Cheshire and Wirral Partnership **NHS**

NHS Trust

Progress on the Service Redesign for Adults and Older People

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CONTENTS

1.0 Executive Summary

The impact of this Adults and Older Peoples redesign paper is to inform and assure the Operational Board of the consequences and impacts on service delivery of the decision to redesign inpatient services at the end of November 2006. The redesign proposals were to ensure the efficient and effective use of inpatient beds and to enable service users to receive the most appropriate care in the most appropriate setting by offering choice.

The review found that overall it is the view of the Adults and Older Peoples Division that the plan, implementation and on-going service delivery has been executed well, with contingency plans in place if beds within the Trust are not available, a bed management policy which is being consistently utilised and community services which are responding to the impact of the bed closures.

2.0 Introduction

Following a three month formal consultation between July and October 2006 concerning the redesign of Adults and Older Peoples services, Cheshire and Wirral Partnership Trustboard approved the closure of four wards as part of this process. The four wards, one in each of the localities, closed on 30th November 2006. This process was supported by the introduction of a bed management policy to ensure a consistent approach in the use of beds across the division. This paper outlines the impact of the ward closure programme on services, service users and staff.

3.0 Policy Context

The national service framework for mental health (DOH 1999), set out the direction for service delivery and proposed the introduction of a number of community teams to underpin community based services as an alternative to inpatient care. Crisis Resolution and Home Treatment teams (CRHT), Early Intervention teams (EIT) and Assertive Outreach teams (AOT), have been developed across the adult and older peoples division resulting a reduction in bed usage.

4.0 Impact on services

The closure of four wards in November 2006, added to the earlier ward closure in Bowmere as a result of Cheshire West PCT's financial recovery plan, meant a total reduction on 95 beds across the division. However the inpatient resource is an element of the whole system of service delivery which service users may need to access during their patient pathway.

5.0 Role of community services (CMHT)

Community Mental Health Teams are the corner stone of community mental health care and they act as a single point of entry for secondary care mental health services. CMHT's are well established, multi-disciplinary, integrated health and social care services that support service users and their families.

In areas where primary care mental health services exist, a strong interface has been developed and care pathways employed. CMHT's also work in collaboration with Assertive Outreach and Crisis Resolution and Home Treatment teams.

The key objective of CMHT's is to deliver a philosophy of care that has the concept of recovery at the core of all it offers ensuring that individuals maximise their potential.

Employment and training are also a key focus to enable service users to have meaningful and supported routes to education and employment.

All service user in CMHT's are subject to the Care Programme Approach (CPA) at standard or enhanced levels which in many aspects mirrors the substantial and critical Levels of fair access to care. The CMHT caseload across the division is as follows:

No. of standard cases	No. of enhanced cases	Total caseload
5997	4550	10547

6.0 Role of Crisis Resolution and Home Treatment (CRHT)

The types of presenting problems that CRHT see range from a psychiatric as opposed to an emotional crisis and are associated with psychosis, mania, and severe depression which may or may not have suicidal ideation. The average length of home treatment episode is 18-20 days and may involve up to four visits per day.

The Key functions of CRHT are

- To Act as gate keeper for acute in patient beds
- To offer intensive home treatment as an alternative to hospital admission
- 24 hour access x 365 days per year
- Assessment and signposting to appropriate service

Team Activity December 2006 – April 2007

Locality	No. of Referrals						No. of Assessments						No. of Home Treatments					
	Nov	Dec	Jan	Feb	Mar	Apr	Nov	Dec	Jan	Feb	Mar	Apr	Nov	Dec	Jan	Feb	Mar	Apr
Chester & EPort	95	82	69	65	88	69	31	33	41	60	62	47	15	19	25	59	57	32
Wirral	153	139	146	183	125	126	60	68	47	103	52	45	47	43	36	106	54	57
Macc	27	40	53	41	52	51	27	38	40	32	42	46	21	27	30	27	30	34
Leighton	54	62	72	61	62	69	51	52	61	57	59	66	26	32	19	30	33	36
Total	329	323	340	350	327	318	169	191	189	252	215	204	109	121	110	222	174	140

Overall the Trust met the Department of Health (DOH) targets for CRHT. This is despite a lack of funding which the DOH has identified to deliver the fidelity of the model within the policy implementation guidance and the targets.

Locality	DOH Target	Activity
Chester & Ellesmere Port	400	423
Wirral	673	774
Macclesfield	240	374
Leighton	419	386
Total	**1732**	**1957**
Division overachieving by 225 targets		

The table below illustrates the resourcing of CRHT teams across CWPNT in terms of percentage toward PIG guidance levels. It then looks at the DOH (higher) performance targets and looks at performance of teams against targets at the end of January and projected end of year target.

	Total Staff *	Pop'n *	PIG *	Deficit/ surplus	Cost	% of full complement	DOH target	Resource related target	End Jan cumulative	Projected
Chester & EPort	26	312,293	29	-3	£97,446	90%	673	606	449	539
Wirral	21	232,876	22	-1	£32,482	95%	400	380	275	330
Macc	16	253,817	24	-8	£259,856	67%	419	281	289	347
Leighton	14	187,095	17	-3	£97,446	82%	267	219	286	343

* *Population figures are total population in 2001 Census.*

n.b. PIG Guidelines (DH 2001) state that there should be 14 staff per 150,000 (but that needs assessments should be undertaken to take into account geography, demography and epidemiology). This does not include Managers and Consultant Psychiatrists. Skill mix re: qualified / unqualified staff should be determined locally.

7. 0 Impact on Inpatient care

The Adults and Older Peoples divisional management team has been closely monitoring the impact of the service redesign on inpatients. Clearly the wards are extremely busy and pressured with staff reporting high levels of occupancy, condensed numbers of acutely ill patients concentrated on fewer wards, and higher turnover of occupancy due to the interventions of CRHT. This means that staff have to complete documentation and all records much more speedily. Carenotes, the electronic system to support CPA, is currently being introduced to inpatients and adding further workload pressures. There is no evidence that the number of section patients has increased however the pressure is felt because they are concentrated on fewer wards.

The management team anticipated the pressures of increased workload and commissioned a review of inpatient services. This review has examined bed occupancy, length of stay, staffing levels, mental health act detentions and impact on observation levels. This work has been supported by Effective Based Practice centre and is due to report in July 07. There is also recognition that there are opportunities for change in practice to reduce the pressures. Services on the Wirral have already introduced a model of a single consultant responsible for inpatients and CRHT thereby reducing the number of ward rounds and allowing staff to concentrate on individual interventions.

The Adult and Older Peoples division is confident that there are enough beds available within the Trust and this has been demonstrated by the fact that since December 2006 we have not had to seek beds outside of the Trust except on one occasion where a patient was admitted into a PICU bed in Harplands Hospital, Stoke on Trent and returned to the Trust the next day. However we do recognise that it is not always possible for patients to be admitted to the hospital closest to where they live and this is represented in the table below.

ANALYSIS OF OUT OF AREA ADMISSIONS BY DIVISION (by number of individual patient numbers) JAN TO APR 2007										
2007		CHESTER		WIRRAL			LEIGHTON		MACC	
		PICU	ADULT	PICU	ADULT	OPS	ADULT	OPS	ADULT	OPS
CHESTER	JANUARY			3	0	6	0	0	2	0
	FEBRUARY			1	0	6	0	0	0	0
	MARCH			1	0	5	0	0	0	1
	APRIL			2	0	3	0	0	0	0
	TOTAL			7	0	20	0	0	2	1
WIRRAL	JANUARY	1	6				0	0	3	0
	FEBRUARY	2	2				1	0	3	0
	MARCH	2	7				0	0	0	0
	APRIL	3	6				0	0	0	0
	TOTAL	8	21				1	0	6	0
LEIGHTON	JANUARY	3	0	3	0	0			0	0
	FEBRUARY	3	0	2	0	0			0	0
	MARCH	5	1	1	0	0			0	0
	APRIL	3	3	2	0	0			0	0
	TOTAL	14	4	8	0	0			0	0
MAC'FIELD	JANUARY	0	1	1	0	0	0	0		
	FEBRUARY	1	1	2	0	0	0	0		
	MARCH	0	2	2	0	0	4	0		
	APRIL	1	1	2	0	0	1	0		
	TOTAL	2	5	7	0	0	5	0		
OTHER	JANUARY	2	0	0	0	0	0	0	0	0
	FEBRUARY	1	0	0	0	0	1	0	0	0
	MARCH	1	0	1	0	0	2	0	0	0
	APRIL	1	0	0	0	0	0	0	0	0
	TOTAL	5	0	1	0	0	3	0	0	0

The specialist psychiatric intensive care beds are situated in Wirral and Chester therefore it is appropriate for patients from Crewe and Macclesfield who need this specialist care are admitted to

these beds. Also there are no functional older people's beds in West Cheshire and if specialist older people's care is required then beds are accessed mainly on the Wirral.

The division continues to strive to improve the quality of care and to introduce enhanced practices that can be externally validated. Therefore the division is involved in two innovative projects to improve inpatient mental health care. They are the AIMS project which is accredited by the Royal College of Psychiatry and although only two wards in Bowmere have been registered the standards required for accreditation have been shared across all inpatient units via the Acute Care Forum. The other project is Starwards, which is a national project using the views and comments from service users and carers on how inpatient care can be improved and developed. Again this project has been initiated in Bowmere but the standards and good practice are being introduced in other acute inpatient units across the Trust again via the Acute Care Forum and being led by the Modern Matrons.

There is evidence that staff sickness has increased over this period and detailed work is being undertaken to understand whether this is purely due to the process of change or other causes.

Admissions

The following four graphs depict the changing patterns of inpatient usage between the periods January 2004 to April 2007. This clearly identifies the impact of the additional resource in the community on the usage of inpatient beds and therefore created the opportunity to redesign inpatient services and ensure the resource is used more efficiently.

Chester & Ellesmere Port
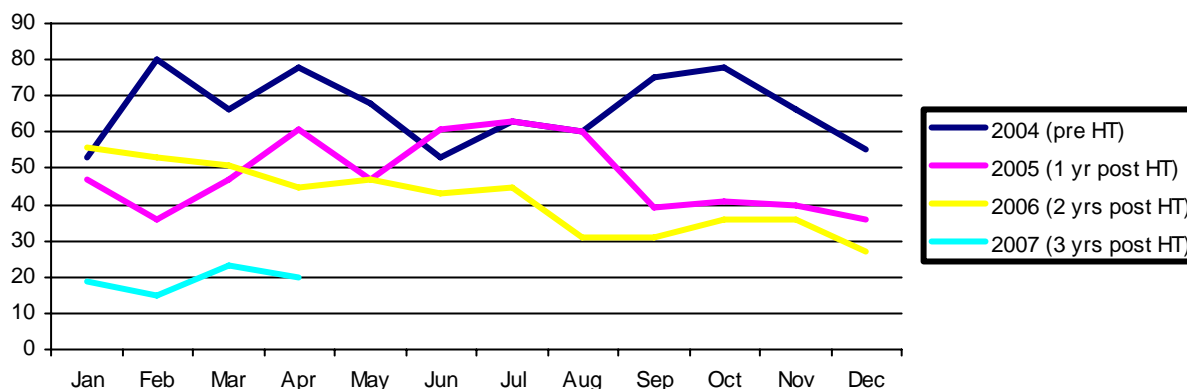
Wirral
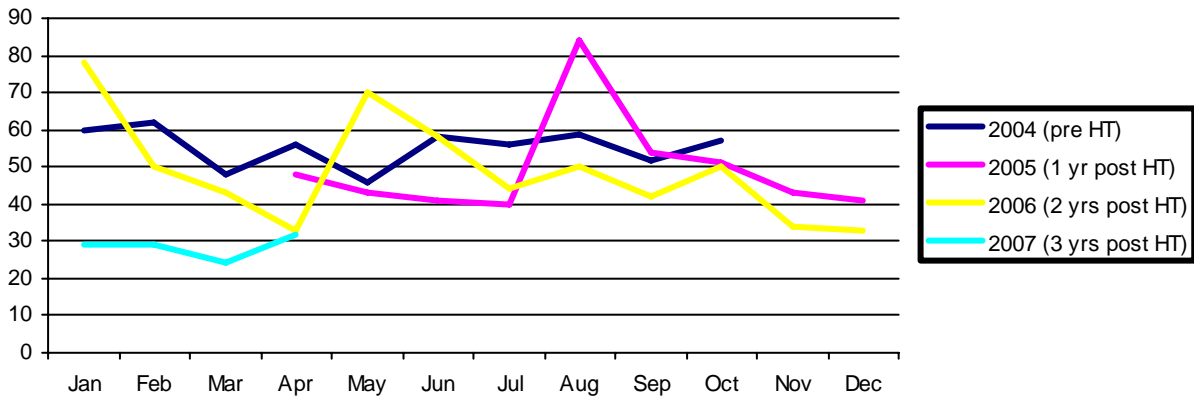
Macclesfield
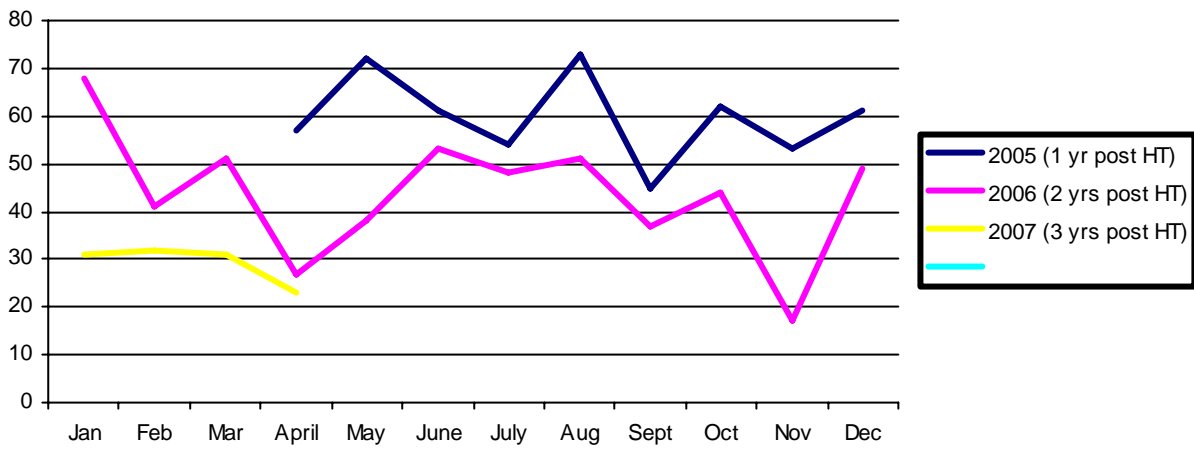
Leighton
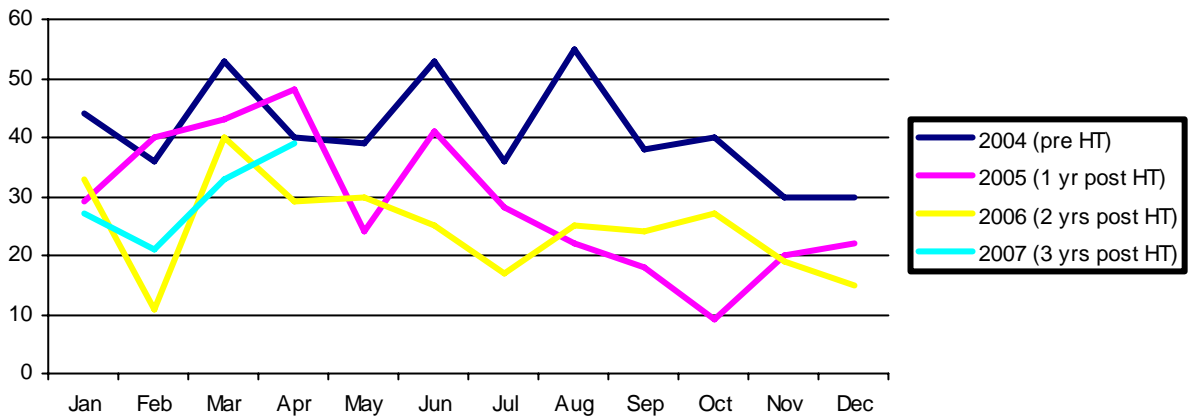
Mental Health Act

The only figures currently available for this analysis were the summary of the Mental Health Act Activity' reports, these are presented at the meetings held by the Mental Health Act Group. Seven reports were available between 5th September 2005 and 18th January 2007.

The numbers of patients held under the MHA are shown in Table 1 overleaf for the seven reports

Table 1
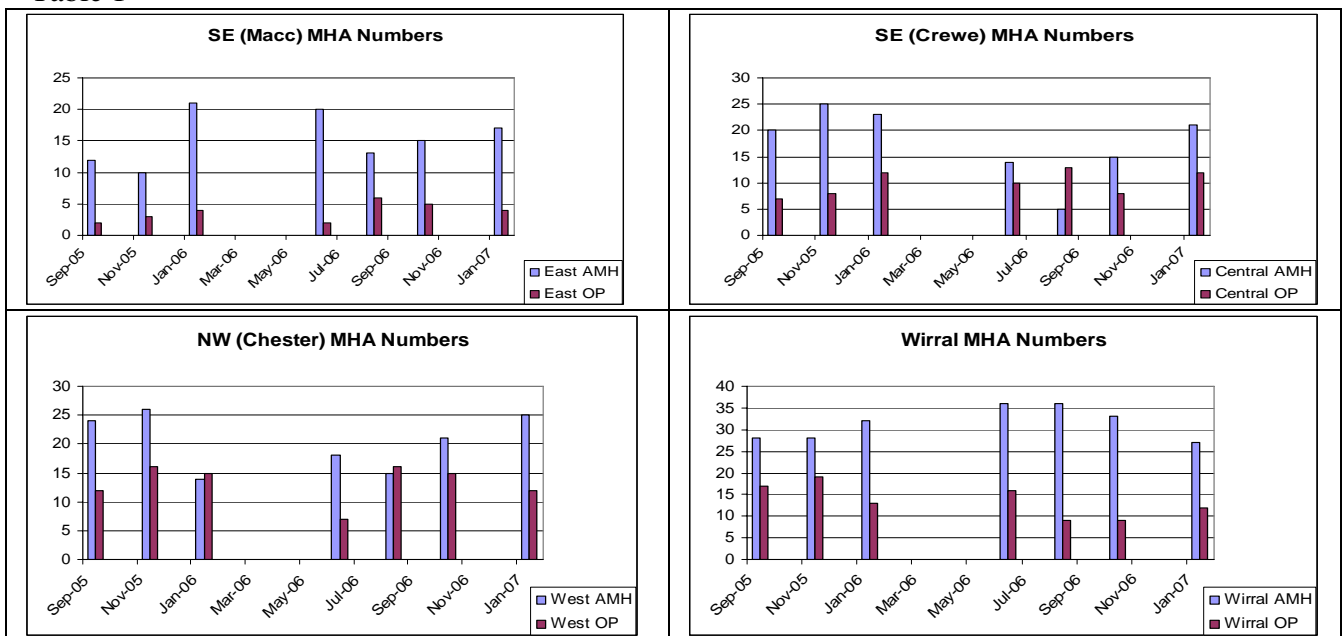
These numbers are within the normal range and there is no evidence that numbers of patients held under the MHA are increasing. The impact of closure of wards however means that the numbers are concentrated on fewer wards.

Delayed discharges

Work is ongoing with partners to understand the numbers and reasons why patients remain in hospital once they have been declared clinical for discharge by the multi-disciplinary tea. At any one time there are between 30-40 adult and older people waiting discharge across the division.

8.0 Changes to bed management policy

Prior to the service redesign the Adults and Older Peoples division developed a bed management policy to support the changes and to give staff clear consistent guidance. There was also a commitment that this would be reviewed in June 2007 and the review is currently underway and involves wide consultation. However some changes were made to practice as issues and concerns were raised during the process and they are as follows:
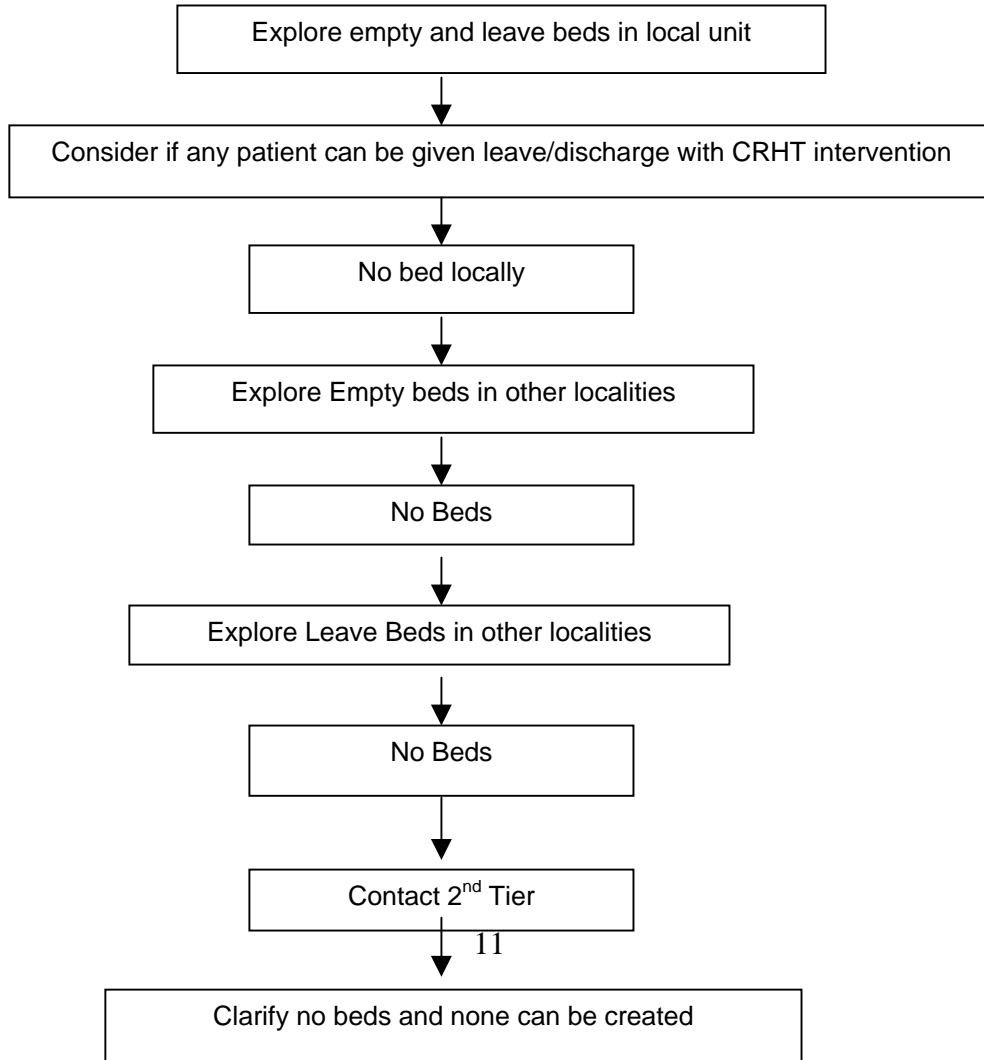
- Local admission for service users detained under the mental health act (except if requiring PICU)
- Transfer of service users across the footprint of the Trust should not routinely happen after 9pm
- The service users are returned to their own locality as soon as a bed becomes available
- Care co-ordinators maintain contact when the service user is placed out of their locality and they input into careplans being developed by the current care team. This is made easier by the electronic CPA system.
- Reflective Reviews on each hospital admission

Bed Management Flowchart

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┌─────────────────────────────────────────────────────────────┐
│         Explore empty and leave beds in local unit           │
└─────────────────────────────────────────────────────────────┘
                              │
                              ▼
┌─────────────────────────────────────────────────────────────┐
│ Consider if any patient can be given leave/discharge with    │
│                   CRHT intervention                          │
└─────────────────────────────────────────────────────────────┘
                              │
                              ▼
                  ┌───────────────────────┐
                  │     No bed locally     │
                  └───────────────────────┘
                              │
                              ▼
              ┌───────────────────────────────┐
              │ Explore Empty beds in other    │
              │         localities             │
              └───────────────────────────────┘
                              │
                              ▼
                  ┌───────────────────────┐
                  │       No Beds          │
                  └───────────────────────┘
                              │
                              ▼
              ┌───────────────────────────────┐
              │ Explore Leave Beds in other    │
              │         localities             │
              └───────────────────────────────┘
                              │
                              ▼
                  ┌───────────────────────┐
                  │       No Beds          │
                  └───────────────────────┘
                              │
                              ▼
                  ┌───────────────────────┐
                  │    Contact 2nd Tier    │
                  └───────────────────────┘
                              │
                              ▼
          ┌─────────────────────────────────────────┐
          │  Clarify no beds and none can be created │
          └─────────────────────────────────────────┘
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11

Contact 3rd Tier/Chief Exec for authority to go out of Trust.

Service users detained under the Mental Health Act must be admitted locally even if that means moving a more stable service user to another unit. No transfer of service users should take place post 9pm

9.0 Impact on Service Users and Carers

9.1 Complaints

Inpatients

- Since the wards closed at the end of November 2006, there has been one formal complaint which relates to the mix of clients on Juniper ward at Bowmere hospital. However, there has been discussions in some forums where service users have expressed concerns regarding transport and difficulties in visiting relatives who have been admitted to a bed away from the area that they reside in. This has primarily been by Wirral service users which reflects the higher number of Wirral patients placed in beds outside of Wirral but within the Trust.

- A service user feedback form was received on 29th April 2007 from a service user who had been transferred from Leighton to Chester and was anxious to return due to family being unable to visit and other hospital appointments being cancelled.

CRHT

- The service received a complaint regarding out of hours access to CRHT which resulted in a change to the protocol agreed with the Emergency Duty Team (EDT).

9.2 Service User and Carer Feedback

The Trustwide CRHT steering group has been tasked with locating a validated service user questionnaire so that the service can receive qualitative feedback on their experiences of the service to assist future developments.

Examples of compliments received are shown below.

- "To all the team, just a quick note to thank you for your support and care during my recent stay on Juniper Ward. I felt that you had a major input into my quick recovery and

my successful return home. You were all so very kind and thoughtful. It is an excellent way of trials at home with your support in home visits. The continuation of care is so valuable"

- "I can't remember names but a massive thank you to the nurse who assessed me with the doctor on the day I was admitted, she was fantastic"

- "I really can't thank you all enough. Keep up the good work."

- "You're the best – To everyone who helped me during my break-down and afterwards in my recovery"

- "Little hopes can become big dreams!"

10.0 Untoward Incidents

March 06 compared to March 07

Incident	Chester		Wirral		Macclesfield		Leighton	
	Mar 06	Mar 07	Mar 06	Mar 07	Mar 06	Mar 07	Mar 06	Mar 07
Burns and scalds (P)								1
Cuts, lacerations, scratches & bruises (P)	1	2		4	2	5	1	1
Cuts, lacerations, scratches & bruises (S)	1					1		
Discharge/Admission or transfer problem (P)	7		1				1	
Equipment (not MRHA) failure	1		1				1	
Animal or insect bite		0		1				
Discharge/Admission or transfer problem (P)		4						
Exposure to harmful agent or waste (S)	2	1		1				
Exposure to harmful agent or waste (P)							1	
Fire alarm activation			1					
Facilities (P)	2							
Slips, trips, found on floor etc (P)	12	3	10	19	23	9	14	22
Slips, trips, found on floor etc (S)	2						1	
Inappropriate behaviour (P)	9	7		3	5	5	4	3
Inappropriate Behaviour (S)		2						1
IT Failure		1			1	1		1
Lifting/Handling issues (S)					3	1	2	1
Medication (P)		4	5	3	2			3
Missing patient/absconded (P)	5	4	3	1	1	1		4
Road traffic accident (S)				1				
Contact with needle or other sharps (S)	1		1		2	1		
Property damage/unsafe/dangerous			1					
Problem with records (P)	1					1		1
Security (S)	1	3	1	1	2	1	1	
Security (P)	3				1			
Self harm (P)	21	11	6	8	12	2	3	2
Staff issues (P)	5	4		2		3	2	1
Staffing/staff issues (S)	1	3	1	1	2	6		3
Struck by or against object			1		2		2	

13

Substance abuse (P)	3	1	1		2			2
Suicide			1					
Treatment Problem (P)				1				
Unexpected death (P)	1	1	3	1		1	3	2
Unwell or illness (P)	1	2			1		1	
Violence physical abuse/harassment (P)	1	7	26	19	9	8	20	9
Violence physical abuse/harassment (S)	17	5	7	7	7	3	12	7
Violence verbal abuse (P)	1	1	1					2
Violence verbal abuse (S)	1	6	1		1		8	2
Other (S)	1		1					
Totals	106	72	78	73	78	67	77	68

11.0 Patients surveys

- National patient survey
- CRHT Questionnaire (June 07)
- Referrer Questionnaire
- Seek service user view by team managers attending mental Health Forums led by service users and carers
- Staff attending Carer groups
- Service user involvement in service development and redesign projects
- Acute Care forums

12.0 Staff feedback

The Adults and Older Peoples division has been illiciting informal feedback from staff through a variety of forums. The main issues of concern for staff are

- High levels of occupancy resulting in constant pressure with no respite
- Concentrations of detained patients in one area
- Perceived increase in staff sickness
- Perceived increase in serious untoward incidents
- Staffs perception that the only solution is additional staffing resource

The Trust participated in a national staff survey which was conducted during this period of change. Therefore the range of staff responses within the survey varied and covered many issues, including the implementation of the national pay structure.

The newly formed Workforce and Organisational Development Sub Committee has considered the survey and is proposing to put together an action plan specifically focused on improving the performance of the Trust in 5 key areas:

- Implementing agenda for change
- Increasing the availability and uptake of health and safety training
- Improving our performance in delivering personal development plans for staff
- Providing ways of working and increased job satisfaction that reduces work related stress
- Advertising the availability of child care facilities

The report concluded that the results indicate that the Trust is an above average employer and that our staff are generally satisfied with their employment with us. The results show few statistical changes from previous years but we do need to review all of these scores to see where we can perform better.

Impact on staff

During the summer of 2006, whilst the consultation was in progress, the Trust introduced a vacancy monitoring system whereby all vacancies were scrutinised at local and divisional level. This resulted in a number of vacancies being held to enable successful redeployment of staff following the closure of five wards. Whilst the staff were consulted on voluntary early retirement/voluntary redundancy options, fortunately this course of action was not required and all inpatient staff declared at risk were offered their 1st, 2nd or 3rd choices. This process was as a result of excellent working between staff side representatives, managers and representatives from HR and finance. The total number of whole time equivalents affected by this was 113.99, a head count of 124 staff.

13.0 Rosewood – Intensive Rehabilitation Unit

The consultation process highlighted the opportunity to use vacated wards for new business opportunities. The Division worked closely with Western Cheshire PCT and Wirral PCT to repatriate expensive out of area placements into a reconfigured and refurbished unit in Bowmere Hospital.

The unit opened in March 2007 as a 15 bed Intensive Rehabilitation Unit, for mixed gender but gender segregated.

The occupants are service user who until recently were placed in highly expensive placements a long distance away from their families. It was not always possible to ensure that the placement was value for money. In rosewood all service users have a care co-ordinator from their local CMHT who will continue to be involved in the rehabilitation process and review, ensuring a smooth transition when the time comes to move to their next phase of recovery.

14.0 Conclusion

Overall it is the view of the Adults and Older Peoples Division that the plan, implementation and on-going service delivery has been executed well, with contingency plans in place if beds within the Trust are not available, a bed management policy which is being consistently utilised and community services which are responding to the impact of the bed closures.