AGENDA ITEM NO. 8

Impact Assessment Form

1.	Impact Assessment Details
Name of Trust/PCT	Swindon & Marlborough NHS Trust
Name of proposal or service development	Planned Care Directorate - Bed Reconfiguration
Name of Trust/PCT person completing the form	Carl Beech – Head of PALS & PPI
Name of Patient Forum or other patient/user/carer/voluntary group supporting Impact assessment	Great Western Hospital Patient & Public Involvement Forum (Trevor Davis and Patrick Titman)
Date Impact Assessment scores completed	3rd January 2007

2. Please briefly describe the scope of the proposal or service development

As part of the national policy changes promoting independence and choice Swindon & Marlborough NHS Trust and Swindon Primary Care Trust are working together to reduce admissions and the actual length of time patients stay in hospital. This is being achieved by improving the support and the care patients receive in the community, which in turn will mean we need fewer beds at the hospital. In addition to this the Trust is continuing to reduce the pre-operative and post-operative length of stay for surgical patients, increasing the number of patients seen as day-cases and continuing to work to achieve and maintain the 18-week target.

With this in mind, we have undertaken a bed review and plan to reduce the overall bed complement at the hospital by 36 beds. We propose closing Linnet ward (a surgical ward currently taking medical and surgical patients) and redeploying the staff to other wards within the hospital (please note that this does not mean any staff redundancies).

It is proposed to start to close Linnet ward on the 8th January with the closure of 18 beds, with full closure (all 36 beds) by the 5th February 2007.

3. Comments from the Service Provider on the Impact Assessment scores

This proposal will have several benefits for the patients, staff and the Trust as a whole.

Benefits to patients:
Currently both medical and surgical patients are nursed on Linnet ward (a surgical ward). With this proposal patients will be cared for on more appropriate wards depending on their clinical needs, i.e. medical patients on medical wards and surgical patients on surgical wards. In addition to this, we plan reduce the length of stay for patients in cardiology which in turn will facilitate quicker admissions and discharges.

The surgical patients that would normally be admitted to Linnet ward will now be admitted to Woodpecker ward, which again will be more appropriate as a trauma ward. To support this development, the trauma co-ordinators will ensure that all patients are reviewed and discharge plans put in place, again to facilitate appropriate admission and discharge. We also plan to open Meldon ward full time (Meldon usually reduced to 20 beds over the weekend).

These changes will have a positive impact for patients because they will be nursed in areas appropriate (medical and surgical) with nurses skilled in those specialities. Any unexpected emergency admissions could be continue to be managed by admitting patients to the Shalbourne Suite (as currently happens).

Benefits to staff and the Trust:
The surgically trained nurses on Linnet ward have suffered a drop in morale because of the number of medical patients they are caring for. This proposal will increase that moral by ensuing that medical and surgical nurses look after their specific group of patients and by redeploying staff from Linnet ward will reduce the amount of agency staff currently being used in other clinical areas. There will also be a cost benefit to the Trust with the amount of money saved with the closure of Linnet ward.

With the anticipated reduction in admissions, we do not anticipate any negative impact on our patients, indeed we expect a positive impact.

4. Comments from the patient/user/carer/PPIF or voluntary group on the Impact Assessment scores

Section 1:
The positive impact depends on the success of the provision of out-of-hospital care and support

Section 3 (item A):
The effect on patients is seen as positive, but for carers it is likely to be more visits and more to do.

Section 4:
The positive outcome depends on a successful community service. An option might be to provide support and training for volunteer carers and this may form an essential part of this.

General comments:
In the longer term, the changes may be positive, but in the short term, whilst community services are responding to meet the change, the public perception could be seen in a negative light. The Patient & Public Involvement Forum would be keen to arrange a visit in March 2007 to review how the Trauma Co-ordinators are managing the discharge process for their patients.

Submitting PCT contact point for OSC officer
Tel no **E Mail**

NHS Trust contact point for OSC officer (if appropriate): Carl Beech
Tel no: 01793 604378 **E Mail:** carl.beech@smnhst.swest.nhs.uk

Does the proposal cover more than one OSC areas	**YES/~~NO~~**
If yes which one(s)? Wiltshire, Swindon	
Has an Impact Assessment been forwarded to this OSC(s)?	**YES/~~NO~~**
Date Impact Assessment forms submitted to OSC: TBA	

The scoring shall be undertaken on a seven point scale, ranging from major negative impact (-3) to major positive impact (+3),using the matrix set out below.

A service variation or development shall be considered substantial where any aspect is deemed to have a major negative impact (ie scored –3) or where the total score in any one of the five impact areas is –7 or less. Where one aspect scores +3 or the total score is +7, these should be notified informally to an OSC, but would not have to go through the formal process. Patient and public views should still be included.

Proposal	Planned Care Directorate - Bed Reconfiguration	
NHS Body	Swindon & Marlborough NHS Trust	
OSC Area/sAffected	Swindon	
Impact Range	-3	Major negative impact
	-2	Medium negative impact
	-1	Minor negative impact
	0	No impact
	+1	Minor positive impact
	+2	Medium positive impact
	+3	Major positive impact

1. Changes in Accessibility

Ref	Aspect	Patient/Carer Perspective *	Organisational Perspective
A	Reduction/Increase in Service	0	0
B	Local Provision Accessibility	+1	0
C	Relocation of Service	+1	+1
D	Withdrawal of Service	0	0

2. Impact on the Wider Community

Ref	Aspect	Patient/Carer Perspective *	Organisational Perspective
A	Transport	-1	0
B	Community Safety	0	0
C	Local Economy	0	0
D	Environment	0	0
E	Regeneration	0	0

3. Patients/Carers Affected

Ref	Aspect	Patient/Carer Perspective *	Organisational Perspective
A	Number of Patients/Carers	Patients = +1 Carers = -1	0
B	Proportion Affected	Not known	0
C	Equality & Diversity	0	0
D	Social Exclusion	0	0
E	Views from Patients Forum etc	0	0

4. Methods of Service Delivery

Ref	Aspect	Patient/Carer Perspective *	Organisational Perspective
A	Change in Setting	+2	+3
B	Change in Technology	0	0
C	Change in Practitioner	-1	0
D	Change in Care Process	+1	+2

5. Financial and Other Factors

Ref	Aspect	Patient/Carer Perspective *	Organisational Perspective
A	Financial Impact on NHS body	0	+1
B	Financial Impact on Local Authority and other agencies	-1	+1
C	Other material factors	0	0
D	Cumulative effect of change	+1	+1

6. Summary - NHS Perspective

Ref	Impact Area	Total Score	Any Score of –3
1	Changes in Accessibility	+1	None
2	Impact on the Wider Community	0	None
3	Patients Affected	0	None
4	Methods of Service Delivery	+5	None
5	Financial and Other Factors	+3	None

7. Patient/Carer Perspective

Ref	Impact Area	Total Score	Any Score of –3
1	Changes in Accessibility	+2	None
2	Impact on the Wider Community	-1	None
3	Patients Affected	Patients +1 (carers –1)	None
4	Methods of Service Delivery	+2	None
5	Financial and Other Factors	0	None

* All statements on the patient or carers' perspective of the change must be evidenced.

8. Declarations

Assessment Led By (Name)	Carl Beech – Head of PPI
Date Undertaken	3rd January 2006
Substantial (Yes/No)	NO
Date Passed to Relevant OSC(s)	TBA

Staff Communication Briefing

Planned Care Directorate - Bed Reconfiguration

1. Introduction

As part of national policy changes that promote Independence and Choice for patients, the Swindon & Marlborough NHS Trust and Swindon Primary Care Trust are working together to reduce admissions to hospital where clinically appropriate. This will enable patients to receive the care they need in the community rather than being admitted to hospital. In addition to national policy, changes in how we assess patients prior to their surgery, their treatment and the post operative support provided to them in the community means that patients length of stay in hospital is now shorter.

This briefing paper details proposals to reconfigure services within the Planned Care Directorate in response to national policy and to realise greater efficiencies in the provision of services. As a result one 36 bedded surgical ward, Linnet, will be reconfigured so that the trauma and medical patients currently being cared for on this surgical ward may be relocated to appropriate specialty wards. The elective and emergency vascular patients and specialty staff will be repatriated to Meldon Ward. As part of this reconfiguration of Linnet Ward, additional beds which are normally closed at weekends will be opened on Meldon Ward to maintain elective activity.

Reconfiguration of Linnet beds is planned in two phases:

- 18 beds (medical patients) will close/transfer of the **8th January 2007**
- The remaining 18 beds will close/transfer on the **2nd February 2007**

There is no risk of redundancy as a result of the reconfiguration of services and staff will be redeployed to other clinical areas of the Trust on the same terms and conditions of employment and in line with the Trust's Redeployment Policy. All staff will be briefed and individual meetings will take place throughout January. A timetable of staff communication and briefing is included in this paper.

2. Reconfiguration of Linnet Ward

On average 12 beds on Linnet Ward are used by patients who should be cared for on a trauma ward and another 15 patients who are medical patients. The remaining 9 beds are currently used for emergency and elective vascular patients. Patients in these 3 categories will be cared for on specialist wards as follows:

2.1 Medical patients

The Trust has a long length of stay for medical patients (particularly cardiology) when benchmarked against other similar Trusts. A separate paper will be circulated.

2.2 Trauma outliers

These patients will be managed on Woodpecker Ward, where the multidisciplinary team have specialist trauma expertise. The newly opened Surgical Assessment Unit on Woodpecker Ward already means that all surgical patients are now admitted to this ward for assessment. Co-locating trauma patients onto this ward will streamline the pathway of care.

2.3 Elective vascular patients

These patients will be cared for on Meldon Ward. Meldon Ward currently reduces capacity to 20 beds at weekends. Closing beds at weekends is problematic. As a result of the reconfiguration these beds will now remain open and a number of nurses from Linnet ward who have vascular nursing skills will be redeployed onto this ward. Emergency vascular patients will be managed on Woodpecker Ward.

3. Benefits of making this change

- Closing Linnet Ward will enable us to cohort trauma, elective surgical and emergency surgical patients and improve operational and clinical management
- Staff on Linnet Ward have been required to care for medical and trauma outlying patients. Staff with a particular interest in surgical patients will have the opportunity to transfer to another ward to utilise their surgical nursing skills
- Pre operative length of stay in surgical patients needs to be reduced, the reconfiguration will drive that change
- Medicine length of stay will be reduced
- We are able to use the partly opened wards more effectively and reduce the use of expensive agency staff to staff these beds.
- We can use our resources more efficiently
- The quality of patient care will be increased

4. Risks related to change

- Disruption to the Linnet team who will transfer to other wards, not all the team will remain together
- If length of stay does not reduce, then there will be greater pressure on beds

5. Time line and action plan January – February 2007

Date	Actions
January 3rd	1. Communication to EPF 2. Linnet Ward Staff Briefed following EPF 3. Medical staff briefed 4. Communication with staff currently absent from work
From January 4th– February 5th	Individual meetings with staff Redeployment process
January 6th	Prepare to move 18 beds on Linnet ward. All Medical outliers moved to alternative wards. Site management team to action
January 8th	18 (medical) beds closed on Linnet Ward
January 13th	Meldon ward fully opened to 36 beds plus three trolleys 24/7
February 2nd	Plans made to close remaining 18 beds on Linnet Ward
February 5th	Linnet Ward fully closed

Directorate Managers will be working with members of the Human Resources team and will meet collectively and individually with staff who will be encouraged to have Trades Union Representation at meetings if required. The Trust management team is keen to work in Partnership to minimise any concerns for staff and disruption to patients and service users.

Lucy Baker
General Manager

Helen Jones
Associate Medical Director

Planned Care Directorate
3rd January 2007