

## Appendix iii

# Equality impact assessment on the proposal to temporarily move inpatient beds from Axminster Hospital to Seaton Community Hospital

### Introduction

The Northern Devon Healthcare NHS Trust launched 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 equality impact assessment considers the potential equality impact of the five different options outlined in the consultation document. It will be revised during the consultation as more information arises or is provided.

### Background

Section 149 of the Equality Act 2010 requires the Trust to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.

A 'protected characteristic' is defined in the Act as:

- age
- disability
- gender reassignment
- pregnancy and maternity
- race (including ethnic or national origins, colour or nationality)
- religion or belief
- sex
- sexual orientation

Marriage and civil partnership are also a protected characteristic for the purposes of the duty to eliminate discrimination.

The Trust's duty under section 149 of the Act is therefore to have 'due regard' to equality when considering and making decisions on the provision of services in Axminster.

**1. Groups covered in the assessment:**

- Patients
- Employees
- Families and carers
- Staff from other organisations, including GPs

**2. Locality and service area covered:**

In-patient beds at Axminster and Seaton Community Hospitals

**3. The context:**

It is the responsibility of all NHS providers, such as Northern Devon Healthcare Trust, to ensure services are resilient, sufficient and adequately resourced to offer high quality safe care throughout the period.

Over the last eighteen months the issues of site isolation, increasing numbers of patients receiving home-based care from our community teams, poor inpatient nurse staffing resilience and lone working of nurses on wards have contributed to the Trust often being on the cusp of not being able to fill the nursing rota for the next day and seeing the impact of lone-working registered nurses.

This is an extremely precarious – and unsafe – position to be in and the trust faces a heightened possibility of unplanned, emergency closures due to staff shortages, especially as it heads into winter. It has therefore proposed to make a temporary change to enable it to deliver that consistency of service for the winter period.

The public consultation considers 5 options – there follows an equality impact assessment for each of these options:

1. Do nothing: maintain existing staffing ratios with existing bed complement i.e. continue with one nurse for 10 patients at Axminster and Seaton
2. Increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working.

3. Keep bed numbers the same, but increase staffing to 2 registered nurses on duty at any one time
4. Transfer 8 beds from Seaton to Axminster
5. Transfer 8 beds from Axminster to Seaton – the preferred option

#### 4. Information on the people using Axminster hospital

The latest health and wellbeing profile for Northern, Eastern and Western Devon shows that compared to England there are:

- Fewer children below age of 14
- More young adults aged 20-24
- Fewer working age adults 25 -50
- More older adults over age 60

The proportion of older adults is higher than England and rising. By 2021, the population in North East and West Devon is expected to grow by 6% with a 9% rise in 60-74 year olds and a further 26% increase (over 22000 people) in the 75 and overs’.

As people age this brings with it an increasing complexity of health need and frailty affecting the pattern of services required, and this is particularly significant in the oldest age groups and we know the numbers of people with multiple long term conditions is set to rise in NEW Devon.

The current pattern of use of care is changing. Already fewer people are going into hospital and more receive their care at home. Audits have shown that around a third of people in a community hospital were fit for discharge at the time of the audit. We also know acute healthcare demand is set to rise, linked to the age profile of the population.

In the past, Axminster had 18 beds; this was reduced to 12 around November 2012 and has been at 10 since about August 2013. The same decrease was seen at Seaton and both were in response to continuing staffing resilience difficulties and efforts to bring the ratio of nurse to patient to more acceptable levels.

This concentration of patients (i.e. least complex patients, seen at home who would previously have been admitted) has meant an increase in occupancy.

The Average Length of Stay (ALOS) was 18 (significantly lower than Eastern overall at 24) – this may reflect a lower acuity/complexity of patients

seen in the hospital as the more complex patients tend to be admitted to Sidmouth or Seaton in general.

Axminster, Seaton and Sidmouth is an efficient and effective cluster delivering community health and social care:

- There are about 400 people are on the caseload at any time (100-150 in Axminster specifically). Some will get a short “burst of care” for a few weeks to get over a crisis and avoid an admission and some may have been on the caseload for a year with infrequent check-ups according to clinical need.
- There are about 40,000 visits a year in total (about 12,000 Axminster) to those patients (more than 100 a day – in Axminster, 30 a day).
- As a result of the quality of care provided to these patients (and other factors such as appropriate use of community hospitals) the standardised emergency admission bed-day rate for the cluster is 65, where 100 is the Devon aggregate rate – i.e. 35% less days spent in hospital per person per year (adjusted for needs) than Devon in general.
- The rate of admissions is also low, and bed-day rate particularly low partly due to supported discharge processes as well as avoiding admissions.
- The cluster is generally very well seen in terms of actively “pulling” patients out of RD&E to be cared for at home.

#### 5. Accessibility of the consultation document

The consultation document contains a statement as follows:

**If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.**

## Proposal 1: maintain existing staffing ratios with existing bed complement

What impact is the proposal likely to have on different sections of the community or employees?

<b>Who will be affected by the proposal?</b>			
<ul style="list-style-type: none"> <li>This option is considered unsafe because it is very vulnerable to staff absence at short notice, is reliant on agency staff and risks providing an unsafe and resilient inpatient service as we head into winter.</li> <li>If the hospital runs out of staff, it may have to be closed at short notice because there would be no nurse on duty, which would have a negative effect on patients.</li> <li>RGNs will be negatively affected as they will be the only nurse in that building for up to 12 hours, and they alone are responsible for the safety of their patients, the security of the building and the welfare of all other staff. They will also suffer from professional isolation, as there is little opportunity for shared learning and challenge</li> <li>However, 17 patients per month (average) and their families/carers at Axminster will benefit from having a local community hospital, and avoiding a trip of 7 miles to Seaton.</li> <li>21 patients per month (average) and their families/carers at Seaton will benefit from having a local community hospital, and avoiding a trip of 7 miles to Axminster.</li> <li>Axminster and Seaton GPs will continue to be able to offer medical cover to patients at their local hospital.</li> </ul>			
<b>Section of community</b>	<b>Impact (e.g. none/positive/negative)</b>	<b>Reason</b>	<b>Evidence</b>
Sex/Gender: <ul style="list-style-type: none"> <li>Women</li> <li>Men</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Race/ethnic group <ul style="list-style-type: none"> <li>Asian or Asian British people</li> <li>Black or Black British people</li> <li>Chinese people</li> <li>Gipsy or Roma people</li> <li>Irish people</li> <li>People of mixed heritage</li> <li>White people</li> <li>People of other ethnic</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	

backgrounds • Asylum seekers and refugees			
People with physical disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with sensory or learning disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with mental health needs	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Sexuality: • Lesbians • Gay men • Bisexual people • Gender reassignment • Trans people	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Pregnancy and maternity	None	The average age of the patients in our community hospital is over 80 years of age. It is impossible for an admitted patient to be pregnant.	
Age • Older people (60+)	Both positive and negative	The majority of the patients admitted to Axminster and Seaton are elderly (age 80+). Admission to closest hospital is preferable.  However, in the current configuration and with the current level of resources, services to patients are at increased risk from unresilient staffing on wards.	Trust's patient information and admission data

Incorporating community services in Exeter, East and Mid Devon

<ul style="list-style-type: none"> <li>Younger people (17-25) and children</li> </ul>	None	This age group are not admitted to community hospitals.	
People of different faith groups or beliefs including non-believers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Travellers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Carers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
NHS inpatient staff	Negative	Professional isolation Reliance on agency – unfamiliar with area Pressure on the permant staff regularly working extra shifts, inducting agency and going beyond call of duty to deliver service - unsustainable	CQC inspection reports from Moretonhampstead and whole Trust. CCG –commissioned report into safer staffing in community hospitals

## Proposal 2: increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working.

What impact is the proposal likely to have on different sections of the community or employees?

<b>Who will be affected by the proposal?</b>			
<ul style="list-style-type: none"> <li>17 patients per month (average) and family/carers at Axminster will benefit from having a local community hospital, and avoiding a trip of 7 miles to Axminster.</li> <li>21 patients per month (average) and their families/carers at Seaton will benefit from having a local community hospital, and avoiding a trip of 7 miles to Axminster.</li> <li>Axminster and Seaton GPs will continue to be able to offer medical cover to their local hospital.</li> <li>RGNs would benefit as there would be increased nursing cover at the hospital and avoid the issues of lone working.</li> <li>However, increasing both units to 18 beds and 2 nurses on duty at any one time would require an additional 11 registered general nurses, a prospect we consider is impossible to deliver in the short to medium term even with the reliance on agency nurses.</li> <li>Other patients throughout Devon would be negatively affected as we cannot afford the £600,000 per year to employ an additional 11 nurses and the funds would have to come from the budget of other services. Devon is a financially challenged health economy and savings would have to be found elsewhere to fund the extra nurses.</li> </ul>			
<b>Section of community</b>	<b>Impact (e.g. none/positive/negative)</b>	<b>Reason</b>	<b>Evidence</b>
Sex/Gender: <ul style="list-style-type: none"> <li>Women</li> <li>Men</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Race/ethnic group <ul style="list-style-type: none"> <li>Asian or Asian British people</li> <li>Black or Black British people</li> <li>Chinese people</li> <li>Gipsy or Roma people</li> <li>Irish people</li> <li>People of mixed heritage</li> <li>White people</li> <li>People of other ethnic</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	

backgrounds • Asylum seekers and refugees			
People with physical disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with sensory or learning disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with mental health needs	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Sexuality: • Lesbians • Gay men • Bisexual people • Gender reassignment • Trans people	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Pregnancy and maternity	None	The average age of the patients in our community hospital is over 80 years of age. It is impossible for an admitted patient to be pregnant.	
Age • Older people (60+)	Positive	More nursing cover for existing beds. No need to travel for in-patient care	
• Younger people (17-25) and children	None		
People of different faith groups or beliefs including non-believers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Travellers	None	The inpatient service is provided to anyone with the relevant healthcare	

Incorporating community services in Exeter, East and Mid Devon

		need.	
Carers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
NHS inpatient staff	Positive and negative	<p>Possible risk that we would not be able to recruit the nurses given national nursing shortages.</p> <p>Staff would be able to remain working in their current hospitals.</p>	

### Proposal 3: keep bed numbers the same, but increase staffing to 2 nurses on duty at any one time

What impact is the proposal likely to have on different sections of the community or employees?

<b>Who will be affected by the proposal?</b>			
<ul style="list-style-type: none"> <li>17 patients per month (average) and family/carers at Axminster will benefit from having a local community hospital, and avoiding a trip of 7 miles to Seaton.</li> <li>21 patients per month (average) and their families/carers at Seaton will benefit from having a local community hospital, and avoiding a trip of 7 miles to Axminster.</li> <li>Axminster and Seaton GPs will continue to be able to offer medical cover to their local hospital.</li> <li>RGNs would benefit as there would be increased nursing cover at the hospital and avoid the issues of lone working.</li> <li>However, increasing both units to have 2 nurses on duty at any one time would require an additional 11 registered general nurses, a prospect we consider is impossible to deliver in the short to medium term even with the reliance on agency nurses.</li> <li>Other patients throughout Devon would be negatively affected as we cannot afford to employ an additional 11 nurses. Devon is a financially challenged health economy and savings would have to be found elsewhere to fund the extra nurses.</li> <li>Staff would quickly become deskilled by only caring for 5 patients. Experience of other hospitals suggests staff turnover would increase.</li> </ul>			
<b>Section of community</b>	<b>Impact (e.g. none/positive/negative)</b>	<b>Reason</b>	<b>Evidence</b>
Sex/Gender: <ul style="list-style-type: none"> <li>Women</li> <li>Men</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Race/ethnic group <ul style="list-style-type: none"> <li>Asian or Asian British people</li> <li>Black or Black British people</li> <li>Chinese people</li> <li>Gipsy or Roma people</li> <li>Irish people</li> <li>People of mixed heritage</li> <li>White people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	

<ul style="list-style-type: none"> <li>• People of other ethnic backgrounds</li> <li>• Asylum seekers and refugees</li> </ul>			
People with physical disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with sensory or learning disabilities	None	The inpatient service is provided to anyone with the relevant healthcare need.	
People with mental health needs	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Sexuality: <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Gender reassignment</li> <li>• Trans people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Pregnancy and maternity	None	The average age of the patients in our community hospital is over 80 years of age. It is impossible for an admitted patient to be pregnant.	
Age <ul style="list-style-type: none"> <li>• Older people (60+)</li> <li>• Younger people (17-25) and children</li> </ul>	Positive  None	More nursing cover for existing beds. No need to travel for in-patient care	
People of different faith groups or beliefs including non-believers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Travellers	None	The inpatient service is provided to	

Incorporating community services in Exeter, East and Mid Devon

		anyone with the relevant healthcare need.	
Carers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
NHS inpatient staff	Positive and negative	<p>Risks of deskilling still exist because two nurses on shift would see care for too few patients to maintain their skills.</p> <p>However, staff would be able to remain in their current hospitals.</p>	<p>Historical data showing falling admission rates whilst constant occupancy rates.</p> <p>It would be inefficient to have staffing ratios of 1:5 in a ten-bedded units – creating a staffing ratio higher than most acute hospitals (NDDH, Exeter, Plymouth etc)</p>

## Proposal 4: transfer 8 beds from Seaton to Axminster

What impact is the proposal likely to have on different sections of the community or employees?

<b>Who will be affected by the proposal?</b>			
<ul style="list-style-type: none"> <li>• 21 patients a month (average) from Seaton would be negatively affected as they would have to travel to Axminster or another community hospital for their inpatient care</li> <li>• Family/carers in Seaton would be negatively affected as they would have to travel to Axminster to visit their relatives when inpatient</li> <li>• Given the higher acuity of the patients in Seaton, it is not possible for the Northern Devon Healthcare Trust to replace the inpatient beds for Seaton residents with enhanced community health and social care teams in the same way that this was possible if the beds were transferred from Axminster</li> <li>• The local community in Seaton would be negatively affected as Seaton Hospital does not have the same theatre, diagnostic, day treatment and outpatient services that are offered from Axminster. So once the beds went, there would be fewer services available from the building.</li> <li>• RGNs would benefit as the proposal addresses safer staffing issues. This proposal will eliminate lone RGN working, improving safety and staff development. However, this move would have an impact on nurses as they would have to move their working base.</li> <li>• Clinical effectiveness is neutral. Patients who require a community hospital bed will still be able to access one in another hospital and some patients will be cared for at home.</li> <li>• The community would lose two beds in total as only 8 would be moving to Axminster</li> <li>• Patients in the community would benefit from an additional (approximately) £20,000 which would be invested into health and social care services in the community as part of the community mitigation required to offset the use of 2 hospital beds.</li> <li>• 17 patients per month (average) and family/carers at Axminster will benefit from having a local community hospital, and avoiding a trip of 7 miles to Seaton.</li> </ul>			
<b>Section of community</b>	<b>Impact (e.g. none/positive/negative)</b>	<b>Reason</b>	<b>Evidence</b>
Sex/Gender: <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Race/ethnic group <ul style="list-style-type: none"> <li>• Asian or Asian British people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare	

<ul style="list-style-type: none"> <li>• Black or Black British people</li> <li>• Chinese people</li> <li>• Gipsy or Roma people</li> <li>• Irish people</li> <li>• People of mixed heritage</li> <li>• White people</li> <li>• People of other ethnic backgrounds</li> <li>• Asylum seekers and refugees</li> </ul>		need.	
People with physical disabilities	Possibly positive	More health and social care services offered in the patient's home	
People with sensory or learning disabilities	Possibly positive	More health and social care services offered in the patient's home	
People with mental health needs	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Sexuality: <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> <li>• Gender reassignment</li> <li>• Trans people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Pregnancy and maternity	None	The average age of the patients in our community hospital is over 80 years of age. It is impossible for an admitted patient to be pregnant.	
Age <ul style="list-style-type: none"> <li>• Older people (60+)</li> <li>• Younger people (17-25) and children</li> </ul>	Positive and negative	Positive: Patients in Axminster would benefit from the local inpatient service.  The hospital would be more	

		<p>resilient.</p> <p>Negative: Patients from Seaton would have to travel to Axminster.</p> <p>The acuity of Seaton patients mean that the most ill and dependent patients would have to travel to access inpatient care.</p>	<p>According to Dr Foster acuity analysis, the acuity (dependency and illness) of patients in Seaton is higher than Axminster. This means that the most ill patients live in Seaton and this option would require them to travel to Axminster</p>
People of different faith groups or beliefs including non-believers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Travellers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Carers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
NHS inpatient staff	Positive and negative	<p>Issues of lone working and staffing resilience are resolved.</p> <p>However some staff may have to travel further to work at Axminster</p>	

## Proposal 5: transfer 8 beds from Axminster to Seaton

What impact is the proposal likely to have on different sections of the community or employees?

<b>Who will be affected by the proposal?</b>			
<ul style="list-style-type: none"> <li>17 patients per month (average) from Axminster would be negatively affected as they would have to travel to Seaton Hospital or another community hospital if in-patient treatment is required.</li> <li>There will also be a negative impact on friends and family from Axminster who will have to travel further to visit patients</li> <li>RGNs would benefit as the proposal addresses safer staffing issues. This proposal will eliminate lone RGN working, improving safety and staff development. However, this move would have an impact on nurses as they would have to move their working base.</li> <li>Other services at the hospital - e.g. surgical day case, x-rays, OPDs will continue to be provided.</li> <li>GPs in Axminster have agreed to provide day-to-day medical cover for their patients when the hospital beds are located in another community. But this means they will have to travel further.</li> <li>Clinical effectiveness is neutral. Patients who require a community hospital bed will still be able to access one in another hospital and some patients will be cared for at home.</li> <li>The community would lose two beds in total as only 8 would be moving to Seaton.</li> <li>Patients in the community would benefit from an additional (approximately) £20,000 which would be invested into health and social care services in the community as part of the community mitigation required to offset the use of 2 hospital beds.</li> <li>21 patients per month (average) and family/carers at Seaton will benefit from having a local community hospital, and avoiding a trip of 7 miles to Axminster.</li> </ul>			
<b>Section of community</b>	<b>Impact (e.g. none/positive/negative)</b>	<b>Reason</b>	<b>Evidence</b>
Sex/Gender: <ul style="list-style-type: none"> <li>Women</li> <li>Men</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Race/ethnic group <ul style="list-style-type: none"> <li>Asian or Asian British people</li> <li>Black or Black British people</li> <li>Chinese people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	

<ul style="list-style-type: none"> <li>Gipsy or Roma people</li> <li>Irish people</li> <li>People of mixed heritage</li> <li>White people</li> <li>People of other ethnic backgrounds</li> <li>Asylum seekers and refugees</li> </ul>			
People with physical disabilities	Possibly positive	More health and social care services offered in the patient's home	
People with sensory or learning disabilities	Possibly positive	More health and social care services offered in the patient's home	
People with mental health needs	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Sexuality: <ul style="list-style-type: none"> <li>Lesbians</li> <li>Gay men</li> <li>Bisexual people</li> <li>Gender reassignment</li> <li>Trans people</li> </ul>	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Pregnancy and maternity	None	The average age of the patients in our community hospital is over 80 years of age. It is impossible for an admitted patient to be pregnant.	
Age <ul style="list-style-type: none"> <li>Older people (60+)</li> <li>Younger people (17-25) and children</li> </ul>	Positive and negative	Patients from Axminster would have to travel to Seaton. However, they would benefit from safer staffing	
People of different faith groups or beliefs including non-believers	None	The inpatient service is provided to anyone with the relevant healthcare	

Incorporating community services in Exeter, East and Mid Devon

		need.	
Travellers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
Carers	None	The inpatient service is provided to anyone with the relevant healthcare need.	
NHS inpatient staff	Positive	Issues of lone working and staffing resilience are resolved.  However some staff may have to travel further to work at Seaton	

Note: figures on average number of patients that may be affected per month have been taken from total inpatient admissions for 2012/13 and 2013/14. Average yearly figure, divided by 12 to provide monthly figure.