Aim To identify and evaluate delays in the FT process at Epsom and St Helier University Hospitals NHS Trust (ESTH). 

Method A previous FT audit from April 2014-March 2015 identified 61 patients who died before being discharged to their PPC. Their clinical notes were obtained and data was collected on modifiable delays.

Results Forty-seven complete sets of notes were obtained. The most significant delay was in completing and sending FT paperwork (30/47). Paperwork was not started for 3 patients and incomplete for 7 patients without explanation. Paperwork took 2–4 days to complete for 5 patients, 5–7 days for 12 patients and >8 days for 2 patients.

Despite healthcare professionals identifying a patient was dying or deteriorating, a delay in decision to commence FT affected 20/47 patients. The decision to FT took 1–2 days for 3 patients, 3–4 days for 8 patients, and >8 days for 9 patients.

Sudden unexpected death or deterioration was a factor in 8 patients. Family/patient indecision affected 8 patients. Delays within community services after funding was approved affected 5 patients. One patient had funding initially declined but agreed subsequently.

Conclusion The most significant modifiable delays were in completing FT paperwork and in decision-making concerning FT. To reduce these delays, FT paperwork on the inpatient has been reorganised, new prompts in the form of a sticker have been introduced and there is continuing education of clinical teams on decision making and FT discharge.