

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE COUNCIL OF GOVERNORS AND THE TRUST EXECUTIVE GROUP

Subject:	Princess Royal Spinal Injuries Unit, 23 July 2018
Supporting Director:	Sandi Carman, Assistant Chief Executive
Author:	Harold Sharpe (Patient Governor), et al

PURPOSE OF THE REPORT:

To provide feedback to the Council of Governors on the visit and highlight the challenges for the Centre and its work.

KEY POINTS:

- A positive, confident and renowned service provided by dedicated staff.
- Service evolving to meet the changing population group it cares for.
- In the long term funding for non-spinal cord injury patients may be an issue.
- Disabled car parking arrangements creating challenges.
- Storage space at a premium.
- A strategy for managing patients with very difficult behaviour issues needs to be addressed

OBSERVATIONS/RECOMMENDATION(S):

Governors comments	Directorate Response	TEG Response
1. Is the Trust concerned about the potential changes to funding arrangements?	NHS England Specialised Commissioning have sought to standardise the payment mechanism for Spinal Cord Injury Centres (SCICs) for a number of years. There is significant variation in how SCICs are currently funded and there is an on-going review into this area. The Directorate have raised concerns about the preliminary proposals of the new funding mechanism with the NHSE project team, namely they do not adequately capture the varying degree of complexity of patients and the impact this has on their length of stay and the limited recognition of subsequent readmissions (particularly for surgical procedures). A further concern is that the unit has historically and continues to provide services to patients that do not have a Spinal Cord Injury and would therefore fall outside the scope of this exercise e.g. pressure sore repair surgery on non-spinal cord injury patients. As part of developing a recovery plan and strategy for the SCIC, the Directorate are reviewing options around alternative pathways and funding streams for these patients.	TEG are fully apprised of the proposals and are committed to working with NHSE and the Directorate to identify a positive solution.

<p>2. Can anything be done to improve links to facilities in the main hospital for patients and staff?</p>	<p>We understand that some preliminary investigations into constructing some form of link have been made, but it became immediately apparent that the cost would be prohibitive and the work extremely disruptive. It is difficult to envisage how access to the main site can be easily improved. Unfortunately the electric site bus is not accessible to wheelchair users.</p>	<p>TEG note the challenges presented by the building location, however, they note that the electric bus (site shuttle) does have wheelchair access.</p> <p>It is also understood that the Spinal Injuries Unit have use of a single wheelchair occupancy vehicle ("Barbara bus").</p>
<p>3. What can be done to alleviate the car parking problems, particularly around outpatient DNAs?</p>	<p>Although this has been previously discussed with the Hotel Services Directorate, we acknowledge the continuing issue and will attempt to reopen the discussion.</p>	<p>It is recognised that parking pressures do remain at NGH.</p> <p>Concerns have been expressed by the Directorate that Trust staff have 25 spaces allocated and there are 3 Consultant spaces. If staff parking was converted 16 extra disabled spaces could be provided. Unfortunately, at present, no suitable areas can be identified to relocate loss of staff spaces.</p> <p>The trust will shortly be undertaking a strategic review of car parking, across both campuses, led by the Director of Strategy and Planning.</p>
<p>4. Are there any plans to redecorate the Centre?</p>	<p>We agree that some areas of the Centre could do with redecoration. This would be undertaken as part of the Estates rolling plan for redecoration/refurbishment. For information, the Arts Coordinator (Mir Jansen) and Sarah Coates our Patient Facilities Coordinator, have had a funding bid approved by Sheffield Hospitals Charity, as part of their Award Grants, to redecorate part of the first floor corridor outside the dining room in advance of the installation of a display of patient and artist artwork resulting from the 'In and Out of Hospital' art project. Estates are looking into updating the signage in this area following the redecoration, which is due to take place next week (28th-31st August). The redecoration will be in keeping with the Trust's agreed colour scheme.</p>	<p>TEG noted the on-going work to improve the environment for patients and their families.</p>
<p>5. Is it possible to improve the unutilised roof top area?</p>	<p>There have been considerable discussions with the charity Horatio's Garden (HG), to try to arrange for them to redevelop the Centre's outdoor areas, including this area. However, the collaboration has now ended and the project will not go ahead due to differences in</p>	<p>TEG understand that discussions have been on-going for a number of years and Sheffield Hospitals Charity had previously explored potential arrangement with another charity. However collaborative</p>

	<p>working practices between HG and Sheffield Hospitals Charity. Following this, it has been discussed that we would like to undertake this project ourselves on a smaller scale (HG projects are huge and require hundreds of thousands of pounds) and use this area (and others) to provide a pleasant outdoor area for patients and visitors to enjoy. It will require significant fundraising, then design and installation. This project is on the agenda of Sarah Coates as something to progress when her current projects are nearer completion (a new patient relaxation room and a pilot massage therapy service).</p>	<p>arrangements could not be agreed and fund raising on Trust premises needs to be in accordance with the Trust's Fundraising Policy.</p> <p>It is understood there were also concerns with regards to the original proposed plans and the weight-bearing ability of the area.</p> <p>The Directorate can submit new proposals via the Charitable Funds Management Committee as and when required.</p>
6. Are there any long term plans to overcome the storage problems?	<p>There are currently no plans in place to address the storage issues but a recognition that these need to be developed. Whilst there are no simple solutions to this, the building does have a fairly extensive under-croft which is already used for storage, but there is the potential for this to be reorganised.</p>	Noted.
7. Has the Centre investigated the Trust's Volunteer companionship service?	<p>We have a number of volunteers in the Centre, who fulfil various roles such as visiting patients, assisting with mealtimes and helping with patient activity sessions. All our volunteers are provided through Sheffield Teaching Hospitals' Voluntary Services Team. We also have visitors from and direct patients to our partner organisations' services, such as the Spinal Injuries Association's peer support and Back Up's mentoring service.</p> <p>However, it would be fair to say that we have not explored the possibility of identifying specific volunteers to act as companions to specific patients.</p>	Noted.

**Governors' Visit to Princess Royal Spinal Cord Injuries Centre, Northern General Hospital
23 July 2018**

Governors

Barbara Bell
Jennifer Booth
George Chia
Sally Craig
Luc De Witte
Tim Furness
Martin Hodgson

Steve Jones
Ian Merriman
Brendan Molloy
Cressida Ridge
Joe Saverimoutou
Harold Sharpe
Pete Tanker
Sue Taylor

Unit Staff

Dr Andrew Beechey
Matron Sarah Browton

Governors were welcomed to the Centre by Matron Sarah Browton and Dr Andrew Beechey.

Background

At a briefing prior to the tour of the Centre we were informed that there had been a Spinal Cord Injuries Centre in Sheffield since 1954, from October 1994 this had been sited in the purpose built accommodation. The Centre has 60 beds and is funded on a bed-night basis by specialised commissioners. It was reported to governors that changes to the current commissioning arrangements are being considered, which could create a risk to the service, in terms of greater uncertainty about funding.

There are approximately 200 staff working in the Centre: 13 medical staff (all grades); 130 nursing staff; 20 physiotherapists and occupational therapists; 22 admin staff along with domestics and other support staff including speech and language therapists; dieticians; radiographers and porters etc.

There are 12 spinal cord injury centres in the UK and Southern Ireland, the other centres are Belfast; Cardiff; Dublin; Glasgow; Middlesbrough; Oswestry; Pinderfields; Salisbury; Southport; Stanmore and Stoke Mandeville. Sheffield has the largest catchment area in England encompassing South Yorkshire; Derbyshire; Lincolnshire; Nottinghamshire; Leicestershire; Cambridgeshire and Norfolk and Norwich and as some Centres are unable to accommodate ventilated patients individuals from further afield are also accepted. Last year the Centre had 798 admissions, with approximately 120 of these being new patients on the acute/rehabilitation pathway. Approximately 5,500 follow up and 350 new patients are also seen in Outpatients.

Within the acute/rehab pathway the Centre cares for trauma patients who have sustained spinal cord injuries caused, for example, by falls, road traffic accidents, and sports injuries alongside non-trauma cases such as patients with infections. The readmission ward also cares for some patients with other neurological conditions such as spina bifida and multiple sclerosis. The Centre does not take respite patients.

Governors noted that three to nine months is the average length of stay for the majority of acute/rehab pathway patients while readmission patients vary depending on their treatment, many urology patients only stay for two days. Other treatments such as pressure ulcer repairs may require longer, up to two months. With a high percentage of DNA's (around 10%) clinic appointments are overbooked enabling other patients to be seen and also to ensure no loss of income.

The Centre has evolved since 1994 to meet the needs of its changing population group, caring for an ageing population with many patients having other pre-existing conditions and fewer acute patients require bed rest on arrival at the Centre. In addition to medical, nursing and therapy the

governors were told that the importance of psychology services is increasingly recognised and the Centre has a part time psychologist and psychology assistant and if required psychiatric assistance is provided through the Trust Liaison Psychiatry Service. The Trust's Chaplaincy Service also provides input to the Centre.

We were told about activities for patients including gardening, education and physio sports sessions, bingo, quizzes and an art group with artists work currently on display in the Millennium Gallery (until September). The patient lounge contains books, DVDs, games and puzzles with WiFi and multi-channel TV provided free of charge, trips out with family and friends are also facilitated.

Governors were impressed that overnight accommodation for carers and visitors is available and this is provided free of charge for the first week of admission and charged at £20 per night after that.

Observations

Governors were impressed by this positive and confident service. Staff were open and welcoming and raised our awareness and appreciation of the complex work carried out in the Centre. Staff clearly benefit professionally from working in this high-quality and nationally recognised Centre. Whilst the Centre deals with patients that have suffered life changing injuries it does its utmost to support individuals through the traumatic event and help them back to a positive attitude and with the skills and mind-set to adapt to their new situation and this was evidenced during an inspiring patient Q&A session.

Governors understand that the Centre's primary cohort of patients have spinal cord injuries but we were informed that it also takes a significant number of people with non-spinal cord injuries and funding for the care of these patients can be an issue. Currently, due to the goodwill of the Trust, this is managed but in the long term if this clinical care is to continue to be provided more formal arrangements should be established. It was also noted that the Centre does not treat children (under 16's) but liaises with Sheffield Children's Hospital which can create challenges.

The location of the Centre, away from the main hospital, was viewed on the one hand as positive with the autonomy providing a degree of independence while on the negative side it can be isolating and remote for patients, particularly long stay patients, with no (or limited) mobility to access facilities such as shops and refreshments provided in the main hospital. It seems that further efforts could be made to link patients to the main hospital and its activities and to enable staff to feel more connected to the Trust networks.

We were told that car parking is a significant issue for the Centre and it is not unusual for patients, some of whom travel long distances, to DNA as a result of not being able to find anywhere to park. Although parking is an issue generally throughout the Trust estate it is particularly problematic for the Centre due to the fact that its patients are more likely to have a physical disability and mobility problems than elsewhere in the Trust and many of its patients are precious about their independence and need to access the Centre autonomously in as hassle-free manner as possible. However because of the parking issue this is compromised and many wheelchair users have great difficulty due to the lack of adequate disabled parking facilities. We were advised that the new parking contractors are less flexible than the previous company and this has increased the difficulties. Governors consider that more disabled parking spaces should be a priority and parking contractors should be more sensitive to the limitations of the majority of the Centre's patients.

Governors heard that very occasionally staff have to deal with patients who experience extreme frustration relating to their life changing circumstances. While generally this is managed very well in a minority of cases patients have displayed behaviour that is so challenging that it presents a danger to themselves, other patients and staff and in such circumstances these patients have had to be removed from the Centre. This is an unfortunate situation and governors wonder if the existing psychological services could be expanded to provide support and they also feel that the

Centre should be assisted to develop a long-term strategy that, while supportive of staff, seeks also to help support such patients in a more effective way.

Governors were interested to learn that a mobile dentist from the community visits the Centre to treat patients and that this is very successful.

We were told that, as with other areas in the Trust, lack of storage is a developing difficulty that requires medium and long term solutions. The storage problem was evidenced when we saw a couple of beds waiting for repair being stored in the corridor. This can be particularly problematic for wheelchair users and others with impaired mobility.

We were shown an attractive courtyard area on the ground floor where patients and visitors were sitting but in contrast we also noted the underused (and unattractive) roof top space outside the wards. This space has enormous potential but unfortunately we were told that due to infrastructure issues and financial constraints it seems the problems outweigh any hopes of upgrading the area and this is a shame. Generally governors noted an open and airy atmosphere around the Centre but some areas the décor is looking tired and ready for attention.

Governors were impressed that there is a multi-disciplinary team meeting involving the patient where appropriate to discuss patients' welfare during their stay and prior to discharge. There is a strong sense of continuing professional development for staff bringing focus on updating current medical information. Staff are also offered some psychological support but more would be highly desirable, for staff and patients alike. Governors believe that the Centre is doing fantastic work but is under pressure, as with other areas, with regard to recruitment of staff and ensuring an appropriate skills mix. Staff morale appeared to be high, but some governors commented that pressures resulting from staffing issues will inevitably affect staff morale. Governors also wondered whether the Centre was viewed as a popular place to work for newly qualified nurses and how many select the Centre as their first choice on their application forms.

Governors heard about input to the Centre from charities including providing services such as assistive technologies; peer support; wheelchair skills; benefits advice staffed by the Citizens Advice Bureau. Governors observed that assistive technology is extremely important for people with a spinal cord injury to enable them to go on to live an independent life and were disappointed to note that more attention is not given to the provision of assistive technology and that this important service is delivered by a volunteer organisation, and in particular by one volunteer.

Although there is an open hours visiting policy governors were disappointed to see that many patients were alone, presumably for long periods of time. It is acknowledged that this is in part due to the Centre being a specialised provider and that therefore some patients are hospitalised some distance from their home area. Nonetheless it must be quite daunting for a bed-bound patient to spend many hours alone, more so in the knowledge that mental health problems can be an issue for the cohort of patients. Some governors felt that it would have been interesting to hear whether the Centre works with the volunteer service to arrange volunteers to visit patients.

In summary overall governors were very impressed with the Centre, the staff are incredibly dedicated and provide top class care resulting in a positive experience for patients who are often coping with significant trauma and life changing circumstances. Governors commented on the positive ethos of the Centre and on the care and support provided by the Centre which enabled many patients to return to their community and go on to build positive, enjoyable and constructive lives in their changed situation.

Governors would like to thank Sarah and Andrew and all the other staff who gave their time.

HAROLD SHARPE JP

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