

Report to Health and Care Executive: 31 October 2018

<b>Agenda item:</b>	1.2		
<b>Title:</b>	Delayed Transfers of Care		
<b>Lead:</b>	Jan Thomas		
<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:</p> <ul style="list-style-type: none"> <li>• Provide an update so far on the DTOC reduction programme</li> <li>• Provide an overview of the next steps for November 2018</li> </ul>
<b>The board is invited to:</b>
<p>The Health &amp; Care Executive are asked to note the progress of the DTOC reduction programme and next steps for November 2018.</p>

**1. INTRODUCTION / BACKGROUND**

On 21 September the Health & Care Executive (HCE) and STP Board (STPB) signed off a re-set of the DTOC reduction programme following a review of lessons learned from the implementation of the '12 week plan'. The root cause issues identified across all organisations through the 12 week plan were:

- Operational: inefficiencies
- Cultural: lack of accountability
- Capacity: transparency and understanding the 'real' problems
- Data and management information: alignment and benchmarking

From 21 September – 19 October there has been a full review of the 12 week transformation plan, which has now been superseded by an ongoing DTOC transformation plan and a realignment of the governance structure.

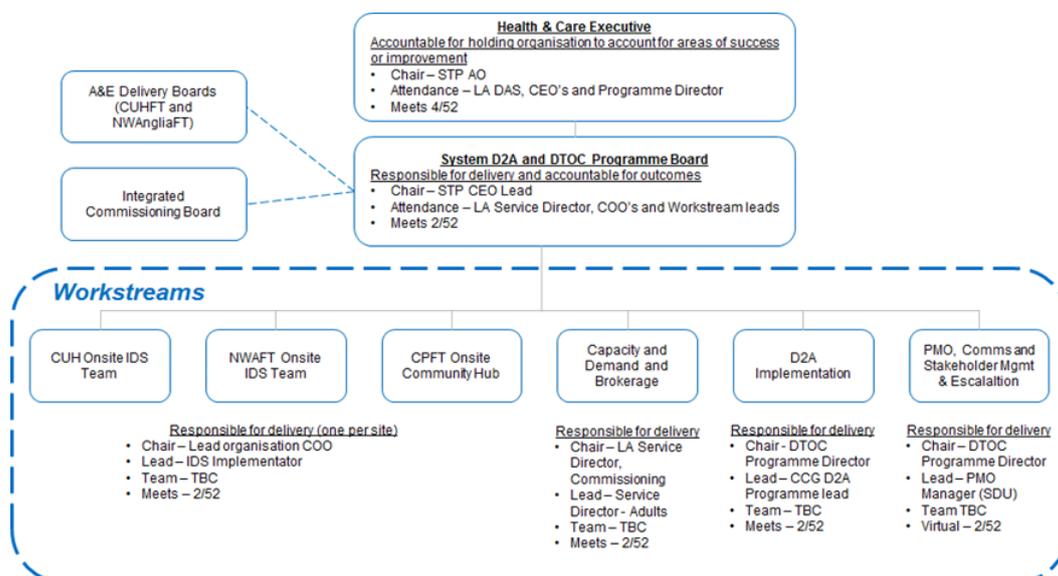
The focus and ethos of the ongoing DTOC reduction programme is to;

- Provide organisations with a clear view of their individual performance across their delivery elements of the discharge pathway;
- Identify where there are issues/system blockers; and
- Support transformation across the pathways and operational processes to address these.

At the forefront of the plan is the requirement for organisational ownership and accountability, whilst continuing to deliver integrated working across the organisational interfaces in the patient's discharge pathway. Thus, improving patient outcomes and patient experience by improving the timelines of discharge via the appropriate pathway of support and care.

To support the re-set of the programme and delivery of the plan, a new governance structure has been established;

- Newly identified Director of Discharge Transformation (Sue Graham)
- Discharge Programme Board established with membership comprising of organisation COOs and Jan Thomas as chair
- Six workstream groups have been established to report into the Discharge Programme Board (see below for revised governance structure)



## 2. REPORT

The DTOC reduction programme has seen good progress over the system since the reset on 21 September. Outlined below are the key actions over the last 30 days, areas of focus in the next 30 days and key risks for each site;

### **NWAngliaFT**

#### ***The last 30 days...***

- The Integrated Discharge Service (IDS) commenced at Hinchingsbrooke on 8 October
- Assessment notification/Discharge notification (AN/DN) forms and discharge process launched across Hinchingsbrooke and PCH on 15 and 22 October
- First draft of the DTOC SOP circulated to members the DTOC reduction programme

#### ***The next 30 days...***

- New DTOC codes to go-live on the system 7 November
- DTOC SOP finalised and sign-off
- IDS dashboard to be produced with subset of delay codes and interval between admission dates and assessment notification submission.

#### ***Risks***

- Difficulties with Hinchingsbrooke reporting against the KPI's due to lack of IT infrastructure
- No senior representation at the Discharge Programme Board or running workstream meetings.
- Limited visibility of SAFER relaunch; the plan is lacking detail, timelines and accountabilities.

### **CUHFT**

#### ***The last 30 days...***

- Workstream commenced on 12 October, weekly meeting dates in the diary to ensure pace
- The AN/DN forms currently in the 'playground' on EPIC for user testing
- Implementation of daily Hub huddle to discuss all patients line by line

#### ***The next 30 days...***

- New DTOC codes set to launch on 2 November
- The new AN/DN forms to launch at the beginning of November, once user testing is complete
- Update IDS training materials to reflect the IDS and D2A pathways

#### ***Risks***

- Limited visibility of SAFER relaunch; the plan is lacking detail, timelines and accountabilities.

### **CPFT**

#### ***The last 30 days...***

- First MADE event within the community held 15-19 October with fantastic representation from system partners
- Implementation of Red2Green (R2G) in pathways 1 and 2 has begun, to be finalised by 12 November
- SOP for D2A pathway 2 delivery has been produced and is ready to mobilise from 2 November

#### ***The next 30 days...***

- Outcomes of MADE event to be pulled into a report and distributed across the system by 16 November
- Develop robust management structure for ICT to manage JET ICWs by end of October
- Cambridge, Peterborough and Hunts teams to trial application of R2G and SAFER by 2 November

**Risks**

- Transfer of Patient Transfer List (PTL) onto SystemOne delayed due to continued work with clinical systems

**Brokerage**

***The last 30 days...***

- Cambridgeshire County Council produced report on Domiciliary Care capacity and demand needs and shared with Discharge Programme Board on 17 October.
- Meeting between Director of Discharge Transformation and new interim Head of Brokerage on 18 October to provide full briefing of workstream requirements and programme review.

***The next 30 days...***

- Domiciliary Care capacity and demand needs report to be expanded to include health care capacity and demand for Domiciliary Care.
- Comprehensive Integrated Brokerage plan to be produced and shared with the DTOC reduction programme for inclusion in system plan.
- Set up weekly Demand, Capacity & Brokerage workstream meetings to ensure pace

**Risks**

- Integrated Brokerage plan not yet shared with DTOC reduction programme; no visibility of programme.

**D2A**

***The last 30 days...***

- Pathway 1: Capacity and demand modelling of pathway 1 commenced with review of pathway.
- Pathway 2: Commissioning of private beds underway
- Pathway 2: SOP finalised and will go live across CPFT on 2 November

***The next 30 days...***

- Pathway 1: Meeting planned with SDU HR lead to work through a flexible workforce model for therapy
- Pathway 1: Meeting with GP leads for primary care engagement
- Pathway 2: Finalise system-wide approval and launch of non-weightbearing (NWB) pathway in November

**Risks**

- Pathway 3: No plan with time frames and accountabilities received for this pathway. Due to complexities, this pathway is not due to launch until after Christmas 2018

In addition to the areas outlined above, the key actions identified within the peer review action plan have been captured within the DTOC reduction programme plan to ensure consistency.

**KPI Management and Analytics**

- KPI's received sign-off by the Discharge Programme Board on 5 October
- The CCG will continue to lead on DTOC and stranded patient reporting for the programme and system
- Gathering of data commenced. Some challenges with reporting, particularly at Hinchingsbrooke, due to manual processes in place

- Specifications for daily, weekly, monthly and annual performance reports developed by Greg Lane/Sue Graham and signed off by the programme board
- System partner informatics teams will submit data to the CCG as per agreed specifications: Local Informatics Leads
- Performance management reports will be developed weekly for review at the IDS weekly operations and performance management calls
- Monthly reports will be circulated at the Programme board for review of performance, identification of issues and mitigations
- High level exception and escalation reports will be developed for the CEO group meetings
- Continuous review of the Programme Plan in the weekly workstream meetings to ensure pace and delivery

### Upcoming Key Milestones

Please see below for upcoming milestones and their progress over the next 30 to 60 days;

Workstream	Milestone	Due Date	Progress
1.1: Delivery of IDS at NWAngliaFT	Integrated discharge service comprising all on-site system partners, with daily board round presence and proactive case management to support all complex discharge pathways.	31/10/18	A
	Update NWAngliaFT discharge policy	30/11/18	G
	Revise NWAngliaFT extranet discharge pages	31/10/18	G
1.2: Delivery of Integrated Discharge Service	Integrated discharge team development	30/11/18	A
	Development of trust action plan post KPMG audit	30/07/18	R
	Implement new DTOC Codes across the system	02/11/18	G
	Playground rollout of new referral forms on EPIC to identified system partners	29/10/18	G
2.2: CHC	<b>MILESTONES HAVE NOT BEEN FORMALLY SET</b>		R
3.1: Refocus on SAFER/R2G in NWAngliaFT	Refocus on SAFER/R2G in NWAngliaFT	30/11/18	A
3.2: Refocus on SAFER/R2G in CUHFT	Relaunch SAFER within 8 wards identified by the Inpatient Flow Group	09/11/18	G
	Ensuring the relaunch of SAFER across CUH is implemented	10/12/18	G
3.3: Robust operational management (inc. SAFER) in CPFT	Ensure that the principles of SAFER are implemented with R2G in Pathway 1 (home based ICT)	07/11/18	G
	Ensure that the principles of SAFER are implemented with R2G in Pathway 2 (bed based ICT)	31/10/18	G
	Development of Pathway 1 (home based ICT)	31/10/18	G
	Patient flow in Pathway 1 (home based ICT)	31/10/18	A
	Patient flow in Pathway 2 (bed based ICT and health interim beds)	01/11/18	G
	Patient flow in Pathway 3 (4Q's)	05/11/18	G
3.5: Oversight of OOC DTOC C&P Patients	Ensure that DTOCs at QE hospital are monitored and managed	25/10/18	G
	Pull together out of counties escalation plan (West Suffolk, Essex, Lincolnshire, Norfolk)	09/11/18	G
4: Implement Discharge to Assess	Improve processes at point of discharge	07/09/18	R
	Empower nurses and drive / champion ward manager ownership and accountability. Having clinical ownership in each of the acute Trusts.	07/09/18	R
	Delegating decision making to IDS hub	07/09/18	R
	Implement D2A Pathway 1	01/12/18	A
	Implement D2A Pathway 2	01/11/18	G
	Implement D2A Pathway 3	02/01/19	R
	Proactive patient flow management in all community beds to reduce LoS and DTOC	Ongoing	A
	Stakeholder Communications - staff relaunch D2A	31/10/18	A

	Workforce development in D2A pathways	30/11/18	A
	A full Integrated Brokerage Programme to be established	16/11/18	G
	Operationalise Integrated Brokerage Function	16/11/18	A
	Operationalise MyCare Select for self-funders in Cambridgeshire & Peterborough	30/11/18	G
5: Demand and Capacity Modelling	Establish a set of comprehensive metrics to inform and manage discharge planning / DTOCs and support D2A implementation	31/10/18	A
	Understanding capacity in Domiciliary Care	22/11/18	A
	Full disclosure of nursing home capacity and demand programme	Ongoing	G
6: Performance and Reporting (incl. BI)	Ensure that comprehensive system reporting is in place to adequately inform and manage the DTOC process	31/10/18	A
7: Effective partnership working (incl. Programme Comms and OD)	Full engagement with all strategic partners	31/10/18	G
	Ensure regular comms and updates are sent out to system partners including operational staff	30/11/18	G
	Revise existing CHOICE policy	31/10/18	G
	Cross-system organisational development programme that reflects the whole system vision and supports staff in new ways of working	12/18	A

**High-level resource requirements**

Since the reset of the DTOC reduction programme, the following gaps in resource have been identified and require attention to;

- Communications team input across all organisations including the SDU
- BI time to support DTOC and KPI data flows and reporting
- IT/EPIC/Etrack team input for rebuild of systems and process redesign
- Transformation team engagement and alignment with the programme plan: IDS implementation and SAFER relaunch
- IDS lead and Ops team engagement and release of time to deliver transformation/education against plan
- Input and alignment of IDS education leads to support a comprehensive ward based education programme
- Inclusion of CHC and brokerage resource within the IDS model at each site
- Medical Director and Nursing Director engagement
- Support for capacity and demand modeling:
  - Access to required data sets from each provider organisation
  - BI support
  - Time input from Operational IDS teams

As identified in the progress to date and upcoming milestones, the DTOC reduction programme requires time and resource to ensure delivery of key milestones at pace.

**3. RECOMMENDATIONS**

The Health & Care Executive is asked to note this report and provide support for the DTOC reduction programme on identified risks and requirements.

**26 October 2018**