Leaving Hospital – Improving the joint discharge process

Nottingham University Hospitals NHS Trust

Strengthening the foundations to improve patient and carer experience

Patient Experience Network National Awards presentation
2nd October 2025

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- We provide services to 2.5 million residents of Nottingham and its surrounding communities
- A further 3-4 million people across our region access our specialist services - stroke, renal, neurosciences, cancer and trauma
- Patient Partnership Group providing experienced based feedback which has identified the impact of discharge delays on patients, their carers and families
- There were 190 medically safe patients in our acute hospital beds
- We have an Integrated Transfer of Care (IToC) hub co-located at NUH

Kind Inclusive Ambitious One team

Discovery – patient and staff questionnaires and the Leaving Hospital Collaborative Away Day

Through multi-disciplinary, multi specialty conversations at the Leaving Hospitals away day and through questionnaires shared with patients and staff, many inconsistencies were identified in the process of patient discharge leading delays, deconditioning and ultimately patient harm. Issues not only affected patient care and team efficiency, but also patient, carer and staff experience.

Issues identified though our discovery phase:

Issue	Problem	Impact
Silo Working	Teams often work in silos, each discipline focusing on its own tasks	Lack of coordination leads to inefficiencies and delays in patient care
Discharge Delays	Significant delays in moving patients to the discharge lounge, processing TTOs (To Take Out medications) and completing D2A (Discharge to Assess) forms	Inefficient use of resources, prolonged hospital stays and abandoned discharges
Varied Processes	Inconsistent and varied processes across different wards	Lack of standardisation (were appropriate) creates confusion and reduces efficiency, delaying patient discharge
Team Working	Suboptimal team interactions and communication	Reduced morale and a negative working environment for staff
Leadership	Inconsistent medical leadership and challenges of medical capacity	Lack of support and accountability to those essential to enabling discharge
Cultural Barriers	Lack of clear and consistent practices Resistance to change and inconsistent adherence to standards	Difficulties in implementing new practices and maintaining quality

Strengthening the Foundation – 3 Elements

1. Trust-wide change programme
2. Staff and patient collaborative project
3. Seeing and sustaining our improvements

Through…

Quality planning, Quality control, Quality awareness and Quality improvement

- Collaboration
- Locally Led
- Insight driven
- High energy driven

Improved understanding of patient and staff needs

Doing tomorrow's work today

Consistent ward processes

Identified roles and responsibilities

Clearly defined leadership and accountability

Improving the discharge process

Patient and staff Experience Co-Design

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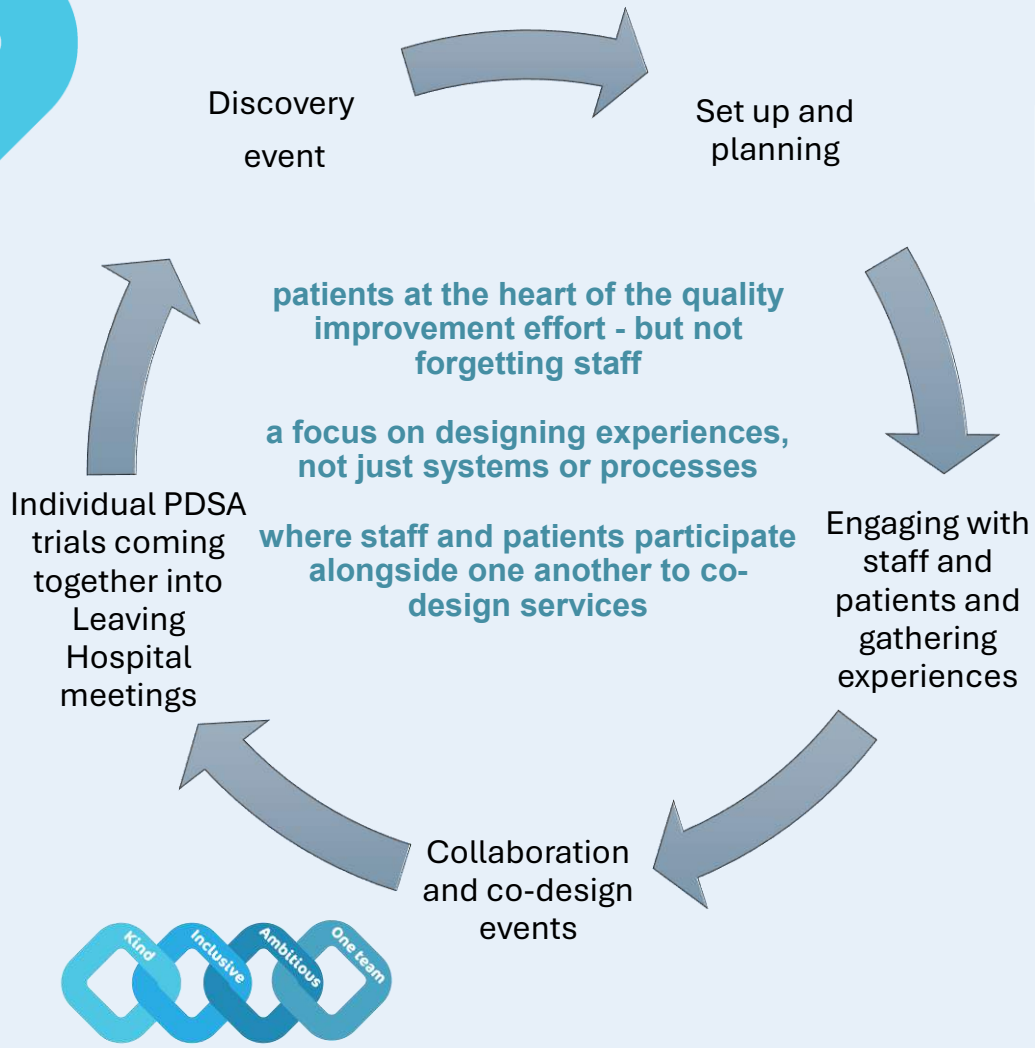

- Ensuring patient experience is at the centre
- Supporting culture change around patient and staff experience
- Evidence based co-design and co-production
- Ensuring accessible information for all
- Improving patient safety, reducing delay related harm

What have we achieved so far?

Developed collaboratively with wide clinical and patient consultation

Date	Achievements	Outcome
March 2023	**Collaborative away day** with multi-disciplinary members involved along the patient's discharge journey from within NUH and beyond, including members of the Integrated Transfer of Care (IToC) hub, our system partners and members of our Patient Partnership Group (PPG)	Identification of bottlenecks and identification of improvements for: **-efficient and timely discharge** **-better experience and outcomes** for our patients/carers/staff **-enhanced and enjoyable partnership working**
May 2023	**Trusted Assessment trial** in Trauma & Orthopaedics	**Multidisciplinary approach to discharge planning** before the patient is medically safe **Patient at the centre of discharge discussions**
June 2023	**Discharge Response Team** trial - promoting a culture change for 'doing tomorrow's work today'	**A reduction in abandoned discharges** from 87 to 39 during the test of change Local ownership identified to support sustainability of escalations
March 2024	Using insight for improvement outputs	Agreed measures for improvement available through a live **digital 'one version of the truth' dashboard**
March 2024	**Co-location of discharge teams** - relocating NUH Integrated Discharge Team (IDT), 'Front door' IDT, IToC hub, the discharge education lead and social care representatives to a central suite of offices	True collaboration and a greater understanding of the services each team provide, ensuring the best outcome for the patient
April 2024	Improved utilisation of the Discharge Lounge	Increased ownership of discharge by ward teams Improved patient flow
April 2024	To Take Out (TTO) Medication project	Ward level accountability 'Doing tomorrow's work today'
July 2024	**Trusted Assessment trial** rolled out Trust wide	Realigned discharge planning with Trust wide standard operating procedure, agreed roles and responsibilities, **empowering clinical teams**
April 2025	**Vital 48** hours commenced	**Greater confidence** in the predicted date medically safe (PDMS) to lead **multi-disciplinary discharge planning**

The Trusted Assessment

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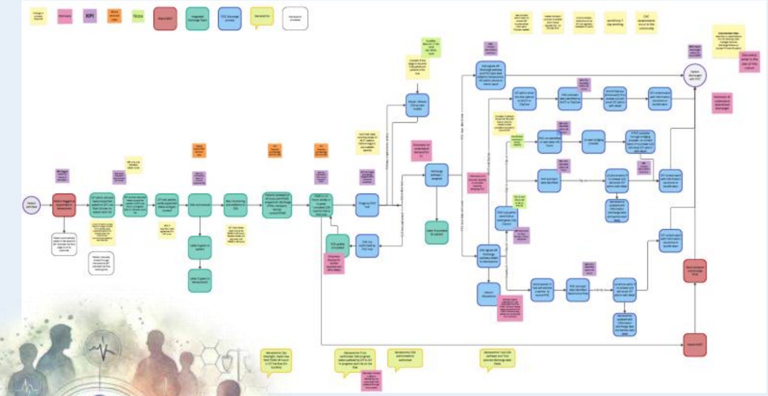
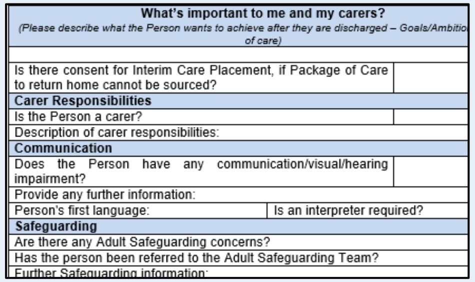
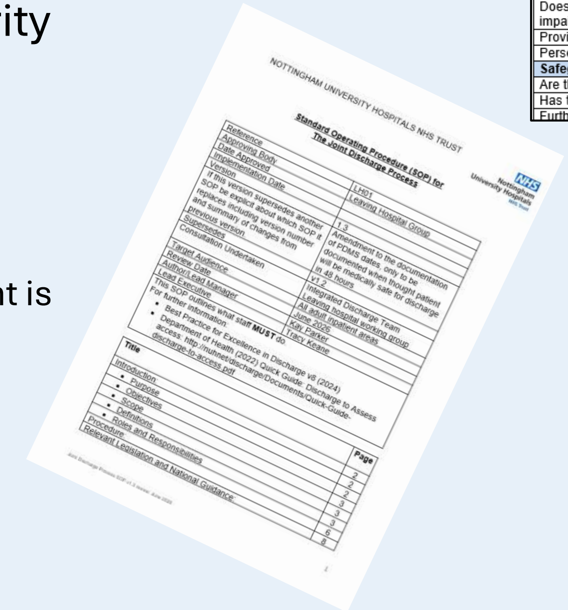
Trial in Trauma & Orthopaedics → **Trust-wide spread**



- Staff and patient led process mapping of the discharge planning journey
- Multidisciplinary discharge planning
- Ward level ownership of the internal discharge processes
- Identification of roles and responsibilities
- Review of the digital Discharge to Assess (D2A) form for clarity of needs
- Standard operating procedure to ensure equity
  - Ward led supported discharges
  - Integrated Discharge Team (IDT) led complex supported discharges
  - Submission of the patient assessment (D2A) 24 hours before the patient is medically safe



What's important to me and my carers? (Please describe what the Person wants to achieve after they are discharged – Goals/Ambitio of care)	
Is there consent for Interim Care Placement, if Package of Care to return home cannot be sourced?	
Carer Responsibilities	
Is the Person a carer?	
Description of carer responsibilities:	
Communication	
Does the Person have any communication/visual/hearing impairment?	
Provide any further information:	
Person's first language:	Is an interpreter required?
Safeguarding	
Are there any Adult Safeguarding concerns?	
Has the person been referred to the Adult Safeguarding Team?	
Further Safeguarding information:	



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Standard Operating Procedure (SOP) for The Joint Discharge Process

Reference	LH01
Approving Body	Leaving Hospital Group
Date Approved	
Implementation Date	
Version	1.3
If this version supersedes another SOP be explicit about which SOP it replaces including version number and summary of changes from previous version	Amendment to the documentation of PDMS dates only to be documented when thought patient will be medically safe for discharge in 48 hours
Supersedes	V1.2
Consultation Undertaken	Integrated Discharge Team Leaving hospital working group
Target Audience	All adult inpatient areas
Review Date	June 2026
Author/Lead Manager	Kay Parker
Lead Executive	Tracy Keane

This SOP outlines what staff MUST do
For further information:
- Best Practice for Excellence in Discharge v8 (2024)
- Department of Health (2022) Quick Guide: Discharge to Assess access: http://nuhnet/discharge/Documents/Quick-Guide-discharge-to-access.pdf

Title	Page
Introduction	
• Purpose	
• Objectives	
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• Definitions	
Procedure	
• Roles and Responsibilities	
Relevant Legislation and National Guidance	

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Trusted Assessment – using insight for improvement

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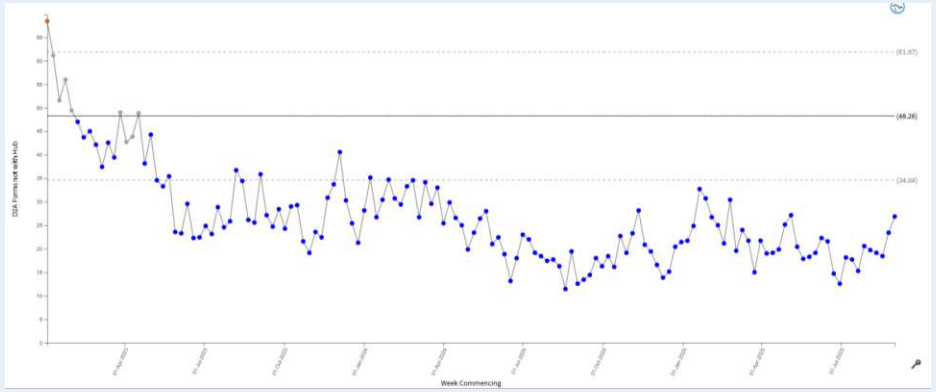
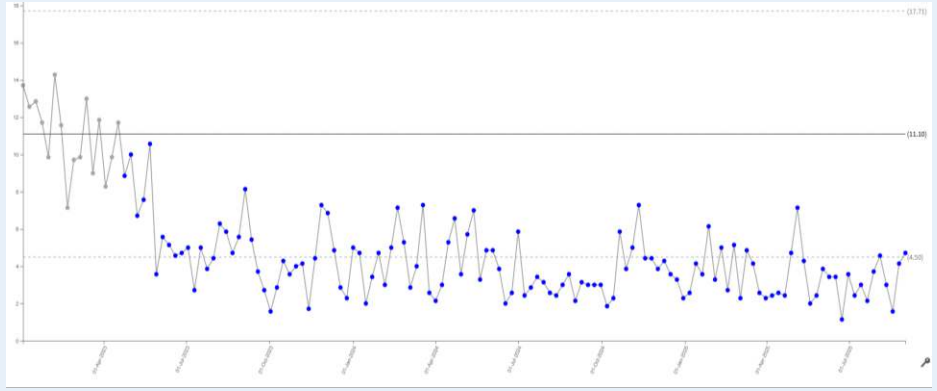
Daily Overdue D2A Forms



Medically Safe Patients with no D2A submitted to the IToC Hub



Overdue D2A forms are identified as forms that are not with the IToC hub where the patient is medically safe (a new form or updated form is required) or where the patient has a PDMS for tomorrow or in the past. Individual forms can remain 'overdue' for more than one day

- The number of D2A forms overdue at the end of the day decreased by half during the trial and remained stable
- The multidisciplinary teams worked collaboratively to complete the D2A in a timely manner to enable submission to the IToC hub 24 hours prior to the patient's PDMS
- This supports key performance indicators of both NUH (to discharge patients within 24 hours of them becoming medically safe) and our system partners (to identify a package of care and start date within 48 hours of receiving the D2A form)
- Most importantly this supports the reduction in delay related harm for our patients
- The number of Medically Safe patients at NUH has dropped from >200 at the beginning of 2023 to 129 in August 2025

Co-location of discharge teams at NUH

- making ‘a good discharge experience everyone’s business’

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- The NUH discharge teams and System Partners were spread across buildings, blocks and floors
- A central suite of offices was identified that could accommodate NUH IDT, ‘Front door’ IDT, IToC hub, the discharge education lead, system partners and social care representatives together
- Internal NUH and external System Partners coming together in one place
- Collaborative working to support timely discharge planning

“Co-locating with all agencies involved in planning a patients’ discharge has greatly improved our communication and collaboration”

ICB System discharge team

“Patient and family focus at 48-hour discussion around planning for discharge is sounding great”

IToC hub manager

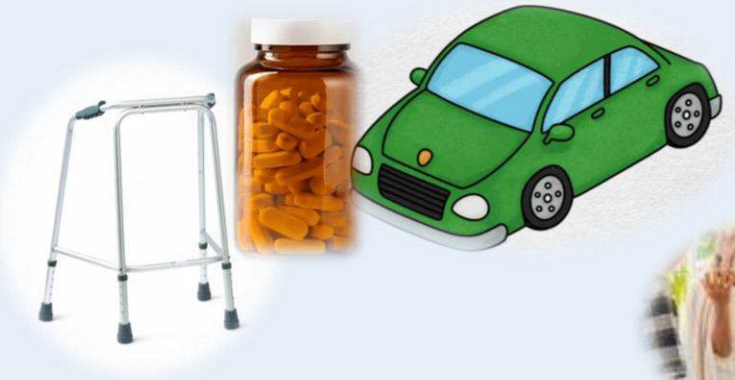
The co-location of the Front Door and Back Door Discharge teams alongside the Transfer of Care Hub has created a positive working environment. The teams are able to work more efficiently as communication is quicker and easier, and working relationships are significantly improved. It has also improved patient safety and flow as cases are able to be handed over from the front door to the base ward team allowing continuity of plans.
It has created a more energised and focussed environment around discharge and improved morale for all the team.

Integrated Discharge Team Lead

Vital 48 hours – Multidisciplinary discharge preparation

- Predicted date that the patient will be medically safe (PDMS) is determined through discussion with the medical team, therapists and nursing team
- PDMS is now seen as a '**call to action**' as recorded digitally only when agreed to be within 48 hours
- The IDT and system partners acknowledge that when PDMS is documented, the patient is nearing discharge
- D2A forms finalised and submitted to the IToC Hub 24 hours prior to PDMS date
- Take home medication (TTO), transport and home equipment requirements finalised when PDMS documented
- Local MDT ownership of the discharge process ensuring full collaboration with the patient, their carer and family at ward level

Predicted Date Medically Safe	Home Today	Notis TTO	TTO EPMA	Medically Safe?	D2A Sign-off	D2A Update Sign-off	HUB D2A Pathway
05 Sept 2025	No	00	8 - Nurse signed off	Yes	D2A Sign-off complete		Pathway 2



Vital 48 hours – Multidisciplinary discharge preparation

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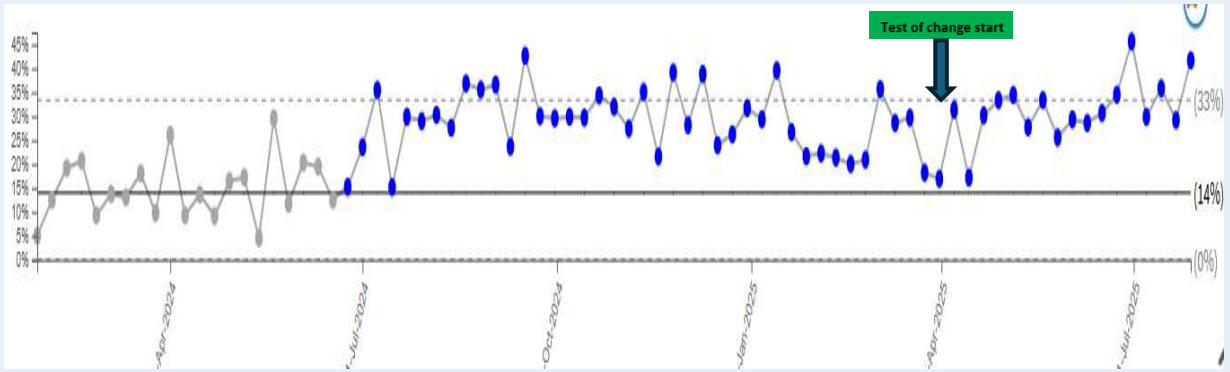
% of D2A forms sent to the IToC Hub with PDMS tomorrow



Internal backlog – test of change wards

In the test of change wards, the total number of delayed patients with no D2A in the IToC Hub reduced from **32.7 in April to 17.1 by August 2025**

- The Vital 48 hours test of change has demonstrated a measurable impact on the submission of D2A forms, and internal preparation for a patient's timely discharge
- The numbers of medically safe patients at NUH remains high and recommendations to extend the scope of this initial test of change have been agreed
- Collaboration with system partners continues to address the discharge bottlenecks within community care

Medically Safe patient numbers

Test of change start

Month-Year	Daily Total Supported MSFT Patients	No New D2A with ITOCH	Update Required No D2A with ITOCH
Feb-25	163	29	14
Mar-25	144	25	12
Apr-25	115	24	12
May-25	130	26	12
Jun-25	135	23	12
Jul-25	132	18	10
Aug-25	129	19	12

Strengthening the Foundation…

…through improving the 'joint' discharge process

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"A truly transformational programme built on strong foundations which are data driven, clinically led, empowering staff and patients on the front line to deliver quality change"
Head of transformation

"Being part of the MDT in arranging a safe discharge, communicating with patients and relatives as well as other professionals, and being part of the patient being able to leave hospital happy"
Discharge Co-ordinator

- Patient and staff engagement
- Trusted assessment – leadership and accountability
- Co-location of all teams for united discharge planning
- Staff, patient and carer co-production
- Collaborative review of discharge roles & responsibilities
- Maintaining the patient and carer as central to all decisions
- PDMS as 'call to action'

The patient /carer voice has been at the heart of the discharge work to collaboratively improve patient discharge in our hospitals. As the work continues the one thing that is at the centre and is valued is involving patients and their families"
Chair of Patient Partnership Group and Patient volunteer

"Consideration of discharge planning and preparation overnight, ensures we make it everyone's business!"
Ward staff nurse

Clear accountability supports a culture of continuous improvement where everyone works together to create a unified quality system to improve patient and staff experience