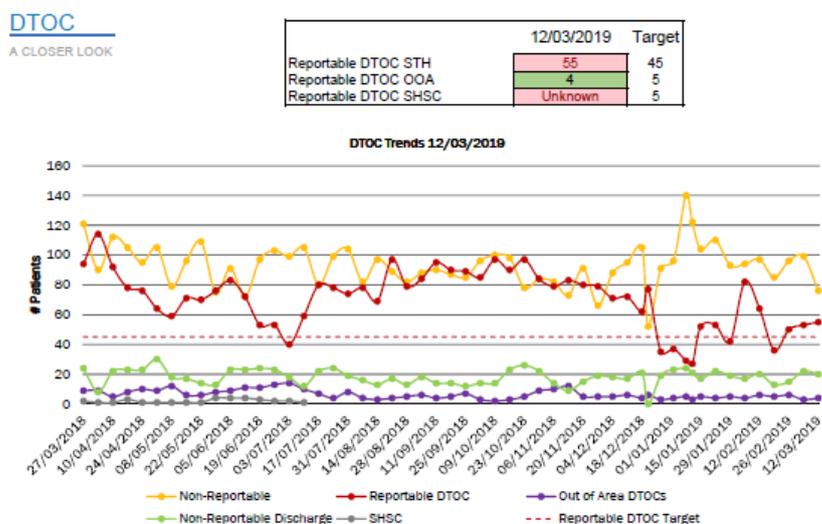


CQC Report: Why Not Home Why Not Today Metrics

Core metrics

- DTOC performance in early March continues to show significant improvement in terms of delayed patient and delayed day volumes, maintaining improvement over the last 12 months. Slight increases have continued to be effectively managed to ensure lower numbers than the same period last year overall.

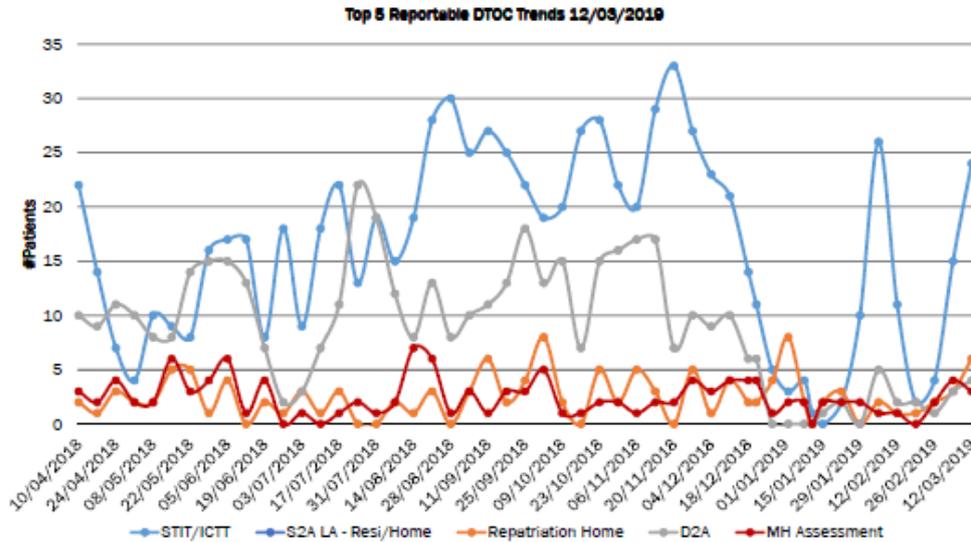
Chart 1



The March 2019 data shows month-on-month improvement since October 2018 with volumes of delayed days now only marginally above the NHS England target of 3.5% (maximum) of beds being occupied by DTOCs.

Weekly reports ensure more focused attention of all delays and focus upon ‘delayed patients’. These reports allow a more immediate appreciation of performance and provide more granular data which show in Chart 2, as per Chart 1, continuing decreases in delay volumes, with a particularly sharp decrease during late December and early January. An increase in early February has been quickly addressed.

Chart 2



Trend analysis, shows much reduced queues within the Route 2 delay categories. However, a significant peak in demand for STIT/ICTT can be seen in early February and early March.

Route 2 Capacity Flexibility

Flexibility now provided by the Offsite Community Beds (OCBs) with the increased demand for Route 2 catered for via dovetailing STIT and OCB capacity to ensure delays are quickly tackled. Moreover, the OCBs and Intermediate Care Beds (ICBs) are now managed in tandem, teaming and lading bed capacity between the two in order to provide a rapid response to changing demand patterns.

This flexible approach is co-ordinated via the weekly system ‘Flow’ meeting and informed by the daily TASK meetings.

Patient Experience

It is the intent of this report to include regular information on patient experience across the system. This is underdevelopment. At present this report includes feedback from clinicians during the why not home why not today board, to give an indication of how services are focusing on avoiding admission and discharge.

A patient story about successful admission avoidance.

- Patient was an 80 year old woman, who was living alone
- History of chest problems including having part of her lung removed in 2017 due to cancer
- Had input from community nursing team and also help from her daughters
- HCA attending the patient noticed she was short of breath- HCA phoned the community matron who was comfortable that the patient could wait for an hour until she could go to her home to make an assessment.
- As a result no ambulance was called

- The community matron attended and ruled out a serious cause of shortness of breath
- Shortness of breath attributed to the fact that the patient was anxious and had been rushing around
- The community matron did identify that the patient was struggling (issues with weight loss and relationship with family)
- The community matron arranged to visit again when family was there
- The result was that the patient was referred to breathing space, the matron also spoke to the patient's GP who made referrals to the community pharmacist and the Community Mental Health team and the patient was also given advice on diet and exercise.

Reflections:

- The HCA was skilled to recognise the potential problem, consider the appropriate escalation and the potential impact that this could have for the patient
- The community matron was easily contactable by phone
- Expertise of the matron – looking at the whole of the patients' needs
- Good relationship between HCA and Community Matron and also with the patient and family (Trust and Confidence)
- Feedback from IF, SL and HK that this sort of situation does happen routinely in the community- some feeling that had the patient presented at the GP or ED then connecting back out would have been more challenging
- Reflection that the outcome of this story could have been different depending on how the situation is presented in terms of when and to who
- Area to develop identified - all of those working with people in the community (including social workers) need to know the options available to them as alternatives to ringing an ambulance.
- It was recognised that trust, confidence and relationships take time to build
- Agreed to link into the Organisational Development work happening in neighbourhoods

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