15 The areas targeted to reduce operating costs include a reduction on agency staff in both medical and nursing cover. Therefore, the aspect of this implementation plan which promotes the recruitment of more clinical staff aligns with the Trust's strategic delivery plan as well as the quality policies which prevent services being reliant on agency/locum staff.
- 1.16 In 2017/18, the closure of the Holsworthy in-patient beds delivered a non-recurrent operating cost reduction of £491k. This cost reduction continues for as long as the beds remain closed but the substantive funded budget for the Holsworthy inpatient beds remains within the opening financial plan of the Trust at £754k.
- 1.17 In the context of an already challenging £8m cost saving's target for 2018/19, this will be challenging.

Summary

- 1.18 Each option has been risk-assessed and shared with NHSI and RD&E Chief Executive (in light of the pending collaboration agreement). NDHT has also informed the CQC. The recommendation of the most effective route to enable the beds to reopen – in section 4 - therefore represents a considered and thorough proposal. The CCG retain final approval on the implementation plan.

2. Starting place

- 2.1 This section describes NDHT's starting position in terms of workforce and finance, describing first the workforce context before outlining the detailed staffing requirements for reopening the Holsworthy inpatient services.
- 2.2 The opening of Holsworthy beds is necessarily influenced by the current workforce profile for the whole of NDHT's service portfolio due to the high degree of service integration between acute and community.
- 2.3 The current level of vacancies within the community and the acute Trust is presented below. These data sets out the starting position for reopening the inpatient services at Holsworthy.

Registered General Nurses (RGNs)

- 2.4 NDHT employs around 800 RGNs. Our nursing (acute, community and specialist) services are operating with an overall nursing vacancy position of 9.68% which equates to 77.23 Full Time Equivalent (FTE) nurses. Maternity leave is in addition to this vacancy factor and is estimated at 2.94% for RGNs. The vacancy factor is higher than the national figures for acute nursing vacancies which is approximately 9%.

Medical (doctors)

- 2.5 Holsworthy Hospital requires a model of medical cover 24 hours per day, 365 days per year in order that patients can be admitted for care. It is a central requirement to have this arrangement agreed and in place early in the reopening process.
- 2.6 NDHT has considered the two most likely sources of obtaining that medical support to Holsworthy Hospital:
1. NDHT-employed doctors
 2. Primary Care (In hours cover provided by local GPs / Out of hours cover provided by Devon Doctors) – this is the model in place before the beds temporarily closed.

NDHT-employed physicians

- 2.8 The Trust's medical vacancy factor is 12.2% or 35.70 FTE medical doctors in the acute and 20.6% or 3.86 FTE within its community services.
- 2.9 NDHT is part of the Sustainability and Transformation Partnership (STP) across Devon. Immediately before and over the Christmas period, NDHT asked the STP for support within the Mutual Support Agreement to enable consultant support to NDDH's stroke and obstetrics and gynaecology services. There is a national shortage of consultants in many of these specialties.
- 2.10 In early 2018 further support was requested for acute medical facing specialties as there are eight medical consultant vacancies at NDDH which is putting pressure on medical services at NDDH. Currently NDDH does not have any dedicated care of the elderly consultants. Given that the community hospital inpatient cohort has an average age of 85, NDHT considers it too high risk to spread a very finite medical resource over two geographically distant sites.

Primary care

- 2.11 The previous model was for primary care to support the inpatient beds at Holsworthy.
- 2.12 **In-hours:** NDHT has funded and continues to fund Holsworthy Medical Centre GPs and Blakehouse Surgery GP to provide medical supervision to the patients admitted to Holsworthy Hospital. HMC provided care only to those patients on its practice list. Blakehouse is a single-handed practice and provided care to any patient that needed admission.

NDHT requires the CCG's support to liaise with both practices to re-establish and reconfirm this medical support to the beds, ideally to any patient, not just those registered with a particular practice. This arrangement is essential to have in place before any recruitment campaign can start.

- 2.13 **Out of hours:** The CCG funds a Devon Doctors contract to provide out of hours medical support to the inpatient unit. Again, NDHT would need the CCG's support to liaise with Devon Doctors to re-establish and confirm this OOH medical support to the beds. As before, this would need to be funded and contracted by the CCG, as NDHT has not received funding for this aspect of service since the CCG changed the commissioning of out of hours cover to community beds. NB: This arrangement is essential to have agreed before any recruitment campaign can start.

Summary

- 2.14 Having considered this context it is NDHT's view that it would significantly destabilise already vulnerable acute medical services to divert NDDH consultant resource to Holsworthy. Therefore the only option available to us is to re-instate the operational model using primary care in hours and OOH medical cover that was previously in place.

Allied Health Professionals (Physio, Occupational Therapy)

- 2.15 AHPs are essential to any inpatient service as they work with patients to regain or maintain their independence and mobility.
- 2.16 The therapy model is different to the nursing position because the therapists previously employed in Holsworthy remain working in the Holsworthy community and can be re-focused on the inpatient unit.
- 2.17 NDHT's acute service has an Occupational Therapy vacancy factor of 27.2% or 4.97 FTE Occupational Therapists and 2% physiotherapy vacancies.
- 2.18 The reverse is true in the community, where the Trust has 10.4% (3.50 FTE) vacancies in physiotherapy and 2.5% in Occupational therapy (0.82 FTE). The national figures for occupational therapy vacancy rates are 15.5%. No national figures could be found for physiotherapy vacancy rates.
- 2.19 These low percentages hide both the difficulty NDHT has experienced recruiting senior physiotherapists to the Holsworthy service – some posts have been vacant for 2+ years – as well as the impact one vacancy can have on such a small service.

Pharmacy

- 2.20 A small pharmacy resource would be required to reopen Holsworthy; NDHT foresees no significant challenge to this recruitment.

Support and ancillary staff

2.21 There are many other staff and services required to support a reopened inpatient unit – hotel services, administrators, catering, deliveries of stock and supplies etc. These are not listed in great detail here because they are either a) easily reinstated as part of the Trust’s existing estates and facilities infrastructure or b) posts to which we anticipate no problems recruiting.

What does this vacancy position mean?

2.22 In order to maintain safe 24/7 services it is often necessary for the Trust to fill vacancies using bank or agency staff. For example, in nursing over the last eight weeks from February to April, the Trust had on average five hundred and one (501) vacant shifts per week to fill. Of these three hundred sixteen (316) shifts were filled by bank/agency staff leaving on average one hundred and eighty five (185) unfilled shifts per week in the Trust.

2.23 The high level of unfilled shifts is an extremely challenging operational position for the Trust to be managing the delivery of safe acute and community services. This is putting pressure on our staff and our ability to maintain core and consistent NHS services, which is again always challenged due to NDHT’s geographical isolation.

2.24 Staff needed to reopen the unit

Holsworthy staffing summary

Staffing Group	Funded WTE	WTE in post (and redeployed)	Remaining vacancy		
			Substantive	Fixed Term	Total
Management	0.50	-	-	0.50	0.50
Nursing	10.53	6.40	4.13	-	4.13
HCA	8.92	2.94	5.78	0.20	5.98
Therapy - Physio	1.00	0.50	0.50	-	0.50
Therapy - OT	0.50	0.50	-	-	-
Therapy - Support Worker	1.80	1.80	-	-	-
Hotel Services	4.61	3.89	0.72	-	0.72
Pharmacy	0.20	-	0.20	-	0.20
Total	28.06	16.03	11.33	0.70	12.03

Medical staffing	10.25	-	10.25	-	10.25
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Table 1: The current staffing position and the vacancies needing to be filled to enable reopening

2.25 Table 1 outlines the minimum additional staff that are needed to open the unit under the existing model of care. The above establishment information assumes that the staff who are currently temporarily redeployed would all return to Holsworthy hospital if the beds were to reopen. The vacancy position presented in table 1 would increase if any members of staff didn’t return to their post at Holsworthy hospital.

2.26 If all staff return, the following additional staff are needed to reopen the unit:

- 4.13 or 4.63 FTE Nurses ^a
- 5.78 FTE Health Care Assistants
- 0.5 FTE Physiotherapy ^b
- 0.2 FTE Pharmacists
- 0.72 Hotel services
- Medical cover across 365 days ^c

^a During the period of temporary closure, NDHT has increased the number of day clinics and day services operating from Holsworthy Hospital. These are resourced using staff previously working on the inpatient service and are proving popular with the local community. When these staff are refocused on inpatient work NDHT will need to divert a number of day treatment patients to other centres within Northern Devon to receive their treatments. To provide day treatment services at the previous level of activity will require 0.5 FTE RGN to be added to the inpatient requirement of 4.13 FTE.

^b The unit will operate with the previous level of therapy. However, recent STP modelling for a rehabilitation unit indicates that higher levels of therapy than previously in place are needed to remain aligned to best practice.

^c Patients are admitted to Holsworthy community hospital under the care of a senior physician. There must be sufficient cover for 24 hours per day, 365 days per year. The medical cover equates to 10.25 PAs per week.

3. Approach to reopening Holsworthy inpatient services

3.1 The CCG asked NDHT to consider all available options to reopening the beds. This section details the implementation options available to NDHT in achieving the aim of reopening Holsworthy hospital inpatient services.

Principles

3.2 Our approach will balance the current risks to our existing acute and community services, the impact of introducing more vacancies to the current position, the need to ensure more consistent care through reduced agency usage and the unfilled rate, and the imperative to open the beds.

3.3 This approach can be distilled into the following principles:

- The option should avoid destabilising acute and community services
- The option should avoid destabilising wider social and nursing care
- The option should avoid a reliance on agency across our acute or community services
- The option should ensure that staff with the right skills are recruited and appropriately supported/supervised by resilient leadership

- The option should continue to promote “what matters to you” principles of care delivery
- 3.4 In summary, our approach seeks to successfully reinstate Holsworthy inpatient services without destabilising NDHT’s other medical services as well as satisfying the requirements of being a supportive employer.

4. Gateway process

- 4.1 In order to manage a safe and resilient inpatient service to be re-established, NDHT proposes a single gateway process to ensure stability whilst we reopen. This process is outlined in Appendix 2.
- 4.2 A gateway process is transparent; it also enables NDHT to balance the risks to current services with the need to open the Holsworthy inpatient-beds.

Pre-gateway preparations

- 4.3 NDHT has identified the staff required to reopen the unit in section 2.24. An HR process started on 3 May to understand how many of the original Holsworthy redeployed staff were available and able to move back to their role in Holsworthy inpatient services.
- 4.4 Other redeployed individuals are currently supernumerary to core establishment. The outputs from this HR process will enable NDHT to accurately scope the profile of staffing able to return to a post within Holsworthy. This will enable NDHT to adjust the required staff outlined in 2.12 accordingly.
- 4.5 NDHT and the CCG will need to establish and agree the medical cover to the unit very early in this implementation plan.

Progress to date

- 4.5.1 As of 15 May, the Trust has been in contact with all of the nurses and healthcare assistants from Holsworthy who are currently temporarily redeployed while the beds remain temporarily closed to establish what their deployment preference would be should the inpatient beds be re-opened. The majority of staff have responded to say that returning to the inpatient unit would not now automatically be their first choice having worked in alternative roles and seen different models of care being delivered.
- 4.6 The supernumerary staff have been temporarily redeployed working in Holsworthy and Torrington community hospitals developing enhanced day services that were not present in Holsworthy before March 2017. The Trust did not develop these services to prejudice the outcome of any engagement on the long-term future model in Holsworthy, but rather to ensure that employed staff had gainful employment and appropriate clinical content to their roles.

- 4.7 In the interests of transparency NDHT feels it must point out that withdrawing these staff back to the inpatient unit would mean the immediate cessation of enhanced day services at Holsworthy and therefore require their re-provision at other centres.
- 4.8 NDHT is fully committed to supporting those staff return to the Hospital, however, it is worth recognising that if those staff who feel sufficiently strongly that they do not want to return there is a greater chance that they will leave NDHT employment or apply for other positions.
- 4.9 For this reason the vacancy position and progress recruiting to the gaps may change throughout this implementation. NDHT proposes to publish its progress in recruitment at regular intervals through the process, in the following format:

Staff group	Target workforce required	Date of update	Current position	Progress since last update and reasons

Gateway

- 4.10 We will be able to reopen once NDHT has secured the following staff assigned to Holsworthy inpatient services:

Nursing*	95% of establishment / 10.53 FTE
Therapy incl. therapy support	80% of establishment / 3.04 FTE
Health Care Assistant cover	100% of establishment
Pharmacy Cover	100% of establishment
Ward Manager & Matron	100% of establishment
Medical cover in hours	100% of establishment
Medical cover out of hours	100% contract fulfilment by Devon Doctors
Hotel services and admin	100% of establishment

* Two of the vacant posts are the Band 7 and Band 6 nurse leader roles meaning there is no leadership in place/able to be returned to Holsworthy. The 95% needs to include at least one of these senior roles.

- 4.12 There are certain clinical groups of staff that are more difficult to recruit. The recruitment of nurses and therapists is a nationally recognised issue, hence the high % of vacancy.

Other posts, such as hotel services and administration posts are essential to the reopening but are more easily filled from the local labour market. Therefore their recruitment will commence as NDHT gets within three months of reopening Holsworthy Hospital. This is reflected in the flow chart in appendix 2.

5. Recommended implementation strategy: Specific Holsworthy recruitment campaign

5.1 As requested by the CCG an options appraisal has been completed and is contained in later sections. Following the options appraisal the preferred option to reopen the inpatient beds at Holsworthy is a specific Holsworthy recruitment campaign. The implementation plan is within appendix 2, the Action Plan in appendix 3 and the recruitment and Marketing Plan is contained in appendix 6.

5.2 The objectives of the plan are:

- Attract the required workforce to vacancies at community hospitals
- Promote local support for hospital, staff and NHS services
- Ensure we retain as many employees as possible through this process
- Ensure we keep community and commissioners informed of progress

5.3 NDHT will provide regular updates on progress.

6. Timelines

6.1 NDHT will strive to open as soon as the plan can be implemented, this is anticipated to be a 5 month period allowing for usual recruitment processes but may be sooner.

7. Options appraisal

7.1 NDHT welcomes transparency and openness in this implementation plan, indeed community support in helping us achieve the aims is very welcome. Having explored all available options thoroughly, the purpose of this section is to describe why an option was rejected and the reasons for the recommended option.

7.2 All options were considered against the principles designed to provide assurance of the safety of service outlined in section 3.3.

7.3 Option one: redeploy staff from other parts of NDHT to reopen the unit

The nurses required to reopen Holsworthy could come from either South Molton community hospital, the Holsworthy community health and social care team or an acute medical ward at NDDH.

Each source of nursing and therapy clinicians is explored below:

1. Deploy staff from South Molton community hospital

There is only one ward at South Molton with 16 beds (which can flex to 24) so removing its entire clinical establishment to Holsworthy would cause its immediate closure and the transfer of inpatients to NDDH or Holsworthy Hospital.

Under the NHS standard contract NDHT is not able to demand that South Molton staff travel the round trip of 72 miles to work in Holsworthy.

Recommendation: Under current employment contracts NDHT is not able to require South Molton staff to move to Holsworthy. Therefore this option is not possible.

2. Deploy staff from Holsworthy Health and Social Care team

Appendices 4 & 5 set out the risk assessments of this option in more detail.

Redeploying Holsworthy district nurses from delivering care in people's homes to the hospital would require a significant reduction in size of community caseload (circa 200 patients) and a reduction in the acuity of patients in their own homes that it would be possible for NDHT to continue managing safely.

To enable the community caseload to reduce, patients currently being supported to live independently at home would be risk-assessed as to whether/when their care/support/rehab could safely end or if ongoing care needs were present the options of care home, residential home, domiciliary care, acute hospital admission would be explored on a case by case basis.

Going forward it is likely that people who would previously have been able to receive care in their own homes would instead be admitted to Holsworthy hospital.

Community nursing teams would need a bespoke training package to ensure they had the right skills to work within an inpatient area. Many community nurses have had long periods away from inpatient services or have never worked in an inpatient setting.

Requiring community nurses to move to inpatient nursing would require formal consultation with them. Many of these nurses will have made specific career choices to work within community nursing. The community nursing teams do not operate over the full 24-hour period and this consultation is required because it would necessitate significant changes to the current working hours of these staff. The cumulative impact of the changes to role and working hours is such that even after consultation the Trust could not force the staff to move to inpatient roles without terminating existing contracts and offering new contracts. This is not something any organisation should consider lightly.

The reinstatement of AHP support to inpatient services is more straight-forward to implement because this team used to work across hospital and home under the previous model.

Recommendation: Because of the need to consult staff, this option is likely to lengthen and complicate the process of reopening the beds. In addition, this option is against the prevailing CCG strategy of supporting people to live independently in their own homes as it would remove that choice for hundreds of patients in Torrington.

It would potentially also adversely impact more patients (200 on the community caseload) than it would benefit (16 inpatients in Holsworthy). Therefore this option is not considered possible at this time.

3. Deploy staff from NDDH

NDDH has five general medical wards and a Medical Assessment Unit which each provide a range of acute medical care as per the description below. (NB: It is not appropriate to consider surgical ward staff due to different skillset).

Ward	Specialty	No of beds
Capener	General medicine	29
Fortescue	Care of elderly	29
Glossop	Gen med, Gastro, Cardio	30
Staples stroke	Stroke	24
Victoria	Gen med, Cardio, Oncology	29
MAU	Emergency medicine	22

NDDH is operating at 95% bed occupancy and there are nearly always medical outliers (medical patients needing to be accommodated on a surgical ward due to lack of beds on a medical ward). Its performance against the national four-hour flow target suffered particularly badly over the winter due to these capacity constraints.

Deploying the required staff group from NDDH to Holsworthy would require the closure of (at least) half of an acute medical ward. There are no easy choices as each ward already covers a wide range of specialties. Our length of stay is extremely efficient at <4 days average meaning these wards are extremely productive and efficient at their current size.

Those patients that could no longer be admitted to NDDH for their acute medical care due to our reduced capacity would need to be transferred to RD&E, Derriford or Taunton, as the three next closest hospitals. All hospitals would need commissioner support to establish the new acute medical pathways this divert would entail (normally this sort of patient divert would only be considered in the event of a major incident).

As above requiring staff to move to cover Holsworthy on an on-going basis would require full consultation and even after that it is unlikely to be reasonable in employment law to require staff to move from Barnstaple-based acute posts to community roles in Holsworthy.

Recommendation: Because of the need to consult staff, this option is likely to lengthen and complicate the process of reopening the beds. In addition because of the capacity pressures at NDDH, particularly in medicine, it would be too high risk to divert our clinical resources away from caring for the most acutely unwell patients who need care at NDDH.

Having thoroughly considered this option it would be unsafe, have a disproportionate impact on other services. Therefore it is against the principles and is rejected.

7.4 Option two: launch a specific recruitment campaign focussed on Holsworthy staffing

This option proposes a geographically-focused approach to recruitment in Holsworthy and surrounding area. This will involve focused advertising in local newspapers and social media.

NDHT uses social media channels as they are a successful medium through which to advertise vacancies to a local and/or targeted population. NDHT will seek support from the community to help publicise the Holsworthy posts using local social networks for example Facebook and Twitter. NDHT has created lots of audio-visual content to attract potential recruits to both North Devon and our vacancies.

The Trust will work with the community to run a specific local recruitment fare alongside its other recruitment fares across Northern Devon.

To increase the attractiveness of the vacancies the Trust will offer innovative and flexible packages of employment, for example through developing rotational posts that could rotate across the community and the inpatient unit and between the NDDH and Holsworthy.

The Trust runs an effective return to nursing practice programme. This programme will have spaces prioritised for people wishing to return to practice and take up the positions in Holsworthy. This is not a quick process and is dependent on people meeting set criteria. The average RTP student can take between 6-8 month to complete their programme.

Quite often a barrier to recruitment is the lack of available employment opportunities for the spouses of those to whom we have offered posts. The Trust works in partnership with other partners such as Devon County Council and the Trust will continue using these partnerships to support their partners into employed roles within other partner statutory services or within our own organisation.

If the recruitment to all the Holsworthy posts is not successful on the first round of advertising, those people employed as inpatient focused staff will need to be purposefully employed until the unit can achieve sufficient recruited new staff to operate safely and effectively. To enable purposeful employment, the new recruits will be offered posts within other inpatient and also community environments as temporary positions until the required amount of staff to run the unit has been recruited.

We have considered the efficacy of any recruitment campaign in light of the CCG's intention to consult on a new model of care in Devon. Therefore the contracts we will offer any new staff coming to work in the Holsworthy area will be non-specific to the inpatient unit, enabling us to move staff between community and inpatient setting without requiring an HR consultation or change to the employee's terms and conditions.

Alongside this approach the Trust, finding itself in a difficult national skills shortage environment, pursues a multi-pronged strategy to maximise the effectiveness of recruiting and retaining our clinical workforce . These prongs are as follows:

Efficient and effective generic recruitment campaigns

NDHT has streamlined its recruitment processes which enables the recruitment team to attend recruitment events with the ability to interview and make formal offers to prospective clinicians there and then.

The Trust holds regular open days at NDDH which are well attended by prospective applicants. The recruitment team organise generic recruitment campaigns to enable NDHT to reach a wider audience with vacancies.

“Growing our own”

NDHT was instrumental in the formation of the Care Academy locally, which describes and promotes careers in care. There is now a clearly defined career pathway from domiciliary care through to qualified nursing or therapists.

NDHT was also a pilot site for the new trainee nurse associates, and has continued the development of this new nursing role. NDHT also hosts and has developed a large clinical apprenticeship programme.

NDHT is working to develop a training model to sponsor nurses to undertake their registration through Plymouth University. This requires significant investment to pay salaries for a period of around 18 months. This model aims to provide a pipeline of registered nurses to Northern Devon.

Retention

In response to NDHT’s clinical workforce’s desire for more flexible hours and home/life balance, it launched a staff bank which enables clinicians to pick up additional shifts. NDHT is exploring additional and enhanced retention strategies with NHS Improvement.

Overseas recruitment

NDHT is participating in the STP recruitment campaign, and has sent a team of senior nurses to recruit from Italy, Spain and the Philippines. NDHT has a strong record in supporting overseas nurses through pastoral support and annual leave that enables them to go home regularly.

Caveat for Holsworthy: Overseas recruitment is often a protracted process with some candidates taking up to a year to obtain their registration from the NMC. Previous experience would suggest that overseas nurses, particularly from the EU, are not attracted to working in a community hospital due to the patient cohort, their geographical isolation and lack of peer support. It is not considered viable to recruit overseas nurses directly to Holsworthy.

Recommendation: Recruiting to the Holsworthy workforce is NDHT’s preferred option. It would enable NDHT to scope the availability of workforce within the Holsworthy area, ensuring that Holsworthy vacancies also benefitted from the wider continuous recruitment efforts. NDHT would continue to recruit to its acute internal vacancies from overseas.

7.5 Option three: Change the admission criteria to Holsworthy

The feedback provided to NDHT’s HR team regarding why the majority of staff stated preference is not to return to the unit centres on their experiences of seeing the patient benefits of enhancing the number of community services that were suddenly possible to bring to Holsworthy. The range of day services has expanded using the ward space and staff meaning more people can access care, support and treatment in their local community.

This vision has excited and inspired the team and there is emerging a strong local clinical team who really want to work with the community and the CCG on developing great local services for people.

Recommendation: NDHT understands that it is not possible to change the admission criteria to the Hospital without a change in commissioning intentions. However, we fully support the local team’s engagement with the community and CCG to discuss their ideas. This clinical engagement can run alongside the implementation plan without conflicting with delivering the aims of reopening the beds.

8.0 Risks and Issues

Description of risk	Proposed mitigation
<p>Failure to recruit</p> <p>Despite the best endeavours outlined in both the recruitment approach, activities and marketing plan, NDHT may not be successful in recruiting the required clinicians to enable the unit to reopen</p>	<p>NDHT is generally very successful at recruitment. The Trust’s senior nurses attend all events and have strong professional social media networks to encourage new recruits. The recruitment marketing plan is comprehensive and robust.</p>
<p>Confidence in NDHT approach</p> <p>Linked to the above risk, third parties may feel that NDHT has not tried sufficiently hard to recruit</p>	<p>NDHT will ensure it provides regular updates to staff (who can inform the community), stakeholders and commissioners. Feedback on the approach and progress will be welcomed.</p>
<p>Failure to secure in hours/OOH medical cover</p> <p>Without GP and Devon Doctors 24/7 cover the hospital cannot reopen. There are workforce issues in primary care. Given the current cost savings target and wider financial pressures NDHT has no ability to increase this</p>	<p>NDHT requires CCG support to mitigate this risk.</p>

budget.	
<p>Destabilisation of other local services</p> <p>Advertising for local nurses on popular NHS terms and conditions may destabilise other local services who are dependent on the same finite skilled labour supply, i.e. care homes, MIUs, GP practices and residential homes.</p>	<p>If all of the applicants to the Holsworthy vacancies come from these sources and the impact would be to destabilise these organisations, we will escalate to NHS England, CCG and Devon County Council (the commissioners of these services) to enable a risk assessment to be completed.</p>
<p>Complaints as a result of re-provisioned day treatment services</p> <p>The increased day treatments and outpatient services are really popular and valued by patients and staff as offering people a local service they would previously have had to travel to NDDH to receive.</p>	<p>Ensure CCG understands this impact as part of the engagement on the longer term model.</p>
<p>Disruption to community model</p> <p>Over the last twelve months the volume of work in the community has moved toward caring for a greater complexity of individual at home. The opening of the inpatient service will refocus therapy staff from the community setting toward the in-patient unit. An increase in the community therapy waiting list is likely as well as a decrease in the acuity of the caseload.</p>	<p>Ensure CCG understands this impact as part of the engagement on the longer term model.</p>
<p>Increased agency use</p> <p>The requirement to recruit more nurses in the current operational context is likely to maintain or increase the Trust's use of agency and unfilled rate. The impact of which may necessitate changes in acute ward configuration.</p>	<p>Agency use is monitored continuously through our workforce performance reports. NDHT will escalate to the CCG if the hospital becomes dependent on agency staff.</p>
<p>A change in model following CCG engagement</p> <p>Along with many other local stakeholders NDHT is involved in the CCG's engagement on the longer term model of care in Holsworthy. Once NDHT has recruited to the vacancies but the model, as a result of the engagement, changes, NDHT will have significant stranded costs.</p>	<p>NDHT will request CCG support to mitigate stranded costs.</p>
<p>New Leg Ulcer service (northern Devon)</p> <p>NDHT has recently been awarded the contract for the delivery of leg ulcer services in Northern Devon. This contract requires the recruitment of 5 new RGNs. This recruitment drive will be taking place simultaneously to the Holsworthy recruitment and may mean neither service is fully established.</p>	<p>CCG to be made aware of risks to the launch of the new leg ulcer service.</p>

Appendices

Appendix 1 - Letter to NDHT from NEW Devon CCG

NHS
**Northern, Eastern and
Western Devon**
Clinical Commissioning Group

Darryn Allcorn
Interim Deputy Chief Executive
North Devon District Hospital
Raleigh Park
Barnstaple
Devon
EX31 4JB

19 April 2018

By email

Dear Darryn,

Holsworthy community hospital inpatient beds

Thank you for our telephone conversation yesterday afternoon. As we discussed, I am writing to confirm that, following further review, we do not believe there is sufficient evidence in place for NEW Devon CCG to support the continuation of the temporary closure of the inpatient beds at Holsworthy Community Hospital on safety grounds.

We therefore request that you produce the first draft of an implementation plan, to share with us within the next 2 weeks. We would request that this implementation plan includes details on how you intend to recruit staff to the Holsworthy hospital, what consideration you will give to moving staff from other areas, and what potential risks these moves may incur.

Once we have reviewed and agreed the final plan with yourselves, our intention will be to share the plan with the stakeholders in Holsworthy.

During the development and agreement of the implementation plan, NEW Devon CCG will continue to engage with the Holsworthy community to consider a new model of care that most effectively meets the needs of the population.

I would be grateful for your confirmation on receipt of this request, and thank you for your cooperation in advance.

Yours sincerely

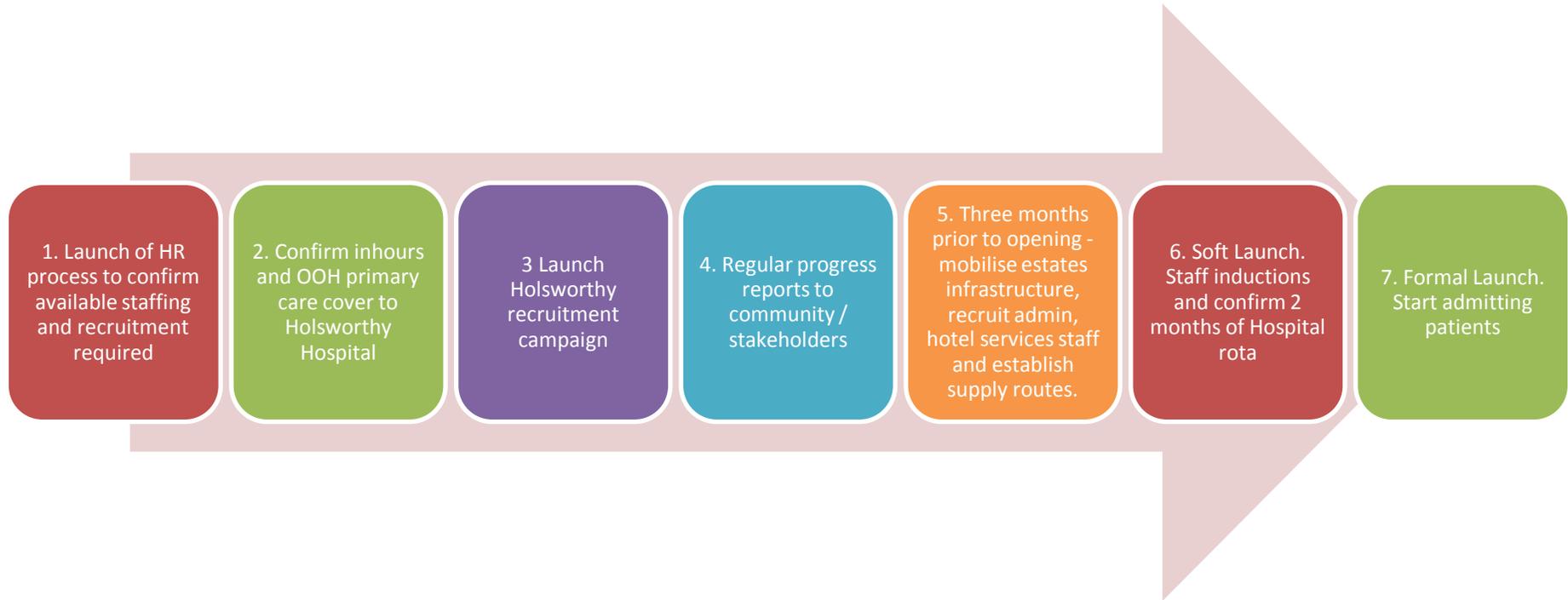


Simon Tapley
Interim accountable officer

Chair: Dr Tim Burke
Chief Officer: Simon Tapley

Newcourt House, Newcourt Drive, Old Rydon Lane, Exeter, EX2 7JQ
Tel. 01392 205 205
www.newdevonccg.nhs.uk

Appendix 2: Implementation plan summary



Appendix 3: Action Plan

Northern Devon Community - Action Plan for Holsworthy 12.06.18 updated						
No	WorkStream	Action:	By Who:	By When:	Progress Status/RAG	Comment/ Progress
Objective: To Ensure Safe and Effective Services Across the Northern Devon Community whilst Opening the Holsworthy In-Patient Unit						
The action Plan will start when CCG and NDHT have reached agreement on the final plan - the date below assume an early agreement on the plan.						
1	Phase 1 -Governance	Establish Trust Exe Lead	GP	Completed		Jill Canning (Director for Operations) will be the named Executive lead.
		Draft TOR	GP	15.06.18		
		Establish Implementation Group	GP	22.06.18		
		Establish leadership of the Implementation Group	NK (Matron once in post)	15.06.18		
		Establish a Risk Register	NK	22.06.18		
		Weekly Review of the Trust's Vacancy and Recruitment into Holsworthy	TR	From 22th June		Although posts will be advertised once the medical cover is established (Dependency) the vacancy factor may alter if current staff obtain other posts. Hence updates from this point onward.
		Monthly Update reports to Exes & CCG	NK (Matron once in post)	22.06.18		Then on the first working day of the month thereafter.
		Obtain Matron Capability (Leadership)	DA	22.06.18		
		Agree Marketing Budget	GP	22.06.18		
Phase 2 - Medical Cover		Contact Primary Care GPs to ascertain capacity and willingness to participate in the in hours medical cover.	GP/NK	15.06.18		
		Approach to other centres to ascertain opportunities for other medical cover if required.	GP	15.06.18		
		If required, further negotiations to secure in hours medical cover for the patient cohort described.	CB	06.07.18		
		To confirm with the CCG they are able to secure the OOH medical cover.	GP	22.06.18		
		Confirm the medical Cover to achieve the Gateway.	GP	Dependency on above negotiations		
4	Phase 4 -Trust Recruitment & Gateway	Advertise all Holsworthy posts through a variety of medium, local paper, social media, national press. See Appendix 6 for specific detail on recruitment actions	Matron	Dependant on Obtaining Medical Cover		
		Advertise for Pharmacy position	MK	Dependant on Obtaining Medical Cover		
		Specific Advert for the Ward Manager	Matron	Dependant on Obtaining Medical Cover		
		Re advertise as required.	Matron	tbc		
		Review Recruitment against Gateway Met	Matron	tbc		The review will be on a weekly cycle.
		Find Purposeful Employment until the Gateway threshold is met	Matron	tbc		
		Sign off the Gateway has been met - move staff to the unit for orientation.	Execs	tbc		Threshold met and confirmed by the implementation group. Recommendation to Exes to reopen the unit.
5	Phase 5 - Estates	Review the estates requirement to re open the in-patient unit.	IR	Dependency on the Matron start date.		This phase can start once the Matron is in post and will run parallel to recruitment.
		Undertake any necessary works following the review	IR	tbc		
		Scope the equipment, telephony and IT requirement to re open the unit.	Matron	tbc		
		Purchase and mobilise the requirement equipment	Matron	tbc		
6	Phase 6 - Gateway One Achieved	Soft Launch - small patient numbers accepted, building to 12 beds	Matron	tbc		
		Review the staffing stability over the next two months. Once stable increase back to 16 beds.	Matron	tbc		

Appendix 4: Risk assessment, community

General Risk Assessment Form

Risk Assessor –

Name: Bev Stevenson

Job Title: Clinical Matron, Community

Telephone No:

Risk Assessment Date: 30/04/2018

Description of Hazard –

There is a risk to patient safety and the inability to provide adequate service to patients on the community nursing caseload.

Source of risk:

1) Potential redeployment of community staff to support the reopening of inpatient beds at Holsworthy Hospital.
Key risks

- Inadequate nurses (13.89FTE vacancies) in the Community Nursing team to provide high quality care for all patients on the caseload. There is one current vacancy in the Holsworthy core nursing and two from long term absence and maternity leave.
- Increased risk to patients and delays in treatment.
- Increased risk to the provision of day treatments across Northern Devon. These have increased from 5 to 50 per month in Holsworthy whilst the inpatient beds have been closed. Further scoping into the impact this would have on the Seamoor Unit and day treatments e.g. at Torrington hospital is underway.
- Potential risk of increased harm incidents due to inadequate staffing numbers to manage patient visits.
- The age profile of the Trust's nursing teams. Lack of nursing leadership due to Professional Lead and 3 CNTM (including the Torrington Team Manager) retiring by early July. The replacements for these posts are most likely to come from the current workforce. This would potentially leave gaps from within the community nursing teams to recruit into.
- Community nurses prioritise their workload constantly during each day. There needs to be adequate nurses to offer high quality care and to be able to respond to urgent situations and rapid responses. Reducing this resource will impact across the wider health and social care teams through inability to respond to urgent requests generating admissions or deprioritising needs such as continence assessments for example.
- Potential for an increase in admissions to the acute hospital due to lack of staff availability in the community team.
- Potential risk of negative publicity to community if quality of care suffers.

We have current nursing vacancies across all inpatient and community areas. The current nursing vacancies is as table demonstrates below –

	RN Vacancies in inpatient areas (April 2018)
Surgery	5.15 WTE
Medicine	25.43 WTE
Emergency Medicine	11.87 WTE
Community Hospital	2.2 WTE

Community Nursing	13.89 WTE		
Risk Location –			
Site/Unit: Community Nursing		Location: Holsworthy area	
Directorate: Unscheduled Care		Speciality: Nursing	
Who or what is at risk – Place an X against all that apply			
<input type="checkbox"/> Buildings	<input type="checkbox"/> Contractors	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Patients/Service
<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Suppliers	<input checked="" type="checkbox"/> Visitors/Carers	<input checked="" type="checkbox"/> users
Risk Summary –			
There is a risk of compromising patient’s care and safety in the community due to a lack of staff to manage the increased bed capacity within the community hospitals.			
Community nurses’ core hours are Monday to Friday 9-5 with the weekends and Bank Holidays covered via a rota system. The community hospital inpatient beds will require nursing cover 24/7.			
Strategic Objective – Place a X against the main one that applies			
<input type="checkbox"/> Deliver care in most appropriate setting	<input type="checkbox"/> Listening & responding to the needs of patients		
<input type="checkbox"/> Efficient and effective	<input type="checkbox"/> High quality services		
<input type="checkbox"/> Integrate Health & Social care	<input type="checkbox"/> Modern and effective infrastructure		
<input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Public health		
<input type="checkbox"/> Robust and sustainable	<input type="checkbox"/> Strategic partnerships		
Manager of the Risk -			
(Please PRINT) Bev Stevenson			

Description of existing controls and assurances – e.g. policies, standard operating procedures, training, reports, committees	
<ul style="list-style-type: none"> • Patient Safety Handover • Roster Policy • Redeployment Policy 	
Risk Consequence - Place an X against all that apply (see risk scoring matrix)	
<input checked="" type="checkbox"/> Adverse publicity / reputation	<input checked="" type="checkbox"/> Complaint / Claim potential
<input checked="" type="checkbox"/> Financial loss	<input type="checkbox"/> Human resources / Organisational development
<input checked="" type="checkbox"/> Injury	<input type="checkbox"/> Inspection / Audit
<input type="checkbox"/> Objectives / Projects	<input checked="" type="checkbox"/> Patient experience
<input checked="" type="checkbox"/> Service / Business interruption	
Initial Risk Score – Risk score with existing controls and assurances in place (see risk scoring matrix)	

Consequence		Likelihood		Score
4	x	5	=	20

Summary Risk Scoring Matrix -		
For more details see risk scoring matrix		
Score	Consequence	Likelihood
1	Insignificant	Rare
2	Minor	Unlikely
3	Moderate	Possible
4	Major	Likely
5	Catastrophic	Almost certain

Appendix 5: Risk assessment, unscheduled care division, NDDH

General Risk Assessment Form

Risk Assessor –

Name: Charlotte Overney

Job Title: Divisional Nurse – Unscheduled Care

Telephone No:

Risk Assessment Date: 25/04/2018

Description of Hazard –

There is a risk to patient safety across all inpatient areas due to bed capacity exceeding staff capacity in line with national recommendations of nurse to patient ratio of 1:8.

Source of risk:

1) Potential redeployment of acute and community staff to support the reopening of Holsworthy Hospital with the current nursing vacancies across the organisation

Key risks

- Increased risk to patients delays in treatment / daily tasks such as medication on time due to reduced number of registered nurses.
- Increased risk to staff in both areas as unable to provide support in all inpatient areas including community hospitals.
- Potential risk of increased harm incidents due to inadequate staffing numbers to manage patient numbers across 3 inpatient sites.
- Potential risk of negative publicity if quality of care suffers

We have current nursing vacancies across all inpatient and community areas. The current nursing vacancies is as table demonstrates below –

	RN Vacancies in inpatient areas (April 2018)
Surgery	5.15 WTE
Medicine	25.43 WTE
Emergency Medicine	11.87 WTE
Community Hospital (South Molton)	2.0WTE
Community Nursing	13.89 WTE

Risk Location –

Site/Unit: NDDH / South Molton and Holsworthy

Location: Inpatient Wards

Community Hospitals

Directorate: Unscheduled Care

Speciality: Nursing

Who or what is at risk – Place an **X** against **all** that apply

<input type="checkbox"/> Buildings	<input type="checkbox"/> Contractors	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Patients/Service
<input checked="" type="checkbox"/> Staff	<input type="checkbox"/> Suppliers	<input checked="" type="checkbox"/> Visitors/Carers	<input checked="" type="checkbox"/> users

Risk Summary –

There is a risk of compromising patient’s care and safety due to a lack of staff to manage the increase bed capacity within the community hospitals.

Currently with the vacancies across the wards in NDHCT we redeploy staff daily across the inpatients wards and outpatient departments to support patient safety – this would not be an option regularly within the community setting or hospital or vice versa.

Community nurses work regular Monday to Friday hours and the community hospitals will require staff 24/7 therefore the working hours are not compatible.

Overtime Spend for Holsworthy 16/17 - £24k
 Agency Spend for Holsworthy 16/17 – £34k

Irrespective of number of patients admitted to the wards at Holsworthy Hospital 2 RNs is the minimum requirement for patient and staff safety.

Strategic Objective – Place a **X** against the main **one** that applies

<input type="checkbox"/> Deliver care in most appropriate setting	<input type="checkbox"/> Listening & responding to the needs of patients
<input type="checkbox"/> Efficient and effective	<input type="checkbox"/> High quality services
<input type="checkbox"/> Integrate Health & Social care	<input type="checkbox"/> Modern and effective infrastructure
<input checked="" type="checkbox"/> Patient safety	<input type="checkbox"/> Public health
<input type="checkbox"/> Robust and sustainable	<input type="checkbox"/> Strategic partnerships

Manager of the Risk -

(Please PRINT) Charlotte Overney

Description of existing controls and assurances – e.g. policies, standard operating procedures, training, reports, committees

- Daily Staffing meetings
- Roster Policy
- Redeployment Policy

Risk Consequence - Place an X against all that apply (see risk scoring matrix)				
<input checked="" type="checkbox"/>	Adverse publicity / reputation	<input checked="" type="checkbox"/>	Complaint / Claim potential	
<input checked="" type="checkbox"/>	Financial loss	<input type="checkbox"/>	Human resources / Organisational development	
<input checked="" type="checkbox"/>	Injury	<input type="checkbox"/>	Inspection / Audit	
<input type="checkbox"/>	Objectives / Projects	<input checked="" type="checkbox"/>	Patient experience	
<input checked="" type="checkbox"/>	Service / Business interruption			
Initial Risk Score – Risk score with existing controls and assurances in place (see risk scoring matrix)				
Consequence		Likelihood		Score
4	x	5	=	20

Summary Risk Scoring Matrix -		
For more details see risk scoring matrix		
Score	Consequence	Likelihood
1	Insignificant	Rare
2	Minor	Unlikely
3	Moderate	Possible
4	Major	Likely
5	Catastrophic	Almost certain

Appendix 6: Marketing recruitment plan

(Draft) Outline Marketing Recruitment plan

Objectives

- Attract the required workforce to vacancies at community hospitals
- Promote local support for hospital, staff and NHS services
- Ensure we retain as many employees as possible through this process
- Ensure we keep community and commissioners informed of progress

Key actions

- Launch specific recruitment for Holsworthy vacancies
- Promote Trust's open days, particularly those specifically for Holsworthy
- Promote the Trust's recruitment and retention strategies, i.e. return to practice
- Agree core marketing budget (Trust funded) and agree resources for supplementary activities (possible third party funded)

Workstreams as follows:

1. *Attract the required workforce to vacancies at community hospitals*

All NDHT vacancies are published on NHS Jobs. This is the national jobs site for everyone looking to work in the NHS.

GP cover to the unit:

- CCG to establish OOH arrangement with Devon Doctors
- CCG to assist NDHT in negotiation with local GP practices on in-hours medical cover.

To enhance our recruitment advertising efforts we will also do the following:

- Batch the adverts and buy trade press advertising (i.e. Nursing Times, HSJ)
- Advertise vacancies in local media (i.e. Holsworthy Post, Devon Live)
- Promote the vacancies via paid for social media (i.e. facebook profiling)

Other recruitment activities are as follows:

- Promote return to work: Produce leaflet explaining process of returning to practice. Ask RTW staff to attend open days to promote the process
- Recruitment open days: advertise them via press release, adverts in key local press, posters and leaflets distributed across Western Devon and NE Cornwall, banner outside the hospital/town centre/A30 (to capture NHS clinicians on holiday in SW)

2. Promote local support for hospital, staff and NHS services

Create an area on the front of the Trust website (with prominent links from CCG and Holsworthy Town Council) with the following content:

- Implementation plan progress, i.e how many interviews, offers and recruits
- Links to patient reviews of the hospital
- Care Quality Commission extracts on the Holsworthy service
- thank you letters, performance stats, patient experience feedback (including friends and family)
- List of services offered
- Linking the Trust's social media platforms to the site to ensure updates are published

3. Ensure we retain as many employees as possible through the implementation plan

A key risk of the implementation plan is that by requiring staff to go back to Holsworthy they decide to leave. We wish to avoid that outcome as well as ensuring our staff can make their decisions without fear of undue pressure from the community.

We will ensure there is early leadership to the Hospital, initially via NDDH senior nurses, to support staff through the transition to reopening the beds.

NDHT will openly report staff turnover and the reasons for staffing changes to ensure the community retain faith in this implementation plan.

4. Ensure we keep community and commissioners informed of progress

Regular – initially fortnightly – updates on progress will be reported to commissioners and published on the website. This will include information on where adverts have been placed, number of applications, numbers of attendees to open days and how many job offers/acceptances etc. In addition the progress against target recruitment levels will be

The CCG may also wish for a report to come to their engagement meetings, depending whether this fits with the ToR.