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NHS Foundation Trust

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Our ref: JH/tw/hw

Date: 10th July 2017

Private and Confidential
Mr T R Osborne
Senior Coroner for Milton Keynes
HM Coroner's Office
Civic Offices
1 Saxon Gate East
CENTRAL MILTON KEYNES
MK9 3EJ

Dear Mr Osborne

Regulation 28 Report to Prevent Further Deaths

I am writing to formally respond to the Regulation 28 Report, received by my office 24 May, arising from the Inquest you held on 10 May into the death of Mr William Wilkes at this hospital.

That Mr Wilkes was unable to be discharged from hospital because an appropriate care placement could not be found is deeply concerning, and I would like to record my sincere regret to his family that the local health and care system did not give him the support and setting he needed as soon as he was medically fit to be discharged from hospital.

I would like to assure you of our commitment to improving the speed and efficacy of the discharge process for those patients who remain in our care, despite being medically fit to leave hospital. We, with our partners in the wider local health care system, are dedicating significant time and attention to try to resolve the problem of delayed discharges on a sustainable basis.

Two matters of concern were raised in the Regulation 28 Report:-

1. That a system needs to be put in place locally so that the procedure for effecting discharge can be implemented within days rather than weeks.

2. That a local protocol should be considered by both the Trust and the Clinical Commissioning Group for Milton Keynes.

As you undoubtedly appreciate, the discharge process for those patients in need of onward care immediately following their discharge from hospital, is reliant on the hospital, the Clinical Commissioning Group (CCG), the local authority and providers of community or other relevant care settings working effectively together.

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Capacity in community and nursing care settings remains limited as demand continues to increase, and with Milton Keynes' growing older population, will continue to rise. The Trust is aware that the CCG is currently working to address this issue, working with the Local Authority. The Trust will provide every support within its remit to its partners in working to improve and increase the number of community-funded beds available.

The Trust is also committed to a number of internal and partnership measures, including:-

1. Compliance with national guidance that 100% of patients waiting for Decision Support Tool (DST) assessments are allocated a community bed whilst awaiting the assessment. This will be through engagement with the Clinical Commissioning Group to discuss the possible option of spot purchase community beds for this patient group (a funding without prejudice approach).

2. Continue to improve patient flow across the organisation and the facilitation of early, effective patient discharge. The Red2Green[1] project (part of the SAFER care bundle) which was launched across the Trust in the week commencing 3rd July is a nationally recognised improvement tool, ensuring that each patient bed day is effective and has purpose. This evidence-based approach has seen demonstrable improvements in pilot Trusts. We have piloted the project on two wards to test its impact and success. It is now rolling out to the rest of the wards each week to ensure staff are supported to make it a success. Red2Green is about ensuring that patients' time is not wasted and that every part of their care and experience during their admission is valuable. Within this we are involving patients' families and are in the process of putting communications together to support and empower patients and families with information and questions to ask to facilitate better discharge from hospital. All these tools will ensure we are all planning for discharge from the point of admission, as well as improving communication to patients, relatives and all stakeholders.

3. Review of the Trust Discharge policy incorporating the guidance from the National Institute for Health Care and Excellence (NICE) and NHS England's Choice Policy *'Patient's Choices To Avoid Long Hospital Stays'*, incorporating a multi-agency approach (including the CCG). This policy supports patients' timely effective discharge from an NHS inpatient setting, to a setting, which meets their needs and is their preferred choice amongst available options. It applies to all adult inpatients in NHS settings, and will be utilised before and during admission to ensure that those who are assessed as medically fit for discharge can leave hospital in a safe and timely way.

4 Patients whose discharges are delayed will continue to be tracked daily by the Trust's Discharge Team at the daily huddle and as a key performance indicator on Trust dashboards. This is discussed daily via email updates with the Local Authority and Continuing Healthcare team. There is a system wide teleconference once a week, and a weekly length of stay meeting, which is also system wide and includes ward staff. Here we discuss all patients who have been in the hospital for over seven days.

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5. Although the Continuing Healthcare process is not managed by the Trust, it is anticipated that with the actions above and through collaboration with the CCG, improvements can be made with patients placed in the most appropriate beds in a timely manner.

I have also seen a copy of Milton Keynes CCG's response to the Regulation 28 Report, which sets out the wider health and care system working to address the matter of delayed hospital discharge due to a lack of community capacity.

I hope this response provides adequate information and assurance that we are taking this matter seriously and acting appropriately to improve matters for those patients who no longer need acute care but onward support in an appropriate community setting.

Yours sincerely

PROFESSOR JOE HARRISON
Chief Executive Officer

[1] https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/12/rig-red-green-bed-days.pdf