

Morrison U&E Care Improvement Plan - Complex Discharge - November 2021



Area of focus	Owner	BAU	Project Title	Objective/Baseline Position	Key Actions	Timescale	Sponsor/Operational Lead	Benefits	KPIs/Measures	Risks to Project Delivery	Progress Update	RAG Rating	Oversight Board/Committee
Complex discharge	Operations Division	Yes	Performance framework	Clarify governance and performance framework for the management of complex patients	1. Review current system and process for managing complex discharges 2. Implement dashboard to provide transparency of patients waiting for supported discharge 3. Clarify the daily rhythm for managing the patients	End Nov '21	Kate Hannam	1. Reduce LOS for COP	(a) Length of Stay (b) Reduction in the number of stranded patients (c) Reduction in the number of DTOCs and occupied bed days	1. Workforce	Dashboard in place, mapping of existing process complete		U&E care board - Morrison
Complex discharge	Operations Division		Whole System group	Establish whole system operational group to provide transparency, grip and control	1. Explore with partners establishing forum	End Dec '21	Kate Hannam/Brian Owens	1. Build relationships and system wide ownership for development of models across the system to improve flow					U&E care board - Morrison
Complex Discharge	Operations Division	No	Optimising Social Care Flow	To review the systems and processes and provide concrete recommendations for improving social care flow for patients currently delayed within the system	1. deep dive of system and process through direct observations and assessments of process 2. Recommendations for improvement for action	End Dec '21	Kate Hannam	1. Reduced delays for patients awaiting social care	1. DTOC - occupied bed days and percentage	1. Resource and capacity to deliver change 2. Adoption/embedding new ways of working	Initial review complete with dashboard implementation and assessment against DZRA compliance - no trusted assessment in place		U&E care board - Morrison
Complex Discharge	Operations Division	No	CHC	1. To reduce delays relating to CHC	1. Establish terms of reference for review 2. Development of project plan to deliver out of hospital assessment and other alternative initiatives	End Dec '23		1. Reduce LOS for patients on CHC pathways	1. Total days CHC delays	1. Capacity to deliver project review 2. LA do not support assessment OOH			U&E care board - Morrison
Complex discharge	Operations Division	Yes	Prolonged Stay Reviews >Stranded	To ensure the timely management of patients to minimise internal and external delays in the patient pathway	1. Weekly Multi Agency Conference Calls about top 20 complex patients in each locality 2. Work with partners on interim alternative placements for patients whose place/care package is delayed	End Dec '21	Ali Galligher/HoN	1. Patients experience no delays in their pathway 2. Improved patient experience 3. Reduced hospital acquired infection 4. Reduced length of stay 5. Timely discharges and discharge planning	(a) Length of Stay (b) Reduction in the number of stranded patients (c) Reduction in the number of DTOCs and occupied bed days	1. Residential placements or care packages not available to ensure timely discharge			U&E care board - Morrison
Complex discharge	Operations Division	Yes	Prolonged Stay Reviews >Stranded (Internal)	To ensure the timely management of patients to minimise internal and external delays in the patient pathway	1. Weekly local meetings in each division reviewing all patients who exceed 7 days 2. Escalation of issues leading to delays 3. Supports Red to Green	In progress	Director of Nursing/Heads of Nursing	1. Patients experience no delays in their pathway 2. Improved patient experience 3. Reduced hospital acquired infection 4. Reduced length of stay 5. Timely discharges and discharge planning	(a) Length of Stay (b) Reduction in the number of stranded patients (c) Reduction in the number of DTOCs and occupied bed days	1. Residential placements or care packages not available to ensure timely discharge 2. Lack of strong leadership and decision making on the Board Round			U&E care board - Morrison
Complex discharge	Operations Division	No	Establish IDS Services	To establish an Integrated Discharge Service that it future proof and delivers timely support to complex discharges across the Trust	1. Undertake a review of IDS and make recommendations for improvements that will lead to efficiency and robust input where it is needed	Quarter 4	Kate Hannam	1. The team members understand their roles and proactively manage patients along the discharge pathway 2. The team structure supports areas of the Trust that require the most support with complex discharges 3. Reduced length of stay for complex discharges	(a) Board round attendance by IDS team members (b) Reduction in number of stranded patients beddays (complex discharges) (c) Reduction in number of DTOCs and % of occupied bed days (d) Reduction in number of patients % of occupied bed days (e) Reduction in number of code changes per patient through discharge journey	1. Resource requirement to deliver effective services exceeds the funding currently available 2. Insufficient skilled staff to establish an expert team 3. Recruitment and retention of skilled staff	Requirements scoped and submitted for funding. Initial review of service completed against best practice - significant shortfalls in capacity to proactively manage the complex patients and roles and responsibilities not clear		U&E care board - Morrison
Complex discharge	Operations Division	No	Trusted Assessor	To build effective working relationships with partners in order to support the co-production and joint implementation of a trusted assessor model reducing hand offs for the service user	1. To participate in the development and implement of a Single Referral Form across the system that provides accurate, reliable and trusted information for all providers. 2. For care homes to accept assessments undertaken by a Trusted Assessor to minimise delays in hospital waiting for assessment	TBA	Kate Hannam/Ali Galligher/Brian Owens/ DoN	1. Avoids duplication of assessment between different health and social care partners 2. Reduces the length of time waiting for assessment 3. Reduces length of stay in hospital	(a) Number of delayed discharges to a bedded facility bar capacity issues or specialist needs (b) % completion by wards staff in Acute Trusts (c) % accepted by providers and % rejected by providers (d) Reduction in assessment required by providers	1. Partners do not support Trust staff undertaking their assessments			U&E care board - Morrison
Complex discharge	Operations Division	Yes	Discharge Lounge	To facilitate the early release of beds to support good flow throughout the Trust.	1. Undertake a review of the Discharge Lounge function 2. To review current activity through the lounge 3. To consider the models of early release of beds 4. To consider how the discharge lounge can be used to increase its throughput 5. To consider whether its current location and design is fit for purpose	Mid Dec 21	Senior matron medicine/site matron	1. Early release of beds to support the flow of patients through the Trust	(a) Number of patients by clinical division through the discharge lounge each day (b) % patients discharged before midday	1. Alternative more suitable location cannot be found 2. Alternative models are not supported by clinical teams	Loss of discharge lounge with TAVE - further work to explore the suitability of Enfyus during the building work		U&E care board - Morrison
Complex discharge	Operations Division	No	Shifting settings of care	To support patients receiving care in the right setting based on their health and social care needs	1. Understand the demand for patients who could be cared for in a different setting (including specialist rehab) 2. Establish task and finish group to consider new models of care	Quarter 4	HoN Medicine/Ops Matron	1. Patients cared for in the right setting 2. Reduced LOS in acute hospital 3. Right care delivered by right workforce (eg rehab)	(a) Length of Stay (b) Reduction in the number of stranded patients (c) Reduction in the number of DTOCs and occupied bed days associated with this cohort	1. Financial constraints leading to insufficient capacity being commissioned for the demand of patients			U&E care board - Morrison

Milestone complete / Activities on track to achieve milestone	G
Milestone behind plan, with action to remedy	A
Milestone behind plan, project/programme risk	R