Appendix V – Mitigating UHL growth in activity and beds

Efficiency schemes are constantly being identified and implemented and therefore the identified schemes presented are at a point in time. Some schemes will over deliver and some under deliver therefore our modelling has been based on both best and worst case scenarios. This section outlines efficiency schemes both internal to the Trust and system wide schemes.

LLR wide schemes

Optimising pathways for frail and multi-morbid patients

Details of the LLR frailty and multi-morbidity programme are set out in Sections 3.3.1 and 7.2 which describe the Models of Care/transformation proposed as part of the BCTP. The majority of the demand management schemes in place across LLR also focus on ensuring that the holistic care this cohort of vulnerable patients receives is optimised, reducing the need for admission to acute beds. The totality of the frailty and multi-morbidity programme over the 5 year period is expected to prevent 4,300 spells, mitigating the growth by between 57 and 67 acute beds, predominantly in medicine and cardio-respiratory specialties. The programme draws upon benchmarks from local tests of delivery in Leicester City CCG, NICE guidelines and best practice as identified by the NHS Right Care STP pack and frailty case study, British Geriatrics Society and Same day emergency care network.

Further work is being undertaken to explore additional schemes to expand and change care provision in the community setting in order to further prevent admissions and avoid readmissions to UHL.

Frailty and multi-morbidity programme bed reduction range

Scheme	Bed reduction range 2023/24
Frailty and Multi-morbidity programme	57 to 67

Optimal length of stay through implementation of Safe and Timely Discharge processes

A key Quality priority for the Trust over the next 3 years is to implement safe and timely discharge for all patients in our care, seven days a week, by embedding safer discharge processes and eliminating avoidable delays.

On the whole, nobody would want to stay in hospital a moment longer than is absolutely necessary. For many patients a delay to their discharge is not just frustrating and inconvenient, it is actually detrimental to their health and independence. We discharge between 150 and 300 patients a day and though most

of those patients will have a good experience of the discharge process, a significant minority will not.

Medications To Take Out (TTOs) are often not written up early enough, the discharge summaries which explain to GPs what has happened to a patient and what needs to happen next are sometimes of poor quality, and the process can take so long that the patient who was expecting to go home or to a care home has to be put back into one of our beds for another night.

Recognising that discharges are increasingly complex because our patients are increasingly complex, we know that this is as much an issue for the system to resolve as it is the Trust.
Nonetheless, we must make sure that our end of the process is better managed, so amongst other improvements we will expect that all patients admitted to hospital will have an Expected Date of Discharge set the day they are admitted.

Although the maximum opportunity is 51 beds, the opportunity varies throughout the year with a decreased opportunity over the winter months when bed occupancy is at its highest. The clinical services have been fully engaged in developing this programme of work and the associated efficiency targets.

The number of beds delivered has been reviewed and confirmed by the services.

Optimal length of stay bed reduction range

Scheme	Bed reduction range 2023/24
Optimal length of stay through implementation of safe and timely discharge processes	28 to 51

Trust wide schemes

British Association of Day Surgery guidelines

The provision of a dedicated day case / 23 hour stay facility within the Treatment Centre, coupled with a new Gynaecology unit, will enable the delivery of a modernised day case Model of Care in Gynaecology, Urology, General Surgery and Paediatric Surgery including compliance with British Association of Day Surgery (BADS) guidelines. Through the establishment of a true day case (23 hour stay 6 days a week) model in the Treatment Centre between 14 and 20 beds would be released.

BADS guideline bed reduction range

Scheme	Bed reduction range 2023/24
Optimal BADS pathway	14 to 20

Speciality specific schemes

Through Model of Care redesign, services have focussed on changes and improvements in pathway that deliver benefits for their patients. Each CMG was asked to identify efficiency schemes from within their CMG and discuss these with the clinical team to ensure that they were realistic, owned by the clinical team and deliverable.

There are a number of speciality specific schemes which will deliver clear improvements in patients' length of stay – these are summarised below together with the range in delivery for bed reductions.

Specialty specific schemes bed reduction range

Scheme	Description	Bed reduction range 2023/24
End of Life Pathway improvements	Care pathways for patients and fast tracking and rapid discharges. Based on guidance from the Royal College of Nursing and NICE.	3 to 4
Hampton Suite	Implementation of a reablement bridging service designed to get those patients who cannot go home first, to go home fast.	3 to 4
Pre-operative Length of stay	Streamlining of pre-assessment pathways, with increased therapy input for orthopaedic patients.	6 to 8
Post-operative Length of stay	Seven day working of senior medical staff in orthopaedics to facilitate timely discharge.	12 to 13

Scheme	Description	Bed reduction range 2023/24
Joint Replacement	Development of a surgicentre approach at UHL.	0 to 6
GO project	Glenfield Outreach (GO) team of therapists to facilitate early discharge.	2
AMU front door	Provision of a therapy service at ED front door to prevent admissions. Based on guidance from the Kings Fund and NICE.	5
Respiratory Consultant Business Case	An additional Consultant to support increased Consultant input – reducing admissions and length of stay.	10 to 20
Cardiology Consultant Business Case	An additional Consultant to support expanded 7 day service and increased Consultant input – reducing admissions and length of stay. Base on guidance from the Royal College.	10 to 20
Frequent Attender pathway	Targeting of patients who are admitted on a regular basis to ensure a robust package of care and management plan to prevent admission. Base on guidance from the Royal College.	0 to 2
Gynaecology Robot	Reduced length of stay with minimally invasive surgery techniques.	0 to 1
Infectious Diseases pathway improvements	Escalation process around getting our super stranded patients back to their local hospitals once they are smear negative.	1-2

Scheme	Description	Bed reduction range 2023/24
Perfect Ward initiative / Ward accreditation	Enabling wards to function without delays	4-5
Safe and Timely Discharge project	Identifying and addressing delays to discharge	6-7
Total		**62 to 99**

The total combined efficiency opportunity identified is therefore between 161 and 237 beds.

Impact of efficiency schemes

The overall impact of efficiency schemes is summarised in the table below.

Overall impact of efficiency schemes

Scheme	Bed reduction range 2023/24
Optimal management of frail and multi-morbid patient cohort	57 to 67
Optimal length of stay through implementation of safe and timely discharge processes	28 to 51
Optimal BADS pathway	14 to 20
Specialty specific schemes	62 to 99
Total	**161 to 237**

In terms of what we currently know about the effectiveness of those mitigations, it is something of a mixed bag. The work to improve the recognition of frailty and therefore the clinical decision making for frail patients is producing the results we expected *where the optimal interventions have been effectively delivered.* For example the admissions from this cohort in the City (where much of the frailty programme was originally piloted) have been in decline since 2016 with a stabilisation of emergency admission rates for this cohort noted in 18/19 (0.00% growth against the previous year).

This bucks the trend in both West and East Leicestershire & Rutland CCG areas where annual growth of between 2 and 5% was noted between 16/17 and 17/18. Since the launch of the frailty programme, the emergency admission rate for all 3 CCG's has fallen, with an LLR total growth for this cohort of 0.00% seen for 18/19 compared to 17/18. This stabilisation is also in direct contrast to national trends for the same time period where increases of up to 5.4% in emergency admissions were reported. However at scale improvements in LoS have been harder to come by; the trust has therefore realigned its Quality Priorities to focus on deliver of these programmes.