



**Brighton and Sussex  
University Hospitals**  
NHS Trust



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Pathways and Medway edition

Volume 1, Number 1

# FACT FOR THE MONTH

**“39% of people delayed in hospital could have been discharged using different, usually lower dependency, pathways and services more suited to meeting their assessed needs. (NHSI/E)”**

For all information on discharges, please see [Microguide](#), cross specialty then discharge service tab. This is a really useful resource and should be used for all discharge information. The discharge hub details below:

**EMAIL Discharge Hub RSCH:**

[bsuh.dischargegovernancecontrolcentre@nhs.net](mailto:bsuh.dischargegovernancecontrolcentre@nhs.net)

Telephone ex: 67885, 63221, 63635

**EMAIL Discharge Hub PRH:**

[Bsuh.prhdischargehub@nhs.net](mailto:Bsuh.prhdischargehub@nhs.net)

Telephone ex: 68275, 68276.

Email Pamela for support/ education:

[mailto:pamela.heafield@nhs.net](mailto:mailto:pamela.heafield@nhs.net)

## Welcome to the newsletter

Welcome to the first edition of the discharge newsletter. This is a new way of us being able to share information and data with you all. We hope you find this a useful resource. If there is anything you would like to see in here, please contact me [Pamela.heafield@nhs.net](mailto:Pamela.heafield@nhs.net)

Firstly let me introduce myself – I am on a secondment to the role of 'Trust wide pathway improvement and intensive ward support'. My main role is to support all wards across the Trust with the discharge improvements, and help to embed them to become our new normal. I am also looking at the barriers and challenges that the Trust is facing, to see if we can support any changes. Please get in touch with me, if you would like any support or education.

## Why the change?

Using the language of [pathways](#) enables community and acute hospital staff to use the same terminology. Standardising our language provides safer care and improves our patients experience and journey. It focuses staff to know what needs to happen when a patient is placed on a specific pathway eg. referrals. Once pathways are reliably inputted on Medway, phone calls should reduce. Medway data helps to understand patient demand and capacity Trust wide. This will then allow DISCOs to offer support where it is most needed. It also helps shape the commissioning conversations and service design.

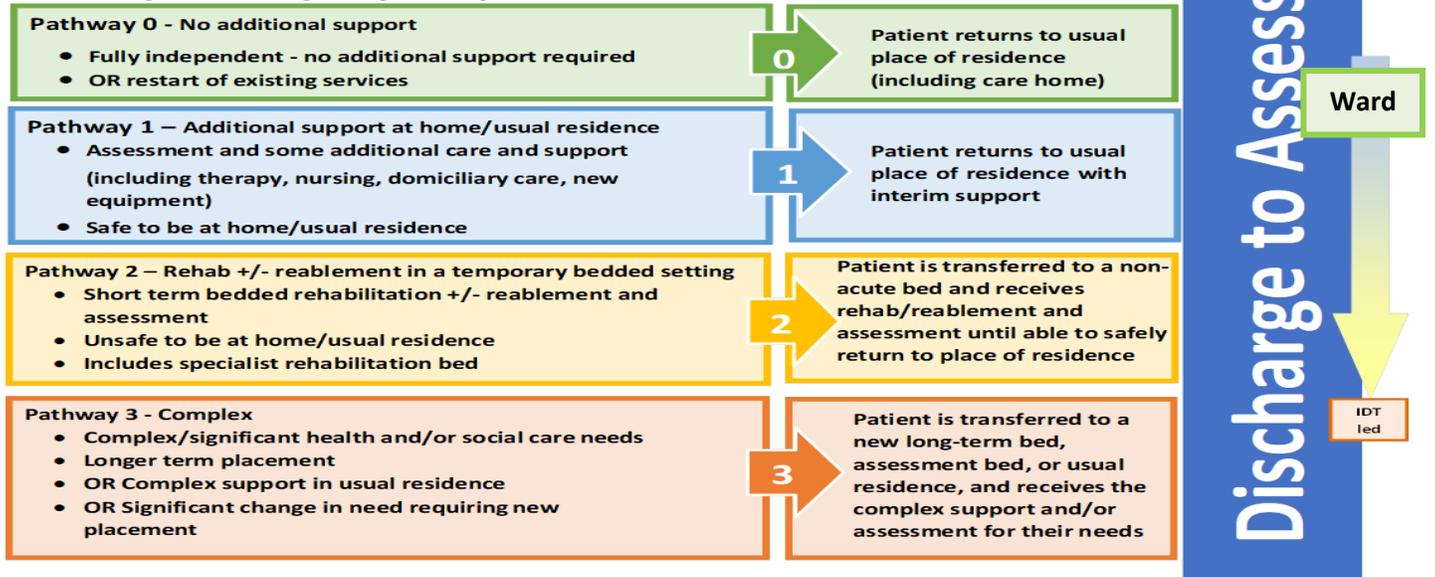
The discharge hub has been set up to provide an oversight and co-ordinate all BSUH pathway 1,2 and 3 patients but particularly specialising on the pathway 3. The hub has 2 calls a day with our community partners to organise 1,2 and 3 pathway discharges. They check the referrals have been received, and unblock escalated issues.

**Real Time Bed State (RTBS)** pulls information from Medway – it gives a visual aid of everything that is happening in the Trust by ward including patient pathways, query discharges and definite discharges. This information is then used to inform what is happening in the Trust; therefore it is imperative that Medway is updated in real time.

Division	Specialty	Ward	Beds				Pathway				
			Franchised beds	Patient In beds	Escalation beds	Closed beds	Empty beds	Pathway 0	Pathway 1	Pathway 2	Pathway 3
		Total	36	23	1	1					
Medicine	Elderly Med	RSCH Chichester Ward - Barry Building (3rd Floor)	20	19			1	10	2		2
		RSCH Vallance Ward - Barry Building (1st Floor)	17	15			2	6	2	1	5
		RSCH Jowers Ward - Barry Building (1st Floor)	11	11				5	1	2	
	Respiratory	RSCH Overton Ward - Barry Building (2nd Floor)	11	11				4	5	1	1
		RSCH Catherine James Ward- Barry Building (2nd Flr)	7	6			1	1	4		1
		RSCH Egremont Ward - Barry Building (2nd Floor)	13	11			2	5	2	1	
	Gen Med	RSCH Bristol Ward - Barry Building (2nd Floor)	17	2			15	2			
	Dementia	RSCH Emerald Unit - Barry Building (1st Floor)	16	16				5	4	3	4
	GI/M	RSCH Courtyard Level 6 (Ward)	5	5					1	2	1
		RSCH Courtyard Level 7 (Ward)	8	8				4	1	1	1
	Total	Total	125	104			21	42	22	11	15

## Which pathway?

### What pathway is your patient on?



## QUIZ

So now it's time to test your knowledge; all returned correct responses will be put into a hat and two will be chosen for a prize. You've got to be in it to win it....

Email answers to [Pamela.heafield@nhs.net](mailto:Pamela.heafield@nhs.net) by 30<sup>th</sup> August 2020.

- Mrs Smith is admitted to the ward from an EMI nursing home. She completes her stay and is medically ready for discharge; she will return back to her nursing home. Which pathway is she? 0, 1, 2 or 3
- Mr King is admitted from his home in Brighton; he has fallen and his NOK is worried that he is not coping at home. Whilst he is in hospital, he has access to a physiotherapist who identifies that he needs ongoing physio to improve his strength at home. The OT reviews him and requests a BD POC. Which pathway is he on? 0, 1, 2 or 3 and which referral would you send and where would you send it?

## Top Scorers.

The Trust has been auditing all wards on Medway data input. The target set by the Trust is that 95% of patients are required to have a pathway and EDD allocated on Medway. Well done to all wards for working hard to achieve this. The top five in the Trust for July are:

- Chichester Ward**
- Twineham Ward**
- Haematology Ward**
- Ardingly Ward**
- L11 West Ward**

If you need any support with this, please contact me and I will be happy to come and complete education with you.