

Solent Healthcare



Inpatient and Community Hospital Business Unit Business Case – Tannersbrook Ward

Prepared for Solent Healthcare Executive Committee 14th April 2010

Author: George Rogers Debbie Clarke

1. Introduction

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.

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 affected by lack of visibility. Reported falls up from 48 in 2008 to 102 in 2009.
- Storage issues with equipment.
- Cleaners' store should be double existing size.
- No staff room.

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.

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.

2. Options explored to Address Investigations

A. 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

B. 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.

C. Relocate the Stroke Unit to Fanshawe ward at RSH (19 beds)

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)

Benefits

- Maximises stroke patient's safety
- Only lose 1 bed overall (but bed mix changes to 19 stroke + 48 general rehab)
- 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).

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.

3. Preferred Option

The preferred option is Option C. as this result in

- Patient safety will be improved for Stroke patients
- Patient environment enhanced
- An appropriate bed to qualified/unqualified staff ratio will be achieved
- The cultural aspects of the recommendations will be addressed

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.

4. Suitability of Accommodation (see Appendix 1 for floor plans) **Stroke Ward moving from Tannersbrook to Fanshawe Ward**

Fanshawe Ward has 7.7m² more gross space per patient than TSU. Benefits: -

- Fanshawe has had a major refurbishment
- 37.1% improvement in bedroom space
- all bedrooms have en suite facilities providing separate male and female facilities
- staff wash hand basins in all patient rooms
- · Improved visibility of patients
- More than double the storage space.
- · Cleaners' store exceed space standard
- More than treble the waste hold space.
- Staff room none on TSU.

Weakness

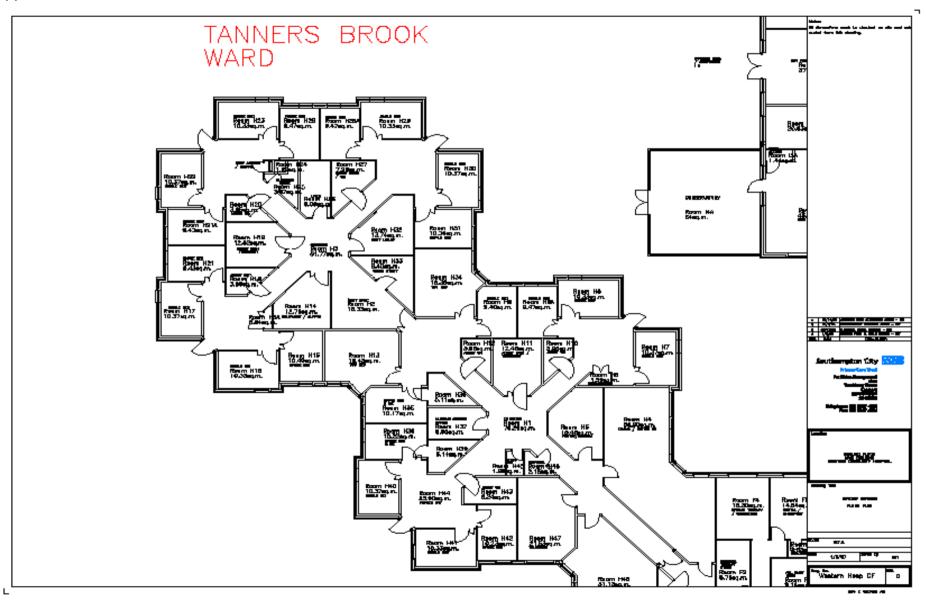
- Smaller Day Room and dining room
- Car Parking charges
- Smaller Ward Manager's office

5. Proposed Next Steps

- Executive Committee to approve (approved)
- Consult OSC and Links
- Consult Hampshire Commissioners

N.B Engagement plan prepared to support proposal

Appendix 1



Fanshawe Stroke Unit Floor Space

Appendix 1b

							%age
		WHB	Hoist	Actual	HBN37*	Shortfall	Shortfall
	Stair landing			7.89	7.89	0	0.00
1.LL	Lift Landing			6.17	6.17	0	0.00
	Corridor			14.99	14.99	0	0.00
	Corridor			24.07	24.07		0.00
	Corridor			37.69	37.69	0	0.00
	Corridor			20.46	20.46	0	0.00
	Corridor			4.45	4.45	0	0.00
	Corridor			29.15	29.15	0	0.00
	Corridor			36	36	0	0.00
	Corridor			7.01	7.01	0	0.00
	Laundry			6.82	8	1.18	17.30
1.2	Drying Room			6.34	8	1.66	26.18
	3 Bed Ward	Υ	2	29.68	46	16.32	54.99
	WC	Υ	0	4.99	5.5	0.51	10.22
	Shower	Υ	0	6.23	7	0.77	12.36
	Single Bed	Υ	1	19.4	19	-0.4	-2.06
1.6		Υ	0	4.88	5.5	0.62	12.70
	3 Bed Ward	Υ	2	29.73	46	16.27	54.73
	Shower	Υ	0	5.97	7	1.03	17.25
	Single Bed	Υ	1	14.03	19	4.97	35.42
1.10	Single Bed	Υ	1	14.04	19	4.96	35.33
	3 Bed Ward	Υ	2	28.56	46	17.44	61.06
1.14	Staff Room			10.76	18	7.24	67.29
	Ward Managers Office			7.72	10.5	2.78	36.01
	Nurse Change/Lockers			6.11	18	11.89	194.60
1.14C	Staff WC			2.57	2	-0.57	-22.18
1.16	Meeting/Interview Room			9.76	13	3.24	33.20
1.17	WC	Υ	0	3.58	5.5	1.92	53.63
	Equipment Store			2.74	12	9.26	337.96
1.18A		Υ	0	4.98	5.5	0.52	10.44
1.19A	Ward Clerk Nures Stn			20.15	13	-7.15	-35.48
	Linen Cupboard			7.77	6	-1.77	-22.78
	Kitchen			15.06	16	0.94	6.24
	Bathroom/shower/WC	Υ	1	13.28	15.5	2.22	16.72
1.23A		Υ	0	2.57	5.5	2.93	114.01
	3 Bed Ward	Υ	2	29.27	46	16.73	57.16
1.24A		Υ	0	5.01	5.5	0.49	9.78
	Single Bed	Υ	1	13.76	19	5.24	38.08
1.26A	Shower	Υ	0	5.49	7	1.51	27.50
	Single Bed	Υ	1	13.79	19		37.78
	Single Bed	Υ	1	13.95		5.05	
	Shower	Υ	0	5.73	7	1.27	22.16
	Single Bed	Υ	1	13.94		5.06	
	Cleaners Cupboard			7.59		-0.59	
	Day Room/Dining Room			43.44		22.56	
	Shower	Υ	0	8.45	7	-1.45	-17.16
	Disposal Hold			8.95	10	1.05	11.73
	Dirty Utility			19.23		-7.23	-37.60
	Store			14.98			-19.89
	Clean Utility			9.94	14	4.06	
1.45	CSSD			5.12	16.5	11.38	222.27
						0	
Totals		23	16	684.24	850.38	166.14	24.28

* HBN37 In-patient facilities for older people, 2005

Bedrooms
Kitchen and dining
WCs
Storage
Baths and showers
Sluice
Treatment room
Offices

Total shortfalls

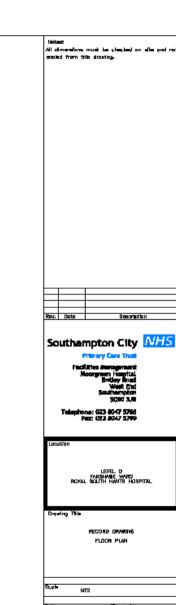
91.61
23.5
3
4.97
11.38
-1.13

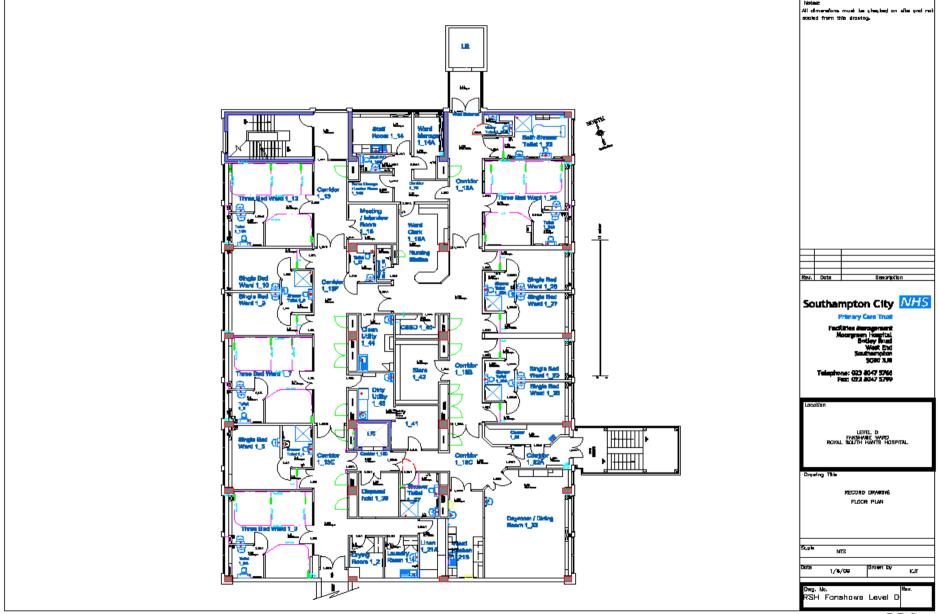
Notes

- **1.** 37.1 % improvement in bedroom space over TSU at WCH.
- **2.** All bedrooms have en suite facilities. Only two rooms at WCH.
- **3.** 10% improvement in WC space over TSU at WCH.
- **4.** 147% improvement in storage space over TSU at WCH. . 350% improvement on clinical waste hold.

Cleaners store now fit for purpose. Was 91% below space standard.

5. No staff room at WCH.





Upper Brambles Floor Space

Appendix 1c

		Staff	Ĭ	Area Square Metres		%age	
		Staff WHB	oist	Actual	HBN37*	Shortfall	Shortfall
	Stair landing			40.77	40.77	0	0.00
	Corridors			193.33	193.33	0	0.00
	Dirty Utility			8.05	12	3.95	49.07
	Treatment Room			12.17	16.5	4.33	35.58
	Nurse Change/Lockers			7.32			145.90
	6 Bed Ward	Υ		50.45	92.25	41.8	82.85
	5 Bed Ward	Υ		50.72	76.87		51.56
	En suite WC			4.57	4.5		-1.53
	5 Bed Ward	Υ		47.44	76.87	29.43	62.04
	En suite WC			4.14			8.70
	6 Bed Ward	Υ		57.18			61.33
	Single Bed	Υ		8.56			121.96
	En suite Shower/WC			2.32	5		115.52
	Single Bed	Υ		11.2	19		69.64
	En suite Shower/WC			2.4			108.33
	Bathroom/WC			10.04	8.5	-1.54	-15.34
	Shower			4.82	5		3.73
	Shower/WC			7.95	7	-0.95	-11.95
	3 x WC			10.04	10.5	0.46	4.58
	2 x Staff WC			2.63	4	1.37	52.09
	Staff Room			6.15	18		192.68
	Ward Managers Office			6.11	10.5	4.39	71.85
	Ward Clerk			8.26	10.5	2.24	27.12
	Kitchen			15.37	16	0.63	4.10
	Day Room			18.53	36		94.28
	Equipment Store			12.94	12	-0.94	-7.26
	Linen Cupboard			2.72	6		120.59
	Cleaners Cupboard			4.2		2.8	66.67
	Disposal Hold			4.56			119.30
	•						
Totals		6	0	614.94	836.84	221.9	36.08
-					-		

* HBN37 In-patient facilities for older people, 2005

Bedrooms
Kitchen and dining
WCs
Storage
Baths and showers
Sluice
Treatment room
Offices

Total shortfalls

150.69
18.1
7.40
10.58
4.33
6.63

Notes

- **1.** 2.5% more bedroom space over Fanshawe Ward.
- **2.** Treatment room 50% larger than Fanshawe.
- **3.** 372% improvement in equipment storage.
- **4.** 20% larger staff changing/locker room.
- **5.** Better position of Ward Clerk's Office in relation to entrance to ward.
- **N.B.** No ceiling track hoists due to ceiling height.

