

Change idea

Cleanse of the intake list to get an accurate number of patients waiting.

Predictions

- Cleansing the intake list will reduce the caseload and give the team a more accurate idea of how many patients are on the intake waiting list.
- Estimate that there are around 200 cases on the intake list that need closing (particularly for ASD, ADHD, IAPT).
- This will ensure patients are effectively flowing through the service and are appropriately discharged – rather than falling through the gaps.

What we are doing

- There will be two types of cleanse from mid-August to mid-October:
 - Admin cleanse: discharging patients where all actions have been completed.
 - Clinician cleanse: Identify where clinicians need to contact patients.
- 18th September – SPA function will be taken on by the Central team. SPA team have until 17/10 to complete cleanse (SPA staff will then join other teams – North, South and Central).
- Clinicians assigned cases (20 per week) which is monitored weekly and discussed at MDT everyday – to see if clinicians need support to discharge patients. Clinicians given additional cases if can take on more.
- Patient that aren't engaged – clinicians supported to follow DNA policy to discharge.

How we are measuring change

- Admin staff have been monitoring triage and intake lists weekly and regularly updating the team on position.

Learning so far

- New process works well - if team stick to this a backlog should not develop (e.g. screening patients on the same day, triage within set time etc).
- Clinicians more confident to discharge patients due to senior support and clarity on DNA policy.

Next steps

- Follow process to ensure backlog doesn't develop.
- Continue looking at data to review intake list.
- Cascade knowledge within central team and continue supporting positive risk taking on discharge.
- Continue to share learning between North, South and Central teams.