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12<sup>th</sup> November 2021

**For the attention of:** Caroline Selkirk, SRO for the Eradication of Dormitory Wards

**Re: Healthwatch Kent and Healthwatch Medway scrutiny of the Ruby Ward Consultation process (up until the post consultation phase)**

Healthwatch Kent and Healthwatch Medway have a clear role and process for acting as a critical friend on consultations. This is based on our Best Practice Guides on Consultations and Pre-consultation Engagement available on our websites. This process is undertaken by Healthwatch Kent and Healthwatch Medway volunteers and is based on the evidence of the activities and the planning and quality of what has been undertaken, from a lay person's view, but informed by extensive training from The Consultation Institute. For it to be objective, the volunteers will not have been directly involved in supporting the engagement activities, ensuring our findings are purely evidence based.

Using this framework we have reviewed the first three stages of the four-stage consultation process and have shared our conclusions on how we feel the process has gone so far:

**1. Case for Change**

Item	Discussion and any evidence seen
Is there clear evidence for the case for change?	The introduction to the document clearly states the case for change. The current premises (Ruby Ward at Medway Hospital) is not fit for purpose and does not fit the Government requirements for the replacement of dormitory wards. There is no other place on-site to accommodate a replacement build. The proposed site in Maidstone is occupied by the current mental health provider, KMPT, and is situated adjacent to the acute trust. This fits with the Government requirements.
Has there been a review of previous similar consultations?	In 2011 KMPT undertook work to find an alternative to accommodation in A Block for older people's mental health provision. The review represented the most thorough up to date estates' review available; seven individual sites being under consideration. The preferred option was the redesign of A Block but it became clear that this was not a viable option. In 2013 A Block was referred to the Secretary of State for



Item	Discussion and any evidence seen
	<p>closure after a consultation in which all stakeholders agreed unanimously about the unsuitable conditions on A Block for patients.</p> <p>The Public Engagement Agency (PEA) were commissioned to conduct a review of any engagement activity that had already taken place across Kent and Medway that could inform plans for consultation on the proposals.</p>
Has an initial impact screening been carried out?	An Integrated Impact Assessment, a copy of which is available, has been undertaken in which it has been pointed out that the proposals would have a significant beneficial impact on quality, safety and patient outcomes. It also identifies where certain groups with protected characteristics would “disproportionately benefit”. Those from deprived communities may be negatively impacted because of travel times and access which could be mitigated by the provision of volunteer transport. The IIA shows in detail how they will target these groups.
Have the public been involved in any way with developing the case for change?	<p>Section 1.2 of the document “Eradicating Dormitory Wards...” suggests that, after a desk-top review to provide a baseline for engagement activity, there have been interviews and focus groups with Ruby Ward patients and relatives, and they have sought to engage with previous service users and their carers through KMPT networks, Healthwatch Kent and Healthwatch Medway.</p> <p>Engagement with the public started in October 2020 and the log details weekly meetings with in-patients on Ruby Ward, on-line surveys, focus groups and telephone interviews. Two relatives volunteered to be interviewed.</p>
Was there a written plan for the pre consultation stage?	<p>There is an objective in the pre-consultation business case to “detail the process undertaken to engage patients, the public, staff and other stakeholders in the pre-consultation phase”. It is said that this is a working document (“Eradicating Dormitory Wards”) and will continue to be developed as they progress towards the consultation.</p> <p>There are objectives and brief plans set out in the NHSE stage 1 Assurance Panel slide deck, but we have not seen evidence of the full pre consultation stage plan.</p>

## 2. Pre-Consultation

Item	Discussion and any evidence seen
Was a more detailed impact assessment carried out? Did it clearly identify the communities that should be involved in pre-consultation engagement?	The following groups are clearly identified - age, people with disability, gender re-assignment, race, religion or belief, sex, sexual orientation, carers, social and economic deprivation, clinically extremely vulnerable, and there is a clear plan outlined to address each one. Refer to Section 5. of the document
Was the most appropriate method of engagement used for each group?	Focus groups and telephone interviews conducted by the Public Engagement Agency are evidenced in appendix 10 and 12 of the Pre consultation Business Case.



Item	Discussion and any evidence seen
	<p>13 telephone interviews took place speaking to 6 patients and 7 carers</p> <p>Two separate focus groups were held on 28th June 2021, 11 staff and 6 patients were involved in the sessions.</p>
How much time was given to the pre-consultation and was this sufficient to develop a robust set of options?	Evidence has been provided to show engagement from September 2020 through to July 2021 which included service users, carers and staff. This would indicate sufficient time.
Did the engagement result in the identification of options to be considered in the consultation?	<p>Only one option has been proposed for the new location of this facility, based on 5 criteria to meet the requirements of the capital bid process and national policy.</p> <p>Hurdle Criteria used to assess potential options was explained clearly and 3 evaluation criteria were agreed should there be other options that emerge from the consultation phase.</p> <p>Section 7.4 and Table 6 set out the assessment of the options and rationale as to why or why not sites were successful.</p>

### 3. Consultation

Item	Discussion and any evidence seen
Were the options presented in such a way as to be understood by the wider population?	There was only one option presented which was presented well. Some of the audience may have found the Consultation Document difficult to follow. A summary version and Easy Read version were also produced.
Was the timescale for the consultation proportionate to the impact, and realistic, to allow a considered response from all stakeholders?	<p>Yes, given its context and time pressures to access funding. However, the slight drawback is that part of the consultation is over the summer break although this was mitigated by having the majority of proactive engagement activity into September. The consultation was extended from 6 to 7 weeks at request of Medway HASC to give more time post holiday season.</p> <p>There was a consultation plan which identified who might be most affected and how they would be given an opportunity to share their feedback.</p>
Was clear information available, including the case for change and information about the pre-consultation phase?	There is reference to the pre-consultation in the Consultation Document, and to the Case for Change. Other evidence for each of these has also been presented, including a very comprehensive Case for Change. Although abbreviations are explained, they come thick and fast and it may be difficult for the lay reader to follow and understand the narrative without constant referring back.
Were multiple methods of access to the public used?	The Consultation Document is available online and to obtain a paper copy a phone call can be made to the engagement team requesting a copy, or one can be obtained by writing to a free phone address. However, it is also very hard to find on the website as there is a long and protracted pathway. One can end up in the Medway HASC instead of the document. The Consultation Document states that an easy read version is being developed and will be published on the web page when it becomes available. (NB this was not found on the website 5 days after



Item	Discussion and any evidence seen
	<p>the start of the consultation). The document is also said to be available in large print, braille or another language. There were also changes made to make the information much easier to find on the CCG website.</p> <p>Alongside this there was comprehensive awareness raising including through social media, newspapers, existing bulletins, information to stakeholders to cascade. (p18-27 Activity Report)</p>
<p>What opportunities were available to allow public discussion of the options, and were these the most effective method to reach all groups?</p>	<ul style="list-style-type: none"> <li>• Two public meetings took place with two others being cancelled due to a lack of attendees</li> <li>• There were three exhibitions that people could attend</li> <li>• Telephone interviews took place with an additional 100 being commissioned to focus on people from areas of deprivation.</li> <li>• Attendance at 12 stakeholder group meetings</li> <li>• Consultation questionnaire responses</li> <li>• 10 focus groups including 6 which focused on hearing from people with protected characteristic.</li> </ul> <p>(pg 28-26 Activity Report )</p> <p>In total there were 4500 direct engagements (target 2955) and 987 responses (target 1773)</p> <p>There were 20 people with protected characteristics, who were seldom-heard/hard-to-reach or fell within the most impacted groups who attended focus groups (target 36)</p> <p>There were 2 listening events for staff, with one being dedicated to Ruby Ward staff.</p> <p>20 staff in total attended and 19 consultation responses were received.</p> <p>People were encouraged to suggest any other options that may have not been considered</p>
<p>Were regular updates provided during the consultation period?</p>	<p>Updates were given to HASC and HOSC, the CCG and KMPT board</p> <p>A midpoint review was undertaken and 100 additional phone interviews were commissioned.</p> <p>10/09/2021 Karen Benbow, Director of System Commissioning, updated members of the Medway and Swale ICP Patient Engagement Group on progress to date.</p>

## Conclusions

Overall, we feel that a sufficient process has been followed so far in this consultation. The Case for Change is clearly explained and presented. There is also a robust Equality Impact Assessment and Integrated Impact Assessment understanding who will be most affected by the changes of the option presented.



The criteria by which options have been assessed against hurdle criteria has been presented clearly and there is transparent reasoning why only 1 option was feasible. The consultation also encouraged potential additional options that would meet that criteria to be shared from the public

We might expect to see a clearer structure and longer-term plan for pre-consultation engagement but recognise the time constraints that were at play in order to bid for funding. The number of people attending focus groups during the consultation engagement with protected characteristics/ those most impacted by the change did not meet the target set in the PCBC. Despite this we feel that due regard was given to hearing from these people. There were also comprehensive opportunities for people to respond more generally to the consultation and our view is that the numbers of people engaged in the process is proportionate to the suggested change taking place.

One learning is to ensure easy read versions are ready and publicised in time for the start of the consultation although this is unlikely to have severely affected the number of respondents.

In summation we feel that the necessary steps in the process have been followed appropriately up until this point. We will be asking to see evidence for the final, post consultation, phase including:

- Was the decision-making process made clear?
- How has the final decision been communicated?
- How has it been demonstrated that feedback from respondents was listened to?
- Have next steps been defined including any mitigations that have/will be put in place?

Kind regards,

**Robbie Goatham**  
Healthwatch Kent Manager  
On behalf of the Healthwatch Kent Steering Group

**Martyn Cheesman**  
Healthwatch Medway Manager  
On behalf of the Healthwatch Medway Steering Group

