Agenda Item No. 8b

NHS
The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Mrs E Hardwick Chief Nurse	Decision		High	Med	Low
	Discussion	✓		✓	
	Information				
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Mr Andy Evans ADO Div 2	Strategic				
	Operational	✓			
	Governance	✓	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Gary Hardy Ops Manager Div 2 Mandy Hill Integrated discharge Manager					
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe, Caring, effective, Responsive & Well-Led				

Meeting Date: January 29th 2019

Report Title: Update on action taken to address the increase in Medically Fit for Discharge patient number at QEH (Public Board Action 43)

PURPOSE:

The purpose of this paper is to update the Board on the management of Medically Fit for Discharge (MFFD) patients in the Trust

SUMMARY:

At the time of writing the report the number of MFFD patients is 77 and the number of DTOC patients is 14

Over the last 3 months a more standardised approach to reviewing MFFD patients has been implemented including weekly oversight by Chief Nurse and nursing team. Improvements in internal processes, on site presence of system partners and the management of discharge referrals have occurred.

The next steps involves further focus on :

- Internal planning and delivery
- Commissioning discussions to align demand and capacity in all areas with a focus on Lincolnshire and Cambridgeshire
- Development of patient and family engagement in early planning for their discharge from hospital

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
✓	✓	✓	✓		✓

RECOMMENDATION/S:

The board is asked to consider the report

Introduction

The importance of having 'the right patient in the right place at the right time' is known to contribute to safe and effective patient care, improving patient's outcomes and experience. It is also seen to contribute to the productive use of resources.

Using the principles of effective patient flow into established clinical wards goes some way to enable the system to cope with patient flow problems and to acquire efficient flow at the hospitals front door. The process to establish patient flow into the wards is achievable when a dedicated systematic approach of support, rapport and focus endorsing simple patient flow practices become 'business as usual'.

Medically Fit for discharge patients (MFFD) are made up of 2 discreet groups of patients; first those that are medically fit (medically optimised) and do not require consultant led care in an acute trust and then secondly those patients are those who are Delayed Transfer of Care (DTOC) patients. DTOC patients are those patients who are ready to leave an acute hospital bed but a delay has occurred in arranging or identifying a suitable community provider such as the Hospice, Community Hospital or a nursing or residential home.

During Q3 the Emergency Care Intensive Support Team (ECIST) worked with the Trust to introduce a sustainable process of regular reviews of MFFD patients. During November 2019 the Trust conducted an 'intensive support week' alongside the Emergency Care Intensive Support Team (ECIST). A number of ECIST personnel reviewed discharge processes both within the hospital and in the community. ECIST attended ward rounds and offered challenge to decisions being made while delivering feedback on improvements that could be made. At the end of the week the ECIST team held a system wide feedback session which captured all of the observations made during this visit.

Key learning points from this visit were:

- Think 'Home First' before considering rehab/intermediate care
- Patient level governance – How do the patient specific actions get escalated, how can this be improved
- Trust level governance – what are the themes from the reviews and actions taken, effective decision making
- Improvements required around tracking data to see if what we are doing is making a difference

Current position and next steps

Over the last 3 months a more standardised approach of reviewing MFFD patients has been implemented and a number of process changes have been made to begin to address the key learning points from the Q3 review. So far there has not been any sustained change in reduction of MFFD numbers but the detail of the specific themes that now need to be addressed have been highlighted.

These are internal planning; mismatch of demand and capacity in the community and that patients and family are not always adequately involved in their discharge.

These 3 themes are being addressed as follows:

Problems due to internal planning can be highlighted and addressed during the 'Be the Difference' reset week commencing on 23rd January 2019. The week is involving system partners, the local authority, local GP practices and ECIST colleagues and one of the objectives is to reduce

MFFD patients to between 40-50. During this week an evaluation of the current review processes and oversight will be explored to inform changes required going forward.

At the time of writing the report 28% of MFFD patients and 5% of DTOC patients were from outside of Norfolk. To address this it will be important to work closely with commissioners from Lincolnshire and Cambridge as well as Norfolk to align demand to the community capacity that will be provided for 2019/20.

However pivotal to all these internal and external actions it is also essential that the Trust Patient experience group are involved to inform and develop a trust wide approach that ensures that patients and their families are fully involved in the process of planning for their discharge from hospital either before admission as elective patients or as soon as possible after admission when admitted in an unplanned way.

Emma Hardwick
Chief Nurse
January 2019