Adult Social Care and Health Directorate

OP/PD

Acute Hospital Specific Toolkit

front sheet for use with all policies, protocols and guidance on social care KNet pages

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1	Development of document	Change Implementation Team
2	Monitoring and maintenance of document	Practice and Quality Officer

Please refer to the 'Welcome' text on page 2.

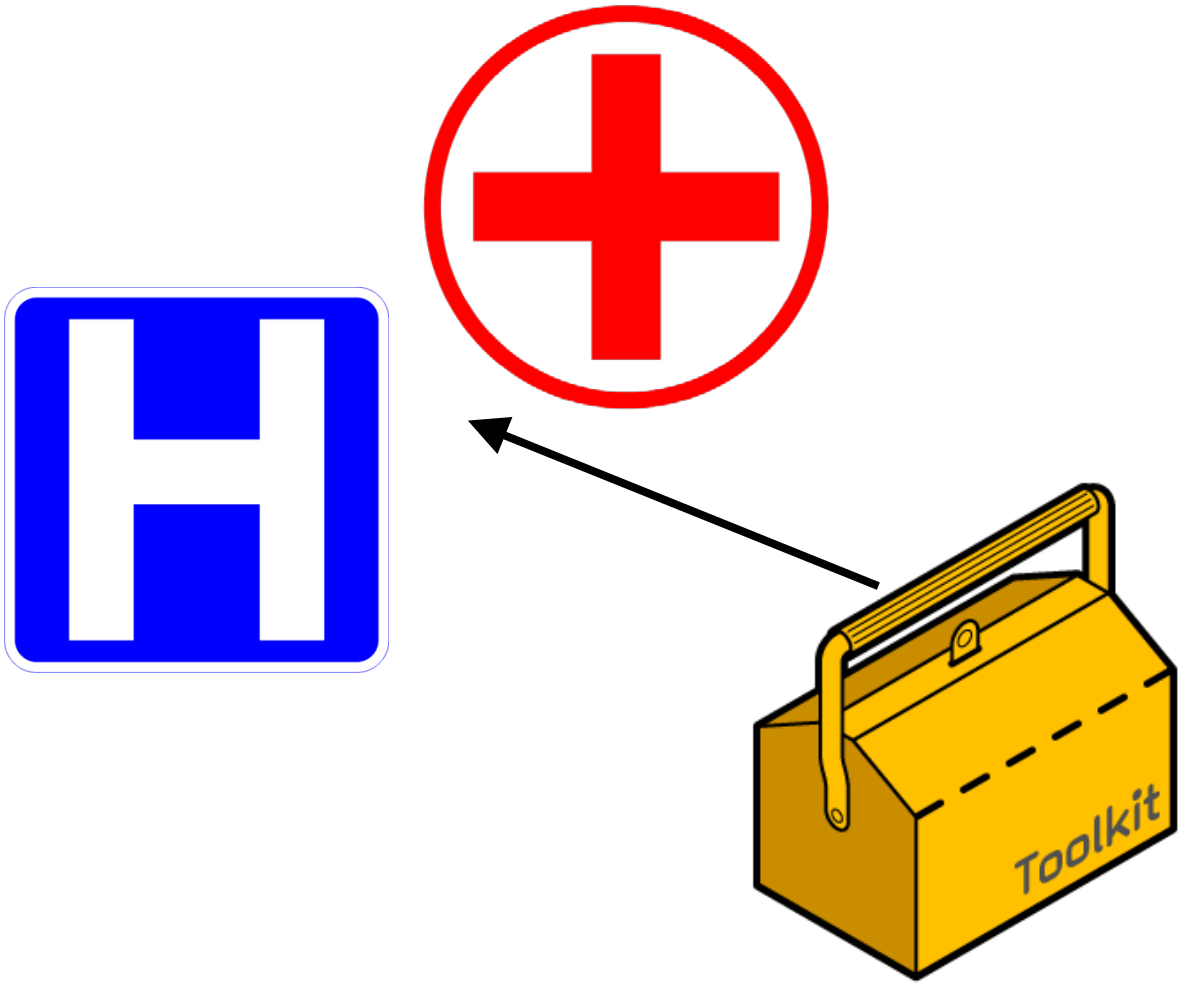
3. Acronyms within document

BSO	Business Support Officer
STPTM	Short Term Pathway Team Manager
AD	Assistant Director
DivMT	Divisional Management Team
SCDC	Social Care Discharge Co-ordinator
IDT	Integrated Discharge Team
SS System	Social Services system
POC	Package of Care
STB	Short term Bed
IDT Log	Integrated Discharge Team Log
LTB	Long Term Bed
LTC	Long Term Care
KPI	Key Performance Indicator
IC	Improvement Cycle
ASM	Assistant Support Manager
SMART	Specific, Measurable, Achievable, Realistic, Timebound
ICT	Information Communication Technology
CPT	Central Purchasing Team
CM	Case Manager
CO	Case Officer

Please refer to the 'Welcome' text on page 2.

Transformation and Sustainability Toolkit

Acute Hospital Specific



Please refer to the ‘Welcome’ text on page 2.

Welcome

Welcome to the Acute Hospital Toolkit. This document has been put together to support you in using and sharing the Tools and Methodologies introduced by our Efficiency Partner during Phase Two Transformation. We have pulled this material from a number of sources – training sessions, team presentations, and management meetings in order to hold it in one place for ease of reference. Conversely, as an Organisation, we have moved ahead at pace and therefore you may find that some of this information is not a complete reflection of our current practice as we have continued to progress and develop. This development will include changes in policy, practice and use of our client system. Therefore, it is an **absolute must** that you continue to refer to the relevant policies and systems guides available on Knet where all the necessary updates are located. Nonetheless, we hope you find the document useful in supporting you to understand and apply the principles of the original learning and skills transferred.

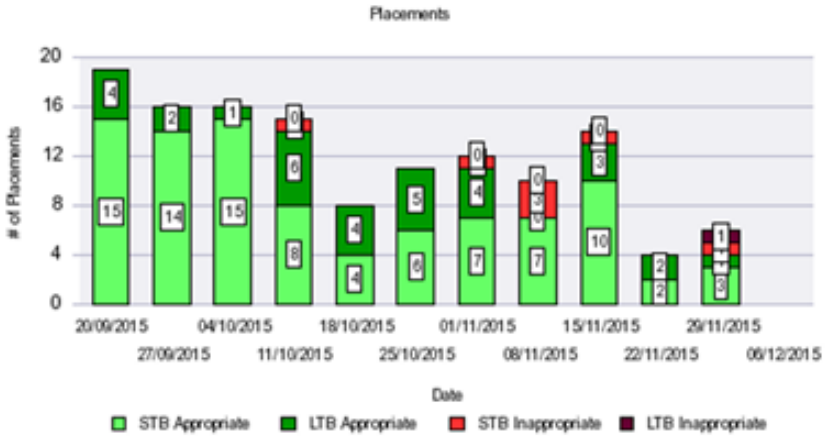
Contents

Please refer to the 'Welcome' text on page 2.

Interpreting Acute Hospital Dashboards

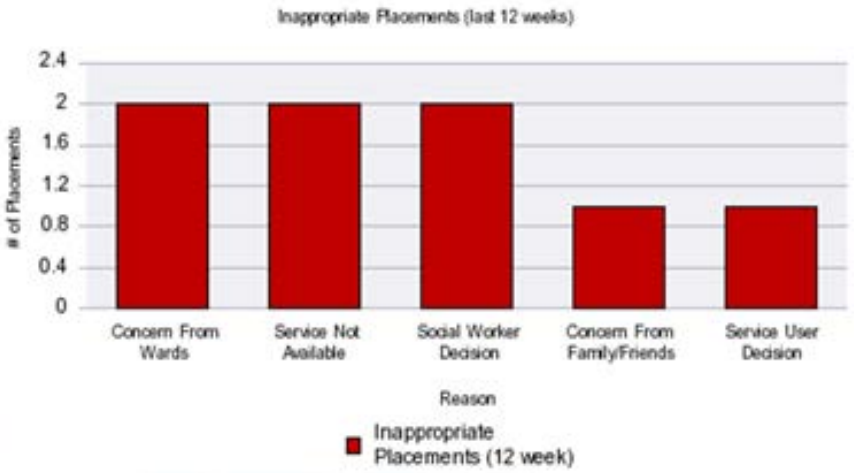
Pages 3 & 4 provide examples of data presented within Acute Hospital Dashboards:

This graph identifies the number of social services referrals made to the Integrated Discharge Team (IDT) each week.



This graph identifies the number of short term bed assessment, and long term bed residential placements made by IDT each week. Also, shown within this graph is the number of short term bed assessment, and long term bed residential placements which were appropriate and inappropriate.

Please refer to the 'Welcome' text on page 2.



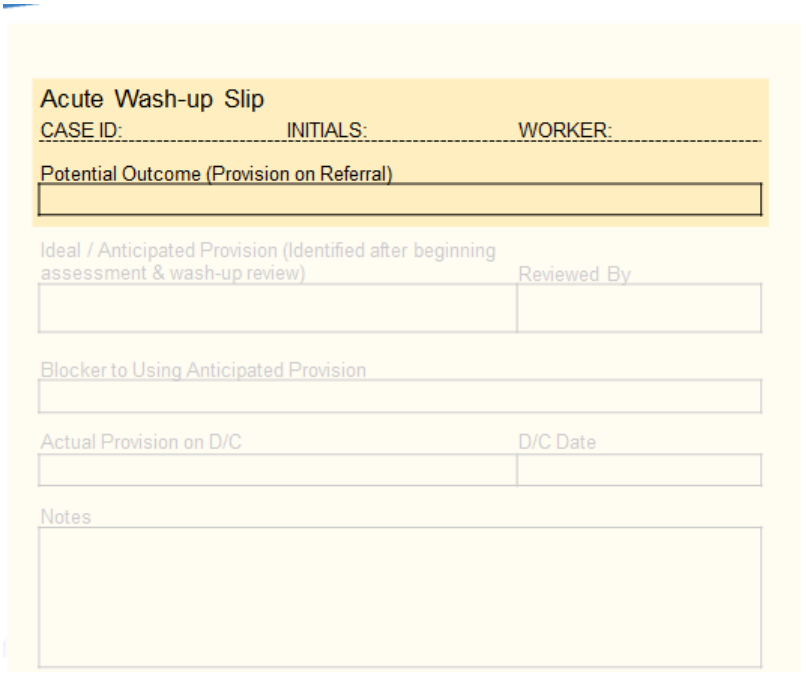
This graph identifies the Pareto for inappropriate placements over the previous 12 weeks. A 'Pareto' is the most commonly occurring problem relating to an agreed measure. The Pareto is used to inform agreed actions in order that the greatest efficiencies can be made.

This graph identifies the Pareto for inappropriate placements over the previous 2 weeks. This can be used to understand whether the pareto from the previous 12 weeks has been resolved.

Please refer to the 'Welcome' text on page 2.

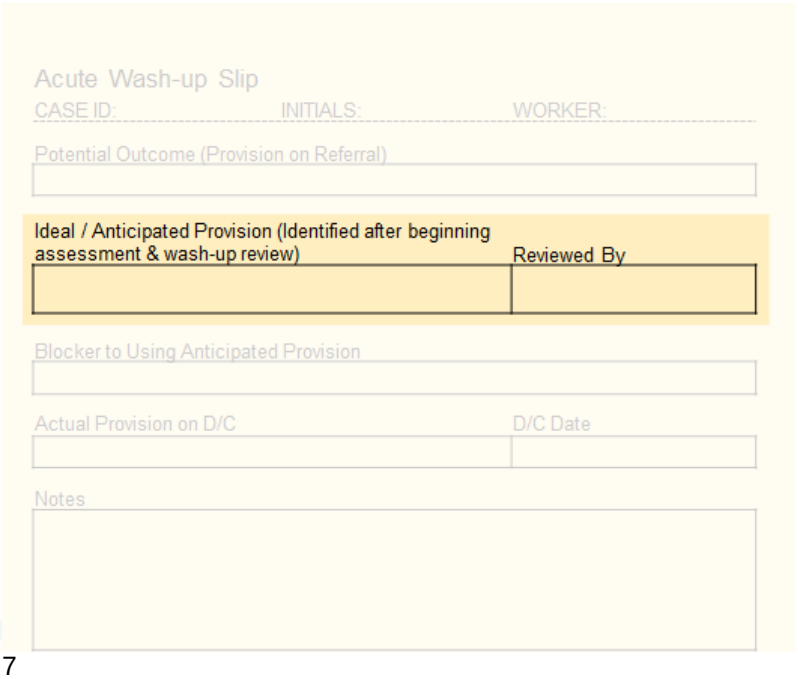
Completing Wash Up Slips

Wash Up Slips are used by members of the Integrated Discharge Team in order to identify a Service User's most ideal and independent discharge destination. Obstacles preventing the achievement of this are specified on the Slip along with agreed actions to take in order to promote the likelihood of an ideal outcome. Pages 5-7 provide an explanation on how to complete Wash Up Slips.



Client ID

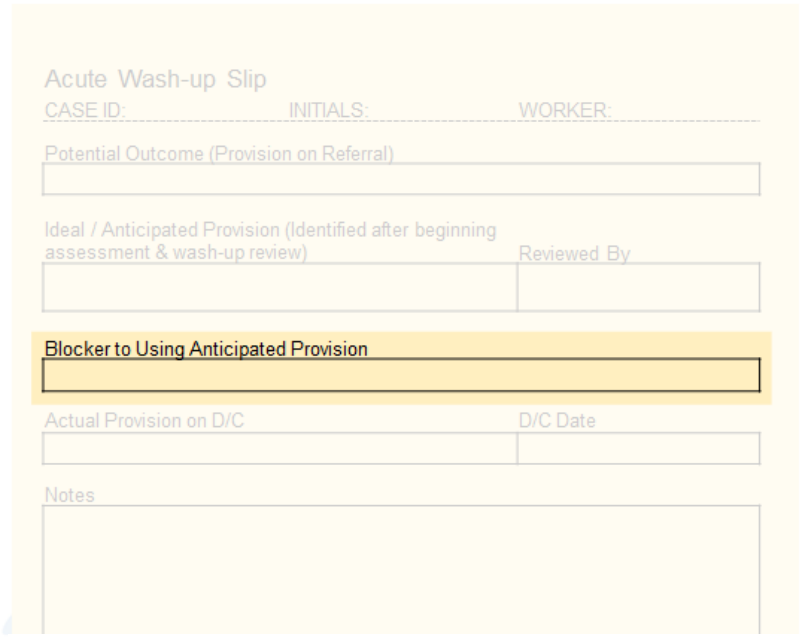
- **Client ID** is required for the BSO's data entry
- To make it easier to identify people for wash-up discussion, the person's initials and the worker's name can be added to the slip too
  - The person's name should only be used if the wash-up board is in a room which isn't available to the public
- The Potential Outcome is not required for data tracking, but is useful in identifying when the work done by the social work team has allowed people to go home rather than into a placement.
- These sections should be filled in before the slip is put on the wash-up board



Anticipated Provision

- The **Anticipated Provision** is required to ensure accurate data entry by BSOs
  - This should be the ideal outcome for the person identified after review at wash-up
  - If the outcome identified as ideal changes for any reason, ensure the most relevant provision is highlighted for the BSO to enter
- This must match one of the options in the list available on AIS
  - To add a new option to this list, escalate via STPTM and AD to Performance DivMT
- Information on who reviewed the case (senior support or SCDC) can also be included
- This section should be filled in when there has been enough information gathered to make an informed decision on what would be ideal for the person

Please refer to the 'Welcome' text on page 2.

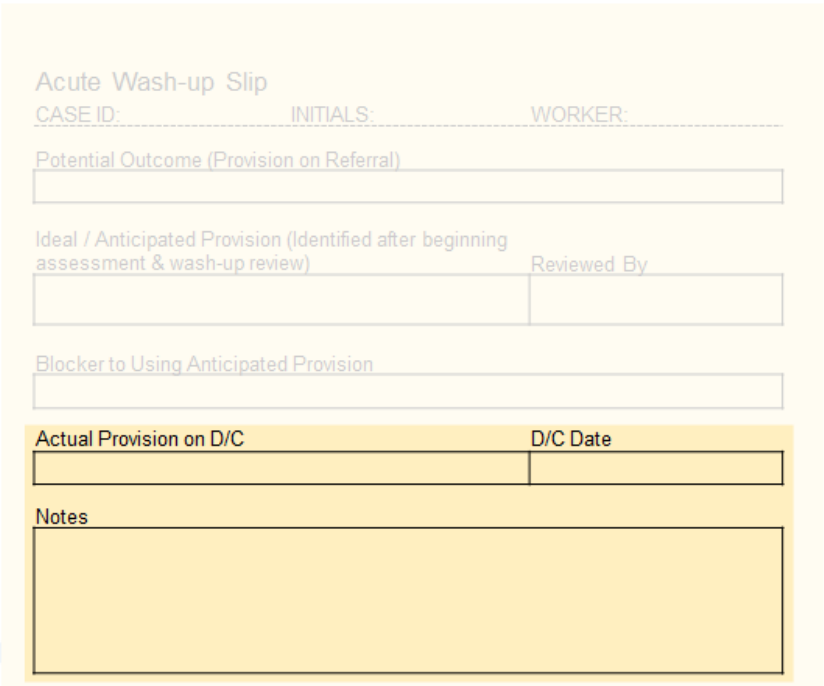


Blocker to Using Anticipated Provision

- The **Blocker to Using Anticipated Provision (AKA Redirection of Care)** is required to ensure accurate data entry by BSOs
  - This should be the most significant factor preventing the person from receiving the anticipated provision
- This must match one of the options in the list available on AIS
  - To add a new option to this list, escalate via STPTM and AD to Performance DivMT
- This section should be filled in when it has been confirmed that a blocker will prevent the person from receiving the anticipated provision

What is a 'Blocker'?

A Blocker is often referred to as a 'Redirection Of Care'. This term is used when there is an obstacle preventing the ideal outcome for the Service User (as agreed by IDT) from being achieved. Examples include: family/friend concern, concern from wards and no capacity in existing service. The full list of 'blockers' are included on the reverse of the Wash Up Slip.



Discharge Date

- The **Discharge Date** is required to allow the BSO to enter the section 5 notification as soon as possible after the person's discharge
- Including the actual provision allows for quick identification of whether the person's outcome was forced by a blocker
- This section should be filled in as soon as the person has been discharged
- Note space can be used for additional case information and to capture case-specific actions

Please refer to the 'Welcome' text on page 2.

Once the patient is discharged, the information from the wash-up slip is given to the BSO or NHS Admin, who record:

- The Ideal Provision (as discussed in wash-up)
- The Redirection of Care (if the actual provision is different to the ideal)

It is vital that information is entered correctly!

Without it, we won't have an accurate picture of where the biggest problems are or the evidence that they need to be fixed!

Roles & Responsibilities

- Data must be entered into AIS in an **accurate** and **timely** manner
- All Case Managers and Case Officers are responsible for supplying the correct information to the BSO
- The BSO is responsible for inputting all information into AIS
- The SCDC is responsible for resolving or escalating any data quality issues

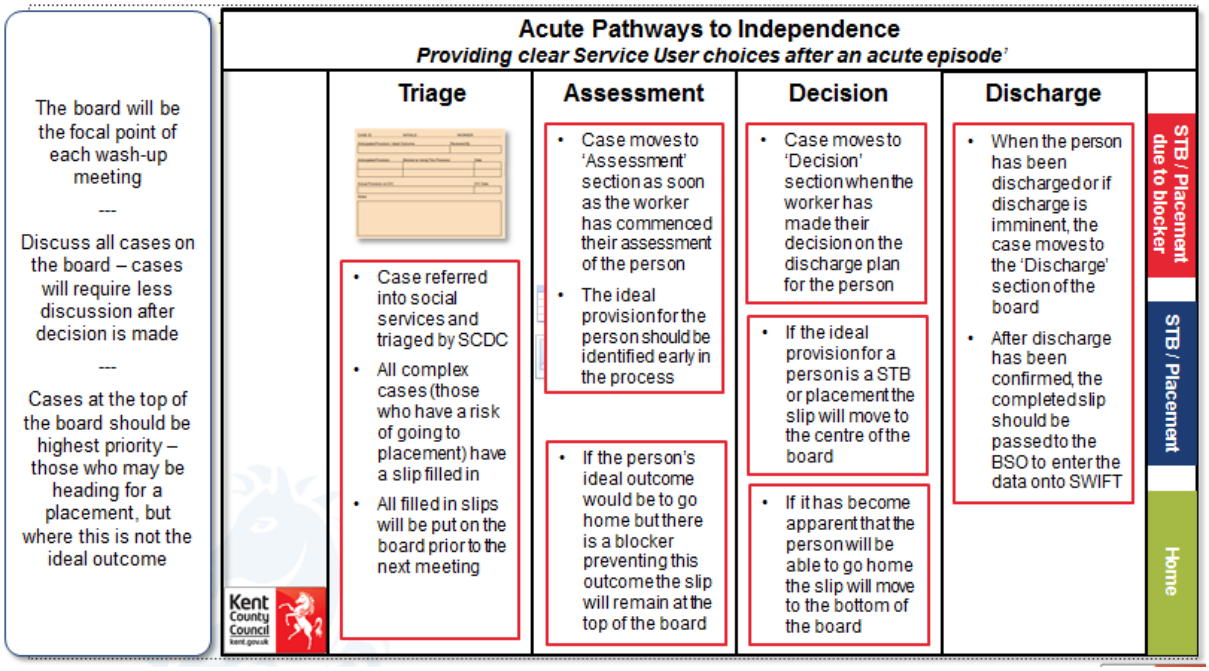
Data Reviews

- Performance will be running a data quality report
- Performance will be running a data quality report. This will support in identifying and resolving any data quality issues.

Please refer to the 'Welcome' text on page 2.

Using the Wash Up Board

This page provides an overview on how to use the Wash Up Board. This tool should be used to support every Acute Wash Up meeting and Wash Up Slips should be positioned on the board in the correct place.



Please refer to the 'Welcome' text on page 2.

Supporting Documents

Please refer to the 'Welcome' text on page 2.

Business Support Officer Roles and Responsibilities

The Business Support Officer plays a fundamental role within the Acute Hospital Integrated Discharge team. Pages 10-11 detail the roles and responsibilities of this function.

6.0 Roles and Responsibilities of the Transfer of Care Social Care Team.

6.1.1 **The Business Support Officer (BSO)**

6.1.2 The BSO will carry out duties as per KCC definition of the post alongside Administration officer job description.

6.1.3 The Business Support Officer (BSO) will be responsible for processing all the referrals entering the Social Care Team either by generic email or Fax on a daily basis.
They will also support the SCDC who's role is to actively seek and identify potential Service Users who will require care and support on discharge.
The BSO will provide daily support in this process, as well as the tracking of Service Users and passing on to the SCDC any updates provided by Health colleagues.

6.1.4 By using the Social Services Service User data base, currently AIS, the referrals will be identified as new or existing Service Users. The BSO will note the care provision that is in place for existing Service Users and pass this to the SCDC who will provide the intelligence to Health colleagues.

6.1.5 Existing Service Users will have their information recorded regarding identification number, Case Manager and contact details, existing services.

6.1.6 The BSO will check if there are known safeguarding concerns and if so then refer the case to the SCDC for their urgent attention.

6.1.7 The BSO will check the current involvement of the identified Case Manager and if there is an involvement recorded recently to raise this with the SCDC as there is an expectation that this case will be discussed via Managers if it is suitable to remain with the named Worker.

6.1.8 The BSO will make contact with the current Case Manager and inform them of the Service User's recent admission and details of the referral.
The BSO will record the required 'Break' on the Service User data base system (AIS) if there has been a KCC funded care provision prior to admission. This will be followed by an email confirming this action to the appropriate Purchasing Officer and Admin via the generic mail box.

6.1.9 The BSO can facilitate by making contact with the provider of services to notify them of the Expected Discharge Date (EDD) and ensure that they understand that an assessment is required for discharge.

6.1.10 On receiving a referral, if the Service User is not already known to Social Services, the BSO is responsible for creating a Service User profile on AIS/Swift and setting up the Service User folders and files on the G drive relevant to the area of the Service User's residence.

6.1.11 If the formal referral form is in operation the BSO will complete and identify the provider details and service provision on the Referral Notification Form (Appendix 2)

6.1.12 If in operation the BSO will ensure the Referral Notification Form has been sent and received by the referrer which they will then record. (Not currently applicable as this form is not yet in use)

6.1.13 The BSO will communicate with the SCDC for clarification of guidance as required regarding referral processes for the team.

6.1.14 Care Package reinstatements. If the needs of the Service User have not changed and a care package exists that will still be appropriate care for the Service User's needs. The Hospital Medical team have agreement to reinstate the care package independently of Social Care. However they may require the care package details and contact which the BSO will provide when contacted.

6.1.15 if the needs have been recorded as changed then the SCDC will triage the case and allocate to an appropriate member of the team. The BSO will support by ensuring the case is allocated to a Case Manager or Case Officer on the SS system as directed by the SCDC.

6.1.16 If the Service User's needs have changed and an increase to an existing POC is required on discharge, the BSO is responsible for recording these changes on Swift.

6.1.16 The BSO will lead on statistical reporting, data and information collection e.g. referral log and outcomes, time scales of allocation, number of inappropriate referrals, Number of existing cases and nature of care provision, length of stay and numbers transferred to STB. There will be additional requirements e.g. Trackers, Wash Ups when the BSO will be expected to complete appropriate tasks to support. Including but not exclusive to recording and inputting on AIS the ideal outcome and Redirection Of Care, producing required reports and attending the Improvement Cycle meeting where it may be requested that minutes are taken.

6.1.17 The BSO will be responsible for completing daily before 10.30 the data requirements on SHREWD.

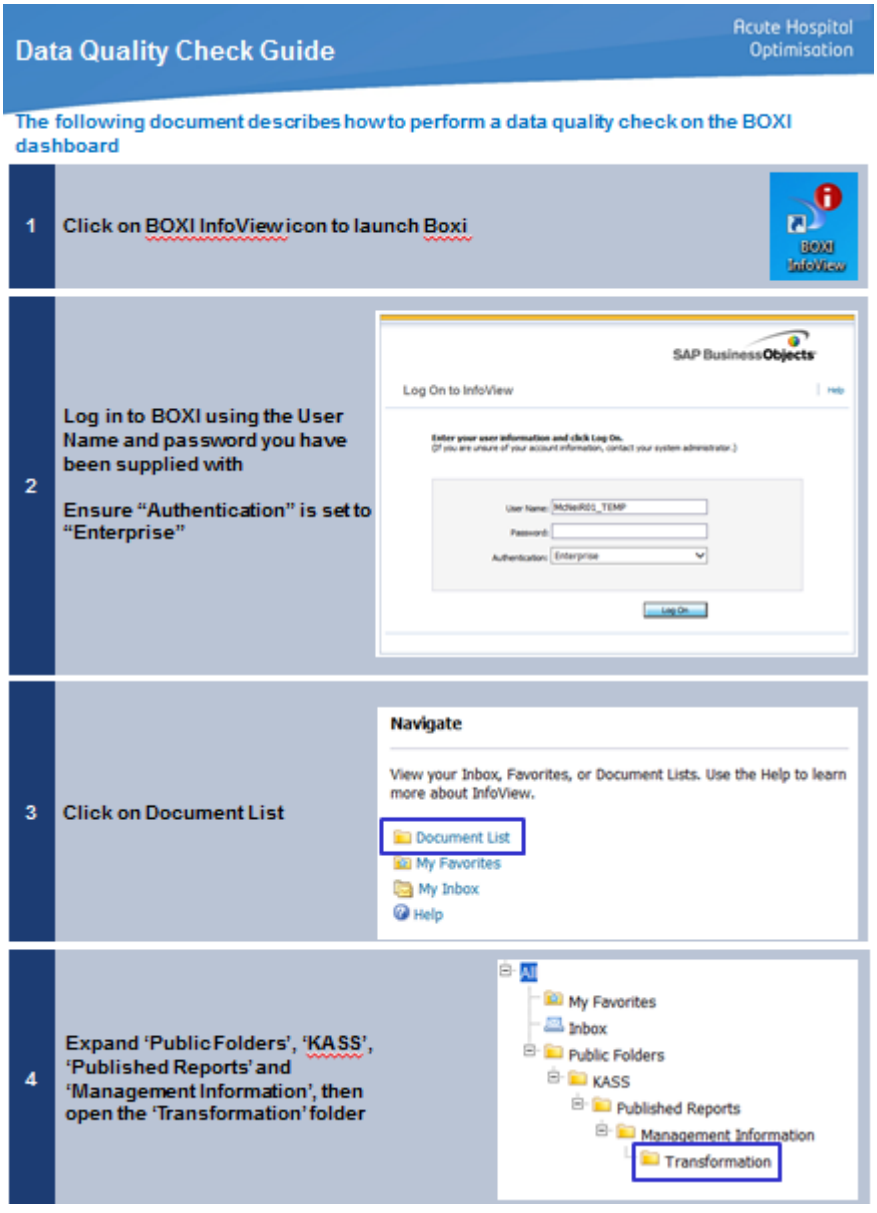
6.1.18 If there is no BSO cover over the weekend it is a priority that the BSO records new Service User's onto the data base system Monday morning.

6.1.19 The BSO will be included in the weekend working rota, where this has been implemented. The BSO may be expected to work in another site within their specific area of Kent and/or work remotely to cover any other Hospital within Kent to support the needs of the business.

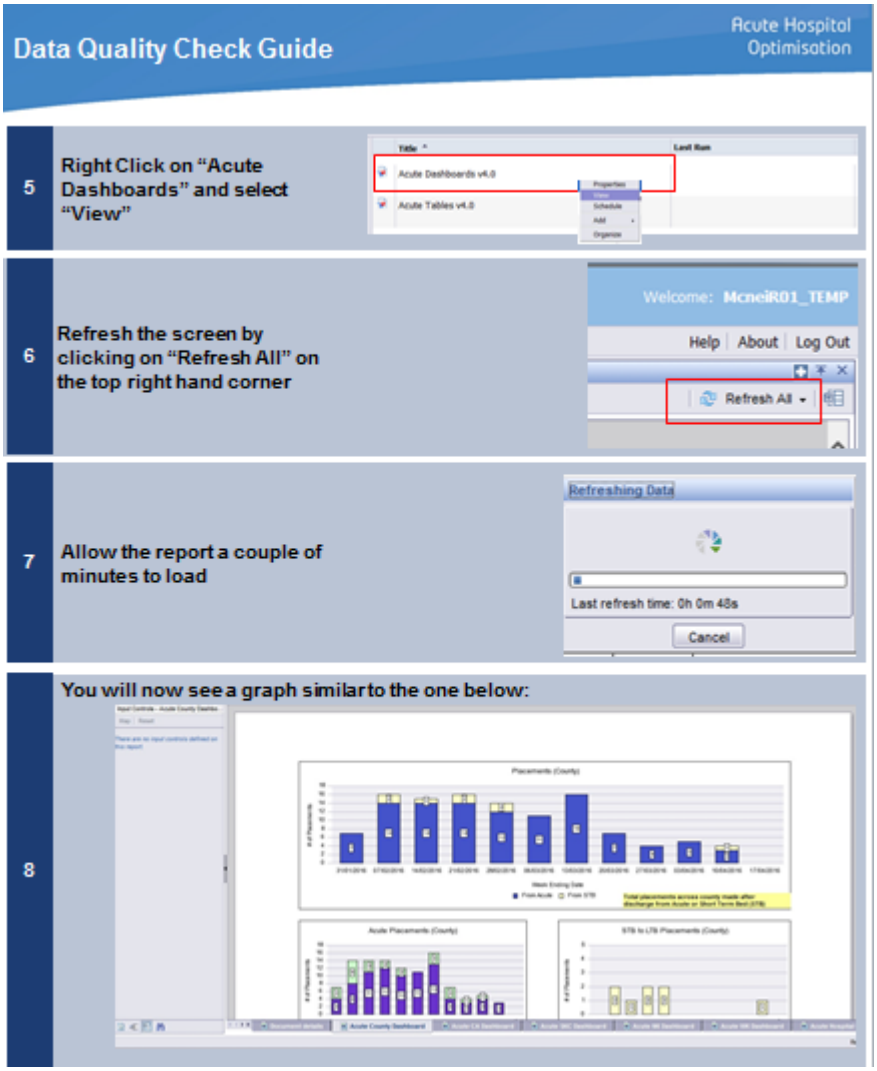
6.1.20 The BSO role will evolve and is subject to amendments in line with the Health and Social Care integration agenda. Health and Social Care Admin Staff will develop their roles to mutually support each other and the Integrated Discharge Teams. This work will be supported by Health and KCC managers.

Data Quality Check Guide

Pages 12-18 detail how to complete a Data Quality Check. This Report is run from Boxi – the data source for the Acute Dashboard.



Please refer to the 'Welcome' text on page 2.

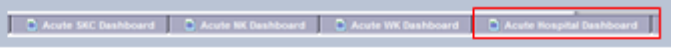


Please refer to the 'Welcome' text on page 2.

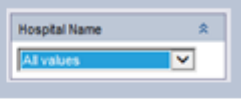
Data Quality Check Guide

Acute Hospitol Optimisation

9 From the tabs along the bottom, click on the "Acute Hospital Dashboard" to open

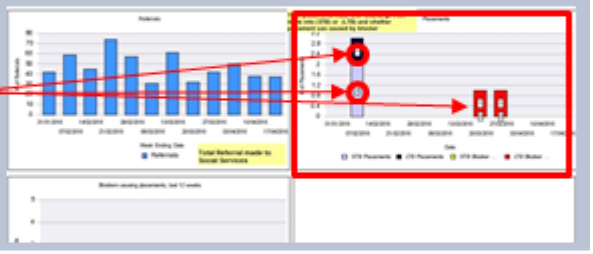


10 The report will be filtered on "All Hospitals". Select the hospital you need, from the drop-down list on the left



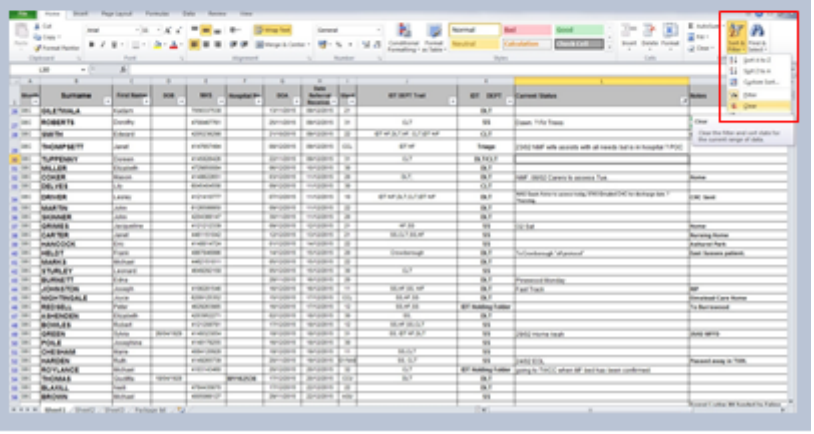
11 The graph on the top right hand corner shows all the short term assessment beds and Long term residential home placements made in the last 12 week period. (Each column represents one placement)

Sum together the number on each bar to calculate the total number of placements made in this 12 week period



12 Obtain a copy of the most recent IDT log from the NHS admin

Select any cell within the table, then select "Sort & filter", "Clear", as shown below:



Please refer to the 'Welcome' text on page 2.

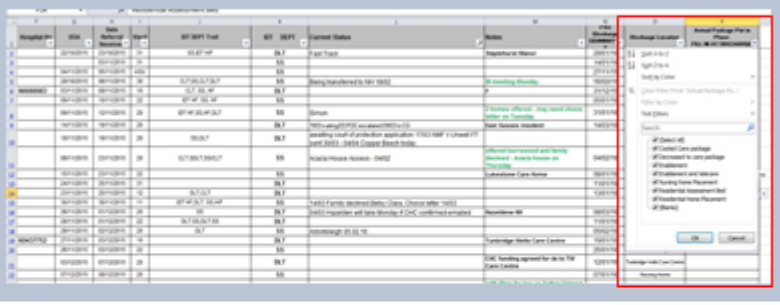
Data Quality Check Guide

Acute Hospital Optimisation

13 Activate the drop down menu on "Actual Package Put in Place- Fill in at Discharge"

Untick the "Select All" box, and select the following three options:

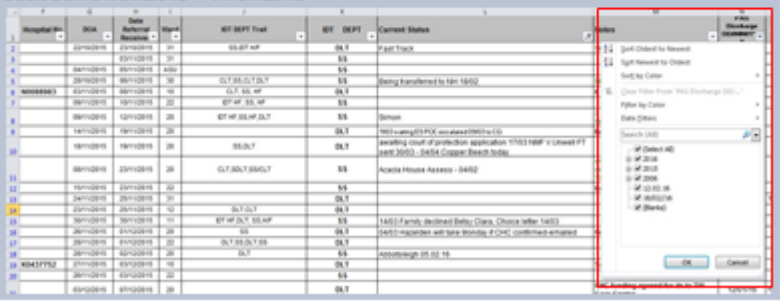
- Residential Assessment Bed
- Nursing Assessment Bed
- Residential Home Placement- Long Term



14 Activate the drop down menu on "PAS Discharge Date"

Untick the "Select All" box and select all the dates that are included in the range covered by the graph on step 11.

For the graph shown on this guide on step 11, you will need to tick all discharge dates between 31/01/2016 – 17/01/2016



15 Ensure that the total number of placements shown in the graph in step 11 is equal to the number of placements shown on the IDT log. If not, go follow steps 16- 22 to investigate.

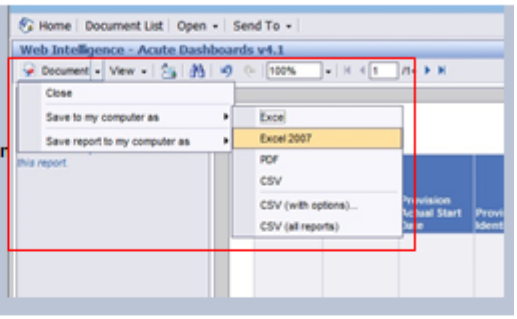
Please refer to the 'Welcome' text on page 2.

Data Quality Check Guide

Acute Hospital Optimisation

16 Return to the Boxi Report.

Click on the "Document" link on the top left hand side, "Save to my computer as", then "Excel 2007"



17 Open the file once it is saved.

Scroll along the bottom to find "Acute to STB Table" and "Acute to LTB Table"

Note that only the following provisions are shown on the dashboard:

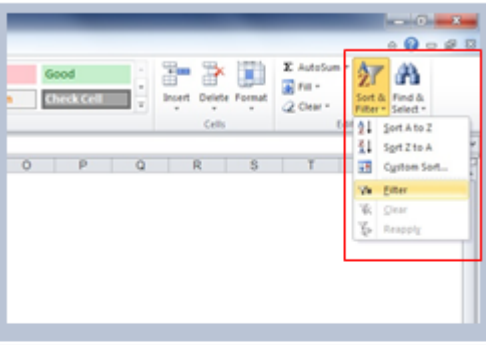
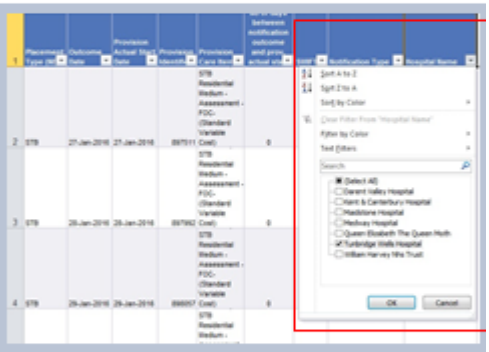
Note that only the following provisions are displayed on the dashboard:

- Older People STB Resid Assess - FOC Sgl (Standard Variable Cost)
- Older People Residential High LTC (Standard Variable Cost)
- Older People Residential Medium LTC (Standard Variable Cost)
- Older People STB Resid Assess - FOC Sgl (Alternate Cost)
- Older People STB Residential High - Assessment - FOC (Standard Variable Cost)
- Older People STB Residential Medium - Assessment - FOC (Standard Variable Cost)
- Older People STB Nurs Assess - FOC Sgl (Alternate Cost)
- Older People STB Nurs Assess - FOC Sgl (Standard Variable Cost)
- Older People STB Nursing - Assessment - FOC (Standard Variable Cost)

Please refer to the 'Welcome' text on page 2.

Data Quality Check Guide

Acute Hospital Optimisation

18	Select any cell on the first row, then click "Sort & Filter" and "Filter" as shown in the picture below:	
19	Find the column marked "Hospital Name", activate the drop down and menu, and select only the hospital that you are interested in	
20	You will now see the clients from the chosen hospital that are currently shown on the dashboard The highlighted column shows the SWIFT IDs of the clients who are shown on the dashboard	

Please refer to the 'Welcome' text on page 2.

Data Quality Check Guide

Acute Hospital Optimisation

21	Carry out steps 18-20, with both, "Acute to STB Table" tab and "Acute to LTB" tab. Use the SWIFT ID numbers to identify the clients on the IDT log that are currently on the dashboard. This allows you to identify the clients that are currently not included in the dashboard
22	For the SWIFT IDs that do not appear on the dashboard, ensure the following information is entered (correctly) on AIS • Section 2 • Section 5 • Provision - If this information is missing, ensure all the relevant paperwork has been forwarded to the CPT. Follow up with the case worker / manager who was in charge of the case. • Provision Date – If the provision start date is missing, contact the CPT and inform them of the missing information Additionally, ensure that the provision start date is after the discharge date. If not, check that the discharge date has been entered correctly. If the discharge date is correct, contact the CPT to ensure that the provision start date has been entered correctly.

Please refer to the 'Welcome' text on page 2.

Supporting Documents

Please refer to the 'Welcome' text on page 2.

Sustainability Matrix

Pages 21-25 present the Acute Hospital Integrated Discharge Team Sustainability Matrix. This tool is used as a qualitative measure of performance.

Please note the Owners identified on the Matrix may vary dependant on the area being reviewed.

Sustainability Matrix

Acute Hospital Optimisation

Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels *Italicised statements are dependent on County-wide behaviours, tools and processes* *[Note: all statements from that level must be ticked)*
Identifying and Selecting the best outcome for the service user	
1 Shared Principles *A vision and set of principles that justify and drive actions and behaviours in a consistent manner.* *Vision: To promote independence for those leaving an acute setting by ensuring they end up on the best pathway for their needs:* - What is the most appropriate setting for this person? - How can we understand and address the biggest issues preventing the most appropriate outcome? - What issues require Area and County-wide action? County Owner *[Director]* Anne Tidmarsh Area Owner *[AD]* Mary Silverton Owner *[SCDC]* Elaine Williams & Ecatorina Porumb	S	**Bronze** - The team can explain what the Vision is for the Service **Silver** - The team can explain how the Vision benefits (1) Service Users leaving the Acute setting and (2) KCC **Gold** - The team can communicate what the Vision means for them **Gold** - Team own and shape shared vision as it grows **Gold** - Vision and principles are developed to drive an integrated workforce with our Health colleagues
2 Senior Support *Senior resource with the right skills and mindset allocated to drive the right behaviours and support the team in setting goals for Service Users' ideal outcomes* County Owner *[Director]* Anne Tidmarsh Area Owner *[AD]* Mary Silverton Owner *[SM]* TBC	S	**Bronze** - Senior resource attends washups at the defined frequency **Bronze** - Senior resource provides guidance to identify ideal outcomes for Service Users **Silver** - Senior resource support is only required once a week **Silver** - Senior resource attendance is embedded and driven by SCDC **Gold** - Senior resource support is only required for occasional spot-checks **Gold** - The team can challenge each other in wash-up meetings and escalate to senior manager any issues that cannot be resolved
3 Washup *Regular Washup meeting to review all active cases which may result in a placement. The purpose is to ensure people are sent on the most appropriate, independence-promoting pathway after their hospital discharge.* County Owner *[AD]* Mary Silverton Area Owner *[STPTM]* Russell Woodroff Owner *[SCDC]* Elaine Williams & Ecatorina Porumb		**Bronze** - Washups run by SCDC or case worker and generally attended by the whole team **Bronze** - Case workers give feedback on their cases and contribute to discussions on colleagues' cases. **Bronze** - Outcomes of discussion recorded on slips **Silver** - Washup owned and run locally by SCDC **Silver** - Case workers to be able to identify issues with solutions and have accountability for actions **Gold** - Meetings have SMART actions that are set and completed on time **Gold** - Local meeting improvements are identified and implemented **Gold** - Functional meeting improvements identified by team are communicated to County Owner to drive continuous improvement

Please refer to the 'Welcome' text on page 2.

Sustainability Matrix

Acute Hospital Optimisation

	Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels *Italicised statements are dependent on County-wide behaviours, tools and processes*
4 Washup Board & Slips *Printed magnetic whiteboard in the office to record and visualise live cases that may not end up on the best pathway* County Owner *[AD]* Mary Silverton Area Owner *[ASM/SCDC]* Sonny Butler / Elaine Williams & Ecatorina Porumb Owner *[BSO/CM/CO]* TBC		☐ **Bronze** - Case Managers and Case Officers record ideal and actual outcomes on the washup slips daily ☐ **Bronze** - Wash-up board is used to run daily washup ☐ **Silver** - SCDC ensures washup slips and board are being used correctly ☐ **Silver** - Area Support Manager owns slips and board and ensures these are available to team when needed ☐ **Gold** - The purpose and importance of the washup slips and board are understood and can be explained by all Case Managers and Case Officers ☐ **Gold** - Improvements to slips and board identified by team are communicated via STPTM to County Owner for continuous improvement
Understanding and addressing the biggest issues preventing most appropriate outcome		
5 Data Collection *Information collected from various sources and input in a consistent way to feed the improvement cycle and ensure trackers are up to date* County Owner *[Performance]* Steph Smith Area Owner *[AD]* Mary Silverton Owner *[BSO/SCDC]* Alexander Gray / Elaine Williams & Ecatorina Porumb		☐ **Bronze** - Team understand the requirements for accurate data entry ☐ **Silver** - Team are responsible for ensuring accurate and timely entry of data and issues are raised by BSO ☐ **Silver** - SCDC is responsible for resolving or escalating data quality issues ☐ **Gold** - Local improvements to the data collection process are implemented by SCDC and BSO ☐ **Gold** - System improvements identified by team are communicated via STPTM to County Owner for continuous improvement
6 Dashboard *Overall view of county, area and locality performance driven by SWIFT. Used to evaluate and prioritise the issues that cause SU to be placed on an inappropriate pathway* County Owner *[Performance]* Steph Smith Area Owner *[AD]* Mary Silverton Owner *[SCDC]* Elaine Williams & Ecatorina Porumb		☐ **Bronze** - Dashboard is functioning and accessible to all that need it providing visibility of county, area and team performance and issues causing non-ideal outcomes ☐ **Silver** - SCDC ensures that the dashboard is functional, used at the weekly meeting, and escalated to Area or County Owners if necessary ☐ **Silver** - Performance team owns functionality of the dashboard ☐ **Gold** - Team and senior stakeholders are able to read, interpret and identify actions from dashboard ☐ **Gold** - The team can escalate to Senior manager if trends on dashboard change ☐ **Gold** - SCDC has the autonomy and understanding of the principles to identify improvements to the tracker and communicate them to the County owners for continuous improvement

Please refer to the 'Welcome' text on page 2.

Sustainability Matrix

Acute Hospital Optimisation

	Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels *Italicised statements are dependent on County-wide behaviours, tools and processes*
7 Weekly IC *Weekly meeting to review recent performance, escalate issues and generate actions to solve problems. Attended by hospital team and run by a Senior or delegated by Senior to the appropriate person.* Area Owner *[STPTM]* Russell Woodroff Owner *[SCDC]* Elaine Williams & Ecatorina Porumb		☐ **Bronze** - STPTM or SCDC run weekly improvement cycle meeting with required team members ☐ **Bronze** - KPIs for hospital are reviewed with team ☐ **Bronze** - Key themes/causes of reasons for inappropriate placements are raised and improvements and resolutions discussed and actioned or escalated ☐ **Silver** - STPTM, SP and/or SCDC is able to run meetings on a weekly basis, identify solutions for any issues arising, identify accountable person to take forward action and escalate unresolved issues to senior managers ☐ **Silver** - BSO has responsibility to have meetings in diary and named chair, notes and actions of meetings written up and sent out ready for next meeting ☐ **Silver** - Team understand what meeting is, why it is held and able to explain why it is important ☐ **Gold** - STPTM and SCDC are able to articulate to Team what the meeting is for and how it should be run ☐ **Gold** - STPTM is able to manage team remotely, independent of support, identify solutions for any issues arising and to identify accountable person to take forward action

Escalating issues for Area- and County-wide action

8 Fortnightly IC *Fortnightly meeting between STPTM, SM and AD to review progress of the dashboards, update AD on actions being taken and escalate issues where needed* Area Owner *[AD]* Mary Silverton Owner *[STPTM/SM]* Russell Woodroff		☐ *Bronze - Dashboard is used to review area and hospital performance* ☐ *Bronze - Key themes/causes of inappropriate placements are discussed, escalations from weekly IC are raised and improvements and resolutions actioned where possible* ☐ *Bronze - Issues escalated to Monthly IC where necessary* ☐ *Silver - Fortnightly meetings and attendance are planned in and driven by Area Owner* ☐ *Silver - Agenda, actions and escalation items are driven by the Area Owner* ☐ *Gold - Area Owner regularly checks whether objective of Fortnightly IC is met and changes meeting as required*

Please refer to the 'Welcome' text on page 2.

Sustainability Matrix

Acute Hospital Optimisation

		Level achieved (B/S/G)	Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels *Italicised statements are dependent on County-wide behaviours, tools and processes*
9 Monthly IC *Monthly forum to review performance by Area to create drive for performance improvements in the service. This acts as the top level of the Improvement Cycle and is the opportunity for the monthly DIVMT to resolve prioritised county-wide issues* County Owner *[Director]*: Anne Tidmarsh Area Owner *[AD]*: Mary Silverton Owner *[SM]*: TBC			*Bronze - Dashboard is reviewed at monthly DIVMT* *Bronze - Key themes/causes of SU Missed Outcomes are discussed, escalations from fortnightly IC are raised and improvements and resolutions actioned* *Silver - Monthly meetings and attendance are planned in and driven by the County Owner* *Silver - Agenda, actions and escalation items are driven by the Area Owner* *Gold - All stakeholders aware of and able to explain what the meeting is for* *Gold - County Owner regularly checks whether objective of Monthly IC is met and changes meeting as required*
Problem Solving and Sustainability			
10 Comms *Guidance, updates, communications and dashboards to support team engagement with the project day-to-day. Materials to support communications with Health, Service Users and their families.* County Owner *[Comms]*: Emma Bartley Area Owner *[AD]*: Mary Silverton Owner *[STPTM]*: Russell Woodroff			**Bronze** - Comms materials are available and team know how to use them *Silver - Comms materials are owned by County Owner* **Gold** - Team is developing new ways to communicate their successes and liaising with County Owner to make this happen
11 Training *Standardised training material to align and teach current and future stakeholders the principles, tools and processes* County Owner *[HR]*: Karen Ray Area Owner *[STPTM]*: Russell Woodroff Owner *[SCDC]*: Elaine Williams & Ecatorina Porumb		B	**Bronze** - Training materials are ready and available for use, with support **Silver** - SCDC can train new members of team or others on the principles, tools and processes *Silver - Training material owned by County Owner where appropriate* **Gold** - Improvements to training identified by team are communicated to County Owner for continuous improvement

Please refer to the 'Welcome' text on page 2.

12 Operations Guide

Operations Guide detailing the purpose and definition of the changes, guidance of expected behaviours and actions, instructions for new tools and processes

County Owner *[Policy]*	Jacqui West / Janice Grant
Area Owner *[ASM/SCDC]*	Sonny Butler / Elaine Williams & Ecatorina Porumb
Owner *[BSO/CM/CO]*	Alexander Gray

- **Bronze** - Operations Guide is available to the Team, who understand what it is and how to use it
- **Silver** - SCDC ensures team have access to Operations Guide in hospital office
- *Silver - Content in Operations Guide is owned by County Owner*
- **Gold** - Updates to the Operations Guide are identified by SCDCs and communicated to County Owner to drive continuous improvement

Sustainability Matrix

Acute Hospital Optimisation

Level achieved (B/S/G)	**Statements to describe behaviours, tools and processes expected at Bronze, Silver and Gold Levels** *Italicised statements are dependent on County-wide behaviours, tools and processes*

13 Sustainability Matrix

Sustainability matrix provides an objective assessment as to the sustainability of the changes implemented.

County Owner	Jacqui West
Area Owner *[SM]*	TBC
Owner *[STPTM]*	Russell Woodroff

- **Bronze** - Team is aware of Sustainability Matrix and it is available to them.
- **Bronze** - Regular review of matrix with stakeholders to assess status and drive actions to attain Silver Standard
- *Silver - Sustainability matrix and reviews owned and held by STPTM with relevant stakeholders to assess status and drive actions to attain Gold Standard*
- *Silver - Content of Sustainability matrix owned by County Owner*
- **Gold** - Updates to the sustainability matrix identified by team are communicated to County Owner to drive continuous improvement
- **Gold** - Sustainability matrix criteria for Gold is updated to continue to offer an ideal target to strive for. Team is using Sustainability Matrix without support and driving their individual action plans to achieve Gold

Please refer to the 'Welcome' text on page 2.

Social Care Discharge Co-ordinator Induction / Refresher Training

Social Care Discharge Co-ordinators typically lead the Wash Up meeting and provide important feedback during Improvement Cycle meetings. Pages 26 onwards include the training provided for Social Care Discharge Co-ordinators as part of their Induction and Refresher Training.

Please refer to the 'Welcome' text on page 2.

How will we achieve the vision?

Acute Hospital Optimisation

To support the KCC Hospital Team in achieving the vision, a process has been developed that consists of the following 4 steps:

Decision Point

Own Bed is Best Bed

Short Term Bed

Long Term Bed

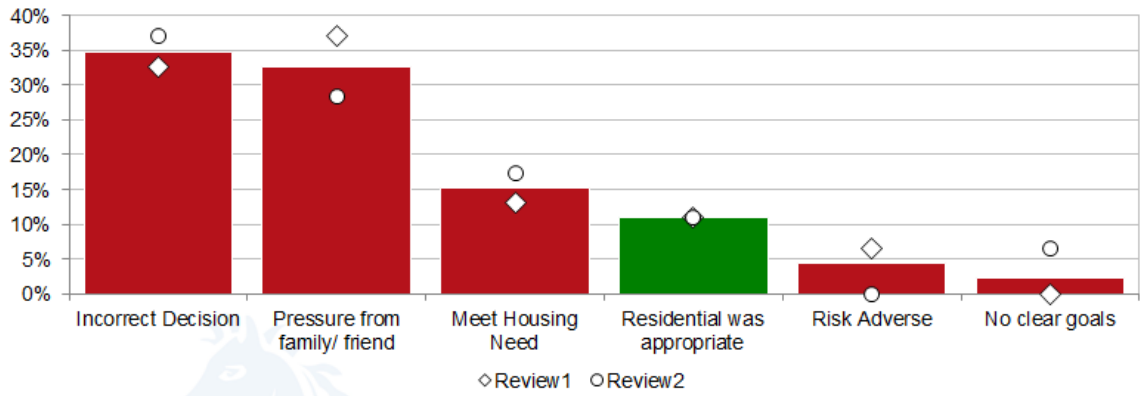
As an SCDC, you will be most involved in Steps 1 & 2

1. Identify and select the best outcome for each person
2. Understand and address the biggest issues preventing the most appropriate outcome
3. Escalate issues for Area- and County-wide action
4. Training, tools, processes and governance in place to support staff in the delivery of an effective service

Project Background

Acute Hospital Optimisation

So why are we doing this? An independent assessment of case notes for 50 clients who went from Acute to STB to Residential Placement found that a long term Residential Placement was **only appropriate for 11% of the clients!!!.**



The outcome from this assessment – we needed to get better at challenging outcomes!

Please refer to the 'Welcome' text on page 2.

The Role of the SCDC

Acute Hospital Optimisation

As a Social Care Discharge Co-ordinator, your key responsibilities in the process are:

1. Leading and supporting the Daily Wash-up meeting, where the team discuss all active cases that are complex or look they might be heading for a placement upon discharge
2. Contributing to the Weekly Improvement Cycle Meeting, where the performance of the team is reviewed and actions are generated to tackle to most significant problems or issues that are preventing people from returning home. This is the meeting where it will be agreed what the Short Term Pathway Team Manager should escalate to the Area Management Meeting
3. Training new Case Workers and Managers in the process and helping to instil the vision of promoting independence

The Daily Wash-Up Meeting

Acute Hospital Optimisation

The daily wash-up meeting is the forum where we:

1. **Identify and select the best outcome for each person**
2. **Understand and address the biggest issues preventing the most appropriate outcome**

In this meeting, the team discuss all active cases that are complex or look like they might be heading for a placement upon discharge. It works on the principle of group supervision – as a team, we have dealt with a wide range of cases and used a wide range of services. This forum can be used to share that experience.

The key benefits of wash-up are:

- ✓ An improved ability to build the most appropriate care and support plan for a service user upon discharge due input of ideas and services
- ✓ Increased confidence in decisions (the whole team are behind you!)
- ✓ Aids the transfer of knowledge between the team
- ✓ Builds a positive and supportive team environment
- ✓ As a SCDC, it will also give you a clear picture of all the complex cases that are active with the team.

Please refer to the 'Welcome' text on page 2.

Wash-up Meeting – Key Information

Acute Hospital Optimisation

ROLES & RESPONSIBILITIES

SCDC – responsible for ensuring the meeting is well led and contains good case discussion
Senior Support – responsible for offering suitable challenge to the team
Case Managers & Case Officers – responsible for bringing details of their cases and contributing to discussion

AGENDA

1. New Wash-up Slips added to the Board
2. Discussion on each case on the Board in turn, with a focus on the newest cases
3. Slips for discharged cases passed to a BSO for entry into AIS/SWIFT
4. Action Board reviewed for outstanding actions

SUPPORTING TOOLS

There area 2 major items that support the daily wash-up meeting. They are:

- The Wash-up board
- Wash-up slips

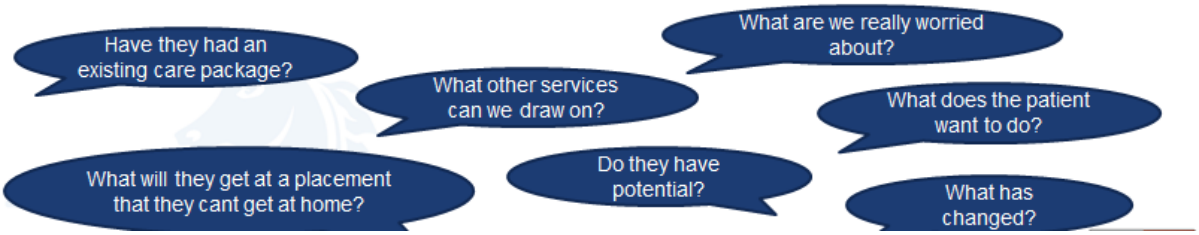
The Daily Wash-Up – what does good look like?

Acute Hospital Optimisation

The most important factor in the effectiveness of the wash-up is the group discussion. For this to happen, we need the following things:

- Wash-up leader is engaging, positive, clear (this could be you!)
- Input and challenge into cases should be constructive with contribution from all members of the team
- Focus is always on "how do we get this person back home safely", and in a timely manner
- Case workers succinctly present new cases using the following structure
    1. Where did the patient come from?
    2. Why were they admitted?
    3. How can we get them home safely?
    4. What can we do to move them along today?

As an SCDC, you will be a critical part of ensuring that the discussion and challenge is appropriate. Some good questions to ask are:



Please refer to the 'Welcome' text on page 2.

The Daily Wash-Up – what does good look like?

Acute Hospital Optimisation

PROCESSES

- Meeting starts on time and should generally take less than 30 minutes
- All required attendees are present
- Attendees are clear on the objective of the meeting / vision
- Senior support requested by team when required
- All complex and potential placements are brought to wash-up
- Slips/tiles correctly filled out and in the correct location on the board
- Ample discussion time for new cases and those that require help.
- Cases that only require a simple update are moved through quickly.

ACTIONS

- Action list is reviewed at the beginning of the meeting
- Delayed actions are challenged in a constructive manner
- Obstacles to action completion are identified and addressed
- SCDC identifies common themes for delays that need to be escalated via the Weekly Improvement Cycle Meeting
- Actions are SMART

The Weekly Improvement Cycle Meeting

Acute Hospital Optimisation

The weekly improvement cycle meeting is the forum where we:

2. **Understand and address the biggest issues preventing the most appropriate outcome**
3. **Escalate issues for Area- and County-wide action**

The key purpose of the meeting is to:

- ✓ Provide visibility of team performance on a weekly basis
- ✓ Generate actions to tackle the most significant blockers to getting clients home safely
- ✓ Feed back on the actions being taken at an Area- and County-wide level

Please refer to the 'Welcome' text on page 2.

Weekly Improvement Cycle Meeting – Key Information

Acute Hospital Optimisation

ROLES & RESPONSIBILITIES

STPTM – responsible for leading the meeting
SCDC – responsible for reporting on weekly performance and issues that require escalation
BSO – responsible for minute taking and printing of the dashboard

AGENDA

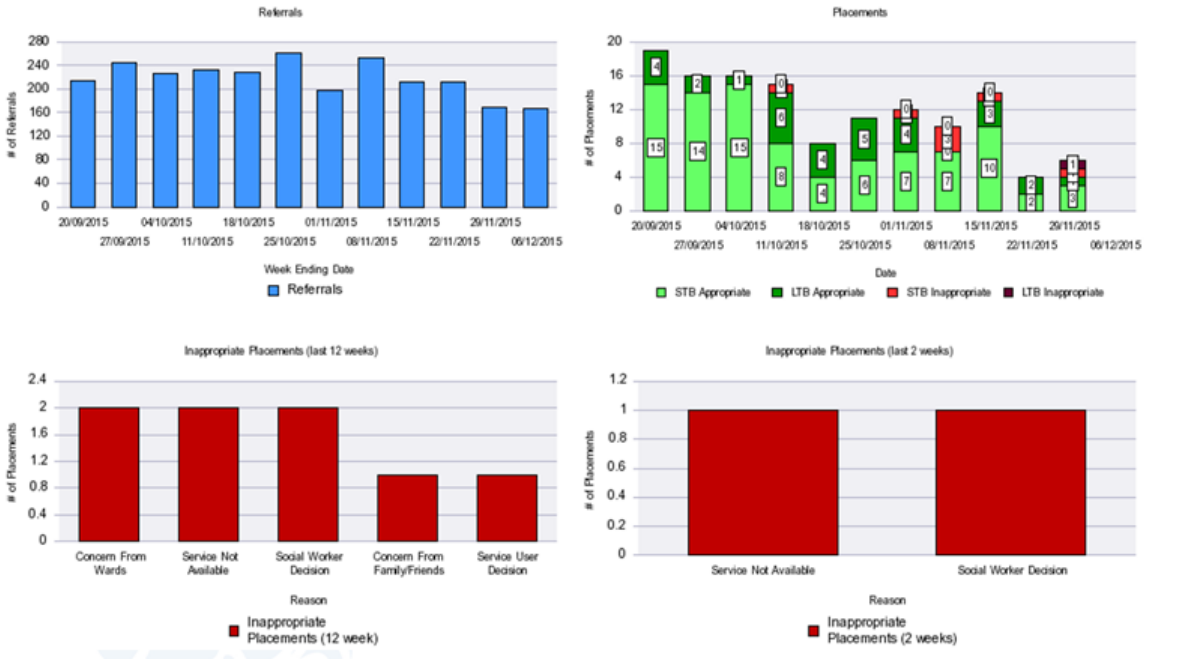
1. Review of action tracker
2. Feedback from STPTM on most recent review session with AD/SM
3. Review of hospital-level dashboard
    1. Feedback on performance this week
    2. Review of largest bars on Pareto
    3. Team generates actions to tackle largest bars
4. Any other business

SUPPORTING TOOLS

The dashboard is a Boxi report that visually depicts the number of referrals, placements, and the reasons behind the placements which were not considered to be the ideal outcome. It uses the information entered onto AIS/Swift

Hospital Dashboard

Acute Hospital Optimisation

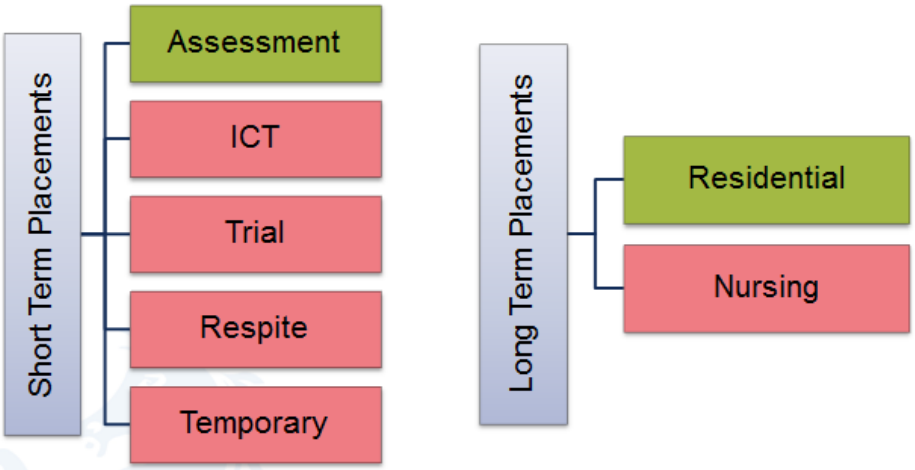


Please refer to the 'Welcome' text on page 2.

Hospital Dashboard

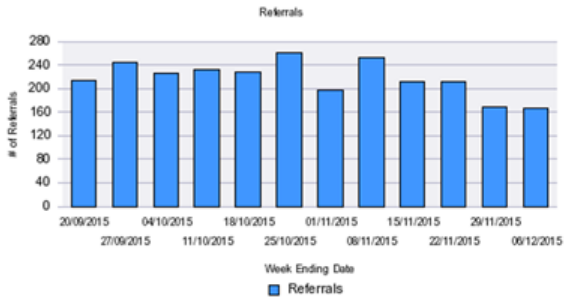
Acute Hospital Optimisation

An important thing to remember is that not all placements will show up in the dashboard. Refer to the diagram below – only those highlighted in green should show up in the dashboard.



Hospital Dashboard

Acute Hospital Optimisation



Referrals

- The number of referrals to the hospital team each week.
- Recorded via Section 2 notifications

Is the number of referrals per week changing?

Should we expect a change in the number of people requiring packages of care or placement?

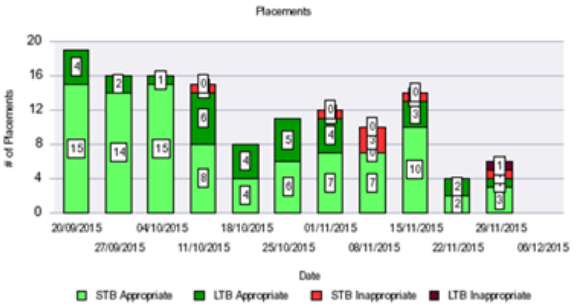
Please refer to the 'Welcome' text on page 2.

Hospital Dashboard

Acute Hospital Optimisation

Placements

- The number of Short Term Beds & Assessment Beds, and the number of Trial Residential Placements and Long Term Residential Placements made from the hospital team each week.
- Recorded by linking Section 5 notifications to placements within a 3-day window
- Green bars represent appropriate placements, red bars represent placements caused by a blocker
- Lighter coloured bars represent short term placements, darker bars represent trial or long term placements
- Respite beds and long term Nursing placements are not recorded
- Each hospital team will have a unique target for average number of placements made per



How many placements are we making from hospital every week?

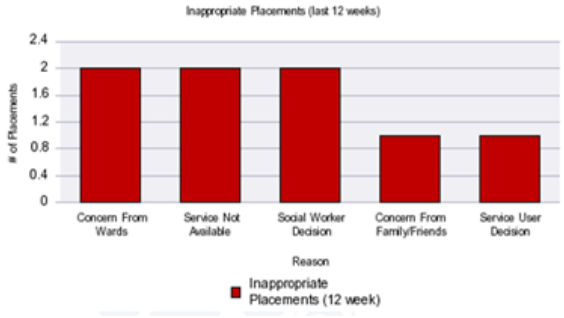
Could any of these have achieved a better outcome?

Hospital Dashboard

Acute Hospital Optimisation

12-Week Pareto

- A Pareto is a ranking of the biggest problems from the most significant to the least significant
- This graph looks at all placements caused by a blocker and categorises them by the blocker reason recorded on AIS
- The blocker which has contributed to the largest number of placements in the past 12 weeks is the furthest to the left of the graph



What are the biggest blockers to achieving best outcomes (in the last 12 weeks)?

Please refer to the 'Welcome' text on page 2.

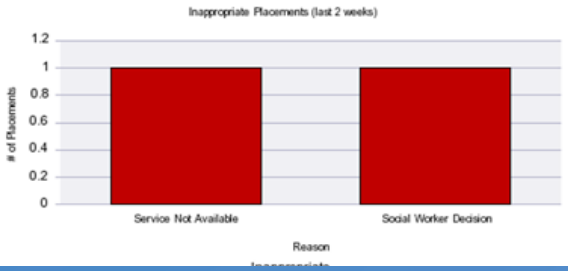
Hospital Dashboard

Acute Hospital Optimisation

2-Week Pareto

- A Pareto is a ranking of the biggest problems from the most significant to the least significant
- This graph looks at all placements caused by a blocker and categorises them by the blocker reason recorded on AIS
- The blocker which has contributed to the largest number of placements in the past 2 weeks is the furthest to the left of the graph

What are the biggest blockers to achieving best outcomes (in the last 2 weeks)?



What Would You Do If?

Acute Hospital Optimisation

Total number of placements has grown and there are inappropriate placements on the Pareto?	Total number of placements has grown but there are no inappropriate placements on the Pareto?
The biggest bar on the 12-week Pareto is the same as the biggest bar on the 2-week Pareto	The biggest bar on the 12-week Pareto is different from the biggest bar on the 2-week Pareto

Please refer to the 'Welcome' text on page 2.

What Would You Do If?

Acute Hospital Optimisation

Total number of placements has grown and there are inappropriate placements on the Pareto?

- Look at the biggest bar on the Pareto
- Identify who can fix this problem
- Generate an action to fix this problem
- Confirm whether the problem has been fixed at the next review

Total number of placements has grown but there are no inappropriate placements on the Pareto?

- Identify whether the forms have been filled in and entered correctly
- Ensure senior support has been available
- Question whether senior support has been sufficiently challenging
- Identify whether the overall level of need coming out of the Acute setting has increased (either more clients or higher needs for each client)

The biggest bar on the 12-week Pareto is the same as the biggest bar on the 2-week Pareto

- 2-weekly Pareto shows what the biggest problems from the past fortnight have been
- If the biggest problem in the past fortnight matches the biggest problem in the past 3 months, this is still the main issue to focus on

The biggest bar on the 12-week Pareto is different from the biggest bar on the 2-week Pareto

- 2-weekly Pareto shows what the biggest problems from the past fortnight have been
- If the biggest problem in the past fortnight does not match the biggest problem in the past 3 months, the biggest problem may have been solved
- Look at the biggest problem on the 2-weekly Pareto and the 2nd biggest on the 12-weekly Pareto

Please refer to the 'Welcome' text on page 2.

Please refer to the ‘Welcome’ text on page 2.