

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE TRUST EXECUTIVE GROUP

Subject:	Report on visit to Beech Hill Intermediate Care and Rehabilitation Unit 10 September 2012
Supporting Director:	Neil Riley
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Status:	For Directorate and TEG response and note

PURPOSE OF THE REPORT:

To provide feedback on Visit for the benefit of TEG, Governors' Council and the Department staff

KEY POINTS:

- Governors who visited were impressed with what they saw and learned from patients and staff
- The Unit accommodates 31 patients in their own en-suite room
- Sheffield has 93 intermediate care beds, Beech Hill and five independent providers – this will increase to 124
- The highest proportion of Beech Hill patients are aged 90+ and many have no family support
- 80% of patients are discharged to their own homes
- The multidisciplinary team working ethos seems strong
- A mental health team is employed in partnership with the Health and Social Care Trust, more than 40% of intermediate care patients have mental health problems

OBSERVATIONS / RECOMMENDATIONS:

Governors comments	Department Response	TEG Response
1. Is it possible to secure the mental health resource in the longer term?	1. A review of intermediate care provision is currently being undertaken by Commissioners (NHS Sheffield). As part of this we have proposed a model of service delivery, including maintaining the current mental health provision.	TEG supports the Care Group's approach to this issue. This also part of ongoing discussions with commissioners
2. Beech Hill aside, is STH confident that the market will provide sufficient, quality intermediate care and rehabilitation units to meet demand for the next few years?	2. STH is extending the transfer of care/ discharge work programme of Deloittes to undertake a capacity and demand review to inform the debate on bed demand. We will also work closely with Independent Homes to ensure continuous improvements on quality, both through intermediate care staff and our Care Home Support Team. Risks regarding funding for homes from LA are a concern in the future.	TEG supports this piece of work and has good links with the local authority to address possible pressures from funding challenges.
3. Is the number of Beech Hill patients being readmitted to hospital as expected?	3. The patients admitted to Beech Hill have become progressively more complex with higher needs and multiple co morbidities. They are also transferred from hospital at an earlier stage. Although patients have to be confirmed as medically	This issue will continue to be monitored.

<p>4. Under the tariff does STH incur a financial penalty for each hospital readmission?</p>	<p>fit for transfer the frailer older person is obviously at risk of deterioration while they are still in a recovery phase. The service is not aware of any benchmarking of re admissions from community IC rehabilitation units for comparison.</p> <p>4. We are not aware of any financial penalty for the hospital at present but do know re-admissions will be included in future contracts.</p>	<p>The issue of readmissions is closely monitored as part of the contract with our local commissioners There are financial penalties in some circumstances</p>
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Governors Visit to Beech Hill Intermediate Care and Rehabilitation Unit 10 September 2012

Governors Present:

Joyce Justice
John Laxton
Hetta Phipps
Shirley Smith
Graham Thompson

Staff Present:

Judith Watson (Modern Matron)
Sarah Marsh (Ward Sister).

Governors were welcomed by Judith Watson and Sarah Marsh and after a tour of the Unit were joined by some staff from the unit's multi-disciplinary team who provided a joint presentation and answered questions.

Beech Hill House and Lodge were built around 1830 as a residence for the Duke of Norfolk. He subsequently donated the property to the people of Sheffield. It is now Grade II listed and was extensively restored to a high specification in 2009. The Unit accommodates up to 31 adults in their own room, with en-suite shower, toilet and wash basin.

The Unit provides 24-hour nursing care for a short period for patients discharged from hospital after treatment for an orthopaedic condition (Shrewsbury Ward) or a stroke (Norfolk Ward) who are unable to manage in their own home. The multi-disciplinary team (MDT) develops care plans and helps patients set realistic goals for their rehabilitation and meets weekly to review progress and plan ahead. Governors interested in the Right First Time programme were keen to see the role played by the Unit in allowing patients to be discharged from hospital at an earlier stage than might otherwise be achievable and in equipping patients to regain their independence and return home.

Tour of the Building, Meeting Staff and Patients

Governors visited a therapy kitchen facility where an occupational therapist was helping an elderly orthopaedic patient (recovering from a broken arm) to regain her confidence in making tea, specifically, walking, using a tap, using a kettle and a refrigerator and pouring hot liquid. The patient had been at the Unit for six weeks and hoped to return home the next day. She was in good spirits, happy with the treatment she had received. The Therapist explained that at an early stage staff undertake an 'access visit' to a patient's home to view the layout and replicate that as far as possible in bedrooms and for therapy exercises. She also highlighted the part played by the Community Intermediate Care Services (CICS) team after the patient has returned home, visiting up to four times a day to start with if required, reducing over six weeks.

In the therapy gym governors met a patient who had had a total hip replacement some three weeks earlier. She too was in good spirits. The CICS team were being asked to provide her with some transitional help.

A third orthopaedic patient welcomed Governors to her room where she was being visited by family members. All were very happy with the Unit. The patient had stayed for four weeks and hoped to leave in about 10 days.

Staff were pleased to report no outbreaks of infection at the Unit for over 12 months. The standard of cleanliness seemed very high. A Hand Hygiene champion Group (involving doctors) monitors standard of hand hygiene in the unit. There is also an Assistive Technology Group and a Fall Prevention project. Wall displays provide advice to supplement that given by staff, one important topic being dietary advice. Learning a new diet when advanced in years can be a challenge.

Governors saw a popular kitchenette where patients meet and a (less popular /infrequently used due to en suite shower facilities in each room) bathroom. Two kitchenettes need some refurbishment and a bid for funds has been submitted. The visit included sight of the Clinical room and the Resource room used for 'hot-desking' and meetings.

Governors met the 'Interface Team' which has responsibility for securing places for hospital patients in need of intermediate and rehabilitative care. A maximum of 93 places are available at present (Beech Hill and five independent providers) but this will increase to 124.

Volunteers from Age Well visit the Unit each week and at Christmas. Their contribution is much valued by patients.

Moving downstairs to the Norfolk Ward, we were pleased to meet two support workers, each with 7-8 years experience and proud of their work. One patient reported everything 'fine' at the Unit but was less happy about one aspect of her stay in hospital which is being reported separately. Her stay at the Unit was three weeks to date.

We visited the dining room and learnt of the two-week rolling menu of (regenerated) food. The menu provides a choice of three main meals. Catering supply arrangements are under review and to suit patients a change in meal times is being piloted.

Presentation of the Intermediate Care Service

Mandy Higginbottom, Head of Interface Services of the Primary and Community Services Care Group and a group of staff drawn from different disciplines joined Governors to help us appreciate the roles of their specialities in the rehabilitation process. All were committed to helping patients achieve their full potential and have knowledge of services available in the community to help when the patient returns home.

One simple point that helps in rehabilitation is that patients at Beech Hill are able to enjoy more sleep than when they were in hospital. Nurses have been operating (for a trial period) a system of 'intentional rounding'.

A Physiotherapist (Gill Lomas) explained that a full assessment of a patient's needs is undertaken in their first week, including walking, stairs, thought processes and meal preparation. The long term goal is to go home; the short term goal is usually to go to the WC unaided.

A speech and Language therapist Caroline Haw (who works partly in the community, partly at the Unit) stressed the importance for stroke patients of conversation and swallowing.

We were pleased to meet the Mental Health team Mark Haswell CPN and Jenny Owen (who specialises in occupational therapy), employed in partnership with the Health and Social Care Trust. More than 40% of intermediate care patients have mental health problems, while 30% have had previous contact with mental health services. Patients with mental health problems (ranging from depression to post-traumatic stress disorder to Alzheimers) stay longer in hospital than others.

Patients who use Beech Hill often represent more complex cases than the average and mental health support can play a major part in their rehabilitation. The mental health team help other staff develop skills and knowledge of this area. The team is at present engaged for a two year term and has brought real benefits to the Unit – to the point that the Matron and her other staff cannot envisage working without them. The mental health resource deployed at Beech Hill is currently not replicated at independent units.

The Senior Housekeeper Chris Murphy told us that he heads a team of ten multi-skilled housekeepers. He explained the rota hours, their duties in cooking, meal preparation and cleaning and he reported that the whole unit deep clean was currently being undertaken.

Activity 2012/13

The service has to meet a changing demand as cases become more complex and patients stay with the Unit longer than was first envisaged. Recent admissions have numbered six to 12 a month (ortho-medical) and six to 14 a month (stroke). Patient stay targets are 21 days (ortho-medical) and 28 days (stroke). These are becoming extended – in July averages were 40.1 and 51.6 days respectively and in August 58 and 41.8. We were assured that, taking account of places provided independently, there is sufficient supply of places to meet demand.

The highest proportion of Beech Hill patients are aged 90+ and many do not have family support. 80% of discharges are made to the patient's home which must be considered a success, but 14% of stroke patients and 11% of ortho-medical patients return to hospital. It would be interesting to know whether that rate of readmission is to be expected.

Conclusion

The Matron clearly values the role that each member of staff has to play in making the Unit a success. The ethos of multi-disciplinary team working seems strong. Governors who visited Beech Hill were impressed with what they saw and learnt from patients and staff and with the commitment shown by the Unit's staff. We appreciated the time taken by Judith Watson and colleagues for setting aside the time to meet us, explain how the service operates and answer our questions.

John Laxton
Public Governor South West Sheffield