High Impact Changes

High Impact Change	Self Assessed Position	Commentary
Early discharge planning	**Progress made but still more to do**	• Use of Expected Date of Discharge (EDD) established and electronically recorded on hospital discharge system (APEX) • Hospital has in place Board Rounds and Red and Green days However there is still more work to be done in ensuring that discharge planning commences at the point of admission, including planning for discharge at the hospital front door and ensuring that patients who are likely be complex are identified early on and case managed through their stay in hospital.
Systems to monitor patient flow	**Progress made but still more to do**	Whilst systems are in place (SHREWD), challenges still exist in terms of sourcing capacity to meet demand, most specifically related to: • Increasing levels of complexity amongst patients being discharged. • Sourcing complex "double up" care packages. • Sourcing care home placements particularly for patients with dementia • Flow in NHS specialist rehabilitation beds
Multi-disciplinary/multi-agency discharge teams	**Mature**	A system wide Integrated Discharge Bureau (IDB) has been in place for some years with a system wide manager appointed in 2015, jointly accountable to the Acute Trust (University Hospitals Southampton), both CCGs (Southampton and West Hampshire) and both Local Authorities (Southampton and Hampshire). The IDB is made up of teams from UHS, Adult Social Care, Rehab and Reablement and Hospital at Home.
Home first/discharge to assess	**Mature**	Discharge to Assess (D2A) for pathway 2 (people requiring reablement or some level of additional support in their own homes) is now mainstreamed for all people leaving hospital (UHS as well as the community hospitals RSH and Snowden). There is evidence that discharge to assess and reablement for this group is reducing the need for ongoing care. In addition since November 2017 we have also introduced D2A for the more complex group of people leaving hospital on Discharge Pathway 3. This is now mainstreamed
Seven-day service	**Not in place across all areas**	Whilst 7 day processes are in place for rehab and reablement and the hospital discharge team, all partners need to expand their offer to support 7 day working including hospital transport and primary care. Brokerage services only operate Monday-Friday at present and there are challenges with social care providers taking new or receiving back residents over the weekend.
Trusted assessors	**Not in place across all areas**	Trusted assessment is in place for Pathway 1 with hospital staff making decisions regarding return to placement. However we do not have Trusted Assessment in place for care home assessment processes. We are in the process of scoping a Trusted Assessor scheme with care homes. A nurse was appointed in January 2020 to take this work forward, engaging with homes to design the model.
Focus on choice	**Mature**	A choice Policy (referred to locally as complex discharge policy) has been in place for some years and has recently been reviewed and updated.
Enhancing health in care homes	**Progress made but still more to do**	The EHCH Programme is well established within the residential care sector and we are planning on rolling this out to nursing homes over the next few months.