



Wellbeing and Health Scrutiny Board Elgar and Delius Ward Relocation – Working Group Report 17 February 2017

Background

Surrey and Borders Partnership NHS Foundation Trust (SABP) provides specialist mental health services in Surrey.

A number of these services were delivered through the Mid Surrey Assessment and Treatment Centre on the Epsom Hospital site. This consisted of two mixed-sex acute inpatient wards, Delius and Elgar, which provided 28 beds (14 on each ward). These wards primarily provided services for people in Elmbridge, Epsom, Ewell and Mole Valley.

The Trust reports that the mean length of stay in its acute inpatient services is typically 35 days. However, this figure should be taken as a general indicator, as some people are admitted for a short period (72hrs or less) or on the wards for longer. The total number of admissions 'per bed' is approximately 12.5 admissions per year.

The Trust estimates it has 25% of people who have been on the wards for less than 7 days, and 15% of people on leave from beds (which indicates they are close to discharge).

For people on the wards for longer periods of time, some may need treatment for many months (e.g. nine months) and some stay on the ward due to the complexities of their individual circumstances and the measures required to put in place to support a safe discharge. This can be for a number of reasons, and most common issue reported is linked to accommodation.

SABP have recently agreed a Mental Health and Housing Protocol (led by Runnymede Borough Council but supported by all Surrey Districts and Boroughs) and this is helping achieve some of the more complex discharges.

The Trust reported that it performed well in avoiding emergency readmissions when compared to national benchmarking figures.

In autumn 2016, the Trust proposed to relocate the wards to the Abraham Cowley Unit (ACU) by January 2017. The reasoning and strategic context for doing so is outlined in the briefing attached as **annex 1**.

In order to ensure that the Trust met its duty to consult the Scrutiny Board on the proposals, the Board established a working group. This group met with the commissioner, provider, Adult Social Care, people who use the services, carers and families in order to understand the likely impact of the proposed change.

This report will cover the activity of the group, its findings and recommendations made to the Trust on the Board's behalf.

Activity

The working group was comprised of Bill Chapman, Tim Hall and Tony Axelrod.

The group visited Delius and Elgar wards on 19 December 2016. It subsequently met with a number of stakeholders to discuss the proposals, and ask questions of SABP on 23 December 2016. A list of attendees is attached as **annex 2**.

Following this meeting, two additional questions were submitted to the Trust by the Chairman. These questions and the response are attached as **annex 3**.

A visit to the ACU was undertaken on 16 January 2017. Tim Hall met with the Deputy Director for Adult Social Care to discuss the proposed move on 23 January 2017.

Working group findings

Patient Safety

The two wards were based on the ground floor of the Langley Wing, and are separated by a public thoroughfare. A number of wards run by the Epsom and St Helier Hospital Trust also occupy the building.

The two wards provide services to people who are acutely unwell and either being treated voluntarily or whose rights are restricted under the Mental Health Act 1983. This can introduce a series of complexities in how care is delivered, particularly when groups are being transported around hospital sites.

The working group was informed that the layout of the wards presented a number of access issues. Patients were regularly required to be escorted between wards to attend therapeutic sessions.

The servery used by the wards also required the public areas to be closed off so patients could be escorted into the servery during mealtimes, which has controlled lock access.

The group was informed that a CQC inspection in March 2016 had identified some concerns related to patient safety and experience, and that staff felt isolated from the rest of the Trust. Staffing levels meant patients reported feeling unsafe at times.¹

A number of high-profile events, such as those that lead up to the death of Adam Withers in 2014, had seen an increased focus on the site's security arrangements.

Following a review of the site, the outside areas were adapted to reduce the risk of patients leaving, including installation of roll bars on the roof of the courtyard area. This had not proven sufficient and there was a continued risk of patients leaving the site via the courtyard.

This has led to the closure of the courtyard and creation of additional gardens. The gardens have high fences and are not considered therapeutic. Despite these changes, two instances of patients going absent in April 2016 had prompted Epsom and St Helier Hospital Trust to request that SABP improved site security on the wards.

Additional measures had been introduced to improve safety, though these had been judged to be detrimental to patient experience.

The Trust provided figures demonstrating that the two wards at Epsom had the highest rate of Missing Persons per bed across the SABP. These figures are attached as **annex 4**.

The working group notes the significant impact these arrangements have had on patient experience, and the concerns the Trust has about continuing to deliver services in this respect.

Workforce

Staff had been consulted on the move, and four staff members had indicated that they would not be able to relocate to the ACU. SABP assured the working group that efforts would be made to find appropriate employment for the staff elsewhere in the services the Trust provided.

The group was informed that there was one matron for the two sites, and that this created logistical difficulties related to time spent travelling between the two.

The Trust highlighted that co-locating these wards with services based at the ACU would improve staff cohesion, and base the clinical leadership on one site. The Trust would look to increase the number of staff supporting the wards as beds increased.

¹'Surrey and Borders Partnership NHS Foundation Trust, Acute wards for adults of working age and psychiatric intensive care units Quality Report' CQC, July 2016
http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2169.pdf (accessed 24 January 2017)

Benefits of Relocation

The move to the ACU was judged to address a number of the concerns linked to site safety. SABP own the ACU and this would enable the Trust to make a number of adjustments that support a safer environment for people who use the services.

A number of changes were being made to the wards, including refurbishment and the improvement of site security around the garden area of the ward.

The working group discussed some outstanding safety concerns at the ACU, particularly in relation to the configuration of doors to the outside areas.

It received assurances from SABP that funds were being made available to make the required alterations to make the site secure, including additional fencing around the roof areas.

It was highlighted by representatives of the Trust that the decision to relocate was not driven by financial considerations, and bore a cost to the Trust.

The ACU would enable the Trust to provide two single sex wards, rather than the current mixed-sex configuration at Delius and Elgar. This would also see the number of beds increase to 29.

The ACU is able to offer a communal dining room that patients can access without being escorted, except in cases where a care plan would identify the need for an individual to have additional support.

The Mid-Surrey Assessment and Treatment Unit was limited in the activities it could provide, and space available for group sessions such as art therapy. The working group was informed that the move would enable people who used the services to access a wider range of therapeutic activities. One ward had gym facilities, and both offered substantially better communal areas for patients. The working group felt there was a significant material distinction in the variety and quality of facilities available for those using the services.

There was a widespread recognition that the move represented an opportunity to improve patient experience. This was a common view held amongst representatives from the commissioner, Adult Social Care, those who use the services, carers and their families.

Following its visits to both hospital sites, the working group was assured that there was a marked difference in the quality of provision, with the wards at ACU offering a more positive experience for those who used the services. The nature of the building layout enabled individuals to move more freely, reducing the detrimental impact to those who were using the services and pressures on staff resource.

Disadvantages of relocation

Concern was raised that the move meant there were no acute inpatient wards in the east of the county. SABP outlined partnership arrangements it had with Sussex Partnership NHS Foundation Trust, and the ability to place people at Langley Green Hospital if required.

A number of representatives from families, carers and people who use the services expressed concern that the relocation would impact on travel time for visitors. It was highlighted that a move to the ACU could potentially isolate patients from the communities they were based in, and create additional pressures for carers.

The Trust acknowledged the relocation would have a detrimental impact for some individuals in this respect. It was highlighted that SABP had experience of managing moves, including assisting carers with travel, following recent moves of older people wards to the Meadows, West Park site in Epsom.

The working group was informed that mitigating measures could include extended leave for patients, and providing information to carers and families about the additional financial support they could access to assist with travel.

It was highlighted by SABP that the services provided at the ACU were acute and short-term. The working group noted that the Trust places emphasis on supporting individuals' recovery within the community where appropriate.

The working group was informed that wards at ACU have WiFi access. This means technology such as Skype and FaceTime are able to be used as a method of keeping in touch despite distance.

It was noted that the community mental health teams already made use of this technology to input into meetings, and this would minimise impact in terms of staff travel time to and from meetings at the ACU.

The Trust highlighted that individual patients can access WiFi on their phones, in order to keep in touch with family and friends. The working group noted this as being a positive step, though felt there needed to be some consideration of how SABP support those without access to smart phones.

Conclusions

The working group strongly supports the vision and aims of SABP, and commends its ambitions for improving patient experience and supporting people's recovery.

It recognises that the efforts to improve security at the Mid Surrey Assessment and Treatment Centre in recent months have had a detrimental effect for staff and people who use the services, creating an institutional environment.

The working group appreciates that this is not the preferred option for delivering care and supporting individuals in their recovery, and does not accord with the aims of SABP. It is, therefore, supportive of the relocation of wards to the ACU.

The working group wishes to raise a concern regarding the speed at which the move has been decided and implemented. The pace at which the relocation has occurred does not reflect the long-standing questions about the ability of Elgar and Delius wards to provide a safe environment and support patient recovery. At the same time, the working group acknowledges that further delay would contribute negatively to the experience of those using the services.

The Trust should seek to improve the process by which it plans ward relocation, and work closer with commissioners and stakeholders to prepare for future moves. The working group recommends:

Recommendation 1: That the Trust review the process by which it plans future ward relocations, in order to improve its change management practices

The working group recognises that the move must be set in the context of a wider strategic ambition by the Trust to build a second hospital. Some witnesses raised the question of how long the proposed configuration would be in place. The working group recommends:

Recommendation 2: That the Trust set out timescales for delivery of the second hospital site and anticipated impact on the services provided at the ACU as part of its consultation.

The working group also had concerns about the accessibility of the ACU via public transport, and its relative distance from some of the communities it served. It recommends:

Recommendation 3: That the Trust produce a travel plan to demonstrate how people and their families will be supported to access the Abraham Cowley Unit.

The Trust has provided evidence to support this recommendation, this is attached as annex 5.

Recommendation 4: That the Trust provide additional resource to support people who use the wards to access Skype and other communication tools, where appropriate.

The working group wishes to ensure that the experience of patients and carers is monitored, so that the Board can be assured that the move has delivered the benefits described. It recommends:

Recommendation 5: That the Trust monitor family and patient feedback following the move and provide a summary of key themes for the Board in six months' time.

Recommendation 6: That the Trust report the impact on Missing Person rates to the Board in six months' time.

The working group thanks all those that participated and shared their views.

Report contact:

Andrew Spragg, Scrutiny Officer, Democratic Services

Tel: 020 8213 2673

Email: andrew.spragg@surreycc.gov.uk

Annexes

Annex 1 – Briefing: Relocation of Delius and Elgar Mental Health Wards, Mid Surrey Assessment and Treatment Unit, Epsom General Hospital

Annex 2 – 23 December 2016: List of attendees

Annex 3 – 23 January 2017: Follow-up questions and response

Annex 4 – MISPER (Missing Person) Rates at SABP Hospital sites

Annex 5 – Travel information supplied by Surrey and Borders Partnership Trust

This page is intentionally left blank