

Adult Care and Health Overview and Scrutiny Committee	
Agenda Item	Grove Discharge Unit, Clatterbridge Hospital
Title of Report	Progress Briefing
Date of Meeting	16 th September 2019
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1. Executive Summary

The purpose of this report is to provide a progress briefing on the 30-bedded Transfer to Assess (T2A) facility, Grove Discharge Unit (GDU), which came into operation at the end of November 2018.

2. Background

GDU operates under the direction of Tamaris-Four Seasons Healthcare and fulfils the purpose of providing a sub-acute model of care. The contract is a 2-year tenure with the mutually agreed option of a 2-year extension.

The decision to partner with Tamaris-Four Seasons in November 2018 was influenced by various issues including high bed occupancy in the acute trust, the need to have additional beds for winter and acknowledgement of the challenges in recruiting trained nurses to staff these additional beds.

There was recognition across the Wirral health and social economy that bed occupancy at Wirral University Teaching Hospital (WUTH) was consistently higher than the nationally recommended level (98% against the recommended 85%). As a direct consequence patients attending the Emergency Department and Assessment areas were waiting longer for a bed, we weren't able to achieve the 4-hour emergency care standard, our length of stay was increasing, patients were undergoing multiple bed moves and there was gridlock in the hospital. Concurrently, however, the Trust had significant workforce challenges with approximately 92 vacancies in trained nursing posts within the Medicine and Acute Division which rendered it impossible for us to procure experienced staff to operate the Unit independently.

3. Functionality of the Unit

The 30-bedded Nurse-led Unit on the Clatterbridge site is flexible and responsive to the needs of individuals who are medically optimised and no longer require care in an acute setting. It helps manage the on-going urgent care pressures by freeing up capacity on the Arrowe Park site so our teams at Wirral University Teaching Hospital can fulfil the specialist functions they are equipped to provide.

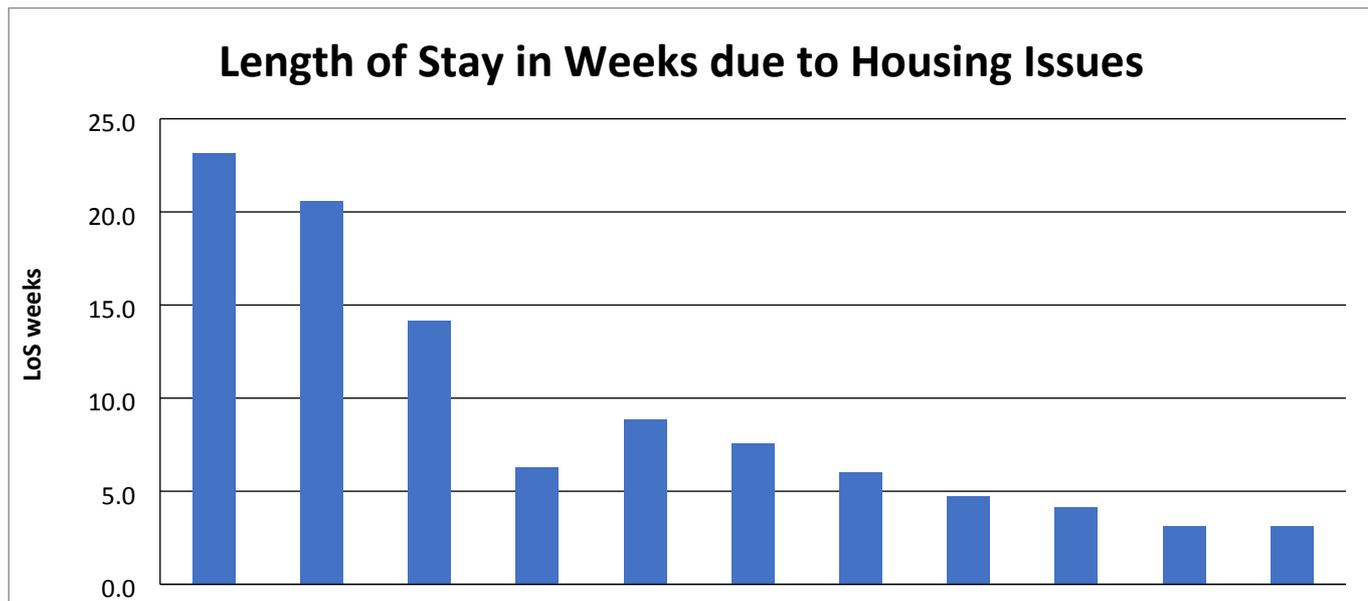
Whilst the beds are flexible they are characterised by the following features:

- Avoidance of prolonged hospital admission in an acute setting.
- Flexible approach in terms of level of need, this will include interim solutions for patients waiting for longer term community packages, assessment to determine future needs including complex packages but not requiring acute care.
- Flexible admission times.
- Patients who have safeguarding concerns can access these beds until an appropriate solution is sought.

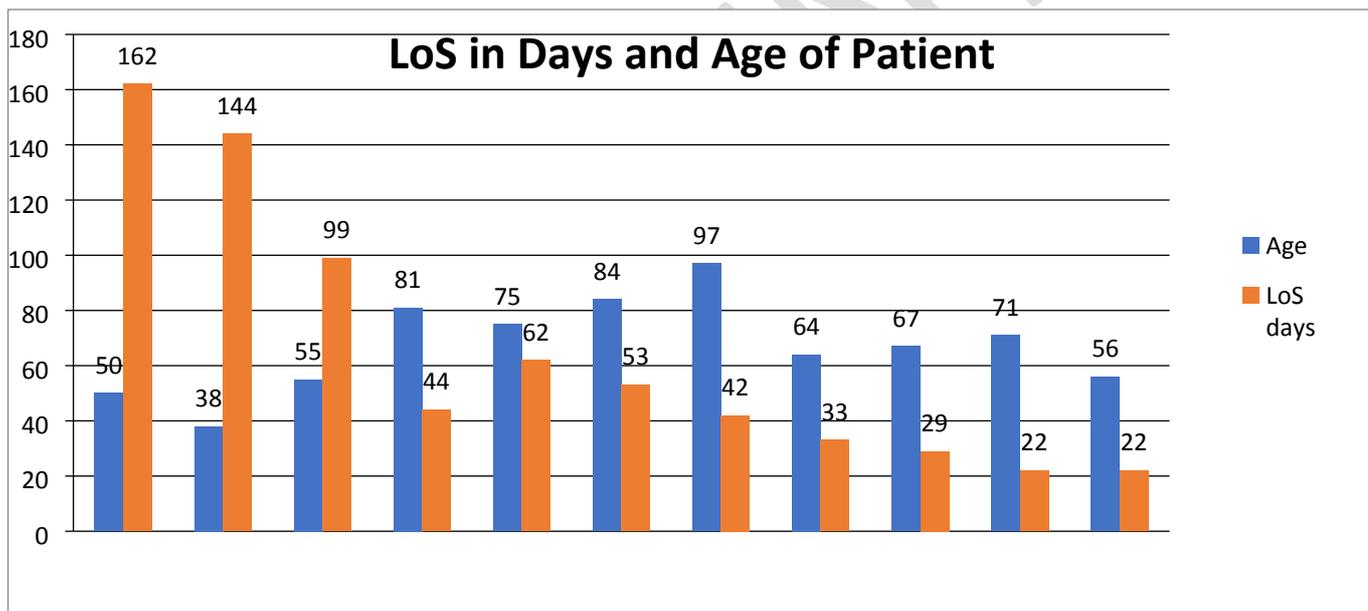
The aim is to promote independence and self-care, encouraging patients to take greater responsibility for their own physical and mental health and live independently as part of their communities. Our intention is to provide short-term support whilst health and social assessments are undertaken, aiming to reduce permanent admissions to Care Homes. The intended maximum length of stay is 4.2 weeks, including weekend and Bank Holidays.

Our current average length of stay (LoS) at the end of July was 29.19 days. However, a noteworthy challenge for the Unit has been patients with housing issues which account for a significant percentage of occupied bed days and delayed discharge.

The length of stay in weeks is illustrated in the graph below:



The graph below then illustrates the length of stay in days and by age:



It is clearly evident that the age range of patients for patients with delayed discharge from GDU is widely variant, ranging from 50-97 years.

4. Workforce

For the 30 beds on GDU the staffing levels are:

Day Shift: Unit Manager/Deputy
3 Trained Nurses
5 Care Assistants

Night Shift: Unit Manager/Deputy
2 Trained Nurses
2 Care Assistants

5. Quality Assurance and Patient Experience

The quality assurance system operated by Tamaris-Four Seasons is known as Quality of Life (“QOL”). Tablet (iPad) technology is used in the home to capture data. There are a number of strands to QOL, including:

(i) Daily walk-around and medication short audits:

	Monthly Medication					ICTRaCA (admissions, progress and discharge)					Daily Walkabout		
Freq.	Monthly					As required					Daily		
Month	Volume	Score	Actions raised	Average days to resolve	**Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	**Outstanding Actions	Volume	Score	**Outstanding Actions
Nov-18	1	87.2	12	16	0	12	98.7	7	14	0	5	100	0
Dec-18	1	84.0	19	10	0	66	99.0	23	6	0	24	100	0
Jan-19	1	91.7	10	4	0	63	98.3	31	2	0	33	94.8	0
Feb-19	1	96.6	5	1	0	54	96.7	70	3	0	29	92.8	0
Mar-19	1	99.2	3	4	0	74	96.4	81	3	0	33	96.1	0
Apr-19	1	97.0	6	3	0	62	98.4	38	2	0	35	97.1	0
May-19	2	97.1	8	8	0	64	98.0	41	3	0	31	99.0	0
Jun-19	1	93.3	8	3	0	46	96.1	67	4	0	32	99.1	0
Jul-19	1	93.9	8	1	0	57	98.8	22	1	1	35	99.7	0

(ii) Systems reviews, including the Regional Manager:

Quarterly audits

Month	Human Resources					Health and Safety					Home Governance				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
Q4-18	1	100	0	0	0	0	-	0	0	0	1	100	0	0	0
Q1-19	1	100	0	0	0	2	97.1	1	1	0	2	100	0	0	0
Q2-19	4	100	0	0	0	4	94.1	4	4	0	3	100	0	0	0
Q3-19*	1	100	0	0	0	1	94.1	1	1	0	1	100	0	0	0

Monthly audits

Month	Food Safety					Dining Experience					Housekeeping				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
Nov-18	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Dec-18	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Jan-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Feb-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Mar-19	1	100	0	0	0	1	100	0	0	0	1	100	0	0	0
Apr-19	2	100	0	0	0	2	100	0	0	0	1	100	0	0	0
May-19	3	100	0	0	0	3	100	0	0	0	2	100	0	0	0
Jun-19	3	97.9	2	6	0	3	100	0	0	0	3	100	0	0	0
Jul-19	1	100	0	0	0	1	100	1	1	0	1	100	0	0	0

Bi-annual audits

Month	Information Governance				
	Volume	Score	Actions raised	Average days to resolve	Outstanding Actions
H2-18	1	83.3	1	17	0
H1-19	4	100	0	0	0
H2-19*	1	100	0	0	0

*Data is accurate up to 31st July 2019.

(iii) Feedback from residents, relatives/friends and visiting professionals:

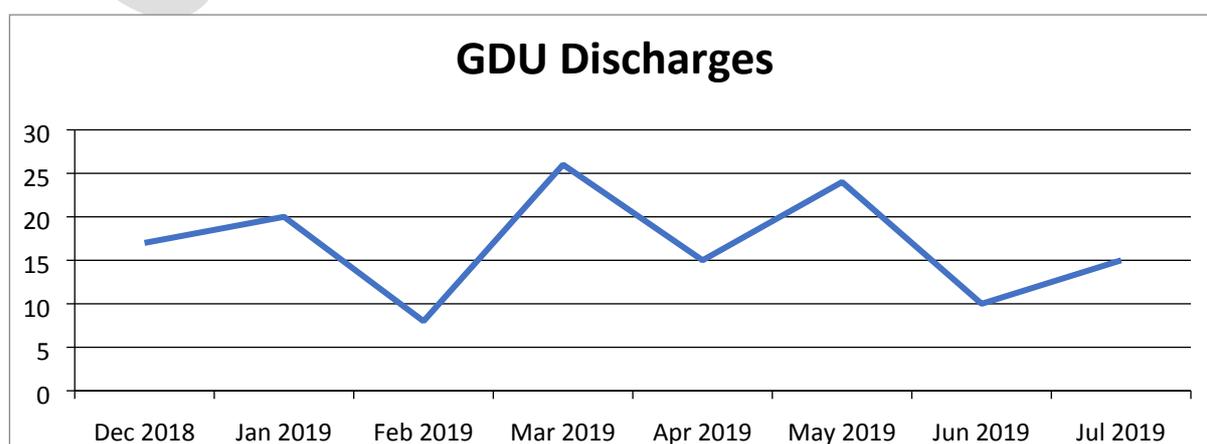
	Colleague feedback			Customer feedback		
Freq.	3 per week			10% effective beds per week		
Month	Volume	Score	Outstanding Actions	Volume	Score	Outstanding Actions
Nov-18	4	90.2	0	8	98.4	0
Dec-18	14	87.2	0	19	90.7	0
Jan-19	16	88.2	0	35	98.0	0
Feb-19	13	95.9	0	26	94.3	0
Mar-19	15	88.3	0	34	98.1	0
Apr-19	12	93.8	0	33	92.6	0
May-19	19	87.6	0	36	97.8	0
Jun-19	21	90.3	0	34	97.4	0
Jul-19	18	86.3	0	31	98.5	0

The positive feedback from patients is supported by the Care Quality Commission who rated the Unit as “good” overall following an unannounced inspection at the beginning of the year. It was also rated as good against each of the core inspection themes of being safe, being caring, providing effective care, being responsive to patients’ needs and well-led. The inspectors said that people’s outcomes were consistently good and their positive feedback confirmed this.

The Grove was given very positive feedback by its first local patients who told the CQC inspectors that the team were kind and caring. In customer feedback comments to the Intermediate Care Service manager, one patient said: “It is the best place I have ever been. I have been to a few hospitals and this ward is the best.” Another patient said: “It’s very good here; the staff are attentive and caring.” One of the first gentlemen to be admitted to the service loved it, according to his daughter. He thought the staff are outstanding, but could also “have a laugh with them”.

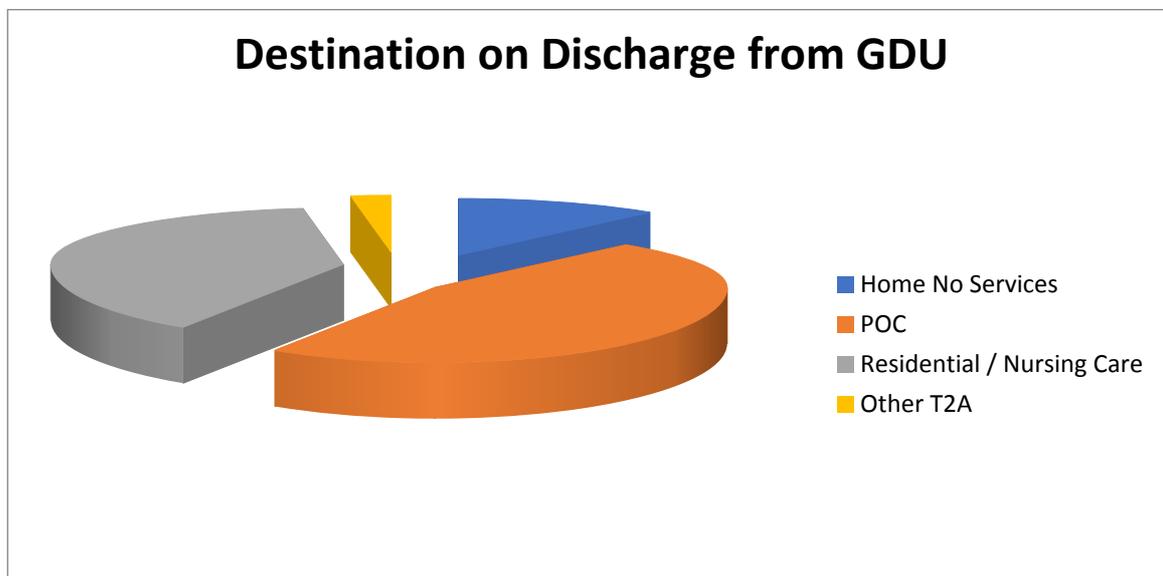
6. Activity Data

Monthly discharges from the Unit have been variable but consistently above those of other T2A providers on Wirral. Of note is that during February and June 2019 when we were unable to secure consistent Social Work support, the number of discharges reduced significantly which had a detrimental impact on flow through the Unit and resulted in patients staying beyond their targeted date of discharge. Social Work support, therefore, is clearly integral to this model of care.



7. Patient Outcomes

It is extremely positive that following a stay on GDU a high proportion of patients have been able to return home without services or with a package of care (POC). This evidences the benefit of assessing the needs of a patient in a non-acute setting where a more realistic overview of the individual's ability often decreases the need for long-term residential or nursing care.



8. Future Sustainability

In response to concerns about the future financial stability of Tamaris-Four Seasons, WUTH have received the following assurance:

“The aim remains that the process achieves a whole Group solution and we are very comfortable that we have credible bidders and expect that the outcome will be a successful transaction. It is worth remembering that we have only taken bidders who were looking at a whole Group solution to this round of the bidding process. There will be no precipitative closures of homes at the time of the transaction, and our priority remains to ensure continuity of care for our residents and patients.”

9. Summary

To date the overall performance of GDU as a step-down Unit has been good, particularly in relation to the quality of care provided to patients which is evidenced by the positive patient feedback and CQC rating. The outcome of care for patients is extremely positive with a significant proportion of patients being able to return home on discharge. We recognise that further work is required to address the issue of delayed discharge, particularly in relation to patients with housing issues and will continue to work in partnership with our Health and Social Care colleagues to address this.