

Southampton City Council
Health Overview and Scrutiny Panel
June 2019

Southern Health NHS Foundation Trust

This paper contains information about:

- **The re-opening of Beaulieu Ward at the Western Community Hospital**
- **CQC progress report**
- **Antelope House update**
- **Organisational restructure**
- **Romsey Hospital – improving privacy and dignity**

Opening of Beaulieu Ward at the Western Community Hospital

This paper provides an update on the re-opening of Beaulieu Ward, based at The Western Community Hospital in Southampton, which was temporarily closed for six months from November 2018 due to staffing issues and challenges with the environment.

We are pleased to inform you that Beaulieu Ward reopened on Monday 3 June 2019.

The ward was originally meant to re-open on 13 May and the building works were completed by this date. However, we wanted to ensure the ward had a deep clean and was clinically safe before accepting patients. We were dependent on external suppliers to complete a thorough deep clean of the ward to a high enough standard for our patients. We are aware that some companies have reduced hours over the bank holiday weekend and did not want this to cause any delay to the re-opening of the ward.

Refurbishing Beaulieu Ward

Throughout the temporary closure of Beaulieu Ward, we used this time to review our services to patients with dementia and worked with our system partners to redesign services that are appropriate for the future across Southampton and Hampshire. This is also supported by the Trust's new Dementia Strategy.

We have invested over £350,000 to improve the environment for our patients by making the ward dementia-friendly.

An overview of changes made to the ward:

- New dementia friendly flooring that has very low reflection and will therefore help to reduce falls and trips
- New furniture in all the rooms
- New staff room, meeting room, and family room to meet CQC requirements and national standards
- The patients will benefit from being single-sex compliant with the creation of a male and female area to maintain privacy and dignity for our patients

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- New dementia-friendly furniture and activity equipment throughout
- New therapy equipment for art, music, exercise and much more. Equipment was also bought using a £500 donation from a patient's family
- A robust recruitment plan was put in place to ensure we can maintain safe staffing levels on the ward (more details below)
- To adhere to national regulations and become dementia friendly and single sex compliant, significant changes needed to be made to Beaulieu Ward's physical environment. As a result the ward now has 14 beds available to support older people with mental health needs. Previously there were 17 beds.

Please note, we have been carefully monitoring the availability of older people's mental health beds across Hampshire and, despite the temporarily closure of Beaulieu Ward, there has been a surplus of beds. We are confident that a small reduction in beds at Beaulieu Ward will not impact our ability to meet demand for hospital beds and will help us to focus on the patients residing on the ward that require more one-to-one specialist care.

Staffing on Beaulieu Ward

All staff had a one-to-one meeting with senior managers and HR representatives to discuss available placements and any individual requirements whilst Beaulieu Ward was closed. Following this, all staff were allocated to appropriate placements as agreed with them. The staffing numbers shift by shift for Berrywood Ward were temporarily increased to allow for the fact that the ward, as an Older Person's Mental Health (OPMH) ward, stands alone at the Western Community Hospital (WCH). The increase in staffing numbers enabled a substantial number of Health Care Support Workers to remain at the WCH.

The registered nurses on Beaulieu Ward transferred temporarily to Berrywood Ward. A small number of staff elected to develop their skills within other services for the duration of the closure. These include the Specialist Falls Team and secure mental health services.

Recruitment/staffing update for Beaulieu Ward

Using the recruitment processes, outlined below, we are delighted to inform you that we have recruited registered nurses and healthcare support workers for the ward. We are now confident we have the correct level and skill mix of nurses and other health care professionals to safely staff Beaulieu Ward from 3 June 2019.

Four registered staff have returned to work on the ward who previously worked on Beaulieu Ward and we have successfully recruited:

- Nine new registered staff
- Two student nurses that qualify in September
- 12 health care support workers
- Our first international member of staff.

Staff have attended a number of training sessions, away days and induction that will support them to work on Beaulieu Ward.

Patients on Beaulieu Ward

All patients and their families were informed, both verbally and in writing, by senior staff of the plan to temporarily close Beaulieu Ward on Friday 16 November. Patients requiring ongoing inpatient treatment were transferred to Poppy (Gosport War Memorial Hospital) and Elmwood (Parklands Hospital in Basingstoke)

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wards. Patients requiring an appropriate discharge destination were identified and, with support from Adult Services and the CCG, were safely discharged. On Friday the 16 November, two patients remained on the ward who were transferred to Berrywood Ward. Both patients were then safely discharged. The staff that transferred to Berrywood from Beaulieu Ward had been able to support these patients to ensure continuity of care.

Since the temporary closure of Beaulieu Ward, 18 patients have required admission to our inpatient service on either Poppy Ward or Elmwood Ward. We have continued to collate and monitor this to ensure all patients and their families have been supported. For those patients requiring admission to either Poppy Ward or Elmwood Ward, we speak to individual families to offer support to cover additional transport needs they may have in order to visit loved ones.

As part of whole system working, we continue to focus on effective and safe discharge planning and have initiatives in place to support this process.

Admitting patients to the ward

Admitting patients onto Beaulieu Ward will be a gradual process and will be focused around the needs of our patients.

No patients who were previously being cared for on Beaulieu ward will be returning. They have all completed their care and assessment needs and no longer require treatment from our specialist teams. They have now been placed in an appropriate environment that best suits their needs – this could be care home or a nursing home.

New patients will be assessed and admitted onto Beaulieu Ward if clinically appropriate.

Recruitment/Staffing Update across our OPMH services

Our Recruitment Specialist has supported the development of a recruitment plan to focus on staffing Beaulieu Ward. There will be a continued focus to recruit to other vacancies across OPMH Services.

Recruitment events took place on the 28 January 2019 and the 5 February 2019.

A social media recruitment campaign is being supported by our Communications Team that includes Snapchat, Instagram, Twitter and Facebook. The campaign will work on showing the engagement and diversity of working within OPMH Services.

Workforce development plans have been formulated and an OPMH Workforce Strategy will be ratified shortly to reflect the skill mix required on the wards across OPMH. We are working to develop new career pathways and roles and a new care model for OPMH. This has included visiting other services in the country to learn about their successful models of care. This aims to deliver more effective care and make working in this service a more attractive proposition for clinicians.

Official opening

The opening of Beaulieu Ward took place on Thursday 30 May 2019. Guests had the opportunity to tour the new ward, see all the new facilities and chat to the staff. The ribbon was cut by the Mayor of Southampton who was joined by local MPs Alan Whitehead and Royston Smith.

For more information please contact Kathy Jackson, OPMH Service Manager via kathy.jackson@southernhealth.nhs.uk

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Update on progress against our CQC Report

Overview

On 3 October 2018, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as an update on progress against these is contained in this briefing paper.

The CQC report

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections last year – the first report of its type since 2014.

Whilst the Trust overall rating remains one of ‘requires improvement’, significant and numerous positive changes were recognised by the regulator and the overall picture is one of steady progress. More than 84% of service areas are now rated as ‘good or ‘outstanding’. Of particular note, our community services across Hampshire are now rated ‘good’ overall, and our learning disability inpatient services and our long stay mental health rehabilitation wards are rated ‘outstanding’ overall.

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: *‘Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.’*

The report describes how staff told inspectors they now feel more valued and supported, and that the CQC has seen a positive change in culture at Southern Health.

The report has provided additional confidence that the organisation’s approach is making headway, and the Trust remains committed to building on this as there is clearly more work to do - particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. Southern Health remains committed to continuously improving its services to deliver the best possible care.

CQC ratings summary table

On the next page are the Trust CQC summary rating tables which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the latest report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2014					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI

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Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

* These services were not included in the aggregation of the overall provider rating

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2018					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G

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Child/adolescent mental health wards	RI	G	G	G	RI	RI
Wards for older people with MH problems	RI	RI	G	I	RI	RI
Wards for people with a learning disability/autism	G	G	O	O	G	O
Community mental health services	G	RI	G	G	G	G
MH crisis services / health-based places of safety	G	RI	G	G	RI	RI
Community mental health services for older people	G	RI	G	G	G	G
Community services for people with a learning disability/autism	G	G	O	G	G	G
Eating Disorder service (not inspected in 2018)	G	G	G	G	G	G
Perinatal services (not inspected in 2018)	O	O	O	O	O	O

The full CQC report can be found here: <https://www.southernhealth.nhs.uk/news/cqc-finds-further-improvements-at-southern-health/>

In summary, as well as some encouraging feedback, the CQC report also recommended:

- 20 actions the Trust ‘must’ take in order to comply with its legal obligations
- 74 actions the Trust ‘should’ take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services
- 7 Requirement Notices relating to the legal requirements the Trust was not meeting

Some of the recommendations were the same across different core services. We therefore recorded one overall action and recorded the others as duplicates.

Note: The two uncompleted actions in the 2017 Improvement Plan (CQC) have been added to the current plan – these were to improve response times to complaints (this action should be completed by September 2019) and to implement Self Administration Policy on (ISD) wards (which should be complete by August 2019).

With the addition of the two actions above, a total of 71 actions are being tracked in the QIP.

Progress

A Quality Improvement Plan (QIP) was developed in collaboration with clinical and corporate leads, using the CQC actions/recommendations and quality metrics, and submitted to the CQC in November 2018.

In order to more effectively address the issues raised by CQC, the Trust then introduced a themed approach to management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

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The seven themes are:

- Workforce
- Safeguarding
- End of Life Care
- Records Management
- Medicines Management
- Privacy and Dignity
- Operational/Patient Safety

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as ‘complete-unvalidated’ takes place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete takes place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports are submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

The Quality Improvement Plan has 42/71 (59%) process actions completed and 20/71 (28%) outcome actions achieved, as at 13 June.

There are 2 (3%) process actions overdue and 6 (8%) outcome actions overdue, as at 13 June. Four of the outcome actions relate to the provision of single sex accommodation in Older Peoples Mental Health (OPMH) inpatient services. These will be addressed by the Trust’s confirmation of the option chosen to meet single sex accommodation standards.

Quality Improvement Plan (CQC) 2018 Dashboard																				
RAGs status	Overdue (PO): 3%				At risk (PO): 8%				On track (PO): 25%				Unvalidated (PO): 13%				Completed (PO): 59%			
	3%		8%		19%		48%		14%		28%		59%		28%					
	0%	3%	6%	9%	12%	15%	18%	21%	24%	27%	30%	33%	36%	39%	42%	45%	48%	51%	54%	
	Nov18	Dec18	Jan19	Feb19	Mar19	Apr19	May19	Jun19	Jul19	Aug19										
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete-Unvalidated	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

In summary, we are on track to complete the majority of the Quality Improvement Plan actions by December 2019 with one action to be completed in 2020 as it is linked to a national programme.



Some examples of completed actions, where real progress has already been made, include:

- We are continuing with our programme to provide dementia friendly environments. This includes the recent re-opening of Beaulieu ward as dementia friendly.
- We are undertaking a quality improvement project to improve the response times to complaints and to improve the experience of the person making a complaint.
- We are introducing scenario based training to help staff put into practice the theoretical learning about the Mental Capacity Act. This will help support their decision making, particularly in complex cases.
- We have engaged with service users and staff in our inpatient specialised services to provide a wider variety of food options which are clearly labelled - for example, vegan and non-gluten ingredients.

Southampton's Antelope House

In addition to the CQC inspections and report in 2018, the CQC also carried out an inspection of Antelope House in March 2019 and published their final report of this in April. A Quality Improvement Plan specifically for this unit has been submitted to the CQC, with progress to be overseen by the Antelope House Steering Group. More information can be found later on in this paper.

Engagement and next steps

We continue to engage with our various audiences in regard to progress against our CQC Quality Improvement Plan. For example:

Patients

The Quality Improvement Plan was presented and discussed at the Working in Partnership Board meeting in December 2018 and an update given in April 2019 to ensure patient engagement. Progress updates will continue to be given on a quarterly basis to enable patient involvement.

Commissioners

External oversight of the Plan will continue at the Clinical Quality Review Meetings (CQRM) with each of our commissioners and at our regulatory performance meetings.

Staff

A SharePoint site - with the most recent version of the Plan uploaded every Friday afternoon - enables staff to view both the Plan and the evidence collated for each action.

In conclusion, progress continues to be made against the Plan with a small number of actions overdue/at risk which are regularly scrutinised with at various levels of the Trust, including at Trust Board.

We will continue working hard to address all the actions contained within the Plan by the set deadlines.

For further information please contact Briony Cooper, Programme Lead Quality Governance, on 023 8087 4009 or email: briony.cooper@southernhealth.nhs.uk.

Antelope House update

Learning from deaths

There were two inpatient suicides in 2017 at Antelope house. Inquests into these deaths have been held and lessons have been learnt by the Trust.

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The first inquest into the death of Ellie Brabant has led to some significant changes in our inpatient units. The first of these was in relation to our observation policies for patients on the inpatient units. This has led to a revision of our competency framework which all staff are assessed against.

The next action was in relation to staff knowledge of safeguarding. There has been a review of the safeguarding training delivered in the Trust to ensure staff have a clearer understanding – particularly of sharing information when a patient does not consent. This was closely aligned with another action about involving families when patients have withdrawn consent to share information about their care plans. This has led to developments around communication plans with carers and also the employment of Carer leads.

The final action from this case was around the use of section 5(4) of the mental health act, and specific training was delivered to nursing staff to ensure they understood their powers and responsibilities.

The second inquest into the death of Maria Duarte did not highlight significant concerns, however there were still areas which could clearly be improved upon. The most important of these was around better involvement of the families of our patients in discussions about their care. This has led to reflection amongst staff in our service as to how we do this now. We will shortly be implementing the 'triangle of care' to ensure there is more structure and support about how we involve our patients' families and carers in their journey through our services. It is also worth noting that the coroner was pleased with the progress made with actions from Ellie's inquest.

Over the last 12 months we have also installed electronic door sensors to Trinity Ward. These sensors alert staff to pressure being applied to bedroom doors, which could indicate an attempt at self-harm. This enables a swifter response from staff. Since being installed, the door sensors have been triggered on a number of occasions and in each case staff have been able to respond and prevent any harm from occurring. Staff have also reported that they have greater peace of mind knowing that the door sensors are in place.

CQC

CQC visited Antelope House earlier this year and a report was published in April. Since that time we have been working on an action plan to address the issues raised.

The first area identified was the level of staffing in the unit. As with the NHS as a whole, Antelope House is under-recruited. There have been efforts made to recruit new staff and a recent recruitment open day led to three trained and 11 untrained staff being recruited.

We have also implemented new methods to review staffing prior to each day to ensure we have the correct staff mix and that any gaps can be effectively escalated. We have also looked to improve the experience of staff and the quality of care to patients by recruiting two practice development nurses, the first of whom is due to start in July.

Physical health care of patients on the unit was also highlighted as a concern, this has been addressed in a variety of ways. We have rolled out NEWS2 (National Early Warning Score cards) as a method of monitoring the physical healthcare of patients on the ward. NEWS2 is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients.

We are also looking to employ a RGN (physical health nurse) alongside our RMN's (mental health nurse) to improve healthcare, and have medical assistants starting shortly to help with tasks such as bloods and ECG's.

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The final concerns were about the fabric of the building including graffiti in some places. We have reviewed our process for managing this. We have also been working on other projects to support this including a new garden area for the unit.

Providing a therapeutic environment

We have recognised that in order to provide the highest quality care and therapeutic environment to our patients it has been necessary to reduce the number of beds at Antelope House. Across the three wards (Saxon, Trinity and Hamtun) we have reduced the beds by 10.

The beds on Hamtun Ward (Psychiatric Intensive Care Unit) were reduced by two in order to support single sex accommodation. There are now eight beds on this ward. Saxon and Trinity Wards have each been reduced by four beds and now have 16 and 18 beds for patients.

Our staff are now able to support our patients in the best possible way and we have already seen improvements in the quality of care and the flow of patients through the unit. We will be monitoring the use of the beds and the recruitment of staff so that a decision can be made on when the beds can be reopened.

For more information please contact Dr Adam Cox, Clinical Director, on 023 8083 5565.

Organisational restructure

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

What we are doing

We are restructuring our organisation to create clinically led, integrated mental health and physical health services across Hampshire. The restructure will also enable more effective population based care, better aligned to local integrated care partnerships. We are clear that joint working with primary care colleagues is crucial to the success of these changes and will bring the greatest benefits to the people we support. National evidence suggests very tangible benefits have been reported for our patients as a result of health and care partners working together more effectively, these include:

- 1% reduced emergency admissions compared to an average of 3.5% growth nationally
- New models of care are successfully managing and treating people more effectively in the community, reducing potentially “avoidable” emergency admissions by 10% on last year
- 4% reduction in GP referrals on last year
- Reduction in the number of people experiencing mental health crisis/emergency admission to acute mental health beds as a result of enhanced support in the community.

Update

Please find a map and contact details for our new operational organisational structure attached.

Our new structure has five divisions:

- Four integrated geographical Divisions aligned to the developing Integrated Care Partnerships across the county and one specialist Division with a county-wide remit
- Our physical specialist services (such as diabetes, MSK, tissue viability and heart failure) are now integrated within three geographical Divisions.

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- Our specialised forensic services, Learning Disabilities service, children’s services and public health services (such as Quit4life, our smoking cessation service) now also sit under the Specialist Division.

Alongside this, we have also appointed five strong senior operational leadership teams who formally started their roles from 1 April. Each leadership team consists of a Clinical Director, Director of Operations, Medical Director and Director Nursing and Allied Health Professionals. Teams are currently developing robust and effective next-in-line structures that will sit within their divisions. We have asked these leadership teams to prioritise their relationships with local primary care networks going forward.

This new structure will help facilitate the overarching goals set out previously and with the NHS 10 year plan. It will help:

- support the local population to have access to high quality consistent care, as close to home as possible and for it to be delivered in the most integrated way so service users and their carers have the right care at the right time by the right person
- support the development of a more effective and integrated approach with physical, mental health and social care teams. Helping staff work more flexibly, making full use of the range of skills available, and making the most of the community resource that surrounds the service user
- enable cluster working to improve outcomes, patient experience, satisfaction and the quality of care people receive
- improve performance, financial sustainability and help address our workforce challenges through reduced duplication, partnership working and improved working networks and conditions.

The Southampton Division consists of the adult mental health services in the city (Community Mental Health Teams, Early Intervention in Psychosis, Assertive Outreach Team , Antelope House) and the Older Persons Mental Health services as well (CMHT’s and Western Community Hospital inpatient beds).

All key posts have been recruited to in this structure with the following directors:

- Dr Adam Cox – Clinical Director
- Dr Zaid Alabassi – Divisional Medical Director
- Laura Pemberton – Interim Associate Director of Nursing and AHPs
- Anne Middleton – Divisional Director of Nursing and AHP’s (due to start August 2019)
- Sarah Olley – Divisional Operations Director

The Division is currently finalising the next in line structures for the division with approval for this from the Trust Board in the next few weeks, and then we will recruit to any vacant posts. We are hoping to strengthen not only the clinical leadership in the division, but also improve the operational support allowing the team managers and team leaders to have more clinical input raising the quality of all services in the division. Importantly in this reorganisation we have left the team managers in place ensuring there is continuity of care in the division, whilst ensuring they are better supported and in the future able to deliver better care.

Romsey Hospital – Improving privacy and dignity

Background

In the summer of 2018 Southern Health received a Trust-wide inspection of its services by the Care Quality Commission (CQC). As part of the inspection report it was highlighted that immediate action was required to improve the privacy and dignity of inpatients in Romsey Hospital. It also stated that the layout of the Hospital did not support the safe care of patients during the night as a result of reduced visibility.

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Current situation

Romsey Hospital inpatient facility comprises of 19 beds, primarily for the community of Romsey, Chandlers Ford, North Baddesley, Eastleigh corridor and Totton & Waterside residents. It has two bays (male and female) and three side rooms. The bays currently have eight beds in each. Two beds in each bay are up against the wall at the end of the bay. The recommended measurement between beds is 3.6m-3.7m. The current measurements at Romsey vary between 2.4m – 2.8m. Due to the physical layout of the hospital the only way to achieve this is to reduce the number of beds by four.

The beds at Romsey are used for medical rehabilitation, ensuring patients are medically fit enough to return home or into a care setting. However, the current layout places some restrictions on this and that means that we are unable to optimise a patient's stay.

The current layout, as identified by the CQC, also poses some risk for infection due to the proximity of the beds.

Action to be taken

In order to meet the standards required we need to increase the amount of space between beds on the ward. To do this we are proposing to move four beds through a phased transition, from 1 July 2019, from Romsey to Deerleap Ward at Lymington New Forest Hospital.

Due to the pressures faced during the winter months we retained the full number of beds in Romsey to help meet the demand on the local system. We also used this time to undertake some investigations to see how best to improve flow through our beds.

Benefits

Moving the beds from Romsey Community Hospital to Lymington New Forest Hospital will provide a number of benefits:

- greater privacy and dignity for patients on the ward
- greater room to provide rehabilitation services for patients, speeding up recovery times
- improvement in patient flow through the hospital and reduction in delayed transfers of care
- greater ratio of staff to patients
- less risk of infections spreading.

The four beds from Romsey will be situated in side rooms at Lymington. This will increase their flexibility for the local system as they will be able to take both male and female patients.

Mitigating actions

We completely recognise the value of the four medical rehabilitation beds at Romsey Hospital to the local community and to our partners in the health system. In December we began a programme of work with our acute partners to investigate and improve the flow of patients through our beds. This will enable more patients to have their care in the remaining beds at Romsey Hospital. Moving the four beds to Lymington will enable more patients to get the care they need in that setting as well as providing more flexibility for the wider health system. This in turn leaves more staff to care for rehabilitation patients in Romsey, helping them recover quicker and enabling them to get home sooner, freeing up beds for other patients.

Impact

The phased transition approach will ensure that patient disruption is minimal as there won't be a need to move any patients.

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Key facts:

Between April 2018 and March 2019 there were 6,935 available bed days (577.9 average per month) of these 5,252 beds days were occupied (279 average per month) – 75.79% occupancy rate.

Average length of stay = 18.8 days per patient

Over the last 12 months the top five areas Romsey Hospital has discharged to are as follows:

Postcode area	Discharges	% of Total
SO51 – Romsey, Ampfield, Lockerly, Mottisfont, Wellow	87	27.02%
SO40 – Totton, Lyndhurst, Cadnam, Marchwood	54	16.77%
S045 – Hythe, Fawley, Blackfield, Calshot, Hardley	24	7.45%
SO50 – Eastleigh Town Centre	24	7.45%
SO53 – Chandler's Ford	24	7.45%

For further information please contact Laura Rothery, Divisional Director of Operations for South West Hampshire Integrated Care Partnership on 07500106071 or laura.rothery@southernhealth.nhs.uk

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