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| DECISION-MAKER: | SCRUTINY PANEL B | | |
| SUBJECT: | TANNERSBROOK STROKE UNIT PROPOSAL | | |
| DATE OF DECISION: | 10 JUNE 2010 | | |
| REPORT OF: | DIRECTOR OF CLINICAL EXCELLENCE AND DELIVERY | | |
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| STATEMENT OF CONFIDENTIALITY |
| None |

SUMMARY

This report sets out the options for change and consultation and engagement plan for Tannersbrook Stroke Unit.

RECOMMENDATIONS:

- (i) To note the proposals for the changes to Tannersbrook Stroke Unit
- (ii) To comment on the proposals for the changes and the proposed consultation approach.

REASONS FOR REPORT RECOMMENDATIONS

- 1 To inform the panel of the proposed services changes in relation to Stroke Rehabilitation in Southampton and receive and comments or concerns which will be considered as part of the consultation process.

CONSULTATION

- 2 Stakeholder engagement will be specifically aimed at those who are currently using the service, have used the service in the last year, staff involved in delivering the service, other partners involved in referring to the service and other key stakeholders (i.e. Links, OSC). Whilst we do not consider that there is a need to undertake formal consultation as defined by S242 (b) NHS Act 2006, there is within the spirit of Section 242 a requirement to engage and involve patients, carers, stakeholders in service change and delivery so as to hear what their views are in helping us to shape our services.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

- 3 **Do Nothing**
Benefits - Cost neutral.
Disadvantages/ Risks
 - TSU will continue to operate in its current environment, which is not functionally suitable and therefore recommendations would not be addressed

- It will be more difficult to address the cultural aspects of the recommendations (i.e. the core group of staff adversely affecting team work and the quality of care)
- Difficulties providing fully segregated (male/female) toileting will continue on TSU
- Falls risks due to restricted visibility of patients will not be addressed

4 Maintain Tannersbrook Stroke Unit with 25 beds and adjust staffing levels In line with RCN/Stroke Guidelines.

Benefits

- No loss of beds
- Bed to staff ratio recommendations would be addressed. The Royal College of Nursing (2006) recommends 65/35 qualified nurse/HCA ratio and the National Stroke Nursing Forum, Nurse Staffing of Stroke Services Position Statement (2007) recommends 12.5 nurses to every 10 beds.

Disadvantages/ Risks

- Stroke Unit would continue to be sited in inappropriate accommodation
- The cultural aspects of the recommendations would be more difficult to address.

DETAIL

- 5 This paper presents the options for change in response to one of the main recommendations from the Multi-agency Safeguarding Report Regarding Tannersbrook Stroke Unit (Jacki Metcalf, February 2010) as follows: -
- If possible, the stroke unit should not be sited in its current environment and consideration should be given to the transfer of the service to a more appropriate environment for purpose.
- 6 The ward is currently sited at the Western Community Hospital. Problems identified are: -
- All bedrooms are below recommended space standards. Total bedroom space should be 81.5% larger.
 - Only two bedrooms have en suite facilities.
 - No separate staff wash hand basins in rooms.
 - Separation of male and female WCs is not achievable.
 - Patient care is affected by lack of visibility. Reported falls are up from 48 in 2008 to 102 in 2009.
 - Storage issues with equipment.
 - Cleaners' store should be double existing size.
 - No staff room.
- 7 It is therefore proposed that the Stroke Unit would be relocated to the refurbished Fanshawe Ward at the Royal South Hants (RSH) Hospital. The general rehab beds currently in Fanshawe have been relocated to Upper Brambles Ward. Overall this option would see a reduction in the number of

stroke beds from 25 to 19, but an increase in the number of general rehab beds from 43 to 48. (overall net loss of one bed)

8 **Benefits**

- Maximises the safety of patients who require rehabilitation after a stroke
- Only lose 1 bed overall (but bed mix changes to 19 stroke + 48 general rehabilitation)
- Addresses recommendations.
- Opportunity to deliver savings for commissioners by using vacated Tannersbrook accommodation for neuro rehab beds for patients currently being cared for out of area. Could also investigate potential to relocate 8 neuro beds provided in Adult Mental Health accommodation by PCMHS to Tannersbrook to achieve economies of scale for Solent Healthcare.
- Could be achieved relatively quickly (approx 4 weeks).

9 **Disadvantages/ Risks**

- The accommodation at Fanshawe is ageing and will not be functionally suitable in the long-term. However redesign of Department of Psychiatry will resolve this longer term.

10 The proposal in this document is in line with Commissioning intentions as follows: -

- NHS Southampton City (NHSSC) is looking to develop an integrated, multidisciplinary inpatient rehabilitation service (IIRC) on the RSH site. Planned operational date is February 2012

11 It is proposed that the existing rehabilitation and therapies service model is redesigned to improve inpatient access to therapy services by completely integrating and consolidating the inpatient therapy and rehabilitation services into a single Integrated Inpatient Rehabilitation Centre (IIRC) within the existing DoP building.

12 Overall within this proposal bed numbers will only reduce by 1 to 81 beds. The mix will change to 19 stroke and 48 general rehab. Reduction in stroke beds to 19 results in reality to a reduction of only one stroke bed, as on average of 5 beds on the ward have been filled with non-stroke patients since 1st October 09.

The additional 5 General Rehab beds offer the following opportunities: -

- No General Rehab patients on TSU. This proposal places these patients in the correct environment
- Opportunity to increase Managed Care Beds in the future on Lower and Upper Brambles, essential for the Admission Avoidance project.

FINANCIAL/RESOURCE IMPLICATIONS

Capital

13 The resource currently invested into the Western site would be transferred to the RSH

REVENUE

14 The resource currently invested into the Western site would be transferred to the RSH.

Property

15 N/A

Other

16 N/A

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

17 Consideration has been given to Section 242 of the Local Government and Public Involvement in Health Act

Other Legal Implications:

18 None

POLICY FRAMEWORK IMPLICATIONS

19 The proposals are inline with the NHS plans for Transforming Community Services and World Class Commissioning

SUPPORTING DOCUMENTATION

Appendices

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| 1. | Business Case – Tannersbrook Ward |
| 2. | Patient Engagement and Involvement Plan |

Documents In Members' Rooms

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| 1. | None |
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Background Documents

Title of Background Paper Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

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| 1. | None | |
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Background documents available for inspection at: N/A

KEY DECISION? No

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| WARDS/COMMUNITIES AFFECTED: | All |
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