



General manager **James Waplington** tells us how we're taking a new approach to care to keep people in their local communities, promoting quicker recovery and reducing unnecessary costs.

Placing someone in an out of area bed isn't an ideal situation for anyone. It affects our service users who have to travel to places away from their local communities to receive care, it has an impact on their families and friends who may struggle to visit, and it costs our Trust. Helping people to reach their potential and live well in their communities is the mission of our Trust, which is why we've committed to keeping people in local beds within their communities and avoiding out of area bed placements wherever we possibly can.

#### A zero tolerance approach

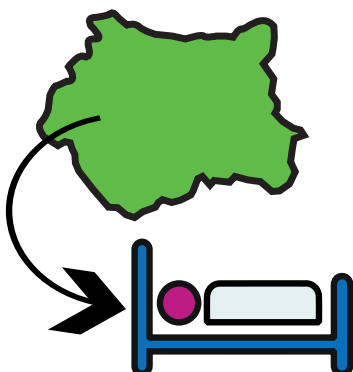
In Wakefield acute services, we decided to adopt a zero tolerance approach to out of area bed placements. We set ourselves a date and agreed that by this time, we wouldn't have anyone being cared for outside of their local area. This allowed us to take a look at two things – the clinical need for a bed, and how we manage that resource.

If it was recommended that someone needed to be placed in a bed where there were none available, we would work to look at suitable and effective alternatives – for example, community services. This wasn't a case of questioning a clinician's decision, or providing a lower level of care – we simply wanted to offer other options that would mean service users still received excellent care and the pressure on our bed placements was reduced.

#### Temporary measures for long term results

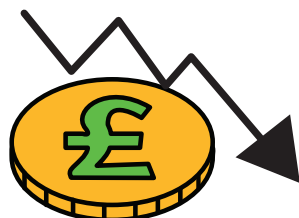
If we found that the service user still needed a bed after looking at all our other alternative options, we would put in place a programme of support to keep them cared for and well until a bed became available. For example, if we knew that someone was due to be discharged from a ward within the next couple of days, we would provide other means of support to the service user needing a bed enabling them to start on their recovery journey before being admitted to a bed at a later date.

Another problem we experienced was out of area bed placements happening out of hours. This is doubly traumatic for a service user who is not only going out of their local community, but doing this at unsociable and unsettling times. We made a huge effort to avoid





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doing this wherever we could and would offer alternative support to service users until the following day when we have a higher staffing level and the time is less disruptive.

Sometimes, sending people out of area is unfortunately unavoidable, so when it does happen we make sure we work hard to bring people back as soon as we can.

#### Making a difference to everyone

We've found that this has created a more positive atmosphere on the wards as staff know that we are doing everything we can to support service users while they are waiting for a bed. We've seen that complaints about sending our service users out of area have reduced, and our commissioners have reported that they've seen a better way of working at our Trust. We're now going to use this good practice to reduce out of area bed placements from our psychiatric intensive care units (PICU), and hope that we will see the same level of both service user experience and cost improvement.



#### In a nutshell

Out of area bed placements are when a service user is cared for in a hospital outside of their local community. They can be unsettling for our service users and are costly for our Trust. We've made improvements on our acute wards in Wakefield to reduce the number of times we send people out of area.