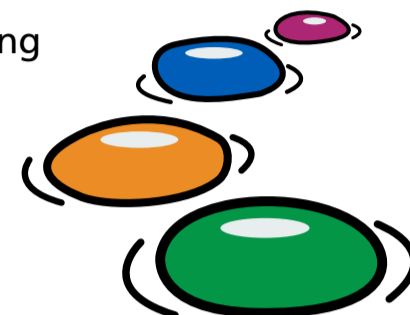


# Improving patient flow through data-driven improvement

Through our well established, data-driven improvement programme, we have significantly improved patient flow by:

- Implementing weekly system escalation meetings with partner organisations for patients who are clinically ready for discharge
- Introducing daily inpatient ward huddles to support timely decision-making
- Embedding purposeful admission, ensuring admissions are appropriate and value adding
- Introducing locality focused working to improve coordination of care closer to home
- Improving our weekly barriers to discharge and multi agency discharge events
- Improving in-reach from our community teams to inpatient wards
- Working with commissioners to develop effective alternatives to admission
- Strengthening cross system working with acute partners

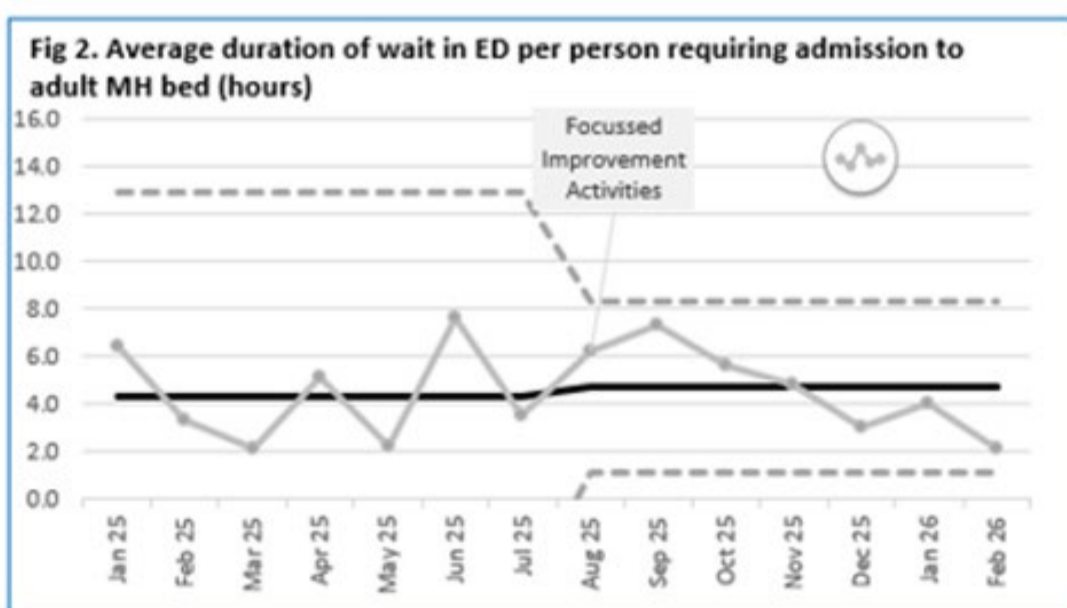
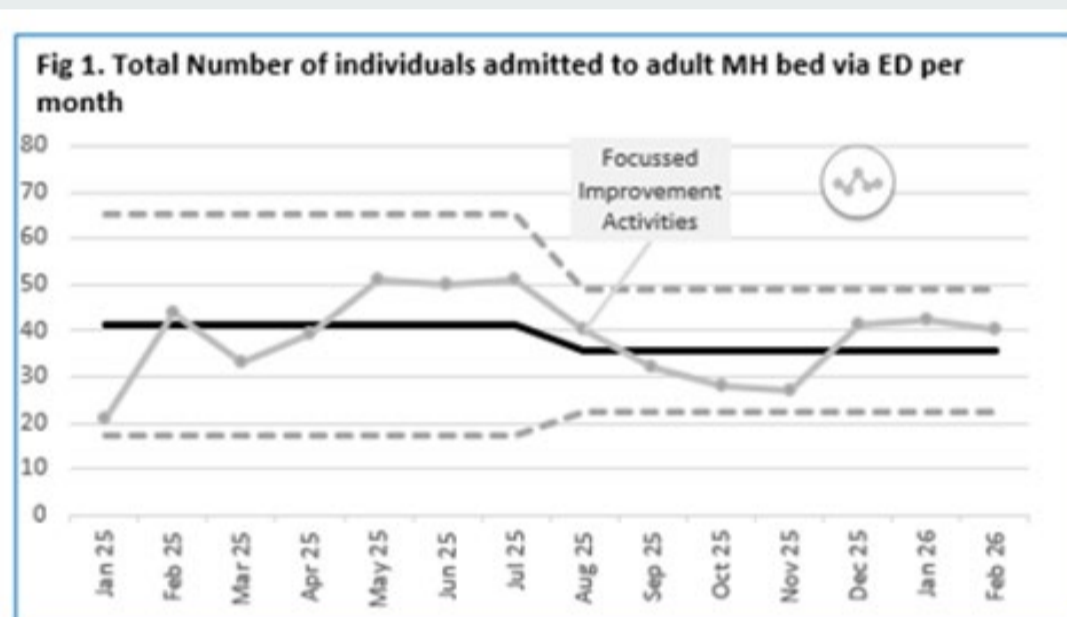


## Impact

The number of people presenting at any A&E (including Urgent Treatment Centres) across our Trust footprint and requiring admission to one of our beds has remained relatively consistent (normal variation seen in Fig 1.).

The impact of the improvement outcomes as part of the system work to improve patient flow, has meant that there has been increased ability to manage the same demand more effectively.

This has resulted in a decrease in the average wait (per person) for an adult mental health inpatient bed (between Aug 25 and Feb 26), see Fig 2. The data remains in normal variation at the time of this summary. However, we continue to monitor this closely to establish whether we will see sustained improvement over time.



## What's next?

We have begun work to understand the lived experience of patients admitted via emergency departments.

This insight will inform our next phase of improvement, ensuring future changes are shaped by what matters most to patients.

We will continue to monitor the trend data, including the monitoring of balancing measures, to make sure we mitigate against any unintended consequences.