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National Leadership and Innovation Agency for Healthcare

DELIVERY AND SUPPORT UNIT
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Welsh Government

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Toolkit:

Bed Management

What is the Bed Management toolkit?

The Bed Management toolkit has been designed as part of the wider Seasonal Pressures Taskforce Programme to give Health Boards guidance in identifying operational solutions to resolve bed management constraints.

Who is the toolkit for?

How should it be used?

The bed management toolkit was developed by NHS Wales colleagues in conjunction with the Welsh Government. The toolkit can either be used to support improvements or can be used on an ad hoc basis, when appointing a bed manager to your organisation.

Who can I contact with my feedback about the toolkit?

All feedback is welcomed. You can submit comments to the Welsh Government at NHSEmergencyCare@wales.gsi.gov.uk

What are the key areas I will have to focus on?

The toolkit focuses on the organisational changes necessary to improve patient flow management. It specifically addresses bed management processes, underpinned by:

- The right people and organisation structure.
- Gathering real time data and ensuring information flows through the system.
- Access to the necessary tools, to support improvements.

What is our end goal?

The bed management toolkit should be used with the aim of improving the overall patient experience as well as, improving elective and emergency patient flows.

Recommended Minimum Data Set for daily bed capacity planning meetings

A set of key information is required in order to effectively and proactively manage demand and capacity on a daily basis. The following identifies essential data required, but acknowledges there may be other data specific to individual Heath Boards.

The use of a visual whiteboard or electronic PAS system should be utilised so that all present can see the overall capacity and identified surplus or deficits, which will aid discussions on the actions necessary to accommodate timely patient flows throughout the hospital.

- Escalation status (ie level 1, 2, 3 or 4).
- Available capacity in A&E.
- Number of patients currently in A&E and their breach times.
- Number of ambulances waiting to offload (if applicable).
- Available beds (to include wards, assessment units, critical care and 'ringfenced' beds).
- Critical care capacity (to include delays).
- Confirmed and potential discharges.
- Confirmed and potential discharges for community hospitals.
- Electives to be admitted (highlighting urgent; long waiters; previous cancellations).
- Predicted emergencies by specialty.
- Available community hospital beds.
- Confirmed discharges from community beds.
- Potential/query discharges from community beds.
- Patients awaiting transfer to community hospitals
- Available capacity in community/intermediate care services.
- Patients awaiting transfer to tertiary centres.
- Patients awaiting repatriation to/from hospitals.
- Infection Control issues (ie infection outbreaks, etc).
- Outliers.
- Staffing issues.
- Plans for managing potential impact from local events ie school half term; 'Freshers' week; rugby/football, etc.
- Any known potential adverse weather conditions.

Bed capacity planning meetings should be held at least three times daily. Meetings should be chaired by a senior manager and should be represented by senior decision makers from all bed holding directorates; hotel services; A&E; assessment units; discharge liaison and infection control during times of infection outbreaks.

The above information should be refreshed at each meeting to enable appropriate actions to be taken as part of internal escalation processes. The escalation and de-escalation status should be agreed at each meeting and the Welsh Government Unscheduled Care Dashboard escalation status must be updated as a minimum at the following times:

- Morning: By 10.00 am
- Midday: By 1.30 pm
- Afternoon: By 3.30 pm

Plans to manage capacity and demand during out of hours/weekend periods should be sought before the end of the day/end of the week. Meetings should set out clear terms of reference to ensure all attendees are aware of their roles and responsibilities and the outcomes expected from each meeting. Meetings should be short and action focussed, with actions documented to enable learning for future planning.

An example of terms of reference for daily bed capacity planning meetings

Daily Bed Capacity Planning Meetings

Terms of Reference

Aims

- To ensure the best possible experience for patients accessing hospital care.
- To ensure the sustainable delivery of the 4 and 8 hour standards.
- To promote a culture of ‘no breach is acceptable’.
- To assist in patient flow by proactive decision-making and actions to ensure that capacity meets demand for elective and non-elective actity.

Standard

95% of all new patients (including paediatrics) to spend no longer than 4 hours in a major A&E from arrival until admission, transfer or discharge and 99% of patients spend no longer than 8 hours for admission, transfer or discharge.

Frequency of Meetings

Meetings should be held at least three times daily, for example:

0930 – 1000 hrs
1230 – 1300 hrs
1500 – 1530 hrs

Venue – suggested venue in or close to A&E department.

Updating Status Level

- Morning: by 10:00 a.m.
- Midday: by 1:30 p.m.
- Afternoon: by 3:30 p.m

Attendance at Meetings

The meeting must be chaired by a senior manager with attendance from:

- Bed Managers.
- A&E.
- Directorate representatives.
- Discharge Liaison.
- Infection Control (where necessary).
- Estates/portering.
- Medical staff (where necessary).

Directorate representatives must be senior staff who can take decisions. Where individuals are unable to attend they must nominate a deputy to attend on their behalf.

Other members should be called to attend in line with escalation procedures.

Outcome of Meetings

Meetings will provide the nationally agreed Recommended Minimum Data Set For Daily Bed Capacity Planning Meetings.

Attendees will be expected to discuss and agree the actions to be taken to achieve effective patient flows for both elective and non-elective admissions.

The chair will agree who is responsible for taking the actions required.

Those individuals responsible for taking actions should report back on progress to the next meeting.

The chair will be responsible for ensuring there are clear plans of actions for the management of patient flows during the Out of Hours, weekends and bank holidays. These must be available for handover to duty managers and night nurse practitioners at the end of the day.

Effective proactive planning should avoid breaches of the 4 and 8 hour standards.

Bed Manager Role Profile

Introduction

The Welsh Government established a Bed Capacity Management Task and Finish Group in September 2011 with representatives from the NHS. As part of the group's work, the range of of job descriptions for bed managers was assessed, which demonstrated there were significant discrepancies across the NHS. As a result this role profile has been created, featuring the key tasks to be carried out by a bed manager, as a framework for NHS managers.

The generic term 'bed manager' has been used, as the title for this function varies across Wales.

Role Profile for Bed Managers

Responsibilities:

- Actively manage patient flow in line with the Health Board's Bed Management Policy.
- Responsibility for matching admitted patients to the beds identified, paying due regard to specialty and subspecialty directives, infection control regulations, patient gender and patient safety; as well as transfers between departments for clinical and operational purposes.
- Enacting the infection protected beds policy as advised by the site manager or first on call senior manager at times where demand exceeds the unscheduled care bed pool capacity.
- Working collaboratively with divisional/directorate bed management leads to create capacity in line with anticipated demand so that i) patients can be transferred from the A&E department within 4 hours; and ii) all electives are accommodated.

- To repatriate specialty patients to and from other hospitals.
- Attend daily bed meetings at least three times daily maintaining accurate bed status reporting and patient demand per specialty to inform escalation status levels.
- Actively engage with ward sister / manager on a regular basis to gain an understanding of bed status.
- To ensure the best use of the total bed base by flexibility between divisions/directorates on days of high demand, and to support and communicate with the on-call manager in working beyond divisional / directorate plans when out-of-hours variance from predicted activity occurs.
- To support the divisions / directorates in creating capacity by disseminating information from the discharge team.
- To ensure consistency of approach and equity for all specialty patients, acting in a corporate capacity at times of tension between divisional/directorate priorities and upholding Health Board policy.
- To effectively communicate with the GP liaison service and clinical call handling information.
- To co-ordinate all real time information on elective and non-elective demand including emergency admissions from all sources.
- To effectively communicate with primary care to deter mine capacity across the health community.
- To effectively communicate with the Ambulance Trust and action requests made by them.
- In line with Health Board policies and protocols, to alert the on call manager to any adverse incidents e.g. major incident; fire; lost patients where the police have been contacted; the need to invoke the disciplinary policy; media interest etc.
- To provide information on Health Board policies, protocols and best practices in order to optimise on-call managers' decision making.

- To authorise transfer/discharge transport requirements in and out of hours, communicating directly with transport providers and liaising with the discharge transport team to secure the most cost-effective arrangements for the Health Board.

- To manage and monitor semi-urgent elective admissions (patients who require to come in to hospital but who do not fit normal elective pathways) or, where this has been devolved to divisional/directorate staff, to support those staff in that task.

- To manage (Night Nurse Practitioners) nocturnal staffing requests.

(Note: NNPs also have a range of clinical duties not covered in this role profile).

- To have the autonomy to challenge barriers to flow, such as availability of porters, cleaning, tests and investigations.

Powys Health Board

Whilst it is acknowledged that Powys Heath Board do not manage acute hospitals, they should ensure there are daily communications with each of the acute hospitals aligned to patient flows from the Health Board. The ability of Powys to respond to the needs of the acute hospitals in a timely way will be essential, and therefore much of the recommended data outlined above will be applicable to support planning of capacity to demand on a daily basis.