

# HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

**31 MARCH 2015**

## ACUTE MENTAL HEALTH INPATIENT BED REVIEW UPDATE

Report from: Barbara Peacock, Director of Children and Adults

Author: Julie Keith, Head of Democratic Services

### Summary

The attached report sets out the response from Kent and Medway NHS and Social Care Partnership Trust in respect of the request for regular updates on the position with the acute mental health inpatient beds review.

### 1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 22.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area including NHS Scrutiny.

### 2. Background

- 2.1. It was agreed on 18 December 2013 that the position with regards to acute beds should be kept under permanent review with a report to each meeting of the Committee until further notice.

2.2. Attached to this report is a report from Kent and Medway NHS and Social Care Partnership Trust providing:

- Appendix 1 - A highlight report for March 2015
- Appendix 2 - Acute bed monitoring January 2015
- Appendix 3 - Acute bed monitoring February 2015

### **3. Risk Management**

3.1. There are no specific risk implications for Medway Council arising directly from this report.

### **4. Legal and Financial Implications**

4.1. There are no legal or financial implications for the Council which has not already been considered within the report.

### **5. Recommendations**

5.1. Members are asked to consider and comment on the update.

**Background papers:** None.

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# TRANSFORMATION PROGRAMME

**Medway Council Health and Adult Social Care  
Overview & Scrutiny Committee (HASC)**

**Kent and Medway NHS and Social Care Partnership Trust (KMPT)  
Transformation Programme Highlight Report**

**March 2015**

<b>Version:</b>	1.0	<b>Status:</b>	Draft	<b>Date of report:</b>	02.03.15
<b>Reporting Officer:</b>	Malcolm McFrederick	<b>Report completed by:</b>	Rheanna Mitchell	<b>Reporting to:</b>	Medway HASC

## Introduction:

In January the HASC received a report from KMPT in relation to its bed usage and an update relating to the Transformation Programme, providing an update on the progress made towards delivery of the planned service developments and a report on the benefits realised to date.

Following the HASC on 27.01.15, KMPT was asked to respond to the following points, see below:

- **Request for data at the next meeting on the number of Section 136 detentions locally per head of population compared to other areas.**

s136 Usage				Usage per 10,000 15-65 Population		% Area Usage scaled to 16-65 population		
Annual total	Monthly Average	Min	Max	Highest CCG	Lowest CCG	East	North	West
920	77	49	98	14.4	3.7	40.5%	41.4%	18.1%

	2014-03	2014-04	2014-05	2014-06	2014-07	2014-08	2014-09	2014-10	2014-11	2014-12	2015-01	2015-02	Total	Per 10,000 15-65 pop
Ashford CCG	3	5	4	5	12	3	5	4	2	3	2	2	50	6.3
Canterbury and Coastal CCG	10	3	7	6	9	8	8	12	8	6	6	6	89	6.4
South Kent Coast CCG	10	4	11	16	6	9	6	9	5	6	6	5	93	7.5
Thanet CCG	14	9	12	8	14	14	8	9	12	12	4	8	124	14.4
Dartford, Gravesham & Swanley CCG	11	9	12	14	5	10	9	12	6	12	15	5	120	7.5
Medway CCG	16	18	18	13	22	21	15	15	15	10	12	12	187	9.9
Swale CCG	6	3	5	4	6	6	5	1	3	5	1	3	48	7.0
West Kent CCG	4	2	11	7	13	11	16	13	13	9	7	3	109	3.7
Outside Kent	2	3	3	3	4	3	6	6	4	1	7	4	46	N/A
Unknown		2	5	2	4	1	3	1	5	4		1	28	N/A
(Blank)	2	4	2	2	3	6	4		1	2			26	N/A
<b>Total</b>	<b>78</b>	<b>62</b>	<b>90</b>	<b>80</b>	<b>98</b>	<b>92</b>	<b>85</b>	<b>82</b>	<b>74</b>	<b>70</b>	<b>60</b>	<b>49</b>	<b>920</b>	

- ***Request for the Transformation Programme to focus on service delivery and impact of intervention for next meeting.***

See main body of report.

The March report provides a progress update related to the Transformation Programme – highlighting key achievements up until March 2015, reporting on delivery of the programme benefits and providing a high level overview of the milestones.

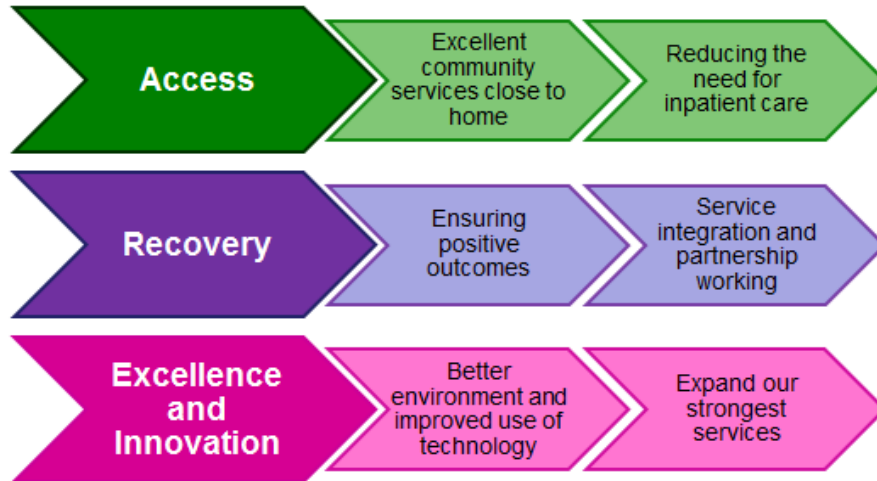
- 1) Transformation Programme Progress Report and Benefits
- 2) High level Milestones

A detailed report on bed usage and supporting narrative is included as Appendix A.

# 1. Transformation Programme Progress report:

Following the meeting in January, the HASC requested a more detailed progress report which focused on the service delivery and benefits achieved as a result of the Transformation Programme. As such, a more detailed narrative is included in this report.

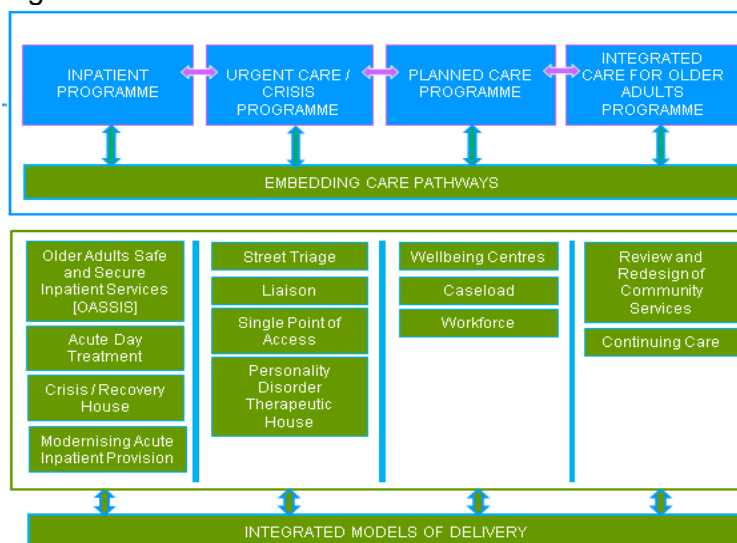
The KMPT Transformation Programme was set within the context of the Trust Vision and Values and had a primary focus on delivering the aims and objectives set out within the Trust's Clinical Strategy.



The programme focused on improving clinical outcomes and the adoption of a structured benefits approach has helped to foster a culture of continuous improvement. The approach has allowed the Trust to track delivery, celebrate success and learn from experience.

The Finance and Performance Committee (FPC), which reported directly to the Trust Board, has received monthly highlight reports. The reports have included a number of metrics, enabling members to track delivery of service development benefits.

There were four programmes, comprising of 13 projects and two overarching projects, in the Transformation Programme in 2014/15:



Some key successes from the Transformation Programme, and related Service Developments, include:

### *1.1 Medway GP Education Initiative*

Over 30 Medway GPs have now completed the Royal College supported courses in the treatment of Mental Health delivered by local KMPT Consultant Dr Soundararajan.

### *1.2 Modernising Acute Inpatient Provision*

KMPT bed capacity is currently 169 and the target of 174 beds is achieved when including the five private beds we have a contract for. The KMPT internal bed stock will reach 174 when the improvement works are completed in Autumn 2015. The 'new Emerald' build is progressing well. Competition (involved service users, carers and staff) to rename all three wards on the Priority House Site has concluded and the following names have been selected:

- Amherst will become Sharsted
- Brocklehurst will become Chartwell
- Emerald will become Upnor

The new ward official opening is on 23<sup>rd</sup> April, patients are due to move in the following week. Little Brook Hospital anti-ligature and additional capacity work due to commence April 2015 and conclude by quarter 3.

### *1.3 Street Triage*

Building on the successful pilot the joint initiative between KMPT and Kent Police is now County wide. The Street Triage team is staffed by a Mental Health Nurse and Police Officer, operating from a base that covers the County seven days a week from 20:00 – 04:00.

The team, which provides tactical advice around using Section 136 of the Mental Health Act and can be deployed to mental health incidents to relieve local patrols in response to a mental health presentation in the community, continues to report positive outcomes.

- Section 136 detentions on a downward trend – 22% reduction
- Improved conversion rate where Section 136 is used – 8% improvement
- Police reported improvement to assessment times
- Improved relationships between Kent Police and KMPT
- Improved experience, with service users accessing the right help first time

Kent Police have indicated that they will be unable to fund police officer involvement at the current level of service configuration in 2015/16. KMPT is working with health commissioners and partners in Kent Police and SECAMbs to agree a new model for next financial year that will best meet service user need, within the agreed financial envelope.

### *1.4 Liaison Psychiatry*

The service provides an urgent mental health assessment service to service users with mental health problems who attend the Emergency Department or a hospital Ward. Through advice and support the team can ensure better management of mental health needs and may contribute to admission avoidance or reduction in length of stay. This ensures a patients' mental health is assessed and treated effectively alongside any physical health problems, supporting the Parity of Esteem agenda.

Testament to the positive impact and improved outcomes resulting from the service, Liaison Psychiatry is now commissioned 24/7 in all but one of the Clinical Commissioning Group (CCG) localities. Outcomes include:

- Increased activity, with a higher number of referrals to the service (average 900 per month)
- Sustained achievement of 2 hour assessment target (average 80%)
- Improved relationship between Acute providers and KMPT
- Opportunities to educate and inform Acute staff and develop improved understanding about mental health and crisis management
- Proactive contribution to Acute targets around Accident and Emergency (A&E) activity reduction

### *1.5 Single Point of Access*

Since December 2014, KMPT has operated a county wide Mental Health Contact Centre, providing a gateway to services and helping to ensure patients, carers and referrers can access mental health services in a way that is easy to navigate. The single telephone number is available 24/7, 365 and has provided a platform upon which further improvements to access and responsiveness can be developed.

In 2015/16 the service will provide direct access to a qualified mental health practitioner and will be aligned to a dedicated Initial Response Team. The Initial Response Team will be able to provide a one hour face to face response to an urgent referral (referrer led urgency). This model is based on a best practice example, of a team set up in Northumberland, Tyne and Wear. Two years post implementation this team have been able to demonstrate improvements to access and individual outcomes, with a significant reduction in the number of occupied bed days in their locality.

### *1.6 Personality Disorder Therapeutic House*

The Personality Disorder Therapeutic House operates a five day a week therapeutic group programme of two hours duration. The three month programme for individuals accessing the service, with fast track to the personality disorder main outreach group has seen positive results for the first cohort of patients:

- Decrease in the number of admissions (91.7%)
- Reduction in the length of stay (1745 days)
- Decrease in Crisis Resolution Home Treatment (CRHT) presentations (82.9%)
- Decline in the number of section 136 presentations (79.6%)



### 1.7 Well Being Centres

Following positive outcomes from a pilot in Shepway the Trust has been able to build on a programme of well-being workshops which focus on developing people's strengths, enabling them to understand their own challenges and how they can best manage these.

***“It's lovely to learn my own ways to well-being rather than simply being told what to do”***

*Service User*

The workshops have been well received, with attendees describing the sessions as “*open and honest*” and others reflecting on the value of involving their carer, saying “*It was great to come with my mum and learn together about what helps and what doesn't*”. These sessions are being developed in Swale and the aim is to role them out across Kent and Medway.

### 1.8 Review and Redesign of Community Services for Older Adults

Positive steps have been made to work with our partners to develop a more collaborative response to support the physical and mental health needs of older people. Whilst it has been challenging to get the information sharing agreements in place to begin integrated care planning with other providers, an approach has now been established. Solutions will be activated in the next few months, with sharing across systems such as ShareMyCare.

We have also developed a GP training programme for Dementia which has an on-line training module that all GPs can access. Bespoke training sessions have been delivered at local level.

### 1.9 Integrated Models of Delivery

An agreement to reconfigure the management structure for the Horizon's schemes in East Kent has provided an opportunity to enhance the quality and efficacy of these services.

- Provision of intensive support
- Promotion of recovery focused interventions
- Step down from Acute, providing an alternative to hospital or Residential Care

A brand new nine bedded Horizons unit is planned to open in Thanet in 2015.

### 1.10 Care Pathways and Pricing (CPP)

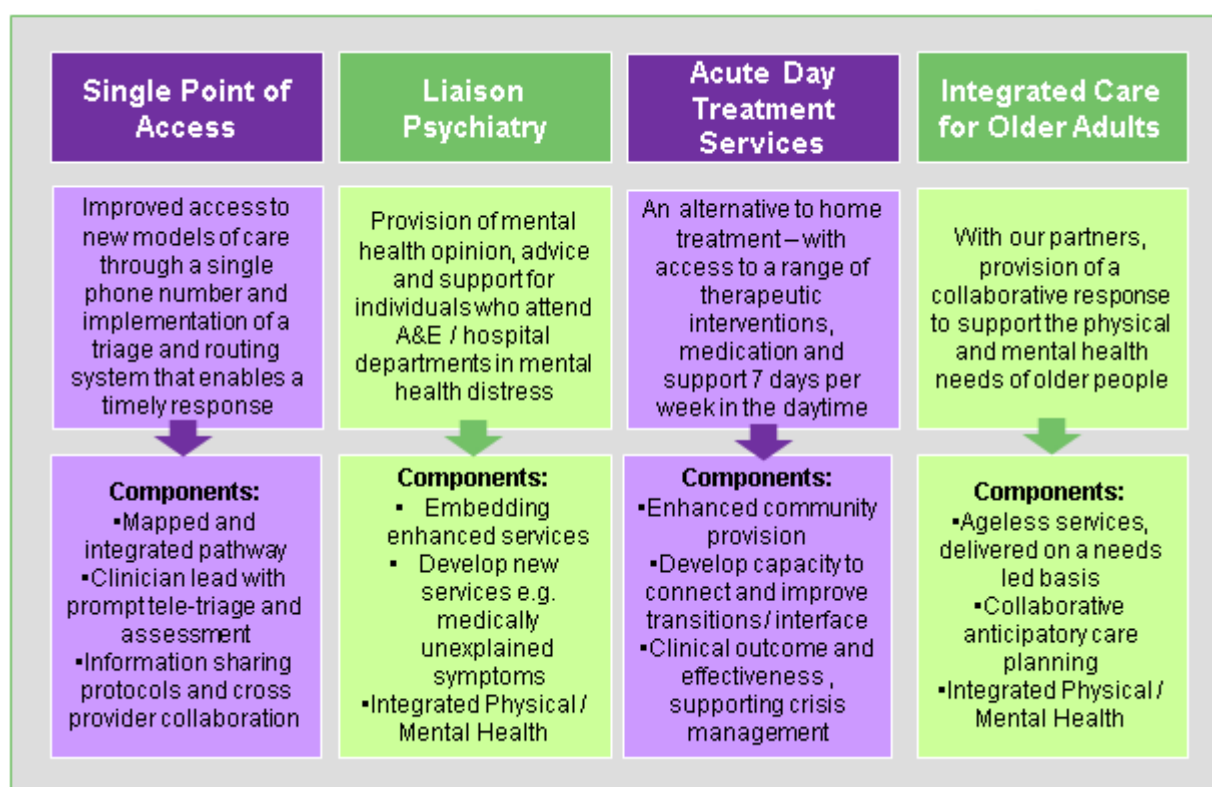
Work around CPP has progressed at pace. Care pathway service specifications have been designed to outline the core interventions within each cluster pathway. KMPT hosted a clinical conference in the summer which pulled together GP's and Trust clinicians to review and agree the pathway content.

The Trust has increased the focus on data quality in the activity reported, recognising that if the Organisation is paid at a patient level in the future, activity must reflect the interventions undertaken. Service Line reporting of activity and associated resources will support Service lines to manage their performance and enable the Trust to hold them to account.

By utilising the learning from the CPP project, a more informative contract management system is being developed to coincide with the change in cluster currencies (from bed days to review periods). This development will be crucial if the Trust is to move to a CPP contract in the future.

In 2014/15 West Kent CCG took an initial step towards a CPP contract with a contract based upon care clusters which included a cost and volume element. This initial step allowed all parties to look at the mechanics required to support this type of contract along with the activity reporting mechanisms so that both parties gained a greater understanding of the mental health activity and the interventions delivered as part of a care pathway. The ground work which the West Kent contract provided in 2014-15 is expected to support the discussions in 2015-16 with all commissioners being encouraged to establish a cost and volume based contract for CPP activity, based on cluster review periods.

In 2015/16, building on the principles of Access, Recovery, Excellence and Innovation, there will be four programmes within the Transformation Programme.



The Single Point of Access, and for Medway in particular the establishment of an Initial Response Team, will represent the most significant and large scale change, with implications spanning across pathways and service lines.

## 2) Transformation Programme milestone tracking report

The table below provides a more detailed overview of the work undertaken to date / planned on the KMPT transformation programme.

*NB: Information that relates specifically to Medway is highlighted in bold, with other information contained for information or to give context.*

PROJECT / SCHEME	PROGRESS THIS MONTH	FORECAST ACTIVITY NEXT MONTH	DEPENDENCIES
<b>Increased inpatient capacity</b>	<ul style="list-style-type: none"> <li>• KMPT bed capacity is currently 169 and the target of 174 beds is achieved when including the five private beds contracted for.</li> <li>• <b>Works on new 18 Bed unit 'new emerald ward' progressing well.</b></li> </ul>	<ul style="list-style-type: none"> <li>• KMPT bed stock to reach 174 when the improvement works are completed in Autumn 2015.</li> <li>• <b>New Emerald ward project completes – official opening ceremony for 'Upnor ward' on the 23<sup>rd</sup> April</b></li> <li>• Works underway to upgrade Little Brook hospital re minimal ligature and additional capacity.</li> </ul>	<ul style="list-style-type: none"> <li>• On going commissioner support in relation to additional capacity created</li> </ul>
<b>Personality Disorder Therapeutic House</b>	<ul style="list-style-type: none"> <li>• <b>Met with North Kent commissioners to agree approach.</b></li> <li>• <b>Drafted Personality Disorder Business Case for North Kent CCGs</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Finalise Business Case for future provision of Personality Disorder service in North Kent and Medway CCGs</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Agree future model.</b></li> <li>• <b>Work more collaboratively with MEGAN</b></li> </ul>
<b>Street Triage</b>	<ul style="list-style-type: none"> <li>• Care Quality Commission (CQC) Crisis Care Thematic visit</li> <li>• <b>Engagement meetings with health commissioners, providers and Kent Police to develop</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Develop business case and present to partners</b></li> <li>• <b>Meet with South East Coast Ambulance Service</b></li> </ul>	<ul style="list-style-type: none"> <li>• Continued working with partners to deliver the Crisis Care Concordat</li> </ul>

	<b>future model</b>	<b>(SECAMbs) to identify appetite for developing new integrated service delivery model</b>	
<b>Liaison Psychiatry</b>	<ul style="list-style-type: none"> <li>Operational in Medway 24/7, funding through Winter Resilience monies</li> <li>Contract negotiation with commissioners to agree recurrent funding.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to monitor benefits and impact</li> <li>Develop model to support identification and management of Medically Unexplained Symptoms (MUS)</li> </ul>	<ul style="list-style-type: none"> <li>Finance</li> <li>Commissioner support</li> <li>Recruitment</li> </ul>
<b>Single Point of Access</b>	<ul style="list-style-type: none"> <li>Steering Group to plan delivery of the clinical single point of access and establishment of a Initial Response Team set up</li> </ul>	<ul style="list-style-type: none"> <li>Plan for launch of clinical led single point of access point (due in April 2015)</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support.</li> <li>IT infrastructure</li> <li>Workforce consultation</li> <li>Social Care input / interface defined</li> <li>Care Act implications</li> </ul>
<b>Crisis Accommodation / Recovery Accommodation</b>	<ul style="list-style-type: none"> <li>Agreement to consolidate into 'Alternatives to Admission' workstream in 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Develop business case – focus on enhanced community support and developed capacity to connect between services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support</li> <li>Support from potential partners</li> <li>Resources</li> </ul>
<b>Acute Day Treatment Service</b>	<ul style="list-style-type: none"> <li>Agreement to consolidate into 'Alternatives to Admission' workstream in 2015/16</li> </ul>	<ul style="list-style-type: none"> <li>Develop business case – focus on enhanced community support and developed capacity to connect between services</li> </ul>	<ul style="list-style-type: none"> <li>Commissioner support</li> <li>Resources</li> </ul>
<b>Caseloads Project</b>	<ul style="list-style-type: none"> <li>Review of Planned Care programme within the Community Recovery Service Line.</li> <li>Agreement to rejuvenate the programme and refocus to more closely align with emerging</li> </ul>	<ul style="list-style-type: none"> <li>Update project plans and agree new workstreams and leads.</li> <li>Review impact of previous work and map alignment to new projects where applicable</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Single Point of Access</li> </ul>

	<p>priorities. To include review of the role of care coordinator, to explore opportunity to develop a Care Navigator role, which will improve continuity for service users.</p>	<p>or move into Business As Usual (BAU).</p>	
<b>Workforce Project</b>	<ul style="list-style-type: none"> <li>• See above.</li> </ul>	<ul style="list-style-type: none"> <li>• See above.</li> </ul>	<ul style="list-style-type: none"> <li>• Care Pathways and Pricing</li> <li>• Caseloads project</li> <li>• Cross Service Line workforce plans</li> </ul>
<b>Well-Being Centres Project</b>	<ul style="list-style-type: none"> <li>• See above.</li> </ul>	<ul style="list-style-type: none"> <li>• See above.</li> </ul>	<ul style="list-style-type: none"> <li>• Communities of Excellence</li> <li>• Estates Strategy</li> <li>• IM&amp;T Strategy</li> </ul>
<b>Embedding Care Pathways</b>	<ul style="list-style-type: none"> <li>• Preparing for transition into Business As Usual (BAU).</li> </ul>	<ul style="list-style-type: none"> <li>• Identification and agreement of future governance arrangements to ensure that learning and progress is effectively built into BAU processes.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication and engagement.</li> <li>• Information Management.</li> </ul>
<b>OASSIS</b>	<ul style="list-style-type: none"> <li>• Full business case developed and shared with the Trust Development Agency (TDA)</li> <li>• Project steering group continues to oversee progress in relation to the re-location of Cranmer Ward, Canterbury</li> </ul>		
<b>Older Adult Community Services redesign</b>	<ul style="list-style-type: none"> <li>• Agreed information sharing mechanism in some CCGs and developing plans to progress in others</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain dialogue with CCGs and support conversations about information sharing and agreement of interoperability solutions.</li> </ul>	<ul style="list-style-type: none"> <li>• Cross Service Line workforce plans</li> <li>• Commissioner support</li> </ul>

<b>Integrated Models of Delivery</b>	<ul style="list-style-type: none"><li>• Developed Business Case around future provision of Rehabilitation Services in East Kent</li><li>• Attended the East Kent Commissioner Service Improvement Group (SIG)</li></ul>	<ul style="list-style-type: none"><li>• Report Business Case through internal governance structure</li></ul>	
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**Younger Adult Acute Bed Usage**

January 2015 Update

**Contents**

Summary of bed usage by day for most recent month

Graph 1. Medway CCG External Bed Usage 2013/14 - 2014/15 YTD

Graph 2. KMPT External Bed Usage 2013/14 - 2014/15 YTD

External Bed Usage Costs

Appendix 1. Available Bed Capacity by day for most recent month

**Notes**

## Notes

- The current bed capacity for KMPT is 170 - this is the position at the end of the month, although actual beds available can vary on a daily basis. The data submitted to the HASC reports a snapshot of beds occupied (as at midnight each day). Reasons for beds showing as available on the HASC report, when they can in fact not be used, include (see appendix 1):

- Maintenance of bed stock e.g. a room has been damaged and needs to be fixed

- Managerially led decisions based on specific circumstances e.g. management of infection control, such as a D&V outbreak

- Time gap in the data set between the discharge of one service user and the admission of another i.e. a bed may be vacant for a short time frame over midnight, whilst one service user is discharged and another takes up occupancy.

- Service users on leave / AWOL

In addition, KMPT has a rolling programme of maintenance to upgrade current accommodation, this is to improve the overall quality and patient experience of inpatient facilities, and may have an impact on the actual beds available daily.

- KMPT has a plan to increase total bed availability to 174 beds, with a 95% optimal operating capacity of 165 (to ensure safety and quality standards meet national guidance). This target should be reached by early summer 2015. KMPT has awarded a contract to a supplier to develop additional capacity to meet commissioner intentions to increase inpatient bed capacity.

- KMPT will always use local beds wherever possible, and when appropriate to individual need. On occasions an external bed placement may be required despite a KMPT bed being available, this decision will be based on how the clinical needs of the patient are best met and a longer term view of the most effective use of beds.

- Graph 1 demonstrates that mean external bed usage year to date remains below the target bed capacity of 174 and the year to date peak is below the peak in September 2013/14

- The 2013/14 and 2014/15 analysis shows an increase in bed usage in during the Summer period. KMPT understands this to be the impact of the holiday period, impacting on both staff and service user behaviour.

- Whilst improvement works are undertaken in Dartford, the reduction in capacity of 4 beds is being mitigated by the acquisition of additional beds in Ticehurst.

- Winter Resilience bids have been agreed by Medway CCG and additional services to support admission avoidance will be deployed, including access to crisis café services and enhanced weekend services at the Personality Disorder Therapeutic House.

- Analysis of service users with frequent attendances in the urgent care setting has been used to drive individual case discussions with senior clinicians and care coordinators – these have been able to inform and improve individual care planning and crisis management.

- There are minimal known data quality issues and where identified, these are flagged to the relevant service manager to ensure prompt resolution e.g. where a closed bed hasn't been updated on RiO.

**Medway CCG Use of Younger Adult Acute Beds by Day**

Ward	Current Capacity	Location	01/01/2015		02/01/2015		03/01/2015		04/01/2015		05/01/2015		06/01/2015		07/01/2015	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	19	Medway	5	9	5	10	5	11	5	11	5	11	4	12	5	11
Cherrywood	16	Dartford	10	6	10	6	11	5	11	5	11	5	11	5	10	5
Amberwood	16	Dartford	5	11	5	11	5	12	4	12	4	12	5	12	5	11
Woodlands	15	Dartford	4	12	4	11	5	11	5	11	4	12	4	12	3	12
Amherst	18	Maidstone	0	18	0	18	0	18	0	18	0	17	0	17	0	18
Brocklehurst Ward	18	Maidstone	1	17	1	17	0	17	0	18	1	16	1	17	1	17
Bluebell	17	Canterbury	0	17	0	18	0	18	0	19	0	18	0	17	0	18
Samphire	15	Canterbury	0	15	0	15	0	14	0	14	0	14	0	14	0	14
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	17	0	18	0	18
Foxglove Ward	18	Canterbury	0	19	0	18	0	18	0	18	0	18	0	17	0	17
<b>Sub Total</b>	<b>170</b>		25	142	25	142	26	142	25	144	25	140	25	141	24	141

Total KMPT beds used (Medway + Other)	<b>167</b>	<b>167</b>	<b>168</b>	<b>169</b>	<b>165</b>	<b>166</b>	<b>165</b>
Total KMPT beds not used	4	4	3	2	6	5	6
Actual Beds Available	171	171	171	171	171	171	171

External to KMPT (see notes below)	1	9	1	13	1	13	2	13	2	13	2	13	2	13
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KMPT + external beds used by group	26	151	26	155	27	155	27	157	27	153	27	154	26	154
<b>Total beds used (KMPT + external)</b>	<b>177</b>	<b>181</b>	<b>182</b>	<b>184</b>	<b>180</b>	<b>181</b>	<b>180</b>							



**Medway CCG Use of Younger Adult Acute Beds by Day**

Ward	Current Capacity	Location	08/01/2015		09/01/2015		10/01/2015		11/01/2015		12/01/2015		13/01/2015		14/01/2015	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	19	Medway	5	11	6	10	7	10	7	10	8	10	7	9	7	10
Cherrywood	16	Dartford	11	5	12	4	12	4	12	4	11	4	12	4	12	4
Amberwood	16	Dartford	5	11	6	10	6	10	6	10	6	10	6	10	6	10
Woodlands	15	Dartford	2	14	1	13	2	13	2	14	1	15	2	14	2	14
Amherst	18	Maidstone	0	17	0	18	0	18	0	17	0	18	0	18	0	18
Brocklehurst Ward	18	Maidstone	1	17	1	17	1	17	1	17	1	17	1	17	2	16
Bluebell	17	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	14	0	13	0	14	0	14	0	13	0	13	0	14
Fern Ward	18	Canterbury	0	18	0	15	0	17	0	17	0	17	0	17	0	17
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
<b>Sub Total</b>	<b>170</b>		24	143	26	136	28	139	28	139	27	140	28	137	29	139

Total KMPT beds used (Medway + Other)	<b>167</b>	<b>162</b>	<b>167</b>	<b>167</b>	<b>167</b>	<b>165</b>	<b>168</b>
Total KMPT beds not used	4	8	3	3	3	5	1
Actual Beds Available	171	170	170	170	170	170	169

External to KMPT (see notes below)	2	13	3	13	3	13	3	14	1	13	2	14	3	16
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KMPT + external beds used by group	26	156	29	149	31	152	31	153	28	153	30	151	32	155
<b>Total beds used (KMPT + external)</b>	<b>182</b>	<b>178</b>	<b>183</b>	<b>184</b>	<b>181</b>	<b>181</b>	<b>187</b>							

**Medway CCG Use of Younger Adult Acute Beds by Day**

Ward	Current Capacity	Location	15/01/2015		16/01/2015		17/01/2015		18/01/2015		19/01/2015		20/01/2015		21/01/2015	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	19	Medway	8	11	6	11	6	11	6	12	7	12	7	12	7	12
Cherrywood	16	Dartford	12	4	12	4	12	4	11	5	9	7	9	7	10	6
Amberwood	16	Dartford	6	10	6	10	6	10	6	9	7	9	7	9	6	10
Woodlands	15	Dartford	2	14	2	13	2	13	2	13	2	12	2	12	2	12
Amherst	18	Maidstone	0	18	0	18	1	17	1	17	1	17	1	17	1	17
Brocklehurst Ward	18	Maidstone	2	16	2	16	2	16	2	15	2	16	2	16	2	16
Bluebell	17	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	17
Samphire	15	Canterbury	0	15	0	14	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	17	0	17	0	17	0	17	0	17	0	17	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
<b>Sub Total</b>	<b>170</b>		30	141	28	139	29	139	28	139	28	141	28	141	28	141

Total KMPT beds used (Medway + Other)	<b>171</b>	<b>167</b>	<b>168</b>	<b>167</b>	<b>169</b>	<b>169</b>
Total KMPT beds not used	-2	2	1	2	3	1
Actual Beds Available	169	169	169	169	172	170

External to KMPT (see notes below)	3	17	6	19	6	19	7	19	7	20	8	21	8	19
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KMPT + external beds used by group	33	158	34	158	35	158	35	158	35	161	36	162	36	160
<b>Total beds used (KMPT + external)</b>	191	192	193	193	196	198								

**Medway CCG Use of Younger Adult Acute Beds by Day**

Ward	Current Capacity	Location	22/01/2015		23/01/2015		24/01/2015		25/01/2015		26/01/2015		27/01/2015		28/01/2015	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	19	Medway	6	12	6	12	6	12	6	12	7	12	6	12	6	12
Cherrywood	16	Dartford	10	6	10	6	10	6	10	6	10	6	10	5	12	4
Amberwood	16	Dartford	5	11	5	11	5	10	5	11	5	10	5	11	5	11
Woodlands	15	Dartford	2	12	2	12	3	12	3	12	1	13	1	13	1	14
Amherst	18	Maidstone	1	17	1	17	1	17	1	17	1	17	1	17	1	17
Brocklehurst Ward	18	Maidstone	2	16	2	16	2	16	2	16	2	16	2	16	2	17
Bluebell	17	Canterbury	0	17	0	17	0	17	0	17	0	17	0	17	0	16
Samphire	15	Canterbury	0	15	0	15	0	14	0	15	0	14	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	16
<b>Sub Total</b>	<b>170</b>		26	142	26	142	27	140	27	142	26	141	25	142	27	140

Total KMPT beds used (Medway + Other)	<b>168</b>	<b>168</b>	<b>167</b>	<b>169</b>	<b>167</b>	<b>167</b>
Total KMPT beds not used	1	2	3	1	3	3
Actual Beds Available	169	170	170	170	170	170

External to KMPT (see notes below)	8	20	8	20	8	20	8	20	8	20	8	20	8	20
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KMPT + external beds used by group	34	162	34	162	35	160	35	162	34	161	33	162	35	160
<b>Total beds used (KMPT + external)</b>	196	196	195	197	195	195								

### Medway CCG Use of Younger Adult Acute Beds by Day

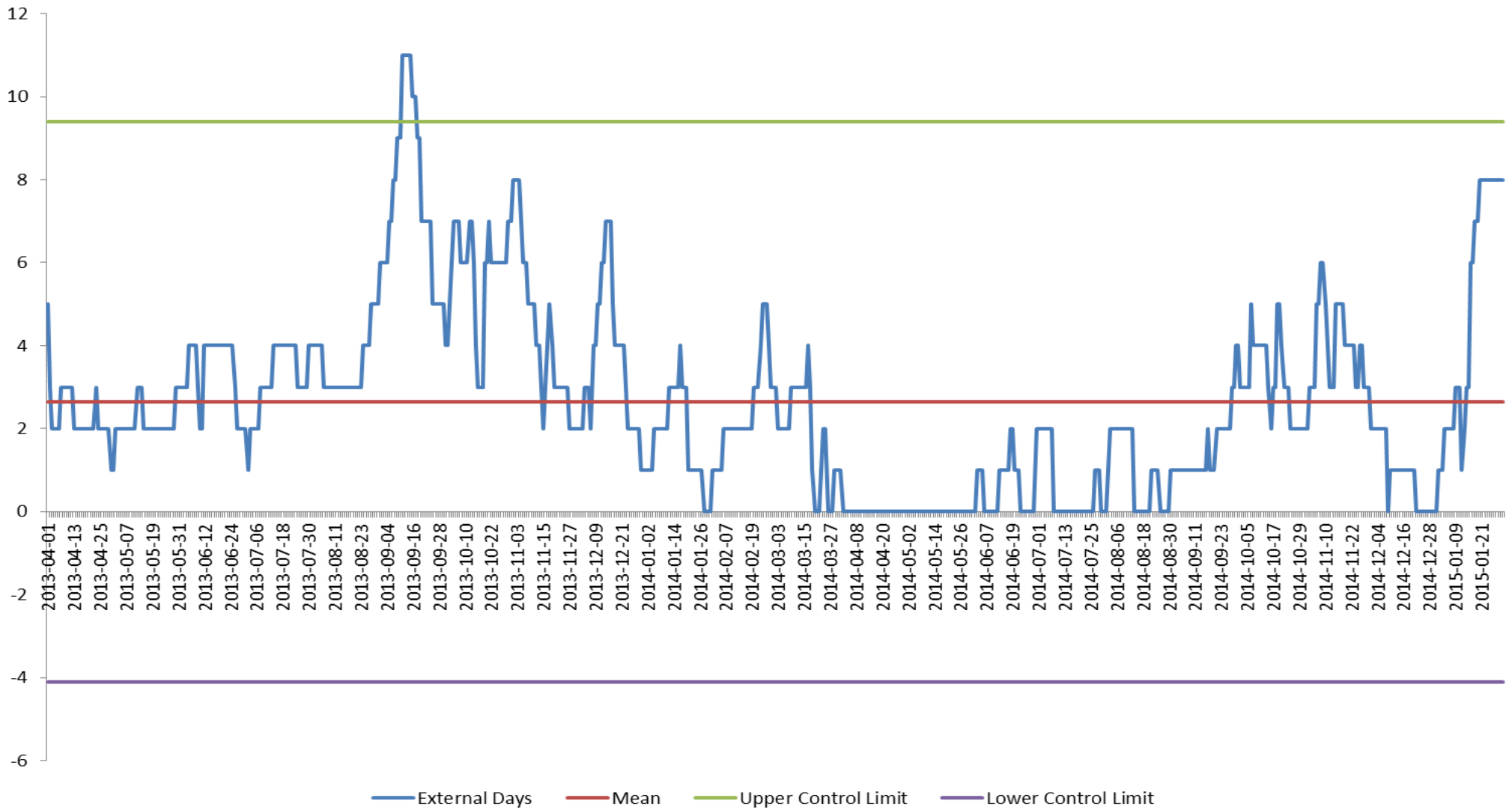
Ward	Current Capacity	Location	29/01/2015		30/01/2015		31/01/2015	
			Med	Oth	Med	Oth	Med	Oth
Emerald	19	Medway	7	12	8	11	8	11
Cherrywood	16	Dartford	12	4	12	4	13	3
Amberwood	16	Dartford	5	11	6	10	5	11
Woodlands	15	Dartford	1	14	1	14	1	14
Amherst	18	Maidstone	1	16	2	14	2	16
Brocklehurst Ward	18	Maidstone	2	16	2	16	2	16
Bluebell	17	Canterbury	0	17	0	15	0	17
Samphire	15	Canterbury	0	15	0	14	0	13
Fern Ward	18	Canterbury	0	17	0	17	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18
<b>Sub Total</b>	<b>170</b>		<b>28</b>	<b>140</b>	<b>31</b>	<b>133</b>	<b>31</b>	<b>137</b>

Total KMPT beds used (Medway + Other)	<b>168</b>	<b>164</b>	<b>168</b>
Total KMPT beds not used	2	6	2
Actual Beds Available	170	170	170

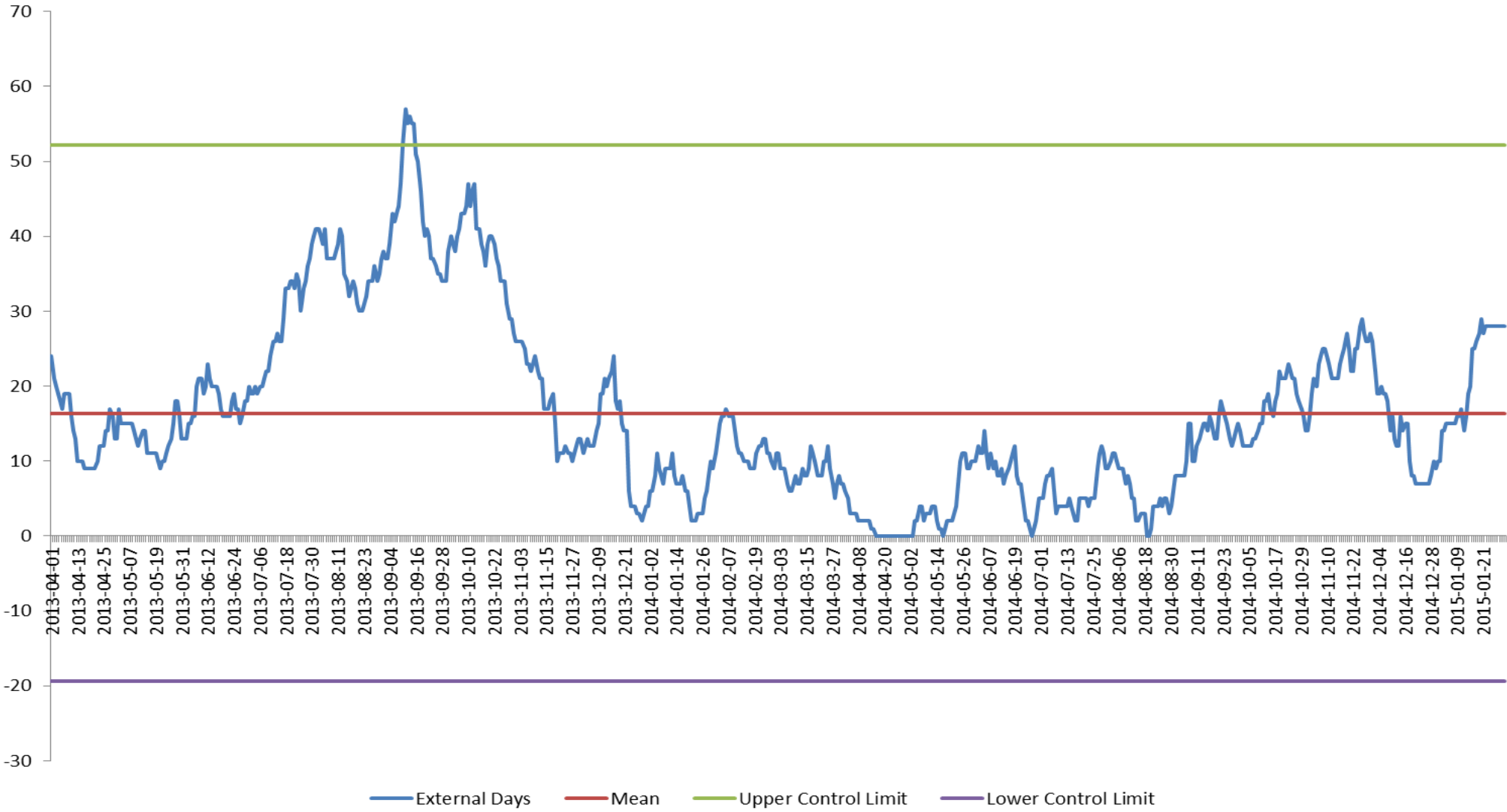
External to KMPT (see notes below)	8	20	8	20	8	20
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KMPT + external beds used by group	36	160	39	153	39	157
<b>Total beds used (KMPT + external)</b>	<b>196</b>	<b>192</b>	<b>196</b>			

# Medway CCG YA Acute External Bed Usage 2013/14 & 2014/15 To Date



# KMPT YA Acute External Bed Usage 2013/14 & 2014/15 To Date



### External Bed Day Usage Costs

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15
Medway CCG External Bed Days Used	1	0	17	17	28	45	100	116	28	153			505
Other External Bed Days Used	43	126	212	161	140	344	425	583	373	517			2924
Total External Bed Days Used	44	126	229	178	168	389	525	699	401	670			3429
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£34,320	£98,280	£178,620	£138,840	£131,040	£303,420	£409,500	£545,220	£312,780	£522,600	£0	£0	£2,674,620

*Bed prices are calculated on 2013/14 averages including specialty costs*





## Younger Adult Acute Bed Usage

February 2015 Update

### Contents

Summary of bed usage by day for most recent month

Graph 1. Medway CCG External Bed Usage 2013/14 - 2014/15 YTD

Graph 2. KMPT External Bed Usage 2013/14 - 2014/15 YTD

External Bed Usage Costs

Appendix 1. Available Bed Capacity by day for most recent month

### Notes

#### Notes

• The current bed capacity for KMPT is 170 - this is the position at the end of the month, although actual beds available can vary on a daily basis. The data submitted to the HASC reports a snapshot of beds occupied (as at midnight each day). Reasons for beds showing as available on the HASC report, when they can in fact not be used, include (see appendix 1):

- Maintenance of bed stock e.g. a room has been damaged and needs to be fixed

- Managerially led decisions based on specific circumstances e.g. management of infection control, such as a D&V outbreak

- Time gap in the data set between the discharge of one service user and the admission of another i.e. a bed may be vacant for a short time frame over midnight, whilst one service user is discharged and another takes up occupancy.

- Service users on leave / AWOL

In addition, KMPT has a rolling programme of maintenance to upgrade current accommodation, this is to improve the overall quality and patient experience of inpatient facilities, and may have an impact on the actual beds available daily.

• KMPT has a plan to increase total bed availability to 174 beds, with a 95% optimal operating capacity of 165 (to ensure safety and quality standards meet national guidance). This target should be achieved by the end of 2015.

• KMPT will always use local beds wherever possible, and when appropriate to individual need. On occasions an external bed placement may be required despite a KMPT bed being available.

- Graph 1 demonstrates that mean external bed usage year to date remains below the target bed capacity of 174 and the year to date peak is below the peak in September 2013/14

- The 2013/14 and 2014/15 analysis shows an increase in bed usage in during the Summer period. KMPT understands this to be the impact of the holiday period, impacting on both staff and service users.

- Whilst improvement works are undertaken in Dartford, the reduction in capacity of 4 beds is being mitigated by the acquisition of additional beds in Ticehurst.

- Winter Resilience bids have been agreed by Medway CCG and additional services to support admission avoidance will be deployed, including access to crisis café services and enhanced weekend services.

- Analysis of service users with frequent attendances in the urgent care setting has been used to drive individual case discussions with senior clinicians and care coordinators – these have been used to identify service users who may benefit from a more stable placement.

• There are minimal known data quality issues and where identified, these are flagged to the relevant service manager to ensure prompt resolution e.g. where a closed bed hasn't been updated.

### Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	01/02/15		02/02/15		03/02/15		04/02/15		05/02/15		06/02/15		07/02/15	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	16	Medway	8	11	8	10	7	10	6	8	6	10	7	9	7	9
Cherrywood	16	Dartford	13	3	13	3	12	3	13	3	12	4	12	4	12	3
Amberwood	16	Dartford	5	11	3	10	4	12	2	12	4	12	3	11	3	12
Woodlands	14	Dartford	1	14	1	12	2	12	2	12	2	12	2	11	2	12
Amherst	18	Maidstone	2	16	1	17	1	17	1	17	1	17	1	17	1	17
Brocklehurst Ward	18	Maidstone	2	16	2	16	2	14	2	16	2	16	2	15	3	15
Bluebell	17	Canterbury	0	18	0	17	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	14	0	14	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	18
Foxglove Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
<b>Sub Total</b>	<b>166</b>		31	140	28	136	28	136	26	136	27	140	27	135	28	137

Total KMPT beds used (Medway + Other)	<b>171</b>	<b>164</b>	<b>164</b>	<b>162</b>	<b>167</b>	<b>162</b>	<b>165</b>
Total KMPT beds not used	1	7	5	7	2	8	5
Actual Beds Available	172	171	169	169	169	170	170

External to KMPT (see notes below)	9	17	9	12	10	11	10	11	9	10	10	10	10	11
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KMPT + external beds used by group	40	157	37	148	38	147	36	147	36	150	37	145	38	148
<b>Total beds used (KMPT + external)</b>	197	185	185	183	186	182	186							

### Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	08/02/15		09/02/15		10/02/15		11/02/15		12/02/15		13/02/15		14/02/15	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	16	Medway	7	9	6	9	8	10	8	10	9	10	8	11	9	11
Cherrywood	16	Dartford	12	4	12	4	12	4	11	5	10	6	11	5	11	5
Amberwood	16	Dartford	3	12	3	12	4	12	4	12	5	11	4	11	4	12
Woodlands	14	Dartford	2	12	2	12	3	11	3	11	3	11	3	11	3	11
Amherst	18	Maidstone	1	18	0	18	0	18	0	18	0	18	0	18	0	17
Brocklehurst Ward	18	Maidstone	3	15	3	15	2	16	2	16	2	16	1	17	1	17
Bluebell	17	Canterbury	0	18	1	17	0	18	0	17	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	15	0	15	0	15	0	15	0	15
Fern Ward	18	Canterbury	0	18	0	18	0	18	0	18	0	17	1	17	1	17
Foxglove Ward	18	Canterbury	0	18	0	18	0	17	0	17	0	18	0	18	0	18
<b>Sub Total</b>	<b>166</b>		28	139	27	138	29	139	28	139	29	140	28	141	29	141

Total KMPT beds used (Medway + Other)	<b>167</b>	<b>165</b>	<b>168</b>	<b>167</b>	<b>169</b>	<b>169</b>	<b>170</b>
Total KMPT beds not used	3	5	2	3	1	1	0
Actual Beds Available	170	170	170	170	170	170	170

External to KMPT (see notes below)	10	16	9	17	8	19	9	19	9	20	11	19	11	20
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KMPT + external beds used by group	38	155	36	155	37	158	37	158	38	160	39	160	40	161
<b>Total beds used (KMPT + external)</b>	193	191	195	195	198	199	201							

### Medway CCG Use of Younger Adult Acute Beds by Day

Ward	Current Capacity	Location	15/02/15		16/02/15		17/02/15		18/02/15		19/02/15		20/02/15		21/02/15	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	16	Medway	9	11	9	10	9	10	9	9	9	9	8	8	8	8
Cherrywood	16	Dartford	11	5	10	5	11	5	11	5	11	4	11	5	11	5
Amberwood	16	Dartford	4	12	4	10	5	10	5	10	4	11	4	10	4	12
Woodlands	14	Dartford	3	11	3	11	2	12	2	12	2	12	2	12	2	12
Amherst	18	Maidstone	0	18	0	18	0	17	0	17	0	17	0	17	0	17
Brocklehurst Ward	18	Maidstone	0	18	2	16	2	16	2	16	1	17	1	17	1	17
Bluebell	17	Canterbury	0	18	0	18	0	18	0	18	0	18	0	18	0	18
Samphire	15	Canterbury	0	15	0	15	0	15	0	14	0	16	0	15	0	15
Fern Ward	18	Canterbury	1	17	1	17	1	17	1	17	1	17	1	17	1	17
Foxglove Ward	18	Canterbury	0	18	0	17	0	18	0	17	0	18	0	17	0	17
<b>Sub Total</b>	<b>166</b>		<b>28</b>	<b>143</b>	<b>29</b>	<b>137</b>	<b>30</b>	<b>138</b>	<b>30</b>	<b>135</b>	<b>28</b>	<b>139</b>	<b>27</b>	<b>136</b>	<b>27</b>	<b>138</b>

Total KMPT beds used (Medway + Other)	<b>171</b>	<b>166</b>	<b>168</b>	<b>165</b>	<b>167</b>	<b>163</b>	<b>165</b>
Total KMPT beds not used	0	4	2	5	3	6	4
Actual Beds Available	171	170	170	170	170	169	169

External to KMPT (see notes below)	11	20	11	20	12	21	13	19	11	17	11	17	12	17
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KMPT + external beds used by group	39	163	40	157	42	159	43	154	39	156	38	153	39	155
<b>Total beds used (KMPT + external)</b>	<b>202</b>	<b>197</b>	<b>201</b>	<b>197</b>	<b>195</b>	<b>191</b>	<b>194</b>							

### Medway CCG Use of Younger Adult Acute Beds by Day

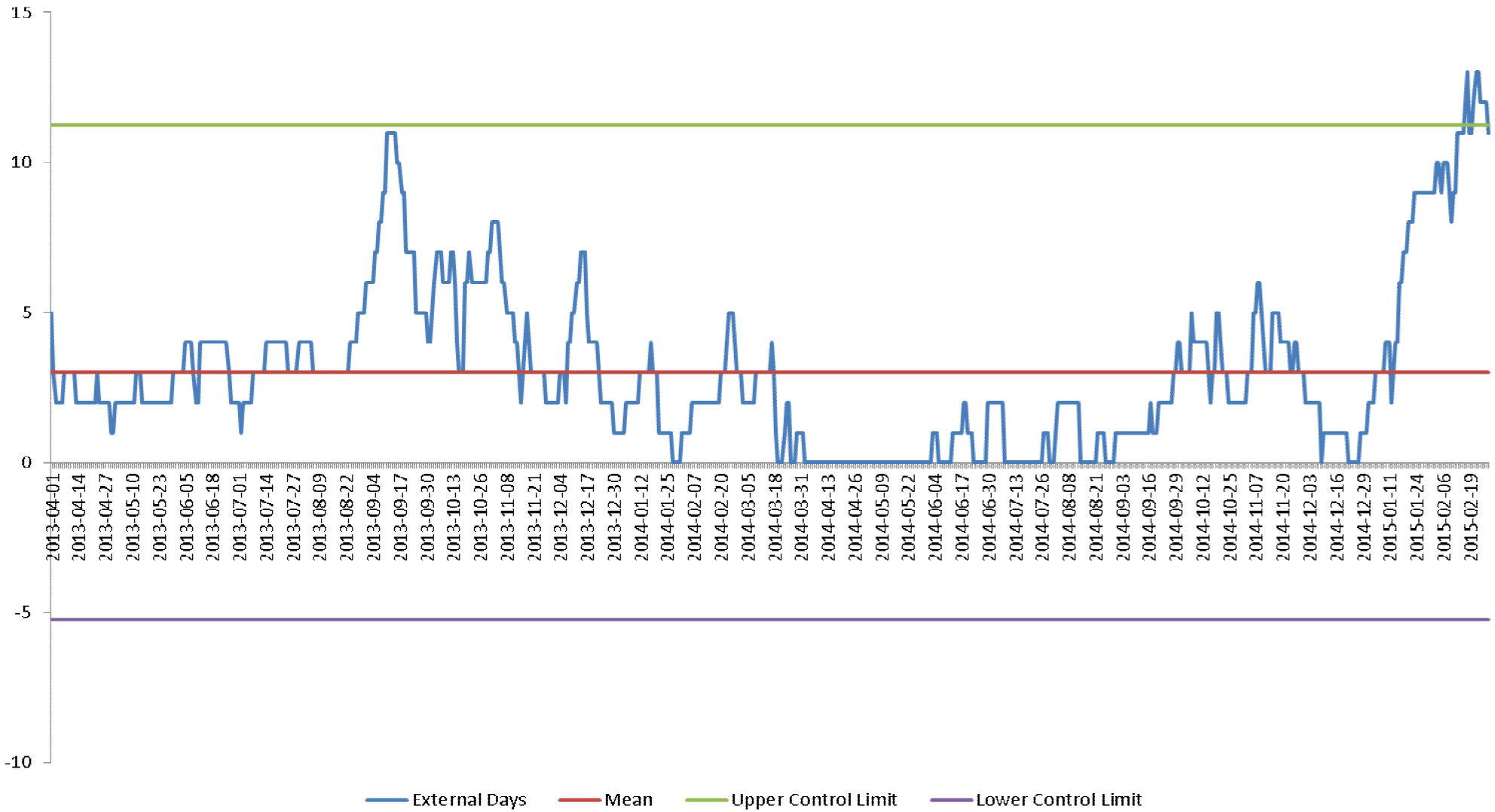
Ward	Current Capacity	Location	22/02/15		23/02/15		24/02/15		25/02/15		26/02/15		27/02/15		28/02/15	
			Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth	Med	Oth
Emerald	16	Medway	8	9	8	8	9	8	9	8	8	8	7	9	7	9
Cherrywood	16	Dartford	11	5	10	5	11	5	10	5	10	4	10	6	10	6
Amberwood	16	Dartford	4	12	4	12	4	12	4	12	4	12	4	11	4	12
Woodlands	14	Dartford	2	12	2	12	3	11	2	12	2	11	2	12	2	12
Amherst	18	Maidstone	0	17	0	17	0	17	0	17	0	17	0	17	0	17
Brocklehurst Ward	18	Maidstone	1	17	1	17	0	18	0	17	0	17	0	18	0	18
Bluebell	17	Canterbury	0	18	0	18	0	18	0	18	0	18	0	17	0	17
Samphire	15	Canterbury	0	14	0	15	0	15	0	14	0	15	0	15	0	15
Fern Ward	18	Canterbury	1	17	1	17	1	17	1	17	1	17	1	17	1	17
Foxglove Ward	18	Canterbury	0	17	0	17	0	17	0	16	0	17	0	16	0	17
<b>Sub Total</b>	<b>166</b>		27	138	26	138	28	138	26	136	25	136	24	138	24	140

Total KMPT beds used (Medway + Other)	<b>165</b>	<b>164</b>	<b>166</b>	<b>162</b>	<b>161</b>	<b>162</b>	<b>164</b>
Total KMPT beds not used	4	5	0	4	5	4	2
Actual Beds Available	169	169	166	166	166	166	166

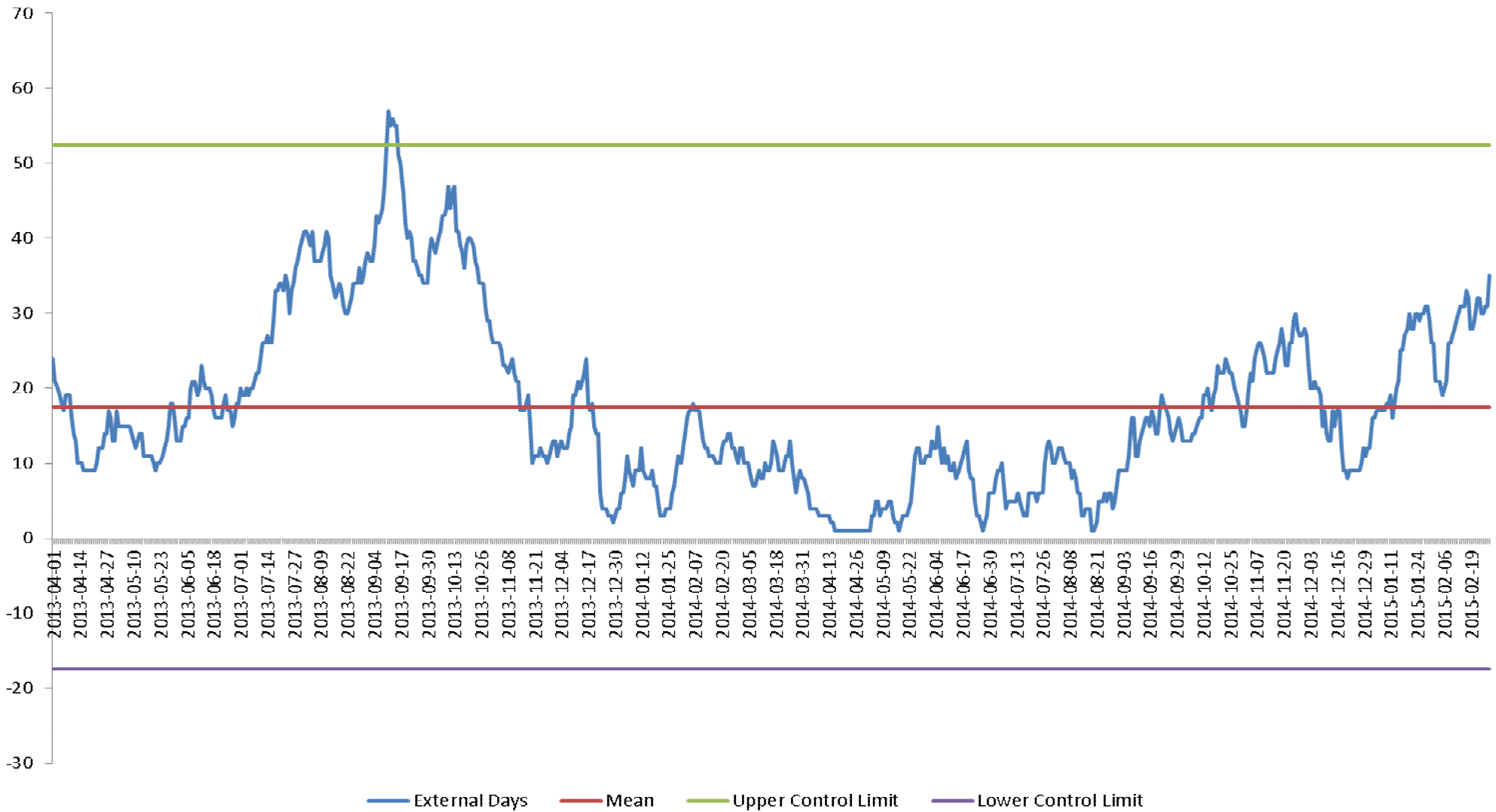
External to KMPT (see notes below)	13	19	13	19	12	18	12	18	12	19	12	19	11	24
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KMPT + external beds used by group	40	157	39	157	40	156	38	154	37	155	36	157	35	164
<b>Total beds used (KMPT + external)</b>	197	196	196	192	192	193	199							

# Medway CCG YA Acute External Bed Usage 2013/14 & 2014/15 To Date



# KMPT YA Acute External Bed Usage 2013/14 & 2014/15 To Date



### External Bed Day Usage Costs

	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15
Medway CCG External Bed Days Used	1	0	17	17	28	45	100	116	32	177	300		833
Other External Bed Days Used	73	157	242	192	171	374	456	613	413	539	479		3709
Total External Bed Days Used	74	157	259	209	199	419	556	729	445	716	779		4542
Cost per day	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	£780	
Total Cost	£57,720	£122,460	£202,020	£163,020	£155,220	£326,820	£433,680	£568,620	£347,100	£558,480	£607,620	£0	£3,542,760

*Bed prices are calculated on 2013/14 averages including specialty costs*



**Appendix 1. Available bed days per day by ward**

	20150201	20150202	20150203	20150204	20150205	20150206	20150207	20150208	20150209	20150210	20150211	20150212	20150213	20150214	20150215	20150216	20150217	20150218	20150219	20150220	20150221	20150222	20150223	20150224	20150225	20150226	20150227	20150228
Emerald	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	16	16	16	16	16
Cherrywood	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Amberwood	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Woodlands	15	15	14	14	14	14	14	14	14	14	14	14	14	14	15	14	14	14	14	14	14	14	14	14	14	14	14	14
Amherst	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Brocklehurst Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Bluebell	19	18	17	17	17	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17
Samphire	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15	15
Fern Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Foxglove Ward	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	17	17	17	17	17	17	17	18	18
<b>Grand Total</b>	<b>172</b>	<b>171</b>	<b>169</b>	<b>169</b>	<b>169</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>171</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>170</b>	<b>169</b>	<b>169</b>	<b>169</b>	<b>169</b>	<b>166</b>	<b>166</b>	<b>166</b>	<b>166</b>	<b>166</b>