

COUNTY DURHAM AND DARLINGTON ORGANIC BED EVALUATION – JANUARY 2017

1. PURPOSE OF REPORT

The purpose of the report is to present to the Overview and Scrutiny Committees (OSCs) and CCGs within County Durham and Darlington the evaluation of the organic bed changes which were implemented in August 2016.

2. BACKGROUND

Tees Esk and Wear Valleys NHS FT (TEWV) submitted a proposal to Commissioners and OSCs in Q4 2015/16 to reconfigure organic inpatient wards in County Durham and to reduce from 3 wards (of 10 beds each) to 2 wards (of 15 beds each). The proposal included 3 options for the location of the two wards. Following public consultation which ended on 28 March 2016 the OSC and CCGs confirmed in June 2016 the option to site both wards at Auckland Park Hospital (APH) in Bishop Auckland and close Picktree ward at Lanchester Road Hospital, Durham. This was the clinically preferred option as it meant that separate wards for men and women could be provided in the better physical environment in terms of the ward size and made the most efficient use of clinical time and provides a concentration of clinical expertise and resources based on one site. The preferred option recognised the impact on patients from North Durham and Easington and the further travel for them and their family/carers. The Trust was requested by Durham OSC to develop a mitigation plan to address the following specific issues:

- The option of choice for each admission to be discussed with patients and carers to include Northumberland, Tyne and Wear NHS Foundation Trust (NTW NHS FT) and Gateshead NHS Foundation Trust (Gateshead NHS FT) as well as TEWV
- TEWV to mitigate the impact of excess travel for family/carers in North and North East Durham
- To agree to evaluate the change after 6 months and report to the CCGs and OSCs.
- CCGs requested an update on existing community services available for patients in North Durham and this was provided at that time (as embedded documents within the implementation plan).

3. EVALUATION

The move to 2 wards was implemented from 1 August 2016. The evaluation covered the period August 2016 – end December 2016 (unless where indicated*). The following indicators and qualitative information was used to inform the evaluation.

- Choice (* 3 months Oct – end Dec 16) - this reflects the time that was required to clarify the process and detail of arrangements with other provider trusts.

- Travel
- Number of admissions
- Mean and median length of stay (* YTD 16/17)
- Readmissions within 30 days
- Staffing – use of additional flexible staffing
- Feedback from families, carers

The table below provides the further detail of the evaluation:

CRITERIA AND INFORMATION	IMPACT
<p>Choice</p>	<p>Information in respect of Choice was provided from 1st October 2016 to 31st December 2016. This reflects the time that was required to clarify the process and detail of arrangements with other provider trusts. The leaflet that was developed for patient/family/carers is embedded below. The CCGs and OSCs will be aware that the mitigation plan highlighted that the majority of admissions are unplanned and subject to the MH Act and the plan outlined the processes to be followed for planned and unplanned admissions. The mitigation plan explained that choice will be dependent upon bed availability at the time of admission within Northumberland Tyne Wear NHS FT or Gateshead NHS FT if this is their choice. Since then Gateshead NHS FT advised that they were unable to support the offer of choice to their wards.</p> <p>We had 15 patients admitted in this period from North and North East Durham (10 males, 5 females): 14 of these were offered choice, 1 was awaiting admission to a specialist bed at Walkergate, Newcastle. 13 declined and wished to remain at AP. In the additional case Gateshead Hospital would have been preferred but we were not able to consider, therefore admission to the unit at Monkwearmouth was offered but the patient and family elected to stay at Auckland Park Hospital. The protocol is being followed for unplanned admissions in that ward staff discuss with families within 24 hours where possible.</p> <div data-bbox="660 1050 748 1134" data-label="Image"> </div> <p>L956 v1 - Auckland Park - Choice on admi</p>
<p>Travel</p>	<p>Travel claims from 1st August 2016 to 31st December 2016 : Total number of patients admitted from North Durham – 29 (16 males, 13 females)</p> <p>Total number offered travel support 22, of these:</p>

	<p>Total number people claiming 10: Taxis 7, Mileage claims 3 (One further mileage claim was given but not submitted), 1 train (claim form not submitted), No Claims have been refused Total number declining 10</p> <p>A total of 66 return taxi journeys were provided by the Trust's taxi provider at a cost of £3,931. The provision of taxi journeys was entirely according to the needs of the individual carers and the admission of the patient and ranged from 4 to 23 return journeys. Expenses for the use of private cars to travel to hospital visits totalled £1,114 cost.</p> <p>Total number not offered travel assistance 7, of these:</p> <ul style="list-style-type: none"> 1 patient transferred and discharged to Acute hospital within 24 hours of admission 1 patient and family lived closer to Auckland Park Hospital then Lanchester Road Hospital 4 patients had no visits as either no contact with family (n=2), no local family or visitors (n=2) 1 patient who has been discharged we can find no documented evidence of offering family travel assistance, we have since contacted the family and agreed to support a retrospective mileage claim <p>The leaflet for patient and carers is shown below:</p> <div style="text-align: center;">  </div> <p>L957 v1 Auckland Park Hospital - Excess</p> <p>The ward continues to offer maximum flexibility in visiting times which will enable carers' flexibility to visit their relative without time constraints often placed by other wards. The visiting times are from 10am – 8pm and if visitors need to visit outside these times this can be discussed with the ward manager.</p> <p>Within each ward visitors have the use of a computer to be able to use services such as skype to maintain contact. It has not been used in the evaluation period but an account is active for a current inpatient.</p>
<p>NUMBER OF ADMISSIONS</p>	<p>Although the reconfiguration did not alter the number of organic beds we have included activity information to evaluate the level of admissions and to ensure we are able to meet demand.</p> <p>During the evaluation period there were 60 patients from County Durham and Darlington who were admitted to Auckland Park (AP). Within the Consultation document the analysis of admissions for 12 months ending August 2015 showed 149 admissions. The level of admissions has continued to remain stable (12 month forecast outturn 144).</p> <p>Shown below is further detail of the patients admitted from specific local areas of County Durham:</p>

Derwentside: 5
 Durham City: 6
 Chester le Street: 10
 Easington: 8
 Durham Dales: 14
 Sedgefield: 13
 Darlington 6

AVERAGE AND MEDIAN LENGTH OF STAY

We have included this in the evaluation to see if there has been any change in the average or median (middle) length of stay, in particular for patients in North Durham who have had to travel further when admitted. Although we have put in place arrangements to ensure that patients' family/carers can visit them regularly as we know this is an important factor in patients' improvement, therefore we wanted to evaluate to ensure that there has been no significant adverse impact in terms of their length of stay.

When we compare the average and median length of stay (YTD end Dec 16) with the previous years we see there has been no increase in average or median length of stay. We are also aware of LA proposals to reorganise their social worker provision to have a dedicated post for AP which will further support prompt transfer of care.

AVERAGE AND MEDIAN LENGTH OF STAY - SHOWN SEPARATELY BY WARD AND CCG

	AVERAGE LENGTH OF STAY			MEDIAN LENGTH OF STAY		
	14/15	15/16	16/17 YTD	14/15	15/16	16/17 YTD
DARLINGTON CCG	70	58	44	45	48	39
DDES CCG	59	66	48	31	56	43
NORTH DURHAM CCG	61	52	48	59	51	34
HAMSTERLEY	59	60	48	34	51	44
CEDDESFELD	68	60	46	40	48	26
PICKTREE	62	59	Ward closed 1	61	56	Ward closed 1 August

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			August					
Readmissions	<p>In this period there were no readmissions of patients who had been discharged from either Hamsterley or Ceddesfeld wards in the previous 30 days. This demonstrates that the discharge planning and support provided by community services has been effective in maintaining the patient in their home.</p>							
Staffing	<p>The evaluation looked at whether the requirement for flexible staffing (eg staff to meet the need for patients on enhanced observations) has changed since the move to 2 single gender wards. The information on flexible staffing for organic inpatient wards in years prior to 2016/17 when there were 3 wards including 1 mixed sex ward showed that the expenditure for additional observations was higher for Picktree (the mixed sex ward) than the total for Hamsterley and Ceddesfeld wards. Prior to the reconfiguration of the organic wards in the current financial year 2016/17 the additional flexible staffing for observations for Picktree was £66k and was £35k in total for Hamsterley and Ceddesfeld at that point. At 31 December 2016 the additional cost of flexible staffing to cover observations was £80k in total for Hamsterley and Ceddesfeld which is reasonably in line with the two previous years.</p> <p>As a result of the changes we have introduced 1wte consultant for each ward, whereas previously there were 4 different consultants over 3 wards with community and inpatient responsibility. The dedicated ward consultant provides improved clinical leadership for the ward team.</p> <p>The provision of organic wards on one site has reduced travel time between sites for staff and allows further time to provide input to the wards. This has a positive impact on the additional direct clinical time that the physical health advanced practitioner can spend on the wards up to the equivalent of an additional 12 working days per year. This level of additional clinical time is available to other posts supporting organic wards such as the activities coordinator who no longer has to travel between sites.</p>							
Feedback from patient, family, carer(s)	<p>The Friends and Family Test (FFT) scores 6 months ending Dec 16 for both wards show that 100% of respondees rated their care as excellent. The lowest rating was in respect of things to do on the ward with responses ranging from 32% to 67% saying they were enough things to do. The established programme of activities is displayed prominently on each ward and the ward staff will ensure visitors are aware of this to encourage their involvement if they wish.</p> <p>Carers: 100% of carers rated as excellent their 'involvement in decisions about care & treatment of the person you</p>							

care for'. (This is based on 2 months information only as there were technical issues with the FFT devices during this period). The ward staff have also used the FFT feedback to identify team objectives.

During this period there has been no informal or formal complaints from D&D families. A number of positive comments are shown below:

Hamsterley

'Make me feel as though someone cares.'

'You are a bridge over troubled waters to help with my loneliness and anxieties.'

'All the staff are very good here and affectionate.'

'You definitely can not do anything better than what you do.'

Ceddesfeld

'Care very good and lovely staff who are always friendly.'

'Pleased with the taxi service due to Picktree closure, it helped me a lot as I didn't have to rely on family and could visit independently.'

'The staff are fantastic.'

'Thank you all so much for the care you have given my dad.'

Evaluation of other actions identified in the mitigation plan are:

While we haven't had any concerns raised with car parking at AP we recognise this is an issue we need to address and will introduce 2 dedicated spaces at AP for patients and carers.