

## Appendix 2

**SCRUTINY REMIT: As at 24 April 2018**

**Hospital Patient Flow Topic Group**

**DATE DUE AT HSC: 9 May 2018**

**HSC COMMITTEE APPROVED: date.....**

**WORK PROGRAMME: Q4 2017/8 or Q1 2018/9**

### **OBJECTIVES:**

To examine patient flow processes at the two Hertfordshire acute trusts to identify good practice and blockages in admission from an ambulance and discharge

### **BACKGROUND:**

Both East & North Hospital Trust (ENHT) and West Herts Hospital Trust (WHHT) face increasing challenges to deliver their A&E target to achieve timely discharge. However the issue is more acute at WHHT and it appears that it may be a more systemic issue in the west of the county.

Points to consider

- Non-elective admissions
- Length of stay (elective and non-elective)
- Time taken at different stages in the patient journey including the time taken to refer patients to Integrated Discharge Teams
- The reasons behind Delayed Transfers of Care, e.g. Social care capacity, further NHS non-acute care, assessment delays etc.
- The rate and cause of failed discharges
- Readmission rates

### **QUESTIONS TO BE ADDRESSED:**

1. What management and clinical processes does the Trust have in place prior to hospital admission including
  - planned admission
  - hospital social care team liaison
  - care home liaison
  - ambulance admission
  - referral by GP or social worker
  - front of house arrangements
2. What processes are in place, across all relevant partners to plan discharge once a patient is admitted to a ward? This to include
  - discharges requiring no other agencies for support
  - liaison with integrated discharge support for more complex discharges (e.g. HILS, social care, HCT)
3. What joint oversight and monitoring is in place to ensure timely discharge and to prevent re admittance?

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**OUTCOMES:** That good practice and learning has been identified and is implemented to improve patient flow and the patient experience.

**CONSTRAINTS:** What are the topics that are irrelevant to the objective or that do not answer the questions?

- It will not include MH issues
- It will only address WHHT and ENHT
- No individual cases

**RISK & MITIGATION AFFECTING THIS SCRUTINY:** i.e. how confident are members that the department/organisation has identified risks, impact to services, the budget proposals and has mitigation in place.

**RISK/S:** pressures places on other services and organisations;

**MITIGATION:** e.g. what mitigation does the department/organisation have in place if a partner pulls out? What is in place to manage at times increased pressure e.g. winter, major incident

#### EVIDENCE

<https://improvement.nhs.uk/resources/matthews-story/>

EEAST

Lister GP helpline

ACS

PTS (passenger transport service)

ENHT

Princess Alexandra, Harlow Journey

WHHT

Trust discharge policies

CCGs

HCT

**METHOD:** 1 day Topic Group      **DATE:** 18 May 2018

#### **SITE VISITS: Prior to the Topic Group**

Half day seminar at the Watford (WHHT clinical colleagues, A&E practitioners, social worker team) **WATFORD – 11 May**

Half day seminar at the Lister (ENHT clinical colleagues, A&E practitioners, social worker team) **LISTER – 15 May**

**MEMBERSHIP:** Bob Deering, Richard Smith, Ron Tindall,

#### **SUPPORT:**

**Scrutiny Officer:** Charles Lambert

**Lead Officer:** Ed Knowles Assistant Director: Integrated Health

**Democratic Services Officer:** Elaine Manzi

**HCC Priorities for Action:** how this item helps deliver the Priorities *delete as*

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### Hospital Patient Flow Topic Group

*appropriate*

1. Opportunity To Thrive ✓
2. Opportunity To Prosper ✓
3. Opportunity To Be Healthy And Safe ✓
4. Opportunity To Take Part

**CfPS ACCOUNTABILITY OBJECTIVES:** *delete as appropriate*

1. Transparent – opening up data, information and governance ✓
2. Inclusive – listening, understanding and changing ✓
3. Accountable – demonstrating credibility ✓