

## **Transfer of Medicine for Older People (MOP) Ward from Southampton General Hospital (SGH) to Royal South Hants Hospital (RSH) Commissioners Brief: July 2012**

### **1. Introduction**

University Hospitals Southampton Foundation Trust (UHSFT) requires additional level 1 bed capacity on the Southampton General Hospital site in order to deliver on contractual commitments particularly regarding volumes of planned care for 2012/13. Whilst not increasing the physical bed footprint provided by UHSFT for patients under the care of the Medicine for Older People (MOP) team there is an opportunity to work collaboratively with Solent Healthcare to utilise existing clinical estate within the health system, to provide additional surgical bed capacity on the General Hospital site. This additional capacity will contribute to lower occupancy level that will support with the timely transfer of patients out of the Emergency Department and ensure the Trust can maintain 18 week performance in surgical specialties.

Upper Brambles Ward is a 24 bedded ward at the Royal South Hants Hospital (RSH) that has been reviewed and is a suitable and appropriate estate for an inpatient Medicine for Older People ward.

This paper provides a final response to the queries raised by Commissioners.

### **2. Patient Access to Upper Brambles Ward**

Patients will be transferred from the Acute Medical Unit or downstream Medicine for Older People wards following Medicine for Older Persons Consultant review. There will be no transfers direct from the Emergency Department.

- Patients will be identified as appropriate for transfer by their Medicine for Older Persons (MOP) Consultant.
- Patients will be over 80 years in age and have an expected LOS greater than 24 hours.
- Patients will remain under their named MOP Consultant ( as per established locality model).
- Patients will be medically stable for transfer but have on-going healthcare needs for which they need to remain as an inpatient, but do not require care on the SGH site.
- The following exclusion criteria have been identified:
  - Active GI bleed
  - In need of continued specialist / surgical support and review
  - Unstable reversible airways device
  - Unstable angina
  - Cardiac arrhythmias
  - Patients established on Liverpool Care Pathway
  - Bariatric patients
  - Patient detained under the Mental Health Act
- All patients will, prior to transfer, have a full plan documented in their medical notes regarding resuscitation status, ceiling of treatment and whether repatriation back to SGH site is appropriate in the event of a decline in health or an emergency. If the patient is not for resuscitation then a DNAR form will accompany the patient. Patients/carers will be aware of the decisions in place regarding these issues in line with existing Trust policies and this discussion documented in the patients' notes. If for clinical reasons this discussion is not appropriate then this should be clearly documented.

- Patients will have been moderately active prior to their medical admission and so would obtain maximum benefit from an environment that can provide an enhanced collaborative working with the therapy team prior to them becoming medically fit for transfer or discharge.
- Patients will be predominantly female due to the demand for female beds. However the ward can be divided appropriately into mixed sex accommodation whilst maintaining national guidance on single sex accommodation and therefore can, following discussion with the ward leader, accept male patients.
- Patients physical, rather than mental health needs should be the dominant reason for transfer; however this should not exclude the transfer of patients with dementia. Patients must not be detained under the mental health act. Patients who have dementia or cognitive dysfunction will not be excluded from the ward as the staff and environment will be compatible with those currently provided on G level on the UHS site.
- If required patients must have a Social Work section 2 completed prior to transfer.
- Patient / carer must consent to the transfer / admission, and be aware of the decisions in place regarding their care management
- Patient transfers to Upper Brambles will occur between 08:00 and 20:00, 7 days a week.
- Patients will be identified as appropriate for transfer by their Consultant as described above and verbal handover given to the nurse in charge of Upper Brambles.
- The ward management team will liaise either directly with the Consultant or their case manager to ensure those identified patients are transferred in a timely manner.

All of the above is supported by an Operational Policy

### 3. Multi Disciplinary Team

#### **Medical**

A MOP consultant will provide a scheduled session to the ward Monday to Friday days a week and will be supported by a clinical fellow who will be onsite and on shift 24/7. The Clinical Fellow will report to the Consultant responsible for the patient in core hours and to the AMU on call consultant out of hours.

#### **Nursing**

Medicine for Older Person's Ward, G8, were selected to consult with and transfer to the RSH, the 30 day consultation process finished June 2012 and the team will transfer to the 24 bed ward. There are no reductions in staffing numbers or redundancies associated with this transfer.

24 beds is supported by 31.4 whole time equivalent nursing staff, 17.45 wte registered nurses and 13.95 wte health care support workers. (see below). The nurse ratio per bed is 1.3.

	Trained Untrained		Total	CALCULATION	Trained	Untrained	Additional %	Revised
	Skill mix		AWL					
Early	2.00	2.00	<b>4.00</b>	5.60	2.80	2.80	1.29	<b>6.89</b>
Late	2.00	1.00	<b>3.00</b>	4.20	2.80	1.40	0.97	<b>5.17</b>
Night	2.00	2.00	<b>4.00</b>	8.59	4.29	4.29	1.97	<b>10.56</b>
Twilight		0.50	<b>0.50</b>	0.70	-	0.70	0.16	<b>0.86</b>
Long Day	2.00	1.00	<b>3.00</b>	6.44	4.29	2.15	1.48	<b>7.92</b>
	8.00	6.50	<b>14.50</b>	25.53	14.19	11.34	5.87	<b>31.40</b>

### ***Therapies***

The therapy staff have been consulted with and experienced MOP therapists will transfer with the G8 staff. There will be 1wte senior therapist, 1wte registered therapist, and 1 wte support therapist.

### ***Adult Services and Discharge Planning***

An additional 1 wte social worker will be based on the ward and will be provided with management and support from within the Integrated Discharge Bureau on the SGH site. There is agreement that whilst the social worker will predominantly cover Southampton City residents there will be co-ordination of care for any Hampshire patients in conjunction with their locality or SGH social workers. As the RSH beds will be acute beds the monitoring arrangements for Delayed Transfers of Care will be reported within the UHSFT current reporting system. The ward will have an additional 1 wte discharge facilitator who will work with the multi-disciplinary team to ensure patient flow and length of stay is maintained.

### ***Other Support Services***

All support services have been scoped and dietetics, speech and language therapy and pharmacy will all be on site. Cardiac echo, specialist opinions, and all diagnostics, except plain films, will need to perform on the SGH site. Due to this patients who are predicted to require diagnostics and review by teams outside of Medicine for Older People will not be deemed appropriate to the RSH site during this time of their pathway. All 'hotel' services: linen, catering, cleaning, portering is being provided by the current hotel services at the RSH.

### ***Transport***

Patient transport has been contracted from South Coast Ambulance Services outside of the current contract and there will be transfer to and from the site seven days a week and an agreement to repatriate urgent patients back to the SGH site as a priority category.

## **4. Governance arrangements**

UHSFT is amending the current 'Statement of Purpose' with the Care Quality Commission to include MOP and therapy services on the RSH site. This process has commenced and on discussion with the CQC there are not any problems anticipated. The assurance and governance framework will continue to be managed under the current Governance arrangements for the Care Group, Divisional and Trust with the Medical and Nurse Director ratifying the framework.

## **5. Patient Experience**

All of the key quality and performance indicators currently monitored within the Trust will continue to be monitored and reported. These include complaints, adverse events, control of infection audits and compliance, patient satisfaction surveys, length of stay and readmission rates. Additional performance information including transfers back to the acute site will also be monitored as part of the introduction of this additional capacity.

The Trust has engaged with the Southampton and Hampshire Overview and Scrutiny Committee and LINKS as part of the implementation process and we have been able to respond to any of their queries.

## **6. Review**

The Trust will continue to review overall capacity requirements to meet and balance the demand for elective and non-elective activity and deliver key performance indicators relating to performance and quality. Part of this review will consider the need for ongoing occupation of capacity at the RSH. The Trust will also review any opportunities for integrated or collaborative working with partner organisations that the location of this ward may deliver in order to enhance optimum utilisation of capacity and resources across the wider health system. The Trust capacity requirements are under continuous review, and in line with commissioner requests the requirement for additional capacity on the RSH site will be discussed in Quarter 4 of 2012/13 to inform ongoing service delivery.

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