Sherwood Forest Hospitals NHS
NHS Foundation Trust

Emergency Care & Medicine

Geriatric Medical Mental Health Ward

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NHS Foundation Trust

Business Case – Geriatric Medical Mental Health Ward

Contents Page

16. Conclusions	X		
17. Equality Impact Assessment Completed	X		
18. CQC implications Assessed in line with the Trust's Registration and Regulated Activities obligations	X		

Executive Summary

The following business case outlines the plans to re-design and transform Ward 52 into a Geriatric Medical Mental Health ward utilising charitable funds.

It is proven that -making simple dementia friendly changes to the environment, such as plain flooring, using bold colours to mark toilet doors and rooms, and making simple changes to the layout of the ward can:

- Reduce the anxiety experienced by the patient whilst staying within an acute setting
- Provide a more settling and safer environment
- Allow easier facilitation around the ward
- Reduce the number of falls
- Overall significantly improve the experience and quality of care for and patient / carer
- Reduce the level of nursing associated with 1:1 care
- Reduce the level of temporary staffing

The proposal set out for the ward have been compiled utilising audit tools, research, recommendations and best practice outlined by the Dementia Services Development Centre based at the Stirling University in Scotland and the Kings Fund, both are renowned for their knowledge, expertise, and dedication to improving the lives of those living with Dementia.

Background Information

Reason for Change

Dementia affects over 830,000 people in the UK. Around 23 million of the UK population have a close friend or family member with dementia. As well as the huge personal cost, dementia costs the UK economy £23 billion a year, more than cancer and heart disease combined.

Ward 52 provides specialist care to geriatric patients with mental health issues, in particular dementia. The transformation comes from growing demand from the public, NICE and CQC for hospitals to become more 'dementia friendly' and sets to change the physical environment to counter the impairments which come with dementia. It involves addressing standards, practices and behaviours of professional staff and changing the way people with dementia engage with their environment.

NICE Recommendations

In accordance with NICE Guidelines, 'A NICE–SCIE Guideline on supporting people with dementia and their carers in health and social care' Page 17 & 18 it states that;

'When organising and/or purchasing living arrangements or care home placements for people with dementia, health and social care managers should ensure that the design of built environments

meets the needs of people with dementia and complies with the Disability Discrimination Acts 1995 and 2005, because dementia is defined as a disability within the meaning of the Acts.
When organising and/or purchasing living arrangements and/or care home placements for people with dementia, health and social care managers should ensure that built environments are enabling and aid orientation. Specific, but not exclusive, attention should be paid to: lighting, colour schemes, floor coverings, assistive technology, signage, garden design, and the access to and safety of the external environment.
When organising and/or purchasing living arrangements and/or care home placements for people with dementia, health and social care managers should pay careful consideration to the size of units, the mix of residents, and the skill mix of staff to ensure that the environment is supportive and therapeutic.

CQC Recommendations
In accordance with the Care Quality Commission report, 'Cracks in the Pathway – Peoples experiences of dementia care as they move between care homes and hospitals it states that;

'The environment can have a significant impact on someone living with dementia. It can cause anxiety and confusion, and make it difficult for people to orientate themselves. Financial support was made available in 2013 / 14 to a limited number of NHS and social care providers who were awarded funding through the Department of Health's capital funding project 'Improving the environment of care for people with dementia'. Examples of where care homes and hospitals had made improvements to support good care, included pictorial signage and photographs to identify bedrooms and bathrooms, and the use of lighting and colours to help orientate people. In one care home, bedroom doors had been painted brightly and in different colours, one resident advised the CQC "my room has got a blue door hasn't it?" Such changes make it much more accommodating for sufferers of dementia.

Dementia Care Appeal
Adam Hayward, Assistant Director of Nursing, - Quality and Assurance in conjunction with Steve Rutter, Head of Service / Consultant for Geriatrics & Community Services have done significant work to develop the proposals and look at integrating dementia friendly care into the heart of Sherwood Forest Hospital NHS Trust. A number of fund raising events have already taken place this year, such as a 'Tea Dance' on Ward 52 in October and a 'Charity Body Wax' in September. Earlier this year the Dementia Care Appeal received a generous donation of £6,000 from the Hospitals Voluntary Services. All proceeds have gone towards making small changes to the environment that will help patients with dementia, such as creating 'memory boxes' and ensuring clocks and calendars are visible in patient's bays. Although these changes have been welcomed, it is felt, that to ensure the patients experience and quality is optimised, more pivotal changes need to take place throughout the Trust, starting with the Ward 52 re-design.

Patients / carers and staff are committed to instigating and driving through change to better support patients and their families that experience such health conditions. It is felt that at present, all wards look the same, and the different bays within each ward are difficult to distinguish. This setting to a patient with dementia who is already disoriented can worsen their condition and hinder their recovery time.

National Figures and Data
Many older people managed in acute general hospitals have concurrent mental health problems. Two thirds of UK National Health Service (NHS) hospital beds are occupied by people over 65. Up to 60% of this age group have, or will develop, a mental health problem including dementia, delirium or depression. About 10% of elderly people admitted to acute medical wards will have significant behavioural disturbance.

The presence of any of these diagnoses is associated with adverse outcomes (e.g. mortality, care

home placement) and increased length of hospital stay. For example, amongst people who suffered a hip fracture, the 15% with delirium and 40% with dementia were nearly 3 times more likely to die as those with no psychiatric diagnosis, and median length of hospital stay was 28 days compared with 17 days. 38% of people with dementia previously living in their own home were discharged to a care home compared with 2% for the mentally well.

These figures provide a stark overview of the current level of patients being treated with mental health conditions such as dementia.

Dementia / Environment Assessment Tool

People with dementia are sensitive to the physical environment in which they find themselves, not least as familiar routines are disrupted and ability to learn information is compromised (such as the location of your bed or the toilet).

There are 7 key domains which form the Dementia / Environment Assessment Tool, The Kings Fund, Stirling University and SCIE Dementia Gateway are all leaders in supporting patients with dementia. The tool is used to assess the current area and how well the area scores against the key domains so that it highlights areas for development.

The Key fundamentals of the Environment Assessment Tool are;

- The environment must provide meaningful interaction between patients and well-being.
- The environment promotes well-being.
- The environment encourages eating and drinking.
- The environment promotes mobility.
- The environment promotes continence and independence.
- The environment promotes orientation.
- The environment promotes calm and security.

The aim of ward re-design is to;

- Improve overall quality of patient care / and the patient experience
- Improve patients recovery time
- Improve length of stay (although there are no set figures to prove this, it is hoped that improvements will be seen once the ward changes have taken effect)
- Provide a safer environment for those with mental health issues
- Decrease number of patient falls
- Allowing easier facilitation around a ward (easier to locate toilets, day room)
- Provide a dedicated and private area to patients at End of Life

As well as using the assessment tool both staff and management have participated in 'Away Days' in which ideas to improve patient experience and develop the environment have formed the agenda. Staff have been fully engaged and responsive to discussions around developing the 'dementia care appeal' across the trust and in doing this, their ideas have helped to form the basis of the plans for redevelopment.

Current Position

Ward 52 is currently a 24 bed ward, providing specialist care to patients with mental health issues, in particular dementia. At present although functional, the ward lacks the innovations set out in the Dementia / Environment Assessment Tool, NICE and CQC guidelines to make hospital settings more accommodating for mental health conditions (such as colour coded bays, doors to toilets marked out clearly through signage and bold colourings). It is strongly believed that in order to better patient experience this should incorporate both exceptional and quality care, with a specially adapted

patient environment. Without this combination we cannot deliver a superiority service.

At present a significant amount of nursing time goes into providing 1:1 care with patients, even though it may not be required due to the anxieties of the patient and the current ward set up. It is expected that the project will enable a reduction in the level of care, from Level 4 'Within Arm's Length / Close Observation' to Level 3, 'Within eyesight' (1 x staff member to 4 patients ratio) and possibly even Level 2 'Intermittent'. This is due to the removal of one large workstation, and replacing this with smaller workstations directly within the patient bays. Staff will be expected to complete patient notes etc. in the individual's room / bay, therefore increasing the time in which nursing and medical staff are visible to the patient.

Falls

The current number of falls on Ward 52, alone, total 149 (period of November 2013 – October 2014). The number of falls is set to decrease with the implementation of a number of design features such as bold, plain flooring and chairs lining the 'memory walk corridor' allowing the patient to take frequent breaks. The changes are in turn set to reduce the overall number of falls.

Ward 52	Unit	Target	Red	Green	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	YTD
Total number of Falls	Num	0	>0	0	14	19	11	5	16	14	14	13	18	9	16		149
Total Number of falls causing Moderate or Severe Harm	Num	0	>0	0	0	0	0	0	1	0	0	0	0	0	0		1
Falls reported as Serious Incidents	Num	0	>0	0	0	0	0	0	0	0	0	0	0	0	0		0

Complaints

Adam Hayward, Assistant Director of Quality and Nursing alongside the Divisional Matrons has been involved in meeting with patients post-resolution to better understand their concerns and how we can improve the quality to patients with dementia going forward. From doing this a number of pointes were highlighted in relation to the ward environment and the detrimental effects it has on patients. These types of complaints have risen in the past year due to patients and families / carers not being satisfied with the facilities available for patients with dementia.

Proposal

It is the intention to reduce the ward to a 23 bedded ward, turning one of the current rooms into a self-contained area for patients at end of life. This room will be used solely by an individual patient who has reached the end of life stage, to allow privacy and dignity to the patient and their family whilst they undertake the difficult and distressing transition. The ward will also boast a separate daily living area to promote social activity and a separate area for meal times to encourage nutritional intake.

Proposed Service Development

At present the ward does not reflect the CQC or NICE guidelines. In order to meet this guidelines, the following are suggested changes (compiled in conjunction with The Kings Fund environmental assessment tool);

- Removal of large work stations and replacing with smaller work stations within a number of areas to reduce noise on the ward area and also eradicate the need for nurses / medical staff to return to the main ward station to complete notes, etc. Thus making them more accessible and visible within their respective areas.
- A designated multi-disciplinary work space.
- Create an easily accessible, visible and smaller reception area, and this is about putting

medical staff back in contact with patients by carrying out certain tasks whilst in the patient's room.

- Beds within the bays could be angled diagonally to provide a better view for the patient
- An open plan seating area for patient use, along with an open area in which patients can watch films
- Corridors will be lined with artwork provided by the local community, artwork that reflects the local area in days gone by that the patient group can relate to
- Corridors will contain folded seating, so that if a patient is a 'walker' they are able to walk around the unit and take breaks, this is intended to reduce the number of falls
- A floor covering which is plain in colour and contains no patterns / flecks. This is so the floor can be differentiated from the wall colour and doesn't allow the patient to perceive the pattern as a hazard on the floor, which in turn can cause trips. Changes in the flooring, such as slopes etc. are to be reflected in a different colour
- Designated day room (incorporating of 2 rooms) to provide a large open space for patients
- Designated activities room
- Change of staff area doors and fire doors to same colour as walls to prevent patients trying to enter staff only areas
- Clear and concise signage to patient areas
- Colour coding of patient bay areas, toilets, day rooms etc. for easier identification by the patient. It is also expected that by changing the colour of toilet doors this will relieve incontinence issues.
- Alteration to windows to reduce them from full length visibility
- Creation of patient activity area to increase social activity and to have a specific area for the patients use.
- Redesign to incorporate a designated dining area for patients, this is to increase patient's nutrition and food intake and also increase social activity.
- Area for equipment store to include staff lockers.
- Incorporation of End of Life cubicle, this area will be private, homely and self-contained, it will also allow for an extra bed so that the patients family member / carer can stay with their loved on during this time.
- Install mood lighting across the whole of the ward to assist with sleep / mood patterns and lowering agitation in patients
- Ensuring there is a visible clock within each patients room
- Add murals to walls and patient areas so they are able to distinguish certain areas

Some of the changes are so easy to do that they are intended to be replicated across other areas of the trust. Dependant on the cost for the re-design to Ward 52 it is also hoped that Ward 51 can also be refurbished. Other wards within the trust are also keen to make changes to ensure the wards become more accommodating towards dementia. One area that is particularly keen to make these changes is Ward 12, With an aim to developing a dementia friendly geriatric orthopaedic ward.

More and more hospitals are working on ways to transform their wards into dementia friendly environments. This is not limited to 1 or 2 wards across an acute trust but organisations are looking to work towards all of their acute wards being dementia friendly as the numbers of patients suffering this condition grow and grow.

Reporting mechanisms would be developed to measure the outcomes and benefits from the project and also post-evaluation of the project overall and 'Lessons Learned' session would take place 6 months after the project.

Proposed Capital Development

N/A

Option Appraisal – Identification and Selection

Option One:
Be proactive and transform Ward 52 into a dementia friendly area. Providing a more safe and welcoming environment to the ever growing population of people living with dementia. Improving their overall care and patient experience. Also providing families with the knowledge that their loved ones are being cared for appropriately and considerations are being taken to support them and their condition. Adaptions to the ward are proven to reduce falls and complaints and may even reduce Length of Stay. Compliance with CQC and NICE guidelines and regulations.

Option Two:
Do nothing. The ward will continue to operate as it presently does, however will not meet the physical needs of the patient or the required NICE guidelines and CQC recommendations. The service will continue to have a substantive level of falls and complaints. The level of staffing will remain high due the requirement of Level 1 patient care.

There will eventually be a need for us to move towards dementia friendly wards, it would be preferential to do this now, show that we are proactive in developing patient quality and care for all, allow for us to showcase our innovative ward. Or we wait to do this as and when it is enforced upon us to do so by the CQC, which will in turn loose credibility and will not achieve the same level of impact, as it would if we were to do this now.

Benefits Appraisal

Patient Benefits

- Better experience of care and better physical environment
- Reduction in time spent within a hospital environment
- Safer environment for the patient
- Reduction in falls
- Better facilities
- Have more visibility of nursing and the medical team
- Provide more reassurance to carers and relatives
- Dedicated area for end of life patients

Staff Benefits

- Empowers staff – feel proud to be delivering care within an innovative and patient friendly environment
- Staff engagement throughout the project, feeling they have achieved something
- Reduce level of staffing involved in 1:1 care

Trust Benefits

- Could potentially reduce LoS
- Potentially huge communications piece to be done – involve the media / local MPs / local community / patient and carers
- Increase credibility / build SFHFT reputation
- Reduction in number of falls
- Could be recognised nationally for the innovation surrounding the ward change
- Reduction of cost associated with temporary staffing due to reduction in levels of care (1:1)
- In line with CQC recommendations
- Maintenance costs remain the same

- Assurance that environment meets both CQC and NICE guidelines

Performance and Activity

N/A

Financial Analysis

The overall cost of the project is;

For refurbishment / fixtures and fittings - £175,000
For the mood lighting in the region of - £100 – 150,000 dependant on the extent of the changes.

Total £275,000 - £325,000

(Costs assessed and formulated by Ian Dennis, Estates)

Maintenance costs would remain the same.

Assessment of Dependencies and Interdependencies

The proposals do not have any implications to the Trust, however should the proposal be approved, this could be the start of following out simple environmental changes to other specialities and services.

Risk Analysis

Risk One:
Carrying out of ward maintenance and re-design works whilst the ward is still occupied.
Estates have advised that due to the small amount of restructuring there is to do to the ward, that this could be undertaken whilst the ward is still occupied. As not to uproot patients and move them to yet another unfamiliar setting. There are risks associated with this, especially in terms of patients with mental health issues in the same vicinity as equipment and tools, however this will be carefully managed by the estates team carrying out the works, and the risk can be mitigated by closing off particular areas to patients as it undergoes that area of refurbishment and maintaining a tool register, to ensure all pieces of equipment are signed in and out of the ward to ensure that any missing items are highlighted immediately.

Mitigation:
Alternatively if Risk One poses too much of a risk to carry out the works with patients present, there is a contingency to decant patients to other areas / wards. Although this is not the most favourable of options, it is only expected that the refurbishment works will take between 3-4 weeks (physical works are not expected to commence until March 2015, as per draft Project Plan below).

Risk Two:
Not progressing the project will present a risk to the Trust. At present we are not adhering to NICE or CQC environmental guidelines and the environment is hindering the patient's recovery time as well as presenting safety issues (trips & falls). As a Trust we should be seen to be proactive in developing our care practices and be seen working towards a joined up approach to care by providing quality nursing and medical support combined with supporting the patient through the environment and hospital settings, this would be disheartening to both patients, carers and staff members as this is felt as a 'necessity' in order to move forward. Given the CQC pressures we have experienced recently it would be advantageous to do this project and regain some plausibility and positive media.

Workforce and Leadership

There are no direct implications to leadership or workforce.

Benefits Realisation Plan

Benefits are outlined within the Benefits Appraisal Section.

Project Management Plan

Project Plan

A brief overview of the project plan is provided below. A more detailed plan will be assembled following approval CDG.

		Nov		Dec					Jan				Feb				March					Apr				May			
Item	Activity	17th	24th	1st	8th	15th	22nd	29th	5th	12th	19th	26th	2nd	9th	16th	23rd	2nd	9th	16th	23rd	30th	6th	13th	20th	27th	4th	11th	18th	25th
1	Approval from CDG																												
2	Assemble Project Team / Lead																												
3	Finalise Plan and agree colours / details																												
4	Put through Trust Variation Process																												
5	Formulate and issue tender																												
6	Tenders to be compiled by contractor																												
7	Tender to be returned																												
8	Tender reviewed / Project Costs finalised																												
9	Project Board Approval																												
10	Bidder Awarded Contract																												
11	Contactor Mobilisation																												
12	Site Works (Redecoration)																												
13	Site Works (Mood Lighting)																												
14	Project Completion / Evaluation																												

Please Note: The redecoration works / mood lighting will be issued as separate tenders but managed through the same timeframe and process. The Project Plan is also subject to lead times on equipment orders and delivery.

The lead Project Manager will be Ian Dennis from Estates.

It is anticipated that the physical project work will only take around 3-4 weeks. If the case is approved, a full Project Plan with detailed timescales will be formulated and circulated to the relevant parties.

The Project Plan will include low level detail of each task that needs to take place in order for the project to move forward. A Communications Strategy for this project will be developed in conjunction with the communications team to ensure all levels of stakeholders are included in the promotion of the ward such as local agencies, GPs, carers, patients MPs, press etc.

Procurement Strategy

N/A

Exit Strategy

Following the review of tenders, the final costs for the project will be reviewed by the Project Board. At this stage it will be determined whether to continue with the project or cease. The project team will be disbanded and all further work will cease.

Conclusions

Taking into account the guidance provided by NICE, CQC and other professional bodies such as The Kings Fund and Stirling Healthcare it is relevant for the Trust to undertake remedial works to Ward 52 in order to ensure this is a specially adapted environment that meets the needs of patients with dementia.

The key changes to the ward will include;

- Changes in paintwork – bold colours being used to identify doors / toilets / rooms
- Additional seating – to allow for more rests
- Removal of large nursing stations and more smaller stations located within the bays themselves – for extra visibility and patient contact
- Plain flooring – to prevent trips and falls
- Murals and pictures to be installed for facilitations / identify particular areas – decrease anxiety
- Mood lighting – control mood, lower agitation and help with sleeping
- Installation of End Of Life self-contained cubicle
- Addition of day room and dining room – Increase social activities and involvement with other patients / increase food intake

Ensure you Include the following:

Implementation date (please provide expected date)	June / July 2015
3 Month Verbal Evaluation update	October 2015
Full Post Project Evaluation date - *PPE to be undertaken at six months following implementation*	January 2016
Report to be reviewed at CDG *(The month following the full PPE)*	January / February 2016

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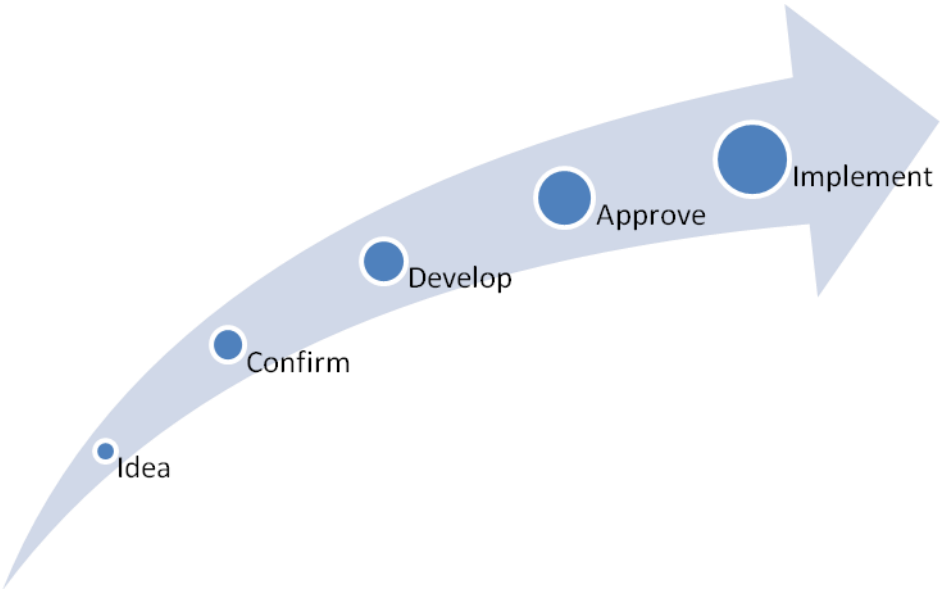

Divisional Sign Off
Ref: SM-2013-???

Divisional Sign Off	Name	Signature	Date
Emergency Care & Medicine			
Diagnostics & Rehabilitation			
Planned Care & Surgery			

Corporate Sign Off

	Name	Signature	Date
Capital Accountant			
Finance & Performance			
HR			
Quality & Safety			
Estates & Facilities			
SP&CD			