PHFT
Building Voluntary working with the Voluntary Sector

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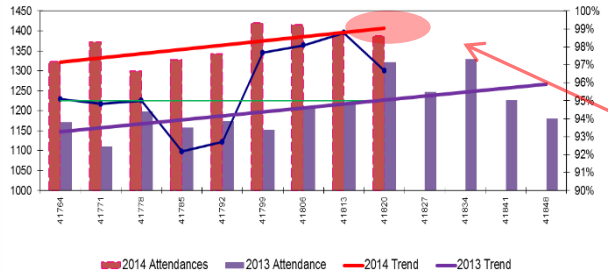
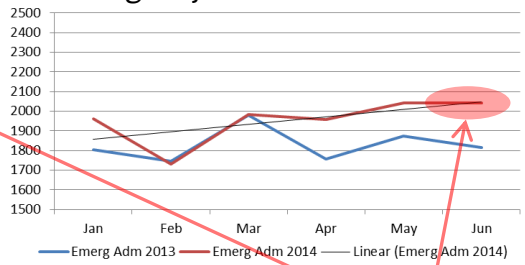
WE ARE ALL BUSY!

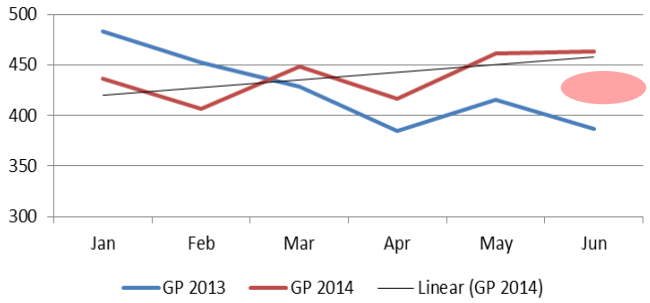
Emergency Attendances



Emergency Admissions



GP Admissions

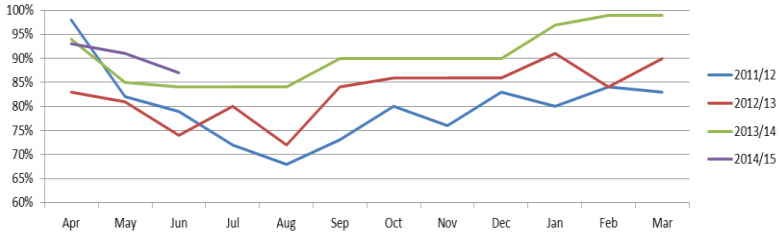


Weekend Ambulance Rates

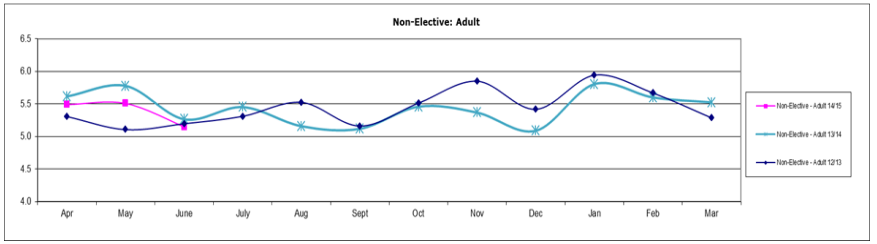
	24/05/14 to 25/05/14	31/05/14 to 01/06/14	07/06/14 to 08/06/14	14/06/14 to 15/06/14	21/06/14 to 22/06/14	28/06/14 to 29/06/14	05/07/14 to 06/07/14	12/07/14 to 13/07/14	Total
2013	124	127	123	124	126	125	127	122	998
2014	138	142	151	148	183	178	154	179	1,273
Variance	14	15	28	24	57	53	27	57	275
Var %	11%	12%	23%	19%	45%	42%	21%	47%	28%

HIGH AND INCREASING DEMAND

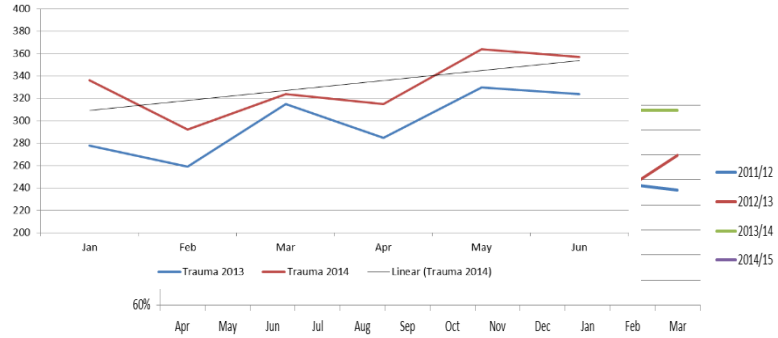
Bed Occupancy Elderly Care (LOS Decreased)



Length of Stay



Trauma



Summary

Total Increase Q1 13/14 v 14/15	A&E Attendances	Emergency Admissions A&E	Direct ward admissions (exc. Maternity)	*Elective Inpatients	TOTAL (Elective IPs & Non-elective exc. Mat)
Total Increase No.	15791 vs 17335	4554 vs 4698	3208 vs 3528	1033 vs 945	8795 vs 9441
Total Increase %	+10%	+9%	+10%	-9%	+7%

Challenges

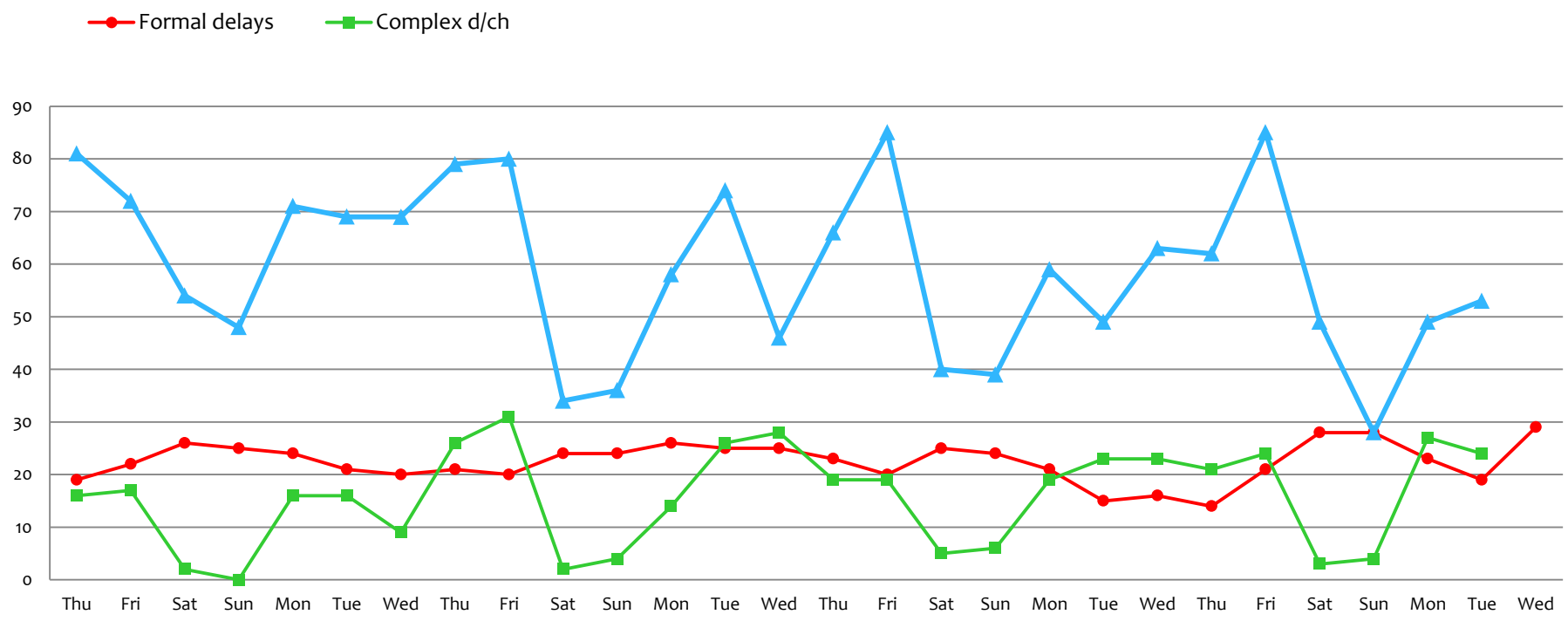
* Daily discharge rates does not match emergency admission rate
* Bed occupancy rates of over 100 % daily
* Peak of Emergency admission occur after 3pm in the afternoon
* Impact of Elective work
* Increases in outliers across specialities
* Insufficient beds for emergency admission
* Ambulance handover delays
* Cannot break the cycle
* Quality and safety compromised
* Most of our emergency admission are OOH
* Discharge Service provision gaps

Daily Reporting -

Daily formal delays and complex discharges achieved over previous rolling 4 weeks

Date	10/07	11/07	12/07	13/07	14/07	15/07	16/07	17/07	18/07	19/07	20/07	21/07	22/07	23/07	24/07	25/07	26/07	27/07	28/07	29/07	30/07	31/07	01/08	02/08	03/08	04/08	05/08	06/08	Avg
Day	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	figures
≈Beds occupied	401	390	394	412	431	426	435	439	413	400	406	438	431	433	424	422	404	414	421	423	424	426	424	374	402	428	411	440	417
≈Bed state	-10	1	-3	-21	-40	-35	-44	-48	-22	-9	-15	-47	-40	-42	-33	-31	-13	-23	-30	-32	-33	-35	-33	17	-11	-37	-20	-49	-26
Formal delays	19	22	26	25	24	21	20	21	20	24	24	26	25	25	23	20	25	24	21	15	16	14	21	28	28	23	19	29	22
Complex d/ch	16	17	2	0	16	16	9	26	31	2	4	14	26	28	19	19	5	6	19	23	23	21	24	3	4	27	24		16
Total d/ch	97	89	56	48	87	85	78	105	111	36	40	72	100	74	85	104	45	45	78	72	86	83	109	52	32	76	77		75
Simple d/ch	81	72	54	48	71	69	69	79	80	34	36	58	74	46	66	85	40	39	59	49	63	62	85	49	28	49	53		59
≈% beds used by DTOC	4.74%	5.64%	6.60%	6.07%	5.57%	4.93%	4.60%	4.78%	4.84%	6.00%	5.91%	5.94%	5.80%	5.77%	5.42%	4.74%	6.19%	5.80%	4.99%	3.55%	3.77%	3.29%	4.95%	7.49%	6.97%	5.37%	4.62%	6.59%	5.37%
≈% of total d/ch Complex	16.49 %	19.10 %	3.57%	0.00%	18.39 %	18.82 %	11.54 %	24.76 %	27.93 %	5.56%	10.00 %	19.44 %	26.00 %	37.84 %	22.35 %	18.27 %	11.11 %	13.33 %	24.36 %	31.94 %	26.74 %	25.30 %	22.02 %	5.77%	12.50 %	35.53 %	31.17 %		19.25%

* NB: the Bed State and number of beds occupied are taken from the 4pm Op Dashboard email. This gives an approximation of the percentage of beds blocked by delayed patients.



Impact

* Insufficient bed capacity to manage activity
* Significant number of patients medically stable awaiting discharge
* Significant number of patient become medically unstable whilst waiting
* Continual working in Escalation – an extra 80 beds open
* Clinical areas constantly working under pressure 99% Bed Occupancy
* Potential damage to reputation of the trust due to cancelled operations/ sub-optimum outcomes
* Difficulty in nurse recruitment specifically Band 5
* Poor patient experience
* Constant Pressure to meet 4 hour ED / Delayed Discharge Quality Standard
* Affects patient flow / clinical pathways
* Cancellations of Elective procedures
* Wrong patient wrong bed

Challenges

* Significant number of discharge pathways
* Confusion of what services are available on discharge
* Numerous referral forms/ documents / handovers
* Different criteria depending on post code
* Clinical vs management
* Loss of professional courtesy
* Differing thresholds of clinical management – (Dementia)
* Times of transfer
* Transport

Successful Partnership Working

* **Assisted Discharge Service** - collaborative working with The Red Cross to achieve optimum patient outcomes for patients who are unbefriended
* **RVS** - In hospital volunteers to support patient/ relatives on site
* **PALS** – support the flow of information and manage feedback and concerns
* **Headway** – work with the TBI team to support post traumatic brain injury
* **IMCA** - Independent Patient Advocacy
* **PHFT Volunteers service**

Assisted Discharge Service (Poole) Service Aims

The British Red Cross Assisted Discharge Service supports patients in the period immediately following a stay in Poole Hospital NHS Foundation Trust.

The aim of the service is to provide short term support to elderly or vulnerable patients to smooth the process of settling back into a normal routine at home and enable people to regain their confidence and independence.

The support offered includes:

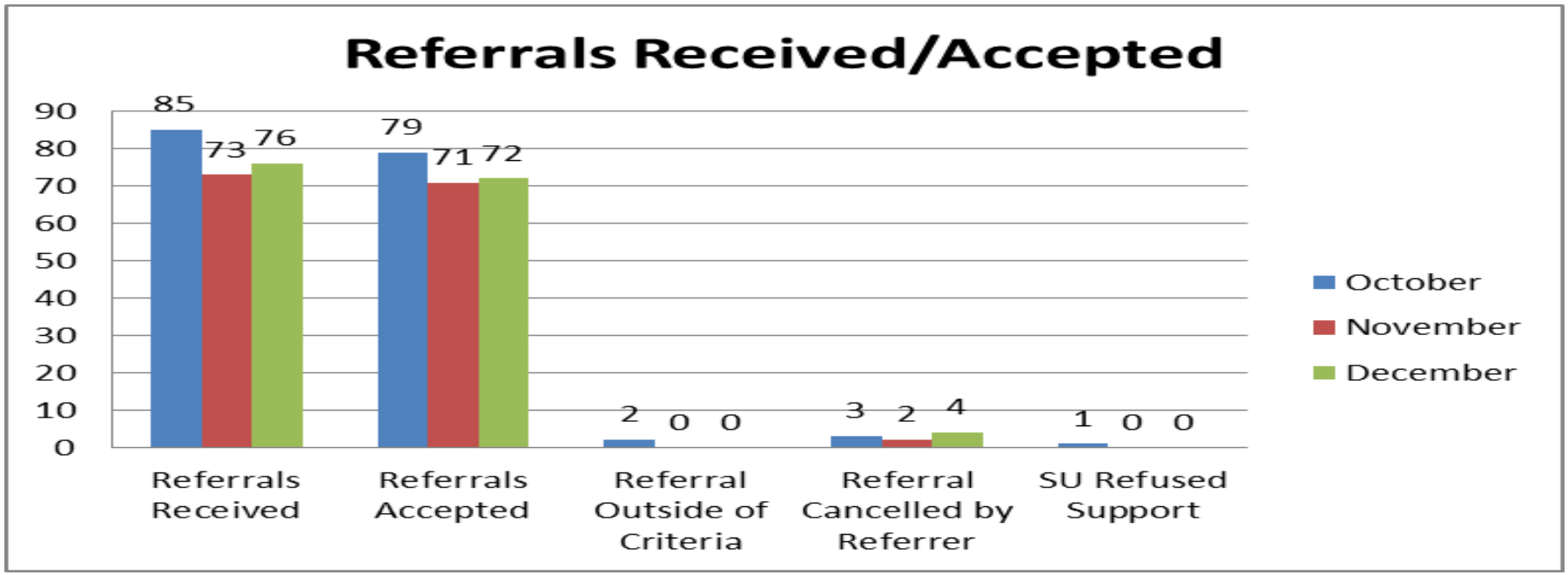
* Taking people home from hospital and helping them settle back in at home
* Helping regain confidence and independence
* Doing shopping or taking them shopping
* Help prepare a meal or snack
* Providing emotional support and companionship
* Transporting to and from medical appointments
* Signpost to other agencies

Assisted Discharge Service (Poole) Service Aims

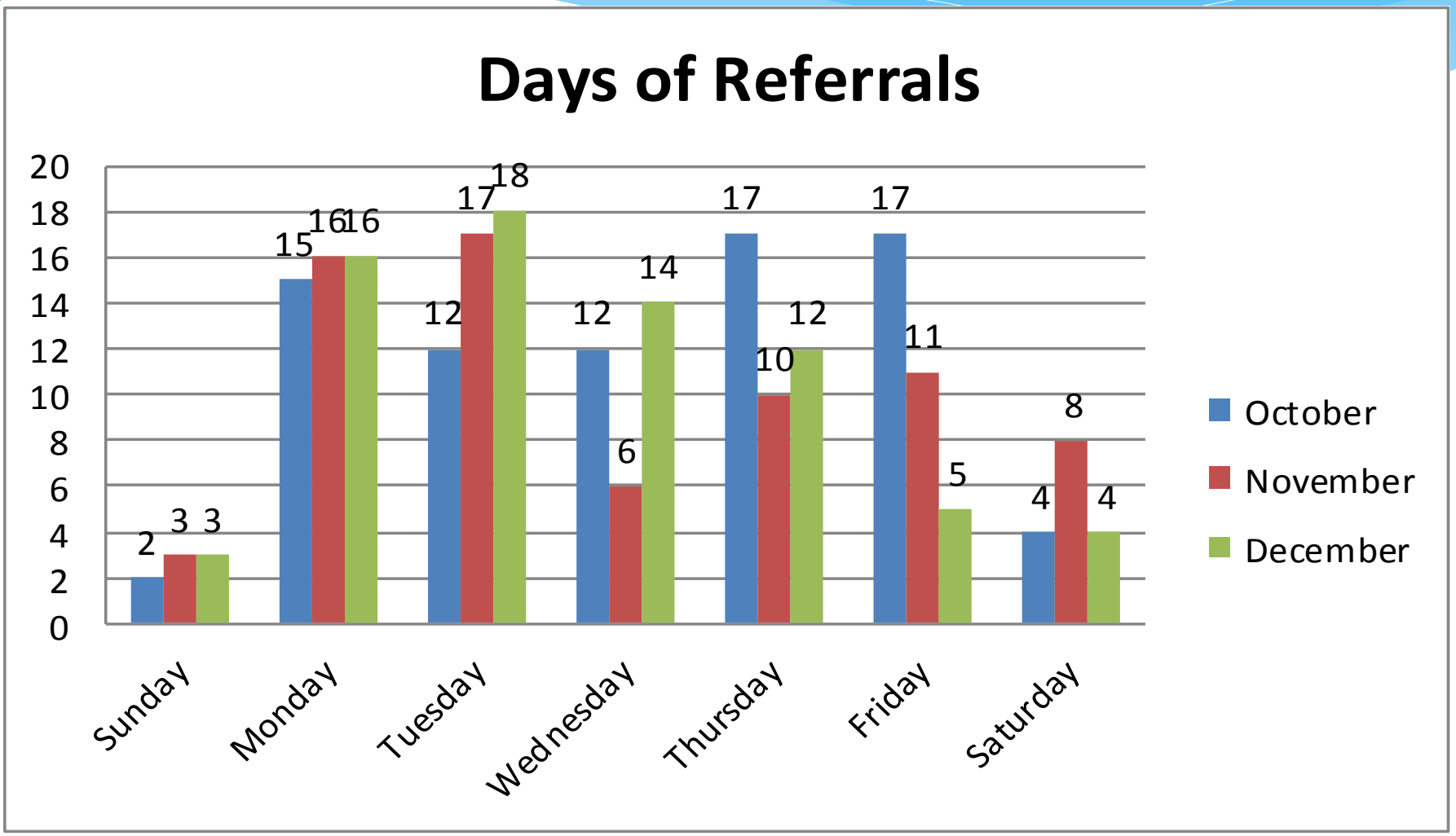
* The service is available to:
  * adults aged 65
  * who live within a 15 mile radius of Poole hospital within Dorset, or who are registered with a GP practice in the area.
  * The service is for up to 72 hours after discharge from hospital.
* The service is flexible, free, strictly confidential, and provided by skilled and trained staff all of whom have had an enhanced DBS check.
* The service is offered to ED. RACE and EAU Referrals must come from a therapist, nurse or doctor. Referrals from Social Workers need to come through the MDT meetings.
* Patients do not have Medical / Personal care requirements. The patient also needs to be able to stand and be reasonably mobile (if needed using mobility aid) and is able to transfer with one member of staff and sit in a car to travel home (otherwise hospital transport needs to be arranged).
* Referrals whenever possible need to be made on the day that the patient is medically fit for discharge and able to go home on that day or the following day to avoid blocking discharge slots.

Referral Summary

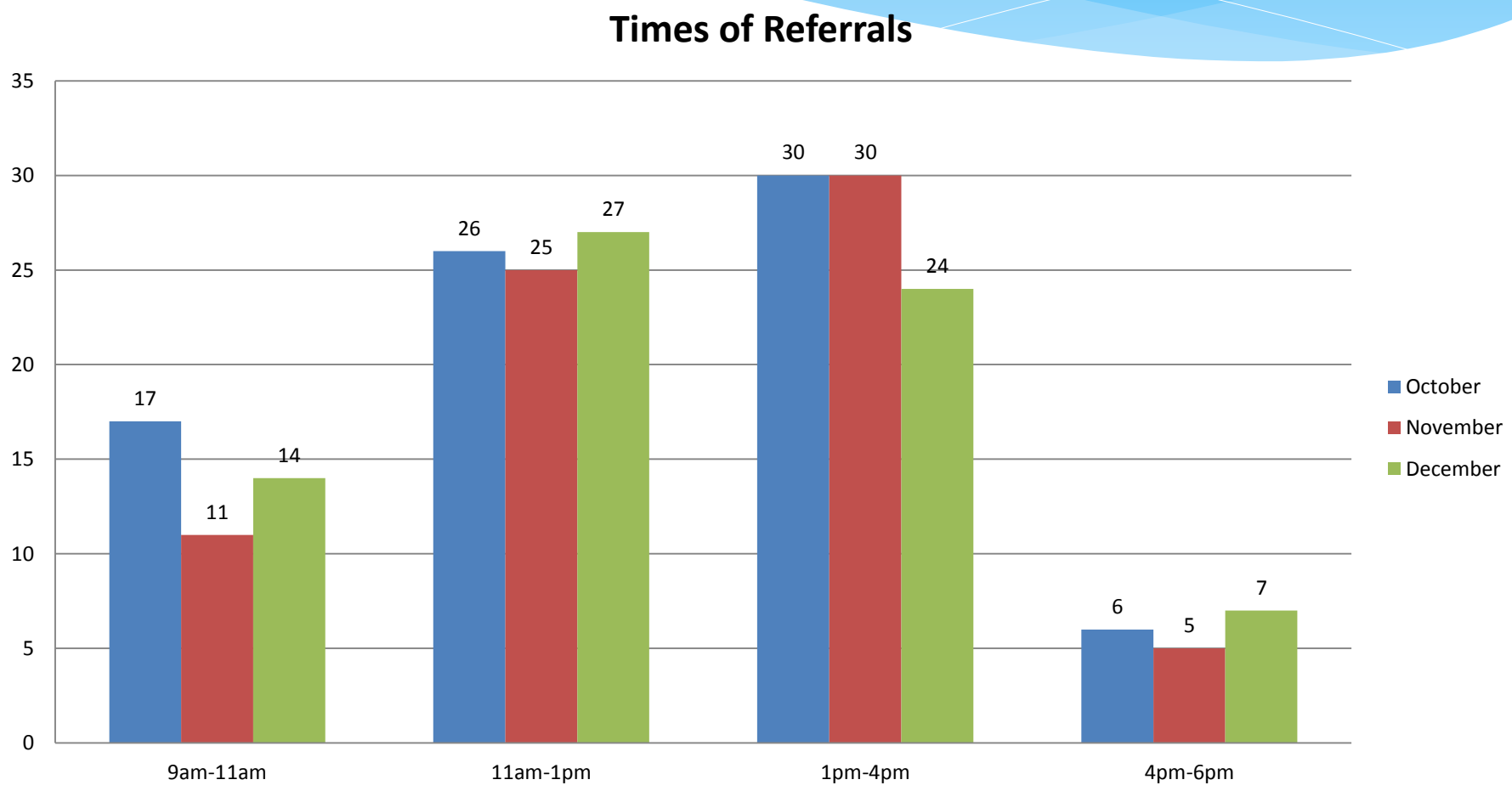
During the quarter October - December 2014 RC received referrals 235 of which 222 were accepted and patients were taken home and given support where needed and relevant. The quarter shows a decrease of 21 % referrals made compared to July – September 2014. However 20 patients were declined during this quarter due to capacity of take homes already booked in on days of referral requested had RC been able to accommodate these the decrease would have been 13.8%.



Days of referrals

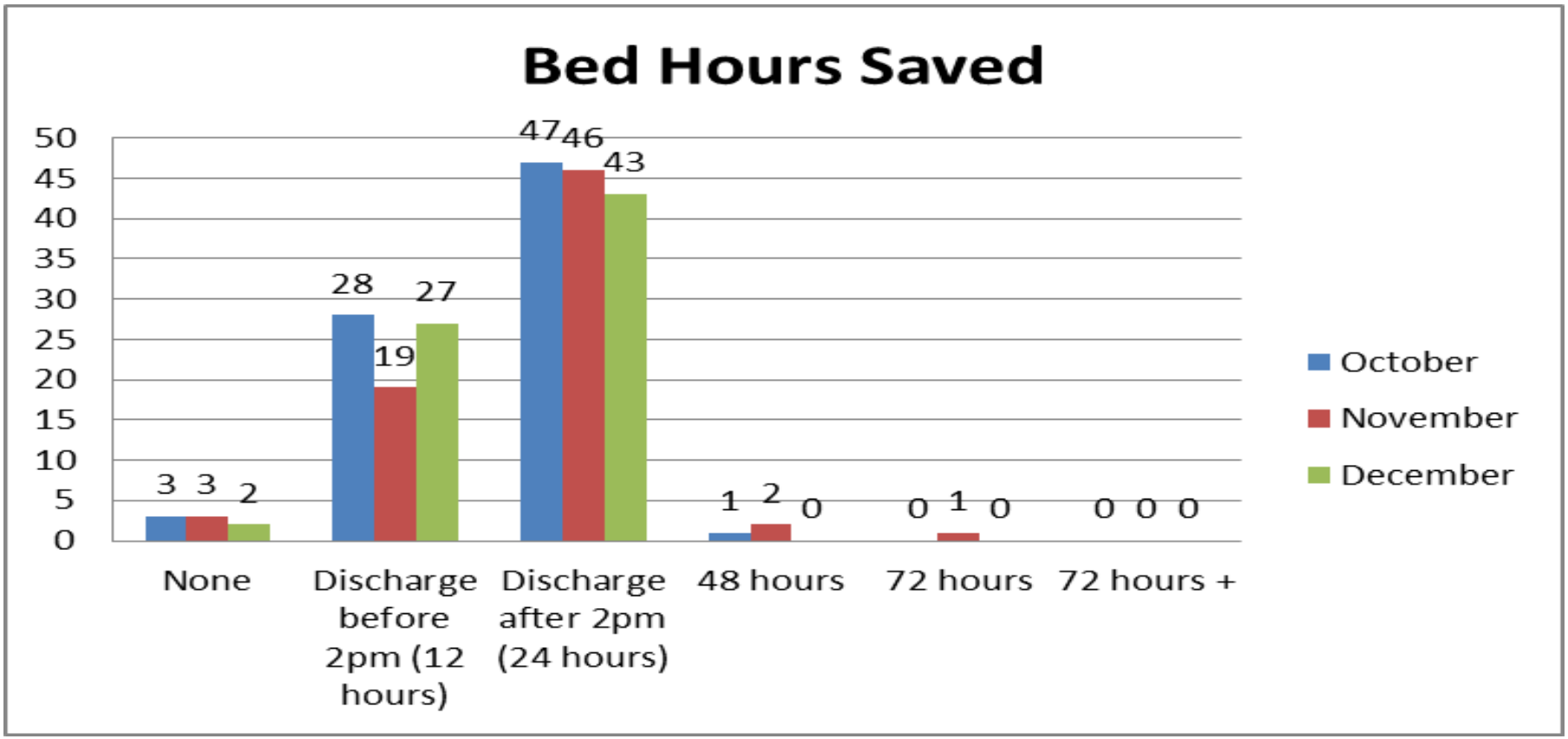


Times of referrals

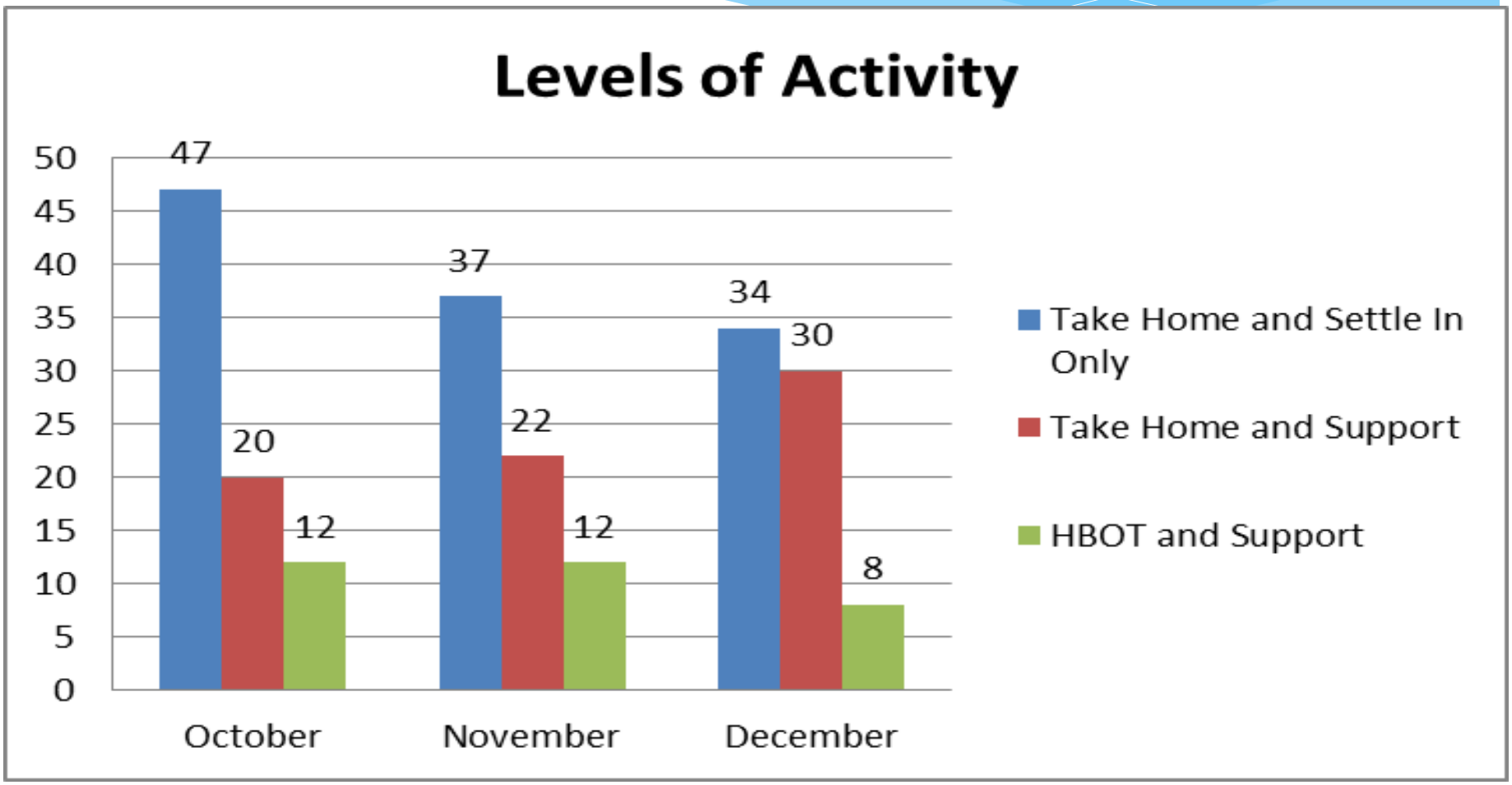


Bed hours Saved

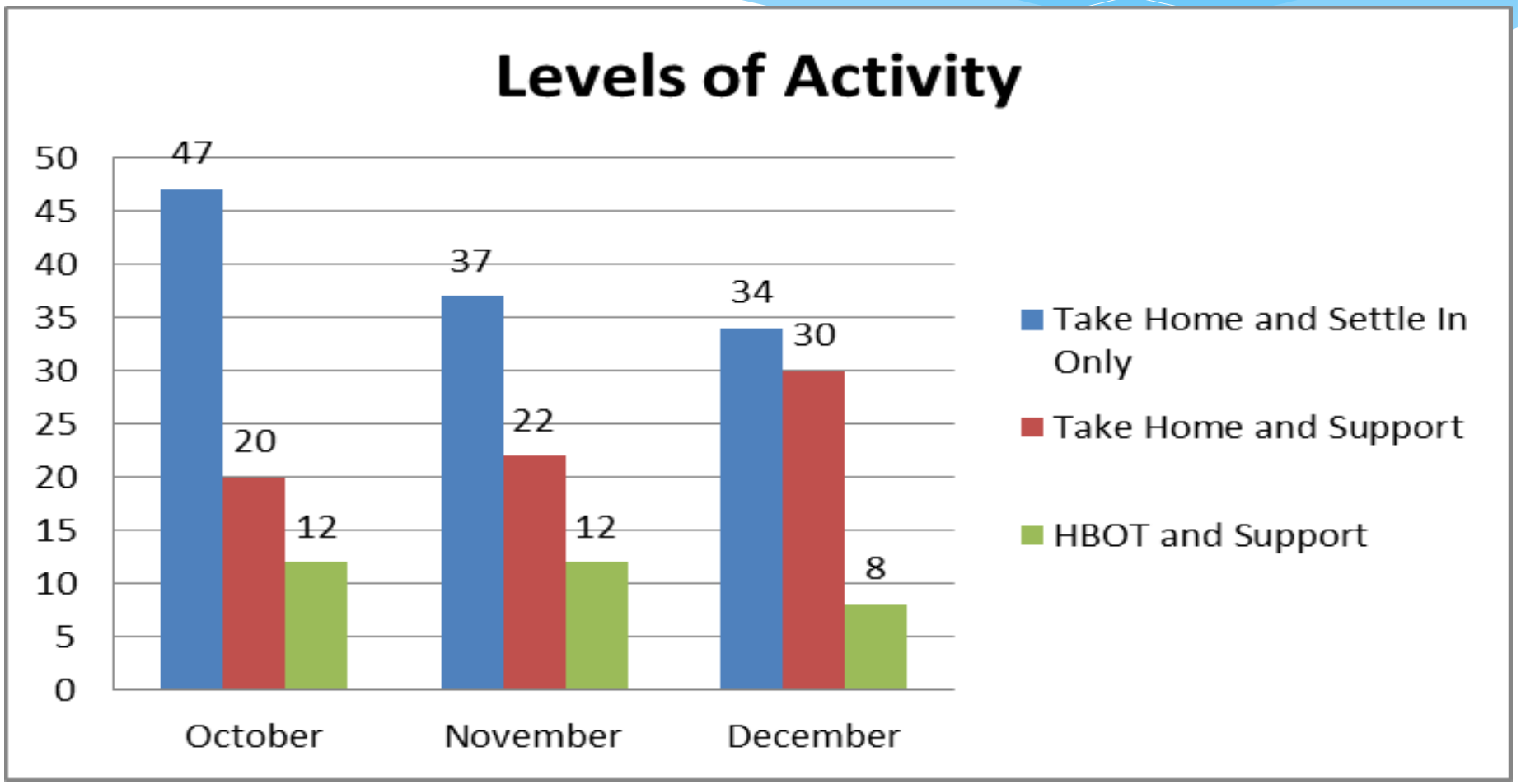
During this quarter the service has continued to record the bed hours saved using a formula based on that if a patient goes home before 14.00hours 12 hours is saved and after 14.00 hours 24 hours will be saved, each 24 hour bed day costing £170.00. Therefore using this formula between October 1st – December 31st 2014 **4275** bed hours have been saved which equates to **178** bed days and **£30,260** saved during this quarter.



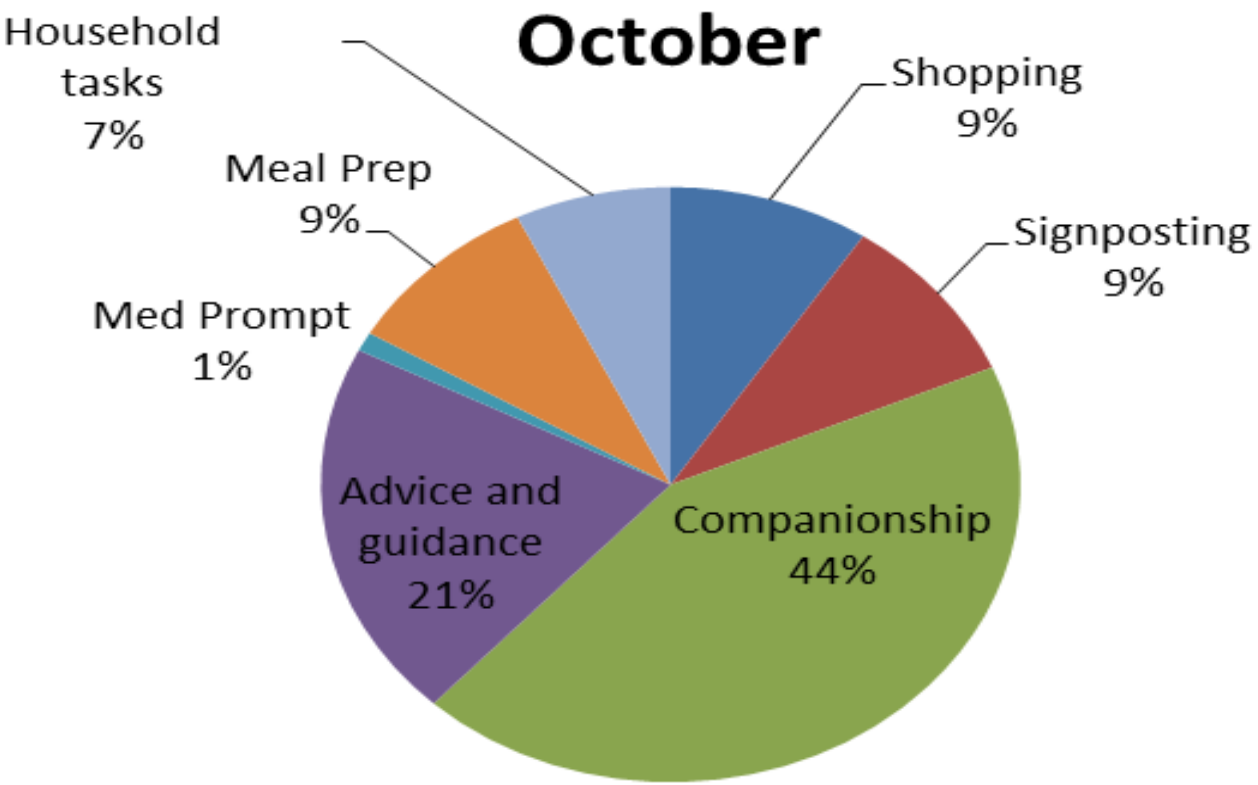
Service Delivery



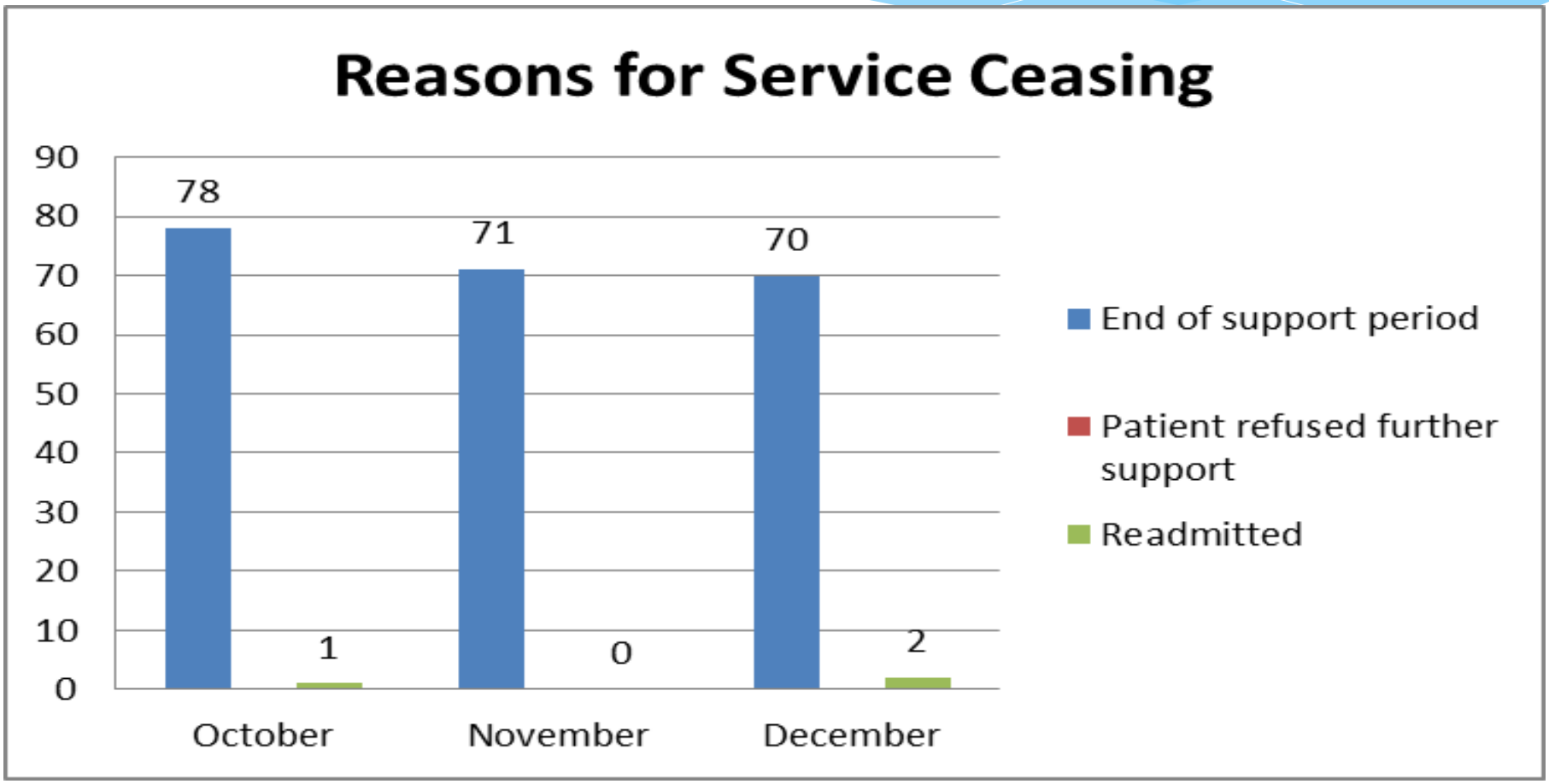
Levels of Activity



Types of Activity



Reasons for Service Ceasing



Service User Feedback

Question	Feedback	
	Yes	No
Are you satisfied with the support / help that you have received from the service?	100%	
Do you feel that you have benefited from using the service?	100%	
Has the support / help provided by our service helped towards making you feel more self-confident?	100%	
Do you feel that the service may have contributed in some way towards enabling you to be able to live independently at home within the community (perhaps even with support)?	90%	
If needed would you use our service again?	100%	
Did the Red Cross behave in a respectful and appropriate manner at all times?	100%	
Do you think we could have done anything better / differently?		100%

RC Assisted Discharge Service Headlines

* January – December 2014 RC accepted 1151 referrals
* 1102 were taken home and where needed offered additional support subject to their individual needs.
* 98 pieces of equipment on discharge home with 52 patients,

* Primary referrers remain constant from RACE & ED.
  * October as 61%,
  * December 69%.
* 38% of patients over the three months referred were not registered with a Poole GP.

Partnership working with inpatients

* Support discharge planning – Discharge Buddy
* Volunteer visiting
* Further work with headway in TBI and Stroke
* Strengthen Carers strategy – Carers Champions
* Ward Meet and Greet Service
* Volunteer feeders
* Stroke Association – patient information

Opportunities to support Discharge Pathways

* Befriending specifically patients wo are managing long term conditions - Adults and Children
* Supporting PHFT Frequent Attenders both ED and Inpatients
* Building robust Carers network – LTC / Frail Elderly/ Dementia
* Mental Health/ Self Harmers/ Alcohol abuse
* Safeguarding /vulnerability
* End of life
* Supporting Patients with Assisted Technology