deliver SFT internal improvements.

The F&P Committee agreed to have a strategic discussion around the gap between demand and capacity in community services.

It is recognised that to move forward some of the external delays, it is important to have delivered on the SFT specific improvements to inpatient flow. The F&P Committee has

Ms Cara Charles-Barks
Chief Executive and AEDB Chair
Wiltshire CCG

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some of this with the rapid response team. The principles of discharge to assess (D2A) and comprehensive geriatric assessment (CGA) should drive this change. reform. We **recommend** that the trust develops the frail older people's pathway using the Silverbook, time standards with improvement/outcome measures to understand the effectiveness of the pathway. Several assessments for discharge was observed rather than discharge to assess which needs to be adopted.

1.3 **Operations Centre -** We did not observe a predictive model in use in the management of operations the acute trust. It is recommended that predictive data is used to inform decision making in the Operations Centre; to provide a more proactive service rather than a same day reactive service observed currently. ECIST are happy to work with the system to develop system and processes to use the data available to improve flow across the system. Escalation triggers should be agreed, implemented and monitored, in conjunction with this work. We would suggest you consider using a 6-week rolling average predictor to support decision making and planning. **Amendment :** The Trust do have a predictive measure in the site dashboard but are not currently using this .

1.4 **Discharge process** – The discharge process appears fragmented and involves multiple handoffs. Handoffs can be reduced significantly, and we **recommend** the further development and implementation of the "discharge to assess", home first model. To achieve this, we **recommend** that a task and finish gro

intervention if there is any negative deviation from the expected recovery pathway.

- **When am I going home?** This is achieved by setting the expected date of discharge which does not include the unnecessary waits known within the system. Assertive board rounding, and one stop ward rounds ensure that all tasks are completed on time and that as little of the patient's time is wasted waiting for the necessary inputs to occur.

Good practice is where a daily senior review of the care plans for every patient in every bed. Is undertaken This should be led by the patient's consultant. Most hospitals approach this through the implementation of the SAFER patient flow bundle, where the consultant leads the daily multi-disciplinary team (MDT) board rounds, to ensure their care plan is on track. Deteriorations are picked up quickly, and unnecessary delays can be addressed. We recommend that this system is reviewed if this is not in place throughout.

Length of stay (LoS) review:

ECIST observed a DTOC meeting and a "Expert Panel meeting" all relating to transfer/discharge of long length of stay patients. The purpose of these meetings was to identify whether the patient was medically fit and if so, what they were waiting for in an acute bed

We observed a good level of therapy support at these meetings and good practice by ensuring consent for patient records to be shared.

We would suggest there are a high number of assessments and checklists that are completed for patients to try to determine the level of care required before discharge. Delays can be incurred waiting for these assessments and this does not follow the spirit of home first (i.e.

assessment in the person's place of residence). There were a number of discussions regarding dependency charts and we were unclear what value these charts provided, as the behaviour and agility of a person observed in a hospital will be different to their capability in their own home.

We **recommend** a review of your systems and processes as it could reduce the large number of checklists and support flow and appropriate discharges while reducing the decompensation of patients in an acute bed as they wait for a care of discharge decision. The system needs to work on the principles that everyone returns to their place of residence with supported care, and all assessments are commenced there.

There was evidence of delays in the CHC and Fast Track processes during our attendance at the DTOC meeting, which is having a significant impact on the patients and relative experience at an already difficult time. The fast track care needs to be same or next day once there has been a decision and following conversations with patients and families. We observed an additional weekly meeting called "Expert Panel" and would urge the Trust to review the Terms of Reference for both these meetings as we were unclear what outcomes were gained from these two similar meetings. We **recommend** the system review their

current processes around the sign-off for fast track, CHC decisions and placement to address the current added delays.

We recommend the following:

The SAFER patient flow bundle summarises a small number of actions that if implemented simply, will significantly improve patient flow. The Trust should implement the SAFER patient flow bundle and Red to Green days using PDSA on a small number of exemplar wards.

- Focus on simple discharge. Expediting routine (simple) discharges can be more effective in releasing beds than only concentrating on complex discharges.
- Rapidly review the discharge to assess pilot, develop and test a model for patients who are suitable for further assessment or re-ablement outside of an acute setting.
- Rapidly review the current processes for the fast track, CHC decisions and placement.
- As a system, review the current referral process and use of the community capacity (stepdown beds) to ensure that it meets the needs of the patients and support the discharge to assess model of care.

Thank you for the invitation to come and review your system. We hope you find that the enclosed report is helpful and supports the potential improvements of some of your known challenges going forward. We are happy to provide guidance examples and case studies to support improvement initiatives as necessary.

Emergency Care Intensive Support Team, (ECIST) System review of referral and discharge processes

Trust Board

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Background

The Wiltshire A&E Local Delivery Board invited the Emergency Care Intensive Support Team (ECIST) to review the following:

- Integrated discharge processes (including community, social care and SFT)
- Site management and operational reporting
- Referral process and pathways including social care
- Community teams, case management and transfer of cases

Internal Actions