

Report to STP Board: 14 March 2019

Agenda item:	3.2		
Title:	Delayed Transfers of Care		
Lead:	Jan Thomas, Chief Executive, Cambridgeshire and Peterborough Clinical Commissioning Group		
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Report purpose <i>(Please mark one in bold)</i>			
APPROVAL	DECISION	ASSURE	INFORM
Link to STP Priorities <i>(Please mark all applicable in bold)</i>			
AT HOME IS BEST	SAFE & EFFECTIVE HOSPITAL CARE, WHEN NEEDED	WE'RE ONLY SUSTAINABLE TOGETHER	SUPPORTED DELIVERY
Committees/groups where this has been presented to before <i>(including date)</i>			
None			

Purpose of the paper

The purpose of this paper is to provide the Sustainability and Transformation Partnership (STP) Board the following:

- A high-level update of work completed across the Programme since the last update to the Health and Care Executive (HCE) on 12 February 2019;
- A high-level view of the actions and progress against plan for the high impact changes required to sustainably reduce Delayed Transfers of Care (DTC) numbers to 3.5%;
- An overview of the Key Performance Indicator (KPI) reporting: with a request to the HCE to support 'filling the gaps' in reporting;
- A view of revised DTC recovery trajectories; and
- Escalation of key system blockers providing a quantifiable view of the issues for discussion.

The STP Board is invited to:

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

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 HCE. The aims of the programme are 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 (KPI's) for each provider organisation;
- Using the KPI's and performance management metrics, 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. BODY OF REPORT

High Level Programme Update

The DTOC programme continues to be the highest priority for the System. In the last 4 weeks, we have moved forward with the plan as follows:

- In depth work on the capacity and demand analysis for health and social care services to support discharges. The outcomes of this work are due for final presentation at the Programme Board on 8 March 2019;
- North West Anglia NHS Foundation Trust (NWAFT) have restarted and refocused the operational delivery team with changes being implemented through January and February with PCH achieving 3.5% on 22 Feb 2019 and 3.5% on 6 March 2019;
- A review of adherence to the Integrated Discharge Service (IDS) System Operating Procedure (SOP) has been completed. This review revealed the need to revise and amend the SOP with implementation of the changes to operational processes. The following actions are underway:
 - A rapid review of the SOP by the programme board with agreement to implement across the multi-disciplinary teams (MDT) by 8 March 2019;
 - A continued focus on leadership (from across the system) and management of the MDT against the agreed SOP from 8 March 2019;
 - Recruitment of Integrated Discharge Service (IDS) leads for the 3 Acute Trust sites to support the ongoing implementation and operational management of IDS culture, principles, processes and procedures. Recruitment will be completed by 31 March with onboarding of the team taking place through May;
- The DTOC transformation leads are supporting the implementation of the IDS SOP at Cambridge University Hospital (CUH), Peterborough City Hospital (PCH) and Hinchingsbrooke Hospital (HH) until recruitment and onboarding of IDS leads is completed;
- CPFT and Local Authority have agreed to pilot a 'trusted assessor' approach for patients moving from ICT home care pathway into long term domiciliary care to reduce delays in the

transition from intermediate care to long term care. The first pilot will take place in HH and will commence on 13 March;

- New complex discharge referral and management process launched in CUH on 5 March 2019; and
- A Discharge Lead Operational forum has been commenced as part of the governance structure of the Programme and further support agile implementation of operational changes. Terms of reference for this group have been attached.

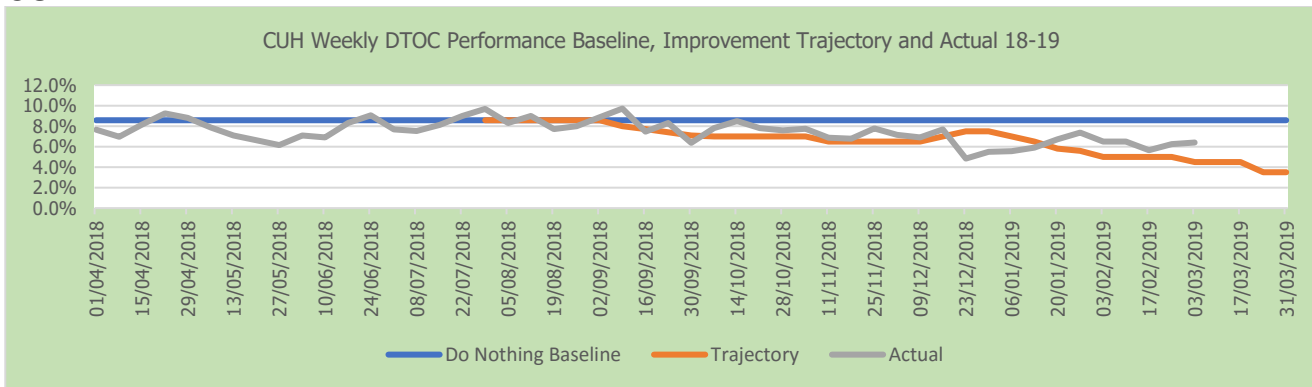
The six critical issues that we need to retain focus on over the next four weeks and get assurance through the DTOC Programme Board that they are progressing are:

- The operational delivery of discharge planning, Red2Green, Long Stay Wednesdays and the implementation of a home first ethos; ongoing;
- Completion and circulation of weekly KPI reporting: by 31 March 2019;
- Implementing and embedding the IDS principles in alignment with the SOP: by 8 March 2019;
- Agreement and implementation of system wide DTOC data validation rules to be implemented across all provider trusts by the 31 March 2019;
- Update of the Programme plan by workstream leads and sign off by executives and the Programme Board: by 13 March 2019; and
- High level agreement on the delivery of Pathway 1: Ongoing strategic level dialogue.

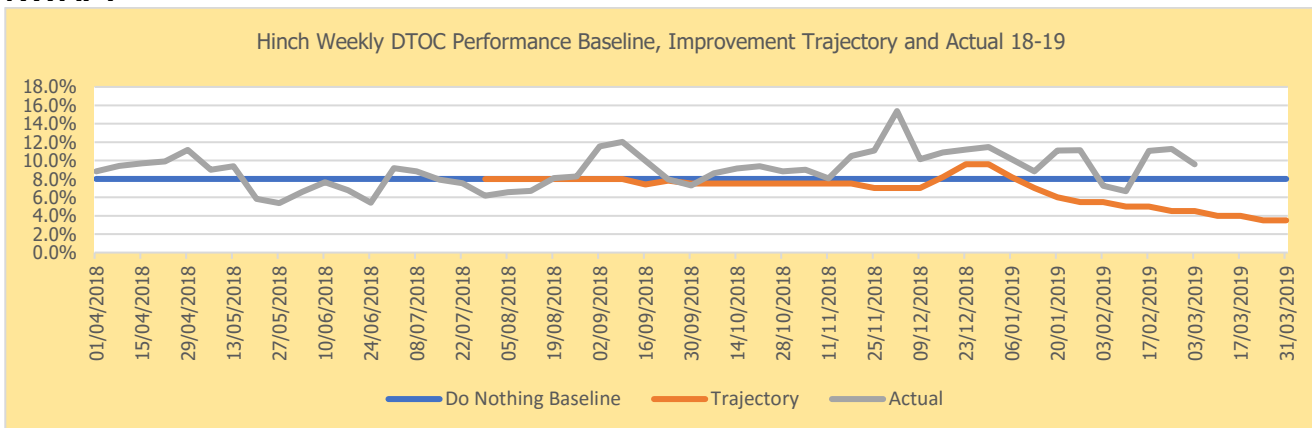
Performance

Updates on performance against trajectory and do-nothing base line (base line pulled from June 2018 DTOC performance data):

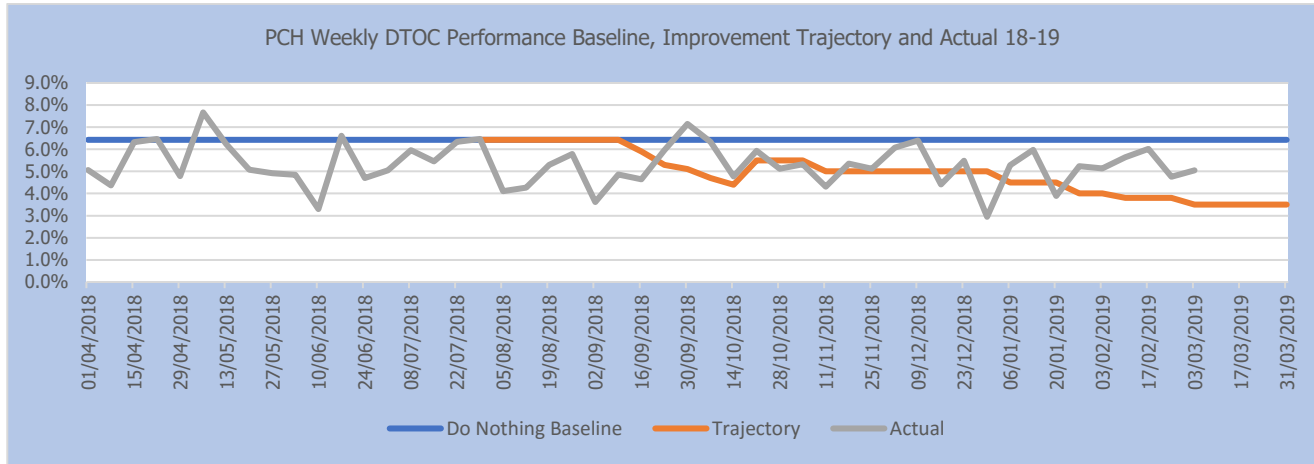
CUH



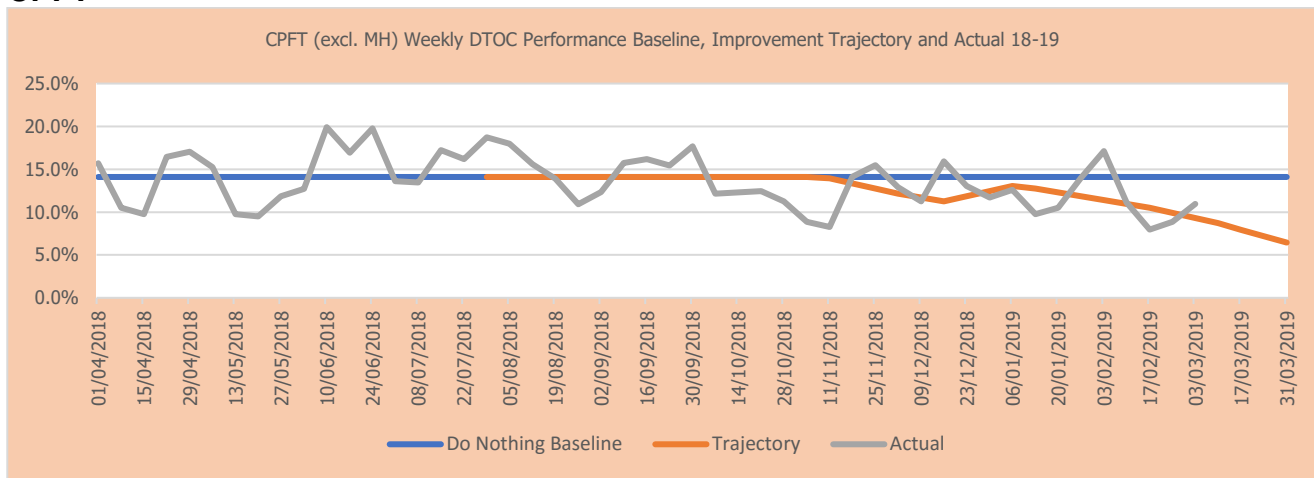
NWAFT



PCH



CPFT



3. RECOMENDATIONS

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

7 March 2019