

Progress report on safer staffing in Axminster and Seaton

Presented to Devon Health and Wellbeing Scrutiny 24 March 2014

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On 12 January, the Northern Devon Healthcare Trust presented the committee with the outcome of a consultation held in December regarding safer staffing in Axminster and Seaton Community Hospitals.

Given the then ongoing legal challenge to the decision to temporarily consolidate inpatient beds at Seaton, the Northern Devon Healthcare Trust committed to provide further updates to the committee.

The following briefing provides a recap of the chronology of events, the outcome and rationale of the decision on safer staffing and the success of the work in partnership with Axminster League of Friends to use the £300,000 offer to safely reinstate the inpatient beds at Axminster.

Chronology

- 16 October 2014: announcement of the Trust's decision to transfer 8 inpatient beds from Axminster Community Hospital to Seaton Community Hospital (towns 7 miles apart) for reasons of lone working (only one RGN on shift at any time and escalating concerns on resilience given gaps in rota)
- October – November 2014: the Trust undertook informal public engagement
- 27 November 2014: following pre-action Judicial Review and feedback from the community about lack of clarity on the complex patient safety issues, the Trust rescinded its decision to transfer patients from Axminster Hospital to Seaton Hospital and agreed it would undertake public consultation and consider entirely afresh whether or not such a temporary transfer should take place.

- 2 December to 5 January 2015 (extended from 30 December 2014): the Trust undertook public consultation – 14 public consultation meetings in December. All materials available for reference on www.northdevonhealth.nhs.uk/consultation
- 7 January 2015: extraordinary Trust Board meeting to discuss outcome of consultation.
 - The agenda and complete papers are at <http://www.northdevonhealth.nhs.uk/2015/01/extraordinary-trust-board-meeting-agenda-7-january-2015/>
 - The minutes are here <http://www.northdevonhealth.nhs.uk/new/wp-content/uploads/2015/01/Annex-1.4-Board-27.01.15-Draft-Extraordinary-Board-Minutes-07.01.15-v14.01.15.pdf>
- In summary the Trust Board’s decision on 7 January 2015 was:
 - To accept the League of Friend’s offer of £300,000 to explore creative solutions to resolve safer staffing (and reinstate beds).
 - To consolidate the Axminster and Seaton inpatient beds on safety grounds.
 - Seaton chosen for reasons of proven higher acuity, catchment size and staff resilience.
 - Any transfer can and will be reversed if needs be. The transfer of Axminster inpatient beds to Seaton is temporary.
- 14 January: temporary transfer of inpatients from Axminster Hospital to Seaton Hospital.
- Seaton now provides a resilient and safe (2 RGNs on duty at any time) inpatient service to both communities.

Specific questions raised by Health and Wellbeing scrutiny and answers provided by Northern Devon Healthcare Trust

1. The outcome of the legal challenge

Update on legal 17 and 18 February: The hearing took place at the Royal Courts of Justice, London before Mrs Justice Patterson DBE on 17 and 18 February 2015.

The Claimant and the Northern Devon Healthcare Trust agreed to adjourn the hearing for eight weeks by when the Trust expects that it will have a good idea whether or not it will be possible to reopen the in-patient ward at Axminster Hospital.

Whilst the proceedings are stayed, there are no further legal steps that we need to take until we return to the High Court in April.

2. The operational and patient safety grounds upon which the decision was based and which was reversible;

Our professional view on safer staffing has been formed following direct experience of the challenges of sustaining resilient and high quality inpatient services in small and isolated units. There is also a growing body of expert opinion of the subject of safer inpatient staffing but the Trust also commissioned a specific external review on the risks of sustaining a rota with lone-working registered nurses.

This review supported our professional position and was presented as appendix 3 to the Board papers presented on 7 January 2015.

All the Board papers and appendices can be found here (<http://www.northdevonhealth.nhs.uk/2015/01/extraordinary-trust-board-meeting-agenda-7-january-2015/>)

The quality impact assessment is contained as appendix 5 of the Board papers presented on 7 January 2015.

The Trust is pleased to confirm that following the temporary consolidation of inpatient beds at Seaton, the service is significantly more resilient and our staff report a greatly improved working environment. The Trust has not received any patient or relative complaints about the service move and our patient experience feedback remains excellent for Seaton. The arrangements with the local GPs to provide enhanced medical cover at Seaton are also working very well.

The net result of temporarily consolidating inpatient services has been to enable us to support good patient flow across the eastern Devon health economy during the recent period of escalation.

The Board minutes detailing this discussion can be found here - <http://www.northdevonhealth.nhs.uk/new/wp-content/uploads/2015/01/Annex-1.4-Board-27.01.15-Draft-Extraordinary-Board-Minutes-07.01.15-v14.01.15.pdf> - clearly confirm that the consolidation is temporary and can be reversed.

3. The changes by the Trust were not part of the ongoing TCS consultations by the NEW CCG which had been acknowledged had resulted in public confusion and concern;

No, NDHT's changes had no connection to the TCS consultation. The consolidation is temporary and reversible.

Between October and December 2014, the Trust conducted informal then formal engagement on safer staffing in Axminster and Seaton community hospitals. The engagement sought to explain safer staffing to the respective communities and raise awareness of the significant patient safety risks in continuing to sustain two hospitals of 10-beds with only one registered nurse on duty at any one time.

4. The changes had been made following consultation with the CCG and that ultimately final decisions rested with the CCG;

This is not correct. The Northern Devon Healthcare Trust is accountable to its regulators, commissioners, staff and patients to provide services which are safe.

It was the view of the Trust's senior and front-line clinicians that lone-working registered general nurses in our community hospitals presented unacceptable patient safety risks.

Whilst the CCG was aware of our concerns about the safety of community inpatient services, the decision and action to resolve these concerns were the Trust's alone to take.

5. Five Community Hospitals in the Trust area had no beds and the remaining 12 hospitals had at least 16 inpatient beds;

At the meeting, Trust officials described how lone-working had been eradicated in all of the community hospitals run by the Northern Devon Healthcare Trust in Exeter, east, mid and north Devon.

6. The acceptability of the practice of lone registered nursing was not appropriate;

See our response to point 2. Please also see the external review of safer staffing in 10-bed community hospitals for more information on this aspect. Appendix 3:

<http://www.northdevonhealth.nhs.uk/2015/01/extraordinary-trust-board-meeting-agenda-7-january-2015/>

7. The difficulties for the NHS in recruitment of registered nurses in all settings;

Across Devon and Cornwall there are 800 unfilled NHS nursing vacancies, a symptom of the national nursing skills shortage.

The Trust has experienced a fair degree of success in recruitment overseas, running recruitment marketing campaigns, attending recruitment fairs, holding our own recruitment fairs and encouraging nurses to return to practice.

However, it is an extremely competitive market and every NHS organisation is competing for a very small number of nurses. In this sort of skills market the urban and large hospitals tend to be more successful at attracting nurses to work.

The lone-working risks to patient safety and staff welfare issues were compounded by the difficulty in recruitment of RNs in general, in particular to cover Axminster Hospital, given the national nursing shortages.

In the days following the Trust Board's decision on 7 January 2015, the position deteriorated significantly. The Trust was by then in the position where it did not have a nurse to do the night shift on three consecutive nights that week (until Saturday 17 January 2015). The Trust did not have the spare capacity to move nurses from other sites to cover Axminster or Seaton hospitals.

Without a nurse available, the Trust could not keep the hospital open. Eight patients therefore transferred on 14 January from Axminster to Seaton.

The Joint Working Group report details the success of the recruitment campaign in Axminster and Seaton.

8. The offer of the League of Friends at Axminster of £300,000 for staffing.

Please refer to the Progress Report for more information on the work being carried out in partnership with the League of Friends.

The terms of reference for this work in partnership with the League of Friends can be found here (<http://www.eastdevoncommunityhealth.co.uk/wp-content/uploads/2015/02/Axminster-In-Patient-bed-reinstatement-working-group-ToR1-NG-Final.pdf>) and they clearly outline how we are seeking to reinstate beds safely at Axminster.

A lot of the information on the progress of the partnership working with Axminster League of Friends can be found on our specially convened website <http://www.eastdevoncommunityhealth.co.uk/>.

The progress report is contained in appendix A.