Royal Berkshire NHS
NHS Foundation Trust

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CELEBRATING PATIENT FLOW

SUCCESS

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Welcome and scene setting

THANK YOU to those presenting, who have done posters and who are attending today – and please spread the word to those who can't

KEY MESSAGE: we can only run this hospital by teamwork

WHEN WE ALL WORK TOGETHER we are brilliant **AND** we deliver better patient care

WE ARE ALL TRYING TO ACHIEVE THE SAME THING:

Patient and staff experience that is a little bit better every day, a little bit better than last year

AND

to be able to go home at the end of each day/night feeling that we've done the best we can

with more ☺ and less ☹

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Local Context

Challenging Q4 incl:

- long waits in ED, pressure on AMU/SSU at 'apex' between ED and wards, pressure on wards due to complexity & queuing in the morning, staffing challenges for all
- 6-8 weeks of 12-25 patients waiting for beds with waits of up to 22 hours (total time) and 19x12 hour DTA breaches
- overcrowding in ED and concerns re quality, safety and decision making under this pressure
- bedding BDU with temporary cover, bedding JSU also with only temporary cover
- multiple patient moves, significant outlying, lots moving tomorrow's discharges to cope in the evening particularly

= increased LOS, poor patient experience, frustrated staff!!

- everyone **EXHAUSTED!!!**

Amazing Q1&2 incl:

- detailed work on wards re board rounds, plan for every patient every day, unblocking, permission to complain!!
- LoS reductions, beds able to be reduced in response to staffing challenges
- reduction in bed delays, reduction in extended waits in ED, reduction in stranded patients, better patient experience
- Board approval for increase in capacity – beds in AMU/Short Stay Zone, Site Management and Operations Hub, IDS hub to co locate with SS, MDT hub for AMU/SSU zone
- partnership working with LAs, DTOCs at lowest level for several years, injection of ££ from Government to shore this up for winter
- partnership working with Community and MH – improved processes for transfers between Acute and Community beds, increase in Neuro beds (limited pending long term plan) and more intensive rehab model in general rehab beds
- agreements on ambulatory/medical model

everyone **AMAZING!!!! ……. Q3 …… challenging again and Q4 …… we are all worried!!!**

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National context & guidance

The key priorities in the national requirements and various guidance highlight the following areas:

- Avoiding attendance at hospital utilising enhanced 111 services (incl on line) and extended GP hours.

- Streaming patients on arrival at hospital to ambulatory/non admitted pathways aiming for 100% for minors/type 3 patients, 99% of non admitted patients to be discharged within 4 hours and 50% of medical patients to be treated via an ambulatory care pathway.

- Frailty Service available at the front door ie in ED (by December 2019) order to facilitate a shorter pathway and/or reduce admissions

- Reducing extended LoS in hospital by reducing > 7 day and > 21 day patients by 25% during this year

- Healthcare worker flu vaccination to be at 100% (with some guidance also referencing point of care testing at front door for patients).

- Improving access to mental health services relating to crisis services, psychiatric liaison services and access to in area community and acute beds.

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Winter plan and Opel framework – key element incl

111 improvements (incl on line), GP enhanced hours and new SCAS processes for non conveyance – all implemented

Changes to Primary Care Streaming services to increase access

ED 'zoning' model to identify quicker pathways for non admitted and 'minor' patients

New CSM model – flow controller and front door site manager

Continuation of the Frailty Service in ED to improve pathways in ED and reduce LoS/reduce admissions

Changes in the way the acute medicine pathways will work resulting in an increased presence in ED

Strengthened onward referrals protocol to surgical specialties from ED and response times to ED

ACTIONS FOR EVERY PATIENT EVERY DAY and Patient Pathway Co Ordinators on medical wards

Early Supported Discharge service for fractured NOF patients and the

Continued work with Local Authorities and community partners to reduce both official DTOCs and stranded patients

Voluntary Sector support for admission avoidance and supported discharge

***** INCREASED BED CAPACITY & CONTROLLED ESCALATION OPTIONS WITH IMPROVED MODEL OF CARE***

!!!!RETURN OF THE DISCHARGE LOUNGE!!!!

Weather and Flu predictions slightly better than last year – phew!!!

Opel Framework – avoid 'diverts' – get real!!!!

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Winter plan – what are we trying to achieve:

Valuing patients time and supporting staff

Right patient right place, right care, right time

Stay well at home, reduce conveyance to hospital

Ambulatory care where appropriate, reduce inpatient stays

Minimise time in bedded care, reduce patients' wasted time in hospital

Home first as first choice following bedded care

Earlier discharge – home early settled and safe

Safe staffing and appropriate to need

Don't move tomorrow's discharges!! Or at least try!!!

Some level of SANITY!!!!

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Patient flow communications over winter

WINTER PLAN ON INTRANET and documents will be added

PATIENT FLOW MATTERS UPDATE will provide updates through the winter **AND** opportunities to feedback, raise issues, make suggestions

UPDATED EPR/GOOD INFORMATION ON PATIENT STATUS/ACTIONS/DISCHARGES will help reduce repeated phone calls/chasing for actions/beds

BERKSHIRE WIDE ESCALATION regular communications to manage winter on a system wide basis

WEEKLY EXECUTIVE OVERSIGHT MEETING to identify issues fo action/escalation and address any quality issues