

To: Acute and Community Trust:  
• Medical Directors  
• Chief Nurses  
• Chief Operating Officers

NHS England and NHS Improvement  
Skipton House  
80 London Road  
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Dear colleague

## **Enabling safe and timely discharge from acute settings**

We are writing to all Trusts regarding the operational and clinical imperative to maximise capacity within acute care settings through safe, timely discharge.

Last week a letter from Amanda Pritchard and Professor Stephen Powis [went to the NHS](#) on the actions we are asking every part of the system to put in place to prepare for and respond to the Omicron variant and other winter pressures. They asked the NHS “to work together with local authorities, and partners across your local system including hospices and care homes to release the maximum number of beds (and a minimum of at least half of current delayed discharges).”

We know, and are grateful, that you and your staff are already working incredibly hard to ensure people are discharged in a safe and timely manner from acute settings. Given the current pressures that impact on patient safety across care pathways, and on our staff across both the NHS and social care, we ask that you work with clinicians at every level, and across every ward, in your organisation to provide a forensic focus on embedding systems and processes that enable safe and timely discharge, and implement any possible further actions that could be taken.

## **Taking action to maximise safe and timely discharge**

We ask you over the coming days to focus particularly on discharges in Pathway Zero (patient returns to usual place of residence with no additional support).

We know that these patients make up a significant number of the patients currently occupying a hospital bed while medically fit for discharge.

For these patients, there is evidence that it is better for their physical and mental wellbeing to leave hospital as soon as they have no clinical reason to remain, and to support people to recover in their own home environment or a care location suited to their needs.

At this time of exceptional pressure on our staff across both the NHS and social care, we are therefore asking you urgently to ensure that the practical arrangements which assist effective discharge are in place in your hospital, including planning from the start of their admission; seven day board rounds across all medical wards to review new and unwell patients and to promote timely discharge; continued twice daily board rounds where clinical need requires; and specialist in-reach into Emergency Departments and acute medical wards. Please also ensure that these arrangements remain in place over the coming holiday period, with contingencies should staff become unwell and / or need to self isolate.

All hospital discharges should take place in line with the Department of Health and Social Care's published "[Hospital discharge and community support: policy and operating model](#)", and the following supporting documents:

- NHS England and Improvement's guidance on [testing](#) within its document "Key actions: infection prevention and control and testing"
- The [designated settings](#) guidance in the Department of Health and Social Care's "Discharge into care homes: designated settings"
- The UK Health Security Agency's [Stepdown infection control guidance](#).

Annex 1 to this letter sets out some of the practical arrangements to support safe and timely discharge from acute settings, alongside links to supporting materials and guidance to share across your multidisciplinary teams to support this urgent effort. Please contact your regional Emergency Care Intensive Support Team (ECIST) lead if more specific or tailored support is required.

### **Alternatives to being admitted to acute care**

A key priority to reduce the pressure on ambulance services and acute hospitals is to create effective alternative treatments/approaches to admitting people as well as supporting early discharge. [Wider system efforts should be made urgently to ensure there are robust pathways in place through the holiday period and beyond to avoid admissions where this is not clinically necessary](#). As well as virtual wards and hospital at home schemes, this may include widespread and systematic availability of Same Day Emergency Care Services, Urgent Community Response service, and Mental Health Crisis services.

Thank you for taking all necessary rapid action to support patients to be cared for in the safest possible environment.

Yours sincerely



**Professor Stephen Powis**

National Medical Director



**Ruth May**

Chief Nursing Officer



**Sir David Sloman**

COVID Incident Director and  
Chief Operating Officer

## Annex 1: Practical arrangements to support safe and timely discharge from acute settings

The following is not exhaustive, and a combination of initiatives is likely to be most effective:

1. Follow the five key principles of 'Where best, next'
  - a. [Plan for discharge from the start](#)
  - b. [Involve patients and their families in discharge decisions](#)
  - c. [Establish systems and processes for frail people](#)
  - d. [Embed multidisciplinary team reviews](#)
  - e. [Encourage a supported 'Home First' approach](#)
2. Set a firm Expected Date of Discharge at the point of admission.
3. A clinical review of all patients 7 days a week using the Criteria to Reside
4. Review 21+ day length of stay patients and work in a co-ordinated way with system partners to ensure people have the support they need to be discharged.
5. Implement Board-level reporting (acute and community trusts) of LoS, onward destinations, delays and reasons for delays.
6. Early planning in relation to transport and medication to enable discharge before 5pm
7. Create a multidisciplinary triage process at the front door of the transfer of care hub with no separate routes into or out of the hub. The hub decides the pathway and discharge destination
8. Take actions outlined in the [High Impact Change Model](#) for managing transfers of care
9. **Specialist Clinicians should work alongside ED at peak demand times to own patients from time of arrival at hospital**
  - AM patients appropriately referred to AMU supporting earlier discharge decision-making and reducing length of stay
  - Supporting ED colleagues to improve patient flow and reduce crowding
10. **Workforce is aligned to peak hours of demand:**
  - Areas dedicated to same day services **should not be used** to admit patients overnight
11. **Ownership of the Acute Medical Take:**
  - Daily ward rounds on all base wards (with targeted ward rounds at weekends to support discharge decision-making)
  - Twice daily board rounds on acute units, with nurse presence on all ward / board rounds
  - Specialty teams including cardiac, respiratory, gastro and frailty teams support patients to be seen in the most appropriate setting, improving delivery of acute care

### Further support and guidance

- You can access [action cards](#) for a range of health and care professionals with specific actions they can take.
- You can access an e-learning tool '[ActNow](#)' for nurses, AHPs and care staff.
- You can access a range of case studies on how organisations have implemented these measures on the [Beneficial Changes Network](#).