

Report to: Trust Board – 1st November 2012

Title	Revised bed plan for 2012/13 and plans to improve patient flow
Sponsoring Executive Director	Peter Herring, Chief Executive
Author(s)	-
Purpose	To update the Trust Board
Previously considered by	-

Executive Summary

Planned position and actual position

- The original bed closure plan anticipated the closure of 115 beds in two phases in 2011/12 and the current year. To date the following closures have been actioned:

Princess Royal Hospital (PRH):

Ward 12 28 beds

Ward 14 26 beds

Ward 8 14 beds

Royal Shrewsbury Hospital (RSH)

Ward 32 14 beds

Total beds closed 82 beds

A further 25 beds were due to be closed in the second half of the year on Ward 22E at RSH.

- In addition in July, Acute Surgery services were moved from PRH to RSH and new short-stay and surgical assessment facilities created to cope with the additional demand.

Basis of bed reduction plan

- The assumption that the Trust can manage on a much reduced bed capacity was based on bed modelling scenarios produced by two companies of external consultants. These suggested the Trust has lengths of stay higher than peer or national medians and accordingly has the opportunity to substantially reduce the number of beds.
- Actual bed reductions in 2011/12 and 2012/13 were subsequently planned on the basis that the following actions would reduce lengths of stay and enable the Trust to manage demand within a reduced bed capacity:
 - Process improvements in internal systems of patient flow (the 'bed bundle':
 - Early morning Board round
 - Patient transfer from Acute Medical Units to each ward before 10 am
 - 50% discharges before midday
 - Effective discharge planning

Developing ambulatory care services at Princess Royal Hospital (PRH) & the Royal Shrewsbury Hospital (RSH) i.e. rapid assessment, investigation & treatment of patients referred from Emergency Department or from General Practice who do not require admission.

Current position

5. During the first half of 2012/13 emergency admissions in our Hospitals has increased by 6% (approximately 2000 additional patients in a full year) in comparison with the same period in the previous year – this requires approximately 25 additional beds to accommodate the increased number of inpatient admissions.
6. Currently at any one time the Trust have approximately 70 patients occupying a bed who are medically 'fit for discharge or transfer' but for various reasons their discharge is delayed – these will include:
 - awaiting for community equipment/adaptations;
 - awaiting completion of assessments;
 - residential care or nursing home placements;
 - awaiting funding arrangements;
 - care home packages in own home;
 - patient or family choice;
 - awaiting transfer to non-acute NHS care – intermediate or rehabilitation care.

The high number of patients whose discharge is delayed inevitably means fewer beds are available to accommodate newly presenting patients requiring admission.

7. In July Acute Surgical Services from the Princess Royal transferred to the Royal Shrewsbury Hospital and additional numbers of patients are accordingly presenting at the Emergency Department at RSH.
8. The process improvements described in section 5 have not yet been consistently applied across the Trust and the maximum benefit in improving the timely discharge of patients earlier in the day to enable new emergency admissions has not been achieved.
9. The combination of the increasing presentation of patients requiring admission, greater difficulty in discharging patients, the focus of all acute surgery on the RSH site alongside a reduction in the total number of beds available without the full benefit of process improvements is clearly limiting the ability of the Trust to ensure at least 95% of patients presenting to the Emergency Departments are assessed, treated and discharged, or alternatively moved into a hospital bed within the national target of 4 hours.

Immediate Improvement Plan

10. Currently, fully staffed bed capacity is inadequate to readily manage peaks in emergency activity, and temporary escalation beds are spread across the Trust with an over-reliance on staffing these with bank and agency staff. It is proposed, therefore that two staffed escalation wards are designated to be opened towards the end of November 2012 – Ward 12 (28 beds) at PRH and Ward 22E (25 Beds) at RSH with a further 8 beds available if necessary for further escalation on Ward 32. These will provide extra bed capacity to care for patients at times when the general ward capacity is inadequate to accommodate the number of patients requiring admission.
11. A rapid improvement team has been created to refresh application of the bed bundle and to focus on other improvements to internal systems and processes to improve the timely assessment, treatment and discharge of patients.
12. The Trust has an excessive proportion of patients with a length of stay in excess of ten to fourteen days compared to most other hospitals, and these account disproportionately for a huge number of bed-days. The improvement plan is focussing considerable attention on improving the planning for patients who are medically fit for discharge and minimising internal delays. In addition the Trust is working closely with the Clinical Commissioning Groups, the Community Trust and Social Care to minimise delays in discharging or transferring patients to their places of residence or other care settings.

13. Improving patient flow is being given maximum priority within the Trust and all staff groups are being actively engaged in helping to identify and implement other opportunities to improve patient flow.

Longer term improvement plans

14. Ensuring patients are assessed in the most appropriate setting, swiftly diagnosed, treated and discharged demands a re-modelling of care, with more community-focussed care particularly for the frail and elderly and those with chronic conditions. The local Clinical Commissioning Groups, other health and social care partners and the Trust are actively working together to develop new models of care for the future.
15. Within the Trust we will continue to drive the internal improvements to our patient pathways, facilities and systems for ensuring the timely movement of patients from admission to discharge. There are a range of other opportunities to significantly improve the situation and a more detailed action plan with timescales will be presented to the next Board meeting.
16. The original assumptions upon which the potential for bed closures was calculated will be re-assessed and many of these will only be possible following the development of new models of community-based care across the health economy. Alongside this it is important to develop a longer-term strategy for the development of our acute clinical services and the implications in terms of bed capacity required on each hospital site will then be assessed as part of developing that strategy.
17. It is proposed that future bed closures only take place when alternative arrangements are put in place and/or changes in systems and patient pathways have been fully implemented to enable services to be provided within a reduced bed capacity.

Related SATH Objectives	SATH Sub-Objectives
QS. Quality and Safety	QS. Design care around patients needs QS. Provide the right care, right place, right professional

Risk and Assurance Issues (including resilience risks)	
Equality and Diversity Issues	
Legal and Regulatory Issues	

Action required by the Board
1. Approve the provision of staffed escalation ward capacity on Ward12 at PRH and Ward 22E at RSH for the remainder of 2012/13.
2. Support the prioritisation of improving patient flow as an essential corporate priority and support the associated improvement plan.