

CONSULTATION OUTCOME REPORT

7 January 2015 Extraordinary Board meeting

Version 1

Version 2 of this document will be completed following the Board discussion on 7 January 2014 with the agreed outcomes and rationale.

This draft paper is being published ahead of the Board meeting to allow time for informed questions to be submitted to the Board ahead of its meeting on 7 January.

Comments and feedback to the consultation received between now and 7 January will be incorporated into the final document.

Contents

1. Introduction
2. Background
3. Patient safety risk summary
4. What are safer staffing and lone working?
5. Consultation scope
6. Consultation options
7. Aims and objectives of the consultation
8. Overview of the approach to engagement and consultation
9. Pre-consultation engagement
10. Formal Consultation
11. Key stakeholder involvement in the consultation
12. Equality Impact Assessment
13. External Review
14. The Consultation Process
15. Consultation document and response form
16. Consultation events
17. Awareness raising activities
18. Outcome of the public consultation
19. Key correspondence
20. Summary
21. Final conclusions
22. Acknowledgements
23. Appendices
 - i. Terms of reference and report of external review into safer staffing issues
 - ii. Full consultation document
 - iii. Equality impact assessment
 - iv. Media coverage of the consultation

- v. Fact File – supporting information and data
- vi. Questions and concerns from consultation meetings
- vii. Consultation correspondence from key stakeholders
- viii. Other options proposed by the community
- ix. Action notes of Eastern System Escalation Meeting 2nd October 2014
- x. Minutes of Board Meeting held on 7 January 2015

Accessibility statement

This report, and other information about the consultation, is available on line at the Northern Devon Healthcare Trust website

www.northdevonhealth.nhs.uk/consultation

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1. Introduction

The purpose of this report is to provide feedback to the Northern Devon Healthcare NHS Trust Board following a public consultation from 2 to 30 December 2014 on proposed temporary changes required to deliver safe staffing in Axminster and Seaton inpatient services.

This report covers:

- stakeholders who have been consulted
- what information was provided to those stakeholders
- what matters those stakeholders were consulted about
- the result of the consultation, including a summary of the differences expressed by those consulted

This report aims to inform decisions or changes made by Northern Devon Healthcare Trust following the consultation and how the community has influenced the outcome of the consultation through their lines of questioning, their suggestions and their participation.

This is version 1 of the document. Version 2 of this document will include the outcome of the Board decision on 7 January 2015.

2. Background

Earlier this year, we announced our concerns that the inpatient services in Seaton and Axminster were no longer sufficiently clinically resilient to offer a safe service to both communities in their current configuration, particularly as we headed into winter when demand on our services increases.

We felt the risk so great that in October 2014 we announced our intention to temporarily transfer inpatient beds from Axminster to Seaton as of 6 January 2015.

To explain the decision and the risks we held informal engagement through weekly drop-ins over the next six weeks at Axminster hospital, to which all were invited.

It became apparent from feedback at the drop-ins and the letters we received that we had not explained the patient safety risks properly, challenge to our engagement process and that there was confusion as to why we were acting – albeit temporarily - ahead of any decision following NEW Devon CCG's consultation on longer term configuration of community services.

In November, we apologised for this failing and halted our plans to transfer beds from Axminster to Seaton. We continued the engagement with the launch of a formal four week consultation on the available options to resolve the patient safety concerns.

From 2 December 2014 the Northern Devon Healthcare Trust then undertook formal engagement with the community to involve and inform on the issues faced.

The information gathered during the informal engagement phase was used to shape the Trust's consultation options and the questions asked in the formal consultation document.

The preferred option in the consultation of the Northern Devon Healthcare Trust is to temporarily move the Axminster beds to Seaton Hospital to ensure the community inpatient service is resilient and consistent and that we have mitigated the risks of lone working registered nurses.

The preferred option, along with the four other options, were presented to the public and discussed via weekly consultation meetings.

We also asked the public for any other suggestions as to how to mitigate the patient safety factors and identified risks.

We commissioned an independent review of the safety of the inpatient service at Axminster to provide the public with the confidence that external experts had scrutinised the Trust's point of view on safer staffing.

This document is the outcome of that consultation.

3. Patient safety risk summary

The patient safety and operational factors were outlined in the consultation document (pages 11-15) as being:

1. Axminster and Seaton are subject to the same safer staffing and lone working risks
2. Operational challenges: site isolation, inpatient staff resilience, over reliance on agency nursing staff to fill gaps in rota, ageing workforce with retiring staff difficult to replace. Winter.
3. Care Quality Commission: whilst not a required action, the CQC recognise the safety risks of lone working and has indicated the Trust should take steps to eradicate this situation on its community wards
4. Medical cover
5. Workforce resilience and supply in the context of a national shortage of nurses. There are more vacancies than nurses. We are seeing evidence that qualifying nurses prefer to work in larger, city-based hospitals where there is more than one RN working at any one time.
6. Francis report and safe staffing levels

7. Lone working
8. Finance
9. A temporary solution given the ongoing consultation by NEW Devon CCG into the longer-term configuration of community services.

These factors remain relevant with some developing more urgency over the consultation period as we continued to struggle to maintain the nursing rotas at Seaton and Axminster.

4. What are safer staffing and lone working?

There is very strong national guidance following the Francis report and NICE guidance that all NHS providers must incorporate safer staffing practices for patients on wards and ensure that there is support and supervision for nurses at all times.

The NICE guidance - <http://www.nice.org.uk/guidance/sg1/resources/guidance-safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals-pdf> - covers care provided in an adult acute inpatient environment. However, it does ask providers to consider the guidance as it applies to individual care settings.

It is the Trust's view that, given the relative clinical and geographical isolation of the community hospitals, we have used the guidance to influence our view on what is a safe staffing level in our community hospitals.

Safer staffing in community hospitals means always having more than one registered nurse per shift per ward or hospital.

There are always other support staff working with the registered nurse, such as healthcare assistants, but it is the nurse that is responsible for the care of inpatients.

This means they are not able to take breaks or leave the ward or hospital. In the longer term it also means they work without peer support, challenge or supervision from other nurses, which we feel poses a greater risk in the longer term to patient care in the healthcare environment post-Francis and Mid Staffs.

If the practice of lone-working registered nurses is eliminated, patients can be confident that there will be sufficient, skilled nursing staff to care for them in hospital. For nursing staff, this means that there is always peer support, they are not over-stretched and there is professional challenge and supervision to ensure skills are maintained.

In both Axminster and Seaton community hospitals for the majority of every 24 hour period, there is only one registered nurse on duty in support of inpatients at any one time. Whilst there are no concerns with the quality of care offered in either hospital, the lack of registered nurse support puts undue pressure on the service.

We are proud of our teams, who have gone over and above to maintain safety, but this is not sustainable.

It is the view of the senior clinicians of the Northern Devon Healthcare Trust that a risk exists around running an inpatient service at both hospitals with only one registered general nurse on shift.

It cannot be underestimated how difficult this safety message was for the Trust to deliver and how equally difficult it was for the community to hear that inpatient services at the hospital faced temporary change in very complex circumstances. Many people simply do not accept that there is an issue, and this is the reason why we have commissioned an external reviewer to assess the risks. See Appendix xv.

5. Consultation scope

The formal consultation document presented the Trust's review of the patient safety risks affecting the inpatient services at Axminster and Seaton. It then set out a series of available options with commentary about the risks, benefits and impact of each option before stating a preferred option with rationale.

The temporary changes proposed in the formal consultation document were to:

- Ensure resilient inpatient services for Axminster and Seaton in the longer term
- Comply with the CQC and Trust Board's requirement to eradicate lone working in our community hospitals
- Support and relieve pressure on our staff
- Ensure the solution is within a financial envelope
- Reduce reliance on agency staff
- Deliver a temporary solution which can be reversed , pending a decision from the CCG on its long-term commissioning intentions
- Deliver a solution which ensured the same service could be provided to patients, albeit in a temporarily-different configuration

6. Consultation options

1. **Do Nothing:** maintain existing staffing ratios with existing bed complement
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 (stated as the preferred option)

A full description of the options proposed is included in the consultation document in Appendix ii.

Four questions were asked in the response form, as follows:

1. Do you agree with the proposal to temporarily transfer inpatient beds from Axminster to Seaton? (option 5 of the consultation)
2. Do you prefer any other option 1-4? If so, please explain the reason for your response?
3. Do you feel we have correctly identified the patient safety concerns and risks?
4. Do you think there is an alternative option we have not considered?

7. Aims and objectives of the consultation

- To raise awareness and understanding of the patient safety issues associated with lone working.
- To ensure that appropriate mechanisms are in place so that the public, key stakeholders and partners feel engaged and informed throughout the process.
- Comply with our public involvement duties under section 242 of the National Health Service Act 2006 and its local authority consultation duties.
- To demonstrate that the Trust is planning only a temporary measure.
- To maintain credibility by being open, honest and transparent throughout the process.
- To monitor and gauge public and stakeholder perception throughout the process and respond appropriately.
- To be clear about what people can and cannot influence throughout the consultation phase.
- To achieve engagement that is meaningful and proportionate, building on existing intelligence and feedback such as previous engagement/consultation activities.
- To provide information and context about the proposals in clear and appropriate formats which are accessible and relevant to the target audiences.
- To give opportunities to respond through the formal consultation process.
- To maintain trust between the NHS and the public that action is being taken to ensure high quality NHS services in their local area.
- To explain the difference in roles and accountabilities of NHS providers (NDHT) and commissioners of NHS services (in this case NEW Devon CCG) and the different consultations taking place.

Appendix xvi outlines our assessment of the extent to which we have achieved these aims during this consultation. *NB: will follow in version 2 of the report.*

8. Overview of the approach to engagement and consultation

The Northern Devon Healthcare Trust followed good communications and engagement practice, and aimed to ensure that pre-consultation engagement and the formal consultation were as fair, robust and inclusive as possible. Adherence to Public Sector Equality Duties is also demonstrated.

Whilst the NHS England guidance for reconfiguring service is aimed at CCGs proposing significant and permanent changes, the Trust took into account the need for its temporary proposals to still meet the four tests and demonstrate:

- support from commissioners
- strengthened public and patient engagement
- clarity on the clinical evidence base
- consistency with current and prospective patient choice.

There were three phases to the engagement:

- pre-consultation, informal engagement
- consultation dialogue
- consultation outcome

Throughout this consultation we complied with our public involvement duties under section 242 of the National Health Service Act 2006 and its local authority consultation duties.

The formal consultation was launched because the patient safety risks still existed. However we acknowledge that in October 2014 we were not fully compliant with our duties to engage and inform the community ahead of announcing our plans to temporarily resolve the risks.

Section 244 of the consolidated NHS Act 2006 (became Section 23 of the NHS Act 2012) requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

In March 2014, the Chief Executive of the Trust briefed the Chair and Deputy Chair of the Devon Health and Wellbeing Scrutiny Committee as to the risks of lone working, and the range of other factors compounding these risks (national nursing shortage, winter,

resilience). The purpose of this briefing was to ensure Scrutiny members were aware the Trust was greatly concerned at the resilience of some of the smaller hospitals and to alert Scrutiny to the possibility that ‘emergency measures’ may be required if the risks continued to grow. Scrutiny accepted the patient safety risks and requested to be informed of progress.

Our approach supported the right to information and transparency as a cornerstone of involvement and the principles of the NHS Constitution which commits the NHS “to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned” and “be involved, directly or through representatives, in the planning of services commissioned by NHS bodies”.

The Northern Devon Healthcare Trust took account of NHS England good practice guidance - Transforming Participation in Health and Care - ‘The NHS Belongs To Us All’ by:

- Engaging communities with influence and control e.g. working with the League of Friends and Town Council
- Engaging and informing the public in the delivery of temporary service change to deliver safer staffing e.g. using the early engagement to create the consultation document
- Providing good quality information e.g through the continually expanding ‘supporting information’ ‘questions and answers’ and ‘message board’ pages on the consultation webpages and correspondence
- Providing a range of opportunities for participation e.g weekly meetings, telephone conversations, additional meetings
- Working with patients and the public from the initial planning stages

9. Pre-consultation engagement

HealthWatch Devon contributed to this consultation by ensuring patients and the public were aware of the consultation and how to contribute to the consultation approach.

Following the Trust’s announcement of a decision to deliver safer staffing by eradicating lone working in Axminster and Seaton community hospitals, senior clinicians and managers hosted six weeks of drop-ins to discuss the rationale for the decision with the public.

These drop-ins were well attended and the discussions were robust and challenging.

We also attended NEW Devon CCG’s public meeting on 21 October 2014 at Axminster Town Hall, and were offered the opportunity to explain our rationale to the audience.

The press release and briefing note that supported this announcement in October 2014 can be accessed here www.northdevonhealth.nhs.uk/consultation.

This range of informal pre-consultation engagement activities generated dialogue, gathered feedback and views, and allowed us to identify commonly recurring themes. This intelligence was used to scope the proposals for consultation, and to clarify key messages around the context of the temporary proposal.

This provided valuable context and built understanding.

At the drop-ins and via the correspondence sent, we received feedback along the following themes:

- The community has good memories of the care they have received from Axminster hospital
- There was fear about how the Axminster health need would be met if the beds moved to Seaton
- There was confusion about why Axminster and not Seaton was losing beds
- There was concern over what was meant by temporary transfer
- There was concern at the poor transport links between the towns
- The Trust was challenged to demonstrate that it had put in sufficient effort to recruit nurses to fill vacancies
- There was a perception this would mean Axminster hospital would close “thin end of the wedge”
- There was low awareness of what service the community health and social care teams offered people
- There was challenge to the validity of the acuity data used
- There was a feeling that we were pre-empting the CCG’s consultation and that once the beds were lost they would never return
- There was criticism that the Trust was prepared to wait three months (October to December) to resolve a supposedly urgent patient safety risk
- There was confusion about the difference between the Northern Devon Healthcare Trust providing the services and the NEW Devon CCG that commissions the services.

It became apparent from what we were told at these drop-ins and the letters we received that we had not adequately explained the patient safety risks and there was confusion as to why we were acting ahead of any decision from NEW Devon CCG’s consultation on the longer-term configuration of community services.

The decision not to formally consult on the temporary change was taken by the Trust in light of the ongoing consultation by NEW Devon CCG on the future configuration of community services. It was felt that two consultations, ours on a temporary move, would risk confusing and adversely impacting the CCGs consultation.

However, we received a pre-action Judicial Review notice to which our response was to apologise and restart the engagement on a more formal footing. We responded to the community's clear desire to be involved in the Trust's temporary decision to resolve the patient safety risks.

The themes of feedback captured in the informal consultation continued through the formal consultation phase and we were glad of the opportunity to respond to the community's requests for greater understanding of the issues.

10. Formal Consultation

The NHS Act 2006 (as amended by the Health and Social Care Act 2012) places legal duties on NHS providers to make arrangements to involve service users in the development and consideration of proposals for change in the provision of NHS services where this will impact on how services are delivered, or the range of services that will be available.

This legislation equally applies to providers proposing temporary changes to services for reasons of patient safety.

Between 2 December 2014 and 5 January 2015, the Northern Devon Healthcare Trust engaged formally with a range of stakeholders including partner organisations, services users, carers, providers and the general public to discuss the temporary proposals.

The Northern Devon Healthcare Trust developed robust plans to deliver engagement and formal consultation, and to communicate the scope of the consultation and case for change effectively to patients, the public, political and wider stakeholders and the media.

A range of communications and consultation mechanisms were utilised to ensure sufficient information and involvement opportunities were available to identified stakeholders.

Given the short timescales, the key stakeholders were personally called by representatives of the Trust to ensure all were aware of the purpose, scope and options of the consultation.

The consultation plans were informed by learning from the pre-engagement, guidance from the Health and Wellbeing Scrutiny Committee, HealthWatch Devon and feedback from community groups and bodies such as the League of Friends, Town Council and our staff.

The formal public consultation on the proposals ran from 2 December 2014 to 5 January 2015, a period of four weeks which is considered alongside the previous informal engagement.

The timing of the consultation period was unavoidably held over Christmas due to the continuing operational pressures being experienced by the service.

A key consideration was to ensure that key messages and options were not confused with wider debates about the NHS in Devon, specifically the NHS Futures announcements of Devon as a financially challenged health economy and the ongoing consultation by NEW Devon CCG on the

long-term configuration of community services, proposals which had the potential to impact the same inpatient services at Axminster and Seaton.

The Trust aimed to ensure that informed views were received from patients, the public and all other stakeholders on the consultation proposals.

The Trust responded to the considerable volume of requests for additional information throughout the consultation period such as financial, recruitment, clarifications and acuity data.

11. Key stakeholder involvement in the consultation

NEW Devon CCG received a copy of the draft consultation document in time to allow comments and accuracy checks.

Correspondence from the CCG can be found in Appendix vii

It is important to note that whilst NEW Devon CCG recognises the Trust's duty to provide safe services, it does not recognise any connection between its own consultation and the Trust's.

We will forward to the CCG any comments that come in as part of this consultation and which are relevant to the wider CCG consultation, so they are not lost.

The Royal Devon and Exeter NHS Foundation Trust was also encouraged to participate in the consultation. From our regular operational meetings with RD&E, we are aware of RD&E's preference for safe and resilient community hospital services which are available for them to transfer patients requiring further rehabilitation.

Notes from these meetings can be found in Appendix xiv.

12. Equality Impact Assessment

The Equality Act 2010 and the associated Public Sector Equality Duty (PSED) require public organisations to demonstrate how they are actively meeting their legal duties as described in the Equality Act 2010. These specify that through the delivery of all their functions, public bodies must evidence they have paid due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.

- Foster good relations between people who share a protected characteristic and those who do not.

Each public sector organisation (and those who deliver services on behalf of public sector organisations) has individual liability and responsibility for these duties.

The Northern Devon Healthcare Trust constructed a draft Equality Impact Assessment (EIA) at the start of the consultation period which made an assessment of the impact of each option on the community. During the consultation this EIA was updated and added to as a result of the dialogue with the community.

The primary focus of this EIA is to determine whether groups who share a protected characteristic are adversely impacted by this temporary change.

The completed EIA is in Appendix iii.

13. External Review

At the same time as launching a consultation, the Trust also commissioned an external review to assess whether the Trust had been objective in its decision-making regarding patient safety at Axminster hospital.

The title of the review is “External Assessment of NDHT decision about safe staffing and viability of safe patient care at 10 bedded community inpatient hospitals (Axminster)”

The terms of reference of the review can be found here:

<http://www.northdevonhealth.nhs.uk/new/wp-content/uploads/2014/12/TORexternalassessmentAxCommHosps2014finalversion.pdf>

The review is being carried out by Rhiannon Jones who is a Registered Nurse, 29 years post-registration with senior management, leadership and corporate experience in nursing and general management, spanning acute and community services in the NHS.

For the past five years she has been employed as an Assistant Director of Nursing in a large integrated Welsh Health Board, with nearly 16,000 employees. She deputises for the Executive Director of Nursing and has a delegated portfolio for quality, safety and patient experience. She is a Clinical Fellow for the Lean Enterprise Academy, has a post-graduate diploma in health care management, Diploma in Nursing and a Master’s Degree.

The results of the review will be available to the Board by 7 January 2015 and therefore will inform the decision on temporarily resolving the patient safety concerns.

14. The Consultation Process

The engagement and consultation process included:

- 5 drop-in meetings (pre-consultation)
- 14 formal consultation meetings
- Opportunity to provide questionnaire feedback by post or electronically
- Individual letters and emails correspondence
- Phone call conversation with key stakeholders
- Analysis of responses
- Identification of feedback themes
- Publication of all supporting and additional data

A presentation of the outcome of the 7 January NDHT Board meeting will be made to the Devon Health and Wellbeing Scrutiny Committee meeting on 16 January 2015.

Unfortunately it was not possible to secure a meeting with Scrutiny within the consultation timescales.

As part of the consultation process people were asked for their views on the options by way of responses to four questions.

1. Do you agree with the proposal to temporarily transfer inpatient beds from Axminster to Seaton? (option 5)
2. Do you prefer any other option 1–4? If so please explain the reason for your response
3. Do you feel we have correctly identified the patient safety concerns and risks?
4. Do you think there is an alternative option we have not considered?

The five options are detailed on page 17 and 18 of the consultation document and on page 5 of this document.

15. Consultation document and response form

The consultation document can be viewed at Appendix ii and it, and associated documents, can be found here www.northdevonhealth.nhs.uk/consultation.

The document presented the need for temporary change and outlined the patient safety background to the proposals.

The supporting information was published during the consultation to enable as much informed engagement in the consultation process as possible.

The last page of the consultation document consisted of a tear-off response form.

16. Consultation events

A number of informal and formal meetings with the public were held with individuals and groups during the informal and formal engagement period. The times and locations of the meetings were flexible and responsive to requests to ensure equitable opportunities of engagement across the Axe Valley.

A total of 19 engagement events were held, 14 of which were formal consultation meetings.

The questions, concerns and answers from each of the formal meetings were published a few days afterwards on our website here:

<http://www.northdevonhealth.nhs.uk/consultation/questions-and-concerns/> .

Questions and concerns Axminster meeting 8 December 2014

Questions and concerns Axminster meeting 15 December 2014

Questions and concerns Axminster meeting 22 December 2014

Questions and concerns Seaton meeting 22 December 2014

Questions and concerns Axminster meeting 29 December 2014

Based on feedback from the drop-in session attendees in October, we designed the format of the December consultation meetings to be on an appointment basis with no more than 6 attendees at each hour-long slot.

This format was chosen to ensure that all attendees felt able to participate and had dedicated time to discuss the proposals with senior managers and clinicians of the Trust.

The aim of these events was to allow indepth, open and transparent discussion of the proposals to enable greater understanding of the proposals so that responses would be more informed.

A core team of executive directors, senior clinicians and managers from the Northern Devon Healthcare Trust attended each consultation meeting. This commitment from the most senior members of Trust staff was designed to ensure that, where possible, people received instant and face-to-face answers to their queries and concerns.

These answers were recorded and published to ensure those who were not able to attend were able to become more informed from the responses given during the consultation.

Formal presentation and Q&A style consultation meetings were rejected because these had already been held during the earlier pre-consultation engagement. We felt that there was an heightened level of interest in local community services and an increasingly informed group of community members/leaders and we deemed that a number of smaller, face to face conversations were more appropriate, where we could discuss the issues raised in more depth.

Members of the Trust's communications team attended each meeting to register attendees, distribute documents, collect correspondence and responses, record the discussion and post the notes from each meeting on the Trust's website.

A total of 35 people attended the drop-ins and consultation meetings. NB: a fair proportion of people attended more than one consultation meeting.

17. Awareness raising activities

The consultation and response mechanisms were promoted through a range of communication channels to give local people and organisations the opportunity to comment. This included the following activities:

Two thousand consultation documents were distributed widely amongst the community, with copies available at the Seaton and Axminster hospital receptions, GP surgeries, the Post Office, schools, town halls, parish halls and on request.

We wish to formally acknowledge and express gratitude for the support of members of the Town Council who went to considerable effort to distribute the consultation documents to the more rural parishes surrounding Axminster and Seaton.

An event flyer was distributed to community venues across Axe Valley.

Information about the consultation and online means of responding were accessible from the home page of the Northern Devon Healthcare Trust website.

Media coverage and advertisements in most editions of the local weekly newspapers – Pulmans series.

Social media: twitter and facebook, promotion of the consultation

Promotion of the consultation via Healthwatch Devon members

Letters were written to all those Axminster and Seaton residents (approx. 50) who had written to the Trust on the subject of community services within the last six months.

Personal telephone calls, letters and emails to key stakeholders i.e. all county, district and town councillors, parish clerks, MPs and GPs to encourage participation in the consultation.

A public message board was maintained to allow people to post questions and get responses outside of the weekly meetings.

Staff were consulted – two staff meetings were held and staff were encouraged to put forward their views as part of the consultation. Several staff members attended the public consultation meetings.

Media

The consultation was accurately covered by the local media throughout the informal and formal engagement and consultation period.

The Trust is grateful to the skill of the local journalists in ensuring the Trust consultation on temporary measures was reported as entirely separate from the CCG's consultation on the longer-term configuration of community services.

Early and sustained media interest in the consultation ensured a wide audience was reached across the area.

Tailored press releases were produced to publicise the following milestones:

- October decision on temporary measures to resolve patient safety concerns
- Promotion of informal weekly drop-ins in October/November
- The launch of the formal consultation in December
- Promotion of the formal weekly consultation meetings in December
- Last chance to respond – a press release to ensure the maximum possible number of responses were received within the consultation timeframe.

The media coverage to date is contained in Appendix iv.

18. Outcome of the public consultation

Overview

The feedback from the consultation response forms and themes from the correspondence received has been analysed and summarised.

A summary of responses from key stakeholders is also included in this section.

By midnight on 5 January 2015, the Trust had received 130 responses to the consultation.

Of those 130, only four people supported the Trust's preferred option (option 5). A further breakdown of responses is contained in the box below.

Responses were received from the following communities:

Axminster	47	Hawkchurch	7	Shute	1
Charmouth	2	Kilminster	3	Stockland	3
Chardstock	1	Lyme Regis	13	Uplyme	3
Colyton	1	Musbury	5	Not stated	14
Dalwood	25	Seaton	5		

An evaluation of the consultation responses to each question follows. Many of the comments, questions and suggestions were addressed directly by the Executive Directors attending each consultation meeting. Some were relevant to the scope of the consultation, some outwith.

QUESTION 1: Do you agree with the proposal to temporarily transfer inpatient beds from Axminster to Seaton? (option 5)

The majority of respondents answered no to this question. Only four people answered yes.

The majority of respondents gave Axminster or nearby towns as their place of residence.

Of the four who agreed with option 5, three gave Seaton and one Axminster as their place of residence.

QUESTION 1 Free text responses

The reasons people gave for disagreeing with the preferred option are as follows:

- Axminster hospital has better facilities
- Axminster is in the middle of Axe Valley and therefore serves a larger catchment than Seaton, which is situated by the sea
- The population of Axminster will grow with the new housing developments
- We should wait for the CCG decision
- It won't be temporary
- Axminster hospital is used by patients from West Dorset
- Axminster beds are essential for relieving pressure on the large hospital in Exeter
- Poor transport links in Seaton
- We need both hospitals
- Your acuity data is not accurate and should not be used to base this decision

The reasons people gave for agreeing with the preferred option are as follows:

- It is logical to choose the location with the greatest health need
- Support it as long as NDHT guarantee it can be reversed
- Seaton has the greatest health need. It has a more modern hospital building. The existence of Axminster Hospital is not fundamentally threatened by this change.

These are covered in more detail under the following question answer assessments.

QUESTION 2: Do you prefer any other option 1–4? If so please explain the reason for your response.

	Number in support
OPTION 1: Do Nothing and maintain existing staffing ratios with existing bed complement	9
OPTION 2: Increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working	32
OPTION 3: Keep bed numbers the same, but increase staffing to 2 registered nurses on duty at any one time	17
OPTION 4: Transfer 8 beds from Seaton to Axminster	65
OPTION 5: Transfer 8 beds from Axminster to Seaton (stated as the preferred option)	3
No preference expressed / not answered	18
Note that there were more answers to this question than number of responses as several people listed more than one option	

Option 1: the reasons or information people gave for supporting the ‘do nothing’ option

- “Charge a local tax so people keep local service”
- “(community hospital) skill levels are low, compliment staff levels with carers”
- “Form a bank of newly retired nurses. Advertise for mature nurses looking to return to work. Stop saying we are possibly closing when interviewing new staff.
- “Improve morale so less staff absence”
- “Better parking facilities at Axminster”
- Find the money to employ the nurses you need
- This is a short-sighted decision. I would want to be treated at Axminster

Observations from question 2, option 1

Out of 130 responses, nine people supported this option.

We welcomed the feedback from people responding with their support for the status quo. It demonstrates the esteem in which the hospitals are held in the local community and the excellent care our staff deliver to patients.

Option 2: the reasons people gave for supporting the option of increasing bed numbers to 18 and increase staffing to eradicate lone-working nurses

- Both populations are growing - elderly pop and not enough carers
- “You cannot afford **not** to keep both hospitals open, especially as retired SRNs offered their services for free”.
- What about 15 beds in both and peripatetic nurses working between both hospitals? With one hospital taking the most ill and the other the patients who could go home?
- If beds increased to 16, more cost effective and no need for agency
- We need more beds for future
- “This would free up more much needed beds from RD&E Exeter when a patient had been diagnosed , but could be looked after locally, which is very important. Sadly having social people coming in to look after them in their own homes doesn't always work. This could be funded by paying for a nurse instead of paying for all these consultation meetings and paperwork which is going on.”
- Return hospital to full potential and reintroduce MIU
- Population growth, poor transport links
- Can't do home visits in winter - makes more sense to keep patient on the wards
- “Over the summer RD&E have been on Red Alert many times. Winter resilience plans are being discussed but as yet have to be agreed. Analysis shows that there are many patients in RD&E beds that could be cared for in the community hospitals across the whole of the locality. Some 6-8 patients per day in Seaton and Axminster alone. The issue appears to be one of funding since the money goes into the RD&E when the patient arrives and is not transferred out should they go to a community hospital.”
- “In the short term, increase nursing at night and weekends to keep the current beds at both Axminster and Seaton. Long term staff up for returning to the 2010 levels”
- “Axminster hospital has better relationship with GPs than Seaton”
- “Staff will commit if the CCG commits”
- “But increase beds in both to support RD&E who are in permanent red alert”

Observations from question 2, option 2

32 people preferred this option.

The main reason people felt more beds would be required (increasing from 20 to 36) was because the population would grow over future years with the housing developments planned.

There was also feedback that people were concerned about the regular reports of RD&E struggling for bed capacity and that this would be resolved if there were more beds in the community hospitals.

Throughout the consultation, we explained that this option would require an additional 11 nurses across both hospitals at a cost of £600,000 per year. We also explained that as NDHT was planning a temporary move to resolve immediate patient safety risks, it would be difficult to recruit these staff in time and possibly practically impossible given the national nursing shortage and continued long-term uncertainty of Axminster hospital as it remains named in NEW Devon CCG's consultation.

The NDHT Board was asked to consider the offer of £300,000 from Axminster League of Friends with the specific purpose of helping the Trust resolve the safer staffing patient safety issues temporarily whilst the outcome of the CCG's consultation is awaited.

The Board needs to consider whether this new information clarified through the consultation makes them reassess this option.

Option 3: the reasons people gave for supporting the option of keeping two 10x bed hospitals but increasing nurses so two on shift at any time

- No evidence of nurses deskilling when I was inpatient - they were constantly busy
- Will be able to recruit more nurses when stop rumour mill of uncertain future of hospital
- Recruit from overseas. Don't accept argument over deskilling
- League of Friends will fund additional staff costs

Observations from question 2, option 3

17 people preferred this option.

What is apparent from the feedback on this option is that it is very difficult to consider the risk of long-term nurse lone working against the reality of personal experiences of excellent patient care.

The NDHT Board was asked to consider the offer of £300,000 from Axminster League of Friends with the specific purpose of temporarily helping the Trust resolve the safer staffing patient safety issues whilst the outcome of the CCG's consultation is awaited.

The Board needs to consider whether this new information, which was clarified through the consultation, makes them reassess this option.

Option 4: the reasons people gave for supporting the option of consolidating 18 beds at Axminster

- Catchment of Axminster larger than Seaton
- Population of Axminster is growing faster
- Journey times from Axminster to Exeter are quicker than Seaton to Exeter
- Axminster has better wet room facilities than Seaton
- Axminster was only refurbished a few years ago – a waste of this investment if ward mothballed.
- Axminster has very good local GPs
- Axminster has larger catchment area and is expanding
- Transport links and roads better around Axminster
- Seaton is closer to Sidmouth.
- Care home provision: relieve pressure on RD&E by temporarily moving Seaton patient to care homes.
- Care in the community will be compromised by staffing shortages
- Logic is to maintain larger unit. The CCG has told us Axminster should stay open
- The occupancy rates would be higher if RD&E knew what Axminster offered.
- There were no safety issues when my husband was an inpatient
- Families of Axminster patients will struggle to travel to Seaton
- Axminster has a huge number of other services, complemented by beds
- Use of Axminster hospital by West Dorset patients not taken into account/ Option 5 means the loss of significant income from Dorset patients
- Local beds needed to prevent bed blocking at RD&E.
- The facilities which are available on the Axminster site are not available at Seaton, i.e. xray

- Bank nurses can cover shortfall
- *“I don't believe that there is more need in Seaton than in Axminster, particularly as Axminster also meets the needs of communities in West Dorset and more easterly areas of the Axe Valley. Seaton Hospital does not have the range of additional services which Axminster Hospital provides, which would mean ferrying more patients from Seaton to Axminster for X-ray, etc. There is better car parking at Axminster Hospital, which is also closer to bus routes than at Seaton.”*

Observations from question 2, option 4

A majority – 65 – of respondents, who were also residents of Axminster, disagreed with NDHT’s preferred option of temporary consolidation at Seaton because they felt Axminster hospital was a better resourced hospital and offered more services to the local community.

However, it must be noted that we received a significantly-lower number of responses from the Seaton community, perhaps due to the perception that their hospital beds were not under threat.

Both options 4 and 5 would solve the Trust’s safer staffing risks on a temporary basis. Our stated rationale for Seaton being the preferred destination was because the health need in Seaton was higher. We used Dr Foster data to determine the relative health needs of each town.

We are aware that several other data sources could be used and have included updated practice data in the Fact File in Appendix v.

Whilst NDHT’s consultation was ongoing, NEW Devon CCG updated the acuity and health need analysis. This is contained as Appendix v and supports the identification of Seaton as having a catchment population 50% larger than Axminster and a higher health need.

NDHT Board needs to consider whether the challenge to the acuity and health need data can be substantiated and whether this would affect its preferred option.

Option 5: the reasons people gave for supporting the option of consolidating beds at Seaton hospital

- It is logical to choose the location with the greatest health need
- Support it as long as guarantee it can be reversed
- Seaton has the greatest health need. It has a more modern hospital building. The existence of Axminster Hospital is not fundamentally threatened by this change.
- GP services in Seaton are of a high standard
- Arguments about the need for X-rays are inaccurate

Observations from question 2, option 5

It must be noted that people from Seaton were not particularly comfortable with the consolidation of beds at Seaton, as they were generally of the opinion that beds should remain in both hospitals. However, they did support the view that the health need is greater in Seaton and if there had to be a consolidation, then they supported the proposal to do this at Seaton.

QUESTION 3 DO YOU FEEL WE HAVE CORRECTLY IDENTIFIED THE PATIENT SAFETY CONCERNS AND RISKS?

A breakdown of the response to this question is as follows:

Response	Number of responses
No	48
Yes	42
Don't know	3
They are exaggerated	6
Can't understand why risks are no longer acceptable	3
No answer given	20
Possibly	6
Probably	2
TOTAL	130

A summary of common comments is as follows:

- *"I feel that as this is a temporary arrangement then it should be possible to address these with a bit of creative thinking"*
- *"Patient safety will be compromised if people have to travel"*
- *"There are no directives about safer staffing in community hospitals.....surely it does not have to be addressed immediately".*
- *"There has been an over-reaction to the Francis report which was about large hospitals."*
- *"NICE ratio guidelines specifically say they do not apply to community hospitals."*
- *"Your acuity data is based on perception not facts"*
- *"Patient safety is much worse for those receiving care in their own homes"*
- *"The CQC has not visited either hospital for some time"*

- *“If the risks are so great, why was the hospital not closed immediately”*
- *“A caretaker/porter/security officer should take on the responsibility of ensuring the security of the site, rather than the senior nurse, who is there after all to nurse the patients.”*
- *Yes, the patient safety concerns have been explained excellently*
- *“I think safety concerns have been considered correctly just the wrong hospital chosen. Better to keep both hospitals”*

QUESTION 4: DO YOU THINK THERE IS AN ALTERNATIVE OPTION WE HAVE NOT CONSIDERED?

The final question of the consultation asked people to suggest alternative means of resolving the patient safety issues of lone working.

We received the following suggestions:

- Private / public solution or social enterprise
- Increase beds to 20, 16 or 14 at each hospital
- Get a rota of local surgery doctors to eradicate lone working at the hospital
- Run both hospitals as one unit and have staff going between the two to eradicate lone working
- Reduce admin staff and put in auxillary nurses
- Wait until the contract ends and let another organisation have a go
- Conduct better publicity of the vacancies
- Employ more HCAs to support nurses and ensure they do not feel alone
- Tell the Government you need more money
- All three parties – the CCG, NDHT and RD&E – work better together to solve this
- If beds go to Axminster, you could rent it out to someone else, i.e. nursing home, medical centre, palliative care centre, mental health centre
- Merge Axminster hospital with GP practice
- Use the £300,000 offer from the Axminster League of Friends to resolve safer staffing issues until CCG make a final decision
- Use the nurses that have volunteered to help at the hospital
- Wait until the general election, when all parties have said funding to the NHS will increase

Summary

The suggestions the Executive Directors felt appropriate to take forward to consider are:

- **Use the £300,000 offer from the Axminster League of Friends to resolve safer staffing issues until CCG make a final decision**

Appendix 6 contains written confirmation that the Axminster League of Friends has offered the Trust £300,000 to resolve the patient safety and lone working issues at Axminster and Seaton.

- **Use the nurses that have volunteered to help at the hospital**

The League of Friends also presented a list of nurses who had offered to volunteer at the hospital.

During the consultation senior nursing representatives made contact with as many of the named volunteers as possible.

Nurses have to have current professional registration with the Nursing and Midwifery Council. Non-registered nurses would need to undertake induction and a care certificate as part of latest guidance.

From conversations with the volunteers had so far (we have not managed to make contact with all of those on the list), the following feedback was received:

- Not all wanted to enter into employment with the Trust
- Some had retired
- Some had let their registration lapse
- Those that were willing to work for the Trust, not all could commit to the late, night and weekend shifts

We expressed our deep gratitude to all those spoken to for volunteering to support their local hospital.

The Questions and Concerns in Appendices 7 to 11 detail our responses to the other ideas that were suggested with an explanation of why it was unlikely they could be taken forward.

19. Key correspondence

A great many of the points made in the consultation responses were also made in the face-to-face consultation meetings and correspondence.

We received correspondence from the following and all letters are contained in Appendix 12

The Axminster GP practice
The Townsend Medical Centre (Seaton)
Multiple signatory letter from key representatives of Axminster town – Axminster Hospital Action Group
Axminster Hospital League of Friends
Community Hospitals Association
NEW Devon CCG

A petition containing over 6800 signatures will be presented at the Board meeting

20. Summary

The process of informal and formal engagement was as comprehensive as it could be within the time constraints and there is evidence that people were aware of the opportunities to contribute to the consultation.

It is clear there has been considerable local discussion about this consultation and a petition, containing 6800 signatures, will be delivered to the Trust at the Board meeting. The Trust has requested clarification on whether the petition relates to the CCG's consultation or the Trust's consultation.

The Northern Devon Healthcare Trust has welcomed the opportunity to discuss the issues facing us and has been grateful for the willingness of the community to seek to gain greater understanding and become more informed.

In order to gather as many views as possible, we have set out to be transparent and open in presenting the supporting information and public / professional and stakeholder views. We have also responded to the majority of information requests and correspondence within the four-weeks of the consultation.

21. Final conclusions

To be inserted following Board meeting

Appendix i

Independent Review of Safer Staffing

Appendix ii

Consultation document

The full consultation document can be downloaded from:

www.northdevonhealth.nhs.uk/consultation

Appendix iii

Equality Impact Assessment

Appendix iv

Media coverage

Appendix v

Fact file

Appendix vi

Questions and concerns from consultation meetings

During the consultation meetings, many questions were raised. These were recorded so that the wider population could see what was discussed.

The following pages are a record of the questions raised at these meetings:

Meetings held at Axminster on 8 December 2014

Meetings held at Axminster on 15 December 2014

Meetings held at Axminster on 22 December 2014

Meetings held at Seaton on 22 December 2014

Meetings held at Axminster on 29 December 2014

Appendix vii

Correspondence received from key stakeholders

The Trust received a great deal of correspondence from the public during the consultation period.

The following pages contain correspondence received from the following key stakeholders:

Axminster Medical Practice

Axminster PPG

Axminster Hospital Action Group

Axminster League of Friends

Townsend House Medical Centre, Seaton

The Community Hospitals Association

Paper submitted by Martin King

NEW Devon CCG

Appendix viii

Other options proposed by the public via the consultation

Appendix ix

Action Notes of Eastern System Escalation Meeting 2nd October 2014

Appendix x

Minutes of Board Meeting held on 7 January 2015

To follow.