

Council of Governors

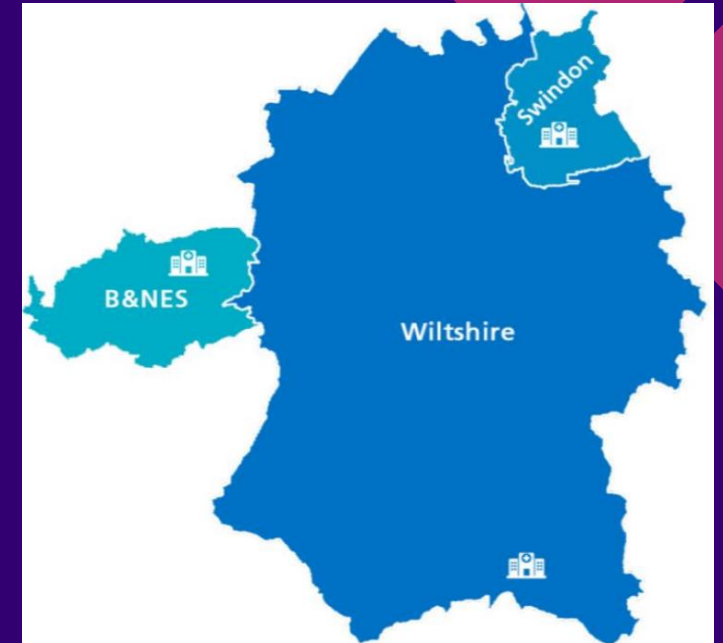
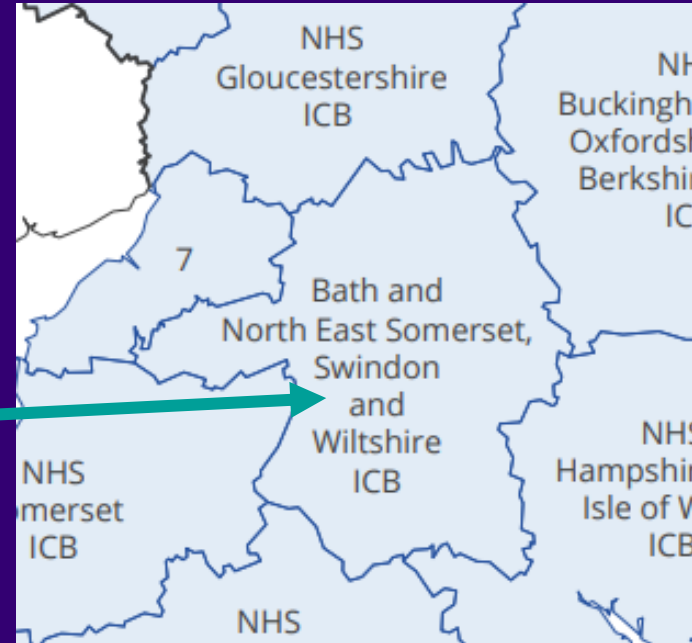
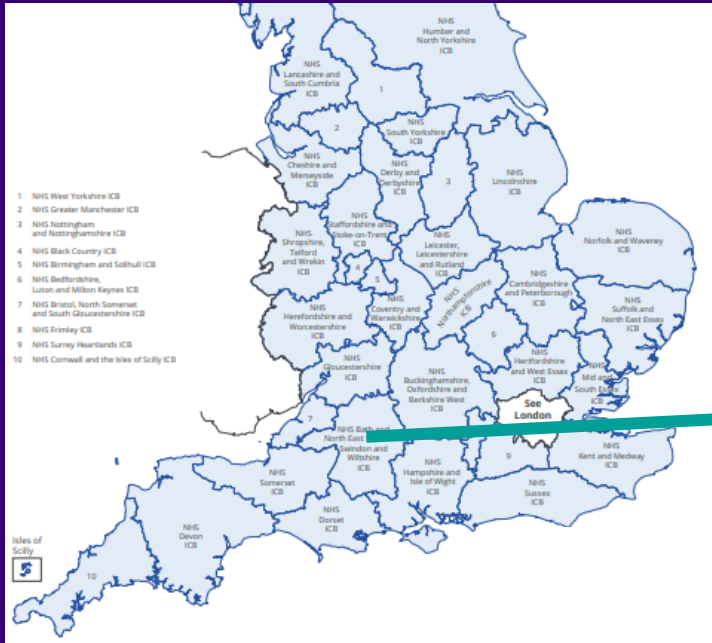
Date:	14 th March 2024
Agenda item:	14
Title:	Hospital at Home Update
Items:	Enclosed

RUH Hospital at Home

Kerrie Hopson
Clinical Lead
Hospital at Home
Royal United Hospitals Bath

**The RUH,
where you matter**

Bath and North East Somerset, Swindon and Wiltshire (BSW) Integrated Care Board



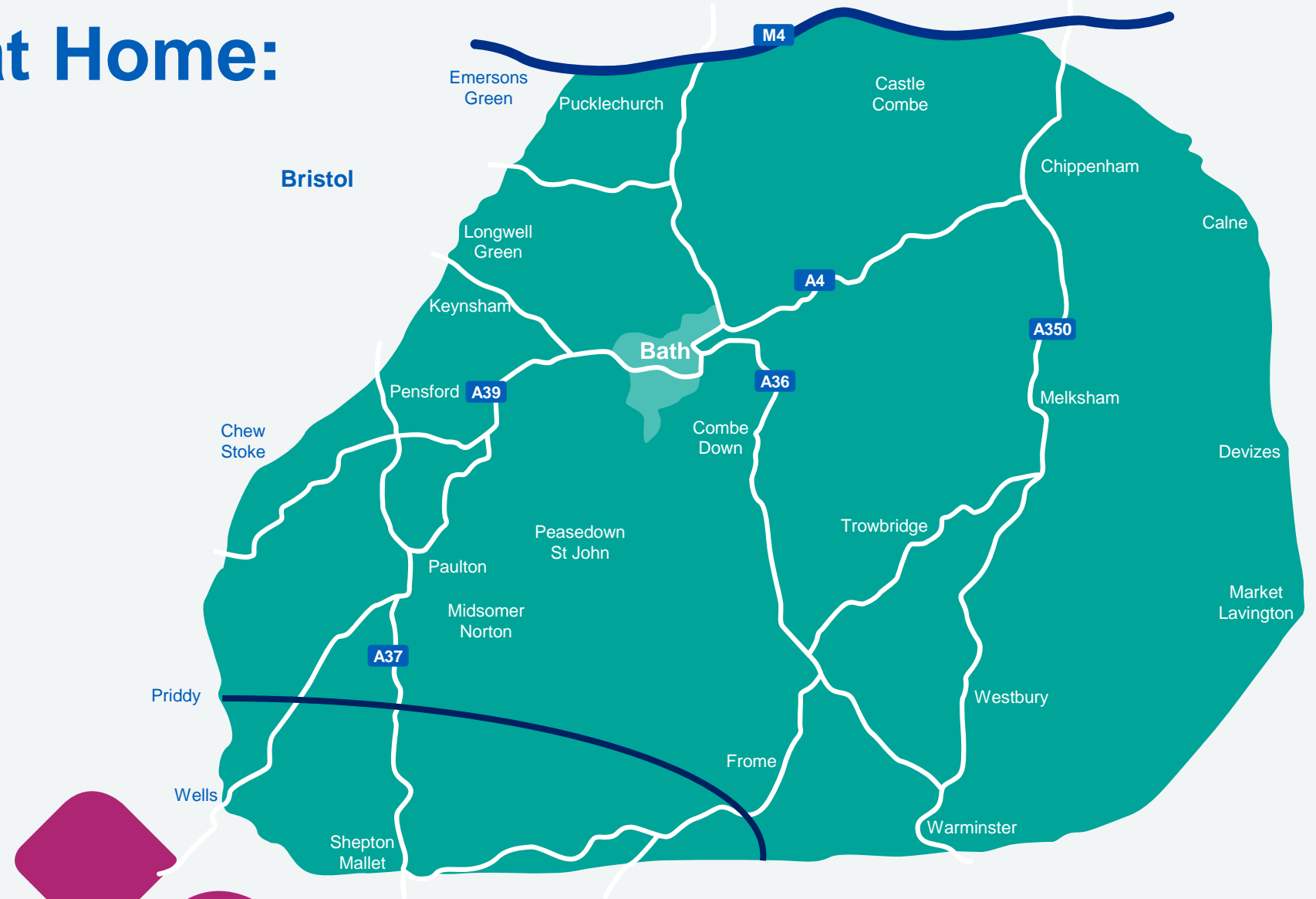
BSW Virtual Ward trajectories

CCG	Population
B&NES	205,000
Swindon	237,000
Wiltshire	492,000
Total	934,000

Phases/ Location	Q3 2022/23	Q4 2022/23	Q1 23/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
BaNES	30	45	55	65	75	90
Swindon	30	45	55	65	75	90
Wiltshire	10	32	56	90	135	180
ICB Total	70	122	166	220	285	360

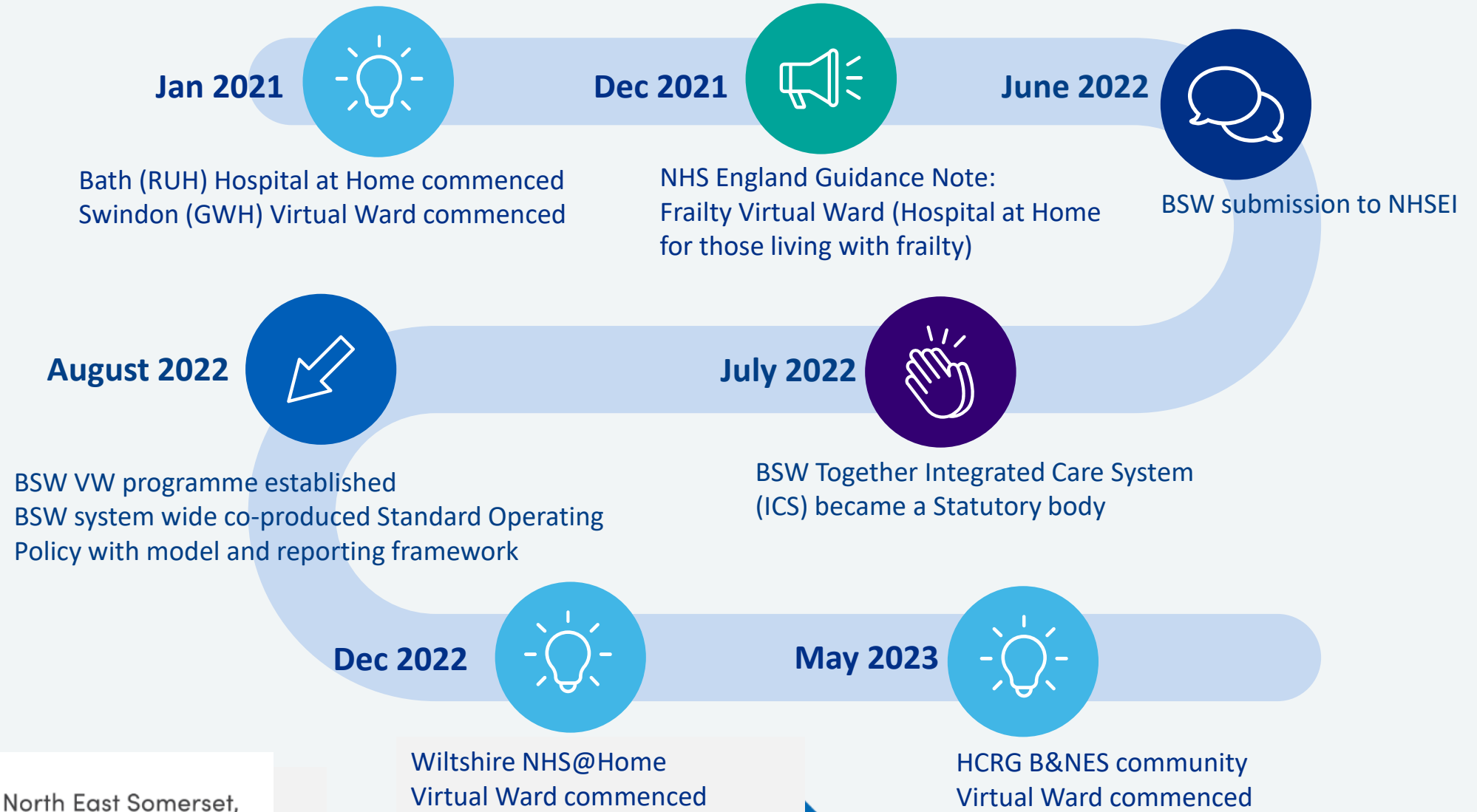
RUH Hospital at Home: The local area

we cover



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BSW Virtual Wards Timeline



Virtual Wards provide hospital level care at home

virtual ward

🔊 'və:tʃʊ(ə)l wɔ:d

A virtual ward is a safe and efficient **alternative to NHS bedded care**.

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital, or **supporting early discharge** out of hospital.



The benefits seen in existing virtual wards including Hospital at Home services



Click to download a catalogue of evidence, covering different themes, pathways and countries

Research and studies are providing strong evidence for the benefits of virtual wards.
* The data below is based on observations from single site analyses relating to frailty.

Patient choice and preferences

>99%

Over 99% of patients on existing virtual wards would recommend the service *



Treatment and care in a more comfortable home environment.

Keeping patients in a place where they would prefer to be cared for in future

23% of patients treated in a virtual ward achieved a more independent social care outcome than they would have in an acute setting.*

Reducing health inequality



Development of virtual wards offers opportunities to address healthcare inequalities in target areas including COPD and frailty.

Patient wellbeing and safety

5x

Patients are five times less likely to acquire an infection * when treated on a virtual ward compared to an acute setting

8x

Patients are eight times less likely to experience functional decline * whilst in a virtual ward compared to equivalent treatment in an acute setting



Avoiding potential harms in a hospital setting, such as falls and delirium



More holistic assessment in home circumstances

Capacity and productivity

2.5x

Two and a half times fewer patients treated on a virtual ward are readmitted * to frailty beds than the national acute benchmark



Frees up physical beds for other patients who require an in-patient admission



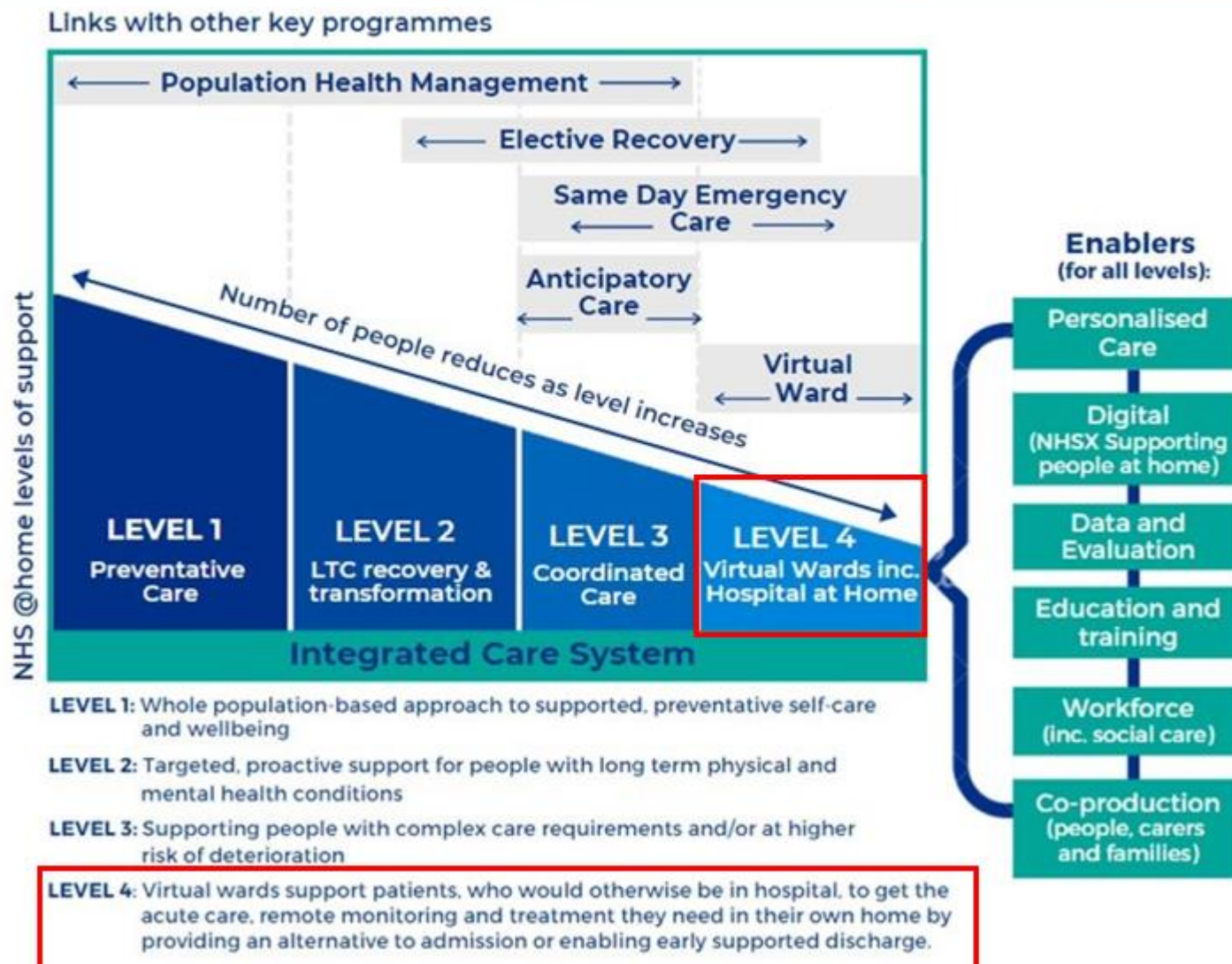
Improves integration between hospital and community services



Improved staff experience and opportunities



Enabled by technology including remote monitoring



NHS@Home is an umbrella term for the operating model defined by NHSE to promote personalised, connected and supported care at home including care homes. These are categorised into four levels as shown here.

RUH Hospital at Home – who are we?

One Medical Consultant

One Band 8a Advanced Clinical Practitioner (ACP)

Five Band 7 trainee ACP/junior doctors

16 hours GP trainees

Seven Band 6 or 5 RGN

One Band 7 Pharmacist

Two AHP – Physiotherapist and Occupational Therapist

Six Band 3 and 4 staff – HCA/therapy assistant/phlebs/advice & support

1.4 admin support.

Medical students, AHP students, Student Nurses, Trainee Nurse Associates, AHP apprentices

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RUH Hospital at Home – what do we do?

Hours of work

Referral Process – RUH wards and GP

Face to face visits from a team of staff

Monitoring – Doccla

Treatment options and length of treatment

“inpatient status”

Individualised treatment plan

POCT and POCUS

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RUH Hospital at Home – who do we see?

Over 18, wide age range

Patient consent

Inpatient at RUH: investigations & treatment plan started

Referred for admission avoidance via GP

Patient safe at home between community visits

No care needs during the night

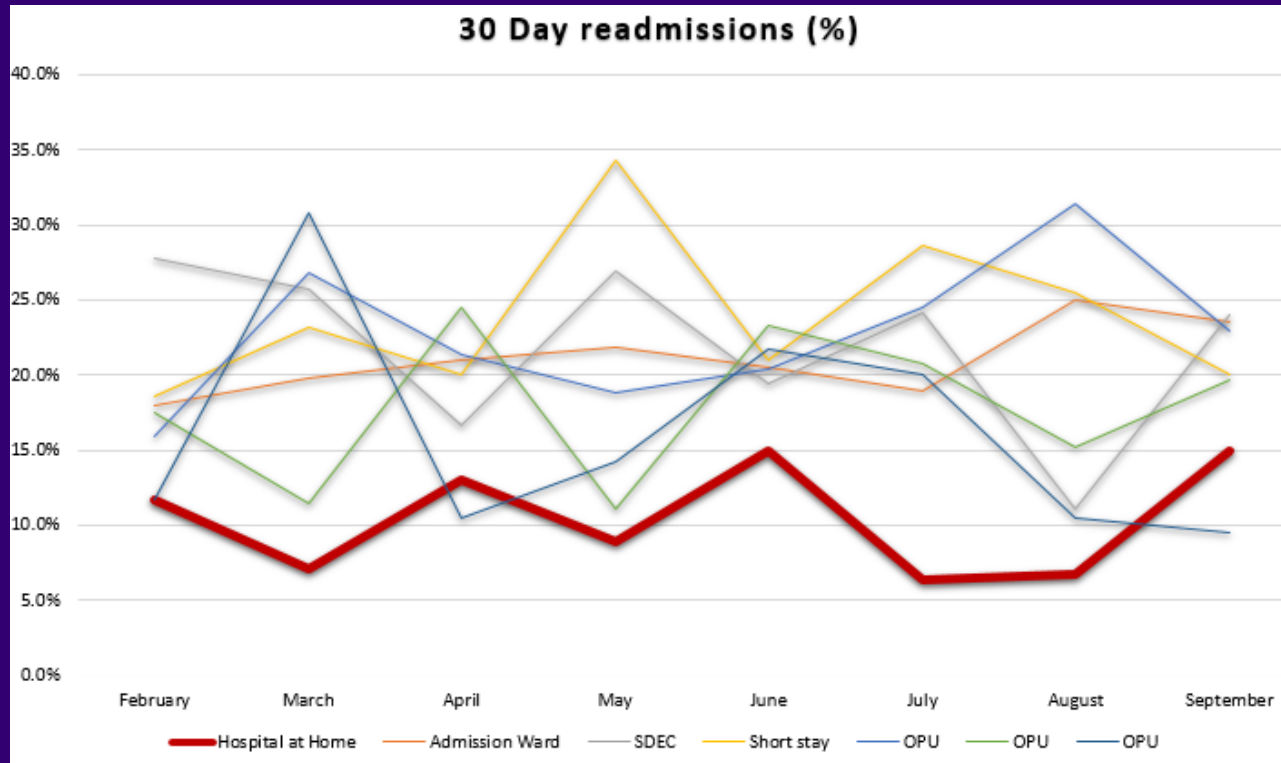
Unwell but stable

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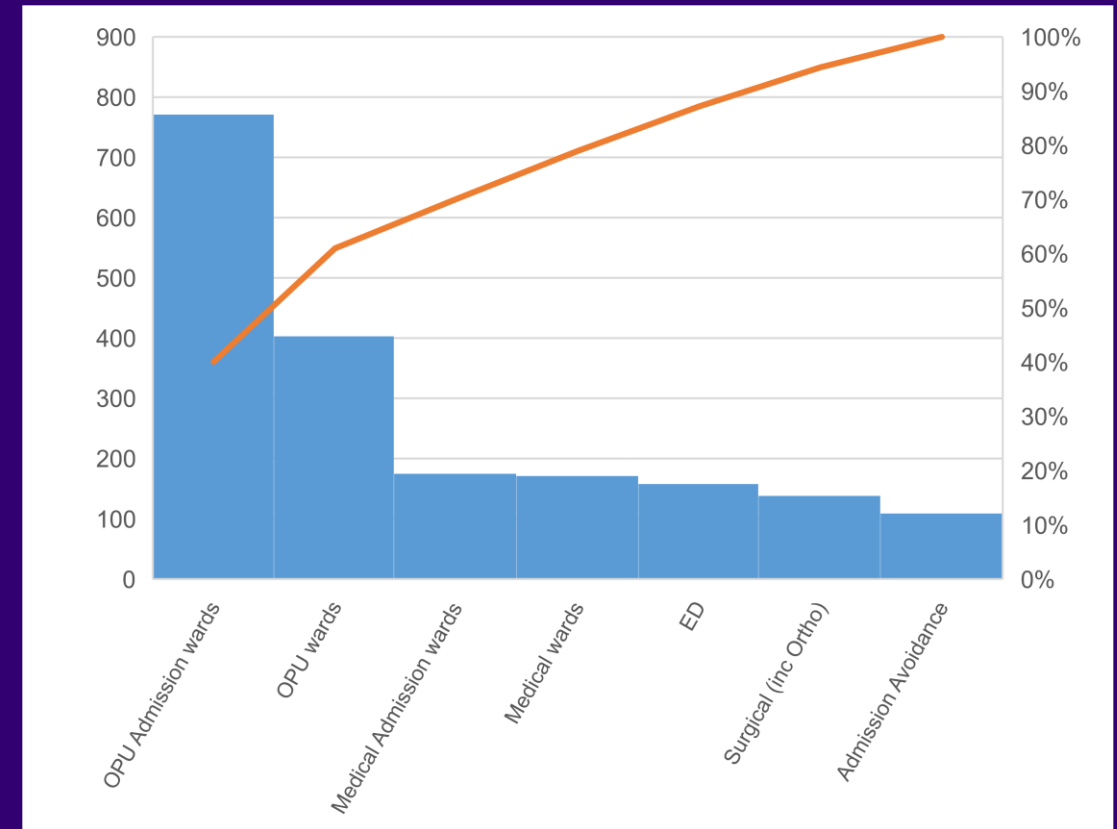
RUH Hospital at Home – who do we see?

30 day readmission rate per month (%)

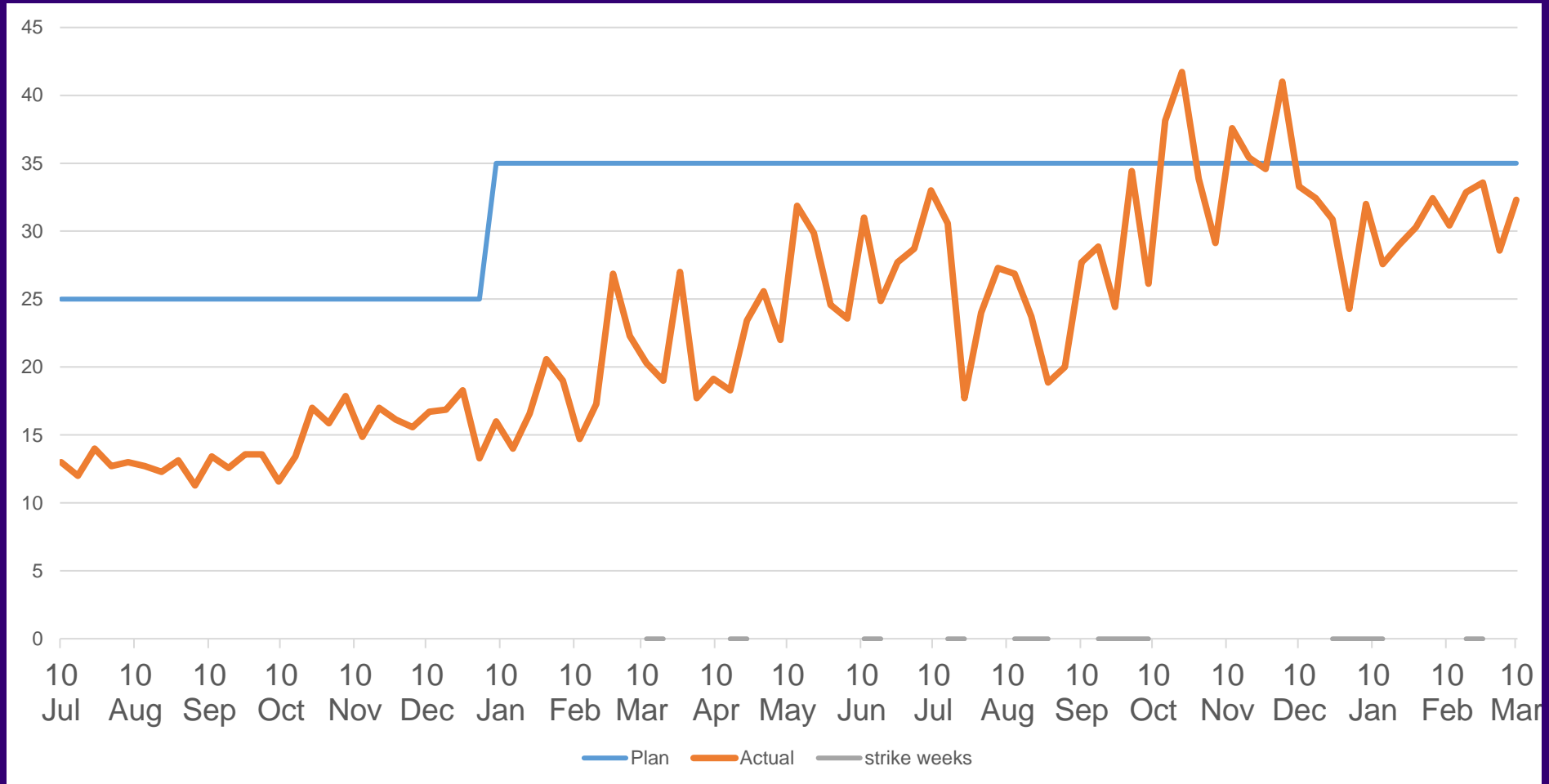


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Source of Referrals



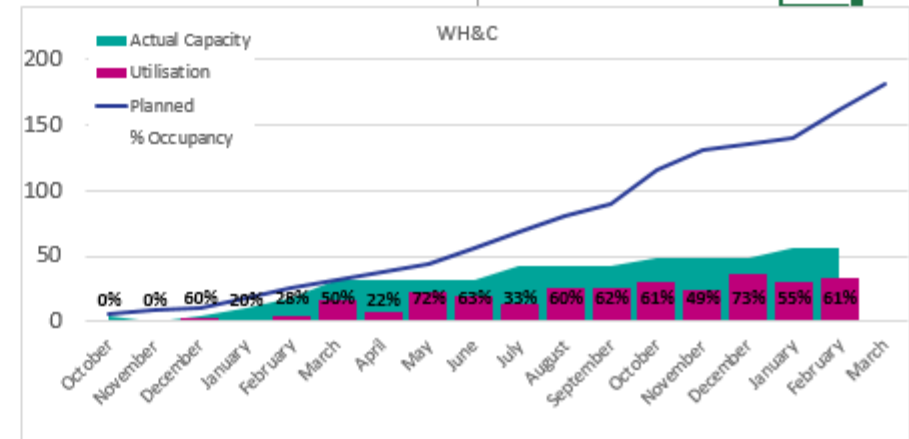
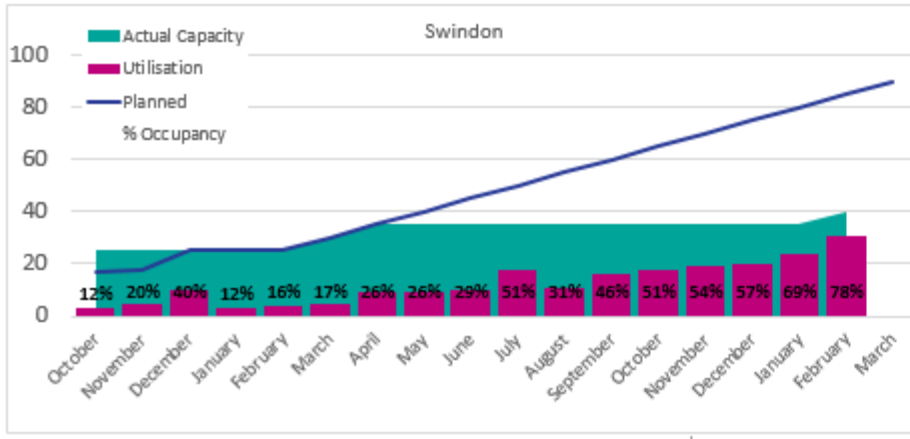
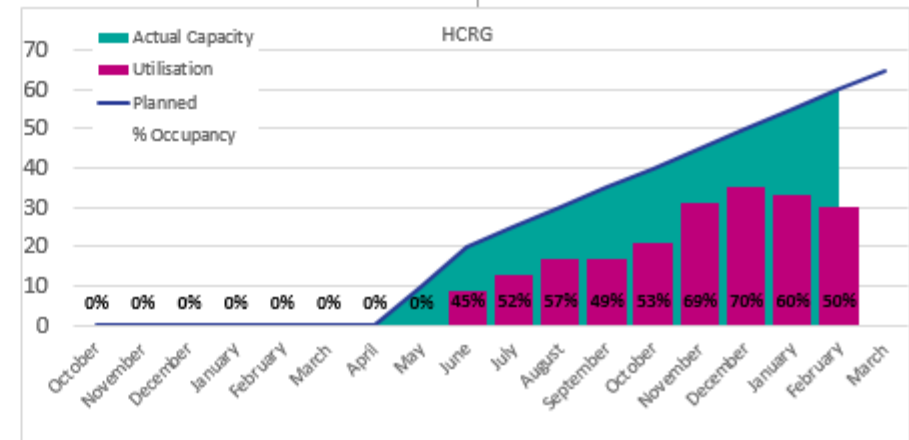
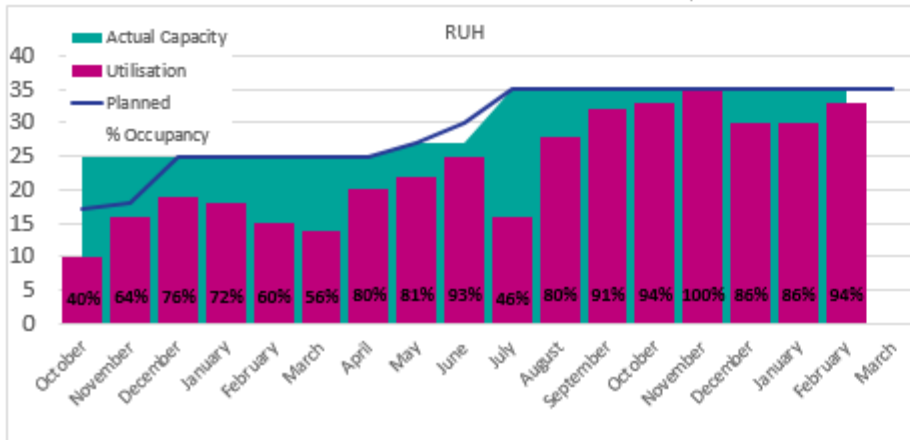
RUH Hospital at Home – Data



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**BSW Aim 80% occupancy
RUH is 97% occupancy**

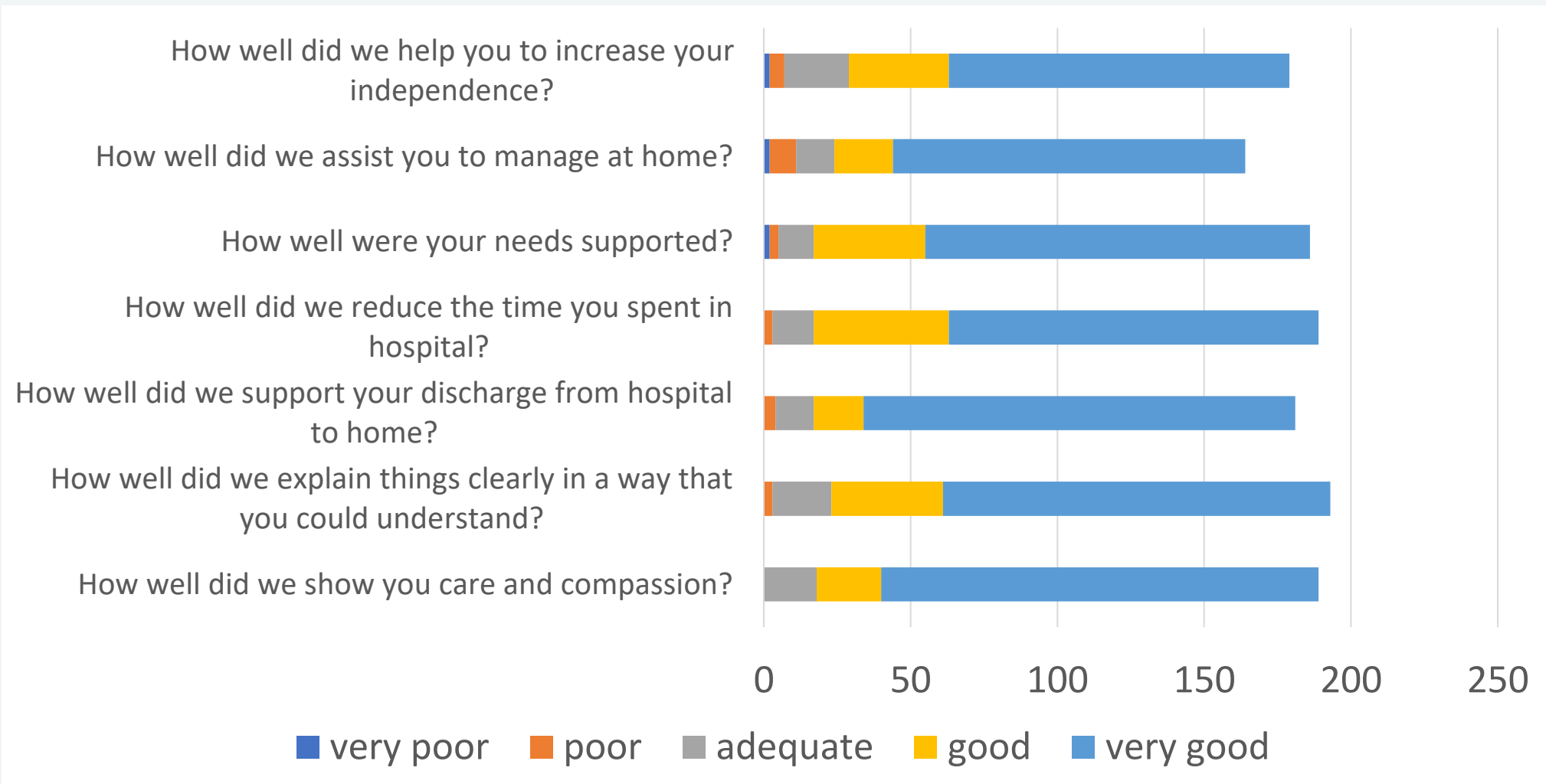
BSW Virtual Ward Data



Bath and North East Somerset,
Swindon and Wiltshire Together

BSW Aim 80% occupancy
RUH is 97% occupancy

Feedback – 100% would recommend the service



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Feedback – 100% would recommend the service

Do you have any other comments on areas we could improve or areas in which we have done well?

I DON'T THINK YOU COULD DO BETTER. WELL DONE

Do you have any other comments on areas we could improve or areas in which we have done well?

This is indeed an excellent initiative. There is no doubt that Hospital at Home has a significant role in hopefully freeing up beds as well as improving patient experience. The team of nurses and physiotherapists and doctors were first class – kind, helpful and efficient. Best wishes from

Do you have any other comments on areas we could improve or areas in which we have done well?

I think the Hospital at Home scheme is excellent and would like to thank you for the help you have given me and your efficiency – well done! I very much appreciate all your help.

“ In hospital my wife’s Alzheimer’s was becoming more and more intrusive and without the normal stimulation she couldn’t do the things she was used to. She clearly didn’t need 24/7 medical care. We were really confident that at home she would quickly return to her routine and regular activities, like jigsaw puzzles or walking in the afternoon. But we needed regular monitoring of her condition and that is what was provided by the Hospital@Home team. ”

Thankyou so very much for giving me the chance to recover – “At Home”
You have given me (us) a route forward that, at times, seemed unlikely.
You are, all of you, very special and for that :-
Thankyou.

“ I have no words really, just my heartfelt thanks to you all. ”

“ Regular monitoring of my husband’s condition was provided by the Hospital at Home team and what was so remarkable and brilliant was that whoever came they were fully briefed and knew everything about my husband. The flexibility amongst the team to get different grades of clinician and various therapists – it was an array of first-class clinical help. ”

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Challenges and next steps



Standardisation

- One BSW model
- “Acute Care at Home”
- SOP and service description
- Referrals and SPoA
- One transfer of access form
- Senior clinician definition
- Revised targets
- Data collection



Clarity of Offer

- Understanding and trusting the services
- Urgent access to diagnostics & specialists
- Locality/system co-ordination hubs
- Managing risk across the system



Utilising Capacity

- Recruitment: workforce planning,
- Remote monitoring
- Ambulance Trust
- Out of Hours services
- BSW Care Co oversight
- Clinical collaboration
- Building relationships





Transport - urgent
diagnostics (CT/MRI)
Meds finance
POCT finance

Not 24/7
08:00 to 20:00
OOH clinical ownership
& responsibility
SW Ambulance
and 111



WICKED PROBLEMS

Different IT
systems:
ICR/Cerner/S1
Can't share
data, ensure
visibility, or plan
demand
& capacity

Review step up
and step down
models
Night time
Social Care



Any Questions?

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RUH Hospital at Home – Steve's story

<https://www.youtube.com/watch?v=ohmltLdb1zE>



Steve was admitted to hospital on 10th March 2023 with a sagittal sinus thrombosis, sepsis, AKI requiring ICU + intubation, multi joint staphylococcus aureus bacteraemia, pneumoperitoneum and enlargement of the right iliopsoas muscle.

A PICC line was inserted 4th April to enable intravenous antibiotics to be given.

Steve went home on 6th April with RUH Hospital at Home and OPAT