

Ward 6 BAH Staff Consultation Feedback and Engagement

6th November 2018

Introduction:

- Thank you for ideas / feedback / suggestions received during staff consultation.
- We're still in an open dialogue process – we've had 2 open meetings and held 32 individual 1:1 meetings.
- Briefing paper going to the Durham County Council Overview & Scrutiny Committee on 15th November to provide them with an update on why we have been having these discussions and where we are in the process.
- Today, we will feedback on some of the key themes coming through from the feedback and provide a further opportunity for you to contribute.

• Next Steps

General themes:

- Clear commitment to patients
- Nursing care highly regarded and of a good standard
- Flexible and adaptable as a team
- Current model of service not compliant with national evidence & best practice
 - 'Home first' better for patients
 - Patients in hospital inappropriately can lead to harm
 - Need to reduce unnecessary admissions and transfers
 - Quicker discharges better for patients
- Work with TAPs evolving
- Better use of intermediate care facilities required
- No therapy support on ward 6 currently

Ideas coming through:

- **Rapid Access beds.** Referrals from District Nurses and G.P.s , social admissions. G.P.s could have access to beds and admit directly . Our A.N.P.s could clerk the patients , this may be a popular option for G.P.s and their involvement in the hospital setting could lend itself to them having ideas as to how they can best utilize the beds.
- **Intermediate Care beds,** with an agreed length of stay. Therapy input to enable patients to achieve the level of ability required to return home. Apparently the I.C. Team is to be based in Bishop but we currently have no I.C.beds
- **Step Down Beds :**There is a definite need for some step down beds . There are always going to be those patients who despite best efforts can not be discharged from the acute services. As previously stated step down patients have complex discharge needs and home simply is not an option.
- **Ward Attendees :**This could be for complex dressings or I.V anti-biotics . Some patients require long term anti-biotic therapy eg discitis.
- **Dementia Unit:** To be part of the long awaited frail elderly facility
- **Change the ward remit :** All 'bed blockers' to be considered for waiting list for wd 6.
- **Reduce beds :** Reduce beds with the option to open with bed pressures.
- **Relocation of ward 6 to ward 17** to facilitate access to therapy services and assist to further reduce length of stay.

Ideas coming through:

Over to You

Dialogue to talk through the themes and ideas

Next Steps

- Keep the open dialogue going – work with you to use your feedback and ideas and develop the right model of care into a proposal to discuss with stakeholders and partners.

Thank You