

Ward Flow:




Royal Berkshire
NHS Foundation Trust

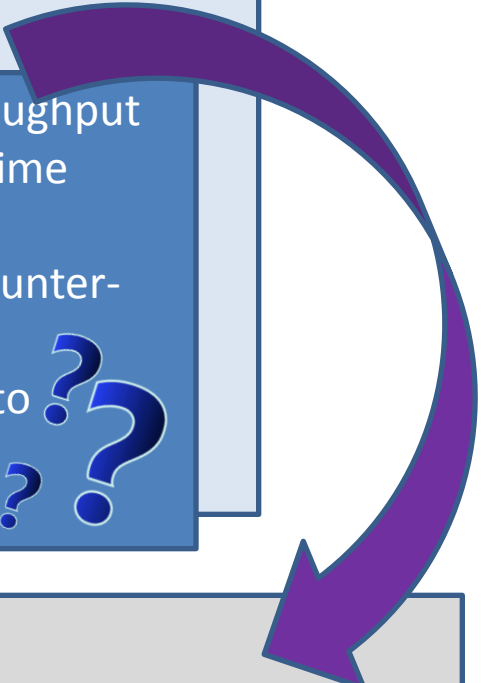
**Board rounds, huddles
early  bird patients**

**Ensuring appropriate patients are
ready to leave in a timely manner**

WHAT ARE WE TRYING TO ACCOMPLISH ?

- ✓ Improved patient care through reduced length of stay / throughput
 - ✓ Quicker Access to Treatment - Right Patient/Right Bed first time
 - ✓ Empowering staff to make changes on their wards
 - ✓ Pro-active planning for an improved Winter – eliminating counter-productive practices
 - ✓ Reduction in delays getting patients out once clinically safe to transfer
 - ✓ Equal access to emergency and elective patients
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HOW ARE WE DOING IT?

- ✓ Standardised approach to Board Rounds, PM huddles, Ward Rounds.
 - ✓ Clarification of roles & responsibilities of ALL staff
 - ✓ Increased focus on stranded patients
 - ✓ Implementation of Early Bird Patient
 - ✓ Improved Choice Protocol, IDS liaison
 - ✓ CHS involvement
 - ✓ Closer working with social services around delayed transfers
 - ✓ Review of medicines end to end process
 - ✓ Getting serious about variability of demand and capacity requirements
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HOW ARE WE DOING ?

Issue: Length of stay was higher than target due to a high number of stranded patients (between 250 and 300 patients)

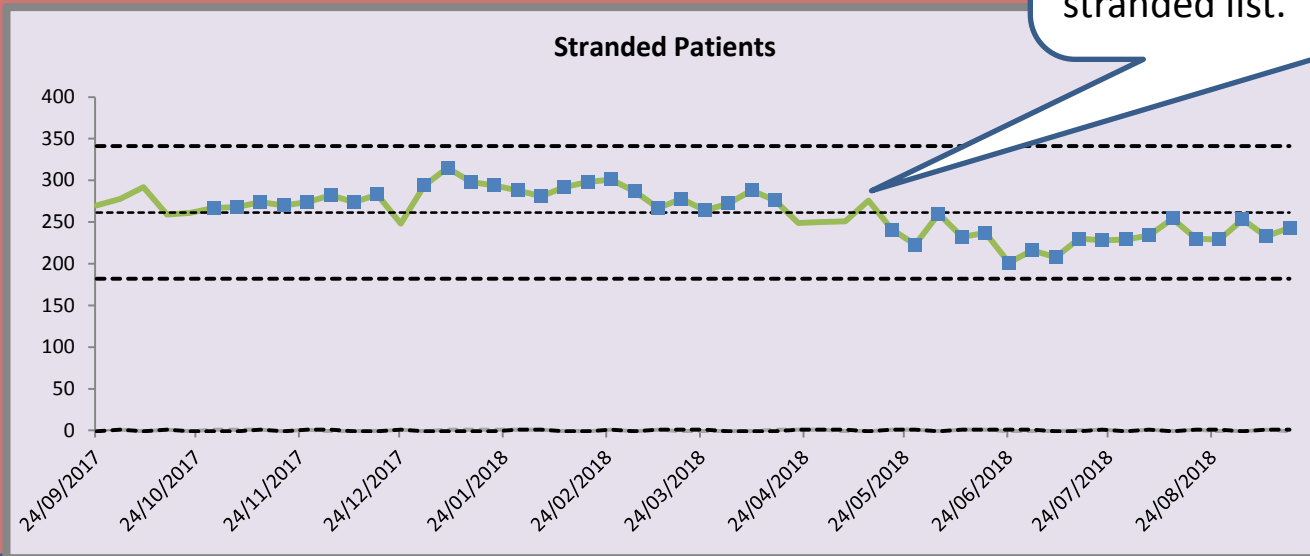
What we did?

Length of stay meetings have been held with the Ward Sisters/Matrons/IDS team/ Operations Director and Deputy Director of Nursing

Each ward is expected to:

- Attend at dedicated time slot
- Provide an update on any patient with a LOS > 7 days
- Raise concerns
- Escalate any issue

From May step improvement:
From 250-300 patients to now
between 200-250 patients on the
stranded list.

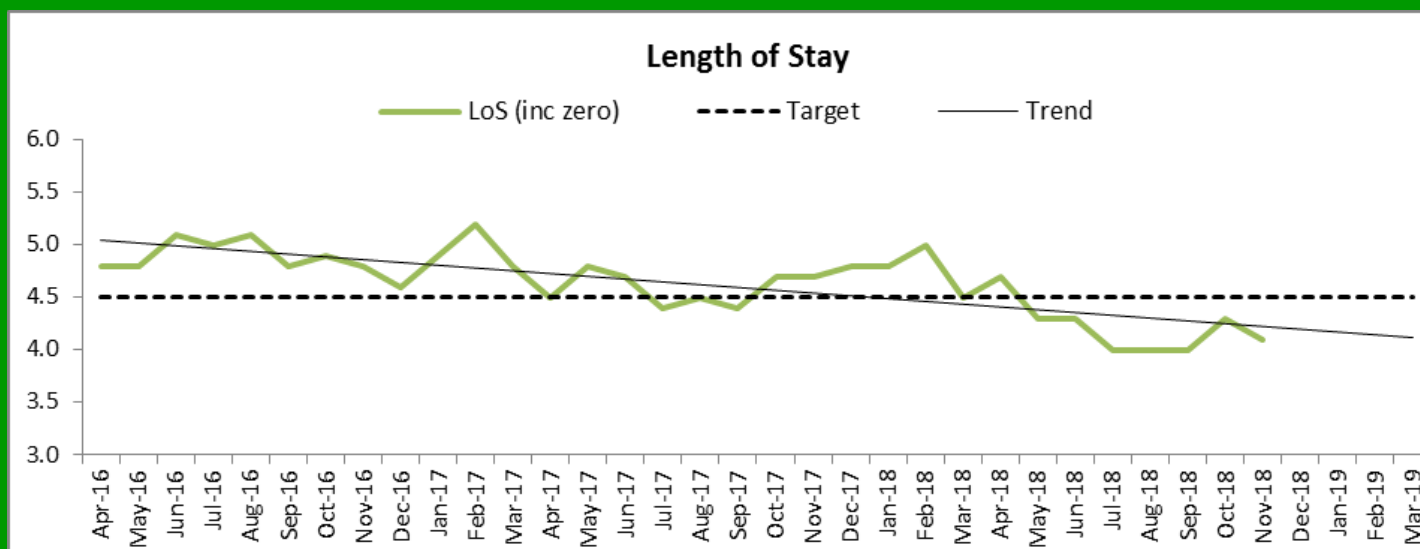


What have we achieved... @RBFT

WHAT DOES SUCCESS LOOK LIKE ?

✓ Target was a reduction in Length of Stay of 0.25 day = 4.4 days
Currently at 4.21 days (YTD).

LENGTH OF STAY	16/17	17/18	18/19	Target	Variance	RAG
average length of stay (inc zero los)	4.90	4.65	4.21	4.50	-0.29	
Objective	Reduce the average length of stay by 0.25 days from the los in Q4 17/18 (which was 4.75 days)					



- ✓ Enabled 28-40 beds closed throughout the summer
- ✓ Reduction in medical outliers
- ✓ Continued improved performance against A&E target
- ✓ Seen a reduction in the number of delays due to no bed



A Three Year Programme.....

early bird patient

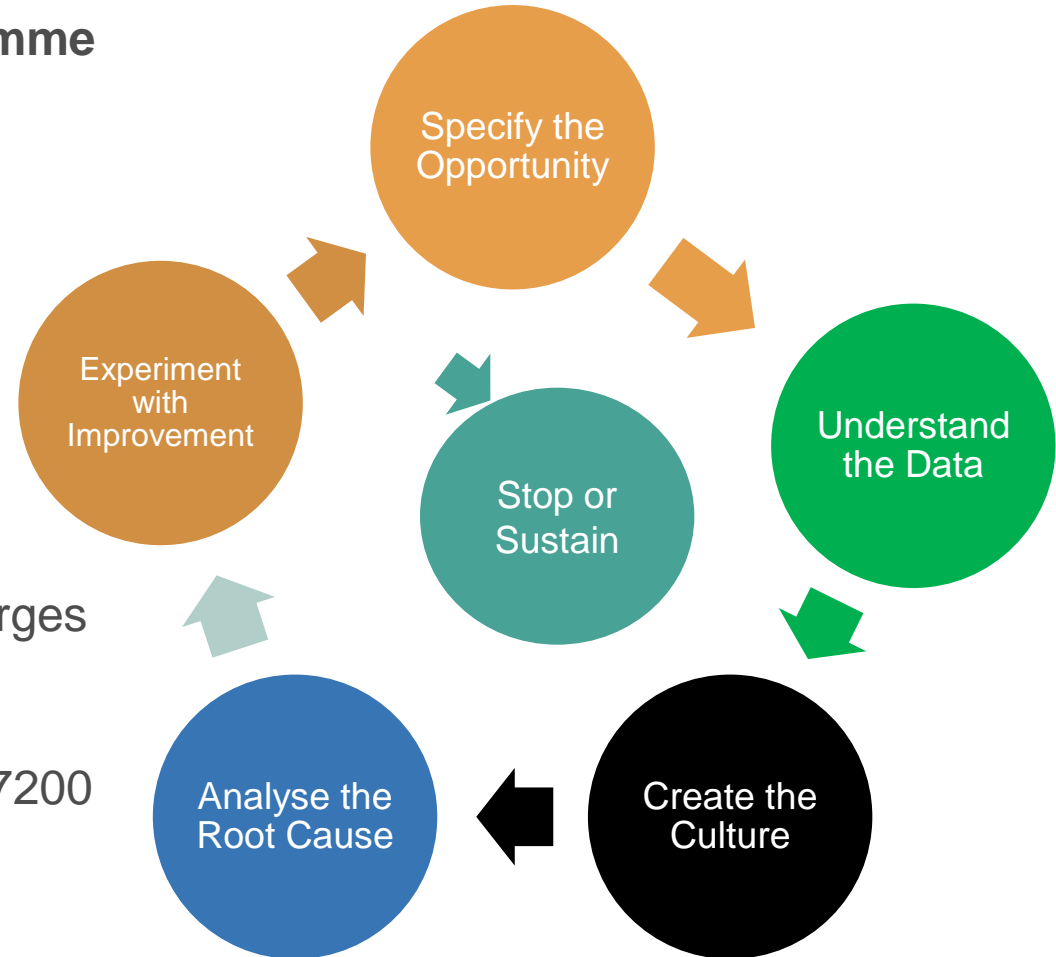
Continuous Improvement Programme resulted in:

A decreased length of stay

- LOS 2015/16 – 5.4 days
- LOS 2018/19 (YTD) – 4.27 days

An Improvement in weekend discharges

- 2015/16 – 5,147 in total
- 2018/19 – 3,614 YTD (predicted 7200 Year End)



A few facts

- We still have variation between the wards discharge profile.
- Weekend demand continually outstrips weekend discharges.
- Our target is to get 33% of patients out of hospital home by midday.
- Only 15 % of our patients currently go home from hospital in the morning.
- With all the good work we still have 18% of our patients going home after 7 pm.
- Same day TTOs is the norm, however, up to 70% of TTOs in Elderly Care were done on the day prior to discharge (April – September).
- Pharmacy processing time is on average 2 .06 hours



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