

## EXECUTIVE SUMMARY

<b>Report to</b>	<b>Trust Board</b>
<b>Date</b>	Wednesday 7 January 2015
<b>Agenda Number</b>	<b>2.1</b>
<b>Agenda Item</b>	<b>Axminster and Seaton Community Hospitals Safer Staffing Consultation Outcome Report</b>
<b>Sponsor</b>	Alison Diamond, Chief Executive
<b>Prepared by</b>	Katherine Allen, Head of Communications and Patient Experience
<b>Presented by</b>	Alison Diamond, Chief Executive

### 1 Purpose and Key Issues

The Board is asked to receive the outcome report of the Consultation into Safer Staffing at Axminster and Seaton Community Hospitals.

The purpose of this report is to provide feedback to the Northern Devon Healthcare NHS Trust Board following a public consultation from 2 December 2014 to 5 January 2015 on proposed temporary changes required to deliver safe staffing in Axminster and Seaton inpatient services.

This report covers:

- The stakeholders who have been consulted;
- The information that was provided to those stakeholders;
- The matters those stakeholders were consulted about;
- The result of the consultation, including a summary of the differences expressed by those consulted; and
- The additional options suggested through the consultation.

### 2 Supporting Information

The Consultation Outcome Report is attached.

This report is supported by a number of documents which are provided as appendices to this paper:

- Appendix i – Terms of reference and external report into safer staffing issues at Axminster and Seaton Community Hospitals
- Appendix ii – Full consultation document
- Appendix iii – Equality impact assessment
- Appendix iv – Media coverage of the consultation
- Appendix v – Fact File – supporting information and data
- Appendix vi – Questions and concerns from consultation meetings
- Appendix vii – Consultation correspondence from key stakeholders
- Appendix viii – Other options proposed by the community
- Appendix ix – Action notes of Eastern System Escalation Meeting 2nd October 2014
- Appendix x – Minutes of Board meeting on 7 January 2015

### **3 Controls and Assurance**

We were unable to secure a meeting with the elected members of the Health and Wellbeing Scrutiny Committee during the consultation period. However we are on the agenda of their January meeting where we will be presenting the outcome of the consultation and the Board decision.

In addition the Trust made contact with the relevant local members of the Scrutiny Committee to ensure participation in the consultation.

### **4 Legal and Regulatory Implications**

The legal implications have been considered and we are confident that the Northern Devon Healthcare NHS Trust has discharged its engagement duties and responsibilities under the Health and Social Care Act. Please see sections 9 and 10 of the Consultation Outcome Report for more detail.

### **5 Equality and Diversity Implications**

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

The equality impact assessment (Appendix iii) identifies the implications of the five proposed options on groups who share a protected characteristic.

No consultation option sets out any plan to remove access to inpatient beds from the community. Axminster and Seaton are seven miles apart: If the beds are consolidated on one of the two sites, this would cause a small impact on the relatives of Axminster patients who would have to travel to Seaton to see their loved ones, or vice versa.

The impact is to be considered in the context of this being a temporary proposal.

### **6 Patient, Public and Staff Engagement**

The Trust has completed a three-month period of engagement with the local community, consisting of a pre-consultation engagement from October 2014 followed by a formal consultation from 2 December 2014 until 5 January 2015. Full details of this consultation are to be found in the Consultation Outcome Report.

Appendix vii contains correspondence received from key stakeholders. Common themes highlighted in the correspondence include:

- Huge support for local NHS services and staff
- Constructive challenge of the data used as part of the decision-making process
- Concerns that the Trust had not made enough effort to recruit staff
- Some scepticism as to whether the staffing levels are unsafe
- General understanding of safer staffing and lone working
- Statements relating to the superiority of the facilities at Axminster
- Statements relating to the catchment areas and transport links
- Scepticism over whether this is a temporary solution

The Trust has responded to these concerns throughout the consultation process, and answers have been posted on the Trust website (and can be found in Appendix vi).

## 7 Cost Implications

The relative costs of the different options can be found in the Fact File. In summary:

- Option 1 – there would be no change
- Option 2 – would require additional investment of £600K per annum
- Option 3 – would require additional investment of £360K per annum
- Options 4 and 5 – would result in a saving of £280K per annum

## 8 Potential Risk to the Organisation

Over recent months there has been a great deal of guidance released about standards of care NHS providers are expected to meet. The source of the majority of this guidance was the review into the care failings at Mid Staffordshire NHS Foundation Trust.

The Trust Board took a decision to actively cease care environments where there is only one registered nurse to 10 beds.

There are substantial patient safety risks associated with there being only one registered nurse on duty at any one time in terms of service resilience, de-skilling, professional isolation and lack of peer support. Across Devon, the Trust has taken steps to address these risks.

## 9 Board Prompts

- Is the Board assured that the consultation has been robust, fair and inclusive?
- Does the Board feel it has been provided with sufficient information to make a decision to deliver safer staffing for inpatient services at Axminster and Seaton Community Hospitals?
- Has the Board considered all 5 Options proposed (see below)?
- Has the Board considered the 2 additional options proposed by the community (see below)?
- Has the additional information gathered as a result of the consultation led the Board to change its opinion of the preferred option? If not, why not?
- Is the Board making its decision in the best interests of patients?

## 10 Recommendations

The Board is asked to:

- **RECEIVE** the outcome of the Consultation on the proposed temporary changes required to deliver safe staffing in Axminster and Seaton inpatient services.
- **NOTE** the findings of the independent external assessment of the Trust's decision about safe staffing and viability of safe patient care at 10 bedded community inpatient hospitals (Axminster and Seaton).
- **NOTE** any additional consultation responses that have come in between 2 and 5 January 2015.
- **CONSIDER** the consultation options proposed by the Trust:
  - Option 1 - Do Nothing: maintain existing staffing ratios with existing bed complement;
  - Option 2 - Increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working;
  - Option 3 - Keep bed numbers the same, but increase staffing to 2 registered nurses on duty at any one time;
  - Option 4 - Transfer 8 beds from Seaton to Axminster; or
  - Option 5 - Transfer 8 beds from Axminster to Seaton.

- **CONSIDER** the additional options proposed by the community as a result of the consultation:
  - Option 6 - Use the £300,000 generously offered by the League of Friends to hire temporary nurses to fill staffing gap until the Northern, Eastern and Western Devon Clinical Commissioning Group makes its decision on the long-term configuration of community services; or
  - Option 7 - Use volunteer nurses to address staffing needs.
- **AGREE** on an option in light of all the information provided as part of the consultation.

## 11 References

None.

## 12 Strategic Objectives

The Trust's strategic objectives are reviewed by the Board on an annual basis. This paper supports the achievement of the following strategic objectives:

X	Highest quality	X	Flexible & multi-skilled workforce
X	Sustainable services	X	Efficient & effective
X	Integrated health & social care		Local provider of choice

## 13 Principal Risks

The Trust's principal risks have been identified through the Trust's risk management processes. They are updated as they are identified by the Risk Management Committee. This paper supports the mitigation of the following principal risks:

X	Financial planning & management		Clinical records management
X	Strategic & business planning	X	Leadership & management
X	Workforce numbers	X	Unsafe behaviour
X	Workforce skills	X	External demands
	Procedural management		Partnership arrangements
	Equipment & facilities arrangements		Communication