

Panel B Briefing Paper

Southampton University Hospitals NHS Trust - specialist neurological rehabilitation service

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Background

Locally, there are a range of neurological rehabilitation services, of which the Southampton Hospitals (SUHT) service is one. For a number of years the SUHT service was delivered primarily from Victoria House, which is a single-storey building on the SUHT campus but physically detached from the medical facilities in Southampton General Hospital.

The specialist neurological rehabilitation service supports patients who have had brain injury and who require more intensive support to regain the skills of independent living.

Services for these patients are located in both the hospital and GP/community setting with close links to social services. There are also some services located in the private sector.

The SUHT service provides the following for patients:

- Consultants with specific training in specialist rehabilitation medicine
- 24-hour rehabilitation nursing support
- Speech and language therapy, occupational therapy and physiotherapy
- Access to neuropsychological services
- Secure facility for wandering patients
- Access to space for group therapy work

During early 2010, nursing staff in the SUHT service at Victoria House raised some concerns in relation to patient safety. The concerns related to

- Nursing staffing levels and the number of qualified nurses compared with healthcare support workers. (raised April 2010)
- Access to medical opinions for patients during the night and at weekends (raised 1 & 2 May 2010)

The concerns were discussed by the neurosciences leadership team and the risk to patients from the above two factors were considered against the disadvantages of a change in physical environment for the patients. It was agreed that the risk to patients was such that the service should be provided from accommodation within the building of Southampton General Hospital in the vicinity of the neurosciences inpatient wards.

The move of this service was discussed with both rehabilitation nursing staff and clinicians (7/5/10) and with the services patients and relatives (17/6/10). The service was moved on June 21st 2010.

Recruitment to vacancies commenced immediately and a letter was sent from SUHT's Chief Executive to the Health Overview and Scrutiny Committee (dated 22/7/10) outlining the situation.

Timeline and consultation

- Risk to patients raised in April 2010.
- Risk assessment on staffing levels and staffing skills in the neurorehabilitation service was carried out on 30th April 2010
- Concerns regarding lack of out of hours medical cover raised 1st /2nd May 2010
- Outcome of nursing risk assessment and lack of medical cover discussed with the Medical lead and nursing lead for neurorehabilitation - 7th May 2010.
- Alternative location for service was identified and risk assessed against the physical needs to the service. Risk assessment 11th May 2010.
- Decision taken to temporarily relocate service
- Patients and relatives informed 17/6/10
- Unit moved 21/6/10
- Discussion with PCT regarding long term model for rehabilitation underway August 2010

Issues already identified with providing the service from Victoria House

The advantages are

- Patients were not be impacted on by other neurological services
- Patients had single rooms and space to wander in a secured unit.

The main disadvantages were

- Remoteness in an emergency – this remains an issue
- Medical cover out of hours – this remains an issue
- Insufficient trained nursing cover – vacancies now recruited

Alternative options considered which might have enabled the service to remain off-site at Victoria House

Using other Neurosciences staff to cover in charge shifts for rehabilitation service

Rejected due to staff shortages already identified as a significant risk in other areas of the unit in which nurses had similar skill sets.

The service also considered the use of surgical rather than medical staff nurses however those staff did not have the skill set required to look after rehabilitation patients.

Using agency staff

As staff would be required to cover for in charge shifts on a remote site it was not considered appropriate especially as working “single handed” on night shifts.

Block booking of NHSP (NHS agency) shifts

Previous experience is that staff supplied are not consistent and service has been known to have relatively high cancellation rate. As with Thornbury the appropriateness of a temporary member of staff being sole in charge on a remote site remained an issue.

Current position.

The service is currently provided from a six-bedded area within the main neurosciences wards in Southampton General Hospital. The area is separated from the rest of the inpatient accommodation and remains an interim arrangement for the service.

The service currently provides

- Consultants with specific training in specialist rehabilitation medicine - Patients are still under the same Consultant
- 24-hour rehabilitation nursing support – nursing staff relocated with the pts.
- Speech and language, occupational therapy and physiotherapy staff all relocated with the service
- Access to neuropsychological
- Referral protocols, service philosophy and service model have not changed
- Steps have been taken to optimise the environment for rehabilitation patients.
- There is access to the gymnasium in neurosciences and patients still have access to the garden and minibus

Although the service has now recruited to its nursing vacancies, the problems remain with regard to out of hour's medical cover and the service has not moved back into its previous accommodation.

The reason why the service has not been moved back to Victoria House is that there remain concerns about lack of medical cover and also, since the temporary move was made, the Trust has begun working with local commissioners to identify the longer-term options for these rehabilitation services. The lead nurse and consultant for the service are fully engaged in this process.

It is now considered preferable to continue to provide the service from Stanley Graveson until such time as the intentions of the commissioners for the long term future of neurological rehabilitation services are clear and agreed. SUHT is also currently working on a strategy for the delivery of all rehabilitation services, allied in part to its development as a Major Trauma Centre. Neurological rehabilitation services will form a significant part of that strategy.

The risk to the service of moving them to Victoria House and then on again to a new location is considered to outweigh that of providing the service in the current accommodation. This is supported by staff in the service.

It is accepted widely that Victoria House is not a suitable location for the long term for the provision of specialist neurological rehabilitation services.

The space that is currently vacant in Victoria House is currently being considered by SUHT as potential accommodation for the rheumatology outpatient service, which is currently located in rented space at the Royal South Hants hospital.

SUHT would like to work with the scrutiny panel to ensure appropriate patient and public involvement in this service.