

Appendix v - Fact File

A significant range and quantity of additional information was requested by the community throughout the consultation.

This information was published in response to direct questions on the website. The aim of publishing was to generate more informed responses to the consultation. For ease of reference, it is collated in the following fact file and presented to enable the Board to make an informed decision based on the new information published during the consultation.

1. Acuity analysis – updated information

Whilst the NDHT consultation took place, updated acuity information was released. The Charlson Acuity Index is a recognised means of statistically calculating acuity (illness and dependency) of patients based on the presence of co-morbidities and recorded risk factors.

The data for 2013/14 shows:

Hospital	% of inpatients diagnosed and coded with “Older people with mental health” needs (OPMH)	Mean Charlson Acuity Index, for all inpatients	In order (Top 3 of 12 Eastern Devon Community Hospitals)			
			Hospital	OPMH	Hospital	Acuity
Axminster	11%	10.7	Exeter, Poltimore ward	26%	Crediton (incl stroke)	22.8
Seaton	19%	14.8	Exmouth	20%	Budleigh (incl stroke)	20.1
Eastern Devon average	16%	13.3	Seaton	19%	Seaton	14.8

Seaton inpatients had the third highest percentage of mental health needs in Eastern Devon and the third highest acuity rating. By contrast, Axminster inpatients had one of the lowest percentages of mental health needs and the second lowest acuity rating in East Devon.

2. ‘Productivity’ of each hospital

The average bed occupancy rate is higher in Seaton than Axminster: between April 2013 and March 2014 it was 89% Axminster and 94% Seaton.

The throughput was even higher in Seaton owing to its lower Length of Stay.

Hospital	Average length of stay: 2012/13	Average length of stay: 2013/14
Axminster	23.8 days	18.4 days
Seaton	16.3 days	16.6 days

Seaton is also used more by GPs. Over the same two-year time span there were 202 direct GP admissions to Seaton compared to 154 direct GP admissions to Axminster hospital.

3. Catchment and population size

There was a lot of feedback about the relative geography and catchment areas of Axminster and Seaton. The following additional information was provided to inform the debate.

The population served by Seaton community hospital is 13,759 and includes the surrounding district, such as Beer, Axmouth, Colyford and Colyton.

The population served by Axminster community hospital is 11,083 and includes the surrounding district such as Kilmington, Dalwood and villages up to the Somerset and Dorset borders.

Other factors of comparison are as follows (data source is GP practice data):

Measure	Seaton	Axminster	Seaton %	Axminster %
Population patients >85 years	838	532	61	39
Population patients >90 years	302	190	61	39
Patients >65 years and deprivation	1505	1219	55	45
Households no car	1074	690	61	39
Number of people with dementia	194	67	74	26
Number of people with diabetes	785	522	60	40
Number of people with Ischaemic heart disease	695	489	59	41
Number of emergency admissions to secondary care >65s	833	580	59	41
Number of admissions to community hospital >85s	135	117	54	46
Rapid response referrals year	81	61	57	43
Average			60	40

On every measure considered, the Seaton catchment has higher disease prevalence and higher health need.

4. Equity of service and access between option 4 and 5

GP medical cover

Concerns were expressed by Axminster residents as to whether the quality and quantity of GP input into Seaton community hospital from the Seaton GPs would be the same as that enjoyed by inpatients of Axminster hospital.

In considering the available options before the consultation, the Trust discussed the proposals with both GP practices. As far as the Trust understands, the Seaton GPs have confirmed their willingness to support a larger inpatient unit at Seaton and therefore provide care to those patients normally resident at Axminster and West Dorset as well as further afield.

The Axminster GPs will continue to oversee the care of their patients, visiting Seaton hospital once a week to check progress and plan onward care with inpatient ward staff.

The Seaton GPs do not provide weekend cover, as with other community hospitals, this is provided by Devon Doctors. This will remain unchanged if the unit expands to 18 beds.

Access to day / x-ray services at Axminster for Seaton inpatients

Inpatients of both Axminster and Seaton benefit from local access to the diagnostic services (mainly X-ray) at Axminster community hospital.

On average 2 inpatients a month is referred to the Axminster X-ray service. The usual reason for referrals is either a fall on a ward or.... We were asked the following question:

“As all the X-ray, scanning, testing, treatment and therapy facilities are at Axminster patients will have to be ferried to and fro. There is the financial cost of ambulances, and attending staff. Also, more importantly, there is the cost to the patient in terms of pain and suffering and not least risk of injury.

A patient with a joint replacement needing X-ray would need to be ferried to Axminster for x-rays, then returned to Seaton. The moving of the patient from bed to ambulance to trolley to x-ray table and then back through all these moves to return them to Seaton.

This is massively increasing the risk which would be virtually non-existent if the patient bed was in Axminster. It is not just X-ray but all the other 26 facilities available in Axminster but not in Seaton. I would like to know how you justify this.”

Patients with a joint replacement needing X-ray would be in RD&E and not a community hospital.

Access

We were asked how we would ensure fairness of allocation is maintained to ensure one community is not disadvantaged by the consolidation proposed in options 4 and 5.

In terms of admissions into community hospitals, we do not restrict access to patients from certain postcodes. If a community hospital inpatient stay is required to support the recovery or rehabilitation of a patient then we will do our best to accommodate them in the nearest hospital to their home. If this hospital is full, as sometimes happens, the patient will be offered a place at the next nearest hospital.

We do not ring-fence beds in hospitals for certain patients as our services are provided on the basis of need.

Level of out of area 'need'

We were asked for the level of income received for Dorset patients admitted to Axminster community hospital. This year it will be approximately £50,000. This is based on a flat rate per bed day and so reflects accurately the usage of the beds by these patients.

The Trust accepts referral from Dorset patients and there are no restrictions placed on admissions, however there have been only one Dorset admission since July 2014. Prior to this there were only six between April and July 2014.

5. Facilities in each hospital

The Axminster and Seaton community hospitals have and continue to benefit from considerable local support, particularly by way of donations and fundraising campaigns by the Leagues of Friends.

Throughout the consultation we heard the view that Axminster hospital's inpatient facilities were superior to those in Seaton and we need to provide clarification on this score.

Both hospitals offer excellent care environments. Both offer ensuite facilities with either a wet room / shower or a high-low bath.

6. Number of inpatients needing X-rays

The number of inpatients at Seaton who travel to Axminster instead of Exeter for an X-ray is 2 per month, on average.

The number of inpatients at Axminster who are referred to the on-site Xray services is 2 per month, on average.

Over time, the level of diagnostics and clinic services at Seaton has not developed in the same way as those at Axminster.

7. Admissions to a community hospital prevent admissions to RD&E or relieve pressure on RD&E

Admissions to an acute hospital are for very specific and serious health needs. Community Hospitals do not offer the same level of care services as those in an acute hospital therefore whilst a direct GP admission to a community hospital might be the correct option for some patients, it will not generally be instead of an admission to acute hospitals like RD&E or Derriford.

8. History

We received feedback that some felt we had created the issue of unsafe staffing by reducing the beds from 18 in 2013 to 10 in 2014.

We acknowledge this view and explained that decisions were made with the best of intentions at the time. However, the environment and national policy context required providers to review the level of nurses delivering care.

9. Recruitment

There was considerable interest in how effective were NDHT's efforts to recruit registered nurses. We provided and published additional and comprehensive information on our vacancies, recruitment efforts and means of advertising vacancies.

A brief summary of the supporting information follows.

How we recruit

Generic advertising for nurses is carried out every month, covering a number of vacancies in the Eastern region. These adverts are placed on NHS jobs - the only website containing all verified NHS vacancies.

NHS Jobs is our most effective method of advertising as this is predominantly where nurses look for jobs. Adverts also appear on other jobs websites like indeed.co.uk and Jobcentre Plus, as well as on Facebook and Twitter.

We have advertised vacancies on NHS Jobs monthly since July 2014 in specific Eastern Clusters. The cluster relevant here is SAS – Sidmouth/Axminster/Seaton. Below are a couple of screen shots of recent adverts that specifically mention the Axminster and Seaton cluster.

What else?

We have attended a number of careers fairs nationally to meet nurses looking for jobs face to face.

We also work closely with Plymouth University to offer student placements and work with local schools to recruit healthcare assistants.

We have just attracted 10 nurses to return to work and have worked with Plymouth University to support these nurses regain their registration through a tailored course.

When we interview nurses, we always ensure that those not chosen for the particular role but whom are still employable are offered an alternative vacancy.

We also recruit from overseas and have 17 nurses due to start in February, but this method is proving less and less effective as all NHS Trusts start going overseas to fill their nursing vacancies.

Why is recruitment a problem?

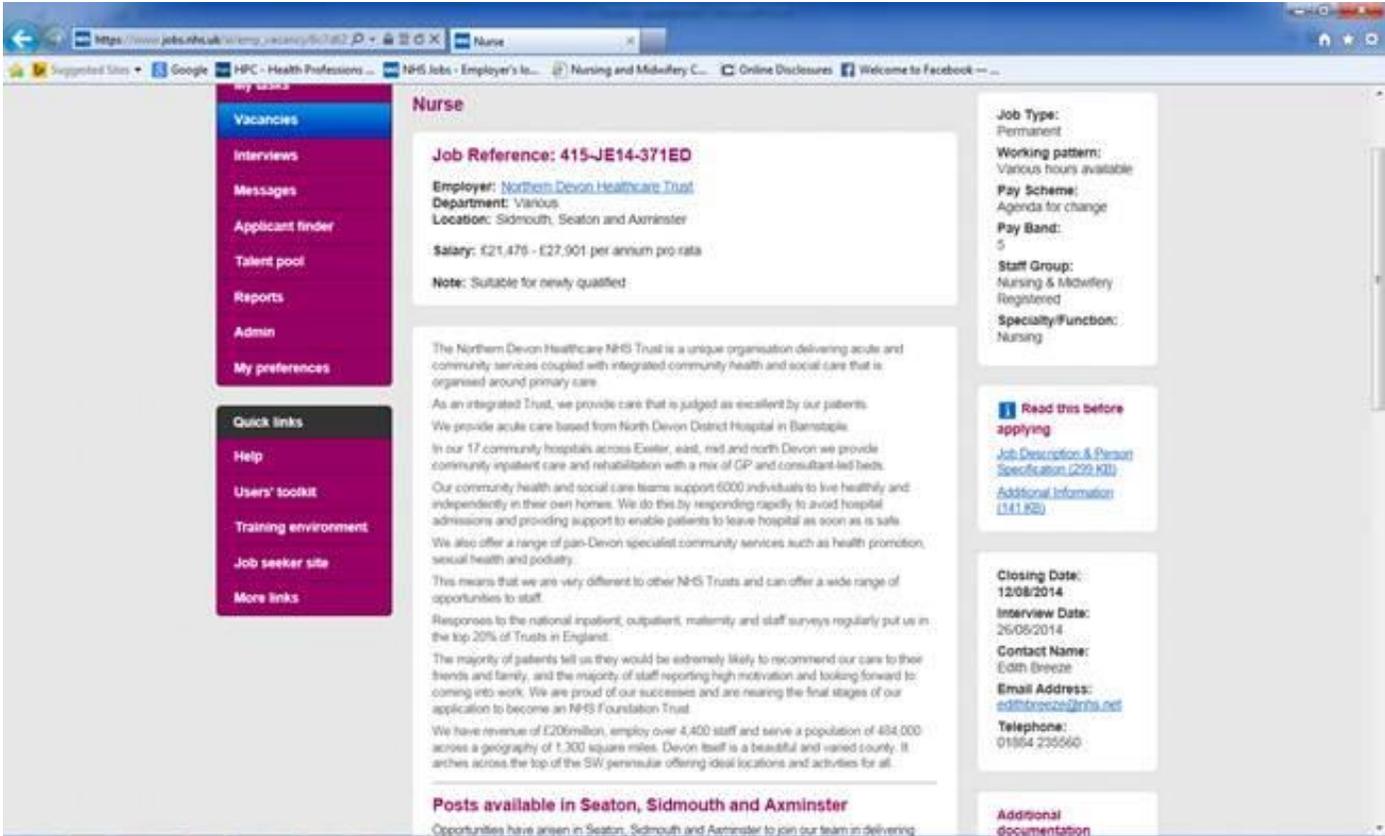
Nationally – following estimates based on the Francis report recommendations - there is a shortage of around 31,000 nurses. There was a 7% reduction in student nurses being trained in previous years, and those coming out of University now tend to prefer to work in bigger cities and centres rather than in community hospitals in rural locations. As there are more vacancies than nurses, people can choose where they want to work.

Six full-time equivalent nurses at Axminster have left the Trust (mainly through retirements) during the past year and we have successfully recruited 3.5 full-time equivalent nurses back into the service.

Our workforce profile is ageing and against this national skills context we predict that we will continue to struggle to replace employed nurses that retire.

The other compounding factor is the difficulties of recruiting in a context of an ongoing consultation into the long-term configuration of community services in Devon. Whilst the Trust is supportive of the CCG's strategic aims, we look forward to the outcome of the consultation. This will create certainty of employment and more successful recruitment campaigns.

July 2014 Advert



October 2014 Advert

The screenshot shows a web browser window displaying a job advertisement for a Nurse. The browser's address bar shows the URL: <https://www.jobs.nhs.uk/job/vacancy/415-JE14-560ED>. The page has a navigation menu on the left with options like Vacancies, Interviews, Messages, Applicant finder, Talent pool, Reports, Admin, and My preferences. The main content area is titled "Nurse" and includes the following details:

- Job Reference:** 415-JE14-560ED
- Employer:** Northern Devon Healthcare Trust
- Department:** Various
- Location:** Sidmouth, Seaton & Axminster
- Salary:** £21,475 - £27,501 per annum pro rata
- Note:** Suitable for newly qualified

The job description text describes the Northern Devon Healthcare NHS Trust as a unique organization delivering acute and community services. It mentions that the trust provides care based from North Devon District Hospital in Barnstaple and has 17 community hospitals across Exeter, east, mid and north Devon. It also states that the trust provides community inpatient care and rehabilitation with a mix of GP and consultant-led beds. The trust's community health and social care teams support 8000 individuals to live healthily and independently in their own homes. The trust also offers a range of pan-Devon specialist community services such as health promotion, sexual health and podiatry. The trust is noted for being different from other NHS Trusts and offering a wide range of opportunities to staff. Responses to the national inpatient, outpatient, maternity and staff surveys regularly put us in the top 20% of Trusts in England. The majority of patients tell us they would be extremely likely to recommend our care to their friends and family, and the majority of staff reporting high motivation and looking forward to coming into work. We are proud of our successes and are nearing the final stages of our application to become an NHS Foundation Trust. We have revenue of £20million, employ over 4,400 staff and serve a population of 404,000 across a geography of 1,300 square miles. Devon itself is a beautiful and varied county. It arches across the top of the SW peninsula offering ideal locations and activities for all. Opportunities have arisen in Sidmouth, Seaton and Axminster to join our team in delivering high quality care to patients, in a variety of specialities.

On the right side of the page, there are several summary boxes:

- Job Type:** Permanent
- Working pattern:** Various Hours Available
- Pay Scheme:** Agenda for change
- Pay Band:** 5
- Staff Group:** Nursing & Midwifery Registered
- Specialty/Function:** Nursing

Below these boxes, there is a "Read this before applying" section with links for [Job Description & Person Specification \(293 KB\)](#) and [Additional Information \(141 KB\)](#). At the bottom right, there is a "Closing Date" section stating: "This job advert will close as soon as sufficient applications have been received. Please apply for this job as soon as you can, if interested." The **Interview Date** is 24/11/2014. The **Contact Name** is Edith Breeze. The **Email Address** is edith.breeze@nhs.net. The **Telephone** field is empty.

10. Finance

There was initially considerable interest in the financial appraisal of each option and we published the financial breakdown.

In the interests of informing the debate we published full details. However, the information was provided with the caveat that whilst the temporary solution to resolve the patient safety issues had to be affordable, finance was not the primary driver.

Identical bed units in Axminster or Seaton would bear similar premises and capital costs.

Overall premises costs and capital costs are shown as being much higher in Axminster because Axminster hospital provides more day treatment, outpatient and clinic services than Seaton.

What are the medical costs at Axminster and Seaton?

- For 10 bed unit = £50k
- For 18 bed unit = £80k

These numbers are from a model using the average medical costs per bed across the NDHCT community hospitals multiplied by the local bed numbers. Medical costs vary across the region.

What are the premises costs at Axminster and Seaton?

- 10 bed unit Axminster £400k
- 10 bed unit Seaton £300k

Explanation as to why Axminster is 33% higher: The premises costs represent the cleaning, utilities and maintenance costs and are proportionally higher at Axminster. The driver of this difference in cost being the higher floor area at Axminster which is approx. 3400sq meters as compared to 2200 sq meters at Seaton.

What are the capital costs?

- Axminster = £400k
- Seaton = £200k

Explanation for 100% variation: The capital charges and depreciation line breaks down to approximately half capital charges and half depreciation at each site. The reason for the higher costs at Axminster therefore is because of it having a higher valuation than the Seaton site (upon which the trust then pays a 3.5% charge) and a greater level of depreciation as a result of the past capital spend at Axminster by both the Trust investment and the League of Friends contributions.

Please provide the total capital cost for the Axminster Hospital site and for the Seaton Hospital site

Axminster £4.525m

Seaton £2.515m

Please confirm that third party income for beds in Axminster is circa £146k per annum and at Seaton is nil.

No, this is incorrect. Our response is based on the data we have at month 8 of the financial year (up to 30th Nov 2014).

NDHT has invoiced Dorset CCG for £36,515 for Axminster inpatients since 1st April 2014. The majority of those patients were in the first four months of the financial year as in the last four months there has only been one patient from Dorset admitted to Axminster.

Based on these fluctuations, forecasting is difficult, however we anticipate that the income we will receive from Dorset inpatients in Axminster Community hospital will range from £36,515 to £54,772 per annum. There has been one Dorset patient that used Seaton hospital in this financial year.

Why is it not affordable for the Trust to increase the number of staff that look after patients in the community hospitals?

The Trust negotiates a contract with the CCG every year and this agrees the amount of money the Trust has to provide services.

This is separated into two distinct purses, community and acute, which are treated independently. It is expected that all NHS organisations make a 4% saving on the budget they are given each year. This 4% is applied separately to both the budgets, community and acute, and is delivered from general housekeeping and efficiencies.

A further residual saving (£1.7 million) has also been required. This saving is made up of service change, often stretching across organisational boundaries, and therefore has to be delivered jointly.

When looking at the solutions for the safety issues we have of lone working and staffing ratios, the solutions have to fit in that envelope of money.

The national direction of travel is to treat and care for more people in their own home and it is nationally recognised that patients should spend the minimum time needed in a hospital setting to reduce the risk of a hospital acquired complication, and remain more independent. This has an impact on the number of beds that are needed in the community setting.

11. What is the cost of each option of the consultation?

All numbers shown are £ per annum

Option 1 – do nothing and keep 10 beds in each hospital with same staffing levels

Hospital	Number of beds	Cost (direct nursing costs)
Seaton	10	£600,000
Axminster	10	£600,000
Total		£1,200,0000

Option 2 – increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working

Hospital	Current number of beds	Proposed number of beds	Cost to increase to 18 beds (direct nursing costs)	Total cost
Seaton	10 = £600,000	18	£300,000	£900,000
Axminster	10 = £600,000	18	£300,000	£900,000
Total				£1,800,0000

This option increases the cost of the community hospital inpatient service by £600,000 per year.

Option 3 – keep bed numbers the same but increase staffing to two nurses on duty at any one time

Staffing at each hospital	RGN staffing number on shift				
	Current	Early	Late	Night	Cost
Seaton	2	2	1	1	£600,000
Axminster	2	2	1	1	£600,000
Total	4	4	2	2	£1,200,000

Staffing at each hospital	RGN staffing number on shift					
	Proposed	Early	Late	Night	Cost of increase	Total cost
Seaton	2	2	2	2	£180,000	£780,000
Axminster	2	2	2	2	£180,000	£780,000
Total	4	4	4	4	£360,000	£1,560,000

This option increases the cost of the community hospital inpatient service by £360,000 per year.

Option 4 – transfer 8 beds from Seaton to Axminster

Hospital	Existing	Proposed number of beds	Cost increase / decrease	Total cost
Seaton	10 = £600,000	0	-£600,000	0
Axminster	10 = £600,000	18	£300,000	£600,000 £300,000
Community mitigation for two beds		2	£20,000	£20,000
Total	20	18	-£280,000	£920,000

This option decreases the cost of the community hospital inpatient service from £1,200,000 to £920,000 per year.

Option 5 – transfer 8 beds from Axminster to Seaton

Hospital	Existing	Proposed number of beds	Cost increase / decrease	Total cost
Seaton	10 = £600,000	18	£300,000	£600,000 £300,000
Axminster	10 = £600,000	0	-£600,000	0
Community mitigation for two beds		2	£20,000	£20,000
Total	20	18	-£280,000	£920,000

This option decreases the cost of the community hospital inpatient service from £1,200,000 to £920,000 per year.

12. Health Environment

During the consultation, it has become clear that there is some confusion over the relative roles of the CCG and the Trust. A graphic showing the wider health environment is below, which we hope is useful.

