

Pathways for Change Task Group – Interim Report

1. Purpose of Report

- 1.1 To inform members of the initial findings of the Task Group looking into the implications of the hospital closures in Bradford on Avon and Westbury, and the outcomes of the Pathways for Change engagement and consultation process.
- 1.2 To outline further work that will be undertaken by the Task Group.

2. Introduction

- 2.1 On 14 September 2005 the Health Overview & Scrutiny Committee made a number of resolutions relating to West Wiltshire PCT's proposal to close the community hospital at Bradford on Avon and to partially close Westbury without formal public consultation.
- 2.2 The Health OSC meeting on 14 September generated a lot of interest, with over 70 members of the public attending to participate in, and listen to the discussion.
- 2.3 The Committee took the decision not to object to the closures formally, or to call for full public consultation, because of fears that failure by the PCT to save money would jeopardise the outcomes of the Pathways for Change engagement process and forthcoming public consultation. Members were also assured that, if the two hospitals closed, the services would be relocated at other units in West Wiltshire and there would not be an overall reduction in either bed numbers or services.
- 2.4 The Task Group was formed and asked to work jointly with the Patient & Public Involvement Forums to enable both these statutory consultees to satisfy themselves on a number of issues regarding relocation of services, communication with staff, the public, other service providers and stakeholders and plans for reinvestment in community services.
- 2.5 The Task Group has also been asked to respond to the Pathways for Change consultation, which is expected to start following the conclusion of the Pathways for Change process, which is aiming to identify healthcare services for all of Kennet, North and West Wiltshire.

- 2.6 The full remit for the Task Group is outlined in the resolutions passed by the Committee on 14 September 2005, which is attached here at Appendix 1.

3. The Task Group's Initial Investigation

- 3.1 Following an early scoping session, the members of the Task Group agreed that the early work should focus on what was happening to the services that were to be relocated from Bradford on Avon and Westbury to the other units in West Wiltshire, how people affected by the changes were being kept up to date and what the implications from the changes were with regard to the staff, voluntary services and social services working in the area.
- 3.2 The Task Group agreed to carry out interviews with a number of key individuals who had either put themselves forward for involvement following the Health OSC meeting on 14 September, or who had been identified by the Task Group as being able to offer relevant views and information.
- 3.3 Arrangements were made to interview representatives from the town councils, the Leagues of Friends, the Royal College of Nursing, Unison and some of the staff who work in the two hospitals. However there are a number of interviews still to take place and, from the first round of interviews the Task Group was able to identify further people that they would like to invite to give a view.
- 3.4 This work will continue throughout November and further reports will be made to the Committee as appropriate.
- 3.5 The interview sessions have brought several concerns to light and have allowed a number of differing points of view to be aired, discussed and incorporated into the Task Group's initial findings.

4. Service Models

- 4.1 Interviews with the staff working in the units, and with Sandy Major who is co-ordinating the relocation of services on behalf of the PCT, highlighted a number of initiatives which, if adequately resourced, may help to improve local services significantly, not just in Westbury and Bradford on Avon, but across the whole of West Wiltshire. They also described the constraints of the current configuration of services, which are outlined below:
- Keeping five sites open has meant that staff and resources are thinly spread.
 - When pressures arise at any of the units, gaps in the system quickly widen and it becomes almost impossible to keep the right skill mix across the five hospitals.
 - There are difficulties in releasing staff to do anything other than mandatory training, which in turn halts personal development leading to feelings of dissatisfaction among staff.

- The lack of training and opportunity to specialise limits career pathways, which dissuades people from joining the workforce as they can't see any potential for future development. This has previously led to temporary closures across the service as a whole.
- The lack of other types of services, such as 24 hour district nursing, can lead to people being admitted to hospital when they could otherwise be treated safely at home. In older patients this can also lead to a loss of independence, described by the professionals as “de-skilling”, as nurses in the hospitals attend to all the patient's needs and patients are less likely to perform simple tasks themselves.

- 4.2 It was clear that the middle management team, which is responsible for delivering services at the units had given great consideration to how teams could work more efficiently and effectively in the community in the future and they have put forward a plan to the PCT to form a comprehensive multidisciplinary team for that purpose.
- 4.3 This multidisciplinary team would encompass rapid response assessment, intermediate care and rehabilitation. If this service was adequately funded and resourced, the staff feel it would be possible to keep more people in their own homes instead of having to admit them to hospital.
- 4.4 The staff who had worked on the plan displayed a great deal of enthusiasm for this model of care and were convinced that, as long as the funding and the staff were in place, this would represent a better service for patients and a more structured and rewarding career path for staff.
- 4.5 The Royal College of Nursing also supported the theory that teams could work effectively in the community from one central base and that, given the right level of funding, this could provide an excellent career pathway for nurses and other professionals entering the service. However, again the key message was that the success of this scheme would be dependent on the levels of investment.
- 4.6 However, when speaking to the individuals who lived in the Westbury area, it became clear that many people do not understand how services can be delivered in the community as successfully and effectively as they are currently being delivered at the hospital. The town representatives did not accept that having professionals moving around the community would have such a beneficial affect on patients as the current system whereby the staff are all under one roof and communication between various disciplines is good. Nor did these stakeholders feel that enough had been done to explain what the alternative provision would be after the decision to close the hospitals had been taken.

5. Staff Issues

- 5.1 At the time of the Task Group interviews the PCT staff consultation document had not been published, and so representatives could not give an indication of what the closures would mean for individual members of staff in terms of redundancies and opportunities to retrain. The Task Group was told that the staff consultation document would be ready for publication on 31 October and that the statutory three month consultation period with staff would therefore commence on 1 November. Prior to this, the Union representatives were expecting to have met with the PCT for a briefing session on the contents of the consultation document.
- 5.2 The middle management team working across West Wiltshire felt that information and consultation had so far been better than in previous experiences and they felt they had been kept adequately informed since the announcement that the closures were going to take place.
- 5.3 Both the staff and the Royal College of Nursing confirmed that there is a staff counselling service, and that it operates entirely confidentially and without managers necessarily having any indication as to whether their staff have accessed it or not.
- 5.4 However, the Royal College of Nursing were in some doubt as to whether the staff in the lower tiers felt as informed and included as those who hold middle management positions and there was a general feeling that sickness levels had gone up since the announcements to close the two hospitals were made.
- 5.5 The Task Group has received copies of staff newsletters, which have been circulated to all staff since the announcement of the closures. However, by the time the staff consultation begins staff will have had to wait three months for any indication of whether or not they will be employed in the future, or what opportunities for retraining might be available. It will be very difficult for staff working in the community to be positive about changes when they are uncertain about their own futures.
- 5.6 It must also be noted that Bradford on Avon hospital initially closed on a temporary basis on 8 August 2005, and that since then the staff have been working in other units. It was pointed out by union representatives that staff are being moved from one unit to another on an almost daily basis, to ensure that adequate cover is available in all the remaining hospitals at all times, and that whilst this does make good use of resources and ensures continuation of remaining services, it also puts a tremendous strain on the staff concerned. The Task Group accepts that individual contracts may well include the proviso that staff can be moved to work where there is a need, but would also call for the PCT to recognise that a prolonged period of this uncertainty could take a physical and emotional toll and could cause further distress at a difficult and uncertain time.

- 5.7 Union representatives were also concerned about the possibility of redundancies. The Task Group was informed that there are 96 whole time equivalent jobs affected across the two hospitals, but because many of the posts are held by part time workers, this could actually affect as many as 130 jobs. The unions are assuming that 96 whole time equivalent posts will be made redundant, although until the staff consultation document is published, it is not clear how many members of staff will have the opportunity for redeployment across the service or what retraining packages may be available.
- 5.8 Unions are anxious that any redundancies should be offered first on a voluntary basis, to allow members of staff who may be approaching retirement to take the opportunity if they wish. The unions also feel this would allow younger members of staff, who may only have been employed in the service for a few years, opportunities for career development which would benefit the service for many years to come. However the unions fear that the high cost of allowing longer serving members of staff to accept redundancy will cause the PCT to opt for compulsory redundancies, which is likely to affect the younger members of staff in the first instance. The unions accept that the PCT will need to retain a mix of skills and grades.

6. Communication

- 6.1 In all cases the interviewees felt that communication from the PCT has been patchy, some felt the level of communication has been good, or at least adequate, and others that they have had to harass the PCT for information since the closures were announced.
- 6.2 The Royal College of Nursing made the point that members of staff in management positions at the hospitals may well feel that they have been better informed than those further down the scale; it was acknowledged that a staff newsletter had gone out regularly.
- 6.3 In terms of communication to the public in the two community areas affected, this was deemed to have been poor. Task Group members understood that the PCT was unable, at this stage, to give further details about the effects on staff, patients and services until the staff consultation had taken place, but that this message had not been effectively communicated to either the public or stakeholders.
- 6.4 In Westbury in particular, there is a great deal of fear about the future of services because no indication has been given about how they will be accessed in the future, or what will happen to the hospital buildings. Whereas in Bradford on Avon the town has at least been given some indication that the hospital site could be used for nursing home provision with GP services on site, in line with the service model which has been agreed for Malmesbury. Although many people in Bradford on Avon may be unhappy and consider this to be a reduction in service, they at least have the genesis of a project to build upon, whereas in Westbury there is nothing and townspeople are left feeling angry and that they have been unfairly treated.

7. Key Findings and Concerns

- 7.1 People in the communities affected feel that they have been treated unfairly. This is compounded by the fact that many people had reconciled themselves to change, but had believed this would be through the Pathways for Change process.
- 7.2 There is a perception among some communities that the Pathways for Change process has been irreparably compromised by the need to make financial savings in a short space of time.
- 7.3 There is an opportunity for the PCT to develop new community based services using their existing staff base, provided the level of investment allocated is sufficient. The success of this depends on the retention of a mix of skills and grades within the workforce, retraining and redeployment opportunities being made available and clear career pathways for staff being identified at the earliest opportunity.
- 7.4 Different groups of people have received differing levels of information.
- 7.5 Transport issues are of great concern to those living in local communities, but also for staff who are suddenly having to work in different locations. There is little evidence, at this stage, of partnership working with the local authority to ensure that issues of access and public transport to services has been adequately addressed.
- 7.6 The initial meetings have brought up a number of issues which the Task Group feel need further investigation:
- The effect on children's services
 - The effect on voluntary services
 - The effect on social services
 - The integration of local transport plans and development of health services
- 7.7 In addition the Task Group has written to the PCT to formally ask for:
- Sickness statistics across West Wiltshire since the announcement of the closures
 - The age demographic of the staff working in the community hospitals
 - Statistics for the use of agency and bank staff
 - Figures for patients who are discharged and who then have to be readmitted

- Costs for closing part of Westbury hospital, but for running the few services that remain there
- Details of the status of all temporary closures across West Wiltshire and Kennet and North Wiltshire
- Details of decisions to permanently close beds in Kennet, North and West Wiltshire over the last two years.
- Details of the plan to reinvest in community services using a sum of money identified as savings from the closures and announced at the PCT Board meeting on 31 August 2005
- Evidence that multidisciplinary community teams are effective
- Details of how the PCT will be working with Wiltshire County Council to ensure that transport issues are adequately addressed

8. **Further Work**

8.1 The Task Group has identified further work which it will carry out throughout November and December:

- Site visits to be arranged to each of the community hospital sites in Kennet, North and West Wiltshire
- Interviews to be arranged, if possible, with GPs, staff working at the hospitals who are not managers (after the publication of the staff consultation document), representatives for the various stakeholder groups in Bradford on Avon and officers responsible for transport planning at Wiltshire County Council
- Interviews with Cllr Judy Seager, Dr Ray Jones, Director of the Department of Adult and Community Services and Jenny Barker, Director of Operation for West Wiltshire PCT will take place on 1 November 2005

8.2 The Task Group has also identified a number of questions for the PCT which it will put to the Director of Operations on 1 November, or in writing to the Chief Executive if appropriate.

8.3 The Task Group will publish details of all those who contributed during the investigation and all evidence used in its final report to the Committee.

9. Recommendations

The Task Group formally recommends that West Wiltshire PCT:

- i) Investigates further the plan put together by professionals working within the service in West Wiltshire, which would bring together rapid response and assessment, intermediate care and rehabilitation services, but that any development of such a service must be adequately funded to ensure an improved alternative to the current configuration of services and not just to provide a stop gap or patchy alternative to cherished existing community facilities.*
- ii). That the PCT works with the unions to ensure that, as far as possible, redundancies are offered on a voluntary basis and that crucial skills are retained and continuation of services is assured.*
- iii). That any redevelopment of services, either now or at the end of Pathways for Change, builds in the capability and opportunity for staff to undertake training and research opportunities.*
- iv). That, as a matter of urgency, the PCT undertakes an information exercise to inform people in the communities affected how health care services will be delivered in the short term following the closure of the hospitals.*
- v). That issues of transport are treated as urgent and issues are discussed with stakeholders and communities at the earliest opportunity to ensure that development of transport links is closely aligned to development of services.*

IAN GIBBONS

Head of Legal & Democratic Services

Report Author

JO HOWES

Health Scrutiny Officer

The following unpublished documents have been relied on in the preparation of this Report

None