

COUNTY DURHAM AND DARLINGTON ORGANIC BED EVALUATION – OCTOBER 2017

1. PURPOSE OF REPORT

The purpose of the report is to present to the County Durham Overview and Scrutiny Committee the evaluation of the organic bed changes which were implemented in August 2016. A report covering the initial evaluation period of August 2016 to December 2016 was presented to the OSC in March 2017. The Committee requested a further update be received by them in November 2017 and this report provides an update on the evaluation for the period 1st January 2017 to 30th September 2017.

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 (AP) 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 12 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. An initial evaluation of the period August – end December 2016 was presented to the OSC in March 2017. This further evaluation covers the period January 2017 – end September 2017. The following indicators and qualitative information were used to inform the evaluation:

- Choice
- Travel
- Number of Admissions
- Mean and Median Length of Stay
- Readmissions within 30 days
- Staffing – use of additional flexible staffing
- Feedback from families, carers and members of staff

The table below provides the further detail of the evaluation:

CRITERIA AND INFORMATION	IMPACT
<p>Choice</p>	<p>Information in respect of Choice is provided for patient/family/carers at admission and the document 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>All patients admitted in the period from 4th January 2017 to 30th September 2017 from North and North East Durham were detained under the MHA and discussion took place with their family members after admission.</p> <p>During August and September, due to a very high level of patient acuity at AP and the associated increased level of observations required, a small number of patients were unable to be admitted to AP and were admitted to wards in other parts of the Trust (Oak Ward, West Park Darlington and Meadowfield Ward York). NB: this was not due to lack of availability of beds but was due to patient acuity and the requirement to maintain safety for all patients.</p> <p>Total number not offered choice 9, of these, reasons as follows:</p> <ul style="list-style-type: none"> • Two patients were admitted directly to Meadowfield Ward in York and then transferred to AP, so it was not appropriate to offer a further move

	<ul style="list-style-type: none"> • Six patients had no family members to offer choice to • One patient was only admitted into AP for one day <p>One patient wished to move and Monkwearmouth were approached but were unable to accommodate the patient. All other patients declined and wished to remain at Auckland Park.</p> <div style="text-align: center;">  <p>L956 v1 - Auckland Park - Choice on admi</p> </div>
<p>Travel</p>	<p>Travel claims from 1st January 2017 to 30th January 2017:</p> <p>Total number family members claiming 31: Taxis 15, Mileage claims 16, Hotel Stay 1 (NB: There are cases when more than one family member per patient has submitted a travel expense claim)</p> <p>The claim for overnight hotel stay in York was made by the family of one of the two patients who were admitted to Meadowfield before transfer to AP; the other patient admitted to Meadowfield had no family to offer travel to.</p> <p>Total number of families declining: 12</p> <p>The families of 2 patients lived closer to Auckland Park than Lanchester Road and so were not entitled to submit travel claims</p> <p>No Claims have been refused</p> <p>A total of 110 return taxi journeys were provided by the Trust's taxi provider at a cost of £6,408. The provision of taxi journeys was entirely according to the needs of the individual carers and the admission of the patient and ranged from 1 to 20 return journeys. Expenses for the use of private cars to travel to hospital visits totalled £3,295 cost.</p> <p>Total number not offered travel assistance 9, of these, reasons as follows:</p> <ul style="list-style-type: none"> • Six patients had no visits as either no contact with family or no local family or visitors • One patient was admitted to AP for one day only • Two North Durham patients were admitted to Oak Ward; they have now been discharged into 24 hour placements. The families were not offered travel support as the ward were unaware of the procedure and AP staff have since contacted the family to advise that costs can be claimed. One family has been contacted and are in the process of submitting a retrospective mileage claim. Attempts are being made to contact the family of the other patient to discuss their travel claims.

	<p>The leaflet for patient and carers is shown below:</p> <p></p> <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. Carers are also able to use conference call facilities to dial in to meetings relating to their relative's care plan, etc.</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 period from 1st January 2017 to 30th September 2017 there were 121 admissions from the County Durham and Darlington area. 117 were admitted to Auckland Park Hospital. During the January to September evaluation period, 4 patients who would normally have been admitted to APH were admitted to Oak Ward at West Park Hospital. This is due to high numbers of existing patients on the wards at AP requiring additional observations making it difficult to maintain safety on the ward for all patients if the number of patients increased.</p> <p>Within the Consultation document the analysis of admissions for 12 months ending August 2015 showed 149 admissions. The 12 month forecast outturn for 2017/2018 is 161 admissions, which demonstrates a relatively stable position. The level of admissions and average length of stay (details below) demonstrate that bed numbers are sufficient to meet demand.</p> <p>Shown below is further detail of the patients admitted from specific local areas of County Durham:</p> <p>Darlington CCG: 10 DDES CCG: 78 North Durham: 33</p>
<p>AVERAGE AND MEDIAN LENGTH OF STAY</p>	<p>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</p>

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.

Although there has been a slight increase in the average and median length of stay for both Ceddesfeld and Hamsterley wards from 16/17 to 17/18 YTD, the average length of stay has decreased for DDES and North Durham CCG patients over the same period.

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

*Mean Data for Darlington CCG and Hamsterley Ward 16/17 excludes one patient with a total length of stay of 1,496 days

	AVERAGE LENGTH OF STAY				MEDIAN LENGTH OF STAY			
	14/15	15/16	16/17	17/18 YTD	14/15	15/16	16/17	17/18 YTD
DARLINGTON CCG	70	58	39*	74 ^	45	48	29	118 ^
DDES CCG	59	66	49	48	31	56	33	38
NORTH DURHAM CCG	61	52	52	48	59	51	31	57
HAMSTERLEY	59	60	54*	55	34	51	45	51
CEDDESFELD	68	60	42	47	40	48	26	27
PICKTREE	62	59	Ward closed 1 August	N/A	61	56	Ward closed 1 August	N/A

NB: ^ Data relating to length of stay for Darlington CCG 17/18 YTD relates to 2 patient discharges only

This data shows that there has been no adverse impact on length of stay due to the changes; patients are in fact staying for shorter durations, which demonstrate the benefits of single-sex wards, improvements to staffing, family visiting, etc.

<p>Readmissions</p>	<p>In this period there were two readmissions of patients who had been discharged from either Hamsterley or Ceddesfeld wards in the previous 30 days. Both of these readmissions were due to deterioration in patient's mental health which subsequently led to failed placements. The patient's GPs were within the Sedgefield and Durham Dales area respectively.</p> <p>During the initial evaluation period of August 2016 – December 2016 there were no readmissions within 30 days.</p>
<p>Staffing</p>	<p>The evaluation looked at whether the requirement for flexible staffing (e.g. 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 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 was reasonably in line with the two previous years.</p> <p>For the period 1 January 2017 to 30 September 2017 the additional cost of flexible staffing to cover observations was £177k in total for Hamsterley (£114k) and Ceddesfeld (£63k). The annual cost prorated to an annual value in £236k in total for both wards. This compares with the previous annual value for Picktree only prorated for a year of £198k. it is however not possible to make a direct comparison as the 9-month period to 30 September 2017 has not been typical of previous years in terms of the level of patient acuity meaning higher numbers of patients requiring observations at any time and for longer periods of time.</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. The section below also includes further feedback on staff experience.</p>
<p>Feedback from patient, family, carer(s)</p>	<p>The Friends and Family Test (FFT) scores 6 months ending September 2017 for both wards show that 92% of respondees rated their care as excellent. The lowest rating was in respect of things to do on the ward with responses ranging from 50% to 100% saying there 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: 94% of carers rated as excellent their 'involvement in decisions about care & treatment of the person you care for'. The ward staff have also used the FFT feedback to identify team objectives.</p>

During this period there have been no informal or formal complaints from D&D families.

Carer Feedback

A number of positive comments are shown below:

Hamsterley

“Thank you on behalf of the family for looking after our Mam, and all your support. Your help and understanding is much appreciated”

“Thank you for your caring concern and making us feel settled about our Mam and her condition. We shall be forever grateful for everything you have done. You have restored our faith in elderly care. Your service will be hard to follow”

“To all the lovely staff on Hamsterley, I would like to thank you from the bottom of my heart. You all do a fantastic job”

Ceddesfeld

“Ward team so helpful we cannot thank you enough for all the support and care you have given my dad”

“Staff always available to update on my husband’s wellbeing and treatment he is receiving we are happy with the ward”

“Staff made us part of care which made us feel better about managing our Dad you could do nothing better staff good and helpful”

“A great big thank you to all your staff for taking care of my partner during his stay on your ward. Thanks for the kindness you have shown to him and all the support to me”

“I was offered a taxi to bring me to an admission meeting which I am so grateful for as I support my Aunt who was too distressed to attend and if I had to use public transport it would have been difficult to attend”

Staff Feedback

Having supported staff through the transition and being mindful of the original anxieties in regards to travel time and inpatient services being local to patients, staff now seem to be settled into the ward environment and have raised no significant concerns. Positive comments from staff highlighted by the two ward managers at Auckland Park include

the following:

Hamsterley

“Patient ensuites in every bedroom allows personal care interventions to take place in their own rooms, making the intervention much more dignified”

“The space on Hamsterley is much better suited to the patient group and their needs. Ongoing work means these spaces are much more meaningful also. The salon will be a big hit for our ladies and the separate dining room area is a familiar space”

“The travel was an issue for me at first, but once I moved on to the ward and saw what the environment had to offer, I knew the move made sense”

Ceddesfeld

“I was worried about the move but I now feel we can give better care to our patients as Ceddesfeld ward is so spacious, light and garden access is good”

“I feel that moving to Ceddesfeld and having single sex wards is so much better for our patients. I don’t actually mind travelling further to work as it’s a nice ward”

“We have teleconference call facilities to enable meetings to go ahead without staff and family having to travel”

“Having both Organic wards on one site has supported team working as we have Physio, OT and Psychology in our daily report out meetings. We have been able to implement initiatives across both wards e.g. Safewards, Challenging Behaviour Clip and Meaningful Engagement”

Both wards on Auckland Park share a passion in delivering best care for patients with organic illness, and are often chosen, or promote themselves, to be part of service changes that will improve care:

- Ceddesfeld have rolled out interventions to support the Safewards approach to care, with interventions in place including the calm down box and butterfly moments mural
- Both wards work with the Behaviours that Challenge pathway, with support from the psychology team to implement behaviour plans and support, as well as supporting the team with Challenging Behaviours Huddle to educate, understand and supervise staff in this area
- Hamsterley Ward are currently working towards the Safewards framework, recognising the needs of our female patients are different to the males, and implementing achievements of the day, allowing staff a few minutes each day to get together and recognise what they or the team have achieved that day

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| | <ul style="list-style-type: none">• Hamsterley Ward has been the pilot ward for new innovations to improve inpatient experiences, including managing physical health needs and frailty• Ward Manager from Hamsterley has attended quarterly manager meetings with the County Council and SS Managers to share service changes and improve the understanding of both services that are vital to patient care and recovery in this area. An example of an immediate improvement following this liaison is the implementation of a conference call facility, to allow care home managers, care coordinators, and sometimes families, to phone into meetings that can be difficult for them to attend. This allows all involved parties to contribute to CPA meetings throughout the inpatient stay. |
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