

Ref	Summary of action	Lead to report back	Measure and trajectory	Actions	By Whom	By When	Update on progress w/e 29/04/16	Tracking RAG
<u>NEW DTOC PLAN V16 29/04/16</u>								
Trajectories:								
May 2016 = 5% (12 DTOCs) review monthly								
June 2016 = 4% (9 DTOCs) review monthly								
July 2016 = 3% (7 DTOCs) review monthly								
Aug 2016 = 2.5% (6 DTOCs) review monthly								
NO. 1 DTOC	DTOC guidance v 1.09 to be reviewed and implement with a standardised approach to DTOC process across the Cambridge and Peterborough system	NB/LCG	Delays to meet the stretch target of 2.5% = 4 patients	Continue to implement system wide approach via UECV Post Hospital work stream and ensure that HHCT is part of the process and devise measures through the working group to ensure that all areas are practising the same.	System wide discharge group LP/CH/PJ/NB	Ongoing NB/LP/CH	29/4/16 Awaiting update from SSRG discussions from Sara RJ	
				Review of readmissions	NB	31/03/2016	29/4/16 Initial reviewing of data and commencement of 'drilling down' in to detail of readmissions that may be linked to discharge and/or admission avoidance.	
				Review the 8 DTOC interventions (2 per meeting)	LP/SP	01/03/2016	29/4/16 4 interventions covered to date with a developing action plan	
				Continue to develop the face to face meetings to work together on the complex patient pathways.	PJ/AE/LD/NC/LP	On-going	29/04/16: Regular electronic updates. Face to face updates twice per week.	
				Validation meeting TOR to be revised by NB/PJ.	Nicky Brady	22/02/2016	29/4/16 NB and NC agreed to streamline attendance - trail for 1 month and update on progress at June meeting. Once agreed revise TOR.	

NO. 2 CHC	Routine & CHC fast tracks process to be simplified and standardised across the local system. Review of current timelines for a fast track.	HHCT Discharge lead (when in post)	Reduce delays in process	Continue to implement system wide approach and ensure HHCT is a key part of the process. Include training for all involved with discharge and engage with CHC team including medical staff for fast tracks.	Nicky Brady	31/03/2016	1/3/16 NB has made contact to commence discharge training within current training days at HHCT. DPAs have attended training and are sharing their knowledge with the MDT. 18/3/16 CHC training days valuable CCG system wide.	
				Review of current timelines for a fast track prior to DPSN referral contact by the wards.	Nicky Brady	31/03/2016	Agreed at meeting 21/02/16 and clarified at meeting 1/3/16 the requirement is to track the delays before the fast track is referred to the DPSN's. Case studies commenced; medical decision making and access to community decision making appear to be key.	
				Fast tracks - Collate data for choice of patients to die within hospital or an alternative choice outside of hospital. This requires a baseline and then ongoing monitoring for meeting the patients choice of where to die.	Marion Clarke	31/03/2016	Agreed at meeting 1/3/16 review progress 24/3/16	
NO.3 Discharge plans	Agree standardised discharge plans and implement	Nicky Brady/Paul Johnstone HHCT	95% of patients to have a plan on the two wards.	Build upon the yellow sheets and ensure hospital wide engagement and training with the new format. Snapshot audits of wards at white board meetings by matrons to ensure compliance . Ward sheet as well - yellow forms to be re-defined.	Paul Johnstone/Nicky Brady/Alison Edwards/Marion Clarke/Lucy Davies	30/04/2016	1/3/16 It was agreed to hold a meeting between HHCT, CCC, CPFT to plan linking the CRR to the my discharge plans and the reablement service user files. It was agreed to ensure EC&F are brought in to this to ensure there is one referral process within HHCT. It was agreed to have a prompt meeting with delivery by the end of April 2016. Yellow MDP now being rolled out over 6 weeks commencing 03/05/16 for all patients being referred into the Reablement service.	

				Front of house expansion of my discharge sheets	Marion Clarke	30/04/2016	1/3/16 The FOH team are completing my discharge forms on all over 85's and complex cases under 85 involving one or more agencies involved on discharge. The HHCT discharge planning assistants are to be trained in continued use of the plans on the wards.	
NO. 4 Voluntary services	Review of current arrangements (was to be undertaken by UnitingCare) Social services also undertaking a review	Clare Hawkins / Richard O'Driscoll		Care Network's data against KPI's to be reviewed. CH attending Vol Sector Commissioning meeting on 28/1. Need to undertake local mapping exercise - all agencies involved Business Case for 16/17 has been requested from Care Network	Clare Hawkins	31/03/16	1/3/16 Update to be provided at meeting on 24/3/16 by CH	
NO. 5 D2A	Agree new model for the replacement of beds	Clare Hawkins/ Alison Edwards/ Taneisha Scanlon	Increased use of D2A and number of patients returning to home/usual place of residence		CH/AE/TS	01/03/2016	29/4/16 We are currently reviewing interim capacity with the inclusion of MIDAS and a D2A option for 16/17.	
SAFER								
S - Senior Review	All patients will have a Consultant Review before midday.	Paul Johnstone HHCT		Data required to support progress or issues	Paul Johnstone/Ann Senior/Nicky Brady	31/05/2016	15/4/16 Weekly meeting reviewing SAFER implemented. Agreed metrics are at individual ward level informatics developing the automation of measures. Update to be divided at May meeting.	
A- All patients to have EDD	All patients will have an Expected Discharge Date	Paul Johnstone HHCT		Data required to support progress or issues	Paul Johnstone/Ann Senior/Nicky Brady	31/05/2016	15/4/16 Weekly meeting reviewing SAFER implemented. Agreed metrics are at individual ward level informatics developing the automation of measures. Update to be divided at May meeting.	

F - Flow	Flow of patients will commence at the earlier opportunity (by 10am) from assessment units to inpatient wards.	Paul Johnstone HHCT		Data required to support progress or issues	Paul Johnstone/Ann Senior/Nicky Brady	31/05/2016	15/4/16 Weekly meeting reviewing SAFER implemented. Agreed metrics are at individual ward level informatics developing the automation of measures. Update to be divided at May meeting.	
E - Early discharge	Early discharge, 33% of our patients will be discharged from base inpatient wards before midday. TTO's (medication to take home) for planned discharges should be prescribed and with pharmacy by 3pm the day prior to discharge wherever possible to do so.	Paul Johnstone HHCT		Data required to support progress or issues	Paul Johnstone/Ann Senior/Nicky Brady	31/05/2016	15/4/16 Weekly meeting reviewing SAFER implemented. Agreed metrics are at individual ward level informatics developing the automation of measures. Update to be divided at May meeting.	
R - Review - LOS	Review, a weekly systematic review of patients with extended lengths of stay (> 14 days) to identify the issues and actions required to facilitate discharge. This will be led by clinical leaders supported by operational managers who will help remove constraints that lead to unnecessary patient delays.	Paul Johnstone HHCT	Numbers to reduce to 95% with LOS <23 midnights. 24/11/15 = 72. Longest LOS 60 days.	Weekly meeting Tracking of numbers of LOS Review of longest length of stay patients in detail Engagement with system on current issues Trial commenced holding LOS meeting on the wards using white board 15/12/15	Paul Johnstone/Ann Senior/Nicola Brady	30/04/2016	15/4/16 Mon - Fri daily reviews of LOS plus red and green days implemented. NB to update with progress on 29/4/16 On-going review of current process and practices in line with ECIP quick guide. Update to be provided at each DTOC meeting (NB).	
Step down from interim beds	Produce a process for patients in interim beds to support stepping into social services	Carol Bargewell/ Nina Cosburn	Process to be agreed and monitored	Agreed by Vicky Main to develop the process to ensure rapid exit from interim nursing beds once nursing issues resolved.	Carol Bargewell/Nina Cosburn	21/03/2016	VB carries out validation on interim beds weekly. Agreed to change to green 21/04/16. Question: Has the process been formalised now?	
Delirium pathway		Liz Phillips		Review good practice with ECIP Agree pathway for in hospital and for discharge once reviewed and agreed	Liz Phillips/Marion Clarke/Vicky Main/Nicola Brady	30/06/2016	29/4/16 Report to be written reflect PDSA pathways in February to plan for future support. LP/Vanessa Bunn	