NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title:	**Governing Body in Public**				**Date: 3 September 2019**			
Report Title:	**Delayed Transfers of Care Programme Update**				**Agenda Item: 5.3**			
Chief Officer:	Sue Graham, SRO Performance and Delivery (Deputy COO)							
Clinical Lead:								
Report Author:	Sara Rodriguez-Jimenez, DTOC Operations Lead							
Document Status:	Final							
Report Summary:	The purpose of this paper is to provide an update of work completed across the Delayed Transfers of Care (DTOC) Programme over the past 12 months.							
Report Purpose:	**For Assurance**	**X**	**For Decision**		**For Approval**		**For Recommendation**	
Recommendation:	Note the progress made to date in improving system wide performance through reduction of Delayed Transfers of Care (DTOC).							
Link to Corporate Objective:	**1 – Ensure clear patient voice in everything we do**							**X**
	2 – Deliver improvements that make best use of the public pound and save system 'cost'							**X**
	3 – Use data and information to prove everything							**X**
	4 – Deliver the prioritised performance standards							**X**
	5 - Deliver the 6 transformation programmes							
	6 – Deliver the CCG Financial Plan							
CAF (Strategic Risk) Reference	**Description of Risk**							**Current Risk Score**
CAF 02	Failure to achieve the 2019/20 planned deficit of £75m as agreed with NHS England.							20 (R)
CAF 08	Failure to address patient flow in hospitals and meet the locally mandated length of stay targets.							12 (A)
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**							
	IAF 2 Domain 2 - Better Care				**X**			
	IAF 3 Domain 3 - Sustainability:				**X**			
	IAF 4 Domain 4 - Leadership				**X**			
Resource implications:	Nil							
Chief Officer/ SRO Sign Off:	Sue Graham							
Chief Finance Officer Sign Off: (if required)	N/A							
Legal implications including equality and diversity assessment:	*Nil*							
Conflicts of Interest	Nil							
Report history:								
Next steps:	Continuation of DToC programme activity							

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MEETING: **GOVERNING BODY IN PUBLIC**

AGENDA ITEM: **5.3**

DATE: **3 SEPTEMBER 2019**

TITLE: **DELAYED TRANSFERS OF CARE – PROGRAMME UPDATE**

FROM: **SUE GRAHAM**
SRO PERFORMANCE AND DELIVERY (DEPUTY COO)

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1 ISSUE

1.1 The Cambridgeshire and Peterborough system has particularly high levels of Delayed Transfers of Care (DTOCs) compared to other health and care systems. Consequently, patients are staying too long in hospital, and often beyond the point at which they are medically optimised to be discharged.

1.2 The DTOC reduction programme was re-set in September 2018 following review and sign off by the Health Care Executive (HCE). The aim of the re-set was to:

- 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 (KPIs) for each provider organisation;
- Use KPIs and performance management metrics to drive organisational ownership and accountability for specific elements of the DTOC reduction programme and workstreams;
- 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
- Support transformation across the pathways and operational processes to improve effectiveness, efficiency and quality of Complex Discharge process and Discharge to Assess Pathways.

2 KEY POINTS

2.1 As a result of the extensive work delivered by system partners under the leadership and support of the CCG, improvements in outcomes and performance have been achieved as follows:

2.1.1 People

- Brought in additional capacity dedicated fully to support delivery of the programme in each acute and community (3 full time Integrated Discharge Service Leads);

- Delivered a comprehensive training programme over late spring and summer open to all operational staff in provider organisations including local authority. The programme covered key discharge planning topics to include gathering the patient history upon admission, understanding choice and managing difficult conversations with patients and families, and understanding community pathways and the opportunities and benefits offered by discharging patients when clinically fit to complete further assessments at home or alternative community setting as appropriate;
- Started to change the focus of daily MDT discussions to focus on the patient rather than individual teams or organisations. As a result, we are starting to see true examples of practical decisions made by operational teams based on what is best for patient outcomes rather than focusing on the limitations imposed by individual organisational frameworks.

2.1.2 Processes

- Robust governance structures in place to oversee delivery of the programme and ensure clear lines of accountability and responsibility. There is a programme board in place with senior level representatives (COO level) that meets monthly; supported by an Operational Leads Group that meets weekly and ensures practical delivery and oversight of programme objectives;
- Set up Integrated Discharge Hubs in each acute with daily Multi Disciplinary Team (MDT) "huddles" to enable teams to discuss patients requiring support in real time and speed up decision making to facilitate prompt patient discharge;
- Achieved consistent application of DTOC coding and reporting across acute hospital trusts and a consistent approach to DTOC validation;
- Set up clear programme KPIs and streamline system reporting of DTOC;

2.1.3 Pathways

- Implemented trusted assessor / assessment approach to speed up transition from acute to care homes, from Intermediate Care to long term care supported by social care services, and from acute to community inpatient beds. This has reduced delays in handover between services;
- Successfully delivered a double up pilot at CUHFT showing significant reduction in size of support care packages upon discharge from hospital (further roll out to other hospitals is in progress);
- Implementation of Care Needs Test and reduction of discharges through inappropriate pathways with better patient experience;
- Support for self-funders (previously by My Care Select, will be picked up by the local authority run brokerage team from September) to help them navigate the care market and chose appropriate care.

2.1.4 Performance

- Continued emphasis on implementation of SAFER in acutes and community units with closer links developed between different programmes designed to improve and sustain patient flow (front door to discharge);
- Improvements in performance with PCH achieving and surpassing the 3.5% DTOC national performance standard over the past few weeks (July 2019). CUHFT reached 4% and although over the past few weeks have experience a minor setback, they are on track to get back to target. Hinchingbrooke hospital have remained a bigger challenge, partly due to delays in the launch of the IDS Hubs and lack of sufficient dedicated capacity in the discharge planning team;

- Reductions in length of stay are starting to be seen in the acute hospitals and community beds. We are yet to make this a consistent and sustained achievement, but early indications show that the new processes and approaches are starting to deliver results.

2.2 In order to build on the momentum achieved over the past 12 months, the programme board and operational leads will continue to work at pace. The programme focus over the next two months will be on the following:

- Continue to drive implementations of effective IDS Hubs and escalate / resolve any issues as they arise;
- Develop simpler and robust care pathways for the safe discharge of patients presenting with slow resolving delirium and non-weight bearing respectively;
- Develop and deliver a comprehensive winter plan for discharges that provides the system with additional steps – beyond BAU- to increase our resilience over the winter months;
- Drive full implementation of appropriate escalation procedures to include the agreed protocol for the spot purchasing of additional capacity under system wide escalation;
- Working with voluntary sector organisations and secure their proactive and meaningful participation in daily operational MDT discussions to support patient discharges and enhance the choice of services available to our patients as appropriate.

2.3 Performance Reports:

The table below is from validated monthly data published nationally: the latest validated and published data is June 2019. Weekly provider data which is utilised at a local level for operational reporting shows further improvement in performance at PCH in July to 3.5% average and 4% maintained at CUHFT.

Director / SRO	Indicator	Provider	Target / Threshold	Previous 6 months: Earliest					Latest	Latest month	c/w same month last year	same month last year	YTD	c/w YTD last year	YTD last year	4 Month Adverse Trend Alert	Latest month is:
Sue Graham	DToC Percentage (DToC bed days/occupied bed days)	CUHFT	3.5%	5.5%	6.6%	5.9%	5.2%	4.6%	4.6%	4.0%		6.8%	4.4%		6.7%		Jun-19
		NWAFT	3.5%	8.0%	8.5%	8.6%	7.7%	5.8%	6.3%	4.6%		7.8%	5.5%		8.0%		Jun-19
		QEH	3.5%	5.6%	2.8%	3.2%	3.9%	2.2%	2.3%	2.9%		3.5%	2.4%		4.1%		Jun-19
		CCG	3.5%	6.4%	6.5%	6.3%	5.8%	4.5%	4.8%	4.0%		6.5%	4.4%		6.6%		Jun-19

3 RECOMMENDATION

3.1 The Governing Body is asked to:

- Note progress made to date in reducing DTOC;
- Continue to support and champion the implementation of system actions to ensure patients leave hospital as soon as they are medically optimised and safe to do so.

Author *Sara Rodriguez-Jimenez*
DTOC Operational Lead
29 August 2019