

**Report to:** Health Overview & Scrutiny Panel

**Date:** 7<sup>th</sup> May 2013

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**Subject:** Project Closure Report: Reprovision of Exbury Ward, St James Hospital

## **1. Purpose**

This is the project closure report into the work undertaken during March - October 2012 to reprovide the service delivered to patients on Exbury Ward, and decommission the service. This paper was taken to Portsmouth CCG Governing Board in April 2013, and the Board duly noted the report.

The purpose in bringing the report to the Health Overview & Scrutiny Panel is to provide members with information relating to the outcome of the work once the former patients of Exbury Ward had settled into their new accommodation. This was requested at the HOSP meeting of 22<sup>nd</sup> March 2012.

## **2. Background**

Exbury Ward provided care for long-term patients with severe dementia and although a 14-bed service was being commissioned, there were only 9 patients. No new patients had been admitted to the ward for several years and the service was experiencing incremental closure as patients sadly passed away.

Whilst the quality of care was not disputed, the model of care with patients living large parts of their lives in an NHS hospital was one that was not supported either nationally by the NHS, or locally by commissioners and clinicians.

The incremental closure of the ward was becoming unsustainable and the service unviable, and needed to be reprovided in a managed way involving patients, families and carers, staff and clinicians.

The impact on patients and families was not underestimated. Patients had been resident on the unit for many years and were used to living together as a community. They had been provided with excellent levels of care and it was expected that families would be concerned and anxious about any changes to the way their relatives were cared for.

Clinicians and commissioners were also aware of the inherent dangers in moving frail elderly people with dementia, and were keen to build into the process lessons learned from the House of Commons Select Committee on Public Administration report into the North & Mid Hants Health Authority, Loddon Community NHS Trust Hospital Discharge Policy (Park Prewett Closure - 1994).

## **3. Process**

A Steering Group was set up comprising commissioners, service managers and clinicians to develop an overarching plan to support reprovision of the service by October 2012.

It was important to ensure that patient moves took place before the winter period, as this was one of the key recommendations from the Park Prewett Closure report. Other recommendations from the report were used to develop a set of principles which would underpin the process. The principles were:

- Patients and families would be fully involved in the plans to close the Ward and reprovide care, and specialist external independent advocacy support would be commissioned to ensure that people's voices and views were heard
- Clinical assessment of need would be used to determine the most suitable setting for a person's care
- Review of assessments of need would be ongoing throughout the life of the reprovion project, and if, at the point of transfer a Clinician determined that the patient should not be moved, then alternative arrangements for the person's care would be made within the NHS
- Where possible, the move would support ongoing friendships/relationships
- Patients who moved into nursing home provision would have the cost of their care fully met by the NHS and would not be financially assessed by Social Care, or asked to make a financial contribution
- There would be close working between the current staff team and the patient's new settings whether within the NHS or nursing home to support patients before, during and after transfer

A project plan was developed which ensured there was sufficient time to take the project through the Portsmouth City Council Health Overview and Scrutiny Panel process and allow Portsmouth CCG Executive Board to make the final decision on the plans for reprovion following a 12-week consultation on the proposals with patients, families, carers and advocates. The plan also ensured consultation with staff affected by the proposals was carried out in a timely way, and that the appropriate HR process was followed. The consultation with staff included a consideration of whether or not TUPE applied.

Consultation on the proposals with patients, families, carers and advocates ended on 2<sup>nd</sup> July, and following a review of the feedback a report was prepared for the CCG Executive Board which took place on 1<sup>st</sup> August. Following a long debate, Board members approved the recommendation to support the reprovion plans and offered to meet with families to discuss their decision, if any family members wished to do so. In the event, no families took up this offer.

An Equality Impact Assessment on the proposal was carried out in August 2012 following completion of consultation with families.

The project was completed on time, with patients moving during September in a phased way to their new settings either in a nursing home or within the NHS. The Ward was then closed at the beginning of October 2012. Following the moves, patients were transferred to Social Care responsibility.

There were no redundancies as a result of the Ward closure, with staff being redeployed to other posts within Solent NHS Trust.

A review of performance against the principles of the reprovion showed that the principles were met, via:

- A 12-week consultation with patients, families and carers which took place between April - July 2012

- SEAP were commissioned to provide independent advocacy to patients and families to ensure they had sufficient opportunities to make their views known and be supported through the process
- Clinical assessments determined whether a person's needs could best be met within a specialist nursing home, or the NHS and the assessment was used as a basis for discussion with individual families about the future care of their relatives. Assessment and reassessment continued throughout the life of the project
- Six patients moved to Harry Sotnick House (specialist dementia nursing home) in Portsmouth, and three patients were transferred to The Limes, NHS Solent
- The moves supported ongoing friendships where these existed. All patients were accommodated on an unused wing of Harry Sotnick House
- All patients who moved to Harry Sotnick House had their care costs fully met by the NHS
- Staff from Harry Sotnick House spent time on Exbury Ward prior to any moves so that staff and patients could become familiar with each other, and staff learned how to support those people who would be transferring
- Staff who were familiar with individual patients accompanied them as they moved and settled them into their new rooms
- Staff from Exbury Ward worked alongside Harry Sotnick House staff for as long as was needed post transfer to ensure the service was working smoothly

#### **4. Outcomes for patients**

Six patients were transferred to Harry Sotnick House (a specialist dementia nursing home in the community) and three were transferred within the NHS to Brooker Ward, which is part of The Limes.

All moves were determined on the basis of clinical assessment and clinical need, and those who had needs which could not be met within the community were transferred to specialist dementia beds within Solent NHS Trust.

A programme was developed to move one patient at a time by ambulance, accompanied by a senior and deputy senior nurse to help patients to settle in their new surroundings. Healthcare support workers from Exbury Ward worked daily at Harry Sotnick House to provide continuity of care during the transition period.

There were regular reviews of each patient post-transfer from a wide range of health professionals and people quickly settled into their new surroundings.

Unfortunately, two patients who were transferred to Harry Sotnick House passed away after the transfer. The first patient died 6 weeks post transfer and the second after 7 weeks. The CCG carried out a review of the ward closure in January 2013 and one of the conclusions was that the two deaths were not linked to the transfer.

Following one of these deaths, a family member raised concerns about the care provided at the home and these were investigated by the Adult Safeguarding Team within Social Care. Following a review there were no issues to pursue and the reviewers were satisfied that the patient had been appropriately supported.

The CCG review is described in more detail in Section 6 which follows.

At the time of writing this report, the remaining 7 patients are well and settled in their new accommodation.

## 5. Consultation with families

Following initial contact via letter with families in April 2012 and individual meetings between family members and clinical/service representatives, families decided that they would like to be involved in discussions and decisions about the re-provision in a variety of ways.

These included individual one-to-one meetings with clinicians and staff/managers from Exbury Ward, letters, telephone conversations and wider consultation meetings including all families together with commissioners, clinicians, service managers and SEAP. Three families chose to be supported by SEAP during the process, and the consultation took place between April - July.

Individual meetings and discussions were ongoing throughout the process, and there were two open families meetings held, one on 24<sup>th</sup> May and the second on 20<sup>th</sup> June.

There was, understandably, a great deal of distress amongst families about possible changes to the service and none of them initially supported the proposals which were being put forward. At the first meeting in May family members strongly felt that:

- They did not want the service to close
- They couldn't understand why an excellent service was being cut
- They were concerned about the impact of a move on the health and wellbeing of their loved ones
- They were concerned that a decision had already been made, and the consultation was not genuine
- They vowed to campaign to keep the Ward open

At the second meeting, families had the opportunity to meet together for an hour before the professionals joined the meeting. In the wider meeting people asked for clarification on a range of issues including:

- The process - how decisions would be made and by whom
- The reasons behind the proposals
- The quality of care in the private sector, and ongoing health care support
- How people would be transferred, and supported post transfer
- Funding arrangements for people transferred to the nursing home

It was clear there had been a sea-change in opinion from the first meeting with some families supporting the proposals, and others expressing views that they were confident that everything had been done that could be done. There was an expression of thanks from all the families for the care and support given to their family members from the current staff team.

None of the families wished to meet together again, and wanted to move forward on an individual basis to discuss their relative's assessment and options for the future.

When considering what had made a difference in family's attitudes in the two meetings, it was felt that attendance at the second meeting by the Consultant of Old Age Psychiatry had made a big difference. The Consultant was well known to families and trusted by them, and she facilitated some frank and open discussion about the issues.

## 6. CCG Review of Ward Closure

In January 2013, following the death of two patients transferred to Harry Sotnick House, the CCG carried out a review of the ward closure programme.

The purpose of the meeting was to review the closure of Exbury Ward and the transfer of patients in order to discover what had gone well, what had gone not so well and the lessons learned during the process.

The review group comprised of CCG Clinical Executive Member and Governing Body Lay Members, Consultant Old Age Psychiatry, OPMH Service Manager and Modern Matron from Solent NHS Trust, Senior Programme Manager, ICU and Assistant Head of Adult Social Care.

The review looked at the background to the work, the timeline of decisions, actions and events throughout the process.

The group discussed in detail:

- the project plan and timescale
- the assessment process
- consultation with families and their views on the proposals
- involvement of SEAP
- clinical involvement and leadership leading up to the transfer
- the transfer process for patients
- transfer experience of each individual patient
- staff consultation

The review concluded that it was unlikely that the two deaths were related to the transfer, and identified a number of things which had gone well, and not so well. The report noted a number of lessons learned which could be used to develop approaches to similar situations in the future.

Things which had gone well included:

- Effective planning and coordination with SCAS, incremental staged transfers, and attention to detail had ensured a smooth transfer process with no distress to patients or families
- Staff providing in-reach care at The Limes and Harry Sotnick House was extremely beneficial in ensuring continuity of care and enabling patients to settle into the new environments so well
- Discharge summaries were sent through quickly by Consultants which were followed up by visits to patients in their new settings. These visits were supplemented with OT, Physiotherapy and Nursing Home Matron reviews
- There was a good relationship between the management and staff at Harry Sotnick House and senior members of the Exbury service. This open dialogue ensured that everything was in place before patients arrived
- The team put patients first throughout the process
- Openness and transparency throughout the process

Things which had not gone so well were:

- Problems with GP registration for people transferred to Harry Sotnick House. The issue was resolved once it was identified, but planning for this earlier in the process may have averted the situation
- Intensive support from clinicians, therapists and nursing staff during post transfer had had an impact on the wider service

## **7. Lessons Learned**

As part of the review the following lessons and areas of good practice have been identified. It would be appropriate to consider these in similar situations in the future, but some are also generic and could be applied to other commissioning situations:

- Patients need to be at the centre of the work that is being carried out
- It is important to have the right people on board from the start. Close partnership working between clinicians and commissioners is crucial to both planning and delivery
- Early development of a close working relationship between the new and transferring service is essential in ensuring that everything is in place and people are fully supported from the point of transfer
- Time built into the project to allow for in-reach by the new staff team to the ward, and for out-reach from the ward to the new settings was very important in supporting smooth transfer of patients, and supporting the settling-in period
- Close monitoring and support of patients by a variety of disciplines for a short period following transfer is needed in order ensure that people's changing needs are identified and met
- There should be openness and transparency throughout the process, and particularly during consultation with service users and families
- Service users and families need to be involved and consulted from the outset
- Consultant involvement in discussion with families was key to delivering difficult messages and supporting people's understanding
- Robust planning around transport/ambulance transfers was recognised as very important to this project and should be established as best practice when undertaking these types of moves in the future
- Ensure GP registration issues are addressed as early in the process as possible in order to support smooth transition
- When planning for service redesign, impacts on the wider healthcare and social care system need to be identified and addressed
- Comprehensive discharge summaries should be available on transfer