

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** Leicestershire Health and Wellbeing Board

**DATE:** 16<sup>th</sup> March 2017

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**SUBJECT:** The Lived Experience of Hospital Discharge Report

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## 1. Introduction

- 1.1 The purpose of this paper is to provide the Health and Wellbeing Board with a summary of the actions that the University Hospitals of Leicester NHS Trust and our partners are taking in response to the five key recommendations outlined within 'The Lived Experience of Hospital Discharge' report.
- 1.2 The NHS Five Year Forward View explains the need to redesign urgent and emergency care services in England for people of all ages with physical and mental health problems and sets out models of care needed to do so. It is recognised that to deliver safe and effective urgent and emergency care, it cannot be done in silos within organisational or commissioning groups but that it requires cooperation between and within numerous organisations and services and collaboration between clinicians and supporting staff who place patient care at the centre of all they do.
- 1.3 The Accident and Emergency Delivery Board (AEDB) provides the vehicle to review actions and monitor progress against the system recovery plan for urgent and emergency care. There are five key intervention streams to the plan; improved patient flow and improved discharge form two key areas of the improvement plan that the AEDB are focusing on. The Trust and its partner organisations are being supported in this work by the NHS Emergency Care Improvement Team.
- 1.4 We welcome this report, as it provides a timely and helpful insight into the discharge processes within Leicestershire's Hospitals from the view point of patients, carers and our own staff and will be used to help shape the work in relation to these key aspects of patient care.
- 1.5 We are already working hard with our partners on this through the introduction of the 'SAFER' Patient Flow Bundle. This is a practical tool to reduce delays for patients in adult inpatient wards and blends five elements of best practice. When used in conjunction with the 'Red and Green days' approach and when followed consistently, length of hospital stay reduces and patient flow and safety improves. 'Red and Green days' are a visual management system to assist in the identification of wasted time in a patient's journey and is used to reduce internal and external delays. We have commenced the rollout on 14 medical wards at the Leicester Royal Infirmary and are drawing up plans

for the further roll out of these improvement initiatives across the Trust. We have set a number of metrics that we measure on a weekly basis that serve to track the improvements made.

1.6 The paper is structured around the five key recommendations from the report.

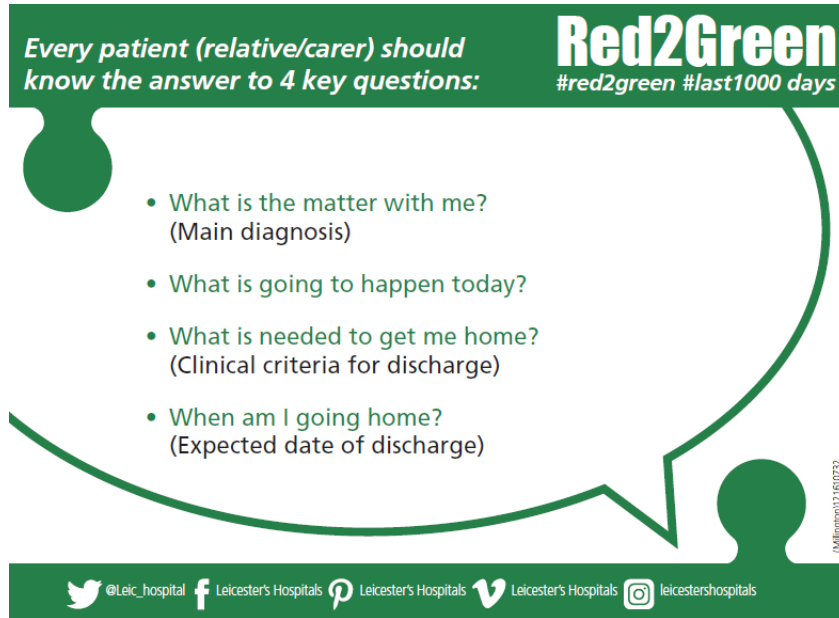
**2. Recommendation 1. Timely Medication:** *'The issue of timings for medication to take out (TTOs) should be addressed with some urgency'.*

2.1 We started our 'Red 2 Green' Programme on 14 of our medical wards at the Leicester Royal Infirmary site in December 2016, one of the key internal delays that we initially identified was delays for discharge medications and our findings echo the themes in your report. During the initial weeks post implementation this was a key area of focus for our clinical teams. Through the Red2Green Programme we are recommending and working with our teams to deliver:

- Medications for discharge being written the day prior to discharge and being preempted on discharge. All patients through the 'SAFER' Flow bundle are assigned an Estimated Date of Discharge (EDD) and a Clinical Criteria for Discharge (CCD) This work is being coordinated at the morning board rounds and afternoon ward huddles and trigger the need for medication to be written. Currently 50% of our medications are written the day before discharge across these wards. We have set an internal standard of 80% for the wards to aspire to.
- Discharge medication checking stations are being reintroduced to ward areas. These are located in a quiet area of the ward away from distractions and have been found to be beneficial in ensuring that the correct medication is provided to the patient on discharge.
- Work is planned to explore the feasibility of different healthcare roles within the discharge medication process.
- We are promoting Nurse led/ criteria led discharge which additionally promotes earlier preparation for discharge for our medically optimised patients, this concept has been shown to reduce the time patients' needs to wait for discharge.
- Work is planned to bench mark ourselves against the NHS Rapid Improvement Guide for 'Optimizing medicines discharge to improve flow'.

2.2 We are now coordinating our roll out plan of this initiative for other ward areas across the Trust and the Red 2 Green days approach is being initiated within the community Hospital setting.

- 3. Recommendation 2. Training:** *‘There should be an improved schedule and a consistent approach to staff training relating to discharge. This training should have an element of multi-disciplinary and multi-agency focus’.*
- 3.1 There is currently no system wide training for hospital discharge across LLR. A multidisciplinary discharge training project group has been meeting since August 2016 and has made the following recommendations:
- Support the principle of ‘essential to role’ training in this area of patient care
  - Support the implementation a training programme and ensure staff are released
  - Demonstrate role modelling behaviours through attending the first run of training
  - Support additional resources required from communications teams to generate ‘key messages’ on a regular basis to refresh knowledge.
- 3.2 These recommendations will be further reviewed in light of this report.
- 4. Recommendation 3. Cultural Change:** *‘There needs to be a cultural shift that leads to greater communication between staff teams, departments and partners working toward an effective pathway and process for discharge’*
- 4.1 The Trust has established relationships through the AEDB to develop a system wide delivery response to patient flow and care. Red 2 Green days has highlighted further the importance of closer partnership working and communication by highlighting both the ‘internal’ and ‘external to UHL’ next steps for patients in their care journey. Work streams identified to improve delays are multidisciplinary and have representation from partners across the system.
- 4.2 The Trusts ‘Better Change’ methodology is being used to steer the ‘Red 2 Green’ day’s project. Listening to our staff and patients forms the basis of this approach to change.
- 4.3 The Trust has committed to working with Social care and LPT and LLR to develop an integrated team approach to discharge, which will improve coordination, communication and planning for discharge. This will help to address a number of the themes around culture, processes and communication that the report alludes to.
- 4.4 The current process that is used to manage the most complex discharges (where patients need significant support after leaving hospital) is also being completely re-designed in conjunction with our partner organisations in NHS and social care. It is these complex discharges that cause the longest delays for our patients.
- 5. Recommendation 4. Inclusive Approach:** *Better Information for carers and family members, in terms of processes, timings and care should be made accessible and explained’.*
- 5.1 Involving patients, carers and their families in making decisions about their care can lead to better outcomes and a better overall experience. Through the Red 2 Green days programme the person receiving the care is at the center of the system and whose experience should be one of involvement and personal control. Following discussions with the Trusts Patient Experience Reference group we are currently promoting bedside cards with the following four key questions:



5.2 As part of the Red 2 Green days Programme we initially audited our patient’s knowledge and understanding of these 4 key questions across the 14 ward areas, which showed only 49% of the patients questioned, knew what was wrong with them and only 23% knowing when they were going to go home. We are currently launching these cards and plan to undertake regular audits involving our patients, carers and staff to embed this concept in practice.

5.3 Following patient and carer feedback our discharge lounge at the Leicester Royal Infirmary has been redesigned and refurbished and now provides both a bedded and seated area for patients to wait in a same sex compliant environment for transport away from the busy ward environment. The discharge lounge staff use this time with our patients and cares to reinforce the essential messages important to know when leaving hospital. Additionally this enables flow from our assessment units to happen earlier in the day.

**6 Recommendation 5. Feedback Loop:** *‘There should be a timely follow up survey specifically around hospital discharge so that the system can continually be improved to benefit patient and carer’s experiences’.*

6.1 The Trust is committed to providing a high quality service for all our patients, and will do everything possible to make sure that a patient’s visit to our hospitals is as comfortable as possible. We are always seeking feedback and comments about our services as this helps us to continuously improve what we do and helps develop the services we provide for our patients. Feedback is given through a large number of routes, some examples are:

1. Friends and Family Test
2. Surveys for all discharged patients; both paper at the point of discharge and Online via our website.

3. Complaints
4. NHS Choices / Patient Opinion on-line surveys
5. Message to a Matron Cards

The vast majority of this feedback is very positive and allows clinical staff to continue to focus upon these areas of excellent care. In some cases the Trust does not 'get it right' for patients or patients and the public give suggestions of how to improve services further.

Every three months we review this information by triangulating all the different suggestions from the feedback collected.

- 6.2 In addition to the above the Trust is planning to increase its public engagement activity and in particular has outline plans for:

- A quarterly Community engagement Forum
- A rolling series of smaller engagement events

The aim of the larger events will be to enable Board members to be more visible in local communities, to listen to a diverse range of views on our services and promote and publicise the work of the Trust. The smaller events will focus on relationship building, understanding community experience of our services and encouraging greater and more diverse participation in the Trusts business from the communities we serve. Discharge feedback will be inevitable within these sessions.

- 6.3 Our Patient Partners within their role recognise that discharge is a challenge and will continue to monitor and raise its profile in its forums.

## **7 Conclusions**

- 7.1 'The Lived Experience of Hospital Discharge ' report has provided a timely and helpful insight into the discharge processes within Leicestershire's Hospitals from the view point of patients, carers and our own staff and will be used to help shape the work in relation to these key aspects of patient care.

- 7.2 We recognise that we have a significant amount of work to undertake to achieve a fully sustained and transformed urgent and emergency care system but the continued focus internally and externally will ensure that discharge remains a key area of improvement activity.

## **8 Recommendations**

- 8.1 The Health and Wellbeing Board is invited to receive this report and note:
- The actions the Trust and our partners are undertaking to improve the discharge pathway for our patients.
  - The Trusts' plans to strengthen public engagement activities.