

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Outdated and old-fashioned dormitory wards in mental health facilities compromise the safety, dignity, and privacy of patients. NHS England and the Government have pledged £650million in national funding to replace out-of-date mental health dormitories with single ensuite rooms, to help improve care for mental health inpatients across the country.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Investing in a new purpose-built facility would mean that patients would no longer need to be cared for in an outdated ward which compromises their privacy, dignity and safety and is not suitable for their needs.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

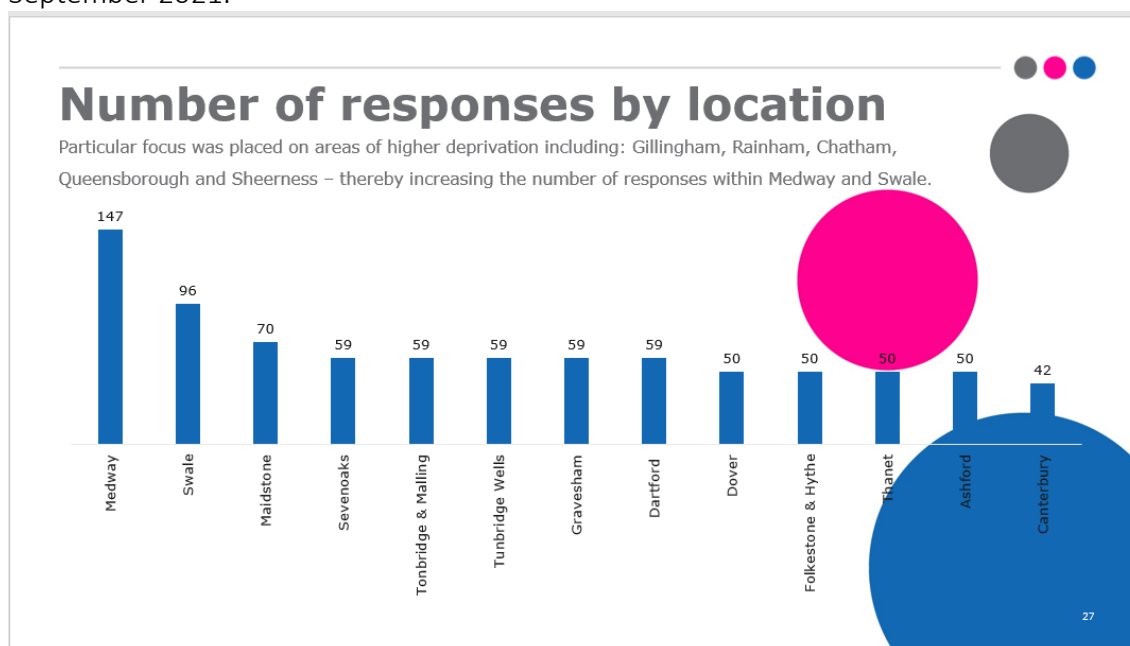
10 targeted focus groups were held in September 2021, facilitated by the Public Engagement Agency, to provide a more in-depth insight into the views of local people, including those with particular protected characteristics. 42 participants took part. The following table shows the number of participants,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