

Health and Adult Social Care Overview and Scrutiny Committee – Supplementary agenda no. 1

A meeting of the Health and Adult Social Care Overview and Scrutiny Committee will be held on:

Date: 26 October 2021

Time: 6.30pm

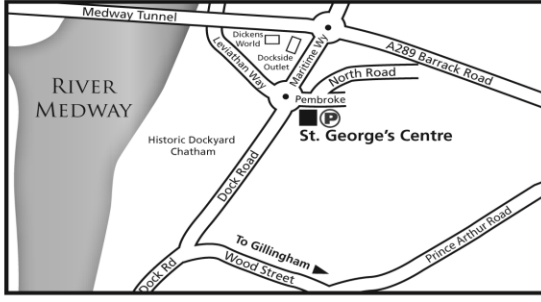
Venue: St George's Centre, Pembroke Road, Chatham Maritime, Chatham
ME4 4UH

Items

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|----------|---|-------------------------|
| 5 | Transforming Mental Health Services in Kent and Medway - Eradicating Dormitory Wards | (Pages 3 - 90) |
| | Attached are Appendices B and C. | |
| 6 | Medway NHS Foundation Trust - Update on Care Quality Commission Inspections | (Pages 91 - 102) |
| | Attached are Appendices 2, 3 and 4. | |

For further information please contact Michael Turner, Democratic Services Officer on Telephone: 01634 332817 or Email: democratic.services@medway.gov.uk

Date: 22 October 2021



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Transforming Mental Health Services in Kent and Medway – Eradicating Dormitory Wards

Public consultation on proposed changes to Ruby Ward – independent report

October 2021

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1. Executive summary

1.1. Background to the consultation

Outdated and old-fashioned dormitory wards in mental health facilities compromise the safety, dignity, and privacy of patients. NHS England and the Government have pledged £650million in national funding to replace out-of-date mental health dormitories with single ensuite rooms, to help improve care for mental health inpatients across the country. The intention is to eradicate mental health dormitory wards by 2024.

Kent and Medway NHS and Social Care Partnership Trust (KMPT) has been allocated £12.65 million to replace their last remaining dormitory ward – Ruby Ward, which is based in Medway Maritime Hospital.

1.2. The proposal

Kent and Medway Clinical Commissioning Group (KMCCG), working in partnership with KMPT, is proposing to relocate Ruby Ward from Medway Maritime Hospital to a purpose-built new facility with single ensuite rooms, dedicated therapeutic areas and garden space at KMPT's main Hermitage Lane, Maidstone site (adjacent to Maidstone Hospital) and to increase the number of beds available from 14 to 16.

Investing in a new purpose-built facility would mean that patients would no longer need to be cared for in an outdated ward which compromises their privacy, dignity and safety and is not suitable for their needs.

A robust process to identify possible sites for the proposed new build was undertaken, including looking extensively at potential sites in Medway. However, only one site in Maidstone met the five criteria developed to test potential sites.

A formal public consultation on the proposal to relocate ran from 3rd August to midnight on Tuesday 21 September 2021. The case for change, the process used to find a new location and the proposal to relocate to a new purpose-built facility in Maidstone are described in the consultation documents and pre-consultation business case which can be seen at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

Despite only having one preferred option, the consultation provided people across Kent and Medway, from a range of groups and communities, the opportunity to hear about and give their feedback on the proposed changes. Consultation activity was a mix of online and face-to-face engagement (working in a COVID-safe way and within government guidelines), maximising digital means to reach people, but also recognising that not everyone can or wants to engage digitally. Activity included drop-in exhibitions/pop-up information stalls, online listening events, an online and printed questionnaire, focus groups and telephone polling, alongside outreach to existing patient and community groups and forums. Anyone without access to the internet could write to or telephone the CCG and ask for information to be sent to them.

Stakeholder organisations including Healthwatch Kent and Healthwatch Medway, along with mental health network groups, KMPT's 'engagement pool' comprising service users

and those with lived experience, and the CCG’s own patient and public involvement and representation groups all used their own trusted and established channels to disseminate information to their networks.

The consultation focused on four key areas which were expanded on in the survey, group and telephone discussions:

- Do you think there are clear reasons to move Ruby Ward to a new location?
- What do you think about our proposal to relocate Ruby Ward to a purpose-built unit in Maidstone?
- What do you think are the advantages and disadvantages of the proposal we are consulting on?
- Are there any other options, evidence, or information we should consider before making our final decision?

The Public Engagement Agency (PEA™), an independent engagement consultancy, collated and analysed all the feedback collected through the consultation.

1.3. The public consultation activity

The target population comprised all residents across Kent and Medway, with targeted activity in Medway, Swale, north and west Kent, as around 80% of people admitted to Ruby Ward over the past 5 years lived in Medway, north or west Kent.

A range of communication and engagement activities took place throughout the consultation, to inform and enable as many residents as possible to share their views and encourage people from diverse communities to take part. Core consultation materials including the consultation document, a summary document, questionnaire, frequently asked questions, an animation explaining the proposals, and the pre-consultation business case were published on 3rd August. Ensuring widespread awareness and understanding of, and engagement with, these materials formed the basis of consultation activity. Printed copies of consultation materials were made available, however ongoing COVID-restrictions within health care and community settings meant that many organisations and stakeholders expressed a preference for digital means of communication.

Communication activities	Engagement methods
Advertisements in Kent Messenger, Medway Messenger, Sheerness Times Guardian, Sittingbourne News, Gravesend & Dartford Messenger	An online consultation survey which was also available in paper format
Radio advertising spots on KMFM, running 30 days from 23 rd August	Telephone interviews
Social media, using Facebook, Twitter and Instagram, through KMCCG, KMPT and stakeholder organisations’ own media channels	Focus groups
Dedicated webpages on KMCCG’s website - Ruby Ward public consultation :: Kent and Medway Clinical Commissioning Group (kentandmedwayccg.nhs.uk) - with links to all the consultation documentation, signposted from KMPT and other NHS partners websites	Public listening events
E-bulletins, scheduled newsletter and communications (KMCCG, KMPT and partner organisations)	Drop in exhibitions/pop-up information stalls

A4 and A3 posters and a digital poster for use on 'escreens' in health and community settings	Patient, voluntary group and stakeholder meetings
Paper copies of consultation document, summary and questionnaire	Written correspondence - letters and emails via email address
Updates to HASC, HOSC, MPs and media	KMPT staff events

1.4. How feedback was collected

1.4.1. Online survey

An online survey was designed with programme leads and was published on Kent and Medway Clinical Commissioning Group's website: www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward). All core communications materials circulated throughout the consultation period promoted or referred to the questionnaire. The questionnaire was also available on the website for downloading if people wanted to complete and return a paper copy: [Consultation questionnaire.pdf \(kentandmedwayccg.nhs.uk\)](#). Paper copies were distributed with the summary consultation document to libraries and voluntary groups and via the pop-up information stalls/drop-in exhibitions in shopping centres.

1.4.2. Telephone interviews

DJS Research, a specialist independent research agency, conducted telephone interviews from 24th August to 21st September 2021 in locality areas across the defined Ruby Ward catchment area in Kent and Medway, with additional focused activity in Medway, Swale and Maidstone.

1.4.3. Focus groups

Ten online focus groups, designed for people from the general population in different local geographies, and for those with protected characteristics, were held in September, facilitated by PEA. Participants were recruited via an independent agency, to ensure a representative mix.

1.4.4. Online public listening events

Two online public listening events took place during the consultation period.

1.4.5. Drop in exhibitions

Three drop-in exhibitions/pop-up information stalls were held for members of the public to hear about and pick up information about the consultation. They were also encouraged to complete the survey.

1.4.6. Patient, voluntary and stakeholder meetings

Ruby Ward programme representatives gave a presentation and took feedback at 11 patient and stakeholder meetings during August and September 2021.

1.4.7. Staff events

Four online events were held with KMPT staff in September 2021: two were specifically for Ruby Ward staff and two were open to all KMPT staff.

1.4.8. Written correspondence

People were invited to provide feedback by email: kmccg.engage@nhs.net, by phone - 01634 335095, option 2 - or by Freepost KENT AND MEDWAY NHS, Ruby Ward Consultation.

1.5. Respondent demographics

1,090 people took part directly in the following engagement activities: the online survey (94); focus groups (42); telephone survey (851); patient, voluntary and stakeholder meetings (93), public listening events (5); written correspondence (5).

72 people visited the drop-in exhibitions. Information was also sent out to well over 100 people who couldn't attend groups/meetings.

20 KMPT staff – 11 from Ruby Ward - attended sessions designed specifically for them.

The following table shows the number of participants from the online and telephone surveys and focus groups, by area. The full demographic data breakdown by age, gender, sexuality, ethnicity, religion and health conditions can be found in **Appendix 1**.

AREA	ONLINE SURVEY	FOCUS GROUPS	TELEPHONE SURVEY	TOTAL BY AREA
Medway and Swale	31	10	243	284
West Kent	29	15	248	292
East Kent	16	-	242	258
North Kent	5	17	118	140
No postcode	13	-		13
TOTAL BY ACTIVITY	94	42	851	
TOTAL				987

1.6. Key findings

The feedback from all engagement activities is presented under the four key areas that were the focus for the consultation.

1.6.1. Clear reasons for moving Ruby Ward to a new location

The majority of people who took part in the consultation thought that the proposal to relocate Ruby Ward had been clearly explained and understood the case for change and the overall elements of the proposal.

There was recognition that the current facility is no longer fit for purpose, is in need of improvement and does not meet national guidance. Some focus group participants were surprised or shocked that dormitory wards still existed for mental health patients and thought the current system sounded outdated and not fit for purpose.

“This type of ward is no good for anyone especially mental health patients”

“Need to look at the patient experience – what’s in place now is not fit for purpose”

1.6.2. Support for the proposal

The majority of consultation participants - including KMPT/Ruby Ward staff - expressed support for the proposal to relocate Ruby Ward to a purpose-built unit next to Maidstone Hospital.

“Healing is also about the environment, not just the treatment”

“The care from staff is such high quality, in an environment that doesn’t allow them to give the best they can. So this is an opportunity to really enhance the care they can offer”

One focus group out of the ten held was in favour of a better environment but was not convinced that the process was robust or transparent and believed that better and cheaper alternatives could be found and used.

Medway and Swale residents disagreed most with the proposals and the potential loss of this service in their locality.

“Taking the service out of Medway is a disadvantage especially for family and friends who would find it difficult to travel to Maidstone. It may reduce the number of visits the older adult will have while an inpatient and lead to loneliness and isolation, which may impact on their recovery.”

Conservative Members of Parliament for Gillingham and Rainham and for Rochester and Strood, gave their qualified support for the proposal and a recognition of the benefits but were clear that this support is contingent on the development and presentation of a clear plan to mitigate/minimise travel and transport concerns raised.

West Kent Integrated Care Partnership Board - comprising health and social care leaders and senior clinicians – wrote recording their unanimous support for the proposals and the Chief Executive of Medway Foundation Trust, wrote stating that the Trust remains fully supportive of the process.

The majority of people agreed that this will improve care for patients on Ruby Ward and better address the needs of the Kent and Medway population.

A small number of respondents based in Medway and Swale disagreed with the proposal and one survey respondent from West Kent also disagreed.

“I understand the logic for the move and we should not have dormitory style wards anymore. I have however been concerned that all the Medway based inpatient services have relocated to Maidstone albeit in much better facilities.” [West Kent, responding as myself/a member of the public/local resident, 41 to 64 years, male, white: British]

Questions were raised about the criteria used to evaluate the site options and how the process to identify a suitable site was undertaken.

1.6.3 Advantages and disadvantages/benefits and challenges

1.6.3.1. Advantages/benefits

The majority of consultation participants agree that this will *improve the experience for patients and their families*. Some commented that it would also be a better environment for staff.

“I think the advantages are for the patients and that should be the priority. I understand it may be difficult for staff members and others but the focus should be on the patients. If it’s nearer other services it can only be a benefit. It will give dignity to patients.”

Respondents in Medway and Swale are the only respondents that believe the proposal *will not improve the experience* (2 survey respondents).

Quality, safety, dignity and privacy were considered to be top priorities for patient care. The new facility was seen as having a positive impact on these critical areas, particularly the availability of single ensuite bedrooms which would improve patients’ wellbeing.

“The impact of a good environment on patient care cannot be overestimated”

Many recognise the benefits of a bespoke facility, offering *increased internal space* for therapies, relaxation and other activity areas, visitor areas and a space for prayer. The space also allows for specialist equipment, such as bathroom aids.

The value of immediate *access to outdoor space*, at ground level, was seen as a particular benefit to this patient group. Comments also included being able to see nature from inside and the potential for therapeutic activities such as gardening and growing fruit and vegetables.

Some participants recognised the *benefits to the system* including: reduced length of stay for patients; increased capacity both at Medway Hospital and in the unit; improved links with other specialist services; the ability to attract new staff into the area.

“I think the new proposal will be a much more positive environment for patients, staff and visitors, which should reduce length of stay, and hopefully readmissions”

KMPT staff, including Ruby Ward staff, were impressed with *the level of design detail* and agreed that patients having their own space would ensure their safety, privacy and dignity which were paramount. They also liked that transgender and non-binary people’s needs have been considered in the planning and design.

They stressed the importance and positive impact on patients of a good environment. and making a real shift towards a *more therapeutic focus*. The proposed new facility was seen as a more therapeutic environment which would promote quicker recovery, freeing up space more quickly and allowing others to be admitted.

1.6.3.2. Challenges/concerns

The biggest concern raised in all the engagement activities was the **additional travel** for some patients, families and ward staff. Ruby Ward staff expressed concern about the additional travel required by the change in work location, impacting on getting back for childcare and school run arrangements.

The **quality, convenience and cost of public transport** were identified as issues for people with limited or no access to a private vehicle. Parking costs and traffic congestion were considered as areas of concern for drivers.

However, it was acknowledged that, for some, it will be easier. Many participants saw the fact that some staff, patients, carers, or their family may have to travel further, if the proposal is agreed, as the only downside to the plans. Many considered that, in the long term, the improved experience for patients – and staff - will be better than the disadvantage, for some, of travelling further.

“If I knew they were going to a better, safer, environment it wouldn’t be a problem for me to go and see them”

There was concern about what people consider to be the **lack of mental health inpatient provision** within Medway generally and the loss of Ruby Ward specifically. This was considered to potentially increase health inequalities between areas.

Some people were concerned about **capacity** and whether the new facility would be large enough to meet current and future need for inpatient services, as mental health issues were seen as increasing, partly due to the pandemic.

Other concerns raised included whether the available money would cover the actual **cost of building and running the new unit** and whether it was also to cover the cost of staffing the unit.

Concerns were raised regarding the practicalities of **implementing the proposal**, including the impact of relocation on a cohort of patients who need stability, reassurance, and continuity of care.

Some participants were concerned about **staffing levels and recruitment** and whether there will be enough staff to cover the extra beds.

1.6.4. Other options

Some alternative sites were suggested through the online survey: Gillingham Business Park; Chatham Dockside; Medway campus; Canada House; Britton House; Ashford, Kent location; Dartford; a designated ward on every hospital site to maintain local services; consider the acquisition of a building.

(Canada House and Britton House have already been assessed against the evaluation criteria, as outlined in the consultation document and pre-consultation business case.)

1.6.5. Other considerations/suggestions

Suggestions were made for **travel and transport support** for both visitors and staff, including patient and voluntary transport, shuttle/minibuses, coaches, car shares and funding any additional costs.

“What I would suggest regarding these transport problems, is to give them the possibility of extra help to be able to travel by public transport and give them support in that area. Financial help or a concessionary bus pass for example and give this help to the patients, and their carers, their family and friends who may be supporting them”

Some suggested **dedicated, free parking space** for staff and visitors.

Many responses suggested that there should be a particular focus on the space available for **therapeutic activities** – both inside and outside. Therapy/activity rooms need to be large enough to hold large group sessions and be enclosed to ensure confidentiality, with adequate storage for all the relevant equipment.

There were several mentions of the importance of design, including creating **a pleasant, calm and ‘homely’ environment** and patients being able to **personalise their rooms** and secure their belongings.

There were also mentions of ensuring a **safe environment** for both patients and staff. This includes taking measures to prevent suicides on site, ensuring there are no dark areas and taking account of staff lines of sight, so they can monitor movement in and out of the unit. Safety measures also included ensuring floors meet King’s Fund dementia friendly guidance and monitoring systems in rooms to help avoid/quickly respond to falls.

The calming **and** disturbing impacts of **sensory stimuli** need to be taken into account and examples were given of calming, neutral colours and reducing noise in open plan areas, with paintings as part of the décor.

Staff space was also mentioned. Staff need their own area to relax in breaks and changing rooms need to take privacy into account, with provision for separate male and female changing rooms

Some participants wanted planners to ensure they had taken population changes and growth into consideration and ensure the new facility had the **capacity to adapt** to changing and potentially increasing need for mental health inpatient beds.

Meeting patient’s **diverse needs** was a key factor that should be considered, including addressing people’s physical and emotional needs and abilities, ensuring there’s space for people to stay connected with their faith and recognising and respecting different cultural needs.

Some participants asked for **post-consultation updates**, to keep stakeholders, patients, and staff fully informed and involved throughout.

If it's agreed the proposal will go ahead, people were keen to see the ***move managed sensitively*** and with minimum disruption for the existing patients and their families.

The Members of Parliament qualified their support for the proposal with the expectation that the CCG address the travel and cost implications for their constituents.

“It is vital that the CCG provide clear and firm commitments in how they will enable our constituents to visit the new ward without concerns for financial costs in order to support their friends or their family in their recovery, if we are to remain supportive of the proposals”

West Kent ICP Board also recognised the ***implementation risks*** as set out in the consultation document and made an offer of support to help manage implementation if the proposals go ahead.

The table below outlines the key benefits, challenges and areas for consideration from the feedback.

Benefits	Challenges/concerns
<ul style="list-style-type: none"> Improved patient experience Local population needs addressed Specially designed, purpose built facility with better equipment Better environment for patients and staff Better quality Greater safety, dignity and privacy, mainly due to ensuite bedrooms - additionally important for patients who are transgender More therapeutic environment Increase internal space, allowing more therapies, other activities, relaxation areas, prayer space Access to outside spaces at ground level, used for therapeutic activities Quicker recovery and reduced length of stay Specialised services in a single location Potential to attract and recruit more staff 	<ul style="list-style-type: none"> Extra distance to travel for some patients, families and staff, meaning extra time and expense Lack of/limited/poor public transport Travel impact for staff on shifts – childcare, school runs, travel options for early and late shifts Traffic congestion Parking fees Loss of mental health provision in Medway Capacity to meet current and future demand Cost and whether this would stay in budget Practicalities regarding implementing the proposals
Areas for consideration	
<ul style="list-style-type: none"> Support both visitors and staff with travel, including patient transport, shuttle/minibuses, coaches and car shares Fund any additional travel costs Improve public transport – make it more accessible, cheaper Consider additional community transport services Provide visitor facilities and free parking Consider future capacity issues Pay particular attention to safety issues in the design Ensure the design will take measures to prevent suicide Create a pleasant, homely environment and allow patients to personalise their rooms Ensure therapy rooms are large and enclosed, with adequate storage space Floors need to meet the King’s Fund guidance Pay attention to sensory stimuli, particularly the impact of colours and sounds Staff space and privacy need to be taken account of in the design 	

1.6.7. Other comments

Some comments were received regarding the consultation process. Some people thought there had been broad engagement with local people and staff. The Chair of the Kent Health Overview and Scrutiny Committee publicly noted his support for the opportunity to join a virtual session rather than needing to travel to a physical venue. One person found the website hard to navigate. There were also positive comments about the consultation document and presentation.

1.7. Conclusion

The overall analysis of the consultation responses shows clear support for, and an understanding of the Ruby Ward case for change, alongside the proposal to relocate the current service to a new purpose-built facility.

Many respondents understood and reinforced the important role that environment plays in the therapeutic process for this cohort of patients and are firmly of the belief that mental health patients should be treated in facilities where their safety, dignity and privacy can be maintained.

The main concern people have is regarding travel and transport – for patients, their families and staff – although there is recognition that patient care and the patient experience should be paramount.

Medway residents value local mental health services and understandably there are reservations about any perceived loss of service within the area.

The consultation responses are clear that people would like to be kept informed about decisions made and would like more information about the implementation process, should the decision to relocate Ruby Ward go ahead, especially around the relocation of patients and staff.

We are providing this independent report and analysis of themes arising from the consultation for the Kent and Medway CCG Governing Body to consider as part of their decision-making on the future design and location of Ruby Ward services. We understand the feedback received during the consultation will be considered, alongside other evidence and information and used to inform any final solution. The final decision about whether to proceed with the proposal is expected by late November 2021, so Ruby Ward can be replaced in late 2022.

2. Introduction

2.1. Background

NHS organisations in Kent and Medway are working in partnership to improve mental health services. KMCCG is responsible for planning and buying healthcare services, including mental health care, to meet the needs of 1.8 million people living in Kent and Medway. KMPT is the organisation responsible for providing the majority of mental health care in Kent and Medway.

Together, they are working to improve mental health services, and this includes replacing old fashioned 'dormitory' style wards with modern wards made up of individual rooms with ensuite bathrooms. Evidence shows that mental health dormitory wards do not support best practice care and can compromise patients' privacy and dignity.

There is a national initiative to replace mental health dormitory wards led by NHS England and NHS Improvement and the Care Quality Commission. The Government has made funding available for NHS organisations to help replace dormitory wards for mental health patients with modern wards.

KMPT has been allocated £12.65m of Government funding to replace their last remaining dormitory ward – Ruby Ward. The current Ruby Ward was assessed to see whether it could be adapted to meet the required standards for mental health inpatient accommodation, but this isn't possible.

Therefore, KMCCG consulted on a proposal to move Ruby Ward from its current location to a new site approximately 12 miles away in Maidstone and increasing the number of beds available from 14 to 16, allowing for mixed sex accommodation in line with national standards and priorities for mental health care.

Ruby Ward provides mental health inpatient care for older adults (65 and over) with functional mental illness (for example, severe depression, schizophrenia, or bi-polar conditions). Whilst Ruby Ward is located in Medway, it provides care for patients from across Kent and Medway.

It is in a ward space originally designed for physical rather than mental health patients, is on the first floor, has little space for therapeutic activity and limited access to outside space and gardens. It has 14 beds but only 10 can be used because of the layout of the ward. Due to its dormitory style accommodation and shared bathroom facilities, only female patients are currently cared for on Ruby Ward. The proposed new purpose-built facility would accommodate male, female and transgender patients.

2.2. Proposal

Despite only having one preferred option for the rebuild and future location of Ruby Ward, it is really important to hear people's views on this and understand how people regard the proposal for a range of perspectives.

These proposals formed the basis of a formal consultation, conducted over a seven week period – 3rd August 2021 to 21st September 2021 – during which time local people

and organisations were invited to provide their views and suggestions on the proposed changes.

Core consultation materials (including the consultation document, a summary document, survey, frequently asked questions, and the pre-consultation business case) were published on the CCG's website on 3rd August. The website was updated as new information or details about events and activities went live.

A full overview of the consultation is available at: www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

All of the feedback gathered during the consultation process was collated by the Public Engagement Agency, an independent engagement agency.

The CCG Governing Body will look at this report and together with a range of clinical, workforce, financial and other data, use the information and views to decide how best to proceed with the proposals.

3. The consultation engagement process and methodology

3.1. Catchment area

The target population comprised all residents across Kent and Medway, with particular targeted activity in Medway, Swale, north and west Kent, as around 80% of people admitted to Ruby Ward over the past 5 years lived in Medway, north or west Kent.

3.2. Key lines of enquiry

The consultation document outlines four key areas to be explored during the consultation:

- Do you think there are clear reasons to move Ruby Ward to a new location?
- What do you think about our proposal to relocate Ruby Ward to a purpose-built unit in Maidstone?
- What do you think are the advantages and disadvantages of the proposal we are consulting on?
- Are there any other options, evidence, or information we should consider before making our final decision?

In order to ensure that data could be collated from the different engagement methods, the questionnaire, telephone interview and focus group discussion guides contained the same set of questions – building on from the above - for individuals to consider and respond to.

This enabled both a quantitative, statistical overview and more in-depth qualitative insights and supporting rationale for responses. Individual responses by letter and email have been taken into account in the thematic – qualitative analysis – in Section 5.

3.3. Engagement methods

A range of quantitative and qualitative engagement methods were used to reach and involve as wide a range of different stakeholders and groups as possible, in ways that would most suit them.

3.3.1. Consultation survey

An online survey was created and the online link was published on Kent and Medway Clinical Commissioning Group’s website and circulated in printed format through consultation engagement activity.

The survey was open from 3rd August to 21st September. A total of 94 surveys were completed online. No paper copies were returned. The following table shows the number and percentage of participants by area.

AREA	NO. OF PARTICIPANTS	% OF RESPONSES
Medway and Swale	31	33%
West Kent	29	31%
East Kent	16	17%
North Kent	5	5%
No postcode	13	14%
TOTAL	94	100%

3.3.2. Focus groups

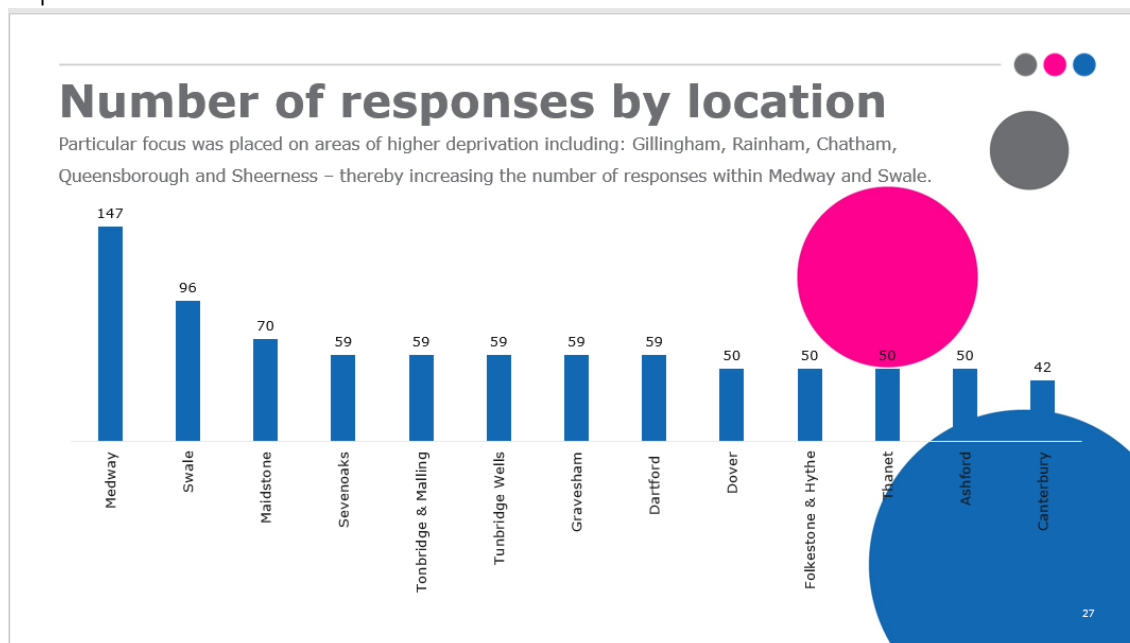
10 targeted focus groups were held in September 2021, facilitated by the Public Engagement Agency, to provide a more in-depth insight into the views of local people, including those with particular protected characteristics. 42 participants took part. The following table shows the number of participants, by group type.

FOCUS GROUPS	NO. OF PARTICIPANTS
General population	22
Deprivation	3
Disabilities (Long term health conditions)	3
Carers	2
Extremely clinically vulnerable	2
Lesbian/Gay/Bisexual	3
Black, Asian and minority ethnic	7
TOTAL	42

3.3.3. Telephone interviews

DJS Research was commissioned to conduct a telephone survey to collect views on the proposals from a representative sample of residents across Kent and Medway. Additional interviews were conducted in areas of deprivation, where response rates were low in other engagement activities.

851 telephone interviews of 10-15 minutes were conducted from 24th August to 21st September 2021.



3.3.4. Online public listening events

4 virtual public listening events were offered via Zoom and advertised on the website, through social media channels (KMCCG, KMPT and stakeholder organisations such as Healthwatch) and via newsletters and bulletins to a wide range of community networks. Despite the advertising and promotion, only two events were attended. One was cancelled on the day as there were no registrations and the other was cancelled, again on the day, after attendees advised that they would not be able to join the meeting. Although only a small number of people attended these sessions, feedback on the availability and accessibility of these events was positive, with the Chair of the Kent Health Overview and Scrutiny Committee publicly noting his support for the opportunity to join a virtual session rather than needing to travel to a physical venue.

PUBLIC LISTENING EVENTS	NO. OF ATTENDEES
Wednesday, 25 August 2021	3 including a Kent Online journalist
Thursday, 02 September 2021	0
Tuesday, 07 September 2021	0
Wednesday 15 September 2021	2 (3rd person joined but from out of area)
TOTAL	5

3.3.5. Drop in exhibitions/pop-up information stalls

Three drop in exhibitions/information stalls were held for members of the public to hear about and pick up information about the consultation.

DROP IN EXHIBITIONS	NO. OF ATTENDEES
Saturday, 11 September 2021 – Sunlight Centre, Gillingham	2
Thursday, 16 September 2021 - The Forum, Sittingbourne	10
Friday, 17 September 2021 - The Mall, Maidstone	60
TOTAL	72

3.3.6. Patient, voluntary and stakeholder meetings

Ruby Ward programme representatives presented the proposals at 11 groups and meetings in August and September 2021. 9 were patient and public groups/meetings, two were partnership meetings.

It should be noted that a group discussion was held with Ruby Ward patients and 2 family members were interviewed by phone at the end of June 2021 to get the feedback on the proposal as part of the pre-consultation engagement phase of activity. These patients and family members were not engaged again during the formal public consultation period as their views and feedback had already been sought and considered as part of the pre-consultation phase however these views will be considered in this round during the development of the decision-making business case by the CCG.

PATIENT, VOLUNTARY AND STAKEHOLDER MEETINGS	NO. OF ATTENDEES
KMCCG PPI Leads meeting 18 th August	9
South Kent Coast Health Reference Group meeting – 25 th August	9 (including a Porchlight representative)
Thanet Patient and Public Involvement (PPI) Local Area Group meeting – 1 st September	8 (including Healthwatch member)
KMPT Keeping Connected event – 2 nd September	15 (notes and presentation shared with its 102 members)
Mental Health Network meeting for Medway, Swale and DGS members – 8 th September	5
Medway and Swale Integrated Care Partnership PPG Chairs meeting – 9 th September	10
Ashford Health and Wellbeing Group meeting - 15 th September	3
Dartford Gravesham and Swanley PPG meeting – 16 th September	0 – cancelled: due to availability of members
Canterbury Public Reference Group – 20 th September	7
Medway & Swale Integrated Care Partnership Board meeting - 19 th August	20
West Kent Integrated Care Partnership Board meeting – 26 th August	14
TOTAL	100

3.3.7. Staff engagement

Four online consultation workshops were held with Kent and Medway Partnership Trust (KMPT) staff in August and September 2021: two workshops, held on 16th August, were for Ruby Ward staff and two, on 3rd and 16th September, were for all KMPT staff.

11 staff attended the Ruby Ward sessions, including nurses and therapists, a ward manager and a locality manager. 9 staff attended the workshops open to all KMPT staff.

KMPT STAFF	NO. OF PARTICIPANTS
Ruby Ward staff – 16 th August	11
KMPT staff – all – 3 rd & 16 th September	9
TOTAL	20

3.3.8. Additional engagement methods

Individuals were also encouraged to express their views in writing, by email or via social media. In total there were 5 responses to the consultation proposal sent by letter or email. Three were from organisations, two from individual members of the public.

4. Feedback: Quantitative research

4.1. Consultation survey (full report is at Appendix 2)

4.1.1. Overview

An online survey was created jointly with programme leads and PEA and uploaded to SmartSurvey. It was published on Kent and Medway Clinical Commissioning Group's website: (www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward).

The questionnaire was also available on the website, for downloading if people wanted to complete and return a paper copy: [Consultation questionnaire.pdf \(kentandmedwayccg.nhs.uk\)](#).

It was distributed with the summary consultation document in hard copy to the following libraries and four voluntary groups:

- Kent History and Library Centre
- Bearsted Library
- Shepway Library
- Allington Library
- Madginford Library
- Sittingbourne Library
- Sheerness Library
- Gravesend Library
- Dartford Library
- Age UK Medway
- Folkestone Rainbow Centre
- Richmond Fellowship, Thanet
- Pathways to Independence

It was also distributed with a copy of the summary document via the drop-in exhibition/pop-up information stalls.

The survey was open from 3rd August to 21st September. A total of 94 surveys were completed online. No paper copies were returned. A full breakdown of respondents, by area, is in the table below.

Area	No. of participants		Area	No. of participants	
Medway and Swale	31		West Kent	29	
Sittingbourne	5		Maidstone	10	
Gillingham	8		Snodland	1	
Chatham	9		Tonbridge	4	
Rochester	7		Tunbridge Wells	2	
Sheerness	2		West Malling	1	

North Kent (5)		5		Sevenoaks	11	
Gravesend	1			Maidstone	10	
Dartford	2			Snodland	1	
Swanley	1			Tonbridge	4	
Greenhithe	1			Tunbridge Wells	2	
East Kent (16)		16		West Malling	1	
Canterbury	6			Sevenoaks	11	
Broadstairs	1			No postcode	13	13
Ramsgate	2					
Whitstable	2					
Folkestone	1					
Ashford	1					
Faversham	2					
Margate	1					
TOTAL					94	

4.1.2. Summary findings

4.1.2.1. Reasons for proposed relocation clearly explained [Q1]

The majority of respondents believe the reasons for the relocation of Ruby Ward have been clearly explained (agree fully or agree partly, 98%).

4.1.2.2. Further information needed [Q2]

Asked what other information was needed, concerns were raised that there will be no mental health inpatient provision within Medway (3 respondents).

“There needs to be more mental health inpatient support to remain within Medway!! The consultation does not clearly explain a strong enough need to move this out of area. It’s paramount that Medway residents continue to have access to mental health support too!” [Responding as myself, prefer not to say]

“I understand the logic for the move and we should not have dormitory style wards anymore. I have however been concerned that all the Medway based inpatient services have relocated to Maidstone albeit in much better facilities.” [West Kent, responding as myself/a member of the public/local resident, 41 to 64 years, male, white: British]

4.1.2.3. Improving care/addressing needs [Q3]

The majority also agree fully or partly (94%) that this will improve care for patients on Ruby Ward and better address the needs of the Kent and Medway population.

Respondents based in Medway and Swale are most likely to disagree fully or partly (10% of their overall responses - equates to 3 respondents) while 3% of those based in West Kent disagree fully (equates to 1 respondent).

4.1.2.4. Proposed relocation [Q4]

Respondents generally support the proposal to relocate Ruby Ward to a purpose-built unit next to Maidstone Hospital, with the majority agreeing (85% partly or fully).

Disagreement is higher generally to this question (14%), the highest disagreement being in Medway and Swale, where 22% of respondents in this area to some extent disagree (7 respondents).

4.1.2.5. Travel [Q5]

A key area of concern is the additional travel required to a new purpose-built facility in Maidstone. While 87% of respondents deem it to be, to some extent, reasonable, 13% think it would be unreasonable or very unreasonable. This rises to 16% amongst respondents based in Medway and Swale (5 respondents).

4.1.2.6. Improved experience [Q6]

The majority of respondents support the suggestion that the relocation of Ruby Ward will improve the experience for patients and their families (73% believe it will greatly improve the experience and 24% believe there will be some improvement). Respondents in Medway and Swale are the only respondents that believe the proposal will not improve the experience (9% of their responses - 2 respondents).

4.1.2.7. Suggestions for reducing disadvantages [Q7]

Suggestions for reducing any perceived disadvantages include:

- Travel, including the importance of supporting both staff and relatives/friends with additional travel needs (dedicated transport and funding any additional travel costs) (15 mentions)
- Concern about the potential for patients to become isolated from family/friends due to additional travel time and costs and that support should be put in place to address this (5 mentions)
- Parking for staff and family/friends (4 mentions)
- The lack of mental health inpatient provision within Medway (3 mentions)

“Offer staff an "excess fares" scheme to cushion additional costs of travelling to work. provide as much info as possible to families who want to visit patients. Ensure that there is parking for staff and patients.” [Medway and Swale, responding as myself/a member of the public/local resident 65 to 75 years, female, White: British]

“Taking the service out of Medway is a disadvantage especially for family or friends who would find it difficult to travel to Maidstone may reduce number of visits the older adult will have while an inpatient and lead to loneliness and isolation, which may impact on their recovery. Family members may find it difficult to attend CPA meetings. Support with some travel or financial support for family who have difficulty traveling to Maidstone.” [Medway and Swale, responding as an organisation/ Adult Social Care Medway Council, 41 to 64 years, female, White: Other]

In response to this question 5 people also mentioned that the proposal is good/justified in order to provide better facilities.

4.1.2.8. Other potential options or locations [8]

The following sites were offered as potential options or locations that could meet the criteria outlined in the consultation document (each mentioned once):

- Gillingham Business Park
- Chatham Dockside
- Medway campus
- Canada House

- Britton House
- Ashford, Kent location
- Dartford
- A designated ward on every hospital site to maintain local services
- Consider the acquisition of a building

4.1.2.9. Anything else that should be considered [Q9]

Asked whether there is anything else that should be taken into consideration, the most frequent mentions are:

- Travel support
- Consideration of ways to reduce health inequalities between areas relating to increased deprivation/poverty
- Ensure adequate support and therapies for patients and staff
- Better support in the community to support any new services
- Capacity to adapt to changing and potentially increasing need for mental health inpatient beds
- Parking for staff and visitors
- Staying within budget
- Keep stakeholders, patients and staff fully informed and involved

“...if the proposal is adopted and implemented, it is really important to maintain communication with stakeholders throughout, as change can cause great anxiety and misunderstanding, and misconceptions need to be sensitively managed.”

[East Kent, responding as myself/part of a voluntary organisation/charity 76 years or older, female, White: British]

“What is important is to focus on the future and the potential to improve care. Historical issues about where a service has been based and how that may have been “local” to some in the past is not something that should be a critical issue in the decision making.” [East Kent, 41 to 64 years, male, White: British]

5. Feedback: Qualitative research

5.1. Focus groups (full report is at Appendix 3)

5.1.1. Overview

42 participants took part in ten targeted focus groups which were held in September 2021, facilitated by PEA.

An independent qualitative fieldwork company was commissioned to identify participants from: Medway; Swale; Dartford and Gravesham; Maidstone; Sevenoaks; Tonbridge and Malling; Tunbridge Wells and surrounding rural areas.

Participants were recruited to one of the following groups:

- The general population – four different geographical groups
- People with disabilities
- Carers
- People from areas of deprivation – Medway and north of Maidstone
- Extremely clinically vulnerable
- Lesbian, gay, bisexual or pansexual

- Minority ethnicity

Participants for each group were sent the summary consultation document in advance, to prepare for the sessions. For each group the facilitator recapped the main points within the document and then asked each group a set of key questions.

5.1.2. Summary findings

5.1.2.1. Thoughts about the proposals

9 of the 10 groups supported the proposed changes and many were surprised or shocked that dormitory wards for mental health patients still existed.

“Healing is also about the environment, not just the treatment”

1 of the 10 groups was in favour of a better environment but was not convinced that the process was robust or transparent and believed that better and cheaper alternatives could be found and used.

5.1.2.2. How the proposals might improve the experience for patients and families

Key improvements were considered to be mostly around the additional space – personal and outdoor space as well as more space for therapies – and privacy. A better environment for staff was also noted.

“Old buildings don’t always make you feel great. There are only so many coats of paint you can put on and it can feel like an institution”

5.1.2.3. Concerns

Some concerns were raised, including:

- whether the new facility would be large enough to meet current and future need for inpatient services
- how it fits within the wider changes proposed for mental health care
- whether the budget would meet or exceed the cost/running costs
- whether there will be enough staff to cover the extra beds and how existing patients will be transferred to reduce any anxiety/stress this may incur

5.1.2.4. Anything else that should be considered

Other areas to be considered came under the following categories:

- Taking into account people’s physical needs and abilities
- Recognising and addressing diverse needs
- Creating a pleasant, calm, and ‘homely’ environment
- Taking great care in the design and detail of the physical layout
- Patients being able to use outdoor space therapeutically
- Patients being able to personalise their rooms and secure their belongings
- Ensuring the facility is accessible to and welcoming for visitors
- Providing a supportive environment for staff
- Continue to involve patients in discussions about the plans
-

5.1.2.5. Travel

A key concern was travel, for both visitors and staff, particularly if having to rely on public transport. Some said there were good public transport networks, including buses and local train stations. Others said there was a lack of public transport in outlying areas and Maidstone traffic could be unpredictable. Particular difficulties were noted for people in certain areas, such as Gillingham and Thanet and the potential impact on visits.

“If someone was coming from Thanet then it’s more difficult to get to which might mean that patients get less visitors”

The counter argument was that some people will have similar issues travelling to Medway. Others mentioned that the focus should be on what’s best for the patient.

“If I knew they were going to a better, safer, environment it wouldn’t be a problem for me to go and see them”

Suggestions were made for supporting both visitors and staff, including patient transport, shuttle/minibuses, coaches and car shares.

5.2. Telephone survey (full report is at [Appendix 4](#))

5.2.1. Overview

DJS Research was commissioned to conduct a telephone survey to collect views on the proposals from a representative sample of residents across Kent and Medway. Additional interviews were conducted in areas of deprivation, where response rates were low in other engagement activities.

Telephone interviews of 10-15 minutes were conducted with 851 residents in total, from 24th August to 21st September 2021.

The questionnaire included a mix of open and closed questions.

5.2.2. Summary findings

5.2.2.1. Key themes overall

The proposals are generally very well received. However, there are some concerns, mainly relating to the additional travel required to access the new facility.

- Overall, there is strong support for relocating Ruby Ward to a new, specially designed resource, based on a belief that the move will improve patient care
- Residents see the benefits of a bespoke facility with improved equipment, offering both specialised care and a better patient experience in terms of privacy and access to outside spaces. There is also a recognition that the current ward is in need of improvement
- There are concerns however, most of which relate to the extra distance that some patients, visitors and staff will be forced to travel, and the time that this may take

- The quality, convenience and cost of public transport are uppermost in the thoughts of those with limited or no access to a private vehicle, whilst drivers focus on parking fees and traffic congestion
- When asked what should be taken into consideration in the final decision, emphasis was placed on improving public transport with some suggestions of a free service
- Higher levels of objection were raised by residents living in Medway, Gillingham and Rainham

5.2.2.2. Key themes from closed question responses [Q 1-4]

The vast majority of participants are in favour of the proposal to relocate Ruby Ward with over 90% agreeing that:

- There are clear reasons to move to a new location
- The plans will improve the care and experience for patients and better address the needs of the local population

When asked about moving to a specific location, more participants demonstrated reluctance with 16% arguing that it is unreasonable to ask people to travel further to access the services.

5.2.2.3. Key themes from open question responses [Q 5-7]

Benefits

When asked to describe the potential benefits of the move, participants focused on the advantages of receiving specialised services in a single location and being treated with better equipment in a purpose built facility.

The benefits to patients was also cited in several guises including: improved care and recovery, greater privacy and access to outside spaces.

“Moving it to a purpose-built facility will obviously be better for patients and families. From my previous experience, being in a dormitory style ward only separated by a curtain was awful for my mental health. Being purpose built will give privacy which is much needed.”

“I think the advantages are for the patients and that should be the priority. I understand it may be difficult for staff members and others but the focus should be on the patients. If it’s nearer other services it can only be a benefit. It will give dignity to patients.”

Concerns

A key area of concern for participants is the additional burden or inconvenience that the extra distance they will be forced to travel places upon patients, visitors and staff.

It is not only the extra time that is of concern, but also ease and expense, and for those using public transport, the availability of ways to get to the facility.

“All my reservations are about the relocation. The provided utilities are obviously improvements. However I am concerned with the difficulties that may arise for people that struggle with transport to get there. Why is a Medway facility being moved out of

Medway to Maidstone considering how far away it is? I feel like it is being closed down instead of being moved."

Other comments, options or suggestions

When asked what they would like to be considered before the final decision is made, participants spoke of improving public transport (making it more accessible and cheaper) in an attempt to partially negate the issues created due to the additional travel requirements.

"So what I would suggest regarding these transport problems, is to give them the possibility of extra help to be able to travel by public transport and give them support in that area. Financial help or a concessionary bus pass for example and give this help to the patients, and their carers, their family and friends who may be supporting them."

5.3. Online public listening events

5.3.1. Overview

Four virtual public listening events were organised to take place on Wednesday, 25 August 2021, Thursday, 02 September 2021, Tuesday, 07 September 2021 and Wednesday 15 September 2021. All sessions were offered from 6.30pm-8.30pm to allow for people with daytime commitments to take part.

Three people attended the first event, including a Kent Online journalist. Two people attended the fourth event. Nobody attended the second and third events.

The case for change and proposals were explained to participants via a PowerPoint presentation. This was followed by questions from participants and they then shared their views on the proposed changes.

5.3.2. Summary findings

5.3.2.1. Questions raised by participants:

QUESTION	RESPONSE
Did you look at the Canterbury and Dartford sites?	Every site was looked at that was a potential option. The initial focus was to try to find an alternative Medway site – for obvious reasons – but they didn't meet the criteria
How could you incentivise those staff to move to Maidstone – perhaps with a temporary uplift of travel costs or similar?	It's important to retain the specific skills that the team have on Ruby Ward. The move may not work for everyone, but KMPT will do all they can to retain the staff for the unit.
Have the patients been consulted about this and have the carers been consulted?	Yes, and others across Kent and Medway

5.3.2.2. Feedback on the proposals

There was agreement that this was the right thing to do and would provide a better environment, as the current ward is not fit for purpose.

"I think it is an exciting project"

"This type of ward is no good for anyone especially mental health patients"

“This is one change we would have expected to get away with not going to public consultation”

5.3.2.3. Concerns

- Website navigation isn't good and not easy to find what's needed. There are five different routes to get to the relevant information
- The consultation document is a difficult read

5.3.2.4. Key things to consider:

- It's important for there to be adequate parking and easy pedestrian access
- Need to manage the move sensitively and plan for minimum disruption
- Patients will want to connect with their faith, have space to pray and maintain their links with faith communities
- People will want to be close to their home or relatives

“Continuity of care for patients is important. Some of the staff are clinical support staff – their salary isn't that great and if they don't have their own transport there may be a disincentive to move to Maidstone because of the cost and time constraints on travel”

“Look at the potential for a shuttle bus service between MFT and MTW. Or a shuttle bus between all the hospitals in Kent (would also help with travel to the new locations for stroke services)”

5.4. Drop-in exhibitions/pop-up information stalls

Three drop-in exhibitions/pop-up information stalls were held on Saturday, 11 September 2021 at the Sunlight Centre, Gillingham, Thursday, 16 September 2021 at The Forum, Sittingbourne and Friday, 17 September 2021 at The Mall, Maidstone.

Documents and questionnaires were handed out and people were engaged in discussion to raise awareness of the proposed changes. 2 people visited the first exhibition, 10 the second and 60 the third.

5.5. Patient, voluntary and stakeholder meetings

5.5.1. Overview

Ruby Ward programme representatives presented the proposals at 11 groups and meetings in August and September 2021. The proposal formed part of the scheduled agenda with these groups and included time for questions, discussion and feedback to programme representatives.

Nine of these were with patient participation and representative groups between 18th August and 20th September. 66 people attended in total and information was sent out to over 100 people who were unable to attend. One group had low uptake because of technical difficulties and another was cancelled as due to lack of members availability.

Ruby Ward programme representatives also attended two partnership meetings. They attended Medway & Swale ICP Board meeting on 19th August 2021. 20 people attended and organisations represented were Medway Council, Medway NHS Foundation Trust,

Medway Community Health, Kent Local Medical Committee, Medway and Swale Integrated Care Partnership, Kent County Council, KMPT, Healthwatch, KMCCG, Virgin Care, Swale Borough Council, Primary Care Network, South East Coast Ambulance Service.

They attended West Kent ICP Board meeting on 26th August 2021. 14 people attended from Maidstone and Tunbridge Wells NHS Trust, KMPT, Maidstone Borough Council, Kent County Council, North East London Foundation Trust, West Kent Primary Care Network, Kent Community Health Foundation Trust, West Kent Health Board.

A core slide presentation, structured around key elements of the consultation document, was given at each of the events, followed by questions and discussions regarding the proposals.

Representatives from the Ruby Ward programme also met with Medway 5 Carers group on 7th October 2021 to discuss their questions and concerns about the proposal. Although this virtual meeting happened after the formal public consultation period had ended, the themes and issues raised during the discussion reflected those raised by other patient, carer and voluntary sector groups during consultation.

5.5.2. Summary findings

5.5.2.1. Response to the proposals

The proposed changes were well received overall and some members gave positive feedback on the consultation document and presentation.

“Sounds like an excellent piece of work to create a more suitable facility to deliver care to service users”

5.5.2.2. Questions raised

A range of questions were asked during the sessions. Examples and the responses given are in the table below.

QUESTION	RESPONSE
Looking at the total mental health care across Kent and Medway, to what extent does this proposal meet any gaps in care? <i>[PPI Leads meeting]</i>	There are six wards across Kent and Medway and admissions are on a needs-led basis. KMPT will always consider the best place to admit a patient. The current bed modelling shows there are currently sufficient beds but with Covid implications bed modelling is an iterative process although it is not expected beds will need to increase significantly. It is important inpatient facilities can flex to meet needs.
What engagement has there been with Medway and the HASC? <i>[PPI Leads meeting]</i>	KMPT/CCG are in regular contact with Medway HASC and provided an update to their meeting yesterday evening. Understandably there is a level of concern about services being moved away from the Medway area.
What improvements do patients expect to see from the new ward? <i>[PPI Leads meeting]</i>	The aim is to reduce length of stay in line with other similar wards. Also looking at quality outcomes and recovery. There will be economies of scale with the

	proposed new ward being on a site with other mental health services.
Is the current Gillingham site owned by KMPT? [South Kent Coast Health Reference Group]	No, it is owned by the acute hospital. The programme has looked at possible other options within the MFT estate but there is nothing available. MFT will use the ward for patients with physical health problems if the proposal to move Ruby Ward goes ahead.
Will £12.65m cover the whole expenditure? [South Kent Coast Health Reference Group]	Yes, the allocation is that figure and no more. There is financial contingency built in
You say it is a Kent and Medway wide facility and yet all the sites that were considered in the options appraisal are in west Kent. Why was east Kent not considered? Did any east Kent sites get considered? [Thanet PPI]	One of the criteria is the site had to be owned by KMPT or be available for asset transfer. Canterbury is the only other KMPT owned site but it wasn't considered, as there is no space available on the site
Consideration needs to be given to the cost for visitors, especially visitors who may not be able to afford to get to the ward by public transport and do not own a car. Is there something like the volunteer's transport service such visitors can tap in to? [Mental Health Network meeting for Medway, Swale and DGS members]	Yes this is already in place and conversations are underway to address further needs of visitors/patients should the proposal go ahead.
Has there been any assessment of standard of facilities and whether this affects the average length of stay? [Medway and Swale ICP PPG Chairs]	Better access to therapeutic support and activities will help to lower the length of stay together with a better environment. There is no one factor that affects the patient's length of stay, it is a multitude of factors.
What happens if the ward is full and there are patients needing to be admitted? [Ashford Health and Wellbeing Group]	This has been a problem in the past but this was due to insufficient support in the community. Over the last two years there has been a significant increase in funding. There will always be a need for some people to have an inpatient stay and the beds are for these patients but normally they would be living in the community. There are also other beds, other than Ruby Ward, for older adult mental health patients needing an inpatient stay.
What is the breakdown of the six wards mentioned in Kent & Medway? Are they all the same cohort of patients? [Canterbury Public Reference Group]	Not all wards accept exactly the same type of patient but a patient is placed in the most suitable ward applicable to their needs. For example, Sevenscore is predominately for dementia patients.

5.5.2.3. Positive comments

Positive comments included the following:

- Support for the proposal particularly the importance of access to outside space [KMCCG PPI Leads meeting; Mental Health Network meeting for Medway, Swale and DGS members; Canterbury Public Reference Group]
- Some patients are in for months, and it is therefore important to have the right environment [Mental Health Network meeting for Medway, Swale and DGS members]
- The proposed new location is more accessible from Ashford and there will be an increase to 16 beds. Do not see that there is any other option [Ashford Health and Wellbeing Group]

“As an advocate, I have been visiting Ruby Ward on a weekly basis to provide assistance to patients and their families/carers. I think the proposal is fantastic news” [Mental Health Network meeting for Medway, Swale and DGS members]

“For many families this is the first time their loved one has been admitted to this type of ward. They therefore do not know any different in terms of facilities. As the proposal is for a better facility, even though it would be 12 miles away, I cannot see there would be a problem” [Mental Health Network meeting for Medway, Swale and DGS members]

“I think the proposal sounds really positive. Just the five gardens on their own will be a significant improvement for patients and staff” [Mental Health Network meeting for Medway, Swale and DGS members]

“The advantages of the proposal far outweigh the disadvantages” [Canterbury Public Reference Group]

“People with functional mental illness often benefit from hands on gardening experience for example the Faversham community garden” [Canterbury Public Reference Group]

5.5.2.4.

Concerns and suggestions:

- Thanet residents would like to see more weighting given to where a placement is made for a patient [Thanet PPI]
- Travel from Thanet area is difficult and is a big issue for people without a car as public transport is limited [Thanet PPI]
- It’s very important to plan the move, for the patients’ safety [Medway and Swale ICP PPG Chairs]
- There was no EasyRead version of the consultation document from day 1 (although the EasyRead version was published later in the consultation) [Medway and Swale ICP PPG Chairs]
- Travel implications for some [Medway and Swale ICP PPG Chairs]
- Consider visitor facilities and the impact of travel [Canterbury Public Reference Group]

“What about ligatures – is this covered in the proposed new design, especially given that KMPT have had a couple of suicides over recent years? It is very important to take this into account” [PPI Leads meeting]

“Suicides have been an issue previously in some of the facilities, so design of the new facility is really important” [Thanet PPI]

- *“Is there room for consideration of a shuttle service between MFT and MTW/Maidstone KMPT facilities, say hourly. Could this be tried and if not adequately used, it could be stopped? it could be opened up for other services as well as the proposed relocation of Ruby Ward” [Medway and Swale ICP PPG Chairs]*

6. Staff engagement

6.1. Overview

Four online consultation workshops were held with Kent and Medway Partnership Trust (KMPT) staff in August and September 2021, facilitated by the Public Engagement Agency (PEA), to explore the issues from their perspective regarding the proposals outlined in the consultation document.

Two of these, held on 16th August, were for Ruby Ward staff and were attended by 11 ward staff, including nurses and therapists, a ward manager and a locality manager.

Two were held for staff from across KMPT on 3rd and 16th September. 9 staff attended.

The case for change and proposals were explained through a PowerPoint presentation at all four workshops. This was followed by questions from participants, and they then shared their views on the proposed changes.

The feedback is provided separately, to show any issues/concerns raised by those directly affected, and common themes then presented at the end of this section.

6.2. Summary findings from workshops held with Ruby Ward staff - 16th August 2021

6.2.1. Example questions raised by participants and responses:

QUESTION	RESPONSE
Is the patient group (conditions/diagnosis) going to be similar to now?	It will be for functional mental illness. King's Fund dementia friendly guidance was used, to make sure the ward environment for patients who may have other conditions including dementia.
Is there potential for the Medway community to put a block on this?	Medway HASC were concerned about the service being taken away from Medway residents. It's a Kent and Medway wide service not a Medway service. Not closing a service just moving it
Will the move be done in one day or will it be gradual?	There will be a process of moving, gradually and safely, over a number of days. Patient and staff safety is paramount.
There is concern about staff being redeployed. How will this be dealt with?	A recruitment drive is underway and is a key consideration irrespective of the move. The time will be used to support people to the best option for each individual. What works for one won't work for someone else. So will work with everyone individually to make sure that their needs as well as the organisational needs are met. If that means moving to another team there's enough time to make that happen
Staff are used to having 10 patients and don't know how they're going to cope with 16 patients. Will there be more staff?	There are guidelines about staff ratios and they will be followed

Staff aren't currently charged for parking. Will they be charged if moved to Maidstone?

Parking at Priority House is free parking and there are plenty of spaces. Discussions have been held with the architect about parking for staff and patients' visitors. Have also discussed disabled parking to make it easy for patients and their visitors.

6.2.2. Perceived benefits of the new ward

All participants agreed in principle that this would be a positive development and that patients having their own space would ensure their privacy and dignity which were paramount.

The new facility was seen to be a more therapeutic environment which would promote quicker recovery. this would be better for the patient and would also free up space more quickly, allowing others to be admitted.

Access to fresh air and gardens was seen to be of particular benefit.

6.2.3. Travel

Staff were asked whether they considered it reasonable for some patients and staff to travel further if there was a new purpose-built facility

There was general agreement that it would be reasonable for people to travel further but the main concerns for staff travel were:

- The additional travel time impacting on getting back for childcare and school run arrangements
- public transport not helpful for shift patterns
- being able to get back home via designated transport if staff don't drive, particularly after a late shift

6.2.4. Issues to be taken into consideration

Staff suggested the following should be taken into consideration in the new design

- The activity room needs to be large enough to hold large group sessions and be enclosed to ensure confidentiality
- There needs to be a sink and storage for all the equipment, such as paints, musical instruments
- Floors need to meet the King's Fund guidance and be gently cushioned
- The segregation area needs something to explore, sensory stimuli to help with distraction and calming down techniques
- Staff need to be able to monitor movement in and out of the unit – lines of sight really important
- There needs to be adequate parking for both staff and visitors - parking much better than what's available in Medway
- Staff changing rooms need to take privacy into account and there needs to be separate male and female changing rooms
- There needs to be a real shift towards a more therapeutic focus, with a whole wing/corridor dedicated to therapeutic activities
- Art and paintings as part of the décor are really important to recovery

6.3. Summary findings from workshops held with KMPT staff – 3rd and 16th September

6.3.1. Example questions raised by participants and responses:

QUESTION	RESPONSE
Were other KMPT sites considered?	Most of the sites considered were in the Medway area, working with Medway council who were keen to keep it in Medway. There are a number of criteria that had to be met and from that it was identified Maidstone was the only potential location that met all the criteria.
Recruitment of staff is a struggle. Has this been considered?	There are a large number of newly registered staff coming into the Trust and there is active recruitment taking place. Can spend just over the year to get the staffing we need for the new unit. On Maidstone site can share staff with Priority House, so will have a more flexible resource. Looking at new roles.
Falls can be reduced by 100% - has this been taken into consideration in room design and will rooms contain sensors to detect vital signs and movement?	Falls reduction piece has been discussed a lot and have consulted King's Fund dementia inpatient guidance which talks a lot about floors, colours, signage Exploring Oxhealth and the potential for sensors in the corner of the bedroom.
Has there been consideration of sensory impact on open plan, like noise, lighting?	Been consulting with dementia consultant and dementia envoys re sensory needs.

6.3.2. KMPT staff views on the proposals

Staff attending the workshop agreed that the proposals were to be welcomed and all were extremely positive:

“Finally this is happening!”

“Really pleased it’s finally getting the environment it needs”

6.3.3. Positive feedback

Participants raised the following key themes:

Quality, safety and dignity

- It will be a much better and safer environment for patients
- Quality and safety are the top priorities
- Patients will have greater dignity in the new environment

Positive impact on patient and staff wellbeing

- The impact of a good environment on patient care cannot be overestimated – reduces difficult behaviours, less stressful
- The existing ward has many limitations, but the elderly population tends not to complain too much and put up with an environment that’s not conducive to them getting better
- Staff deserve a better environment too
- Need to look at the patient experience – what’s in place now is not fit for purpose

Design detail

- Impressed with the thought and level of detail that has gone into the design and layout
- Like that transgender and non-binary people's needs have been considered

"The care from staff is such high quality, in an environment that doesn't allow them to give the best they can. So this is an opportunity to really enhance the care they can offer"

"The work that has gone into the design (murals, gardens, flooring, colours, fresh air etc) is fantastic"

6.3.4. Concerns

Whilst all participants were very positive about the changes there was also concern about the impact on Ruby Ward staff and how important it was to be sensitive to this and support them throughout.

It was noted that the change of location will have an impact on travel for some – patients, families and staff – however it was also acknowledged that the service isn't locality based.

"There can be negativity in KMPT and a lot of people don't embrace change but we have to look at the patient journey and recovery"

7. Summary of stakeholder responses

Three letters and two emails were received in response to the consultation proposal. The correspondents and key points from their responses are set out in the table below.

7.1. Members of Parliament

Rehman Chishti and Kelly Tolhurst – Conservative Members of Parliament for Gillingham and Rainham and for Rochester and Strood – sent a letter dated 20th September.

The letter supported the proposal, although this is qualified as being given 'with heavy hearts' and is contingent on the development and presentation of a clear plan to mitigate/minimise travel and transport concerns raised.

'it is vital that the CCG provide clear and firm commitments in how they will enable our constituents to visit the new ward without concerns for financial costs in order to support their friends or their family in their recovery, if we are to remain supportive of the proposals'

Positive themes in the letter included:

- Praise for Ruby Ward which has done 'fantastic work for many years providing for the very best mental health care that they can' across Kent and Medway
- Support for the Government's dormitory ward eradication policy and the £12.65million investment is welcomed

- Recognition of the 'case for change' including: *'being able to consolidate many existing services onto one site it will be able to provide for a greater range of services and expertise'*, access to outdoor space/garden, visitor facilities etc.
- Welcomed the increase in bed numbers from 14 to 16.

Less positive themes included:

- Disappointment that the proposal means a move out of Medway and concerns 'that it continually feels as though Medway is losing health services to other areas of Kent'.
- Concerns about the sufficiency of mental health services in Medway – not sufficient to serve the size of the local population.
- Unease about there being no inpatient beds for mental health patients inside Medway's boundary under these proposals.
- Travel and transport a key concern - cautioned that an upgrade to services must not come at the cost of friends and family finding it more difficult to visit.

The letter included a request that a clear plan be developed as a matter of urgency and presented to MPs and to the public on what the CCG will do about potential increases to travel costs and time.

7.2. West Kent Integrated Care Partnership Board

A letter was received from John Goulston (Chair KCHFT & WK ICP Development Board), on behalf of West Kent ICP Development Board.

The Board recorded its unanimous support for the Ruby Ward proposals and formally registered its support as the West Kent ICP lead board.

"We believe this change will provide a significant step change in improving the mental health care for this very vulnerable groups of patients"

Other comments included:

- Recognition that the current facility is no longer fit for purpose and does not meet national guidance
- The proposals are important for patient care and safety
- Praise for the broad engagement with residents, carers and staff
- System benefits including: reduced length of stay for patients, increased capacity both at MMH and in the unit itself, improved links with other specialist services and the ability to attract new staff into the area.
- Patient benefits including: a more accessible ground floor site with private rooms and en suite bathroom facilities, increased space for treatments, new internal and external relaxation spaces for both patients and their visitors, a prayer space and a separate visitor car park.

The Board also recognised the implementation risks as set out in the consultation document and made an offer of support to help manage implementation if the proposals go ahead.

7.3. Medway NHS Foundation Trust

A letter was received from Dr George Findlay, Chief Executive of Medway NHS Foundation Trust, confirming that the Trust remains fully supportive of the process that has been followed in relation to finding an alternative site for this facility. He also confirmed that an alternative suitable location could not be found on the Medway Hospital site.

“The overriding concern must be that any location must be well placed to offer the level of support that this patient cohort require and deserve to receive, and we therefore support the proposal”

7.4. Emails sent to the CCG’s engagement email address

Two emails were sent to the CCG’s engagement email address during the consultation period with personal responses to the consultation proposal.

Both emails supported the proposed changes.

‘Good luck with the development. Long overdue’

‘I think the new proposal will be a much more positive environment for patients, staff and visitors, which should reduce length of stay, and hopefully readmissions.’

Positive comments:

- Delighted that thought and resources are provided for visitors and therapeutic activities
- The proposal will improve the care for patients currently served by Ruby Ward
- All patients will have their own space, which means it is private, which is positive for everybody, regarding their physical needs being met, and the ability to talk in confidence
- Private space and total privacy when getting changed or using the bathroom is additionally important for patients who are transgender, particularly if their mental ill health has declined due to lack of access to gender services, including hormone treatment and surgery.

Concerns:

- Parking is difficult and many older people don’t have cars
- Whether the increase to 16 beds means that they will be for all adult ages and genders

Suggestions:

- Arts and music therapies and occupational therapy are crucial to the recovery of these patients, so adequate storage space is important
- Thought should be given to access, for example could there be a shuttle bus from the stations
- Additional community transport services would assist, for patients, visitors and staff

- Consider a two-storey building, instead of one, as it is likely the need for mental health support will increase over time

7.5 Other written correspondence

Other correspondence received during the consultation period sought clarification on specific points and covered issues identified in other engagement activities. These covered:

- What facilities there are in Kent for in-patient treatment of serious mental illness for those who cannot be managed outside hospital
- The function and catchment area for Ruby Ward
- Where male patients are currently being treated (as Ruby Ward currently only admits female patients)
- What consideration had been given to family members who have to travel to Maidstone and have no access to transport and parking arrangements
- Where staff will be found for the unit, the impact on continuity of care if staff decide not to relocate and potential incentives

These and all questions raised during the consultation can be found in **Appendix 5**.

8. Social media engagement

- **Social media channels were used to raise awareness and promote engagement during the consultation period, using Facebook and Twitter as primary mechanisms.**

This included scheduled regular social media posts, using a variety of messages and images to promote the consultation and attendance at events, across NHS accounts and via partners including Healthwatch.

A total of 14 posts were published on Kent and Medway CCG social media channels across Facebook, Twitter, and Instagram:

- Reach/impressions: 11,690
- Engagements (likes, comments, retweets etc): 125

In addition, KMPT published a total of 19 posts across Facebook and Twitter during the consultation period.

Social media content was sent to a number of stakeholder organisations, including Healthwatch, local branches of Mind, the Sunlight Centre and Age UK, who were invited to share it through their own social media channels.

- Themes from social media activity
- Social media activity did not elicit much direct engagement or response from audiences, with comments limited to a single response on the Kent and Medway CCG Facebook page in relation to a post publicising an online public event. The primary concern of the respondent was the provision of mental health services within the Medway area and concerns that the relocation of Ruby ward was a loss to the area as well as the suggestion that the consultation had not been sufficiently well-publicised *'so Medway loses more services hidden in another*

under publicised consultation'. The CCG responded to the comment with information about the breadth of consultation activity and a link to the CCG's Ruby Ward consultation web pages where more information could be found.

Public Engagement Agency October 2021

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Appendix C to Agenda item 5



Kent and Medway
Clinical Commissioning Group

Improving inpatient mental health care: Proposal to relocate Ruby Ward

Consultation activity report: October 2021

Contents

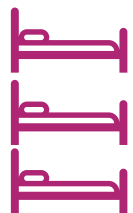
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- Background and context
- Our consultation plan
- Consultation activity:
 - Raising awareness
 - Gathering views
 - Engaging with elected representatives
 - Mid-point review
- Delivery against aims and SMART objectives
- Post-consultation: Reviewing the feedback and next steps

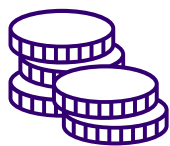
Background and context

A national initiative to improve mental health inpatient wards

44



There is a Government initiative to **eradicate mental health dormitory wards** by 2024 – with funding provided to NHS organisations to deliver the initiative

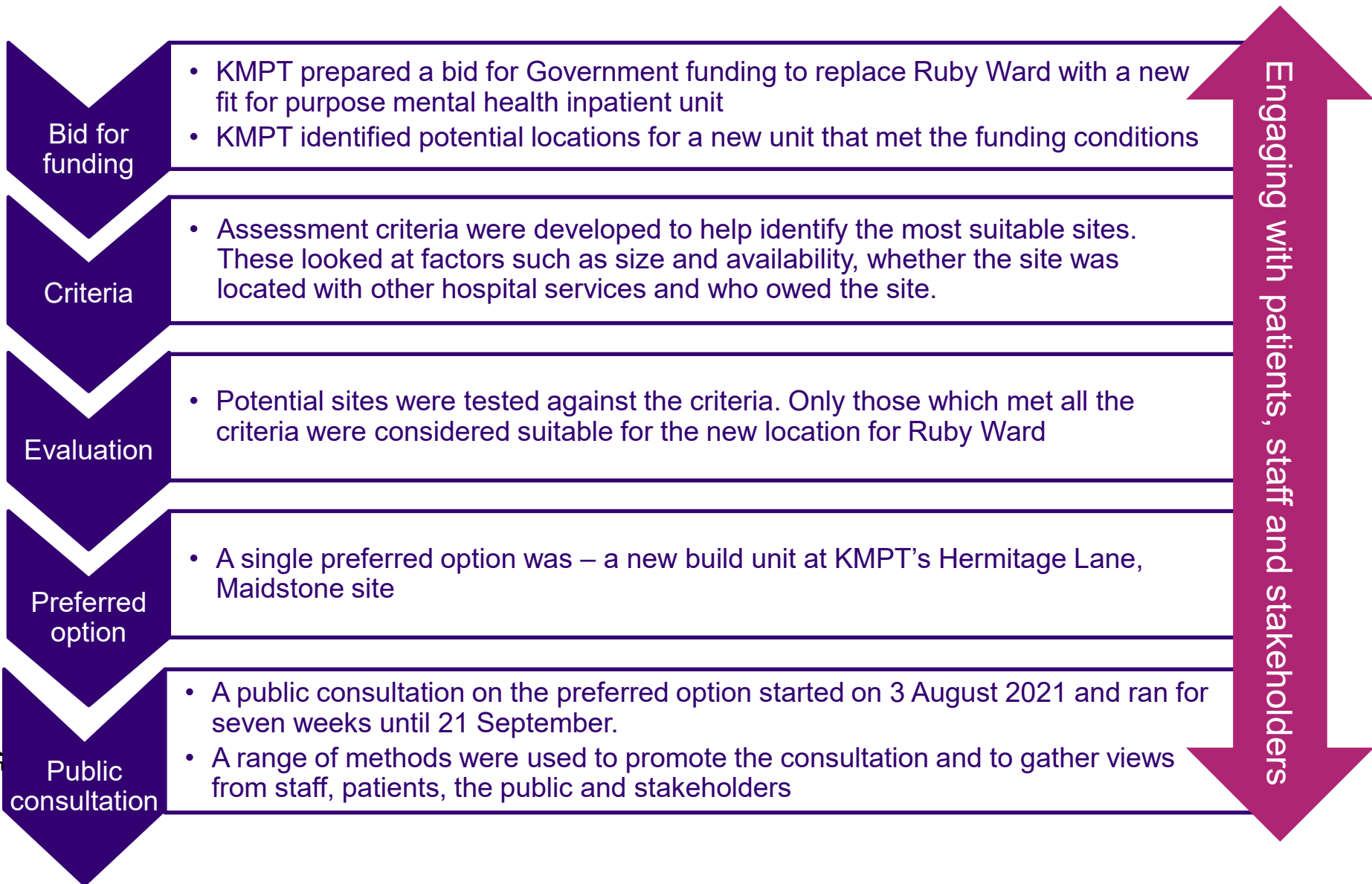


Kent and Medway NHS and Social Care Partnership Trust (KMPT) was allocated **£12.65 million to replace their last remaining dormitory ward** – Ruby Ward at Medway Maritime Hospital



Ruby Ward provides **care for older adults (65+)** with ‘functional mental illness’ (e.g. schizophrenia, bipolar disorder)

The route to consultation



The proposal we consulted on

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Our proposal is to build a new mental health unit for older people at Kent and Medway NHS and Social Care Partnership Trust's (KMPT) Maidstone site on Hermitage Lane, which is adjacent to Maidstone Hospital.

We are not proposing any significant changes to the way care is provided but we expect the new unit would enhance care.



An overview of our consultation plan

About the consultation plan

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- The consultation plan set out in detail the approach to consultation and the activities that were to be delivered during the consultation period
- It included:
 - Consultation principles
 - Aims and SMART objectives
 - Identification of stakeholders and audiences
 - Impacted protected characteristic groups
 - An activity plan
 - Approach to evaluating the consultation

Our consultation principles

Our consultation plan set out the principles for our approach to the consultation.

These were to:

- consult with people who may be impacted by our proposals
- consult in an accessible and flexible way
- consult well through a robust process
- consult collaboratively
- consult cost-effectively
- ensure independent evaluation of feedback.

Aims

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Our aims for the consultation were to:

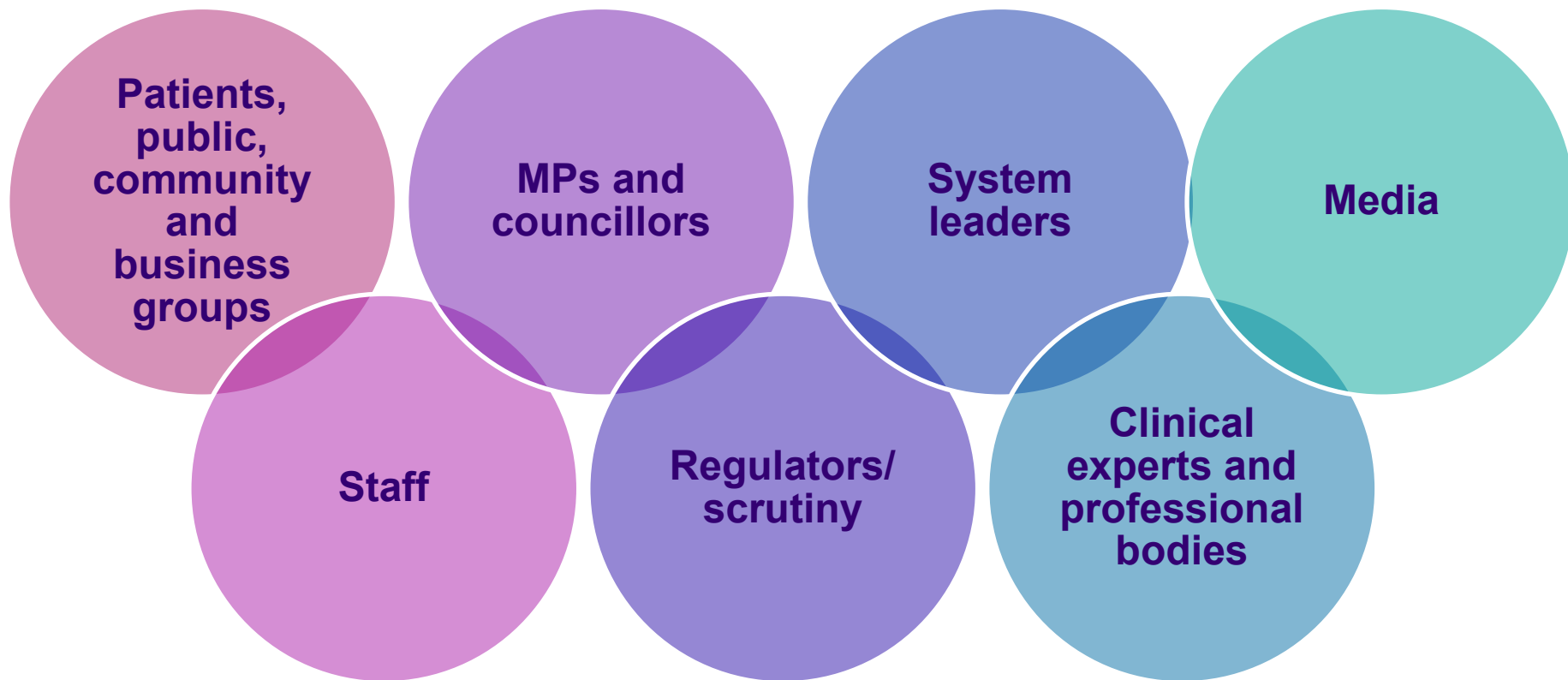
- raise awareness of the public consultation and how to contribute across the affected geography
- collect views from the full spectrum of people who may be affected – including staff, patients, service users, carers, stakeholders, and the public
- ensure we use a range of methods to reach different audiences including activities that target specific groups with protected characteristics and seldom heard communities
- ensure those methods reflect changes to consultation and engagement as a result of the Covid-19 pandemic
- explain how the proposals have been developed and what they could mean in practice, so people can give informed responses to the consultation
- ensure that we preserve the integrity and legality of the consultation to the best of our ability should Covid-related circumstances threaten to undermine, or derail our plans
- meet or exceed our reach and response targets within the timeframe and budget
- ensure the CCG governing body consider fully the consultation responses and take them into account, in decision-making, with sufficient time for thorough consideration.

SMART objectives

SMART objective	Measure/assessment
Opportunities to see or hear about the consultation*: 118,200 people (approximately 10 per cent of the core and target population)	Reach of consultation activity
Target for active and direct engagements: 2,955 people	Evaluation of consultation activity
Target for responses: 1,773 separate responses to the consultation	Number of responses received through consultation questionnaire, public events, focus groups, emails, phone calls, letters, social media interactions.
Geographic ‘hot spots’ (areas that have a higher reliance on/likelihood of being impacted by proposed changes): <ul style="list-style-type: none"> • 60 people across 4x ‘drop-in’ exhibitions • 24 people across 4x focus groups 	Number of people attending events.
Protected characteristics, seldom-heard/hard-to-reach and most impacted groups: 7x focus groups including at least 36 people	Number of people attending the focus groups/interviews.
Staff: all affected staff have opportunity to access information about consultation, complete consultation questionnaire and/or join one of two staff workshops.	<ul style="list-style-type: none"> • Evaluation of consultation activity: mailings to staff, staff-specific events, attendance at events. • Number of staff and/or their representatives responding to the consultation.
Patients, families, and carers: <ul style="list-style-type: none"> • All affected patients, families/carers have opportunity to access information and respond to consultation through a focus group, in-depth interview, the consultation questionnaire etc. • proactive outreach to at least 1x carer support group and at least 1x patient representative group. 	<ul style="list-style-type: none"> • Evaluation of consultation activity: direct contact with families/carers, focus groups, events. • Number of patient/carers and/or patient carer organisations responding to the consultation.
Stakeholder attitudes: <ul style="list-style-type: none"> • At least 2x proactive engagement with elected representatives and patient representative groups • At least 3x positive feedback about the consultation process from stakeholder groups 	<ul style="list-style-type: none"> • Evaluation of proactive engagement with elected representatives and patient representatives. • Number of positive attitude feedback received from stakeholder groups.
Budget: delivery of consultation activity within an agreed budget	Consultation budget is not overspent

Our consultation audiences

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Equality and diversity (1)

Impacted groups	Planned engagement activity
Age – older adults (over 65)	<ul style="list-style-type: none"> • Raise awareness through appropriate voluntary and patient community networks • Make information available on request in large print and audio formats to allow for age-related changes in vision • Provide both online and in-person engagement opportunities, and online and hard copy documents • Make sure sufficient older people, as well as a mix of other age groups are included in our focus groups and telephone interviews
People with disabilities or sensory needs	<ul style="list-style-type: none"> • Make consultation information available in an Easy Read format and on request in audio and large print • Promote consultation with local disability forums and provide appropriate feedback mechanisms • Offer a specific focus group for people with disabilities
Gender reassignment (trans)	<ul style="list-style-type: none"> • Liaise with local trans groups to promote the public consultation • Offer a specific focus group (or if difficult to recruit to, individual depth interviews) for trans people
Race	<ul style="list-style-type: none"> • Make consultation document and questionnaire available on request in the five most commonly spoken languages in Kent and Medway • Link in with local faith and cultural groups • Briefing provided to local interpreting services • Work in partnership with ‘Friends, Families and Travellers’ • Offer a specific focus group for people from different ethnic minorities
Religion or belief	<ul style="list-style-type: none"> • Use existing relationships with religious leaders to promote public consultation and ask what materials/involvement activities would be appropriate for their communities • Establish links with the local interfaith forum • Ensure religion and beliefs can be discussed in the proposed focused groups

Equality and diversity (2)

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Impacted groups	Planned engagement activity
Sex	<ul style="list-style-type: none"> • Make sure there are appropriate images men and women can identify with in any design • Link with older men's and women's groups • Focus groups and telephone interviews will include both sexes
Sexual orientation	<ul style="list-style-type: none"> • Liaise with local LGBTQ+ groups to promote the public consultation • Offer a dedicated focus group
Other disadvantaged or inclusion groups – carers	<ul style="list-style-type: none"> • Work with local carers organisations to raise awareness of the consultation • Offer a range of engagement activities on different days and at different times so carers have the opportunity to participate around their caring schedule • Offer a specific focus group for carers
Other disadvantaged or inclusion groups – areas of socioeconomic deprivation	<ul style="list-style-type: none"> • Raise awareness with local community and voluntary groups that reach this audience for example, food banks, housing associations, homeless charities • Provide both online and in-person engagement opportunities, and online and hard copy documents • Produce information in a variety of formats using plain English to ensure it is accessible • Offer a range of ways to respond that are free e.g. freepost address, email and online • Offer a specific focus group for people in areas of socioeconomic deprivation
Other disadvantaged or inclusion groups – clinically extremely vulnerable who shielded during pandemic	<ul style="list-style-type: none"> • Raise awareness with local community and voluntary groups that reach this audience • Provide a range of online and Covid secure opportunities to find out about, engage and respond to the consultation • Offer a specific focus group for those who have shielded and are clinically extremely vulnerable

Planned approach (1)

Consultation method	Approach overview/description
General publicity and information sharing	<ul style="list-style-type: none"> Promote information via physical and digital channels using advertising, video, posters, social media, as well as via NHS organisations and stakeholder/ community channels. Proactive and tailored information to be communicated or shared with specific communities or groups.
Website/ online media	<ul style="list-style-type: none"> Webpage with comprehensive guide to consultation, regularly updated, including information to help the public to understand the impact of the proposed changes on them individually. Consideration of online exhibition to interactively share information in an accessible and engaging way and to seek feedback. Video/ animation to explain the proposal in an accessible way.
Telephone and freepost	<ul style="list-style-type: none"> Consultation team accessible via telephone, post and online mechanisms to ensure opportunity to give feedback is available to those who may be digitally excluded or less digitally experienced.
Consultation questionnaire	<ul style="list-style-type: none"> Online and hard copy questionnaire available to be completed by people in response to general publicity, specific outreach or after attending events.
Residents' survey – telephone interviews	<ul style="list-style-type: none"> Interviews with a representative sample of the general public (age, gender, working status, district/area) including harder to reach residents, including those who don't have a car.
Public exhibitions x4	<ul style="list-style-type: none"> In-person drop-in sessions providing an opportunity for information giving and detailed conversations with local communities.
Public online listening events x4	<ul style="list-style-type: none"> Online events with panel-led plenary and facilitated 'table discussions' to ensure everyone has an opportunity to give feedback on the proposals, held during consultation weeks 2-6, two in the day and two in the evening.
Patient and voluntary group meetings	<ul style="list-style-type: none"> Attend existing meetings to raise awareness of our plans and to provide an opportunity for detailed conversations with patient and voluntary group representatives. Feedback from each meeting will feed into the consultation process.

Planned approach (2)

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Consultation method	Approach overview/description
Qualitative focus groups x11	<p>Targeted focus groups to better understand the impact of our proposals on those identified in the inequalities impact assessment (IIA) as likely to be disproportionately impacted:</p> <ul style="list-style-type: none"> • protected characteristic groups x4 – disability, trans, race, sexual orientation • groups potentially impacted x3 – carers, deprived, extremely clinically vulnerable (shielded) • specific geographies x4 <p>The groups will be set up to ensure we hear from older people, as well as a mix of other ages, and both sexes.</p>
Staff engagement	<p>Specific, focused staff engagement meetings for staff directly impacted by the proposals using in-person and digital engagement methods and including two staff workshops during the consultation period.</p> <p>NB: Any employer-led formal HR-led consultation with employees, on potential changes to individual job roles to support the implementation of proposed changes is outside the scope and remit of this consultation plan.</p>
Stakeholder engagement	<ul style="list-style-type: none"> • Formal consultation with Medway HASC • Ongoing updates to Kent HOSC • A visit with Medway HASC councillors to demonstrate ‘modern mental health care in Medway’ • Regular briefings to Kent and Medway MPs • Regular information flows with key stakeholders
Media	<ul style="list-style-type: none"> • Engage with media proactively and reactively throughout consultation • Use media to promote events and opportunities to engage • Provide clinical spokespeople wherever possible

Measuring our success

The success of the consultation will be measured against the aims and SMART objectives, with a focus on:

- the depth and breadth of responses/feedback on the proposals
- the targets for reach set out in this plan
- feedback from respondents on the process of the consultation, including their views on how the consultation has been conducted within the context of the pandemic
- feedback from Medway HASC, Kent HOSC, Medway and Kent Healthwatches, and NHS England and NHS Improvement post consultation
- whether we meet our statutory and legal duties associated with consultation.

Consultation activity: raising awareness

Raising awareness: print and digital advertising

NHS
Kent and Medway
Clinical Commissioning Group

Tell us what you think...

The NHS in Kent and Medway is consulting on proposals to replace our last remaining 'dormitory' mental health ward at Medway Maritime Hospital with a new unit in Maidstone.

Public consultation runs
3 August to midnight 21 September 2021

- Scan the QR code (below right) or visit: www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward
- Or call us on 01634 335095, option 2
- Or send your name and address to: Freepost, Kent and Medway NHS, Ruby Ward Consultation and we will send you the information you need.



We placed adverts in **five KM Media Group print publications** between 11th August 2021 and 16th September 2021:

- Kent Messenger, Medway Messenger, Sheerness Times Guardian, Sittingbourne News, Gravesend & Dartford Messenger which have a combined **readership** of almost **99,000 people**.
- Total of **20 advertisements** were published.

...co-uk.cdn.ampproject.org

KentOnline

It is the third time Ryan has been banned from driving. Stock photo

"We therefore find you guilty," she said.

NHS
Kent and Medway
Clinical Commissioning Group

Tell us what you think...

...About NHS proposals to improve mental health services in Kent and Medway.

CLICK HERE FOR INFO

Public consultation ends 21 September 2021

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In addition, accompanying **online/digital adverts** appeared on **Kent Online** news website between 10th Aug 2021 and 21st September 2021:

- Booked: 600,000 page impressions
- Delivered: **694,073 page impressions**
- **381 clicks** (above average conversion rate for banner advertising).

Raising awareness: radio advertising

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We placed radio adverts on local radio station **KMFM** starting w/c 23rd August running for 30 days.



- KMFM have a weekly **audience** of **200,200 adults**
- **148 slots were booked** and additional free slots were given by the media company

Area	Booked slots	Free slots	Total number of times advert aired
Medway	148	40	188
Maidstone	148	135	283
West Kent	148	87	235

Raising awareness: social media

Regular social media posts, using a variety of messages and images to promote the consultation and attendance at events, across NHS accounts and via partners including Healthwatch.

- **14 posts** on **Kent and Medway CCG** social media channels across Facebook, Twitter, and Instagram:
 - Reach/impressions: **11,690**
 - Engagements (likes, comments, retweets etc): **125**
- **KMPT** published a total of **19 posts** across Facebook and Twitter during the consultation period.
- Social media content was sent to stakeholder organisations who were invited to share content through their own social media channels, including Healthwatch, local branches of Mind, the Sunlight Centre and Age UK



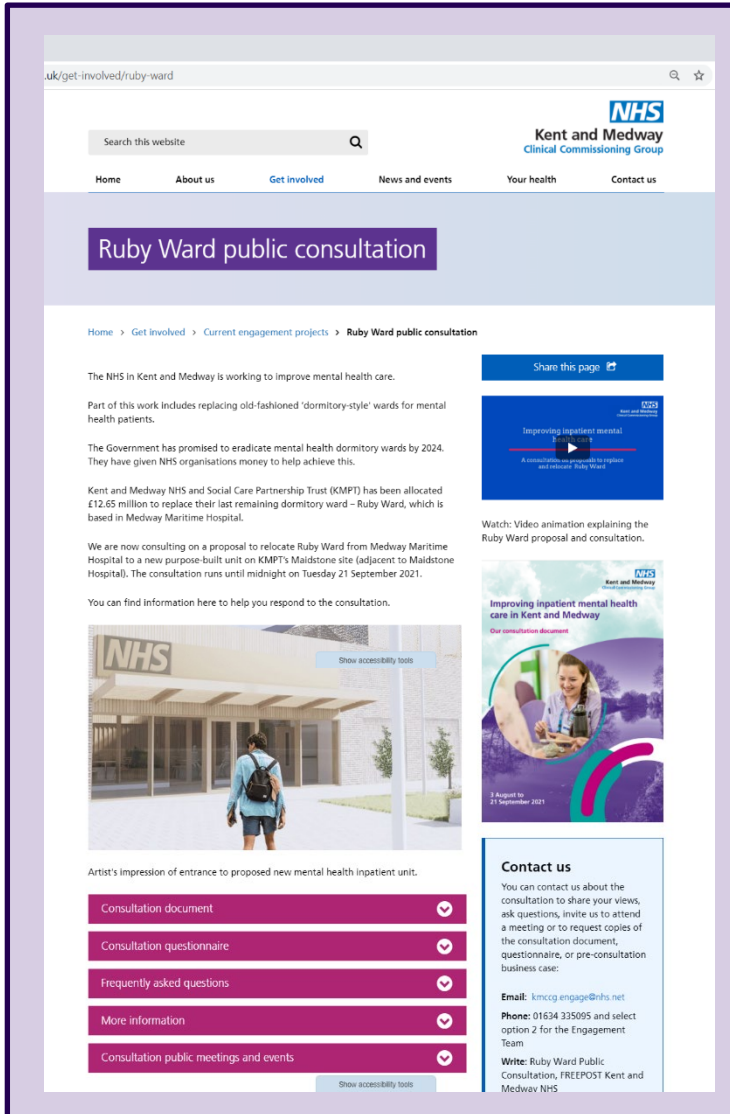
Examples of social media content used during consultation

Raising awareness: dedicated webpages

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Webpages were set up on the Kent and Medway CCG website:

- Signposted from the home page and under the 'get involved' banner
- Pages held links to all of the consultation documentation, including:
 - full consultation document, summary and EasyRead versions (with alternative languages on request),
 - frequently asked questions
 - details of public listening events and drop-in exhibitions
 - an animation explaining the proposals and why change is needed
 - the pre-consultation business case



Consultation page on Kent and Medway CCG website

Website analytics: 3 August – 13 September

Sessions	939
Page views	1,310
Unique page views	1,080

- KMPT and other NHS partners signposted to the Ruby Ward consultation pages from their website and/or through bulletins and newsletters.

Raising awareness: Communications cascade

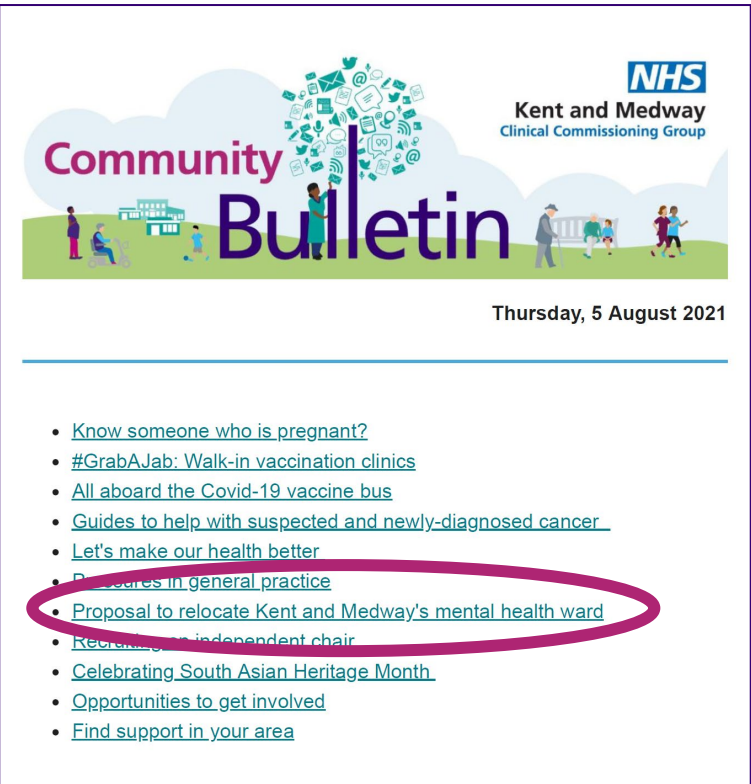
A comprehensive communications cascade by email to a wide range of staff and stakeholders was issued on 3 August 2021 to mark the launch of consultation, covering the following groups:

- Local MPs
- KMPT staff
- Medway HASC members
- KMPT patient /stakeholder groups
- Kent HOSC members
- KM CCG member practices, PCNs and local area teams
- NHSEI leads (including communications leads)
- CCG staff
- CCG and KMPT communications leads
- KM ICS Board, system partners and ICPs
- KM CCG Governing Body members
- Wider K&M communications leads (e.g. acute and community providers)
- KMPT Board
- Local health partners (i.e. LMCs, HWB, patient groups, voluntary sector etc)
- Kent and Medway Mental Health Improvement Board
- District/borough councils
- Ruby Ward staff and service leads and staff side/unions
- Patients, carers and public – via websites, social media and other existing communications channels (e.g. bulletins and newsletters)
- Healthwatch Kent and Healthwatch Medway
- Media

Raising awareness: dissemination via existing bulletins

Information and updates about the consultation and opportunities to engage were included in all scheduled Kent and Medway CCG stakeholder and community bulletins

Community bulletin				
Date	Audience	Opened	Total clicks	Unique clicks
5 August	8,312	3,731	41	25
19 August	8,294	3,430	8	6
2 September	8,270	3,302	3	3



NHS
Kent and Medway
Clinical Commissioning Group

Community Bulletin

Thursday, 5 August 2021

- [Know someone who is pregnant?](#)
- [#GrabAJab: Walk-in vaccination clinics](#)
- [All aboard the Covid-19 vaccine bus](#)
- [Guides to help with suspected and newly-diagnosed cancer](#)
- [Let's make our health better](#)
- [Procedures in general practice](#)
- [Proposal to relocate Kent and Medway's mental health ward](#)
- [Recreation of independent chair](#)
- [Celebrating South Asian Heritage Month](#)
- [Opportunities to get involved](#)
- [Find support in your area](#)

Example of Kent and Medway CCG Community Bulletin

Raising awareness: information at NHS/community sites

Provided materials to partner and stakeholder organisations to promote the consultation:

- hard copies of posters in A4 and A3 sizes
- digital poster for 'e-screens'
- copies of the consultation document (full and summary versions)
- social media content
- copy for newsletters, websites and bulletins etc

NHS
Kent and Medway
Clinical Commissioning Group

What do you think?

The NHS in Kent and Medway is consulting on a proposal to replace our last remaining 'dormitory' mental health ward at Medway Maritime Hospital with a new unit in Maidstone.

Bedroom **Garden** **Dining room**

Public consultation
3 August to midnight 21 September 2021
We'd love to hear your views. Tell us what you think.

To find out more:

- Scan the QR code
- Visit www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward
- Call us on 01634 335095, option 2
- Or send your name and address to **Freepost KENT AND MEDWAY NHS** and we will send you all the information you need.

Poster produced in A4 and A3 format to promote the consultation

Raising awareness: information sent by post

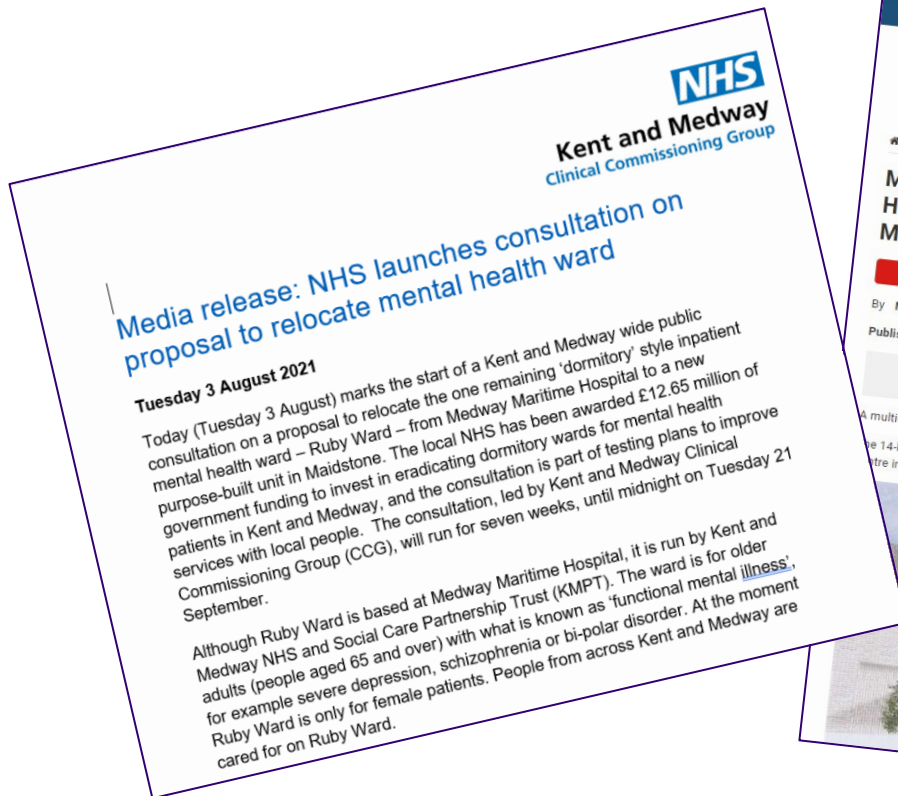
Copies of consultation materials including the summary documents and posters were sent to nine local libraries and five voluntary and community groups and networks who asked for materials.



Examples of consultation materials

Raising awareness: media activity

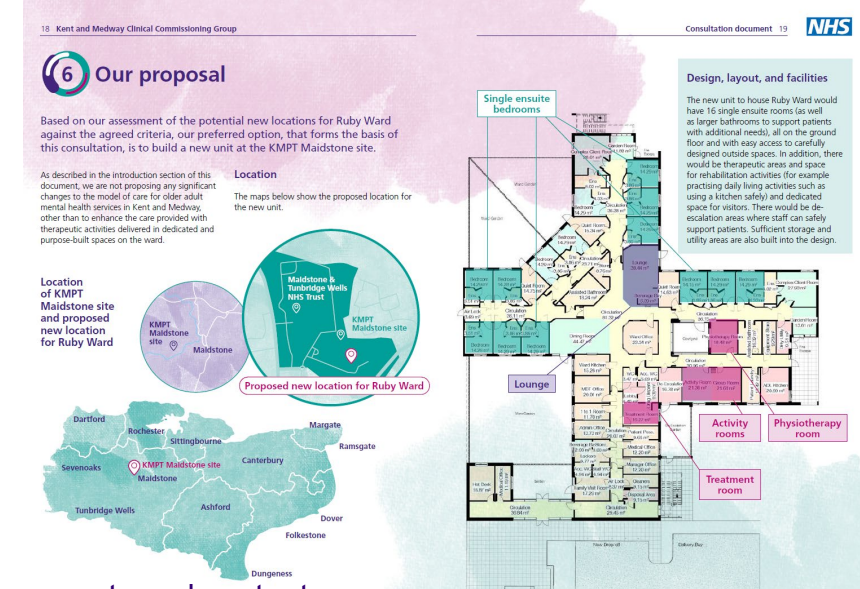
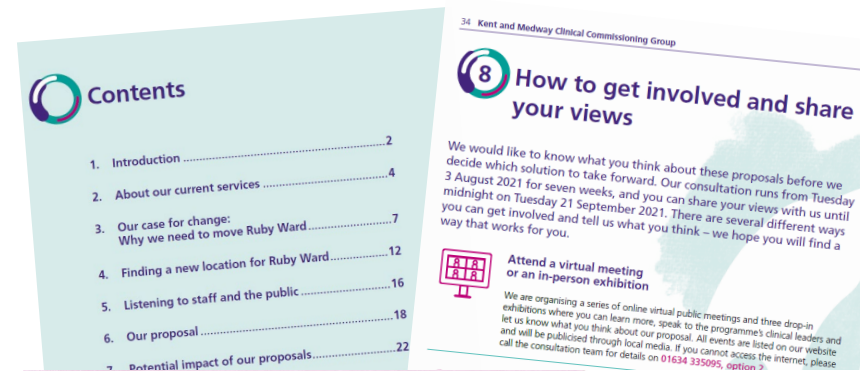
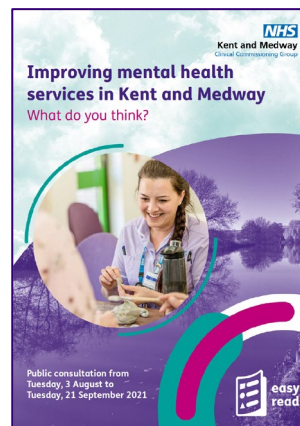
Media releases were sent to local outlets to ensure they had information about the proposals, and the media were offered access to programme representatives via events and briefing sessions.



Consultation activity: gathering views

Gathering views: consultation documents

A full consultation document, a summary version and an EasyRead version were developed to explain the consultation to audiences and help people form their views on the proposal.



Examples of the consultation documents and content

Gathering views: consultation questionnaire

Consultation questionnaire **NHS**

Consultation questionnaire

Once you have read the proposals outlined in the consultation document, we'd like to hear what you think about them.

You can find out more detailed background information about the proposals, the evidence on which they are based, and their potential impact, on our website at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

We welcome feedback from local people, organisations, and health and care staff.

You can complete the questions and post the form back to us at **Freepost KENT AND MEDWAY NHS**. No stamp is needed.

Alternatively, you can complete the questionnaire online at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward.

We need to hear from you by midnight on 21 September 2021. Individuals will not be identifiable from the information provided. If you do not know or prefer not to answer a question, please leave it blank.

If you would prefer, you can tell us what you think by email kmccg.engage@nhs.net or telephone 01634 335095, option 2, instead.

Why do we need to change?

1 To what extent do you agree or disagree that the reasons why the NHS wants to relocate Ruby Ward have been clearly explained? (Section 3 of the consultation document)

Agree fully Agree partly Disagree partly Disagree fully

2 If you don't think the reasons for change have been clearly explained, please tell us what other information you need.

Please feel free to continue on a separate sheet if you need to

Our proposal

Section 4 of the consultation document sets out our proposal to relocate Ruby Ward - which provides care for people from across Kent and Medway - from a dormitory style ward at Medway Maritime Hospital to a purpose-built unit with single ensuite rooms and dedicated space for therapy and activities at the mental health site next to Maidstone Hospital. This will allow for greater flexibility in how the space is used, allowing for mixed sex accommodation in line with national standards.

The consultation questionnaire contained 10 questions about the proposal, plus equalities monitoring questions. It was published online, linked from the consultation website and was available hard copy. We received 94 completed questionnaires, all submitted online.

Area	Number of responses
Medway and Swale	31
West Kent	29
East Kent	16
North Kent	5
No postcode	13
TOTAL BY ACTIVITY	94

The consultation questionnaire

Gathering views: Focus groups

10 focus groups were held in September 2021. Four were for people from the general population and six for people with protected characteristics (we had planned to run a focus group for trans people but were not able to recruit attendees). **42 attendees** were recruited via an independent agency and a breakdown is shown in the table below. A full report on the focus groups is part of the consultation response report.

Focus group (total attendees)	Sex/ gender	Sexual orientation	Age	Area	Race/ ethnicity
General population (22 across four sessions)	Male – 11 Female - 11	Heterosexual/ straight – 21 Gay/Lesbian - 1	18-24 x4 25-40 - 4 41-64 x10 65-75 - 4	Dartford – 6 Sevenoaks - 5 Tonbridge & Malling - 4 Medway – 3 Swale – 3 Tunbridge Wells - 1	White British – 21 White Scottish - 1
Deprivation (3)	Female - 3	Heterosexual or straight - 3	25-40 - 1 41-64 - 2	Sevenoaks - 1 Swale - 1 Medway - 1	White British - 3
Disabilities LTHC (3)	Female – 2 Male - 1	Heterosexual or straight - 3	41-64 - 2 65-75 - 1	Dartford - 2 Maidstone - 1	White British - 3
Carers (2)	Male – 1 Female - 1	Heterosexual or straight - 2	25-40 - 1 41-64 - 1	Dartford – 1 Sevenoaks - 1	White British - 2
Extremely clinically vulnerable (2)	Male – 1 Female - 1	Heterosexual or straight - 2	41-64 - 2	Gravesham - 1 Medway - 1	West Indian White & Black African
LGB (3)	Female - 3	Gay/Lesbian – 1 Bisexual - 2	18-24 - 1 25-40 - 2	Dartford - 1 Gravesend - 1 Tunbridge Wells - 1	White British - 3
BAME (7)	Female – 6 Male - 1	Heterosexual or straight - 7	18-24 - 1 25-40 - 4 41-64 - 2	Dartford – 5 Medway – 1 Maidstone - 1	Black African – 3 White & Black African - 1 African - 1 Indian - 1 Other Asian background - 1

Gathering views: Online public listening events

Four online public listening events were scheduled.

- Promoted via the CCG website, social media, and stakeholder groups/networks.
- Promotional information included signposting to register with login details for the events sent to those registered two days before the date
- One of the events did not attract any attendees so did not go ahead. One of the events had two people registered who cancelled on the day. The other two events were held on:
 - Wednesday 25 August 2021 – 6:30pm to 8:30pm
 - Wednesday 15 September 2021 – 6:30pm to 8:30pm
- Attendees were given a short presentation about the proposals, followed by the opportunity to ask questions and share their views
- Feedback from those who attended was positive.

NHS
Kent and Medway
Clinical Commissioning Group

**Improving inpatient mental health care:
Proposal to relocate Ruby Ward**

Public consultation: 3 August to 21 September 2021

NHS
Kent and Medway
Clinical Commissioning Group

A national initiative to improve mental health inpatient wards

Government initiative to **eradicate mental health dormitory wards** by 2024 – with funding

Kent and Medway NHS and Social Care Partnership Trust (KMPT) was allocated **£12.65 million to replace last remaining dormitory ward** – Ruby Ward at Medway Maritime Hospital

NHS
Kent and Medway
Clinical Commissioning Group

Potential advantages

- ✓ 16 **single bedrooms**, providing **privacy and dignity**
- ✓ Able to admit both **men, women, transgender** and **non-binary** people
- ✓ Space for **wide range of therapeutic care**, helping people recover faster
- ✓ On the **ground floor** with **areas inside and out** for patients and visitors

NHS
Kent and Medway
Clinical Commissioning Group

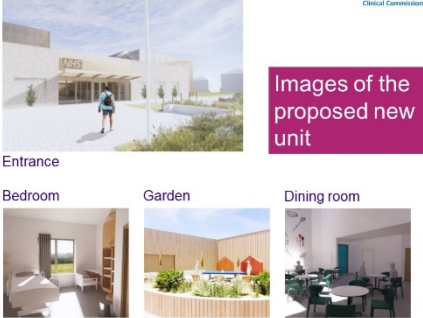
Images of the proposed new unit

Entrance

Bedroom

Garden

Dining room



Examples from public listening events presentation

Gathering views: Exhibitions



Three 'pop up' exhibitions/information stalls were held during the consultation period:

- Saturday 11 September 2021 at the Sunlight Centre, Gillingham. We were grateful to the HASC members who came along to the exhibition
- Thursday 16th September at The Forum, Sittingbourne
- Friday 17th September at The Mall, Maidstone
- The exhibitions used large-scale exhibition panels to display key information about the proposals
- Copies of the summary consultation document and questionnaires were available
- Programme representatives were on hand to offer additional information, details of how to respond to the consultation and to gather ad hoc views and feedback from people
- In total over 70 people attended.



Example of a pop up exhibition

Gathering views: Telephone interviews

74

A specialist independent research agency was commissioned to conduct a telephone survey that collected the views of a representative sample of residents across Medway and Kent during the consultation period.

- Fieldwork took place between 24th August and 21st September
- 851 interviews were completed

Area	Number of interviews
Medway and Swale	243
West Kent	248
East Kent	242
North Kent	118
Total	851

- 750 interviews originally commissioned with a further 100 commissioned to focus on gaining views from residents in areas of higher deprivation. Therefore there was an additional focus in parts of Medway, Maidstone and Swale
- The full report and analysis forms part of the consultation response report.

Gathering views: Attendance at stakeholder group meetings

Ruby Ward programme representatives presented the proposals at **12 stakeholder group** meetings during August, September and October 2021 (11 during the formal consultation period) that were attended by over **90 people**.

KMCCG's patient and public engagement group	KMPT's 'Keeping Connected' engagement pool	Medway and Swale Integrated Care Partnership (ICP) Board	West Kent Integrated ICP Board	Mental Health Network for Medway, Swale and DGS members	Medway and Swale ICP Patient Participation Group Chairs
Dartford Gravesham and Swanley Patient Participation Group	Thanet Patient and Public Involvement Local Area Group	South Kent Coast Health Reference Group	Ashford Health and Wellbeing Reference Group	Canterbury Public Reference Group	Medway Five Carers

- Follow up information was sent to **over 100 contacts** after these meetings, including all members of the patient involvement/participation groups, the KMCCG engagement group and KMPTs 'Keeping Connected' group.
- Stakeholder groups were also provided with written information, consultation materials and social media content to disseminate through exiting newsletters, bulletins, and online channels.

Gathering views: Staff listening events

76

- Two independently facilitated events with KMPT Ruby Ward staff were undertaken on Monday 16th August, scheduled to accommodate different shift patterns
- The sessions were attended by **11 Ruby Ward staff**, including nurses and therapists, one nursing ward manager and one locality manager for community mental health
- A further two events were held for wider KMPT staff on 3rd and 16th September.
- They were attended by **nine staff** from across KMPT (beyond Ruby Ward)

Kent and Medway
Clinical Commissioning Group

**Improving inpatient mental health care:
Proposal to relocate Ruby Ward**

KMPT staff listening event – 16 September

Kent and Medway
Clinical Commissioning Group

The process we followed

Bid for funding

- KMPT prepared a bid for Government funding
- Had to identify potential locations that met funding conditions

Criteria

- Assessment criteria developed to help identify potentially suitable sites

Engaging with patients, staff and stakeholders

potential sites were tested against the criteria

single preferred option was identified for the new location Ruby Ward

Kent and Medway
Clinical Commissioning Group

Mental health care for older adults in Kent and Medway

- Aim is to help people stay **as well as possible** and remain **in their own home**
- Most care** takes place in the community
- There are **six older adult mental health inpatient wards** across Kent and Medway for those who need it
- Beds are provided on a **Kent and Medway-wide basis**. There are **no 'local' beds** allocated to particular communities
- People are admitted to the **most appropriate ward** with the right specialist team **to meet their individual needs**

Kent and Medway
Clinical Commissioning Group

Longer on Ruby Ward

Ward	Average length of stay
Heather	~30
Jasmine	~35
Orchards	~45
Ruby	~48
Sevenscore*	~42
Woodchurch	~40

*Sevenscore Ward cares for a different type of patient, mainly older people with dementia.

Examples from the staff events presentation

Consultation activity: Engaging with elected representatives

Overview and scrutiny: Updates to Medway HASC

- Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) received an update at its meeting on Tuesday 17th August and follow-up information in response to specific questions about the consultation
- The programme team worked with the HASC officer to discuss opportunities for informal briefing and information sharing as part of our consultation activity.

**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE**

17 AUGUST 2021

**TRANSFORMING MENTAL HEALTH SERVICES IN KENT
AND MEDWAY - ERADICATING DORMITORY WARD**

Report from: Caroline Selkirk, Executive Director for Health Improvement, Operating Officer, Kent and Medway Clinical Commissioning Group

Author: Karen Benbow, Director of System Commissioning, Kent and Medway Clinical Commissioning Group

Summary

Members have asked for a report on the 'Eradicating mental health dormitory in Kent and Medway' programme, specifically to include updates on:

- The programme timeline
- The integrated impact assessment, with particular reference to the travel analysis and any emerging mitigations for travel impact
- Implementation planning – particularly regarding the proposed transfer and patients
- The consultation plan and timeline

West and North Kent and Medway have therefore been agreed as the Ruby ward catchment for the travel analysis, covering >80% of Ruby Ward activity

Current: people across West and North Kent and Medway access Ruby Ward

Future: people across West and North Kent and Medway will continue to access Ruby Ward

Source: True data return, ONS geospatial data, CF analysis

Ruby Ward relocation - travel impact analysis - final report

CF

Key: shading represents volume of activity from 0 to 5 spells (darkest shading is most spells)
X represents a patient accessing the service

Overview and scrutiny: Updates to Kent HOSC

- A written update was submitted to the Kent Health Overview and Scrutiny Committee (HOSC) for its meeting on 16th September 2021.
- HOSC members were part of the communications cascade notifying them of the consultation launch on 3rd August
- The programme team were in regular contact with the Democratic Services team to ensure questions were answered with the ongoing offer of informal and ad hoc briefing as required.
- As Kent HOSC had previously determined that the proposals did not amount to substantial variation of service, their input was sought as part of the public consultation and wider stakeholder engagement planned, instead of direct consultation with Kent County Council under section 244 duties.

Engagement with MPs

80

- All Kent and Medway MPs were included in the initial communications cascade launching the consultation on 3rd August 2021
- Offers of dedicated briefing for MPs from the CCG's Accountable Officer were made during the consultation period

Consultation activity: Mid-point review

Mid-point review during consultation

82

- Responses and feedback were reviewed at the consultation mid-point by the programme team to confirm if further targeted work was required. As a result an additional 100 telephone interviews were commissioned (see '[Gathering responses: Telephone interviews](#)')
- Updates on activity and numbers of responses were provided by the programme team to the CCG governing body and KMPT's board during the consultation period

Delivery against aims and SMART objectives

Response to the consultation

84

- Information about the consultation was widely and effectively shared across existing CCG and KMPT networks, reaching hundreds of people already involved, engaged or interested in the CCG, mental health services or the wider NHS
- Engagement from patient and stakeholder groups and representatives was good and constructive
- The consultation was widely promoted to the general public, giving hundreds of thousands of people the opportunity to see or hear about the proposals
- However, there were lower levels of active engagement from the general public in opportunities to respond and share views
- A combination of the Covid pandemic and the relatively small numbers of patients impacted by the proposal are likely to be the key factors in this
- Despite this the proactive outreach through telephone interviews and focus groups allowed us to gather views from a representative sample of the population, as well as from individuals from protected characteristic groups and deprived communities
- On balance, the responses received are likely to be representative of the views of the wider impacted population in Medway and north and west Kent.

SMART objectives evaluation (1)

SMART objective	Assessment
<p>Opportunities to see or hear about the consultation*: 118,200 people (approximately 10 per cent of the core and target population)</p>	<p>Approximate total opportunities to see/hear: 320,000 Achieved advertising, social media, websites and sharing information with stakeholders directly and via third parties</p>
<p>Target for active and direct engagements: 2,955 people</p>	<p>Approximate total direct engagements: 4500 Achieved through meetings, exhibitions, focus groups, phone polling, dissemination to stakeholders and questionnaire responses</p>
<p>Target for responses: 1,773 separate responses to the consultation</p>	<p>We received a total of 987 responses across the questionnaire, telephone interviews, focus groups and listening events</p>
<p>Geographic ‘hot spots’ (areas that have a higher reliance on/likelihood of being impacted by proposed changes):</p> <ul style="list-style-type: none"> • 60 people across 4x ‘drop-in’ exhibitions • 24 people across 4x focus groups 	<ul style="list-style-type: none"> • 70+ people across 3x exhibitions • 22 people across 4x focus groups
<p>Protected characteristics, seldom-heard/hard-to-reach and most impacted groups: 7x focus groups including at least 36 people</p>	<p>20 people across 7x focus groups</p>
<p>Staff: all affected staff have opportunity to access information about consultation, complete consultation questionnaire and/or join one of two staff workshops.</p>	<ul style="list-style-type: none"> • All Ruby Ward staff received information about the consultation • 11 impacted staff joined a workshop session • 9 further staff joined a listening event • 19 staff from NHS or local authority organisations submitted a questionnaire response

SMART objectives evaluation

86

SMART objective	Assessment
<p>Patients, families, and carers:</p> <ul style="list-style-type: none"> All affected patients, families/carers have opportunity to access information and respond to consultation through a focus group, in-depth interview, the consultation questionnaire etc. proactive outreach to at least 1x carer support group and at least 1x patient representative group. 	<ul style="list-style-type: none"> Information was provided on Ruby Ward for current patients, families and carers to access Information was shared by KMPT through patient facing channels Meeting with KMPT's 'Keeping Connected' engagement pool, with follow up information shared to full membership Proactive contact with and dissemination of materials to wide range of patient and carer groups (Mind, Age UK, Carers First, Medway Carers etc) Meetings with six patient and public participation groups
<p>Stakeholder attitudes:</p> <ul style="list-style-type: none"> At least 2x proactive engagement with elected representatives and patient representative groups At least 3x positive feedback about the consultation process from stakeholder groups 	<ul style="list-style-type: none"> Attended 12 stakeholder/patient group meetings Attended 1x HASC meeting Provided written updates to all elected representatives Positive feedback received from stakeholders about the proposals and from meeting participants about the quality of the materials provided
<p>Budget: delivery of consultation activity within an agreed budget</p>	<p>Achieved</p>

Post-consultation: Reviewing the feedback and next steps

Reviewing feedback and consultation reports

- This report is one of two developed post-consultation.
- An independent analysis of the consultation feedback has been carried out and a consultation response report developed
- This report and the consultation response report will be published on the Kent and Medway CCG website at www.kentandmedwayccg.nhs.uk/get-involved/ruby-ward

Next steps

- Public consultation response report and activity shared with Kent and Medway CCG governing body and with Medway HASC

- Kent and Medway CCG receives HASC response to the consultation

- Development of decision-making business case
- Consultation responses report feeds into decision-making business case

- CCG governing body decision on proposed change

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CQC ED Must do and Should do Action Plan High Level Plan

Completed	8	Action has been completed and there is robust evidence to support that the action has been completed and where relevant embedded in practice
Overdue	0	Action is off track and assessed as unrecoverable within the current timescales and requires urgent action to address.
Off Track with actions to deliver	0	Action is off track and plans are being put in place to mitigate any delay
On Track	0	Action is on track with progress noted and on trajectory
Total Number of actions	8	
Percentage of actions completed/on track	100%	

No	Recommendations December 2020 Inspection	Self Assessment BRAG Status	Issues Identified by CQC	Core Service Area	Date of completion and closure
EDMD01	The trust must ensure patients are effectively monitored for deterioration and receive timely support to stay safe.	Completed	At peak times staff said offloading ambulance patients compromised patient care. Due to the demand, medical and nursing staff were not able to ensure patients waiting in the ambulances always received timely clinical intervention. We observed one patient who had been waiting on an ambulance with a NEWS score above 7. We highlighted this to the streaming staff who immediately acted to escalate and admit the patient into the emergency department.	Acute & Emergency Medicine	16.06.2021 Quality Panel- The evidence received and reviewed included SITREP reports, Governance Board Minutes. It was confirmed to the panel that the action is discussed at daily senior ops meetings and the escalation systems and processes are in place and working robustly. At the time of this panel there had been no cases of patients deteriorating in the back of an ambulance or patients in ambulances waiting significant lengths of time as there had been at the time of the inspection in December 2020. In-depth discussion regarding the evidence seen by the evidence panel. Assurance given by the evidence panel that the evidence is robust, of good quality and over a length of time. The panel were all in agreement and the Chair confirmed the action is closed

ED Must Do and Should Do Action Plan

16.09.2021

92	EDMD02	Completed	<p>The trust must ensure patients have timely access to urgent and emergency care through improved flow in and out of the department</p>	<p>At the last inspection in December 2019, we found adult patients experienced significant delays whilst waiting to be admitted, which was consistent with our findings during this inspection. We found decisions of onward care were not made in a timely way or there were lengthy delays once a decision to admit had been made.</p> <p>For example, one patient had arrived in the emergency department at 10.30am with chest pains and was still in the department at 7pm without a decision of onward care.</p> <p>Another patient had attended emergency department at 4.37am and was still in the department at 18.55pm. A decision to admit had been made in the morning but the patient was still in the emergency department eight hours later.</p> <p>We saw one patient who was intubated and remained in the department for 24-hours. A decision for onward care into an appropriate care setting, where the patient could be cared for by staff with the relevant skills had not being made. However, due to lack capacity in the emergency department, ambulance patients were left in the care of ambulance staff. On the day of our inspection, the department reported 24, 60-minute handover breaches. The highest ambulance handover delay was 7 hours and 40 minutes.</p> <p>At the time of our inspection the average time between a decision to admit and admission was 8 hours and 45 minutes.</p>	Acute & Emergency Medicine	<p>15.06.2021 Quality Panel - Report provided which discussed flow. Monitoring takes place via SITREP, site meetings, governance meetings. Evidence proves there has been improvement since December when the inspection took place. The Quality Panel were all in agreement that the evidence was robust and the Chair confirmed the action is closed.</p>
	EDMD03	Completed	<p>The trust must ensure risks are adequately assessed and maintain good governance and oversight within the department to ensure patients are protected from potential harm.</p>	<p>The leadership, governance and culture did not always support the delivery of high-quality person-centred care for patients.</p>	Acute & Emergency Medicine	<p>15.06.2021 Quality Panel - Departmental Governance meetings are embedded and well attended. There has been improvement in all areas of governance. Closure of Datix's and risks are reviewed weekly. Any divisional risk updates are fed back to the department and discussed within Divisional Governance Board. The panel were all in agreement that the evidence was robust and the Chair confirmed the action is closed.</p>
	EDMD04	Completed	<p>The trust must ensure detailed and up to date records are kept in relation to provision of care and treatment and it is reflective of each patient's full clinical pathway, and include decisions taken in relation to the care and treatment provided.</p>	<p>Staff did not always keep detailed records of patients' care and treatment when completing records for urgent and emergency care patients. This included the completion of nursing, falls and skin risk assessments.</p>	Acute & Emergency Medicine	<p>15.06.2021 Quality Panel - Audits, spot checks and the ED documentation audits / summary reports have been provided as evidence. Audit results are discussed with the Matron and then discussed staff member. Results also discussed at Care Group Governance Meetings. Latest documentation audit results shared with the panel showing consistency with compliance. The panel were all in agreement and the Chair confirmed the action is closed</p>

ED Must Do and Should Do Action Plan

16.09.2021

EDMD05	The department must ensure there are always enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.	Completed	On the day of our inspection we saw that the actual count of nursing staff in the emergency department did not match the planned staffing count. Safe staffing levels for the whole day required 39 registered staff however, 31 staff were available. Similarly, the planned unregistered staffing was 19 compared to an actual count of 12. The department was supported by emergency nurse practitioners whose shifts were staggered throughout the day. Data showed the department had four emergency nurse practitioners rostered throughout the day which was one practitioner less than planned. During the week of our inspection consultant cover for the children's emergency department did not meet national guidance. Consultant cover averaged four hours during daytime and on 16 December there was no consultant cover for the day. Data showed there was one foundation year two doctor who provided cover for children's emergency department and the minors area between 8am and 5pm with support from the on-call doctor. Data submitted by the trust showed eight out of 19 consultant shifts between 1 December and 14 December 2020 were covered by on call doctors, with 37% (seven) of these consultants being bank staff. During the same period data. Medical staffing was worst affected on nights and at weekends.	Acute & Emergency Medicine	22.09.2021 Update Quality Panel: - Training data remains compliant at 85.63%. Confirmation that the compliance will be monitored through the Divisional Governance Board and Divisional Management Board meetings through the new reporting process. Based on the discussion undertaken and the fact that the department had met the expected level of compliance, the recommendation would be to close the action. The panel were all in agreement and the Chair confirmed the action is closed
EDSD01	The trust should continue working to improve Covid-19 testing and waiting times for results.	Completed	Staff told us rapid testing for Covid-19 had begun recently however, only three tests could be completed per hour with an average wait for results of four hours. This increased the risk of non COVID-19 patients being exposed to the virus.	Acute & Emergency Medicine	15.06.2021 Quality Panel - A report was provided outlining governance process of the Covid testing process. Confirmation of number of SAMBA Machines and tests that can be undertaken and the time it takes for the test result to return. Discussion took place at the panel regarding all evidence supplied. The panel were all in agreement that the evidence was robust and the Chair confirmed the action is closed
EDSD02	The trust should review the environment, ensuring there are segregated routes within the department to reduce the risk of cross contamination	Completed	In the main emergency department, there were two entrances into the department, one for ambulances and the other for patients walking in. There was a one-way system for entering and exiting the main reception however, once in the department there was no segregation of traffic. We also noted patients exiting through the entrance. Staff told us this was not well policed, and they relied on the posters displayed throughout the department to remind visitors on how to exit the building. The children's emergency department which based in a ward, did not have a one-way system of traffic flow because of the environment. Corridors were too narrow to allow for adequate social distancing. We saw a hot toilet for Covid-19 patients in a cold area increasing the risk of exposure to infection.	Acute & Emergency Medicine	15.06.2021 Quality Panel - Once the department can take over the new build a lot of the issues will be addressed. Currently there is only one way in for patients, however a new model has been developed for walk in patients. An environmental assessment has been undertaken by IPC. After in-depth discussion the Quality Panel were all in agreement that sufficient evidence had been presented and the Chair confirmed the action is closed
EDSD03	The trust should work with external mental health providers to improve waiting times for crisis beds and travel arrangements	Completed	Staff indicated the waiting time for a crisis bed and travel arrangements to be made for mental health patients took between two hours to three days.	Acute & Emergency Medicine	15.06.2021 Quality Panel - There are three times a week system calls in place with the escalation of individual needs of patients. CQC published a report recently identifying a particular problem relating to mental health patients across the whole of Kent. The Department can demonstrate escalation to system partners, and there is evidence that we are working with system providers. Report on Mental Health provided by NHSE (working with the Trust at the time) presented as evidence. The panel were all in agreement that evidence was robust and the Chair confirmed the action is closed

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This Action Plan was agreed by executive team the week commencing 4 October 2021.

This plan will be presented to the Quality Panel for BRAG rating on the 21 October 2021, following this work will commence on compiling evidence against each action.

Completed	0	Action has been completed and there is robust evidence to support that the action has been completed and where relevant embedded in practice
Overdue	0	Action is off track and assessed as unrecoverable within the current timescales and requires urgent action to address.
Off Track with actions to deliver	0	Action is off track and plans are being put in place to mitigate any delay
On Track	0	Action is on track with progress noted and on trajectory
Total Number of actions	0	
Percentage of actions completed/on track		To be confirmed

No	Recommendations 2020/2021 Inspection	Self Assessment RAG Status	Providers must have regard to the following guidance	Well Led/Core Service Area	Operational Leads Statement of current position
MD01	The Trust must assess, monitor and improve the quality and safety of the services provided in the carrying-on of the regulated activities (including the experience of	Not Rated	<p>Regulation 17 - Good Governance</p> <p>CQC report states: Page 3 - There were clear lines of accountability from the department to the board through the directorate governance structure, but these were not always effective. There was a lack of oversight of issues identified as a risk to patient and staff safety which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, on the temporary coronary care unit, there was a lack of infection prevention and control compliance and the environment was inappropriate creating many risks.</p> <ul style="list-style-type: none"> Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service. The audits should be baselined against Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and should, where possible, include the experiences people who use the service. The systems and processes should be continually reviewed to make sure they remain fit for purpose. Fit for purpose means that: <ul style="list-style-type: none"> systems and processes enable the provider to identify where quality and/or safety are being compromised and to respond appropriately and without delay. providers have access to all necessary information. 		
		Not Rated	<ul style="list-style-type: none"> Information should be up to date, accurate and properly analysed and reviewed by people with the appropriate skills and competence to understand its significance. When required, results should be escalated and appropriate action taken. 	Well Led/Trust Wide	

	service users in receiving those services) - Regulation 17	Not Rated	<ul style="list-style-type: none"> Providers should have effective communication systems to ensure that people who use the service, those who need to know within the service and, where appropriate, those external to the service, know the results of reviews about the quality and safety of the service and any actions required following the review. Providers should actively seek the views of a wide range of stakeholders, including people who use the service, staff, visiting professionals, professional bodies, commissioners, local groups, members of the public and other bodies, about their experience of, and the quality of care and treatment delivered by the service. Providers must be able to show how they have: <ul style="list-style-type: none"> analysed and responded to the information gathered, including taking action to address issues where they are raised, and used the information to make improvements and demonstrate that they have been made Providers must seek professional/expert advice as needed and without delay to help them to identify and make improvements. Providers must monitor progress against plans to improve the quality and safety of services, and take appropriate action without delay where progress is not achieved as expected. Subject to statutory consent and applicable confidentiality requirements, providers must share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these must be made without delay. 		
		Not Rated	<ul style="list-style-type: none"> Providers should read and implement relevant nationally recognised guidance and be aware that quality and safety standards change over time when new practices are introduced, or because of technological development or other factors. 	Well Led/Trust Wide	
MD02	Assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk which arise from the carrying on of regulated activities - Regulation 17	Not Rated	<p>Regulation 17 - Good Governance</p> <ul style="list-style-type: none"> Providers must have systems and processes that enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Where risks are identified, providers must introduce measures to reduce or remove the risks within a timescale that reflects the level of risk and impact on people using the service. Providers must have processes to minimise the likelihood of risks and to minimise the impact of risks on people who use services. 	Well Led/Trust Wide	
		Not Rated	<ul style="list-style-type: none"> Risks to the health, safety and/or welfare of people who use services must be escalated within the organisation or to a relevant external body as appropriate. Identified risks to people who use services and others must be continually monitored and appropriate action taken where a risk has increased. <p>Note: In this regulation, 'others' includes anyone who may be put at risk through the carrying on of a regulated activity, such as staff, visitors, tradespeople or students</p>	Well Led/Trust Wide	
MD03	The Trust must ensure that all mandatory training records are updated promptly via the electronic systems to accurately reflect percentages of staff trained in each subject - regulation 12	Not Rated	<p>Page 49 - We were informed that health and safety training figures were low because two electronic recording systems were not compatible and that the actual figures were above 85%.</p> <p><i>Whilst this action was identified in the Children and Young Peoples Core Service review, it is a Trust wide recommendation.</i></p>	Children & Young Services	
MD04	The trust must ensure that medicines brought in by patients are recorded at admission and stored securely - regulation 12	Not Rated	<p>Service area</p> <p>Page 3 - Medicines brought in by patients were not always recorded at admission and there had been several incidents where medicines had gone missing across a number of wards.</p>	Specialist Medicine	

MD05	The trust must ensure paper patient records are completed in full and are contemporaneous to reflect care provided - regulation 12	Not Rated	Page 3 - Paper records were still in use and not always fully completed or filled contemporaneously in line with trust policy.	Specialist Medicine	
MD06	The trust must ensure that where medical care service risks are identified, mitigation is put in place in a timely manner - regulation 17	Not Rated	Page 3 - There were clear lines of accountability from the department to the board through the directorate governance structure, but these were not always effective. There was a lack of oversight of issues identified as a risk to patient and staff safety which had not been identified or addressed by the leadership team until we raised them during our inspection. For example, on the temporary coronary care unit, there was a lack of infection prevention and control compliance and the environment was inappropriate creating many risks. <i>Relates to overarching question - Regulation 17</i>	Specialist Medicine	
MD07	The trust must ensure that there are sufficient numbers of appropriately skilled staff to keep patients safe from avoidable harm	Not Rated	Page 3 - The service did not always have enough staff to keep patients safe from avoidable harm and to provide the right care and treatment. However, managers regularly reviewed and adjusted staffing levels and skill mix to meet the needs of the patients including using locum and bank staff to help keep patients safe.	Specialist Medicine	
		Not Rated	Page 24 - Medical staff reported the service did not have good skill mix of medical staff on each shift		
SD01	Review its oversight of clinical incidents and embed an effective system to learn from such incidents.	Not Rated	Page 11 - A learning culture was not embedded within the trust, and the lack of effective governance around serious incidents, mortality and mental health (as well as an inability to effectively learn from complaints and patient experience) showed there had been little appetite for organisation learning.	Well Led/Trust Wide	
SD02	Review its mortality governance processes.	Not Rated	Page 9 - Mortality governance was immature with no clear approach for reporting issues. Structured judgement reviews had not happened as required and there was a backlog to be completed. Mortality meetings were meant to be held monthly but there had been months when these had not taken place	Well Led/Trust Wide	
SD03	Review and act upon its governance of the Mental Health Act.	Not Rated	Page 9 - There had not been a proactive approach to the governance of the Mental Health Act and reporting to committees and the board has been on an ad-hoc basis. The trust's lead in this area said that the trust had not focused on this issue effectively. There was an outstanding gap analysis to be carried-out in response to the Care Quality Commission's Assessment of Mental Health Services in Acute Trusts report, published in October 2020. Page 10 - The approach to governance around mental health was concerning reactive. The trust had seen a significant increase in incidents related to mental health including missing patients and young people waiting for specialist placements elsewhere, and remaining under the trust's care for long periods prior to placement. There was an admitted absence of assurance on whether trust relationships with external partners, local authorities and the police were effective Page 10 - In the absence of a Mental Health strategy, a proactive review of policies and standard operating procedures needed to be carried-out, with assurance that staff use these to follow procedure.	Well Led/Trust Wide	
SD04	Review and act upon the reasons underpinning the Head of Internal Audit's 2021 opinion.	Not Rated	Page 10 - There was a risk that management information was not reliable; leading to the potential for misleading reporting in turn potentially impacting on the efficacy of decision making. The head of internal audit opinion indicated that the trust cannot rely on the quality of its data. Page 12 - The trust subsequently updated us on this position, and upon completion of the work the trust had five reviews rated as significant assurance with minor improvement opportunities and four reviews rated as partial assurance with improvements required. This led to a final Head of Internal Audit opinion of significant assurance with minor improvements.	Well Led/Trust Wide	

SD05	Review the terms of reference and membership of the audit committee.	Not Rated	Page 12 - The audit committee's terms of reference required three non-executive members for quoracy, but over the recent months had met with two only. In addition, one of the members was the trust chair, which is not in line with recommended practice.	Well Led/Trust Wide	
SD06	Share with the Care Quality Commission recommendations resulting from the findings of the NHS England and NHS Improvement Intensive Support Team review work.	Not Rated	Page 2 - The trust had been subject to significant intervention from NHS England and NHS Improvement across several areas of trust service delivery, including support for the trust's executive being provided by their Intensive Support Team. Page 6 - We had not received the necessary assurance from the trust following our December 2020 inspection of the trust's emergency department - when we issued the trust with a section 29A warning notice	Well Led/Trust Wide	
SD07	Agree a process of regular ongoing assurance with the Care Quality Commission through information returns - in order to provide assurance on progress against the findings of the well led summary report and progress against the ECIST recommendations and its own Patient First workstream.	Not Rated		Well Led/Trust Wide	
SD08	The trust should improve the rates of mandatory training completion for both medical and nursing staff	Not Rated	Page 18 - Nursing staff met the trust target in six of the 10 mandatory training modules. This was the same as reported at the last inspection in December 2019. Unregistered and administrative staff groups also met the trust target in six of the 10 modules they were eligible for.	Trust wide/Specialist Medicine	
		Not Rated	Page 18 - Medical staff performed slightly worse than the other staff groups, achieving the 85% target in five of the nine mandatory training modules. However, this was a significant improvement on the last inspection where the target had been met in only one module.		
SD09	The trust should ensure patients are referred to the correct patient pathway at the earliest opportunity.	Not Rated	Service area Page 3 - Patients were not always put on the correct patient pathway which delayed the start of their treatment and increased the risk of deterioration.	Specialist Medicine	

SD10	The trust should improve the timeliness of incident investigations.	Not Rated	<p>Page 28 - Managers reviewed accidents and incident reports, but these were not carried out in a timely way. The trust reported that they had a large backlog of serious incidents to investigate. At the time of our inspection records showed medical care had 330 incidents that were overdue by 45 days and a further 203 incidents overdue by 60days. This meant the service could not in a timely manner, learn from the incidents or take action to prevent the incidents from happening again.</p> <p>The service had a back log of serious incidents that were overdue for investigation.</p>	Trust wide	
SD11	The trust should embed its new complaints process to respond to patient complaints about the service/s effectively, and in compliance with timelines set in the trust's complaint policy.	Not Rated	<p>Page 43 - The service did not always meet their target for responding to complaints. The target response time for all complaints was 30 working days and 60 days for complex complaints. At our inspection the specialist medicines care group had 27 outstanding complaints, 23 of which had breached their target date. Staff told us there had been an increase in patient complaints and minutes from the care group board meeting showed that some complaints were breaching their target as they needed to be signed off by the executive team.</p> <p><i>Whilst this action was identified in the Specialist Medicine Core Service review, it is a Trust wide recommendation.</i></p>	Trust wide	

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Trust CQC Infection Prevention and Control Action Plan
(response to CQC inspection undertaken 5th May 2021)
High Level Plan

Appendix 4 to Agenda item 6

Completed	8	Action has been completed and there is robust evidence to support that the action has been completed and where relevant embedded in practice
Overdue	0	Action is off track and assessed as unrecoverable within the current timescales and requires urgent action to address.
Off Track with actions to deliver	0	Action is off track and plans are being put in place to mitigate any delay
On Track	1	Action is on track with progress noted and on trajectory
Total Number of actions		9
Percentage of actions completed/on track		100%

No	Recommendations 2019/2020 Inspection	Self Assessment RAG Status	Issues Identified by CQC	Core Service Area	Date of Completion and Closure
IPC-MD01	The trust must ensure there is readily available clinical wash hand basin facility for staff in the adult discharge lounge to prevent the spread of infection. (Regulation 12(1)(2)(h))	Completed	There was no dedicated clinical hand wash basin in the adult discharge lounge. Staff could not readily access clinical handwashing facilities to clean their hands appropriately. They could only access a handwashing facility either in the sluice or the two patient toilets.	Trust Wide	The reason that original mobile sink was removed was due to the high risk of Pseudomonas as the clinical staff were regularly having to empty the water tank. This matter was raised by the CQC during the IPC Inspection (5th May 21) The Trust took the necessary action and installed a permanent clinical hand wash basin in the discharge lounge on 08/05/2021. Update 29.07.2021 Quality Panel: The Trust took immediate action once the issue had been raised. The panel were all in agreement that sufficient evidence had been presented and the Chair confirmed the action is closed
IPC-MD02	The trust must ensure there are comprehensive governance systems to support IPC standards. Regulation 17(1)(2)(a))	Completed	The trust did not have comprehensive governance systems to support IPC standards. Governance structures were not clear, and it was not clear how and what was communicated within them. It was not clear who had oversight, and that the Trust Board is not well sighted on the totality of risks and mitigations in terms of IP&C due to Board delegations to the QAC, where the BAF is presented Minutes of the Trust IPC Committee for November and December 2020 and January, March and April 2021 showed inconsistencies. These include the inconsistent attendance of members at these meetings, what was reported and how often they attended. The minutes also showed care groups and occupational health had reported intermittently. There were no standing agenda items. Risks related to IPC were not presented in detail and discussed at the meetings. It was unclear how the IPC leadership addressed the inconsistent attendance or reporting.	Trust Wide	Update 22.09.2021 Quality Panel : Evidence for the action has been thoroughly reviewed by the Evidence Panel; this included completed templates, Terms of Reference and minutes from the IPCC. The Evidence Panel were now satisfied that there is a robust process in place, although recognise this process may take time to mature. The panel were all in agreement that sufficient evidence had been presented and the Chair confirmed the action is closed

102	IPC-MD03	The trust must adopt a standardised reporting approach and ensure there is consistent attendance at the infection prevention and control (IPC) committee to enable clearer communication and accountability. (Regulation 17(1)(2)(a))	Completed	There was no standardised approach to reporting from leaders of each care group and inconsistent attendance at the trust's IPC committee. This made it difficult to track what was reported at each meeting. The trust was unable to track improvements and variations each month without a standardised approach.	Trust Wide	Update 22.09.2021 Quality Panel: Governance review has been undertaken. Updated TOR agreed including attendees, new reporting template agreed, tested and in use. The Trust has adopted a standardised approach. Evidence for the action had been thoroughly reviewed by the Evidence Panel; this included completed templates, Terms of Reference and minutes from the IPCC. The Evidence Panel were now satisfied that there is a robust process in place. The panel were all in agreement and the Chair confirmed the action is closed
	IPC-MD04	The trust must ensure reliable data is collected and analysed to enable clear tracking of IPC issues, variations and improvements. Regulation 17(1)(2)(a)(f) Action	On Track	The trust did not always collect reliable or consistent IPC data and analyse it. The IPC committee did not always receive reports from the leaders of each care group. There was no template for such reports. Inconsistencies in reporting from the care groups made it difficult to track improvements and variations.	Trust Wide	Update 22.09.2021 Quality Panel: . Action remains open. The panel were all in agreement to extend the deadline date as the IPC dashboard is near completion, date extended to the 21.10.2021. The action will then be presented to the Quality Panel for review and closure on the 21.10.2021.
	IPC-SD01	The trust should ensure the capacity of the IPC leadership team is adequate to support all staff	Completed	Leaders had the skills but did not always have the capabilities to manage infection prevention and control (IPC). They did not always have the capacity to support all staff, due to the lack of leadership stability and vacancies within a new IPC team. The trust had an ongoing active recruitment to key positions to strengthen the capacity	Trust Wide	Update 10.08.2021 Quality Panel: Recruitment to the IPC team is now complete. The panel were all in agreement and the Chair confirmed the action is closed The following posts have been recruited to: • IPC Data Clerk • IPC Matron, Band 7 IPC Nurse • Band 6 Trainee Infection Control Nurse • Associate Director for IPC.
	IPC-SD02	The trust should ensure there is dedicated storage for rehabilitation equipment and adequate office space to enable efficient cleaning.	Completed	All areas we visited were visibly clean and tidy, except the rehabilitation gymnasium which was cluttered. The rehabilitation gymnasium in the therapies department was not used for carrying out a patient's rehabilitation. Staff said they carried out patient's rehabilitation on wards instead. The rehabilitation gymnasium was used for storage of equipment such as exercise machines and walkers, as the original storage facility had been converted to an office space for another department. A corner of the rehabilitation gymnasium was also used as an open layout office with limited space between desks to enable social distancing. While the whole environment was visibly clean, it was cluttered and almost the entire floor space was packed full of rehabilitation equipment. This did not allow efficient environmental cleaning and posed a risk to IPC.	Estates & facilities	06.10.2021 Update Quality Panel: The panel were all in agreement and the Chair confirmed the action is closed SD02 & SD03 were reviewed together at the Evidence panel as they are closely linked and impact on each other. All evidence had been reviewed, storage has been provided for equipment. Notice has been served to MCH, once the office space has been vacated Therapies staff can move in to that space. This will allow gym equipment to be spread out and enable easier cleaning of the larger equipment. The evidence panel is satisfied they have seen enough evidence and undertaken robust discussions to support the closure of both actions.
	IPC-SD03	The trust should facilitate social distancing in the therapies department	Completed	A corner of the rehabilitation gymnasium was also used as an open layout office with limited space between desks to enable social distancing	Unplanned and Integrated Care Division	06.10.2021 Update Quality Panel: The panel were all in agreement and the Chair confirmed the action is closed SD02 & SD03 were reviewed together at the Evidence panel as they are closely linked and impact on each other. See commentary above.
	IPC-SD04	The trust should consider making a changing facility available when therapies staff are expected to change uniform at work.	Completed	Not all therapy staff had office space to complete administrative work resulting in them spending more time on wards than needed. Some therapy staff reported there was insufficient changing facilities for staff when they were expected to change uniform at work, so staff changed in toilets and staff break rooms.	Unplanned and Integrated Care Division	Update 22/09/2021 Quality Panel: The panel were all in agreement and the Chair confirmed the action is closed The Evidence Panel agreed the Trust had gone beyond the original action ensuring changing facilities were available for all staff across the Trust. A map and list of facilities were available on the intranet and this had also been communicated to staff via global emails and directly to the Therapies department via the Head of Therapies.
	IPC-SD05	The trust should consider how it can further improve the culture within the housekeeping team.	Completed	Not all staff felt respected, supported and valued. Some housekeeping staff experienced bullying within their teams. Some staff said they did not feel respected and did not receive support from senior leadership.	Estates & facilities	06.10.2021 Update Quality Panel: The programme for cultural change was now commenced. After discussion the panel were all in agreement that the evidence was robust and the Chair confirmed the action is closed