

## 1. Complex Discharge Processes – **UPDATED 12.4.16**

<b>Overall Lead (s)</b>		John Martin (CUHFT), Julie Frake-Harris, (CPFT)						
<b>Key Performance Indicators</b>		<ul style="list-style-type: none"> <li>a. Total bed days lost to assessment or lack of choice policy</li> <li>b. Discharge notification sent 48 hours before CFD</li> <li>c. Number of patients with over 14 day LoS</li> <li>d. Average LOS in community beds reduced to 21 days by 1/8/15 &amp; 19 days by 30/9/15</li> <li>e. No. of readmissions to acute reduced</li> <li>f. No of DTOC</li> <li>g. Reduction in excess bed days</li> </ul>						
Serial	Project / Task	Due Date	Responsible Lead	Key Risks / Issues	Comments	RAG Rating	KPI	Impact Capacity
5.1	Embed the Choice Policy within CUHFT							
5.1.1	Monitoring of choice policy use via PTL	01/11/2015	Jenny Abel	11/4/16 – not seen effect of Choice Policy – need to understand when families have declined more than 1 home.	16/10/2015 - New data analyst tasked to introduce two new codes to the PTL process to identify choice policy use and non-use where appropriate. 25/11/15 JM to chase Jenny for update, manual update currently - codes to be in place 01/01/15 15/01/2016 - Choice policy codes added to PTL and monitored daily 11/4/16 – To review CUH Choice Policy against ECIP national Policy. Confirmation that out of county trusts to hold interim beds for 5 days.		Code appearing in daily PTL output	Minimal – no impact from OOC.
5.1.2	Engage with clinical areas where choice policy has not been used	01/11/2015	John Martin	Staff engagement	16/10/2015 -Once report in action 4.2.4 is operational this will form the basis of discussions for this action. 27/11/15 - Individual wards are contacted following PTL, dependent		Decrease in number of times choice policy	

					on above action for automation. Only one code for choice on PTL currently, JM driving use of policy. 15/01/16 - Choice policy code now used and daily actions sent to ward managers. 11/4/16 – G6 codes don't always mean patient needs a choices letter.		not used where it should have been (via PTL)	
5.1.3	Introduce information booklet across the Trust early in patient pathway outlining discharge process	01/12/2015	Jenny Abel	Booklet not used by patients	16/10/2015 - booklet written by DME consultant, awaiting comments from reader panel 27/11/15 - JM chased Sharon McNally - still at reader panel. 15/01/16 - Booklet approved by reader panel and now being trialled within DME, F6 and Level 8 under guidance of Karen Kenwood 11/4/16 – Booklet piloted and approved by reader panel / document library. With procurement but discussions around printing costs.		Number of booklets produced	
5.2	Review DTOC process within organisations							
5.2.1	Process to review all patients staying over 14 days past CFD.	On-going.	John Martin	Engagement from other provider organisations in review	16/10/2015 weekly review in place with system escalation call to resolve issues chaired by CCG. 27/11/15 - Process in place, JM to look at stats now we have a trend worth to establish position and report back to PFP 15/01/16 - Number of stranded patients on the weekly operational taskforce report		Number of pts over 14 days Length of Stay	11/4/16 – high impact when process carried out robustly

					11/4/16 – Now looking at patients over 7 days. DPSN team now fully staffed allowing more impact through case management.			
5.2.2	Maximise CFD accuracy	01/01/2016	John Martin	Clinical engagement	<p>16/10/2015 ECIP review undertaken highlighting variability in CFD setting. Metric established within Epic. Next steps to be a clinical challenge event from ECIP.</p> <p>27/11/15 - workshop delayed</p> <p>15/1/16 - Clinical challenge events held by ECIP on the 11th December.</p> <p>20/1/16 - CFD in the past highlighted and monitored with the operations centre</p> <p>11.4.16 – Trust analysis shows CFDs are still moving. ECIP have challenged – review ECIP findings including CFD versus MFD.</p>		CFD accuracy metric improvement	
5.2.3	Completion of discharge notification 48 hours prior to Clinically Fit Date	01/01/2016	John Martin	Clinical engagement	<p>16/10/2015 Metric established and to be included in nursing and medical ward flow project.</p> <p>15/01/16 - Update given to senior nurse briefing on XXX and weekly delays attributed to wards and circulated to management teams</p> <p>15/01/16 - DPSN now attending PTL to coach named wards</p> <p>11.4.16 – Info shared at nursing briefings. Need to look at how to use the data to show trends and impact. JA/KW to discuss notification process further to understand what</p>		48hr notification metric improvement	Some impact

					is helpful and useful. Ensure CSR processes are timely and effective.			
5.2.4	Review of reablement referrals prior to discharge	01/04/16	Margi Fosh?		Agree process with reablement team to ensure regular review of reablement referrals to ensure correct package is provided on discharge.			
5.2.5	Develop use of equipment to support single handed care	1/4/16	Jenny Abel, Sharon McNally		Agree trust approach to assessment, prescription and use of moving and handling devices such as Molift to reduce double up care on wards and in community			
5.3	Develop Discharge planning Pathways on Epic and improve information provided on referral to community / discharge							
5.3.1	Revise training material for discharge planning and incorporate in rolling training programme.	01/12/2015	Jenny Abel	Availability for training	<p>16/10/2015 New EPIC system live requires a refresh of training material. Increase in DPSN capacity allows more opportunity for clinical training</p> <p>27/11/15 JM to chase JA for update (Katie Wilson) for an update on output and impact</p> <p>20/01/16 - New guide to discharge in place</p> <p>20/01/16 - Local ward training started by named DPSN</p> <p>20/01/16 - New discharge planning manual in development</p> <p>20/01/16 - Strategy for training from 1st April</p> <p>11.4.16 – Training manual being prepared. Weekly rolling training programme being implemented around key topics. Some teaching</p>		Number of training sessions delivered	

					for junior doctors. Discussed possibility of including discharge planning training in annual refresher course – already a packed programme so will not be possible.			
5.3.2	Ensure ward actions are completed	01/11/2015	Jenny Abel		16/10/2015 Virtual PTL in place on a daily basis which highlights ward actions to managers. Agreement with senior sisters that in-complete ward actions will be a metric monitored through the CNO. 27/11/15 - Process in place that highlights number of O/S ward actions that arrive on ward daily. Monthly the performance is a senior nursing metric. Some ward action remains incomplete, but handed over as business as usual to be picked up in Chief nurse office. and divisions. To be highlighted at the next PFP 20/01/16 - Monthly nursing metrics in place and ward manager briefing held (currently 43% of actions overdue by 1-3 days)		Decrease in number of outstanding ward actions	

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5.3	Discharge Team							
5.3.3	DPSNs move from Long Road to	01/01/2016	Jenny Abel	Finance	16/10/2015 Awaiting costings		Move to long	Estimates

	CUH				from submitted specification 20/01/2016 County Council IT link being installed 20/01/2016 Awaiting final information from estates 11/4/16 – No IT in place and no funding to cover the move.		road	show that approx. 1 day per week is lost in time spent walking between sites.
5.3.4	Recruit additional DPSN	01/12/2015	Jenny Abel	Finance Recruitment process	16/10/2015 Additional post agreed at T3 and now with recruitment for advertising 27/11/15 - 4/5 in post, 5th position shortlisted and expected to be in post in next few months. 20/01/16 - Final position recruited to and due to start 20/2/2016 11/4/16 – DPSN team currently fully staffed but need to recruit to band 6 and 7 posts due to staff leaving – band 6, end April, band 7 end May/June.		Establishment	
5.3.5	Team development & role definition	30/11/2015	Jenny Abel	Away day impact on assessment Turnover of staff	16/10/2015 Team meetings instigated including a wider team meeting for SAFE and START. Full team building day for the DPSNs planned for November to establish team vision, shared goals and to set foundations on which to improve practice. Identification of individuals for specialist interest areas 27/11/15- Away day held, high	<b>Complete</b>	Attendance at team development sessions / team meetings	

					attendance. Clear objectives agreed, CLOSED. 20/01/16 - Evaluation of day completed			
5.3.6	Review capacity to support self-funder discharge following termination of CHS contract from 1st December	30/11/2015	Jenny Abel	Finance if new post required	16/10/2015 Scoping exercise started off number of patients impacted and alternative models of support 27/11/15 - pilot scheme developed with CCG and CCC for self-funders to be discharged home with care for assessment/placement - due to go live with pilot in Dec. Add milestone to consider pilot results Other option is to employ a home finder but awaiting pilot progress and development of business case (leave action open) 20/01/16 - Live-in care package live which is open to self-funders. Review in Feb 2016 11/4/16 – Number of self-funders has not increased following termination of CHS contract. Reduction in Midas capacity may cause self-funder delays to increase.	in progress	Number of delayed self-funders	
5.3.7	Review pilot for self-funders	30/03/2016	John Martin		20/01/16 - Full capacity used 11/4/16 – JM/JA/EH/SRJ to review Midas capacity to end March.			

5.4	Discharge summaries & Fast track patients							
5.4.1	Ensure that discharge processes (including discharge letters to GPs) for end of life patients are effective and delay free.	30/11/2015	Jenny Abel / Palliative Care	System wide dependencies for delays outside of C'shire	Q7.3 CQC response 25/11/15 - JM update- audit undertaken of previous fast track discharges and presented to Camb'shire IC board (Oct 15). Change in bleep holding provision for fast track. Issues highlighted in Minutes. Next steps - DPSN need to available 7 days a week (separate milestone) due March due to consultation period. Majority of delay is system delay. JM to revisit audit and chase actions via the IC meetings. Update due end December 2015. 20/01/2016 - ICB disbanded following UnitingCare closure 20/01/2016 - Further audit underway to monitor change 11/4/16 – JA/EH to review data for fast track patients who were discharged with Midas based on time stamps in the pathway.		Fast-track patient time to discharge	
5.4.2	Ensure that there is effective communication with community sources to ensure "fast track" discharge of patients.	30/11/2015	Jenny Abel		22/10/2015 Daily operational discharge call		Fast-track patient time to discharge	
5.4.3	Ensure that discharge summaries are well written and contain the right level of information.	31/10/2015 - moved milestone to 20/12/15 for	John Firth / Rosemary Wade / Afzal Chaudhary	Staff engagement	22/10/2015 Discharge summary monitoring by divisions in place 26/11/15 - JM writing report to summarise GP complaints and		Discharge summary completion	



		initial review of what well written looks like			EPIC, and then deliver a set of standards written with John Firth so CUH can audit. Actions are JF to agree standards for discharge summary (waiting response from e mail) TW to move milestone.		Discharge summary audit	
5.4.4	Develop 7 day working for discharge planning, starting with fast track patients	01/03/2016	Jenny Abel	Staff consultation Number of Staff	22/10/2015 Requirement for new starters 20/01/2016 - Consultation document in production 11/4/16 – internal discussions taking place regarding weekend cover (2 nurses working to hold the bleep) but needs reciprocal approval – Gill Kelly. Consultation documentation to be circulated to relevant staff. D Oades-Wells/CHC team to review – look at possibility of delegating commissioning authority to DPSN team over weekends – JA to take forward.		Rota cover for 7 days Fast-track time to discharge	
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5.5	Community Based Bed Capacity							
5.5.1	Increase bed provision at Community Hospitals through reducing DTOCs and reducing lengths of stay leading to an increase in the equivalent of 50% additional spells	01/10/2015	CPFT	Availability of long term placements/care support	Monitoring systems in place and DTOCs reported	On track	d	100 bed equivalent across Cambridgeshire and Peterborough
5.5.2	Provide an additional 16 beds in	01/10/2015	CPFT		8 beds open, 4 additional beds	In	C / f	16

	Byron B				open mid-October, and a further 4 by end of October. Staff recruitment at 50% of posts required	progress		
5.5.3	Extend hours of admission, including at weekends	14/11/2015	CPFT		Develop admission protocol for OoHs to include clerking		c/ f	
5.6	Discharge planning							
5.6.1	Revise escalation process	01/11/2015	CCG		11.4.16 - Updated policy presented to Regional UECN meeting for comment and approval.	In progress	g	8 bed equivalent across Cambridgeshire and Peterborough
5.6.2	Create and implement Discharge protocol	01/11/2015	CCG		11.4.16 - Discharge protocol workshop held February 2016. Draft protocol circulated and comments received.	In progress	g	
5.6.3	Agree discharge pathways	16/11/2015	UCP		Process started and aimed to finish end November	In progress	g	
5.6.4	Developing and agreeing the dataset and performance monitoring framework	16/11/2015	UCP			In progress	g	
5.6.5	Recruitment of additional Care Manager for START	29/11/2015	Carol Bargewell		appointment successful, awaiting start date		f/g	
5.6.6	Minimum staffing during Winter set at 75% of team capacity	Immediate	Carol Bargewell			On track	f/g	
5.6.7	Transfer management of interim beds to Brokerage	30/10/2015	Richard O'Driscoll		Will improve flow and management oversight	On track	f/g	
5.6.8	Implement findings of reablement Review	31.03.16	Richard O'Driscoll		Will increase capacity and enable re-positioning of the service to focus on prevention and admission avoidance.	On track	f/g	
5.6.9	Re-commission 5 Reablement flats previously funded through the DTOC Grant	30.10.15	R.O'Driscoll	Fluctuation in demand	11/4/16 – Reablement flats commissioned until end September 2016.	On track	f/g	

5.6.10	Maintain 7 day working of the Discharge Planning team	On going	Carol Bargewell		Voluntary arrangement, planning for more robust arrangements underway. 11/4/16 – Consultation in progress and good response from staff to date. For final implementation 1/5/16.	On track	f/g	
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