Nottingham City NHS Primary Care Trust

Nottingham City Council

Nottinghamshire County NHS Teaching Primary Care Trust

Nottinghamshire County Council

MODERNISATION OF INPATIENT REHABILITATION SERVICES FOR OLDER PEOPLE

1. Introduction

This report summarizes progress at Lings Bar Hospital (LBH) since the last report to the Joint Overview and Scrutiny Committee in November 2007.

2. Background

At the time of the public consultation on service changes in April 2006:

- there were 128 inpatient beds across 2 sites (Highbury Hospital and LBH) – now 96 beds at a single site, LBH
- average length of stay was 55 days (for 2002/5), and at the time of the redesign project, reached about 60 days
- about 25% of bed occupancy was blocked by delays (at one point this rose to almost 40%)

As part of the project, non-recurrent funds were allocated to both City and County Adult Social Services Departments to help reduce delays.

3. Current position

The current position is as follows:

- total admissions:
  - 2007/08 – 632 with a 58%/42% split between County and City patients
  - 2008/09 – 312 admissions up to and including August with a 61%/39% split between County and City patients
- average length of stay has decreased and is now about 33 days – a significant reduction from the average in 2006
- during August an average of 135 bed days (equivalent of 20 beds) were lost to DToCs each week – 20% of total capacity. So although the proportion of delays has reduced slightly (and is of a smaller number of beds since 2006), it is still high
- the vast majority of the delays are due to patients waiting for social care, with County residents being by far the highest proportion
- a very small number of patients are delayed for health reasons – e.g. patient delayed for 3 days waiting for community equipment
- occupancy levels are frequently above the target level of 85%

4. Progress report

Significant progress has been made by the provider Nottinghamshire Community Health to implement the agreed service redesign and pathway developments. There have also been a number of other achievements which need to be taken into account and help set the context in which the improvements have been made:

4.1 Length of stay

The length of stay (LOS) has significantly decreased across all areas in LBH. This is a consequence of improving staff awareness, changing the culture and improving processes e.g.

- introducing robust monitoring systems such as weekly exception report meetings with the clinical team to progress map the patients with long lengths of stay
- improving joint working with social care colleagues, with the shared goal of minimising delays
- improving networks with community matrons to assist in understanding when to discharge into a community setting.

4.2 Admissions/ patient pathways

Significant work has been ongoing in terms of supporting the capacity within Nottingham University Hospitals e.g.

- strengthening communication between the two hospitals through integrated discharge teams:
- LBH has improved the admission pathway and will now accept double (8) the number of admissions each day routinely, as capacity allows. LBH can take more if demand is excessive or the target 4 hour wait in A/E is breached
- accepting patients directly from A&E thus avoiding an unnecessary acute admission
- accepting generic patients from the Stroke Unit
- 10 beds designated for Trauma and Orthopaedic beds since June 2008. These patients have a longer length of stay dictated by the healing of their fracture which is on average 10 weeks (thus these patients 'inflate' the average length of stay)

4.3 Patient and Carer Satisfaction Measures

Two **Patient Satisfaction** surveys conducted April and July 2008 (36 and 32 patients respectively) - the latter, independent survey, carried out by members from Age Concern and Older People's Group. Wherever possible patients were asked to complete questionnaires by themselves independently or with assistance from their relatives or visitors but in some cases they were assisted by members of the survey team. From the two questionnaires it is evident that satisfaction is generally high with the overall quality of care (91%; 94%), involvement in discussions and decisions about care (92%; 91%), and attitude of staff (97%; 91%).

Volunteers from Age Concern and the Older People's Group also carried out a **Family/Carer Satisfaction** survey in July 2008. From 33 respondents, 97% were satisfied with the contact from the team, 94% felt they were involved as much as they wanted to be in discussions around care and 94% rated the quality of care received by their relative/loved one as good to excellent. In addition 85% reported seeing some improvement in their relative/loved one since being under the care of the LBH team. When asked how easy it was to visit LBH, 64% said it was either very easy or easy; 15% made no comment; and 21% said it was difficult.

Results from the surveys have been discussed and acted upon with the ward managers and teams. Plans are in place for audits to be carried out on a quarterly basis supported by volunteers.

4.4 Workforce developments

Ward skill mix has been improved by e.g.:

- Recruitment of Band 3 senior health care assistants who can undertake nursing as well as therapy roles thus embedding the ethos of rehabilitation model. All wards have staff in post at this level.

- Establishing clinical support at night through a night sister role – covering the four wards and providing expertise and guidance through the night as the senior clinical team member on site. The benefits of this role are to reduce calls to out of hours GP cover, improve clinical skills and knowledge and provide an improved service to patients and staff. Staff have been developing clinical skills and are linking to NUH to gain competence in practical skills. They are also shadowing the nurse consultant and nurse practitioner to gain advanced patient assessment skills.

- Introduction of a new approach to therapy care and have progressed to 6 day week working and cover for bank holidays

- The therapy teams now run twice daily formal rehabilitation groups with patients from across all wards to further reduce length of stay by improving clinical and functional outcomes for the patient

- The nurse-led approach has been strengthened through additional nurse practitioner capacity to the team

- The operational policy focuses on a nurse led model and developing ways of working with medical consultants and therapy heads to develop aspects of advanced practice within multidisciplinary teams and out of hours working.

5. Further planned developments

- Development of team of outreach workers (Band 2), to provide a mirrored care package in patient's own homes – to reduce bed days for those patients who are waiting for care packages to commence. This is a joint working project supported by County Adult Social Services Department.

- The Productive Community Hospital initiative, commencing with a pilot ward in October 2008. This will then roll out across the remaining wards early in 2009.

6. Conclusion

Significant progress has been made to implement new pathways of care and improve patients' experience. Lengths of stay have been reduced and productivity levels improved. Very little delay is attributable to waiting for health care reasons. LBH is continuing to work closely with Social Services colleagues on the shared goal of minimising delays, including a joint project which will deploy generic outreach workers to support smooth and safe transfers home.

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