1 Introduction

The purpose of this document is to:

- Outline the national and local strategic background for the proposed reductions to St Woolos Hospital (SWH) inpatient bed provision.
- Explain the existing service model and rationale for the closure of beds on Penhow Ward and how it will affect patients.
- Describe the consultation process and how stakeholders can comment on the proposal and also ask questions to enable them to understand how the proposals affect them.
- Request the Board to consider and approve the proposal for Bed Reconfiguration and Service Re-Design for St Woolos Hospital.

Financial Assessment and link to Financial Recovery Plan

The bed reduction proposal is directly linked to the Gwent Frailty Programme and the Locality has already drawn upon funding for a number of clinical posts as part of the Invest to Save Scheme. In total the Locality has requested an Investment of £1.9 million, and will receive a total of £1.2 million for the 2011 to 2012 1st year period. Thereafter the Locality will draw upon the remaining monies for the following two years. The initial funding received for 2011/12 will be the key enabler to manage the shift of activity from inpatient units to community based services through significantly increased workforce capacity.

The Consultation process has also been considered and the financial assumptions declared are based on a defined timeline around the Board/Committee decision that the Locality Management Team would need to progress. The Ward has 25 wte staff that would require re-deployment into Aneurin Bevan...
Health Board vacancies.

The Bed Reconfiguration proposal is linked to the Newport Locality Annual Operational Plan. Part-year savings are anticipated to be £466,000 if the Project is approved at May’s 2011 Aneurin Bevan Health Board’s Board and the Aneurin Bevan Community Health Council’s Planning Committee.

**Risk Assessment**

It is acknowledged that there are significant risks associated with inpatient capacity reduction and the Locality management team recognise that service reconfiguration can impact Royal Gwent Hospital on inpatient flow. Proposed changes will need to be carefully planned and all have measures in place to prevent service disruption and minimise risk.

Identified risks to be actively managed:

- Reduced patient flow and throughput for Royal Gwent Hospital and St Woolos Hospital if not addressed could lead to patient safety risks in emergency care areas at the Royal Gwent Hospital such as A&E and the EAU/SAU.
- It is acknowledged that a significant cultural shift will be required for Primary and Secondary Care services in order to focus patient pathway away from institutional care such as hospital settings.
- For patients identified as having Continuing Healthcare needs the Locality will need to ensure that processes are further developed in order to prevent delays in inpatient settings.
- Failure to engage Primary and Secondary Care clinicians and in particular General Practitioners and Consultant Physicians could result in the Community Resource Team being under-utilised resulting in continued reliance on traditional inpatient hospital services.
- Failure in the Community Resource Team plugging the gap for inpatient demand could place pressure on the Acute site resulting in shorter term capacity increases ‘flex up’ which can result in significant patient safety risk and significant financial implications.

**Annual Quality Framework**

The Bed Reconfiguration proposal when implemented will contribute to a wide range of AQF targets.
Enhanced community services should reduce pressure on the flow through A&E and MAU as there would be fewer presentations at the ‘front door’.

Reduced lengths of stay are a critical indicator of the success of Frailty and a significant reduction in this group of patients along with reduced Delayed Transfers of Care is expected.

The proposal will aid compliance with a number of AOF targets including:

- AOF 8 – ALOS.
- AOF 9 – Operate within financial resource and maintain financial balance.
- AOF 12 – A&E waiting times.
- AOF 14 – Reduction in DToCs.

<table>
<thead>
<tr>
<th>Standards for Health Services Wales</th>
<th>Standards 7, 8, 10, 11 &amp; 24.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equality Impact Assessment</td>
<td>Reconfiguration of beds will be undertaken using a phased approach as follows:</td>
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</table>

**Phase 1:** Undertake formal Consultation in line with Aneurin Bevan Health Board policy.

**Phase 2:** Evaluate impact of new model including impact on acute services.

**Phase 3:** Commence reduction of beds on Penhow ward if the proposal is approved.

The reduction in the number of beds on Penhow Ward will be phased as service need allows. The closure of beds would be carefully monitored in line with improvements within both the community and acute sector. The Ward closure would be at a point where the Community Resource Team for Newport will be fully operational with a significantly increased workforce in order to manage the patient group away from a Hospital Setting.

**Implications for Patients, Staff & Stakeholders**

The proposal if approved will change the purpose and function of inpatient units at St Woolos Hospital.
Penhow Ward would close and a new model of care will be delivered using comprehensive assessment and care planning across the remaining inpatient units.

Patients will be admitted to these re-designated beds using a pro-active ‘Pull’ approach in line with ‘Setting the Direction’ & Frailty. The Locality believes that the services for patients will be improved with the Community Resource Team and Frailty principles at the heart of the proposed reconfiguration. Patients should therefore benefit through prompt holistic social and healthcare assessment with flexibility for intervention in a community and inpatient basis from an interdisciplinary team.

It is anticipated that these proposals would not affect the staff that currently support Ruperra and Gwanwyn Wards and who are also closely linked by management and deliver the same service across both wards.

Following the period of consultation, confirmation of any changes that have been made as a result of the consultation, will be detailed in a finalised document, including responses to any comments made, circulated to relevant parties. Arrangements will then be made to support affected staff in line with the Health Board’s Organisational Change Policy.

2 The National and Local Strategic Background to the Proposal to Reconfigure Beds at St Woolos Hospital

2.1 The strategic direction for the development of health services across NHS Wales focuses on a shift away from hospital inpatient care to community based services. This has been set out nationally within ‘Setting the Direction’ and locally, since 2006, through the ‘Clinical Futures Strategy.’

2.2 In line with ‘Setting the Direction’, the Frailty Programme that was initiated in October 2007 is now being implemented across Gwent. Central to this has been the development of a
Community Resource Team within each Locality in Gwent aimed at providing more care for patients in their own homes. The Frailty Programme should be noted as the main driver for reductions in inpatient bed provision and aims to deliver the shift in services from hospital settings to the community.

2.3 To reflect these strategies support care and rehabilitation beds in St Woolos Hospital would need to be reconfigured to make way for some new services that offer step-up/down (frailty) inpatient units in support of Acute and Intermediate Care services.

2.4 In preparation for this the previous Newport Local Health Board had initially provided investment into community services as planned and developed under the Wanless Local Action Plan. To further complement this approach the frailty Project and subsequent significant investment will also enhance community based services away from traditional inpatient settings. For Newport the establishment of a Community Resource Team has been a key priority in addressing the problems associated with capacity pressures for the Royal Gwent and St Woolos Hospitals. Through the Gwent Frailty Project Newport Locality has been successful in obtaining an ambitious investment to enhance community services in order to relieve hospital capacity pressures.

3 Existing Service Model and Rationale for the Reconfiguration of Beds at St Woolos Hospital

3.1 St Woolos Hospital is a community hospital, which provides inpatient services predominantly for the residents of Newport from a range of Directorates within Aneurin Bevan Health Board.

3.2 The Hospital receives patients from the Royal Gwent Hospital for either rehabilitation, support care or specialist activity as part of newly developed services. Penhow Ward supports a mixture of support care and rehabilitation services.

3.3 Evidence from the Bed Use and Care Needs Review undertaken in 2008, along with the Patient Flow analysis conducted in 2010 and current quality and performance indicators show that this model of care needs to improve significantly to meet the needs of the patient group. Lengths of stay within the unit are longer than expected although improving over the past 12 months, there are still however
significant delays with some of the patients within the unit placing increased risks for infection and debilitation for patients and compounding the capacity pressures for the Royal Gwent Hospital.

3.4 This is due to a number of factors; there is a “push” approach operating from the acute setting for acute to support bed transfers. This can lead to patients being transferred without a full multi disciplinary assessment often leading to unnecessary transfers and longer hospital stays. There is a medical model approach to the inpatient units at St Woolos Hospital rather than an Interdisciplinary team approach with goal planning orientation. Most importantly older patients with complex needs are being cared for in a hospital environment rather than their own home or long-term care facility which is not believed to be the optimum approach for quality of care delivery.

3.5 The Locality Team has reviewed a number of options for the reconfiguration of St Woolos Hospital based on both the strategic direction detailed in ‘Clinical Futures’ and the potential impact of implementation of the Frailty model of care locally. In doing this the Team has identified that a ‘New Model of Care’ is needed to sit alongside and support the changes in community services through the Frailty Programme. This includes implementing a ‘pull’ approach to in-patient transfers supported by an improved assessment, patient flow and monitoring process.

3.6 To support the proposed reconfiguration, current community based services within Newport Locality will require development to meet with the recommendations of the Frailty model. Recruitment to the Community Resource team for Newport commenced in April 2011, in order to facilitate the shift from inpatient bed provision to care at home. Key components for the team being:

- 15 wte Registered Nurses to provide urgent assessment and nurse interventions to prevent admission avoidance and support hospital discharge arrangements.
- 2 Intermediate Care Consultants supported by 4 Staff Grade doctors to provide urgent medical assessment and support in the patients home.
- A team of re-ablement support and well being workers to support rehabilitation and home care arrangements.
• Social Workers and Therapists to provide specialist support for functional needs and social/environmental considerations.

3.7 It should be noted that the inpatient units within St Woolos have been undergoing significant changes over the past 12 months in order to improve patient flow between the 2 Newport hospitals.

3.8 Average Lengths of Stay have improved for the unit which is an encouraging position for the transition from hospital to home service shift.

St Woolos Hospital Inpatient Units Average Lengths of Stay 2010/2011

3.9 There has also been significant improvement with the reduction of Delayed Transfers of Care (DTOC’s) and there are also very low levels of Newport residents being placed within outlying localities.

3.10 As demonstrated in the chart below the number of bed days lost for Newport Locality and number of DTOC’s reported have been significantly reduced since November 2010. It must be noted that this level of improvement has been sustained through to April 2011.
3.11 Improvements in patient flow form a key aim for the Management Team and the Locality has been keen to enhance links with Local Authority partners to create further improvements. It is anticipated that both the Frailty Project and appointment of an Integrated Head of Service for Health and Adult Local Authority Services in Newport will also help facilitate some of the changes needed to improve patient flow and experience in line with strategic direction.

3.12 In conjunction to the improved levels of pull experienced since Jan 2011 Newport Locality and Unscheduled Care colleagues have been reviewing the prevalence of patients within the Acute Royal Gwent Hospital who are deemed ‘medically fit’ or no longer requiring acute intervention. The numbers identified for Newport Locality however are significantly lower than expected and favourable when compared to all localities given the volume of Newport resident throughput for Royal Gwent Hospital. The Locality believes that this is a result of the significant effort being focussed on managing patients with complex needs within Newport and appropriate inpatient transfer to St Woolos Hospital. The role of the Discharge Liaison Nurse and improvements to Continuing Health Care process are also considered to be factors.

3.13 The Locality Team acknowledge that improvements to Length of Stay/DToC levels and community hospital transfers are encouraging but acknowledge that capacity pressures remain at the Royal Gwent Hospital and further improvements are required. During the peak of Winter Pressures January 2011 capacity had in fact been increased within the St Woolos site. There had been overall capacity reduction within Royal Gwent
Hospital in the closure of Ward C5East and the effects of Seasonal Flu for the period also compounded capacity pressures. The Locality Team has concluded that whilst improvements in length of stay and performance at St Woolos Hospital is key there is however a need to change the model and method of flow from Acute to Community Hospital and to the home environment.

3.14 Robert Sainsbury, Newport Divisional Nurse and newly appointed Head of Integrated Services for Health and Social Care, would lead the reconfiguration proposal in line with Aneurin Bevan Health Board policy. Formal Project management arrangements would be established so that the impact of capacity reduction could be staged and continuously monitored with direct link made to the transfer of increased activity for the Newport Community Resource Team. The Newport Locality Integration Group would be the forum for reporting and regular operational meetings would be established with all stakeholders most importantly Unscheduled Care colleagues.

3.15 The Locality has also engaged with the Aneurin Bevan Community Health Council regarding the proposed bed reconfiguration. Discussions initially took place as part of the changes to the Springfield Day Unit in June 2010 and then in February 2011 and the Community Health Council have asked for further information regarding the scheme for consideration at the May 2011 Planning Committee.

4 Proposal

4.1 Based on recent service improvements, the proposal recommends:

- That there is a reduction in the number of beds at St Woolos Hospital by 24 with Penhow Ward identified potentially as the Facility to be closed. This will allow re-distribution of resources to enhanced services on Gwanwyn and Ruperra wards in terms of Therapist support. Existing activity for Penhow Ward would need to be redirected to the Newport Community Resource Team.

- The Locality implements a step-up and step-down facility on Gwanwyn and Ruperra Wards as part of the re-design of these areas into Frailty Units. Gwanwyn and Ruperra Wards will need to continue to improve average lengths
of stay and reduce bed days in order to prevent delays within the acute setting and offset the overall capacity reduction.

- The initial assessments for patients will be undertaken in the community by the Frailty Community Resource Team or within one of the Frailty Units by a senior clinician within 1-2 working days. Time-bound interventions will be planned in line with the NICE Geriatric Assessment process.

- At the earliest opportunity, a discharge planning meeting is held by a Multi-Disciplinary Team and would be convened with the referrer. This will clarify therapies and investigations required, identify longer-term care needs for the client and support the development of a plan for recovery with the individual.

- Professionals within the service will be assessing, treating and otherwise interacting with clients in their own homes and in the new day service services on Ruperra and Gwanwyn units.

- The Locality anticipates that the therapist and medical workforces would be able to support other service pressures related to inpatient flow difficulties and frailty preparation with the Community Resource Team.

4.2 Once the Plan has been implemented the bed availability on Gwanwyn and Ruperra Wards would be as follows:

<table>
<thead>
<tr>
<th>Ward</th>
<th>Current No of Beds</th>
<th>Current Use</th>
<th>New Model of Care</th>
<th>New Bed Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruperra</td>
<td>18</td>
<td>Rehab/Support care</td>
<td>Frailty Unit &amp; Stroke Rehab</td>
<td>18</td>
</tr>
<tr>
<td>Gwanwyn</td>
<td>24</td>
<td>Rehab/Support care</td>
<td>Frailty Unit &amp; Stroke/T&amp;O Rehab</td>
<td>24</td>
</tr>
</tbody>
</table>

4.3 The Locality would aim to build upon the success of the reconfiguration of Springfield Day Unit whereby there was minimal disruption to patients and stakeholders. The Springfield Facility would also play an important role in improving the service for older persons by accommodating the Community Resource Team and remaining Therapy
services in order to provide urgent assessment for patients requiring medical, therapist and social work review on a more sustained basis. It is anticipated that the Community Resource team will therefore have the ability to assess patients either at home, the Springfield Unit or within the inpatient units of Gwanwyn or Ruperra Wards according to the need for intervention.

5 Benefits of the New Model of Care

5.1 The proposed new model of care will deliver a more efficient and effective service for patients by enhancing services away from Acute Hospital settings. It will:

- Deliver improved patient experience and quality of care in the community and the community hospital setting.

- Ensure that community hospital beds contribute towards a whole system approach to enhance and promote independence by reducing reliance on hospital care.

- Deliver a sustainable modern service model, which maximises skills and resources and provides greater job satisfaction.

- Maximise bed efficiency and effectiveness to support the challenges facing the Aneurin Bevan Health Board.

- Deliver the strategic requirements set out in Clinical Futures, Frailty and Setting the Direction.

- Embrace and support integration of health and social care resources, to focus care and support on the individual, breaking down professional and organisational barriers.

6 Timescales and Implications for Patients Staff and Stakeholders

6.1 Reconfiguration of beds will be undertaken using a phased approach as follows:

**Phase 1:**
The timescales for the Bed Reconfiguration scheme is dependent on the approval of the proposal by the Aneurin Bevan Board and Community Health Council’s Planning Committee both in May 2011. If approved at Board and
Committee the consultation process could commence in June 2011 under the Aneurin Bevan Health Board’s organisational change policy.

**Phase 2:**
Evaluation of the new model is already in place through the Gwent Frailty Programme including impact assessment on acute services which will be monitored closely as recruitment and capacity increase is created for the Community Resource Team. The Community Resource Team will begin to operate increased ‘pull’ from the Royal Gwent and St Woolos Hospitals and activity and impact will also be monitored by both the Unscheduled Care and Community Division’s fortnightly patient flow groups.

**Phase 3:**
The reduction of beds on Penhow ward would be anticipated to start by August 2011 if the proposal is approved. The reduction in the number of beds on Penhow ward will be phased as service need allows with no further reduction in staff. The closure of beds would be carefully monitored in line with the identified improvements within both the community and acute sector. The Locality proposes that a similar arrangement to the Silver Group initiative is established for the period to ensure there is Senior Management engagement to improve flow between the Acute and Community Division.

6.2 The proposal if approved will change the purpose and function of the inpatient units at St Woolos Hospital. It is anticipated that these proposals would not affect the staff that currently support Ruperra and Gwanwyn Wards.

6.3 Following the period of consultation confirmation of any changes that have been made as a result of the consultation, will be detailed in a finalised document, including responses to any comments made, circulated to relevant parties. Arrangements will then be made to support affected staff in line with the Health Board’s Organisational Change Policy.

6.4 Affected staff will be informed in writing how these proposals will affect their posts. It is anticipated that affected staff will be provided with a letter of displacement where there are more staff than available posts. This letter will confirm that in light of the new model of care, it will be necessary to formally displace them from their current post and entitle them to prior consideration for the remaining posts in the new structure.
This status will also give them the entitlement to have prior consideration for any suitable alternative vacancies which are identified, across the Aneurin Bevan Health Board.

7 Recommendations

7.1 Members of the Board are asked to note the recent service changes and improvements and to support the recommendation for inpatient capacity being reduced at St Woolos Hospital in line with the service model changes now implemented through the Gwent Frailty Project and enhanced community based services.

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