

Report to STP Board: 22 January 2018

<b>Agenda item:</b>	2.2		
<b>Title:</b>	Delayed Transfers of Care		
<b>Lead:</b>	Jan Thomas, Chief Executive, Cambridgeshire and Peterborough Clinical Commissioning Group		
<b>Author:</b>	Sue Graham, Programme Director, Cambridgeshire and Peterborough Clinical Commissioning Group		
<b>Report purpose</b> <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	<b>ASSURE</b>	INFORM
<b>Link to STP Priorities</b> <i>(Please mark all applicable in bold)</i>			
<b>AT HOME IS BEST</b>	<b>SAFE &amp; EFFECTIVE HOSPITAL CARE, WHEN NEEDED</b>	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
<b>Committees/groups where this has been presented to before</b> <i>(including date)</i>			
None			

<b>Purpose of the paper</b>
<p>The purpose of this paper is to provide the Sustainability and Transformation Partnership (STP) Board the following:</p> <ol style="list-style-type: none"> <li>1. A high-level update of work completed across the Programme since the last update to the Health and Care Executive (HCE) on 20 December 2018</li> <li>2. A high-level view of the issues and actions that will provide the highest impact in reducing Delayed Transfers of Care (DTC) numbers</li> <li>3. An overview of the KPI reporting: the findings and recommendations</li> <li>4. A view of the revised DTC recovery trajectories and aggregate System performance</li> <li>5. Escalation of key System blockers providing a quantifiable view of the issues for discussion</li> </ol>
<b>The STP Board is invited to:</b>
<p>The STP Board is asked to note this report which outlines an update on the DTC reduction programme and identified risks/requirements.</p>

## 1. INTRODUCTION / BACKGROUND

Cambridgeshire and Peterborough have high levels of DTOCs compared to other health and care systems. Consequently, patients are staying too long in hospital, in particular beyond the point at which they are medically optimised to be discharged.

The DTOC reduction programme was re-set on 21 September following review and sign off by the Health and Care Executive (HCE). The aims of the re-set were to:

1. Provide organisations across the health System with a clear view of performance across the discharge pathway; by defining, measuring and reviewing a set of operational performance, key performance indicators (KPI's) for each provider organisation;
2. Using the KPI's and performance management metrics, drive organisational ownership and accountability for specific elements of the DTOC reduction programme and workstreams;
3. Clearly identify and escalate any issues and/or System blockers to discharge process and flow, via the Discharge Programme Board, Chief Executive Officer (CEO) escalation calls and HCE review; and
4. Support transformation across the pathways and operational processes to improve effectiveness, efficiency and quality of Complex Discharge process and Discharge to Assess Pathways.

## 2. BODY OF REPORT

### ***Summary of Progress***

The DTOC programme continues to be the highest priority for the System. In the last four weeks, we have moved forward, this has included:

- CUH had the lowest average number of DTOC patients since 2015 and reached the target number of DTOC patients before Christmas;
- System brokerage is integrated with social care and health co-located for the first time;
- NWAFT have restarted and refocused the operational delivery team with changes being implemented through January 2019; and
- CPFT had significant movement through Christmas releasing capacity for the acute trusts.

There are three critical issues that we need to retain focus on and get assurance through the DTOC Programme Board that they are being addressed:

1. The operational delivery of discharge planning, Red2Green, Long Stay Wednesdays and the implementation of a home first ethos;
2. The redesign and implementation of a simple Pathway 1; and
3. Limited capacity of domiciliary care and geographical hot spots of care home provision.

### ***High level programme update***

Updates on activity since the HCE on 20 December 2018 include:

1. Commenced re-defining the optimisation of discharge to assess pathway 1 service delivery, with a draft pathway due by end January, ready for implementation end February 2019;
2. Work on pathway 2 flow management continues with the development and implementation of an escalation policy, that will be tracked in the weekly multi-disciplinary team (MDT) reviews;
3. Go live of the Care Test model and new CHC Standard Operating Procedure (SOP) across all sites: 17 December 2018 with review assessment due by the end January 2019;
4. Recruitment and onboarding of Transformation Leads for Cambridge University Hospital NHS Foundation Trust (CUH) and North West Anglia Foundation Trust (NWAFT);
5. Spot Patient Transport List (PTL) review and case study development to identify pathway blockers and process issues;
6. Reinstate monthly governance meetings with individual care homes where interim health beds are commissioned to ensure we keep close monitoring of performance and are able to manage proactively any quality and flow issues in these beds if they arise;
7. Developing a comprehensive system-wide facilitated training schedule encompassing staff from acute hospitals, community and local authority to encourage and support the right behaviours in all staff around discharge planning;
8. Focus on winter pressures:
  - CCG winter room set up with DTOC hub inclusion for focus on whole system flow;
  - Discharges accelerated prior to Christmas across pathway 1 and 2 to create and maintain discharges from the acute trusts;
  - Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) neighbourhood teams working with the Acute Trust admission avoidance teams to 'pull' appropriate patients out of A&E and short stay units;
  - CPFT neighbourhood teams bridging for pathway 1 patients with a reablement or intermediate care start date;
  - Local Authority community teams supporting the hospital discharge teams with the high volume of referrals for assessments post-Christmas; and
  - Joint Emergency Team (JET) supporting Nursing home admission avoidance.

**The key issues and focus for the next 30 days:**

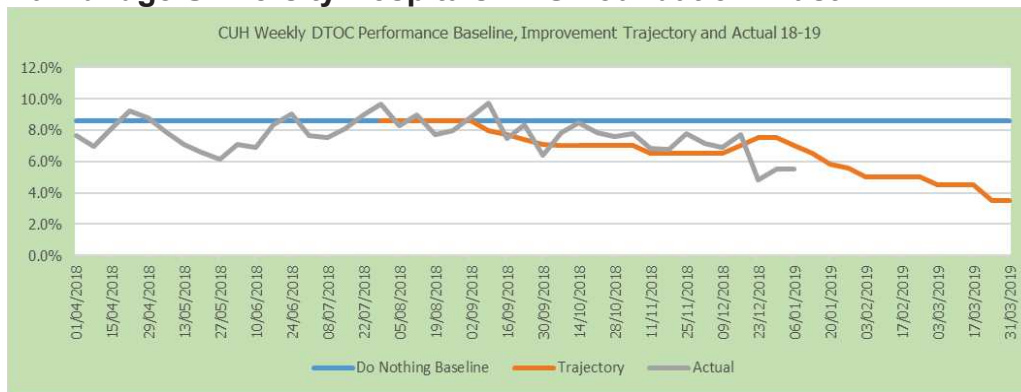
Issue	Workstream	Key Actions	Organisation Accountable	Owner Exec/Operational	Implementation Date	RAG Status
Complex D2A Pathway 1	IA:4	1. Strategic level agreement of pathway 1 offering to continue 2. Pilot of home to assess across the DME wards 3. Prepare the ID Services for implementation of home to assess model	CPCCG	Carol Anderson/Sara Rodriguez	1st Mar 19	
Slow flow through D2A Pathway 2 Beds: high community bases DToC Rate circa 11.00%	IA:3.3	1. Implementation of Red/Green and SAFER 2. Weekly MDT reviews of Patient Transfer Lists (PTL) 3. Implementation	CPFT	Julie Frake-Harris/Katie Wilson	31st March	
High level of DToC waits on brokerage codes	Risk Register/CEO escalation	1. Co-location of brokerage team 2. Recruitment of additional staff 3. Implementation of Nursing Home capacity tracker 4. Development and implementation of operational KPI's for an integrated brokerage service	LA	Will Patten/Leesa Murray	31st Jan 2019	
Inconsistent approach to SAFER Bundle CUH	IA:1.1	1. Re-launch of SAFER bundle across the trusts by local transformation teams 2. Engaging Medical and Nursing Directors 3. Training programme implementation 4. Monitoring of agreed KPI's to monitor improvement: monitored at Programme Board	CUH	Sam Higginson/Sandra Myers	31st Jan 2019	
Inconsistent approach to SAFER Bundle NWAFT	IA:1..2	1. Re-launch of SAFER bundle across the trusts by local transformation teams 2. Engaging Medical and Nursing Directors 3. Training programme implementation 4. Monitoring of agreed KPI's to monitor improvement: monitored at Programme	NWAFT	Simon Evans/Susan Waller	31st Jan 2019	
Capacity and Demand Review		Delivery of Capacity and Demand Model to Programme Board for action plan to fill gap	LA	Will Patten/Leesa Murray	11th Jan 2019	
4Q process and CHC operational		1. Implementation of Care Test Model 2. Implementation of operational SOP across the IDS 3. Launch on 17th Dec with review and refinement in 4 weeks as process embeds	CPCCG	Carol Anderson/Sara Rodriguez	17th Dec with review 17th Jan	

## Performance Trajectories

Trajectories have been remodelled against plans to achieve national target of 3.5% by the end of March 2019, this is a stretch target for the Integrated Discharge Service (IDS) teams.

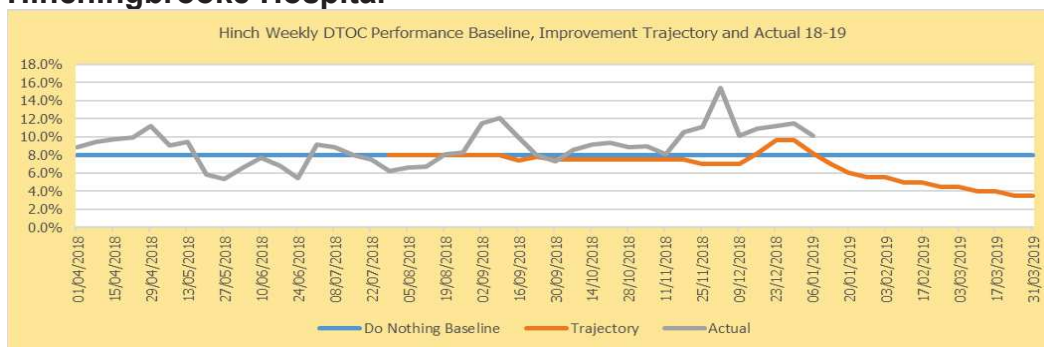
Statistical Process Control (SPC) charts for trajectory tracking, will be available in the February 2019 update.

### Cambridge University Hospitals NHS Foundation Trust

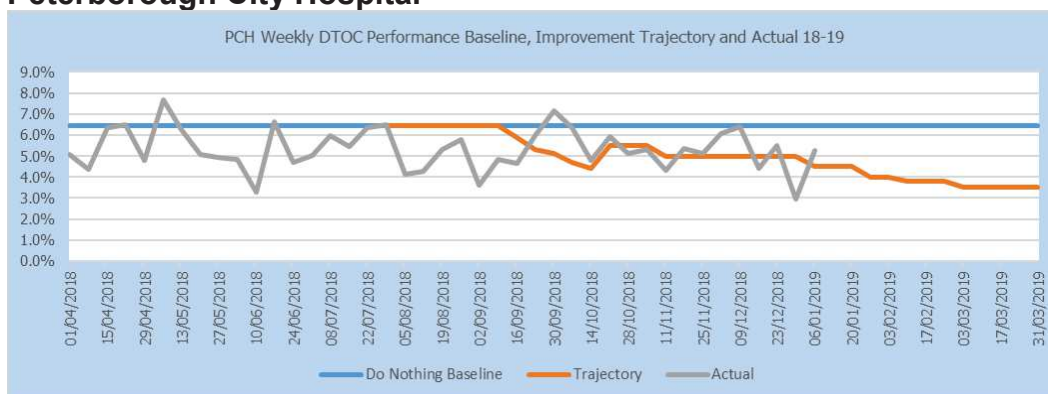


Excellent performance from the CUH IDS with a high level of focus on proactive referrals prior to Christmas achieving a DTOC rate of 3.5%. Although there has been an increase in DTOC numbers post-Christmas, performance remains good.

### North West Anglia Foundation Trust Hinchingbrooke Hospital

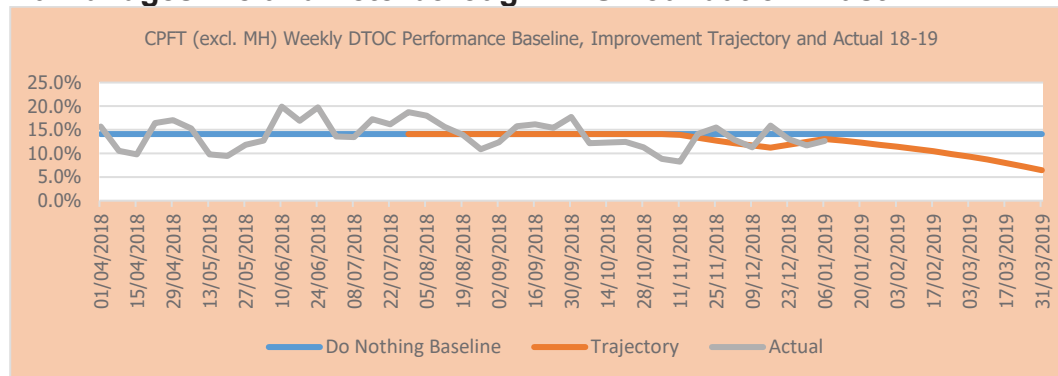


### Peterborough City Hospital



The DTOC performance across NWAFT has been above trajectory with a DTOC rate of 11% for HH and 5.5% across PCH. Significant challenges have been faced across NWAFT with IDS implementation due to staffing constraints as well as blockers to SAFER bundle implementation which is highlighted from the outputs of the System KPI report.

## Cambridgeshire and Peterborough NHS Foundation Trust



Performance against trajectory achieved with work ongoing to embed Red2Green, MDT reviews and escalation processes within the Community hub SOP.

### Performance KPI's

As part of the programme reset, operational KPIs were developed and signed off by the HCE on the 21 September. These KPI's are being reported on a weekly basis by CUH, and CPFT and monthly by CHC, PCH, Brokerage and Social Services KPIs are not yet included on a rolling basis, support is requested to com this work by the end of January 2019.

Performance of the acute Trusts against agreed KPIs continues to demonstrate the need for a retained focus across the system on SAFER bundle implementation. KPIs for Expected Discharge Date (EDD) being set within 24 hours of admission, discharges prior to mid-day and discharges on the day of package commencement are not meeting the agreed KPI threshold and are impacting on flow early in the day across the System.

### Extract from Trust KPI dashboard:

Patients are discharged before mid-day	35%	13%	14%	13%	12%	12%	12%
Patients discharged on the day package is due to commence	100%	87%	87%	95%	85%	93%	86%
Patients have an EDD <24 Hours of Admission	98%	92%	94%	95%	91%	90%	95%

### System Escalation

The DTOC Programme Board is meeting every two weeks. Any issues are escalated through the Organisation representative to the CEO.

There are five areas we need to ensure we improve and the STP Board needs to be aware:

1. KPI reporting – there are still significant gaps, each organisation needs to commit to have the data required available for the February STP Board report. **STP CEOs need to**

**review the data supplied to the DTOC Programme Board and ensure all fields are appropriately completely;**

2. Adherence to the Standard Operating Procedure for the IDS – while audits and peer review of the PTL's are taking place, there is some distance between the SOP and the PTL evidence. **STP CEOs need to work with their teams to gain assurance that the SOP is being implemented and used as agreed;**
3. A continued focus on SAFER bundle, red2green and a home first ethos is required from the acute trusts, with specific support required from Medical and Nursing Directors. **STP CEOs need to work with their teams to gain assurance that the SOP is being implemented and used as agreed with Senior Medical and nurse engagement;**
4. Limited capacity of domiciliary care and geographical hot spots of care home provision, a paper will be presented to the Programme Board on Friday 19 Jan 2019 by Will Patten outlining capacity and demand across pathways 1 and 2, for review and planning to fill gaps in capacity identified. **STP CEOs need to review the data supplied to the DTOC Programme Board and plans developed by the group;**
5. Pathway 1 – the simplification and join up of the Home First approach. Health and Social Care need to provide a seamless simple pathway for patients. Test cases to be completed within 2 weeks. **STP CEOs need to ensure they are clear on the Pathway 1 model and that the Chief Nursing Officers lead the onsite pilots.**

### 3. RECOMMENDATIONS

The STP Board is asked to note this report which outlines an update on the DTOC reduction programme and identified risks/requirements.

**14 January 2019**