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Welcome to the Patient Flow Conference South 2023

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

4th July 2023
08:00am – 16:00pm
15 Hatfields, London

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Slido

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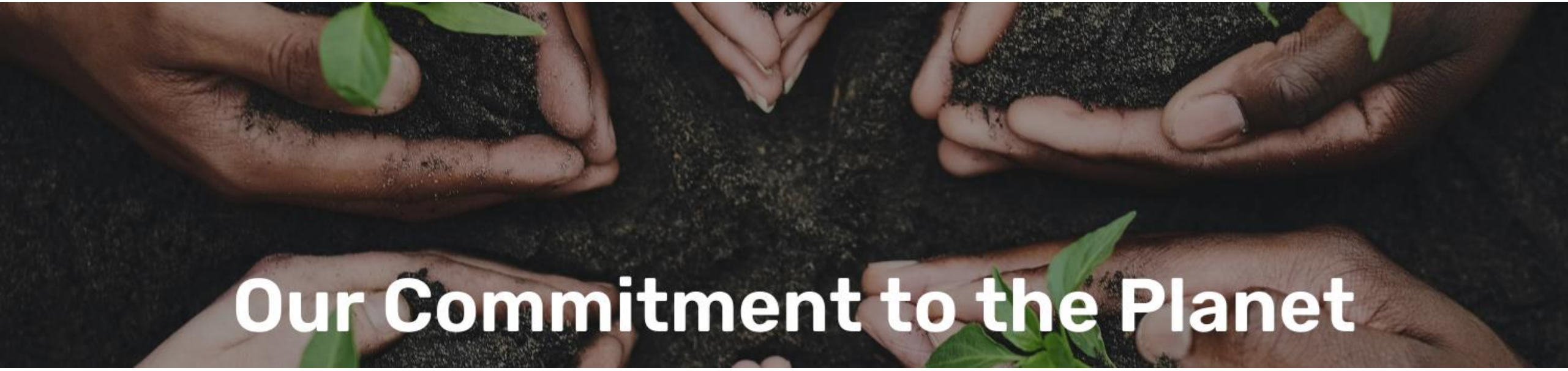
SCAN ME

Current Trees Planted to date: 10,444



For Each Delegate Attending Our In-Person Event Today, we will be planting 1 tree with our Key Sustainability Partner

PLAY IT GREEN

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Chair Opening Address

Conor Burke

CEO - **UHUK (Urgent Health UK)**

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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Barney Ulyatt
Business Development Manager - **Catalyst-IT**

Jenni Woods
Health & Business Intelligence Lead - **NHS Tayside**

CATALYST BI
BRINGING PEOPLE AND DATA TOGETHER

DELIVERING EXCEPTIONAL PATIENT CARE AND INCREASED EMPLOYEE SATISFACTION THROUGH DATA TRANSFORMATION

Helping predict demand and manage patient flow in the NHS

INTRODUCTION

Jenni Woods

Head of Data and Analytics, NHS Tayside

Barney Ulyatt

Business Development Manager, Catalyst BI

CONGRATULATIONS

NHS Tayside shortlisted for

BREAKTHROUGH WITH DATA

at the DataIQ Awards

Thank you

Visit us on our stand to learn more and see

Athena in action

Barney Ulyatt

Business Development Manager, Catalyst BI

Barney.ulyatt@catalyst-it.co.uk

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Q&A Panel

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Morning Break

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Chair Morning Reflection

Conor Burke

CEO - **UHUK (Urgent Health UK)**

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Up Next…

opto

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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Max Freeman
Clinical Director - **opto**

Krista Burslam-Dawe
Chief Operating Officer - **opto**

Dr Kevin Enright
Chief Clinical Officer - **opto**

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Up Next…

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The Patient Flow Conference South 2023

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Speaking Now…

James Irving
Senior Account Manager - **boxxe**

boxxe
Tech Solutions

boxxe's modern hospital

The patient flow conference south 2023

Making Tech Human™

Contents

boxxe
Tech Solutions

Making Tech Human™

Current challenges

Capacity & resource management

Emergency department crowding

Discharge planning & transitions of care

Workflow & process inefficiencies

Care coordination & communication

A patient's care is like a game of Tetris where you must fit the right pieces in the right places.

And the key to winning Tetris?

Capacity & resource management

Increased focus on patient experience

The NHS is placing an increasing emphasis on improving the patient experience, including making it easier for patients to access care, reducing waiting times, and improving the quality of care.

Capacity & resource management

- What does now look like?
- How could we make it better?

Emergency department crowding

Use of technology

The NHS is using technology to improve patient flow and reduce bottlenecks. This includes the use of electronic medical records, appointment scheduling systems, and telemedicine.

Emergency department crowding

- In-person consultation
- On-site video triage
- At-home video consultation

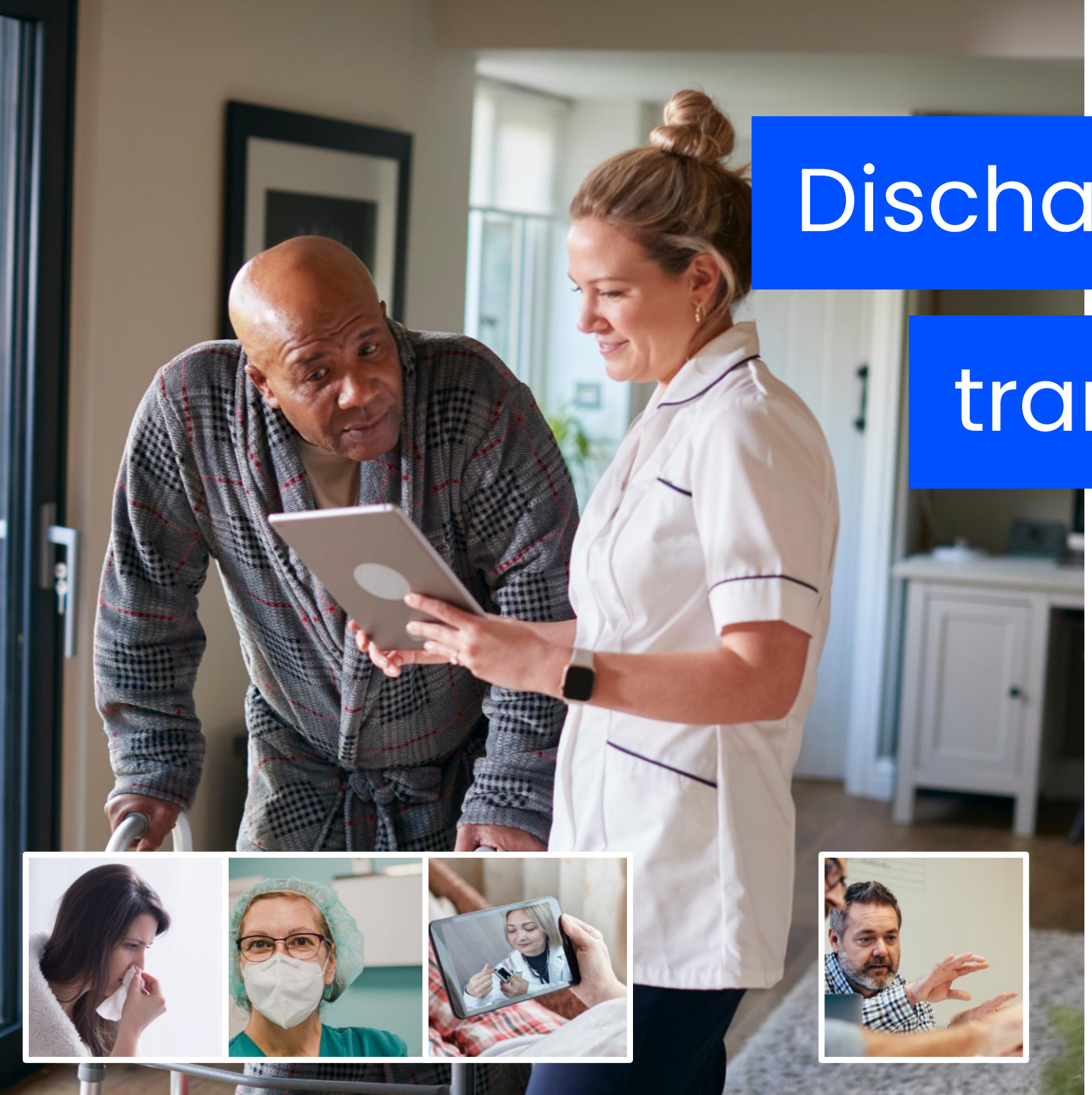
Care coordination & communication

Integration of care

The NHS is working to better coordinate care across different settings and providers, with the goal of improving patient flow and reducing the need for hospitalization.

Care coordination & communication

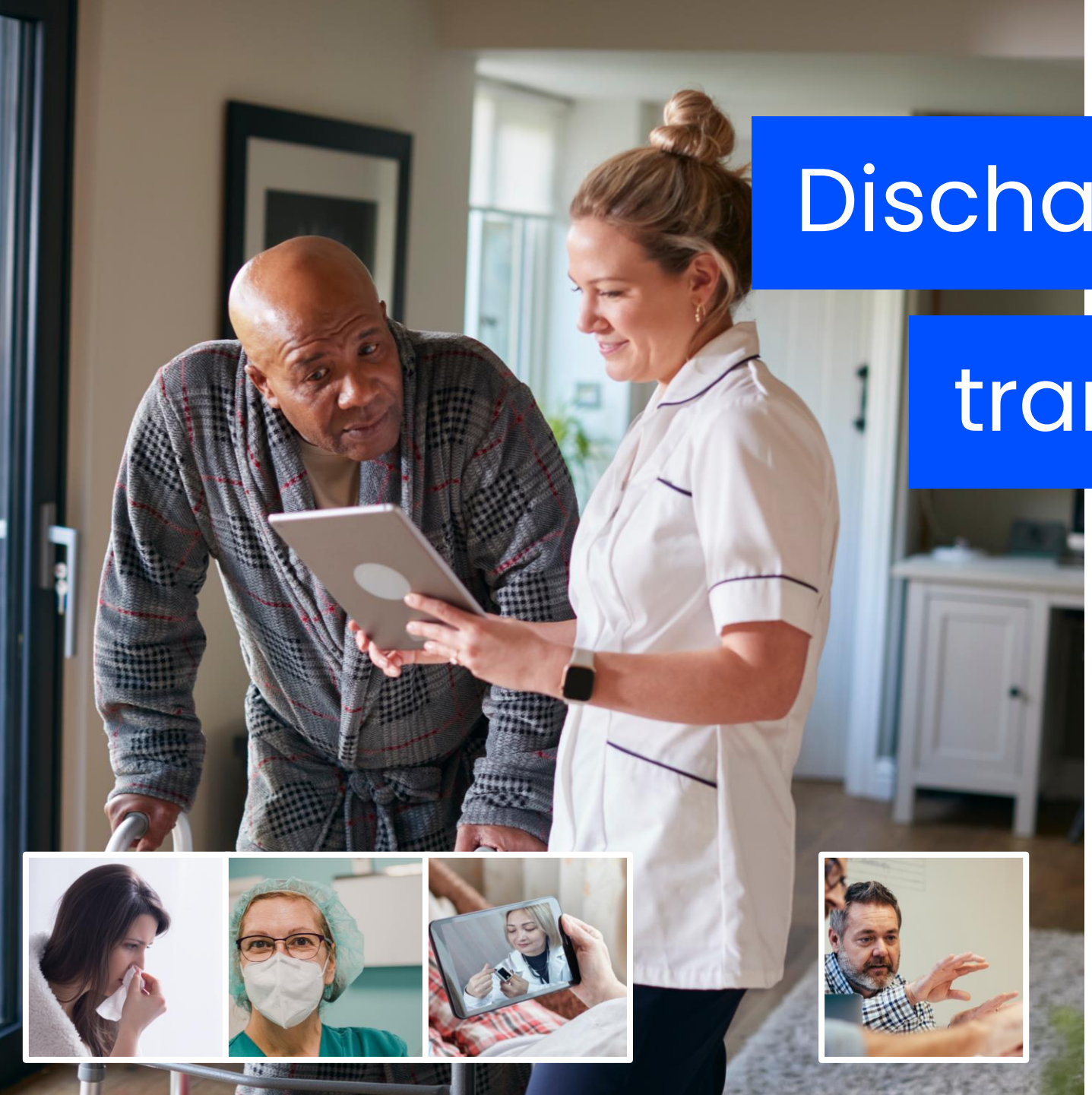
- Patient experience
- Virtual wards



Discharge planning & transitions of care

Population health management

The NHS is focusing on preventative care and population health management, with the goal of improving the health of the population and reducing demand on the healthcare system.



Discharge planning & transitions of care

- On-site assessment
- Digital Assessment

Workflow & process inefficiencies

Collaboration and partnerships

The NHS is forming collaborations and partnerships with other organisations, including community-based organisations and private providers, in order to improve patient flow and better meet the needs of patients.

Workflow & process inefficiencies

- Automation
- Virtual Assistants

Over 30 years of expertise

Working across the UK public sector in hardware, software, & IT solutions.

We understand your world immersing ourselves in your institution to drive informed solutions.

We simplify every challenge, even when they feel impossible to overcome.

We deliver sustainable, impactful solutions as an aspiring B Corp.

We collaborate with you every step of the way.

We care about your patients; their care is what matters most.

boxxe
Tech Solutions

We don't focus on hardware and software, we focus on **you**.

We strive to make life better with tech.

Tech support is becoming more connected every day, but human connections are where game changing solutions are discovered.

That's why **people** are at the heart of everything we do.

Making Tech Human™

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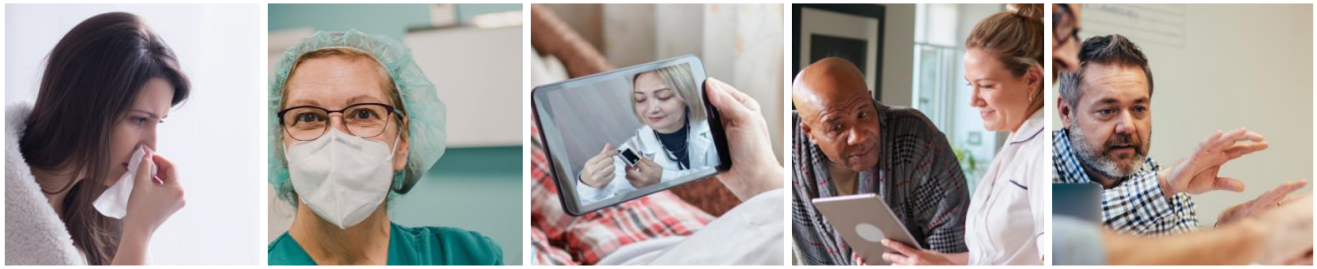
Tech Solutions

Thank you.



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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Sarah Handby

Senior Project Manager - **NHS Benchmarking Network**

NHS Benchmarking Patient Flow of Older People

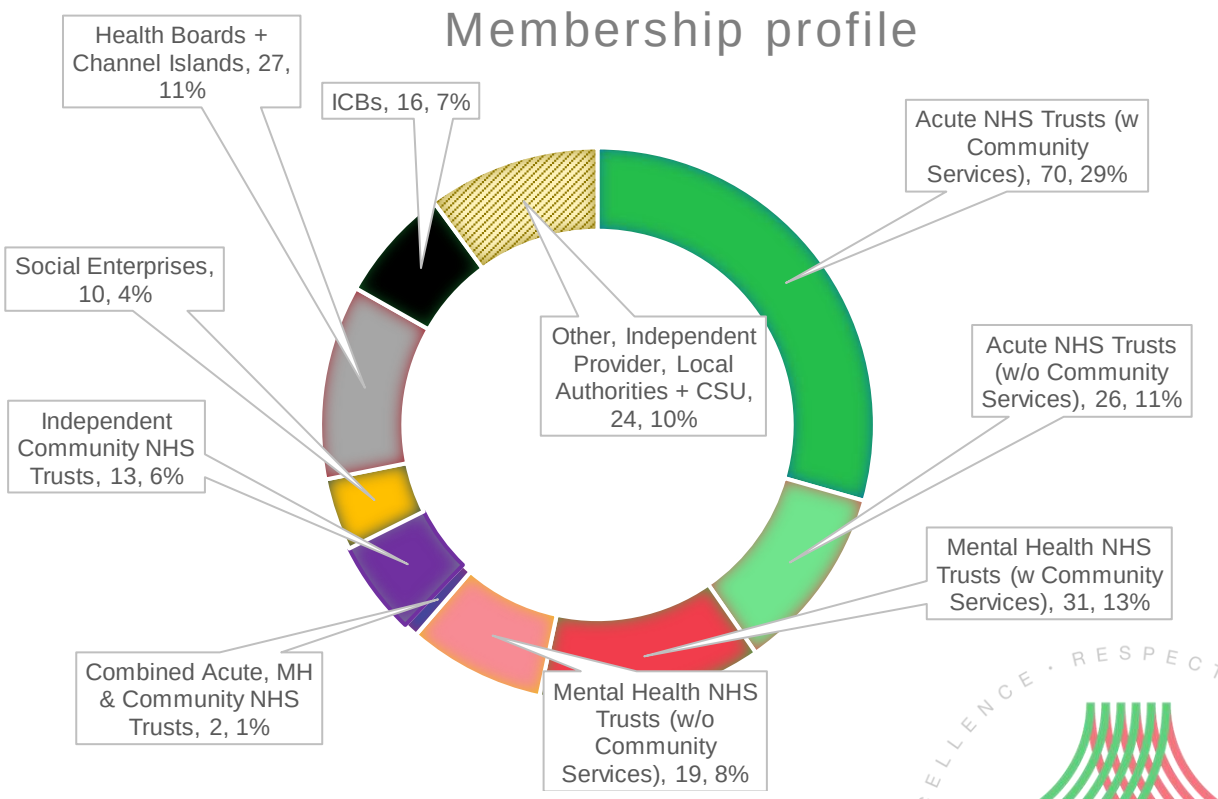
Sarah Handby

Senior Project Manager

Network membership

Vibrant member community covering all sectors of the NHS, is well as National Bodies, Professional Bodies and Independent Providers.

- In England:
  - 71% of Acute NHS Trusts
  - 84% of NHS Trusts providing community services, plus 10 Social Enterprises
  - 100% of Mental Health NHS Trusts
  - 28% of ICBs by population covered
- 100% coverage in Wales Health Boards
- 100% coverage in Northern Ireland HSCTs
- 100% coverage of Scottish Health Boards



Network Vision 2023

To enable members to improve patient outcomes, raise health standards, and deliver quality health and care services through data excellence, benchmarking, and the sharing of innovation.

2023/24 Work Programme

Core Network Projects

Acute Sector

- Outpatients
- Acute Pharmacy and Medicines Optimisation
- Emergency Care
- Managing Frailty in the Acute Setting
- Acute Transformation Dashboard (monthly)

Community Sector

- Intermediate Care
- District Nursing
- Healthy Child Programme
- Community Indicators (monthly)

Acute and Community Sector

- Therapies
- Virtual Wards

Mental Health Sector

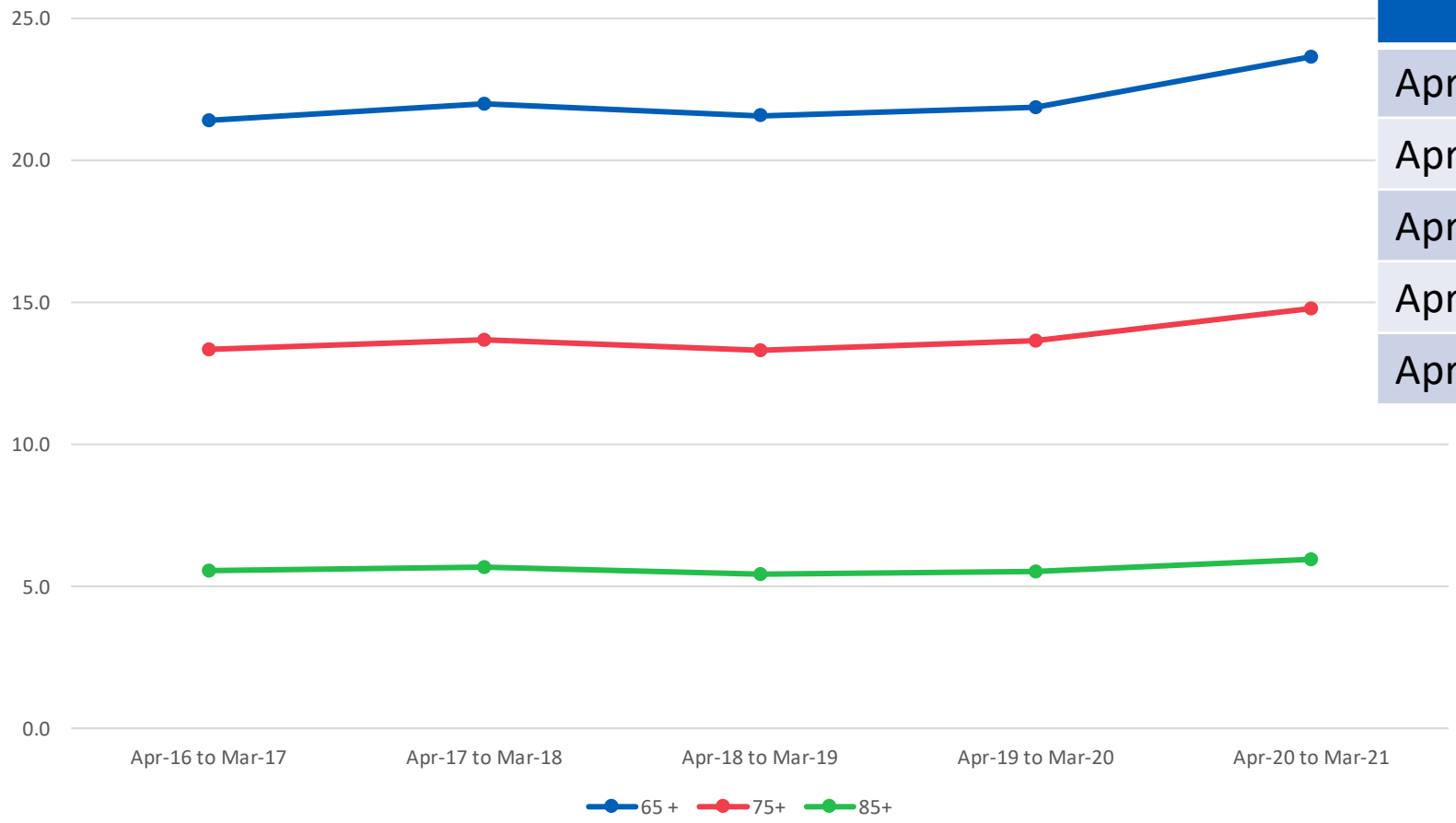
- Adults & Older Adults Mental Health
- Children & Young People's (CYP) Mental Health Services
- Learning Disabilities/ASD Services
- MHLDA Services Tracker (Quarterly)

Integrated Care System

- Integrated Care Benchmarker
- Whole Systems Beds
- National Cost Collection
- ICB Themed Reports/Stories
- Whole System Events

In an Acute Setting

Emergency Care: Percentage of attendance by age

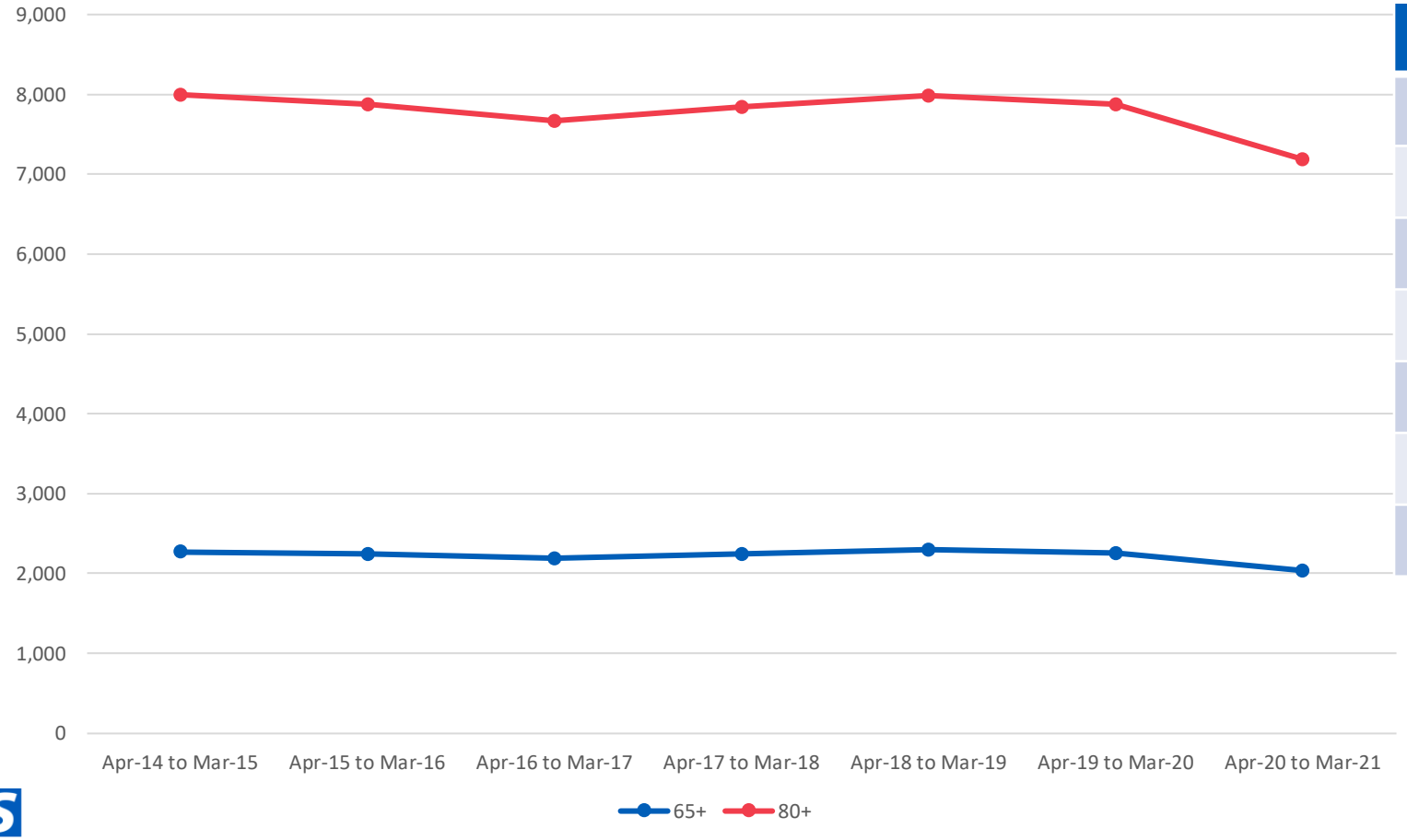


	65+	75+	85+
Apr 16 – Mar 17	21.4	13.4	5.6
Apr 17 – Mar 18	22.0	13.7	5.7
Apr 18 – Mar 19	21.6	13.3	5.4
Apr 19 – Mar 20	21.9	13.7	5.5
Apr 20 – Mar 21	23.7	14.8	6.0

NHS Benchmarking Network

Source: NHSBN Integrated Care Benchmarker

Emergency Care: Emergency admissions due to falls per 100,000 population



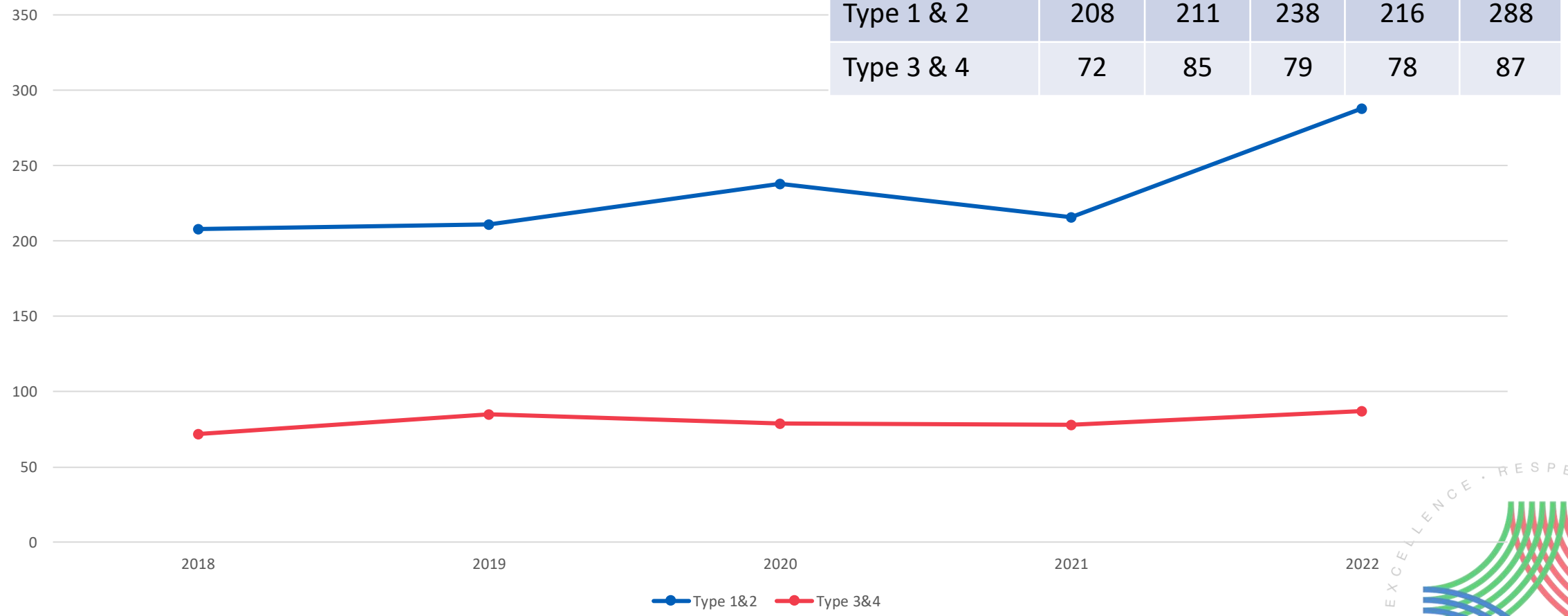
	65+	80+
Apr 14 – Mar 15	2,271.8	5,719.9
Apr 15 – Mar 16	2,246.3	5,634.6
Apr 16 – Mar 17	2,193.2	5,476.3
Apr 17 – Mar 18	2,248.5	5,597.3
Apr 18 –Mar 19	2,292.9	5,688.1
Apr 19 – Mar 20	2,253.4	5,621.3
Apr 20 – Mar 21	2,037.5	5,150.7

NHS Benchmarking Network

Source: NHSBN Integrated Care Benchmarker

Emergency Care: Mean time in department (minutes)

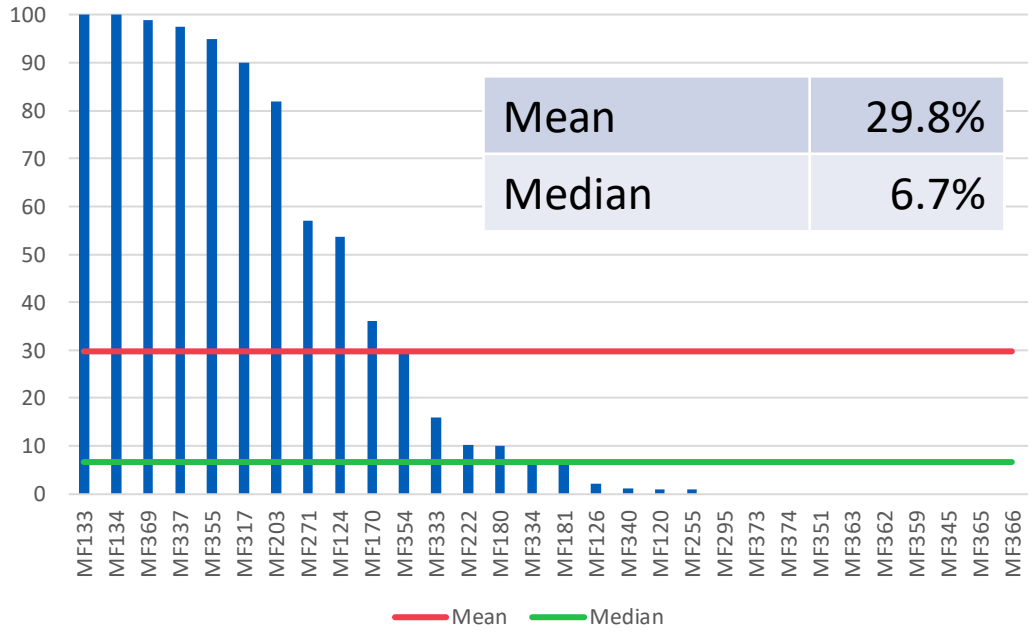
	2018	2019	2020	2021	2022
Type 1 & 2	208	211	238	216	288
Type 3 & 4	72	85	79	78	87



NHS Benchmarking Network

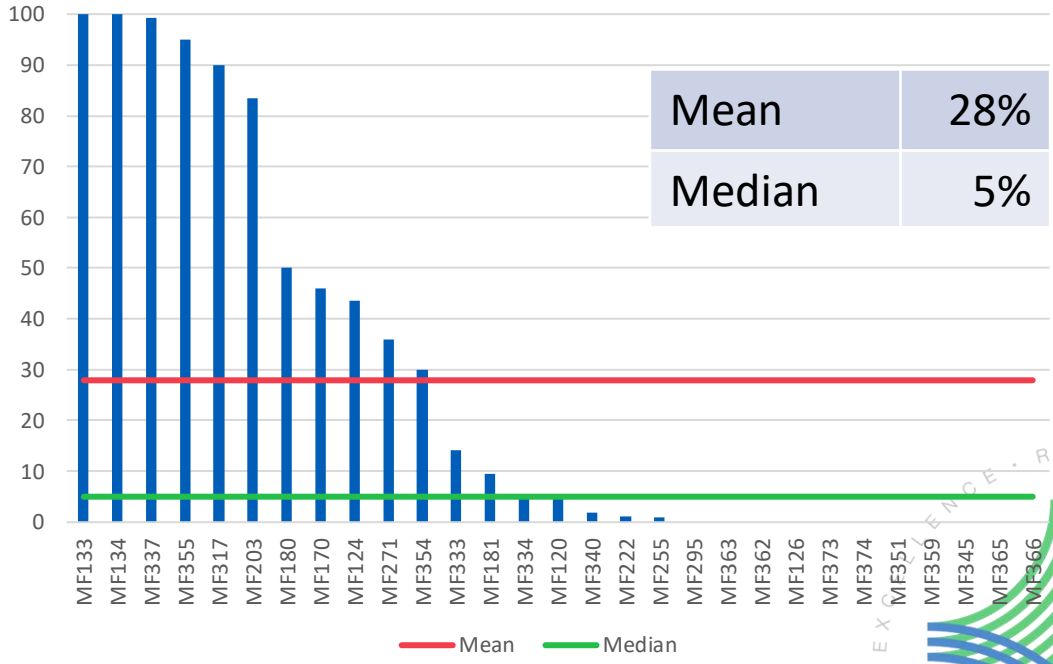
Source: NHSBN Emergency Care Project

Percentage of patients over 65 years old, who received clinical frailty screening within 30 minutes of arrival at hospital



Mean	29.8%
Median	6.7%

Percentage of patients over 65 years who arrived by ambulance, who received clinical frailty screening within 30 minutes of arrival



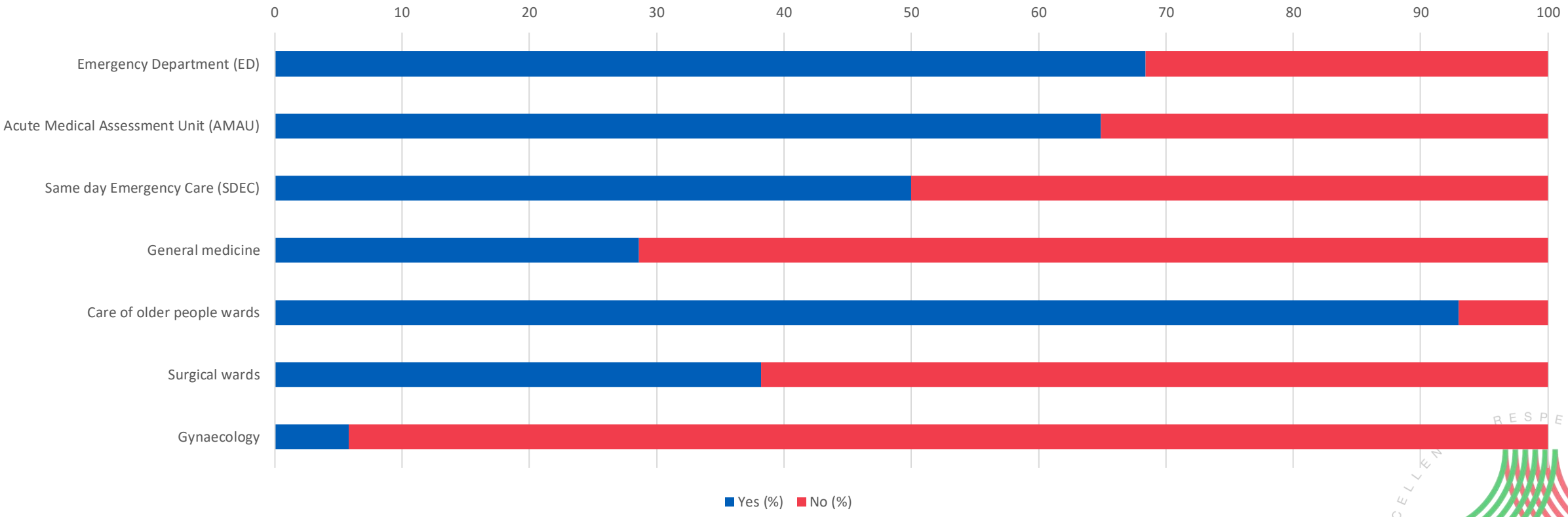
Mean	28%
Median	5%

NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Comprehensive Geriatric Assessment (CGA) in an Acute Setting

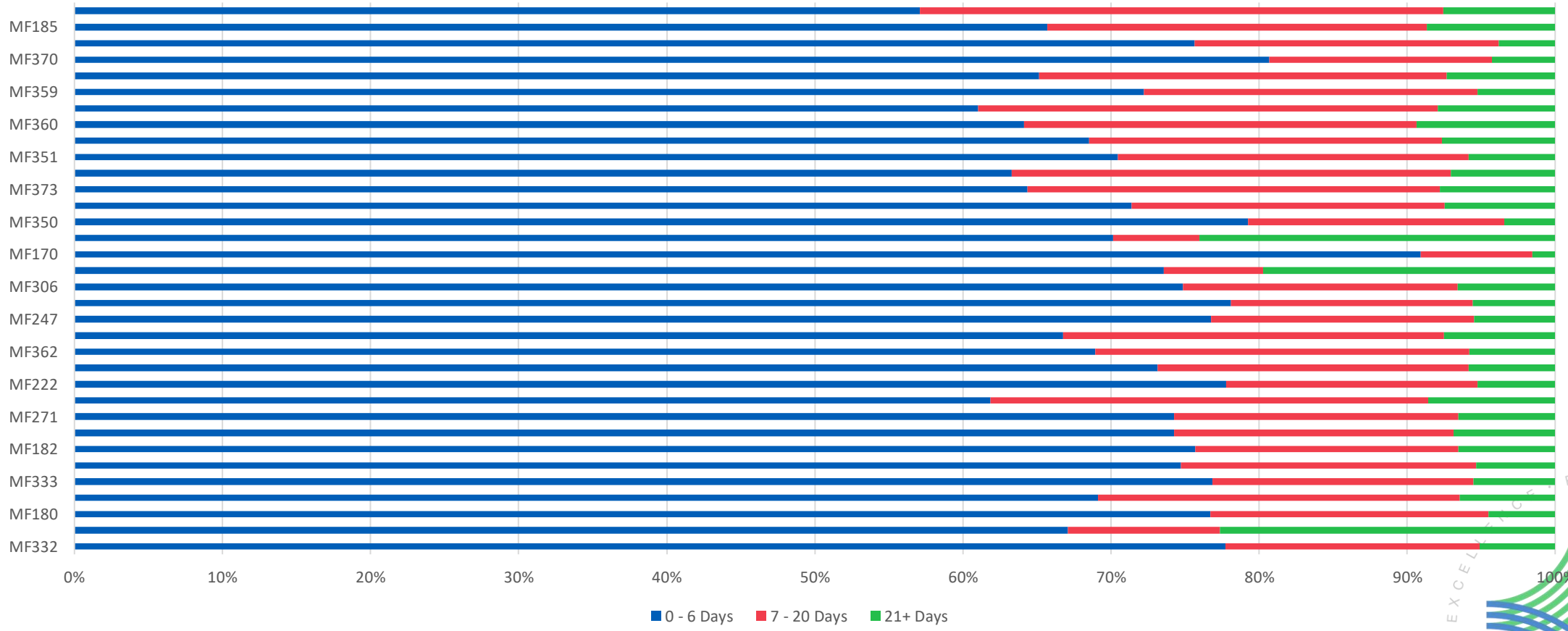
Where is screening of CGA normally undertaken



NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

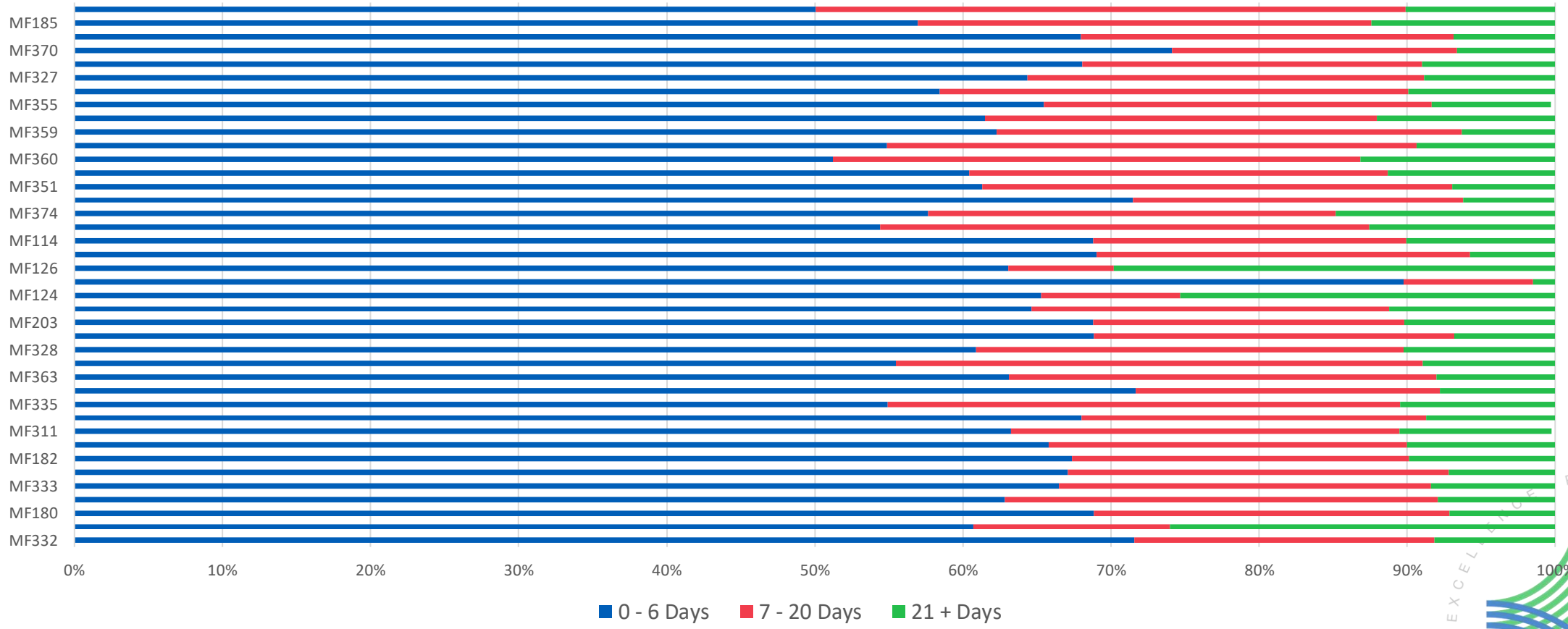
Percentage of non-elective admissions length of stay 65+



NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

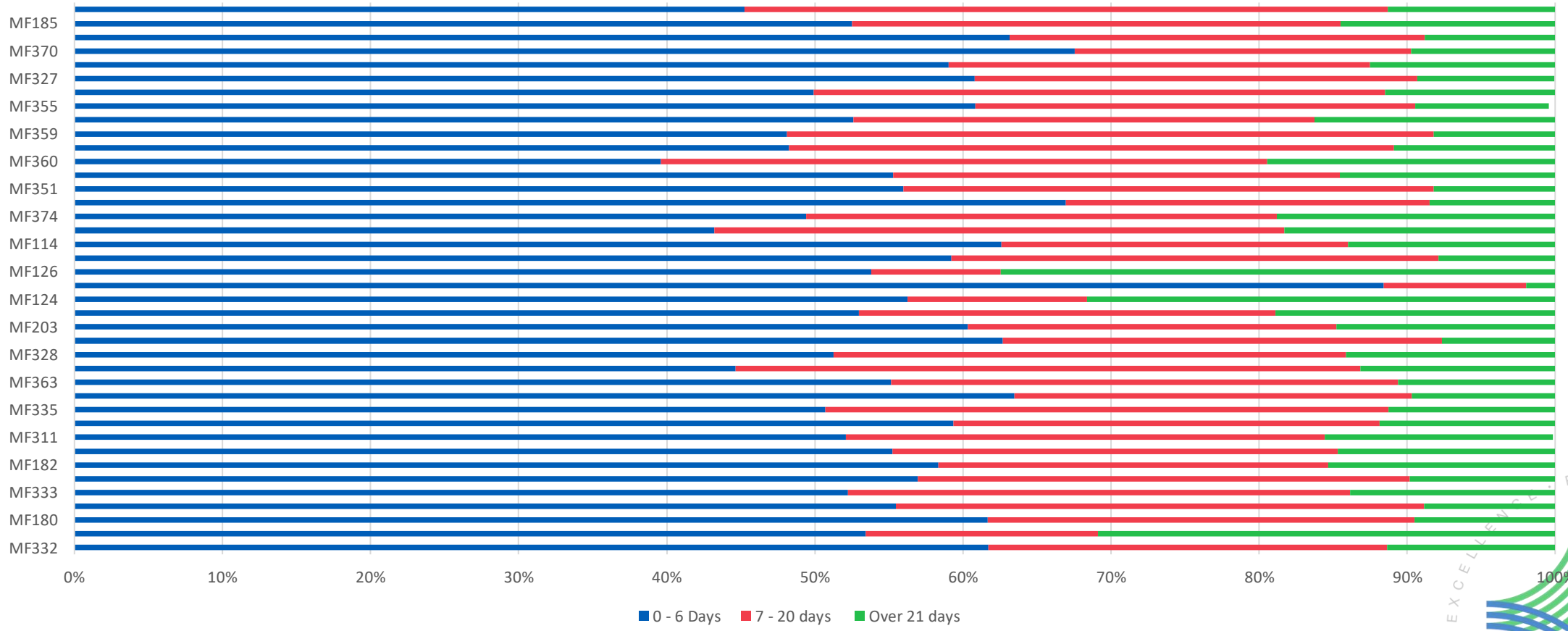
Percentage of non-elective admissions length of stay 75+



NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Percentage of non-elective admissions length of stay 85 +



NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Pathway 0 – Percentage Discharge by Age

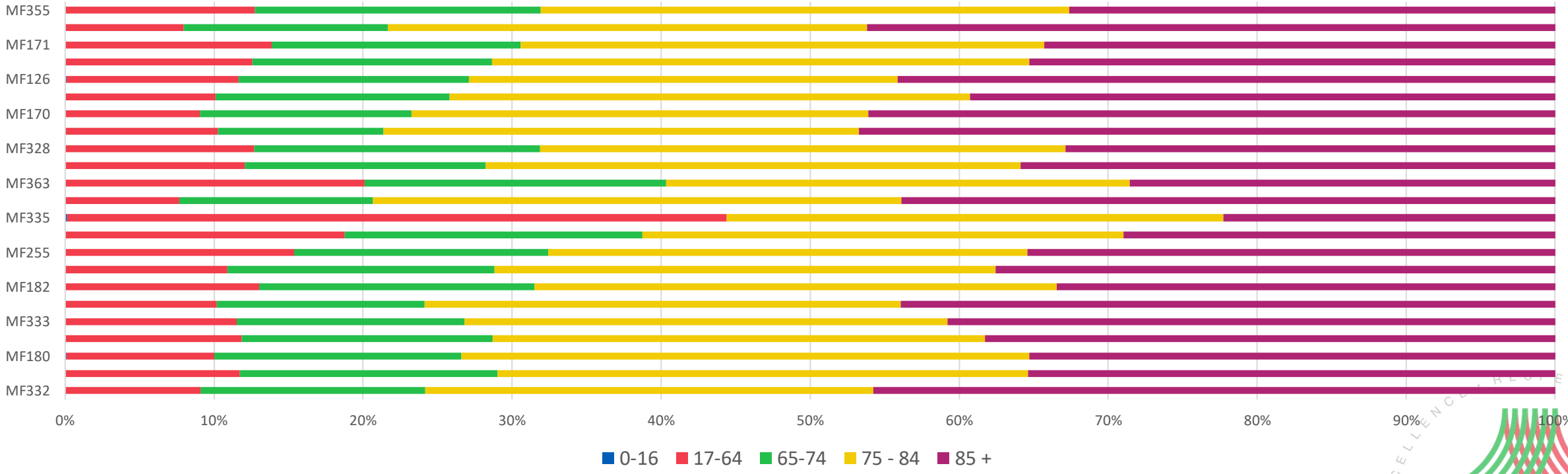
Discharge with no ongoing health or care requirements

NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Pathway 1 – Percentage Discharge by Age

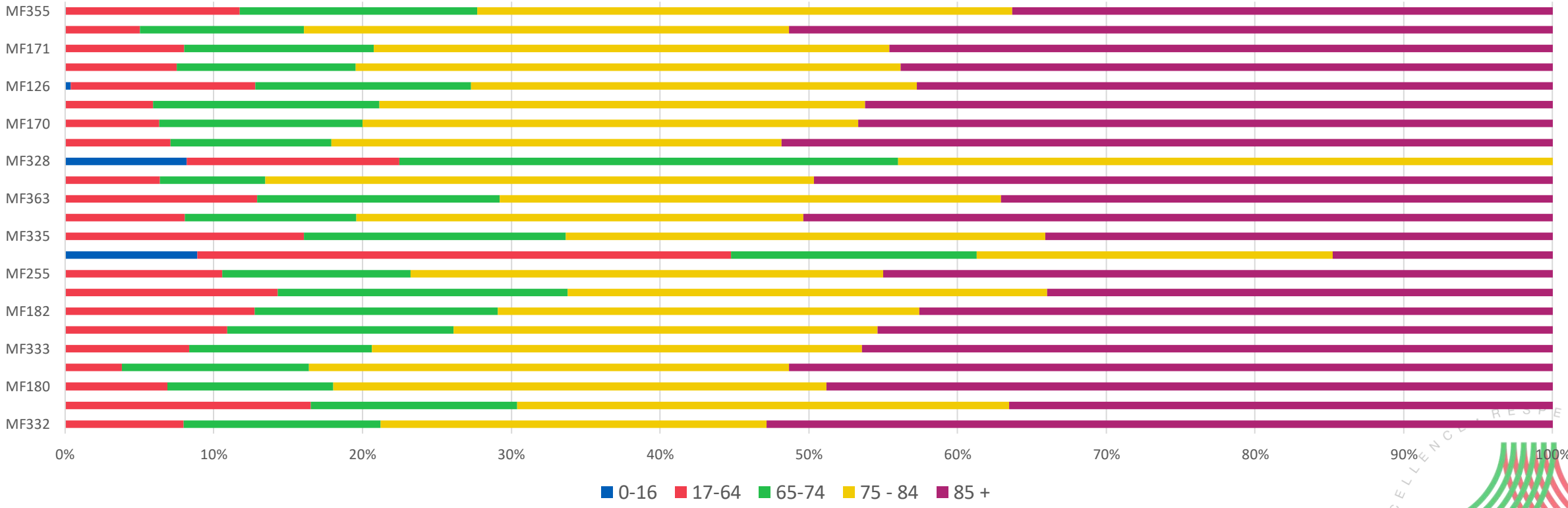
Discharge with a short term requirement for health or social care within the normal place of residence



Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Pathway 2 – Percentage Discharge by Age

Transferred and receive rehabilitation and regular assessment until they're able to safely return home

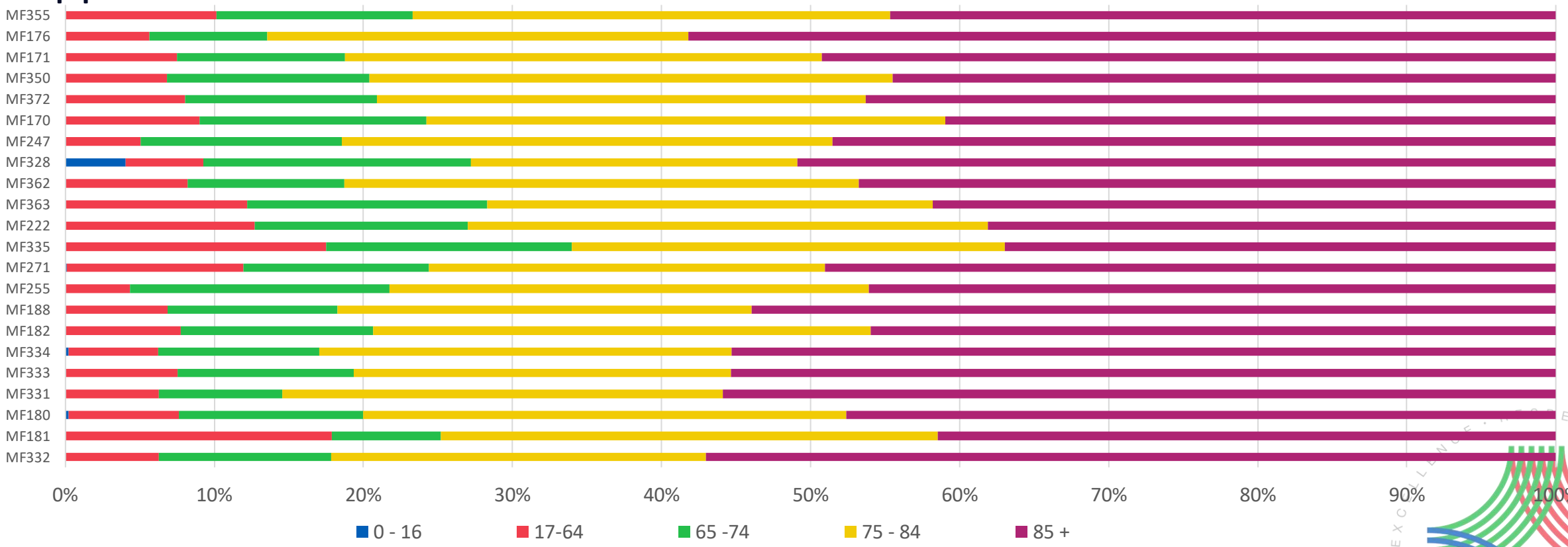


NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

Pathway 3 – Percentage Discharge by Age

Medically fit to be discharged from hospital but require additional or ongoing support.



NHS Benchmarking Network

Source: NHSBN Managing Frailty in an Acute Setting 2022 Project

In the community

Availability of intermediate care services

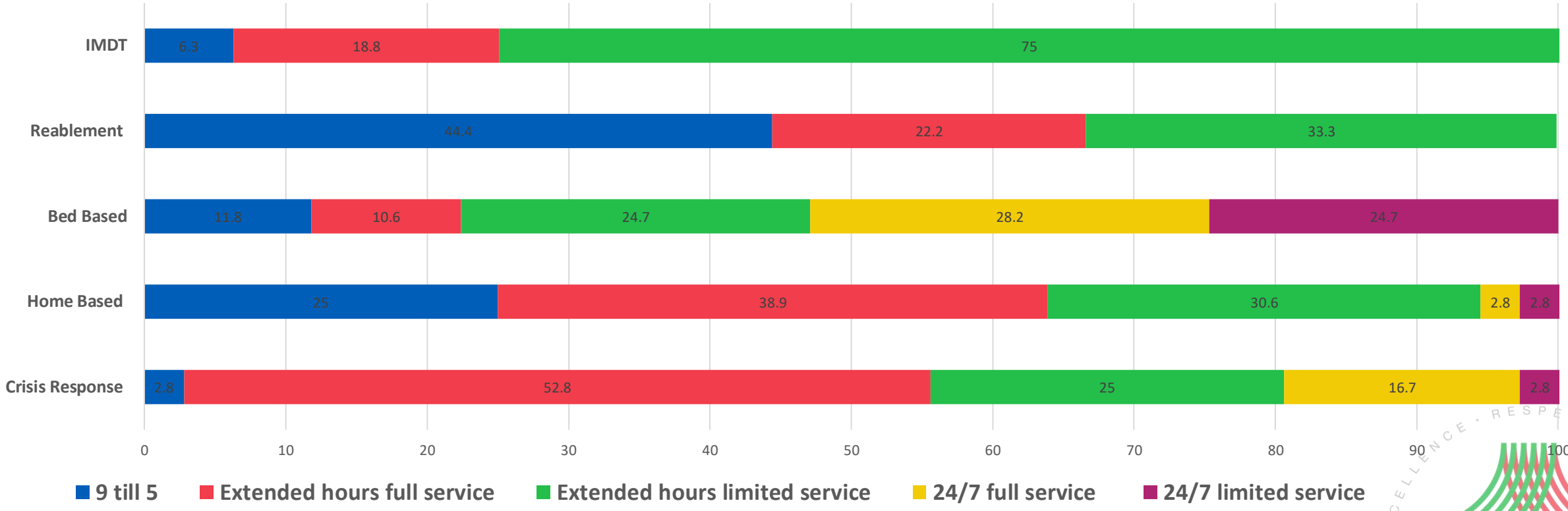
Days open to new admissions

NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Availability of intermediate care services

Hours open to new admissions

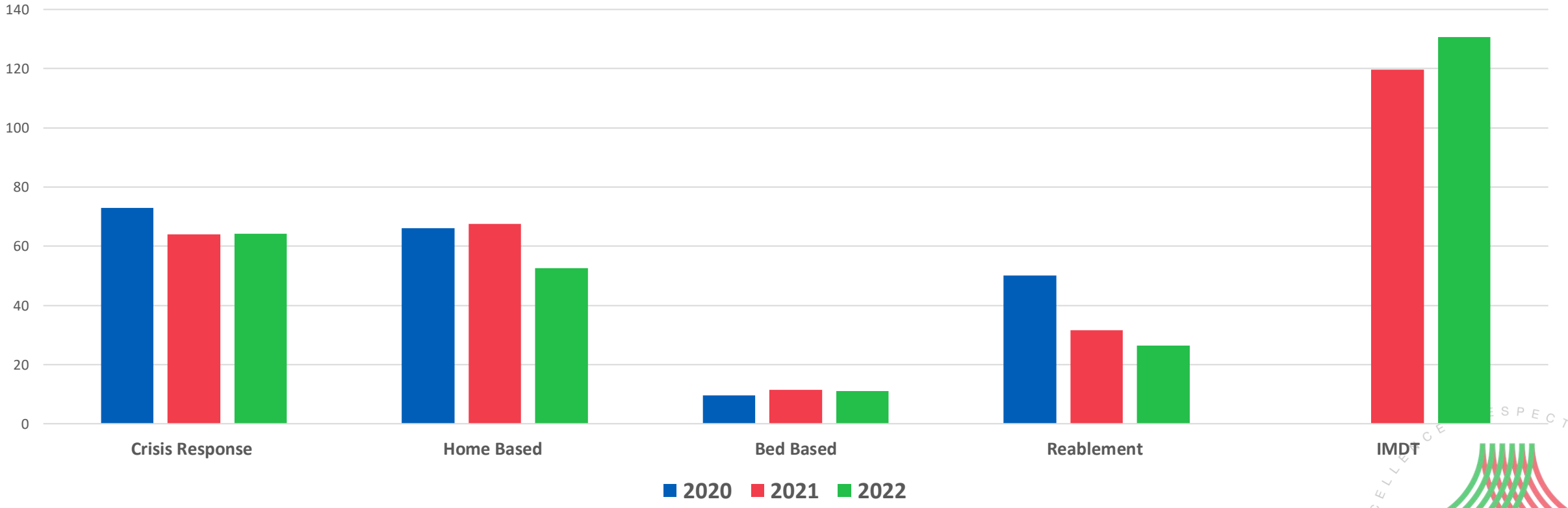


NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Referrals

Total number of referrals per week



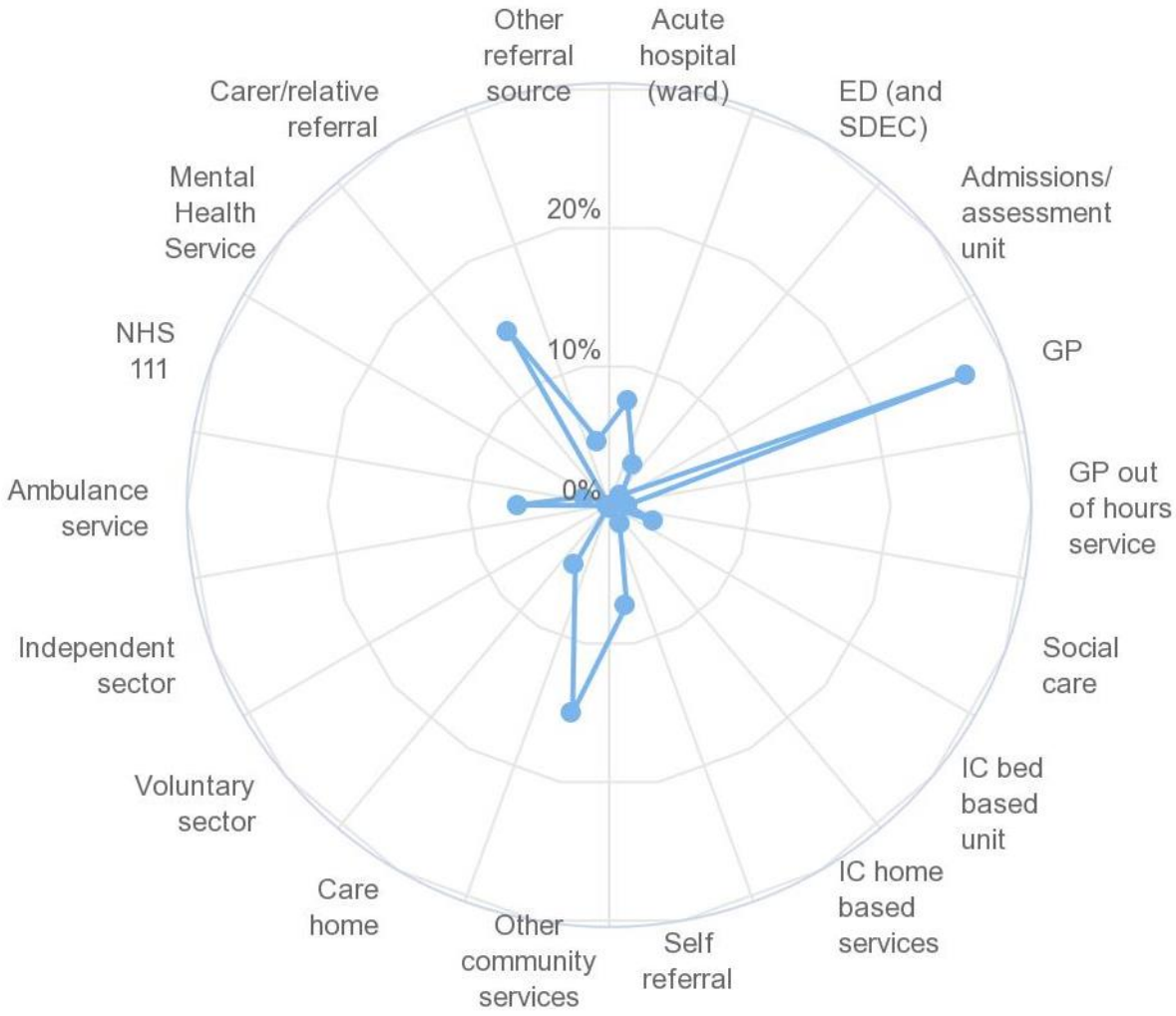
NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Source of referrals

Crisis response

Source of referral	Sample average
GP	27.1%
Other community services	15%
Carer/relative referral	14.3%
Acute hospital (ward)	7.5%
Self referral	7.2%
Ambulance service	6.5%
NHS 111	1.8%



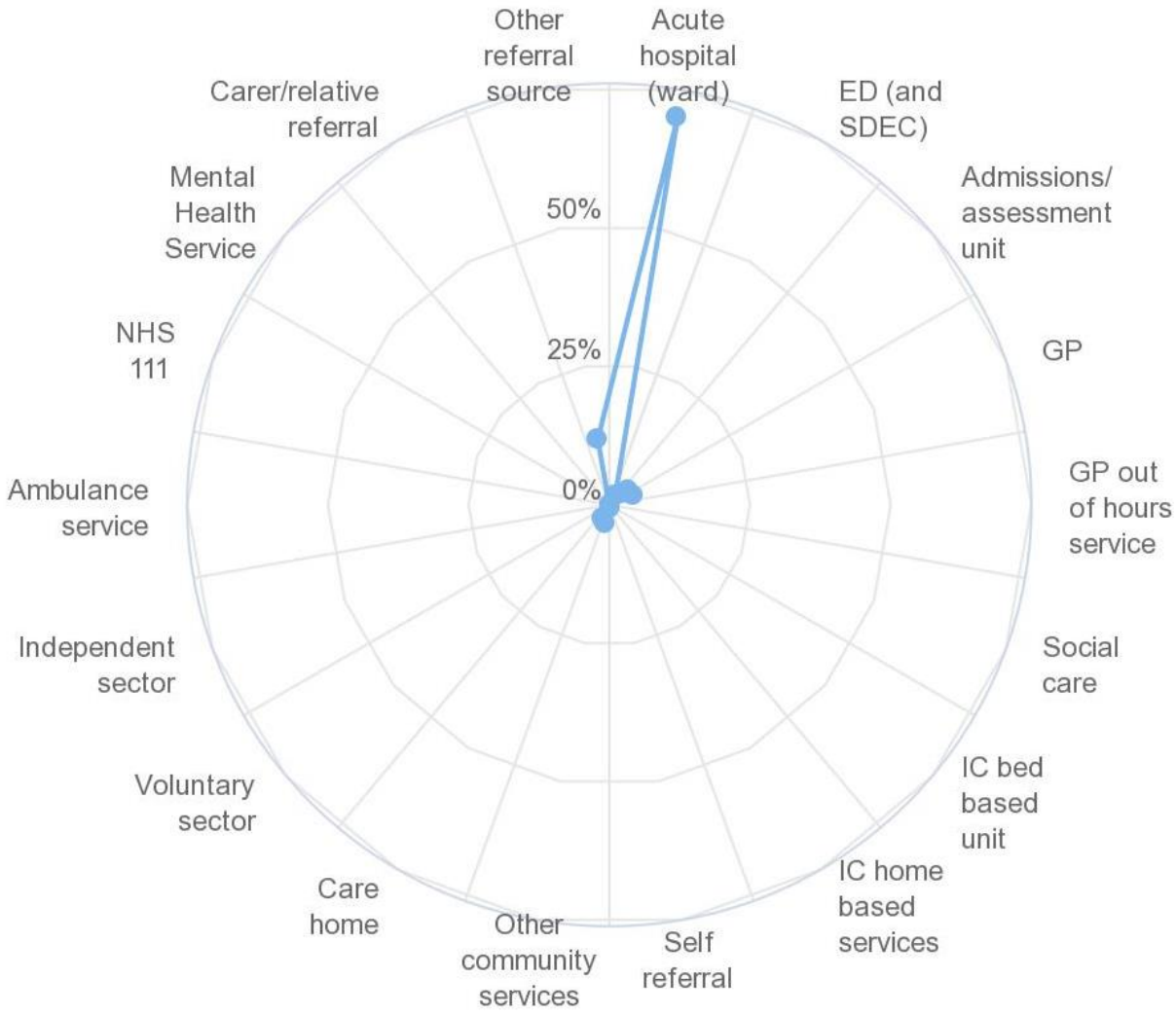
NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Source of referrals

Bed-based

Source of referral	Sample average
Acute hospital (ward)	70.4%
Other hospital sources	6.5%
Other referral source	11.8%
GP	4.7%



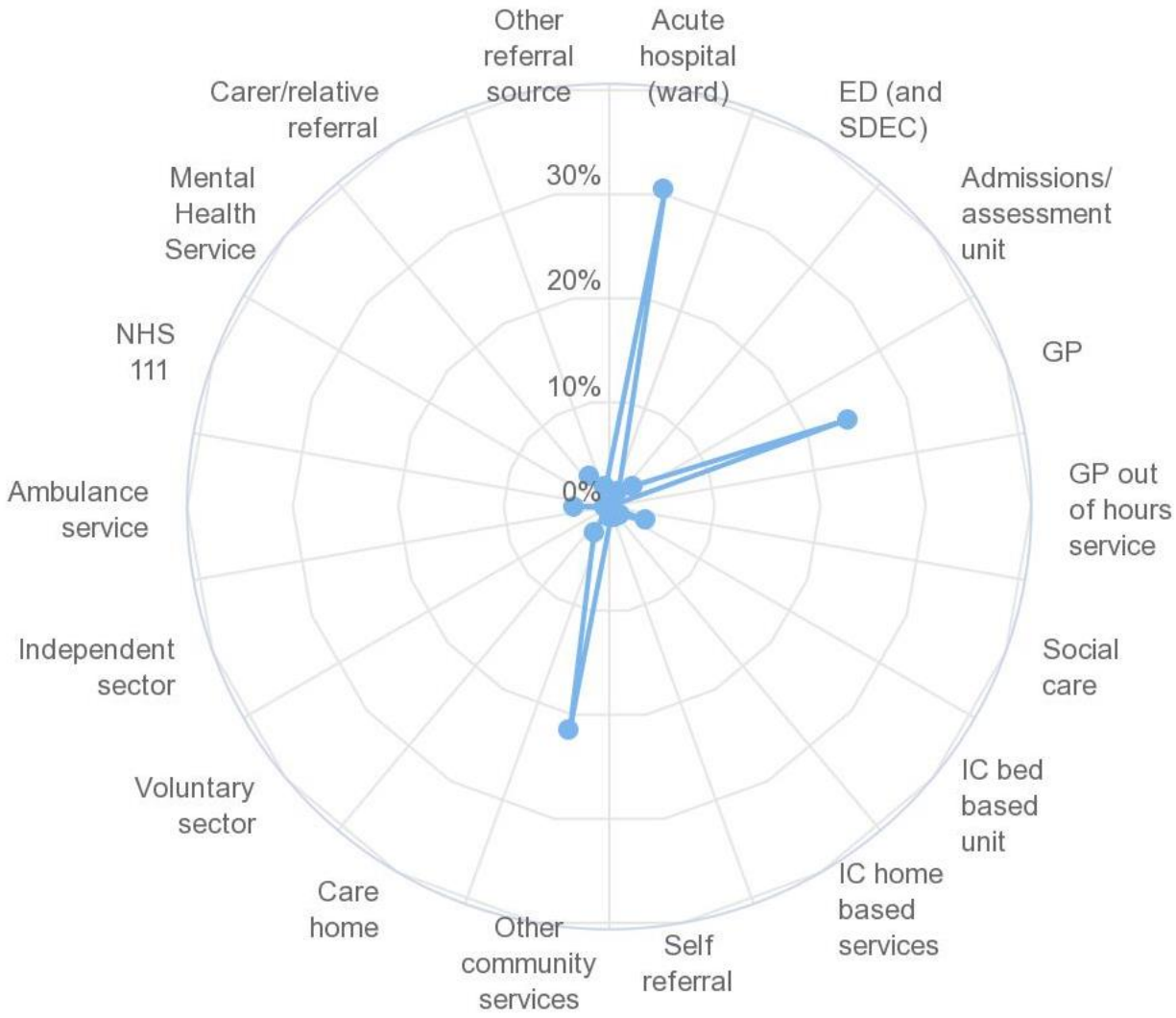
NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Source of referrals

Home-based

Source of referral	Sample average
Acute hospital (ward)	30.6%
GP	24.1%
Other community services	21.4%

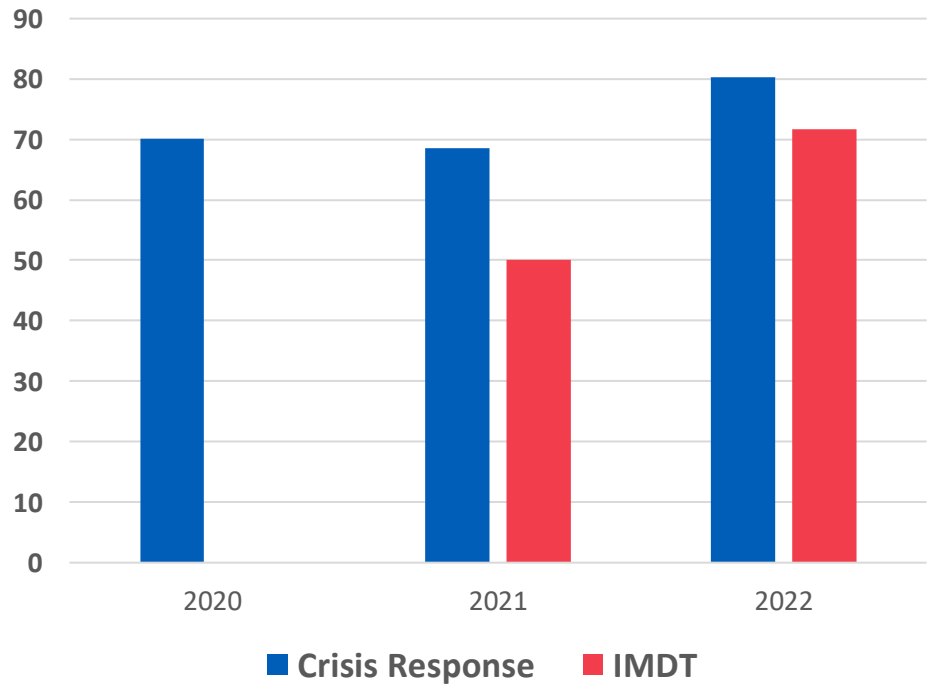


NHS Benchmarking Network

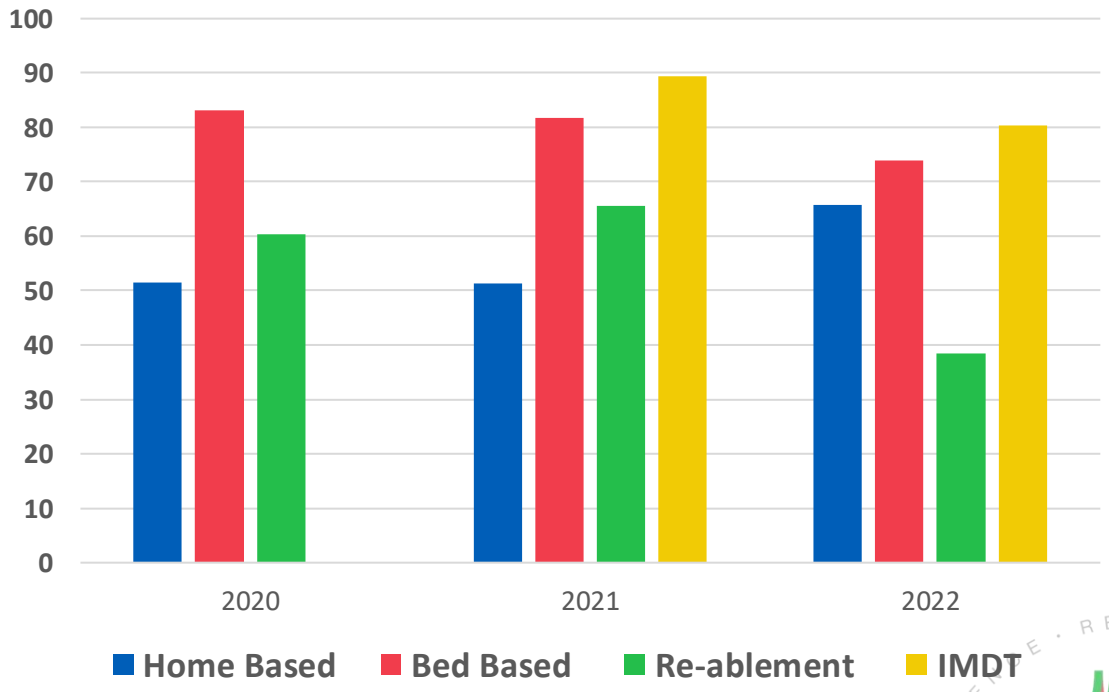
Source: NHSBN Intermediate Care 2022 Project

National waiting time standards (England only)

2 hour wait – crisis response



2 day wait – home, bed and re-ablement

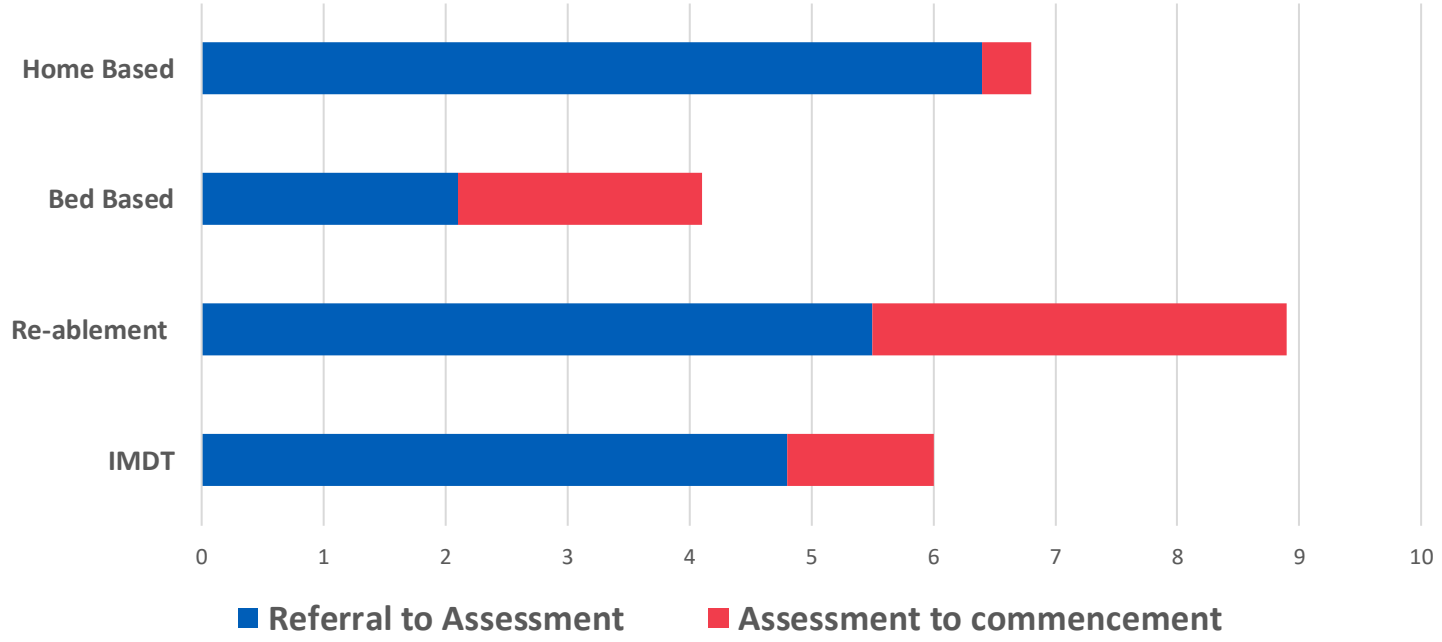


NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Intermediate care – waiting times

Mean average time from referral to assessment & assessment to commencement (days)



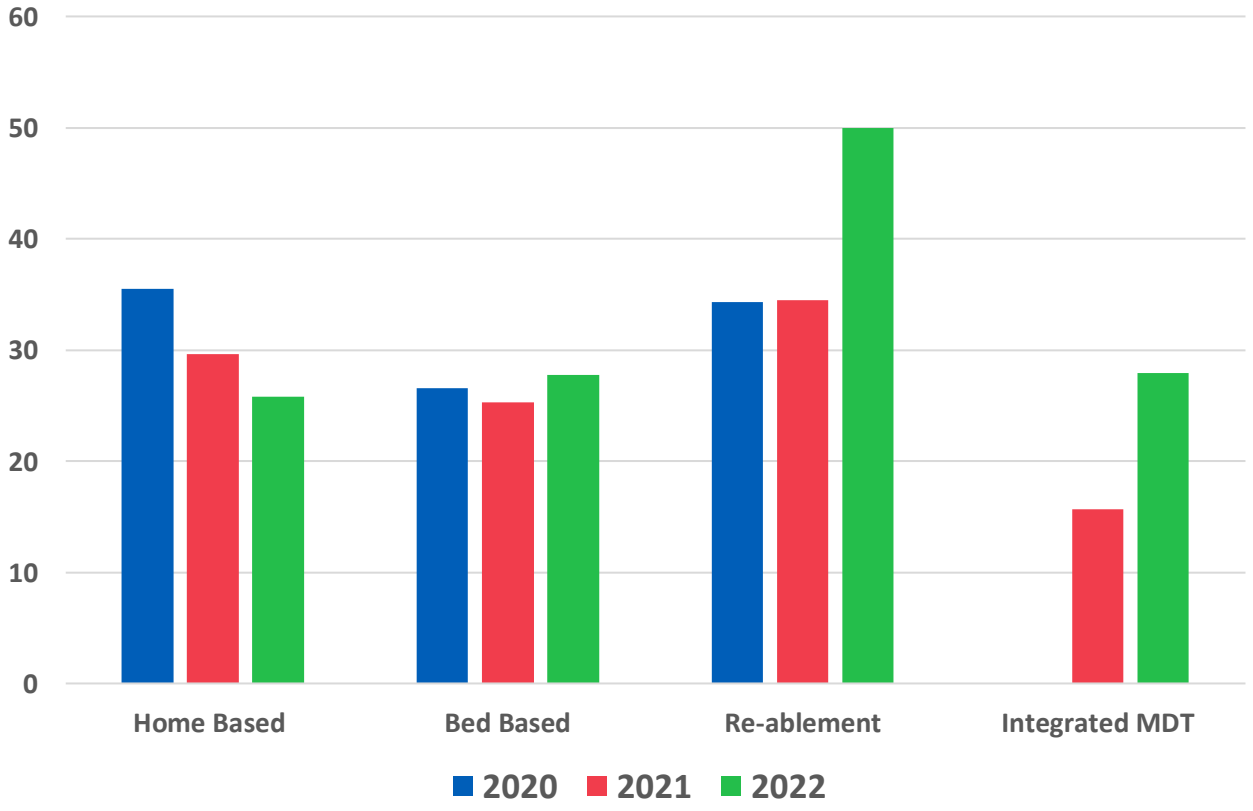
Average time (total) days	2020	2021	2022
Home based	12.3	7.5	6.8
Bed based	2.4	2.9	4.1
Re-ablement	4.7	7.3	8.9
IMDT	N/A	1.8	6

NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Duration of service

Duration of service in days (mean)



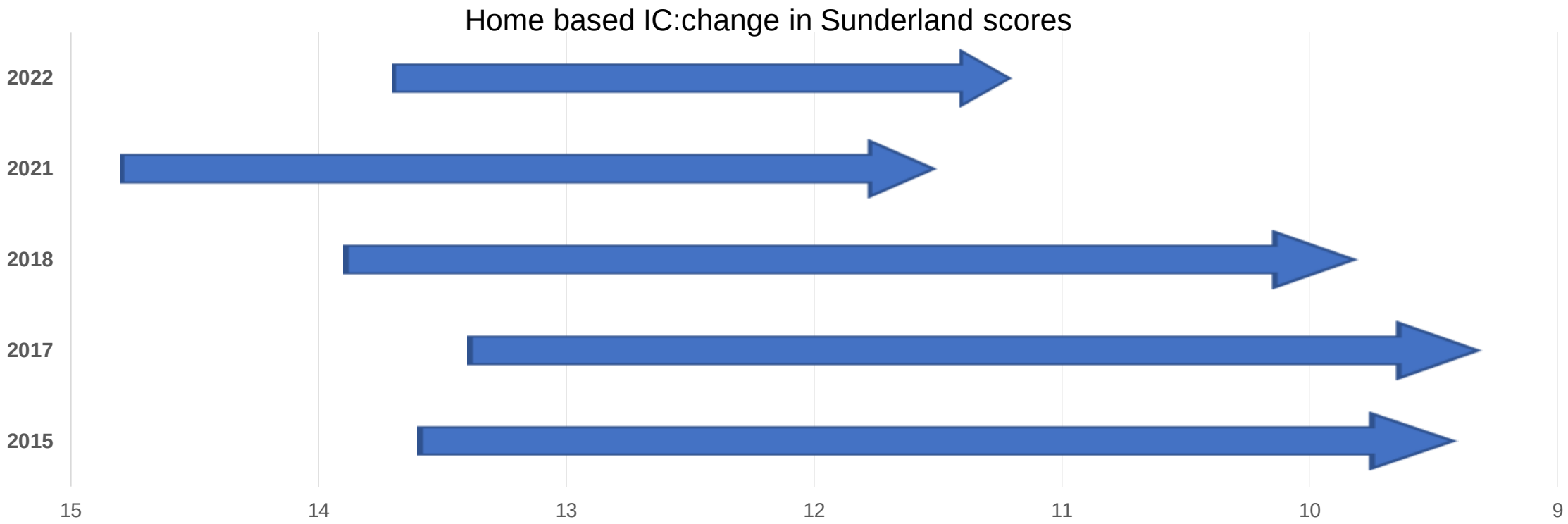
Duration of service (hours)	2020	2021	2022
Crisis response	147	112	145

Duration of service (days)	2020	2021	2022
Home based	35.5	29.6	25.8
Bed Based	26.6	25.3	27.8
Re-ablement	34.3	34.5	50
Integrated MDT	N/A	15.7	27.9

NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Sunderland score

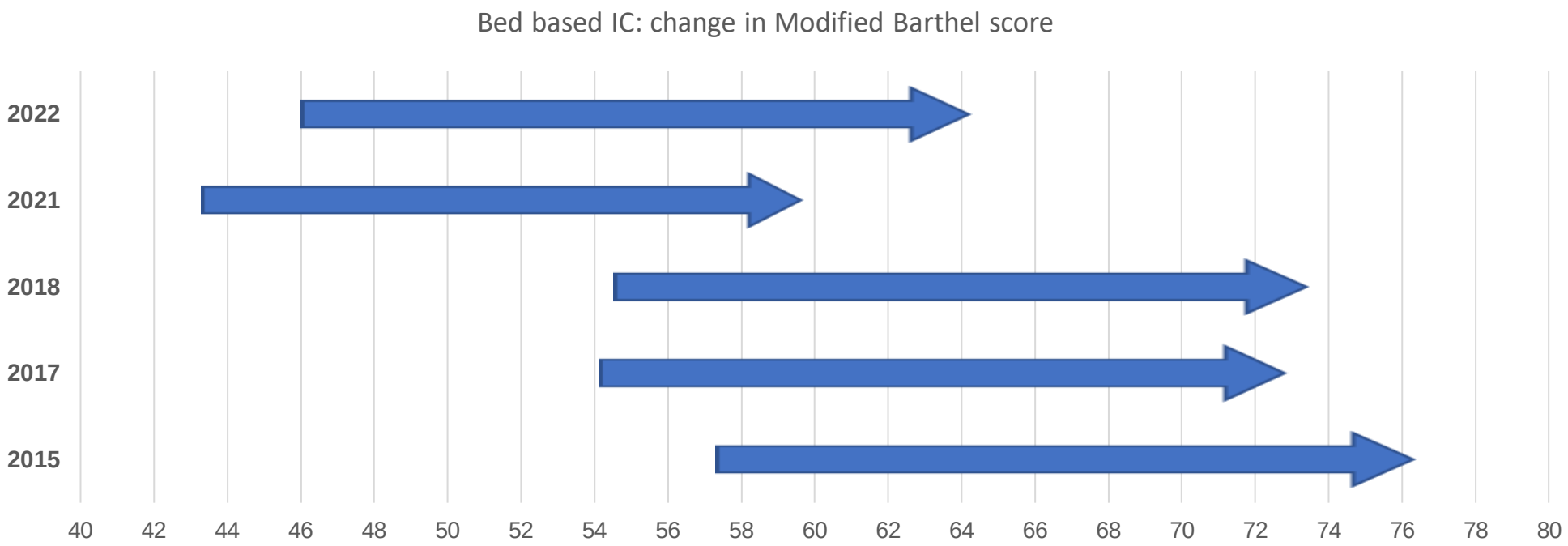


More dependent

Less dependent

Source: NHSBN Intermediate Care 2022 Project

Modified Barthel Index



More dependent

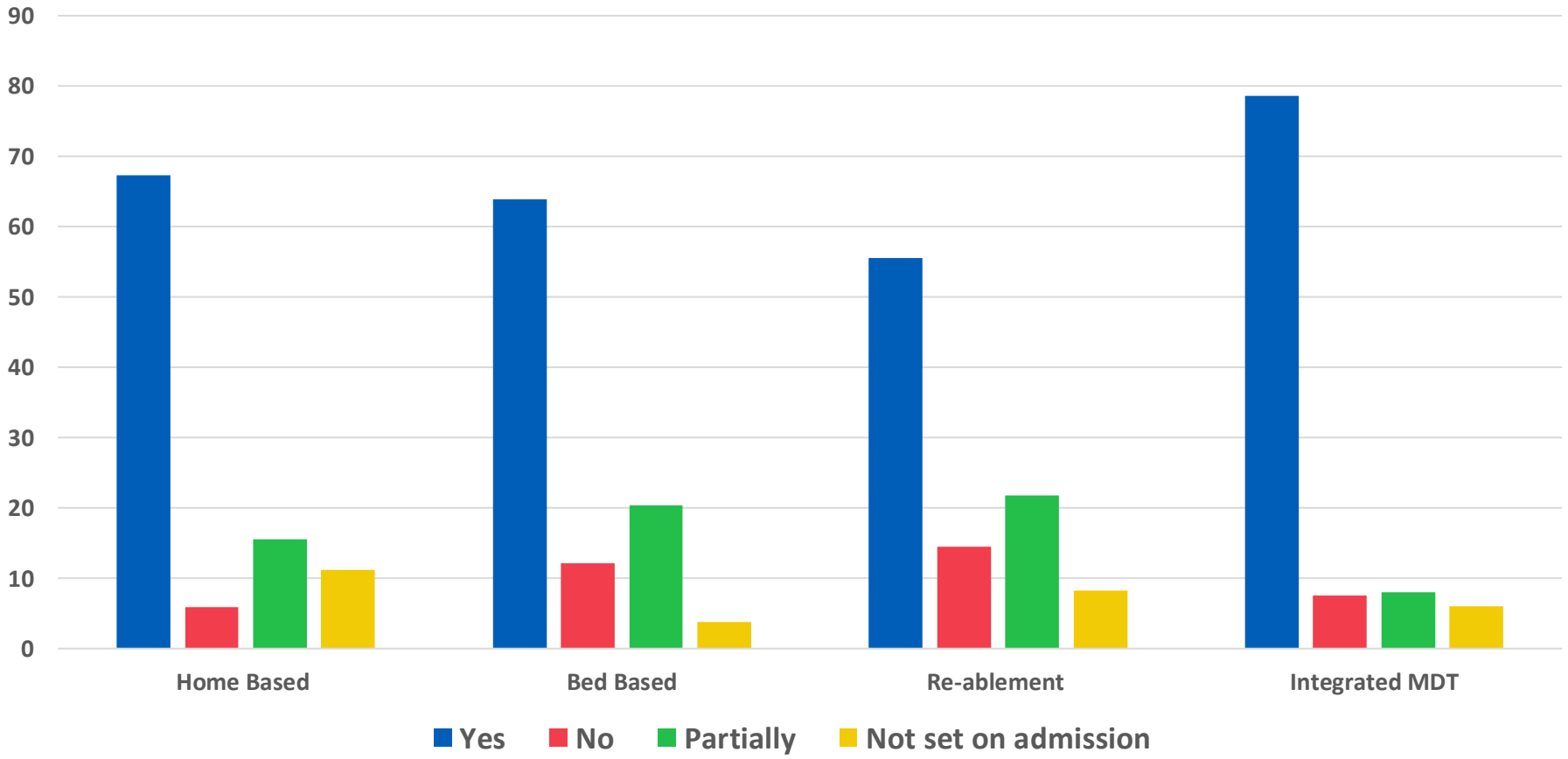
Less dependent

NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Intermediate Care

Intermediate Care Goals Achieved (%)

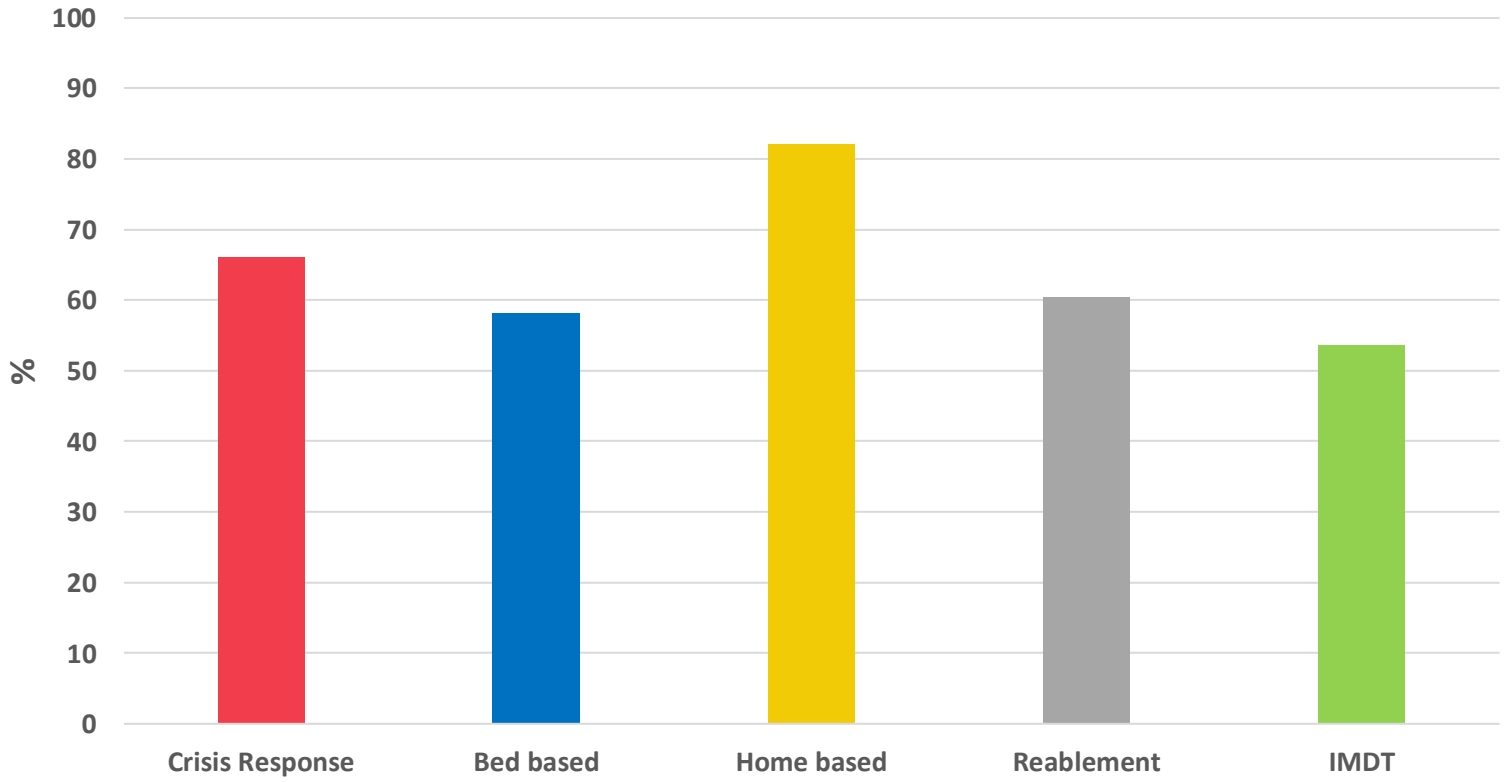


NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Intermediate Care Outcomes

Destination on discharge to home (mean)



Destination on discharge	2020	2021	2022
Crisis response	65%	69%	66%
Bed based	67%	60%	58%
Home based	61%	60%	82%
Re-ablement	77%	76%	60%
IMDT	N/A	76%	54%

NHS Benchmarking Network

Source: NHSBN Intermediate Care 2022 Project

Next steps

- Thank you for listening
- Data for 2022/23 project cycle is currently being validated. Findings are due to be shared in November and December
- If you would like any support on looking at this data in relation to your system, please contact one of the team.

Contact Details

Sarah Handby
Senior Project Manager
s.handby@nhs.net

Freddie Girling
Assistant Project Manager
f.girling1@nhs.net

Kaitlyn Biggs
Project Support
k.biggs2@nhs.net

Lillie Phillips
Project Support
l.phillips17@nhs.net

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Headlined by: CATALYST BI

Up Next…

ALCIDION

ALCIDION

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The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Speaking Now…

Paul Deffley

Chief Medical Officer -
Alcidion

ALCIDION

From ‘ward to ICS board’
The impact of effective digital flow systems

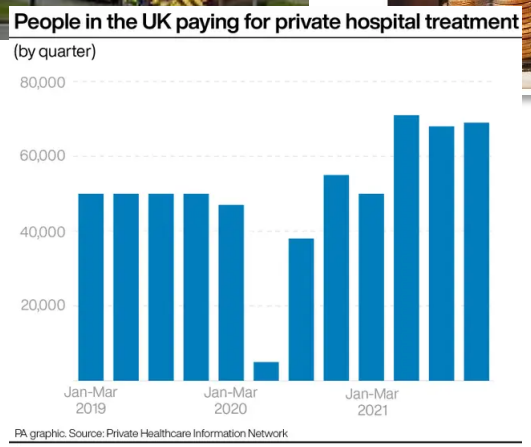
Alcidion
4 July 2023

What we know

- Waiting list 7.3m (Mar 23)
- UEC Recovery – only 74.6% of patients seen in 4 hours in all A&E depts (Apr ‘23)
- Occupancy levels consistently 95%+
- Flow is ‘stagnating’ across health and care for a multitude of complex interrelated issues

NHS tech priorities for 2022: “digital innovation will remain front and centre”

Sunak confirms £2.1bn for NHS technology for more ‘connected’ hospitals



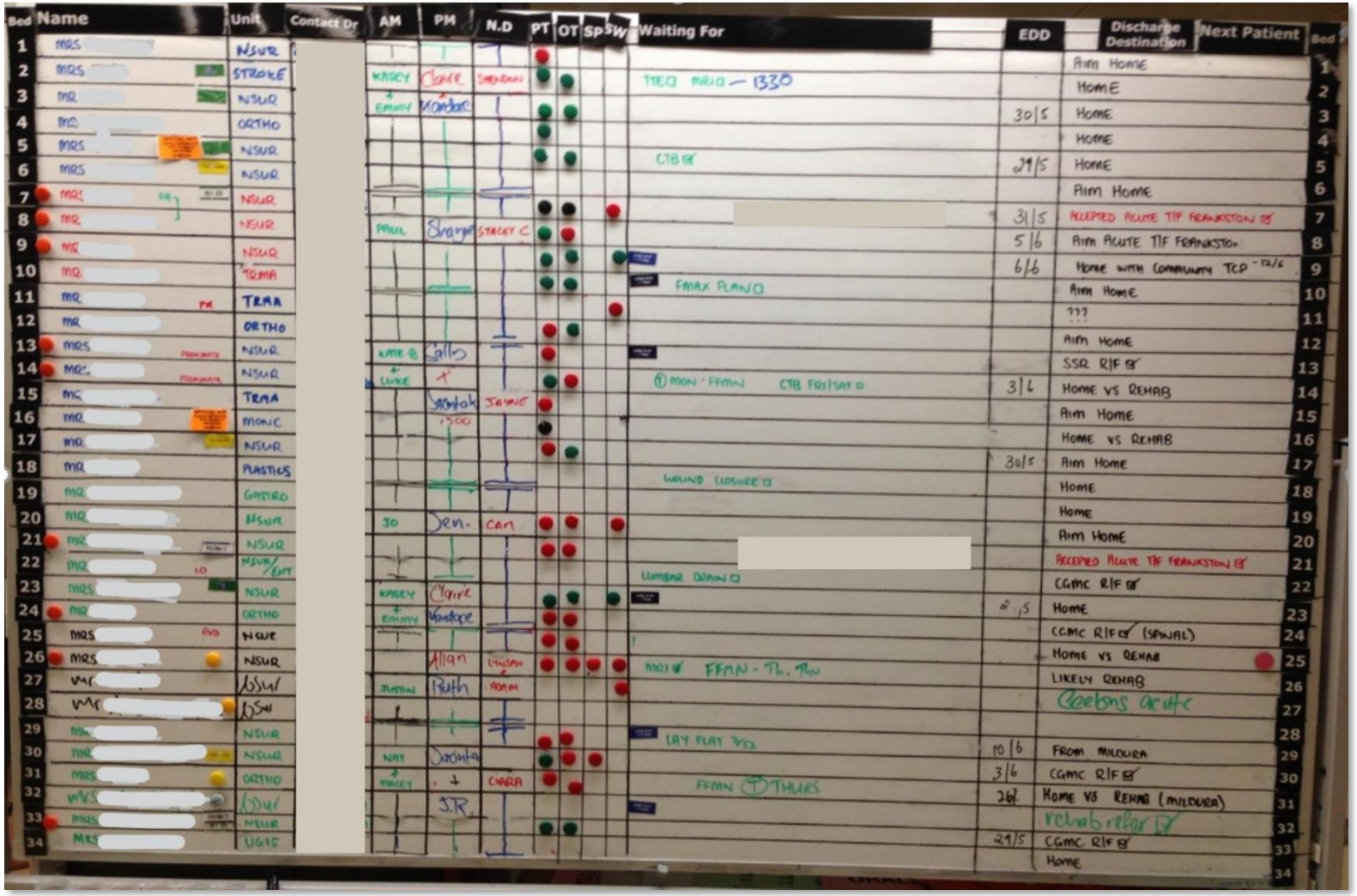
Rishi Sunak to announce almost £6bn to tackle England’s record NHS waiting list

Chancellor to unveil plans in budget as number of people waiting for hospital treatment reaches 5.7 million

now rising by about 100,000 a month as more people who did not seek or S treatment over the past 18 months visit a GP and are referred to hospital. yrne/PA

Current reliance on non-digital workflow

- Manually collected & maintained information
- Only available in one place – not shared with other systems
- Leads to inefficient patient journeys & unnecessary increases in patient length of stay
- Making great care first time harder



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What does a patient experience?

- Delay accessing care
- Fragmented pathways
- Changing thresholds to access
- Suboptimal clinical outcomes
- Challenging communication
- Needing to 'fill in the gaps'

What does a system experience?

- Prolonged length of stay
- Challenges to staff wellbeing
- Higher % of adverse events
- Higher % of complaints
- Increasing cost of care
- 'typical' levers suffer

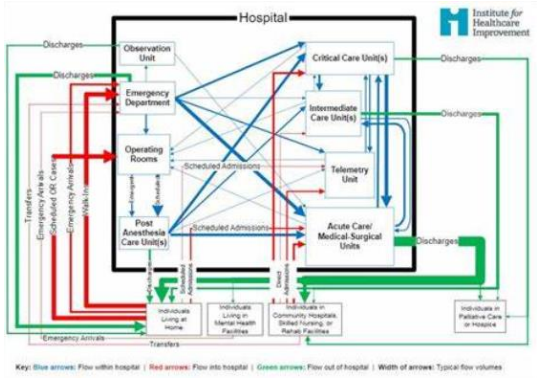
ALCIDION

Understanding Flow from ward to ICS Board…

Patient Flow

Movement of patients, between departments, staff groups or organisations as part of their care pathway

Ideally moving from one step in their care to the next without delays



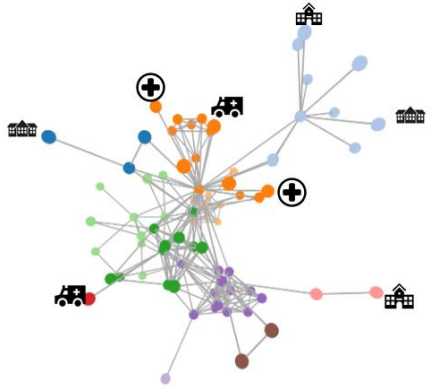
Flow Management

F O C U S E D

Applying holistic perspectives, dynamic data & complex considerations of multiple priorities

Consequences on patient, staff & hospital system outcomes

Effective ‘flow management’ increases speed & care quality, improves staff satisfaction, and reduces healthcare costs



System Flow

From a vantage point at ICS level, rich with live insights, synthesise & interpret near real-time performance and activity information (from multiple data sets/workflows/dashboards).

Enables near real-time decisions, mitigating risks and taking action to optimise flow across a whole system of health, care and community services

From 'ward to ICS Board': Strategic Command & Control Centres

See

Hold a holistic / real-time view

Providing improved situational awareness

Lead

ICS System level

Processes in place enabling proactive leadership

Effective, collaborative management

Action

Coordinate action / mutual aid

Ensure flow & capacity across acute, community, MH, virtual wards

Improve

Improve clinical outcomes:

Optimising admissions, assessments, treatments, discharge

Predict/prevent

Hold actionable data analytics

Spot trends, emergent issues and respond

ALCIDION

Whole system flow: the role of eBCMS

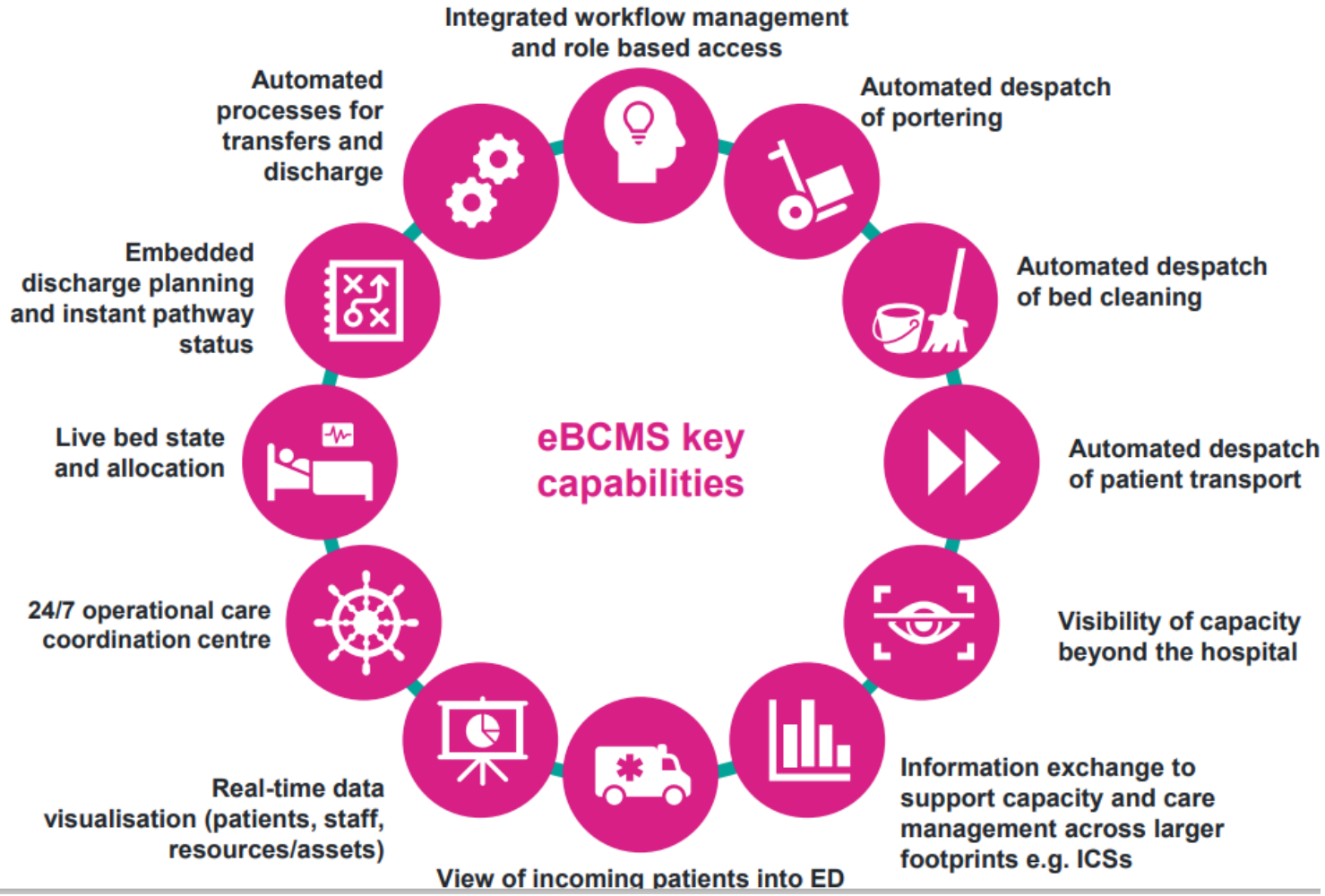
The Urgent and Emergency Care (UEC) Recovery Plan includes an NHSE commitment to support trusts without basic electronic bed management capabilities to implement appropriate solutions by Winter 2023

Problem

- Most hospitals rely on a significant number of manual processes to coordinate the use of beds, including phone calls, spreadsheets and reporting into central teams.
- Delays in these processes, time taken to prepare beds, and in discharge can have a significant impact on bed and capacity management, and patient flow through a hospital.

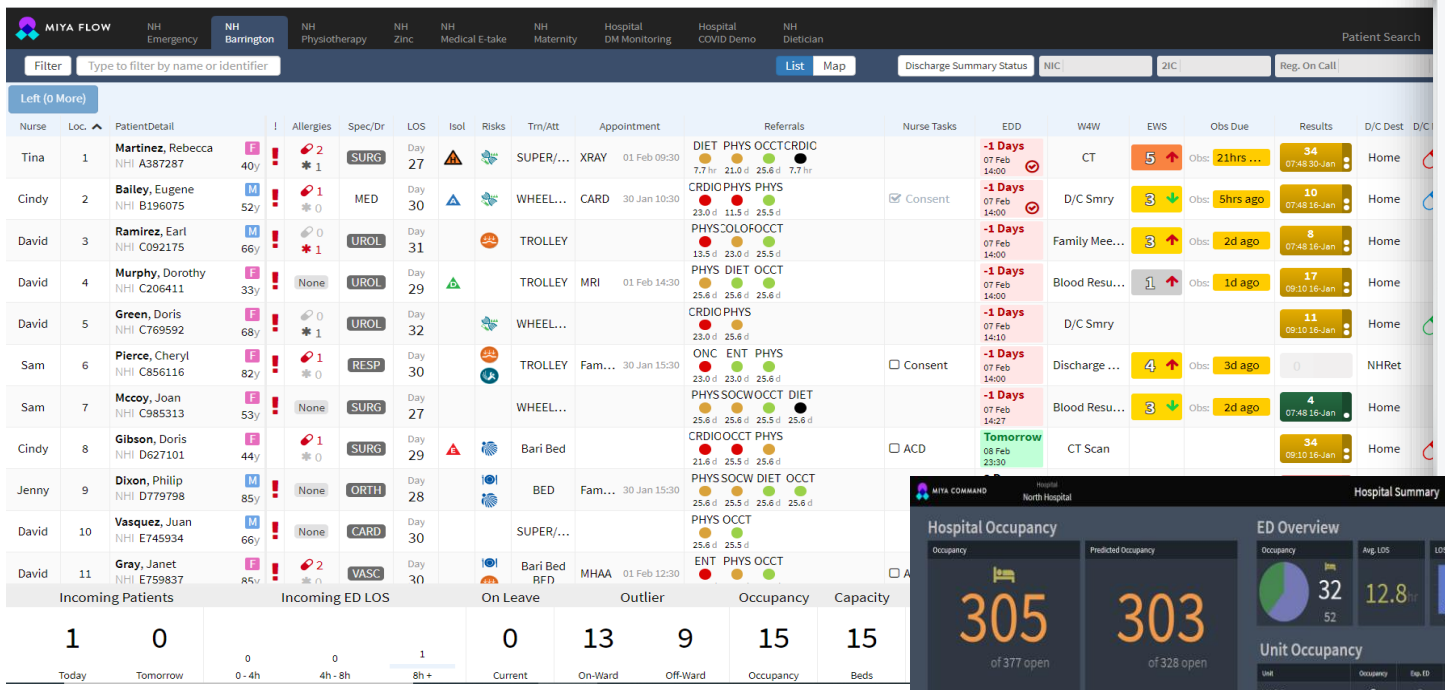
Solution

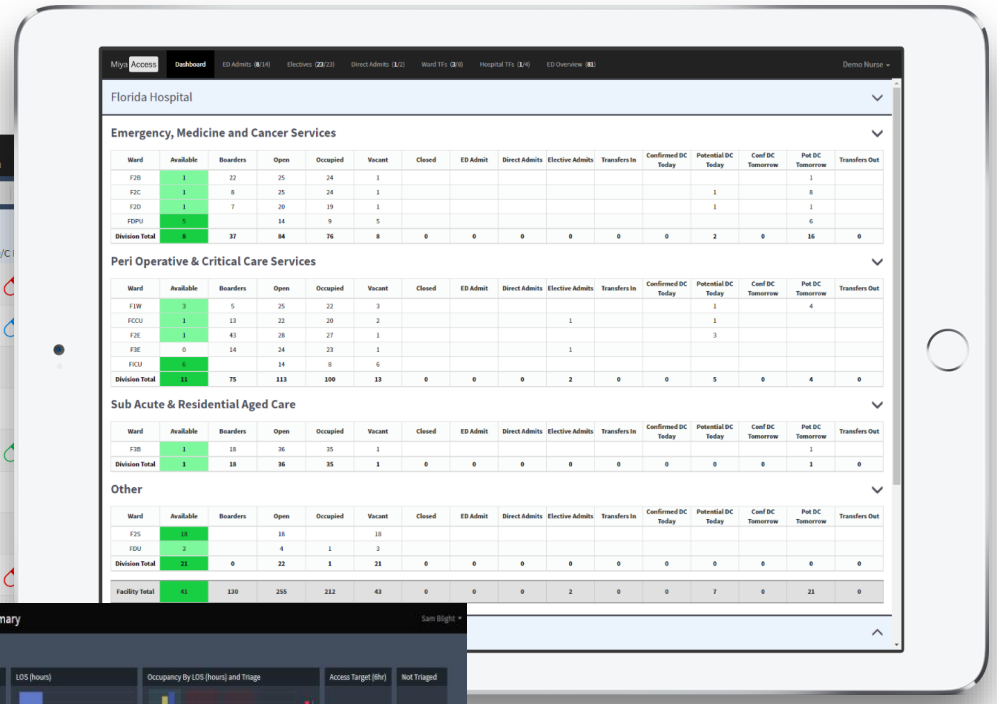
- Insights from desk research and system and supplier engagement suggest that **electronic bed and capacity management systems (eBCMS) can help to improve flow.**
- In recent years, some trusts will have achieved bed management capabilities, either through stand-alone digital solutions or as part of existing system implementations (such as EPRs). **eBCMS broadens the scope of basic electronic bed management capabilities towards a more patient centred and data driven approach to managing bed demand and capacity.**



ALCIDION

Miya Flow





MIYA FLOW

NH Accident & Emergency | NH ED Pre-Arrival | NH DM Monitoring | NH Physiotherapy | NH Dietician | NH Cardiology Service | **NH Barrington** | NH Hip & Knee Outpatient Clinic | NH Orthopaedic Pre-Op | NH E-take

Patient Search | Paul Deffley, Registered Nurse

Filter | Type to filter by name or identifier | List | Map | Discharge Summary Status | NIC Susan | 2IC Jack | Reg. On Call Dr Jones / Dr Xing

Left (0 More) | Right (2 More)

Nurse	Loc.	PatientDetail	!	Allergies	Spec/Dr	LOS	Isol	Risks	Trn/Att	Appointment	Referrals	Tasks	EDD	W4W	D/C Dest	D/C Meds	Transp.	EWS	Due	Results	Transfer	Note
Martha	1	**Martinez, Rebecca** F 72y NHI 3255339	!	1 drug 1 other	SURG	Day 9			WHEEL…	EEG 02 Jun 16:00	CARD 5.2 d, SW 34.4 d, DIET 34.4 d	Complete VTE Assessm… Medications Review	3 Days 06 Jul 01:00	Ass/RV	Home			7	Obs: 4d ago	32 09:10 29-Jun		Call daughter with update
Steve	2	**Smith, James** M 55y NHI 6233442	!	1 drug 1 other	VASC	Day 14			WHEEL…	ECHO 01 Jun 20:00	DIET 34.1 d, PHYS 34.1 d	Medication review Mobility review	Today 03 Jul 11:00	D/C Meds Hosp Xfer MedicalRev				12	Obs: 14d ago Bed: 14d ago	38 12:25 01-Jun	CCU - 29-Jun-2…	
David	3	**Tanner, Liv** F 22y NHI 9416433	!	None	CARD	Day 10			BED	CARD 06 Jun 12:15	ONC 18.5 d, PAIN 32.1 d, RESP 32.1 d, PHYS 32.1 d	Complete Nursing Core… Complete VTE Assessm…	2 Days 05 Jul 05:00	Clin Notes				3	Obs: 10d ago Bed: 14d ago	37 09:10 02-Jun		
Amy	4	**Murphy, Anna** F 87y NHI 8957698	!	0 drug 1 other	UROL	Day 14			Suction TROLLEY	MRI 06 Jun 10:30	ENT 32.1 d, DIET 32.1 d	Dressing change Check blood gases Organise family meeting	Tomorrow 03 Jul 16:00	Equ/HM/S				7	Obs: 14d ago Bed: 14d ago	36 09:10 02-Jun	Zinc - 20-Jun-2…	Mother left reading glasses
Yuki	5	**Ferguson, Madelynn** F 26y NHI 9074042	!	?	RESP	Day 10			BED	CT 21 Jun 16:15	DIET 14.3 d, PHYS 3.5 d	Pain medication review	Today 03 Jul 06:00	CarePack				6	Obs: 10d ago	11 09:10 13-Jun		
David	6	**Burrows, Mark** M 45y NHI 7260912	!	0 drug 1 other	ORTH	Day 12			WHEEL…	GEU 07 Jun 16:00	OT 32.1 d, RESP 11.3 d, IDT 14.1 d	Complete Nursing Core… Complete CURN-65 ass…	Tomorrow 04 Jul 07:30	D/C Smry				0	Obs: 12d ago	26 07:48 02-Jun		
Martha	7	**Davis, James** M 55y NHI 2346606	!	None	MED	Day 8			BED	ECG 21 Jun 17:00	SW 20.9 d, OT 20.9 d, PHYS 4.3 d		2 Days 05 Jul 05:15	Bed/Acco MedicalRev	Home			3	Obs: 8d ago	0		
Peter	8	**Potter, Alice** F 64y NHI S006093	!	None	ORTH	Day 20			SUPER/…	GYM 20 Jun 12:15	PHYS 4.3 d	Mobility RV for DC	2 Days 05 Jul 02:15	Physio Cl	Nursi…			3	Obs: 14d ago Bed: 14d ago	20 09:10 16-Jun		
Tom	9	**Everett, Amy** F 33y NHI 8788410	!	None	VASC	Day 13			BED	USS 07 Jun 14:00	PHYS 32.1 d	Medication review Review swallow	Tomorrow 03 Jul 16:15	D/C Meds	Home			2	Obs: 13d ago	14 09:10 02-Jun		
Peter	10	**Jin, Feng** M 52y NHI 7684604	!	?	MED	Day 14			O2 WHEEL…	EEG 06 Jun 12:00	PAIN 32.1 d, RAD 32.1 d, HARM 32.1 d	Pain screening Assess… Wound check	3 Days 06 Jul 06:00	CT	NH			3	Obs: 14d ago	14 07:48 02-Jun		Chinese interpreter required
Martha	11	**Tanner, Arianna** F 80y NHI 8993272	!	?	RESP	Day 12			BED HRT_M…	CT 06 Jun 12:00	PHYS 10.6 d, RESP 32.1 d, OT 32.1 d	1/2 Hourly Obs Mobility Assessment	2 Days 05 Jul 06:15	Pathology	HLC			12	Obs: 12d ago Bed: 14d ago	36 09:10 02-Jun		
Amy	12	**Keita, Zuri** M 66y NHI 8916632	!	?	SURG	Day 10			BED EPIDURAL	HAEM 06 Jun 16:00	ONC 18.5 d, HARM 32.1 d, ORTHO 32.1 d	Full Blood Count	Today 03 Jul 06:00	D/C Eqpt MRI				1	Obs: 10d ago	15 10:58 16-Jun		
David	13	**Owens, Cayson** M 98y NHI 2481239	!	?	MED	Day 7			BED	RAD 06 Jun 11:15	PHYS 32.1 d, ORTHO 32.1 d	Bed exercises review L Knee XRay	4 Days 07 Jul 07:15	Family Mtg	Hospice			4	Obs: 7d ago	27 07:48 02-Jun	- - 19-Jun-2…	
Amy	14	**Warren, Leon** M 21y NHI 9926802	!	None	RESP	Day 14			WHEEL…	POD 06 Jun 16:00	SW 32.1 d, PHYS 32.1 d	Complete Borg Scale Discuss diagnosis with …	Tomorrow 04 Jul 06:00	D/C Eqpt D/C Script				3	Obs: 14d ago	17 14:17 06-Jun		
Martha	15	**Spears, Emmeline** F 62y NHI 3130777	!	2 drug 0 other	SURG	Day 12			Bari Bed	CT 07 Jun 15:00	IDT 14.1 d, ONC 18.5 d, RAD 32.1 d	Family meeting organise	2 Days 05 Jul 04:15	ConsultOtr				0	Obs: 12d ago	49 14:57 15-Jun		
	16 Alloc.	V A C A N T																				

Incoming Patients		Incoming ED LOS			On Leave	Outlier		Occupancy	Capacity	Available	Pot. Available	Pot EDD Tod	Conf DC Tod	Transfer Out	Est DC Tom
3	0	0	0	3	0	0	11	15	15	2	2	1	2	3	4
Today	Tomorrow	0 - 4h	4h - 8h	8h +	Current	On-Ward	Off-Ward	Occupancy	Beds	Beds	Beds	Patients	patients	Today	Patients

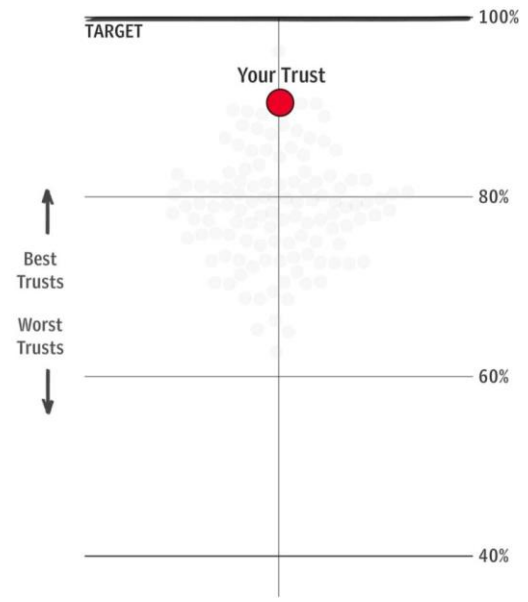
Case Study – Dartford and Gravesham NHS Trust

Dartford And Gravesham NHS Trust

We have ranked your trust as **2nd out of 120** in England for its overall performance against key duties of care to its patients

COMPARE TRUSTS

No trust is hitting all of its key patient targets, including your trust



Overall performance against targets

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Thank You for Listening

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

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Q&A Panel

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Lunch & Networking

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Chair's Afternoon Address

Conor Burke

CEO - **UHUK (Urgent Health UK)**

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Up Next…

Aerogen

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Dr Oonagh O'Sullivan
Medical Science Liaison - **Aerogen**

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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Martina Clark

Head of Patient Flow - **Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust**

Natalie Belt

Head of Change and Transformation - **Rotherham, Doncaster and South Humber (RDaSH) NHS Foundation Trust**



Rotherham Doncaster and South Humber NHS Foundation Trust

Improving Patient Flow Programme

'Right Care, Right Place, Right Time, First Time'

Martina Clark Head of Patient Flow
Natalie Belt Head of Change and Transformation

Rotherham Doncaster and South Humber NHS Foundation Trust

Community Mental Health Transformation

Crisis Mental Health Transformation

In 2022/23 we began the Improving Patient Flow programme. The aim of the programme is ensure all patients receive high quality accessible services and timely care in the most appropriate setting for them and if they are in a hospital setting, this is for no longer than clinically necessary.

Our aim is to improve the patient journey across three Organisational Transformation Programmes:

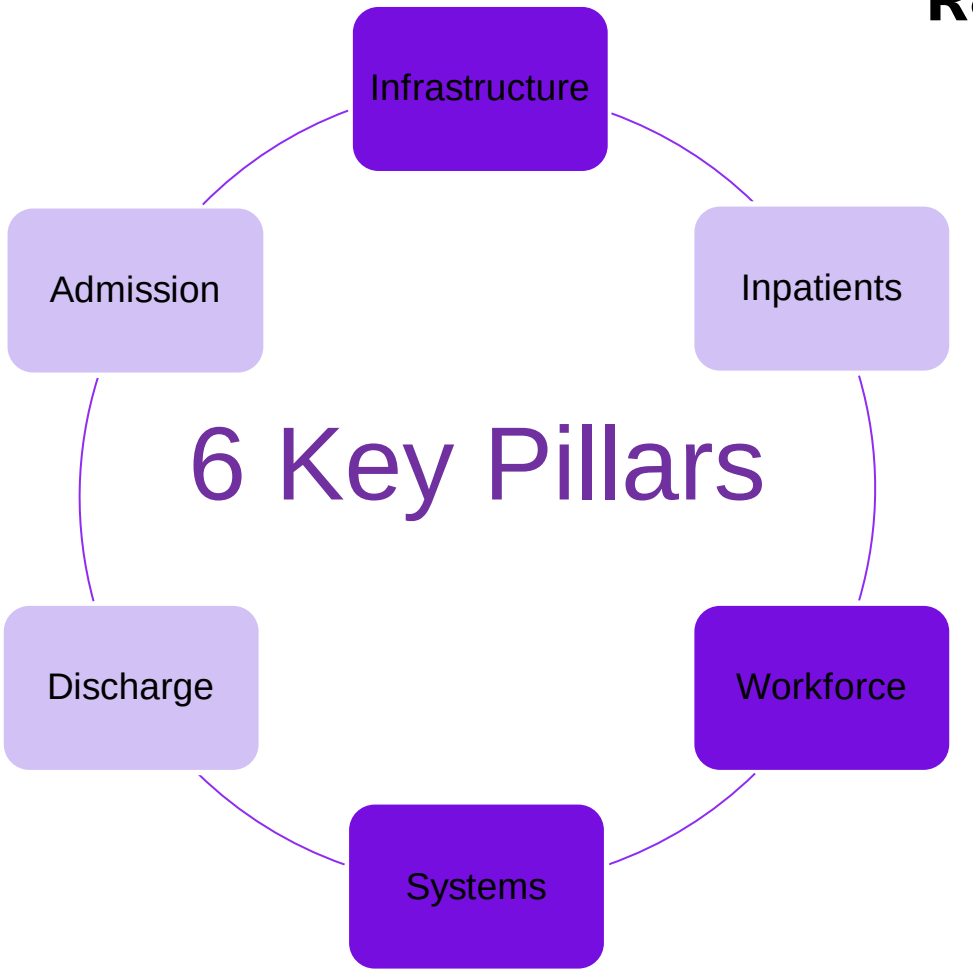
- Community Mental Health Transformation
- Crisis Transformation
- **Patient Flow Transformation**

Our Geographical Footprint

Rotherham Doncaster and South Humber NHS Foundation Trust

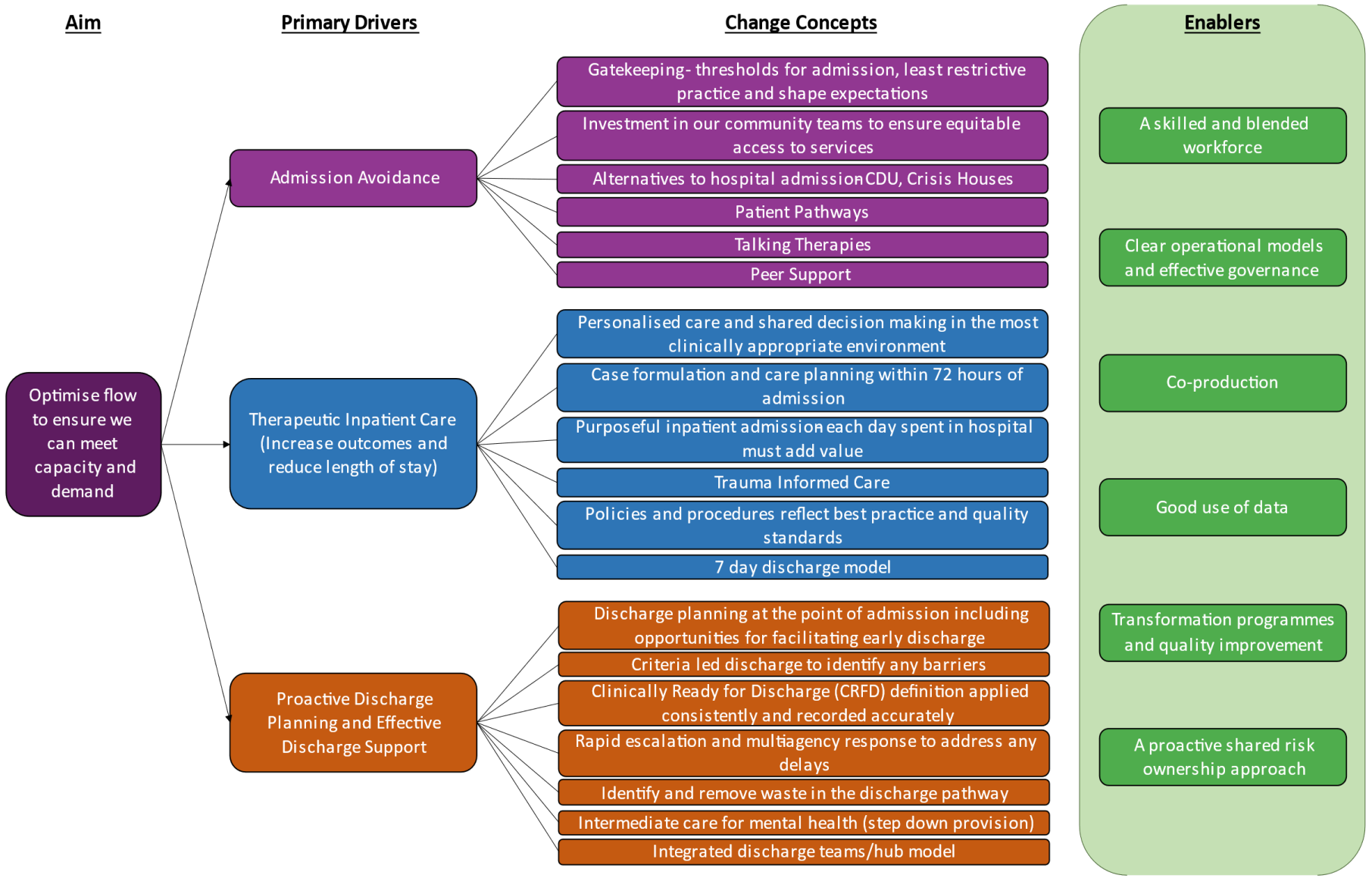
We employ over 3,700 staff and have more than 200 committed volunteers.

The Trust has diversified from mental health and learning disability services to include community services, such as district nursing and health visitors, and around 155,000 people now access our services each year.


Infrastructure
Inpatients
Workforce
Systems
Discharge
Admission
6 Key Pillars

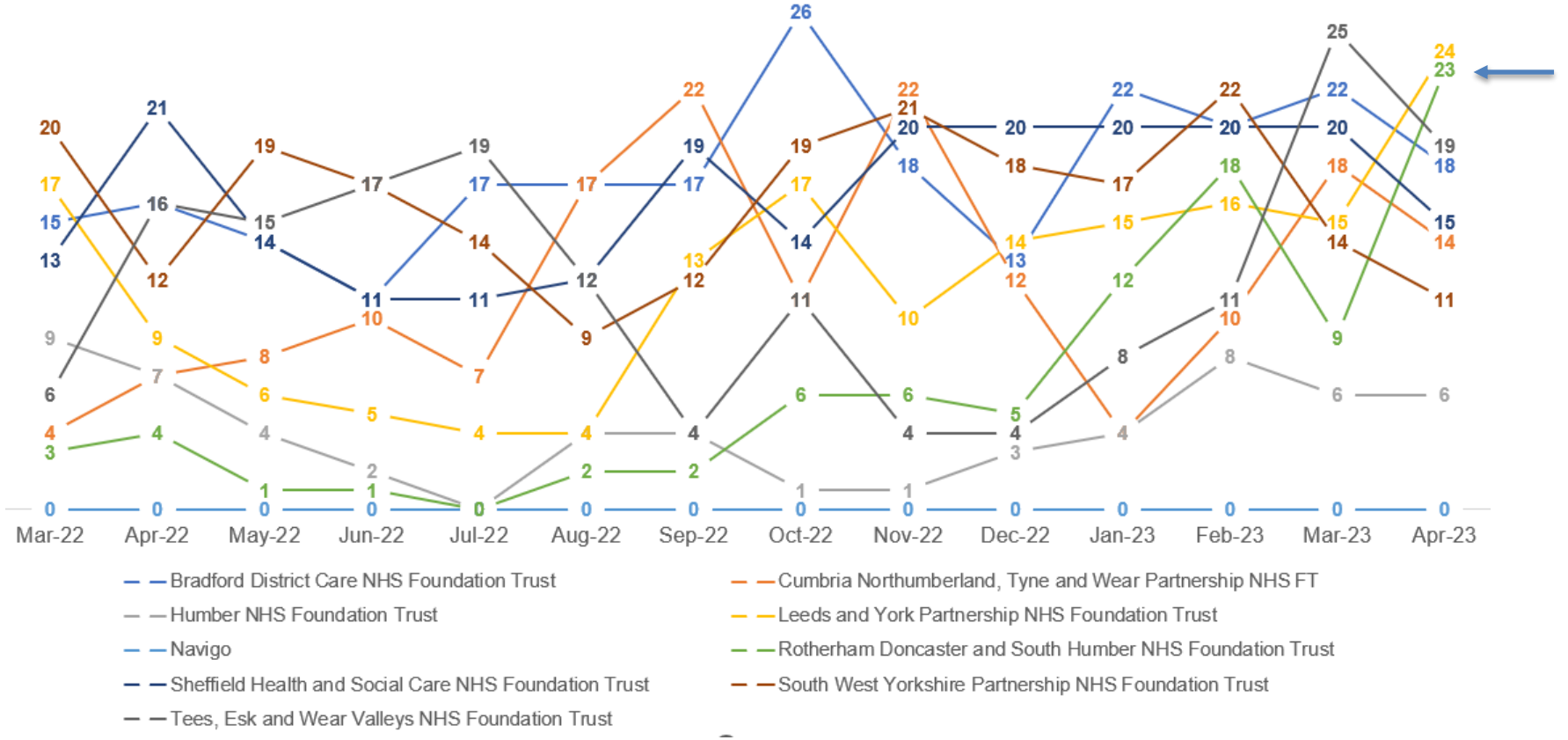
Improving Patient Flow Programme 2023/24

"Right Care, Right Place, Right Time, First Time"



Number of people placed out of area as of last working day of previous month

Rotherham Doncaster and South Humber NHS Foundation Trust



Rotherham Doncaster and South Humber NHS Foundation Trust

Key Enablers

- A skilled and blended workforce
- Clear operational models and effective governance
- Co-production
- Good use of data
- Transformation programmes and quality improvement
- A proactive shared risk ownership approach

Rotherham Doncaster and South Humber NHS Foundation Trust

Admission Avoidance

- Gatekeeping –thresholds for admission, least restrictive practice and shape expectations
- Investment in our community teams to ensure equitable access to services
- Alternatives to hospital admission – CDU, Crisis Houses
- Patient pathways
- Talking therapies
- Peer support

Rotherham Doncaster and South Humber NHS Foundation Trust

Therapeutic Inpatient Care

- Personalised care and shared decision making in the most clinically appropriate environment
- Purposeful inpatient admission – each day spent in hospital must add value
- Case formulation and care planning within 72 hours of admission
- Trauma informed care
- Policies and procedures reflect best practice and quality standards
- 7 day discharge model

Proactive discharge planning and support

Rotherham Doncaster and South Humber NHS Foundation Trust

- Discharge planning at the point of admission including opportunities for facilitating early discharge
- Criteria led discharge to identify any barriers
- Clinically Ready for Discharge (CRFD) definition applied consistently and recorded accurately
- Rapid escalation and multi-agency response to address any delays
- Identify and remove waste in the discharge pathway
- Intermediate care for mental health (step down provision)
- Integrated discharge teams/hub model

Challenges

Rotherham Doncaster and South Humber NHS Foundation Trust

- Demand for mental health services
- Winter pressures/cost of living crisis/industrial action
- Length of time our patients are remaining in hospital
- Inappropriate admissions (LD/ASD)
- Bed availability – Section 140
- Increase in out of area placements
- Risk aversion

‘Right Care, Right Place, Right Time, First Time’

Rotherham Doncaster and South Humber NHS Foundation Trust

- Interoperability for activity from primary, secondary and VCSE services
- Moving away from the Care Programme Approach towards personalised care
- Integration with Local Authority services
- Recording access data from new model
- Recruitment in line with indicative 23/24 workforce profile

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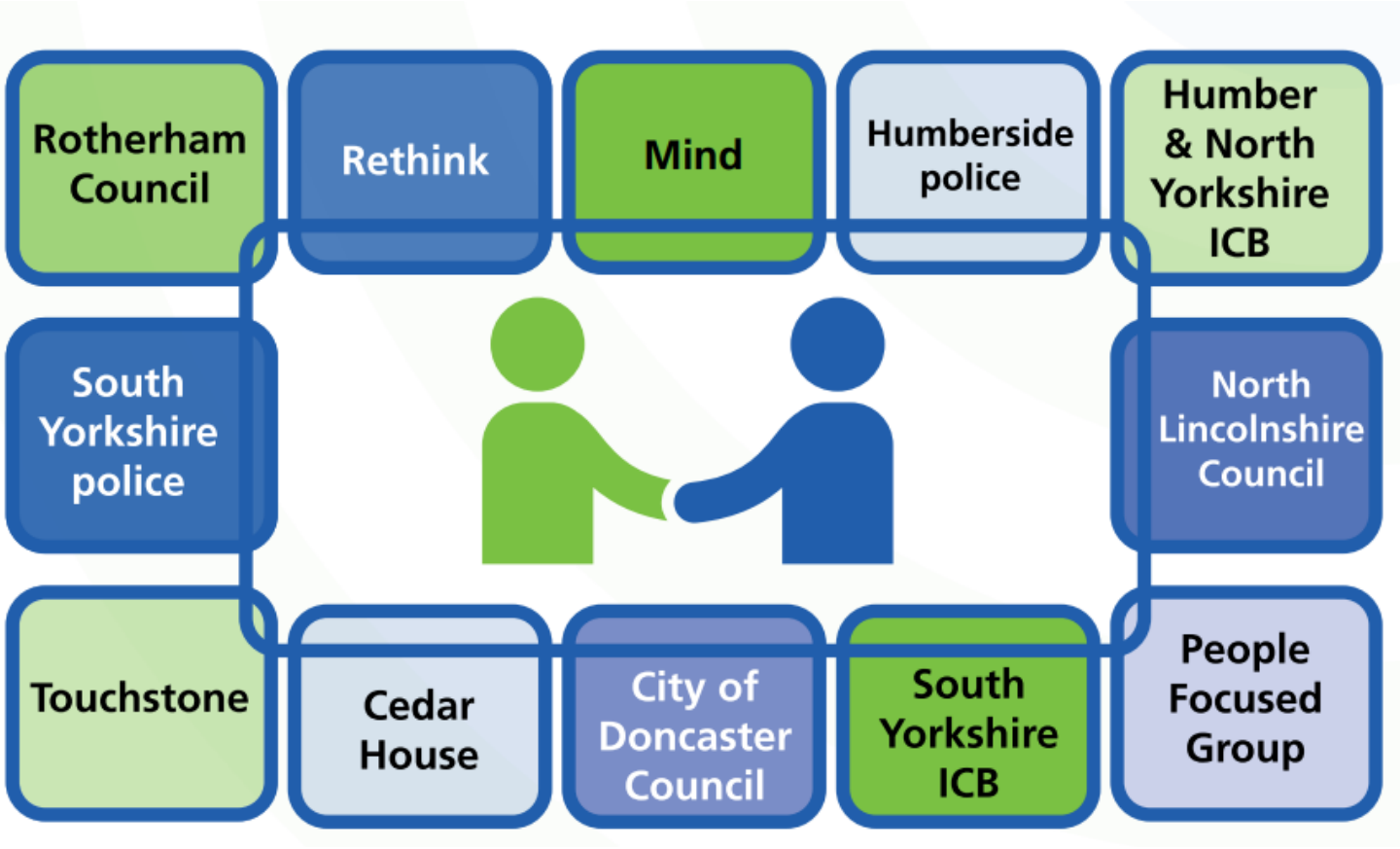
The right care, in the right place at the right time

Working in Partnership

Rotherham Doncaster and South Humber NHS Foundation Trust



Reflections from the RDaSH Adult and Older Person's Inpatient MADE Events (November 22-April 2023)

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dation Trust

You said, we heard, together we agreed

- There is inconsistency in community support and availability of crisis and home-based treatment across the Care Groups. ***This is one of the core objectives to address as part of the Crisis Transformation Programme.***

- Staying in hospital longer than is clinically necessary is risking harm to our patients, through long term disruption to their routines, reduced independence and reduced access to their support networks. ***We need to ensure all our inpatient admissions are purposeful, all patients have an estimated date of discharge (EDD) and robust discharge planning commence at the point of admission. If the same or better therapeutic benefit can be provided in the community, the patient should be discharged to the community. We are engaging in quality improvement programmes at National and Place level relating to the nursing, quality and patient safety agenda.***

- Ongoing and unresolved safeguarding issues on our wards (for example, when there are interpersonal difficulties between patients and/or staff) are impacting on our patient journey's and increasing out of area placements. ***Our safeguarding procedure will be reviewed with the AND's to consider how we robustly address any concerns and where appropriate provide mediation and inter-personal conflict resolution.***

- Improvements in our gatekeeping process are required to ensure and evidence that a hospital environment is the least restrictive option. ***This is one of the core objectives to address as part of the Crisis Transformation Programme.***

- There are gaps in provision for patients with a diagnosis of LD and ASD patients who require hospital in-patient care which results in inappropriate admissions to our PICU wards. ***We are working closely with our Commissioners to influence future provision and robustly escalate any inappropriate admissions to our inpatient wards. Each ICB now has to have a robust process in place to review people with LD and Autism who are admitted to hospital. There is a requirement for annual reporting and CETR panels are being set up by each ICB to fulfil this responsibility.***

Reflections from the RDaSH Adult and Older Person's Inpatient MADE Events (November 22-April 2023)

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dation Trust

You said, we heard, together we agreed

- **Some patients are spending avoidable time in hospital due to lack of appropriate/sufficient support in community settings.** ***The community mental health transformation programmes aim to address access to improved rehabilitation pathways and a clear focus on mobilising the new primary care hubs with an aim of tackling ' no wrong door' and time rich interventions and initiatives reducing delays and waiting times. This approach will see a growth in resource through the new primary care hubs and direct access to a wide range of therapeutic interventions as required, supported by PLACE to achieve the right support at the right time, first time.***

- **Our rehabilitation and PD pathways are unclear.** ***This is one of the core objectives to address as part of the Community Mental Health Transformation Programme.***

- **There is lack of availability/access to housing both independent and supported living.** ***We are working hard with our local authority teams to increase links with housing support and identify any housing needs robustly.***

- **Multi-Disciplinary Team workforce shortages are having a direct impact on patient care in both community and inpatient settings.** ***These shortages are highlighted on the Trust Risk Register and the latest HR dashboard info is showing that the number of staff joining the Trust is now higher than staff leaving. We continue to maximise our recruitment offer including overseas recruitment to nursing, allied health professional and medical posts. We are prioritising support for staff to undertake the Trainee Nurse Associate (TNA) apprenticeship programme. A review of community mental health caseloads and staffing commenced in February 2023. The Mental Health Optimal Staffing Tool (MHOST) is being rolled out from April 2024 on our mental health/LD wards to calculate clinical staffing requirements robustly monitor safe staffing levels based on acuity and dependency.***

Mental Health Discharge Initiatives

1. Identify the purpose of the admission, set an expected date of discharge (EDD) for when this purpose will be achieved, and communicate this with the person, family/carers and any teams involved in the person's care post-discharge, e.g. community mental health team (CMHT) or crisis resolution home treatment team (CRHTT).
2. Complete care formulation and care planning at the earliest opportunity with the person, and within a maximum of 72 hours of admission
3. Identify any potential barriers to discharge early on in admission and take action to address these. Where appropriate action cannot be taken, escalate this to the ICB Discharge Lead
4. Conduct daily reviews, such as the 'Red to Green' approach, to ensure each day is adding therapeutic benefit for the person and is in line with the purpose of admission.
5. Hold Multi Agency Discharge Events (MADE) with key partners on a regular basis, to review complex cases.
6. Ensure partnership working and early engagement with the person, family/carers and teams involved in the person's post-discharge support; agree a joint action plan with key responsibilities, for example for social care, housing, primary care, CMHT, CRHTT, etc.
7. Apply 7-day working to enable people who are clinically ready for discharge to be discharged over weekends and bank holidays, and allow people who require admission timely access to local beds
8. Identify common reasons and solutions to people being delayed in hospital, e.g. housing support/accommodation. Start by reviewing: • Those who are clinically ready for discharge but occupying beds. • Adults and older adults with a long length of stay (over 60/90 days for adult/older adult admissions).
9. Communicate notice of discharge at least 48 hours prior to the person being discharged, to the person, their family/carers and any ongoing support services.
10. Follow up to be carried out with the person by the CMHT or CRHTT at the earliest opportunity and within a maximum of 72 hours of discharge, to ensure the right discharge support is in place.

Crisis Mental Health Transformation

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NHS Foundation Trust

RDaSH Quality Measures

Our quality measures for the challenge :

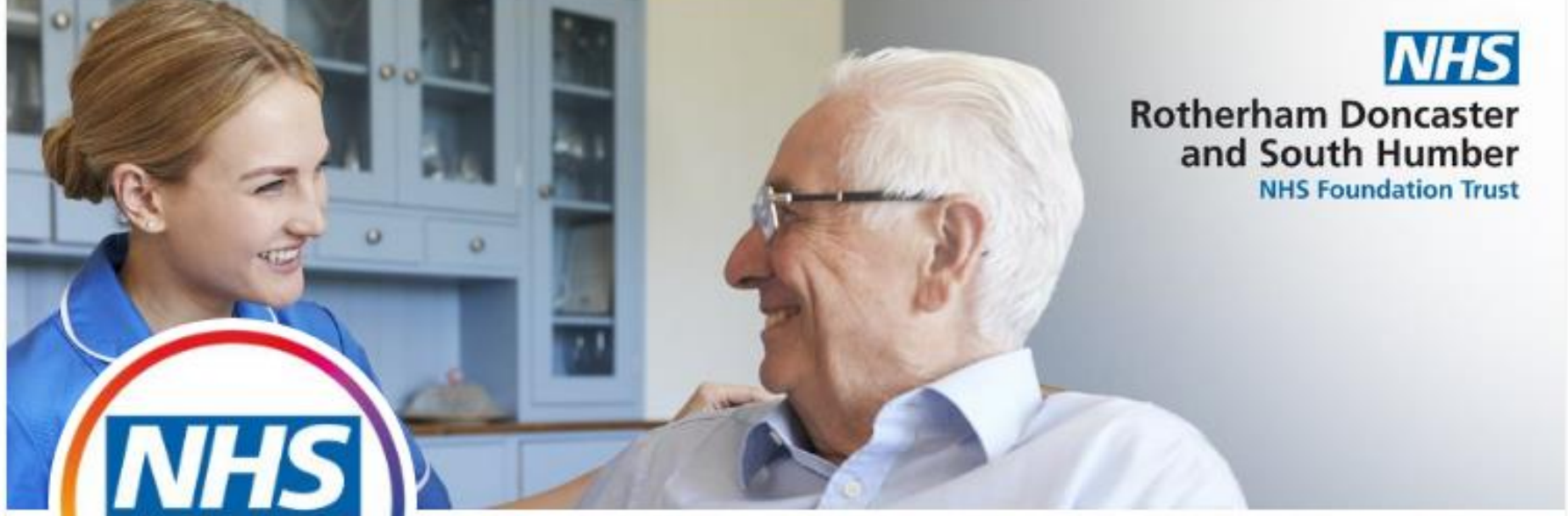
- Average length of stay - with the aim of decreasing this overall
- The number of patients CRFD (but delayed) – the aim to significantly reduce these
- Compliance with each patient having a discharge care plan within 72 hours
- Compliance with patients been seen for community after care following up within 72 hours of discharge
- Compliance with each patient having an EDD on SystmOne and this date not being overdue
- Increase capacity on our inpatient wards to ensure **“right care, right place, right time, first time ”**

Aims for 2023/2024

Rotherham Doncaster and South Humber NHS Foundation Trust

- Increase capacity on our inpatient wards to ensure

  "right care, right place, right time, first time "
- Reduce length of stay
- Ensure 95% bed occupancy
- Eliminate Out of Area Placements (OAP's)
- Transform all pathways in and out of community mental health services/crisis
- Focus on prevention working with the VCSE
- Improve access to crisis alternatives
- Collaborate with Experts by Experience to drive change



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NHS RDaSH

Thank You

Martina Clark (martina.clark@nhs.net)

Natalie Belt (Natalie.Belt@nhs.net)

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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Ben Jeeves

Associate Chief Clinical Information Officer, AHP professional Lead, Advanced Practice Physiotherapist - **Midlands partnership NHS University Foundation Trust**

INTEGRATING COMMUNITY MSK SERVICES – LESSONS LEARNT

BENJAMIN JEEVES

ASSOCIATE CHIEF CLINICAL INFORMATION OFFICER

AHP PROFESSIONAL LEAD

MSK ADVANCED PRACTITIONER

WHAT DID WE HAVE?

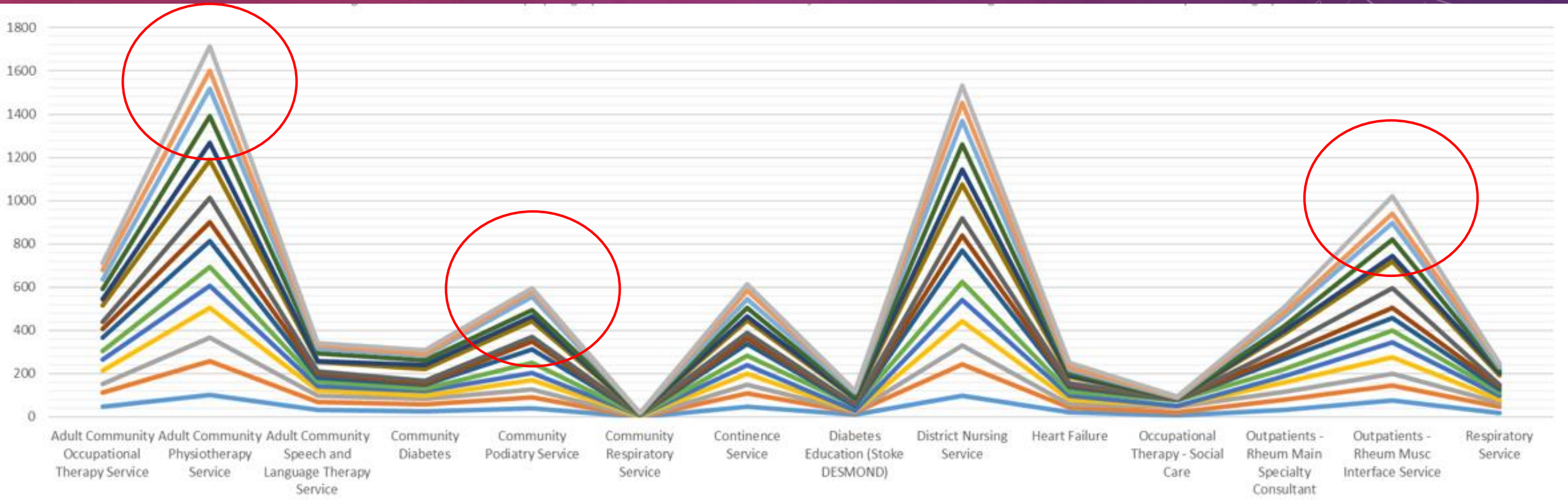
- North Staffordshire and Stoke-on-Trent
- IMPACT (Interdisciplinary Musculoskeletal Pain Assessment Community Team) Pain Service
- Musculoskeletal Interface Service (MIS)
- Physiotherapy service
- Podiatry service

- Multiple pathways/ entries for MSK care
- Duplication
- Inefficiency
- Multiple systems (7 clinically related systems)

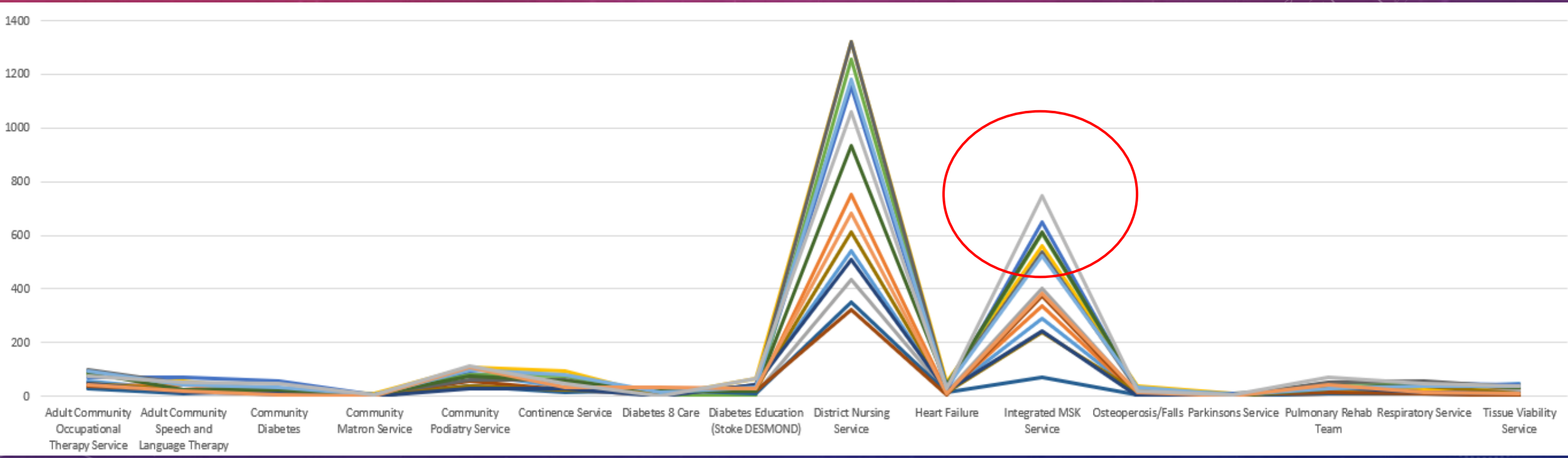
WHAT WAS NEEDED?

- Change!
- Integration
- Single Point of Access (SPA)
- Efficiency gains
- Improved outcomes
- Knowledge mobilisation

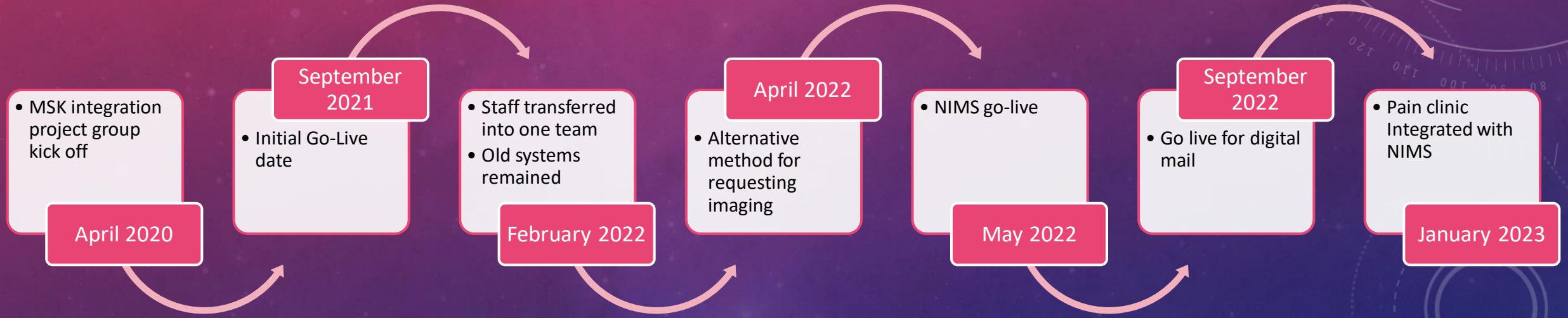
COMBINING THE SERVICES



SINGLE POINT OF ACCESS



TIMELINE


• MSK integration project group kick off
April 2020
September 2021
• Initial Go-Live date
• Staff transferred into one team
• Old systems remained
February 2022
April 2022
• Alternative method for requesting imaging
• NIMS go-live
May 2022
September 2022
• Go live for digital mail
• Pain clinic Integrated with NIMS
January 2023

WHAT WAS IT LIKE?

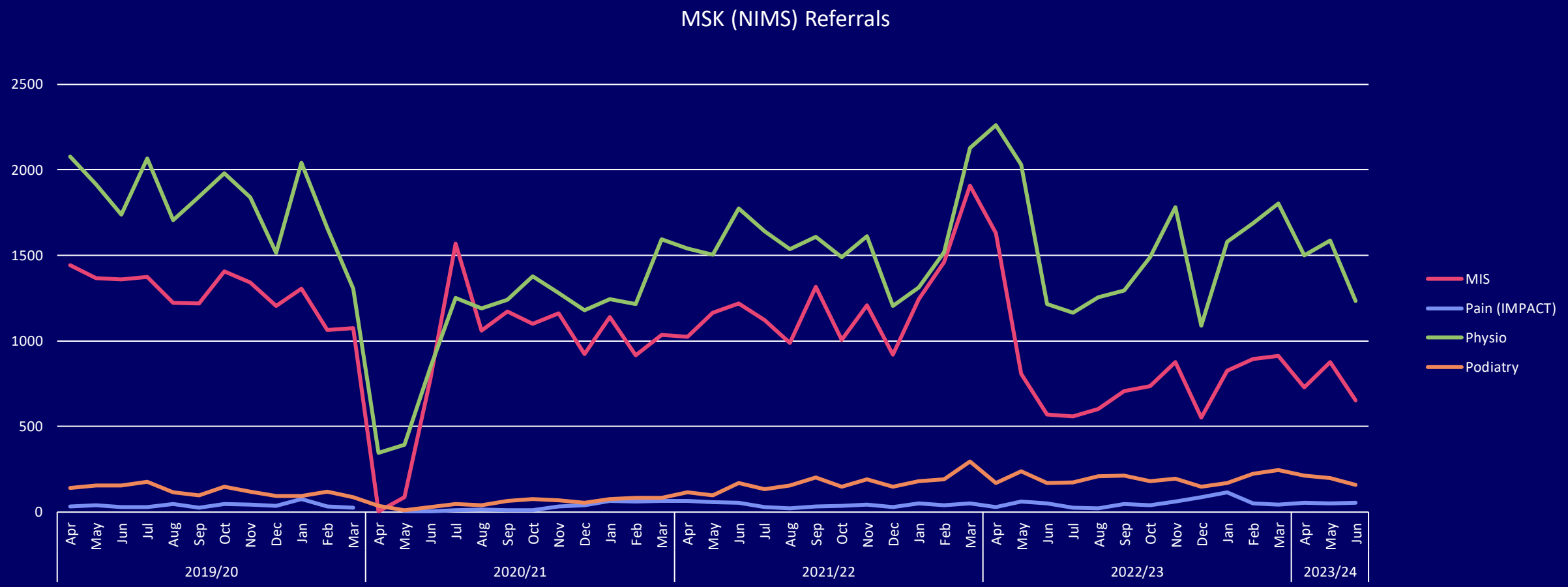
- Difficult.
- It was between 70 and 90% difficult.

Forbes 2022.
McKinsey, BCG, KPMG, Bain & Company

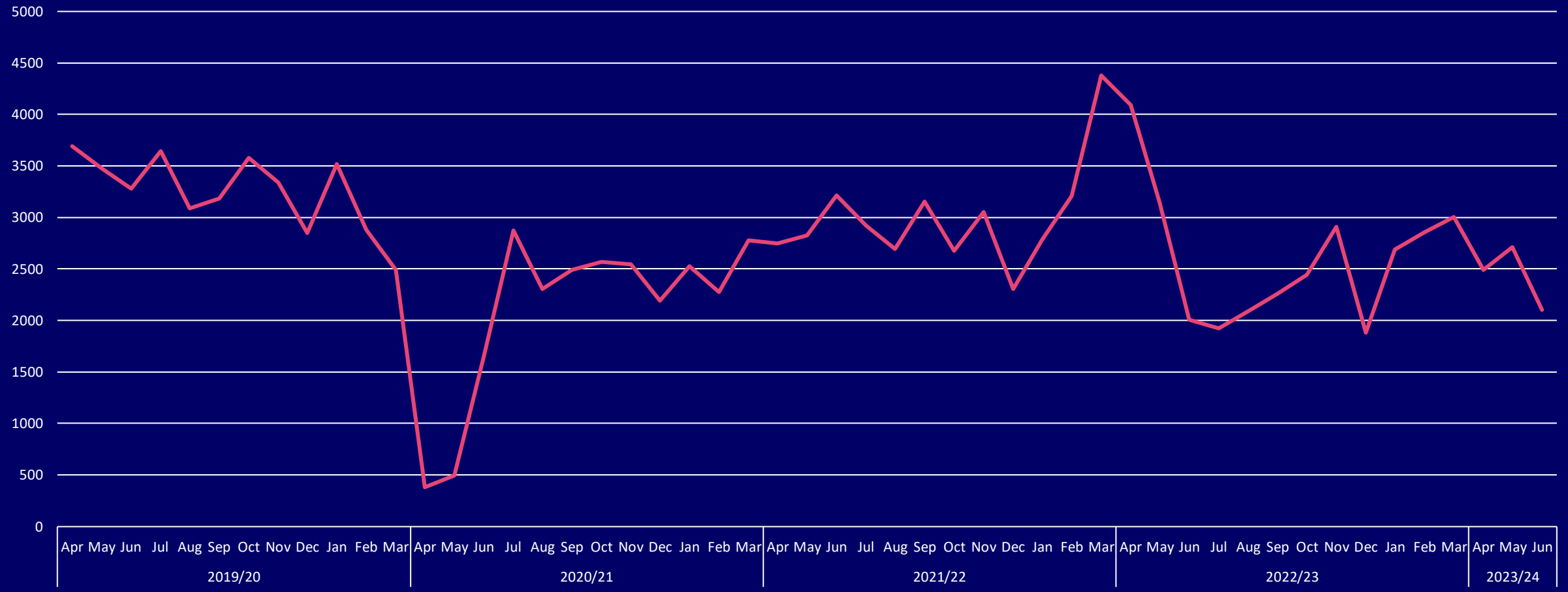
WHAT DO WE HAVE NOW?

- A single point of access
- 6 systems
- Integrated digital dictation
- Digital mail solution
- Less admin burden
- Less duplication
- Less appointments needed
- Some co-located clinics

MSK REFERRALS



COMBINED MSK REFERRALS



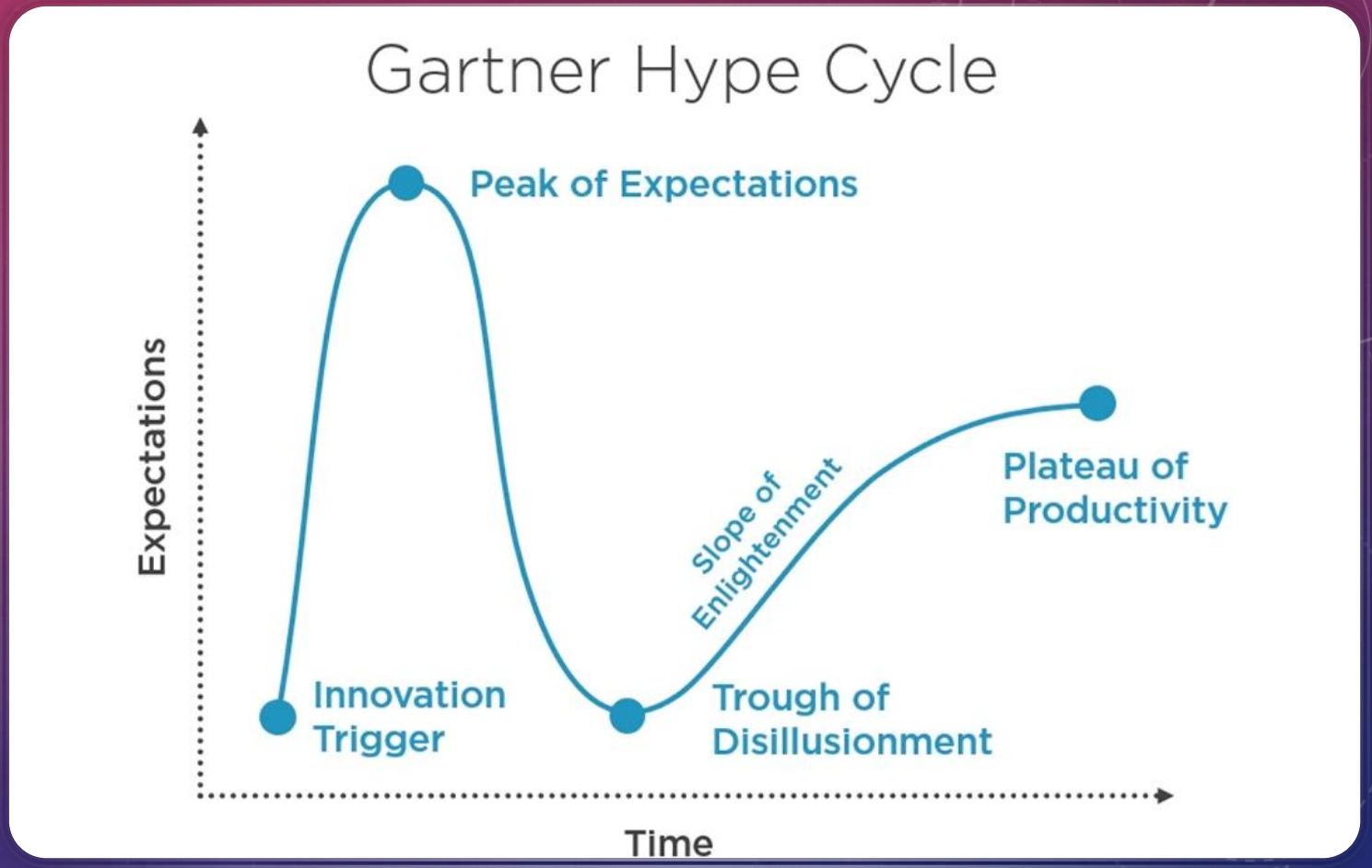
CHALLENGES

- Complexity of the project
- Funnel effect
- Comms with Primary care colleagues
- Relationship pressures with local acute partners
- Not all changes have worked

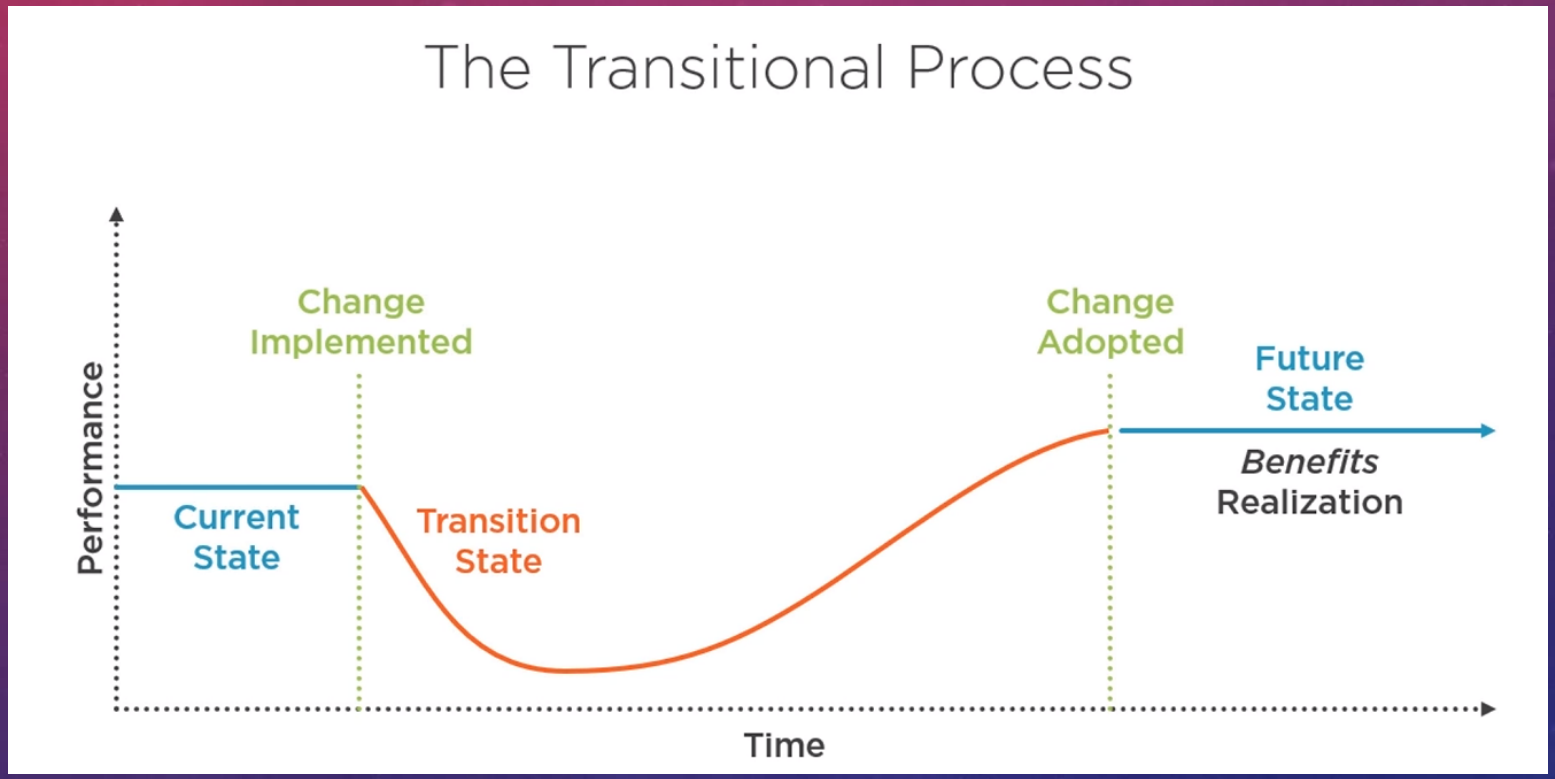
POST GO-LIVE

- Waiting list consequences
- Productivity consequences
- SPA convergeance

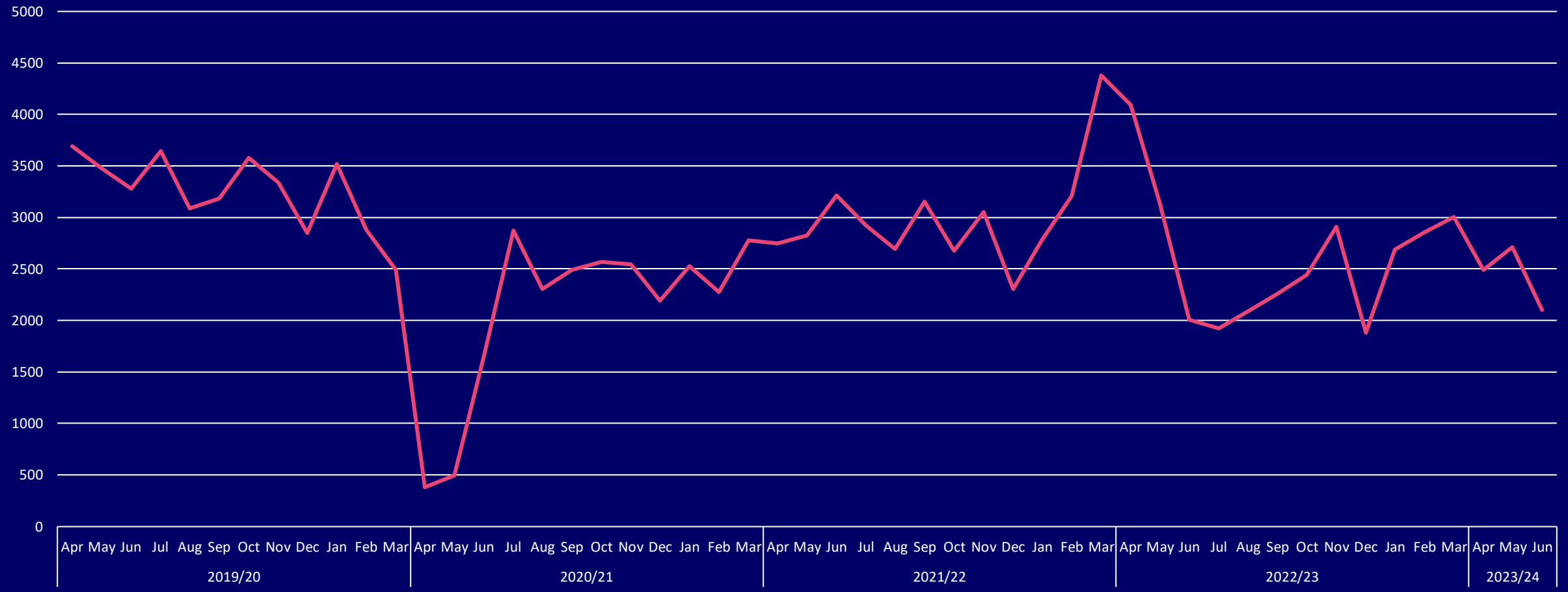
GARTNER HYPE CYCLE



THE TRANSITIONAL PROCESS



COMBINED MSK REFERRALS



LESSONS LEARNED

- Communication
- Colleagues didn’t feel ready
- People forget
- You don’t always need new tech

BENEFITS REALISED

- Improved patient flow
  - Improved patient experience
- Reduced duplication
- Appointments saved
- Single point of access
- Savings in printing/ postage (x1 WTE admin staff)
  - Enabled more home working
  - Projected £400k savings
- Career pathways
- Better data
- Knowledge mobilisation
- Equity for access to CPD
- Sharing of resources
- “sense of belonging”
- Improved operational management

WHAT'S NEXT?

- Self referral
- Patient portal
- Ongoing pathway re design
- Ongoing change management
- Data
- ? Speech recognition
- Integrate with rheumatology?

- Always leave things better than you found them, especially people.

- Dr Henry Cloud.

THANK YOU

BEN.JEEVES@MPFT.NHS.UK

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Speaking Now…

The Patient Flow Conference South 2023

Headlined by: CATALYST BI

Dr Gurnak Singh Dosanjh

GP and ICB Clinical Lead for Home First - **Leicester, Leicestershire and Rutland ICB**

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Q&A Panel

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Thank you for attending The Patient Flow Conference South!

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