

Report to STP Board: May 2019

Agenda item:	2.2		
Title:	Delayed Transfers of Care		
Lead:	Jan Thomas, Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group		
Author:	Sue Graham, Programme Director, Cambridgeshire and Peterborough Clinical Commissioning Group		
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
<p>The purpose of this paper is to provide:</p> <ul style="list-style-type: none"> • An update of work completed across the Delayed Transfers of Care (DTC) Programme since the last update; and • An overview of performance against trajectory
The STP Board is invited to:
<p>The Sustainability and Transformation Partnership (STP) Board is asked to consider the following:</p> <ul style="list-style-type: none"> • Continue to support and champion the daily application of SAFER in each acute site; • Encourage and support within individual organisations the implementation of the new System Operating Plan (SOP) and Validation Protocol; and • Encourage and support staff attendance at the training sessions scheduled during May.

1. INTRODUCTION / BACKGROUND

The Cambridgeshire and Peterborough System has particularly 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 in September 2018 following review and sign off by the Health and 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 KPI's for each provider organisation;
- Use 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, 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

Since March 2019:

- Improvements in performance have been achieved by both North West Anglia NHS Foundation Trust (NWAFT) and Cambridge University Hospital Foundation Trust (CUHFT). Peterborough City Hospital (PCH) achieved 3.4% in March 2019, whilst CUH achieved 3.4% for two consecutive weeks in early April 2019;
- Focus continues in the implementation of SAFER in each acute site, with Hinchingsbrooke hospital holding a "Perfect Week" between 13 and 17 of May. The aim is to improve the experience of patients and staff and help 'reset' the hospital by creating internal capacity, restoring flow, and thus relieving pressure;
- The revised SOP went live on 29 April on all sites and should introduce consistency across acutes supporting Multi-Disciplinary Team (MDT) decision making over patient discharges much earlier in the process from admission. It also sets out daily cross organisational face to face discussions over the most complex cases and review patients that are over seven day DTOC; and
- A new system wide protocol for the validation of DTOCs has been agreed following a comprehensive workshop including operational leads from health and social care. The new protocol provides:
 - alignment to the latest national guidance;
 - consistency across all sites;
 - support for operational teams to focus on discharge planning and flow management rather than just "counting" DTOC.

Focus over the next four weeks:

- Over the next four weeks the Operational Leads Group will:

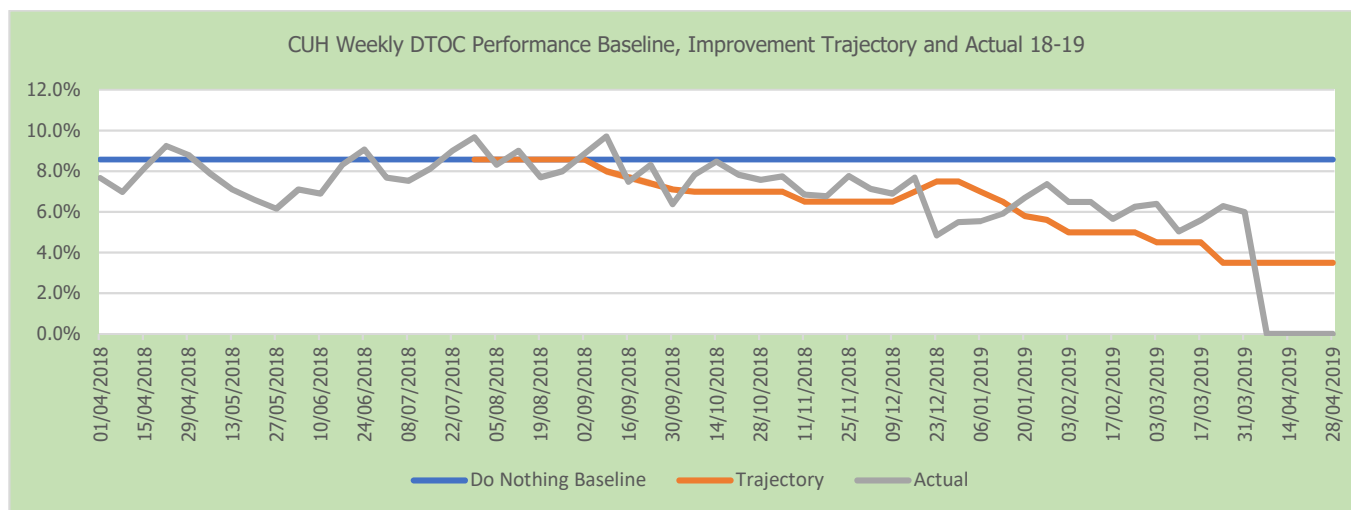
- monitor progress towards successful implementation of the new SOP and validation protocol through its weekly meetings, with any issues escalated to the DTOC programme board as appropriate;
- review application of the Choice Policy to ensure consistency across acutes – and community services, and encourage multiagency working to understand how we may support patients effectively to choose a long term care setting;
- evaluate the outcome of the CPFT and LA “trusted assessor” pilot in D2A pathway 1 (home care) and use the learning to develop a proposal to implement the same trusted assessor model in D2A pathway 2 (community in patient units); and
- manage successful implementation of the DTOC training programme that is to be delivered during the month of May, with a “wash up” session to review outcomes and impact planned for early June.

Performance Trajectory up to 24 March 2019:

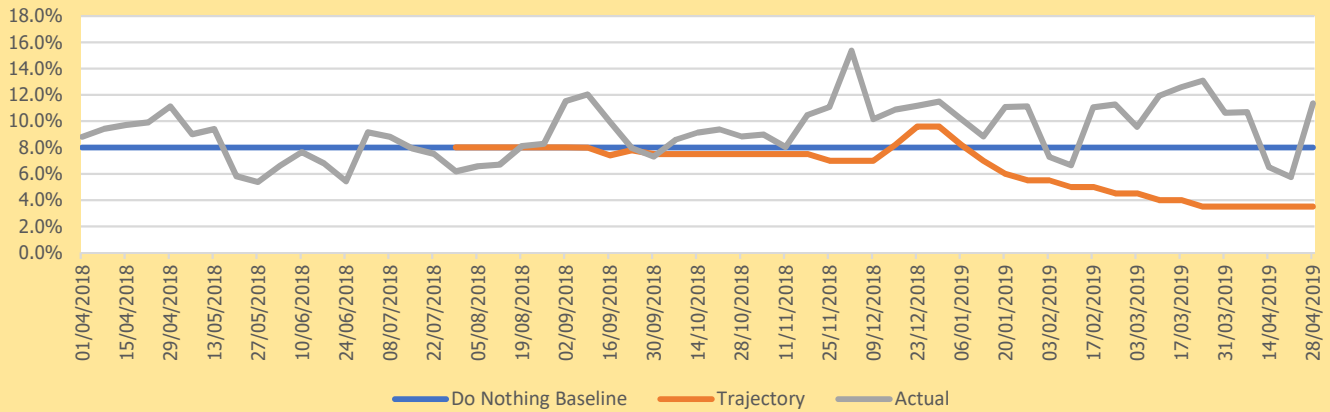
Due to staff changes at CUH it has not been possible to provide DTOC data from the Trust to the CCG over the past four weeks. The table below therefore excludes actual performance for CUHFT but note as stated above that the weekly validated DTOC rate for the first two weeks in April reached –and surpassed, the 3.5% national performance standard.

31/03/2019
07/04/2019
14/04/2019
21/04/2019
28/04/2019

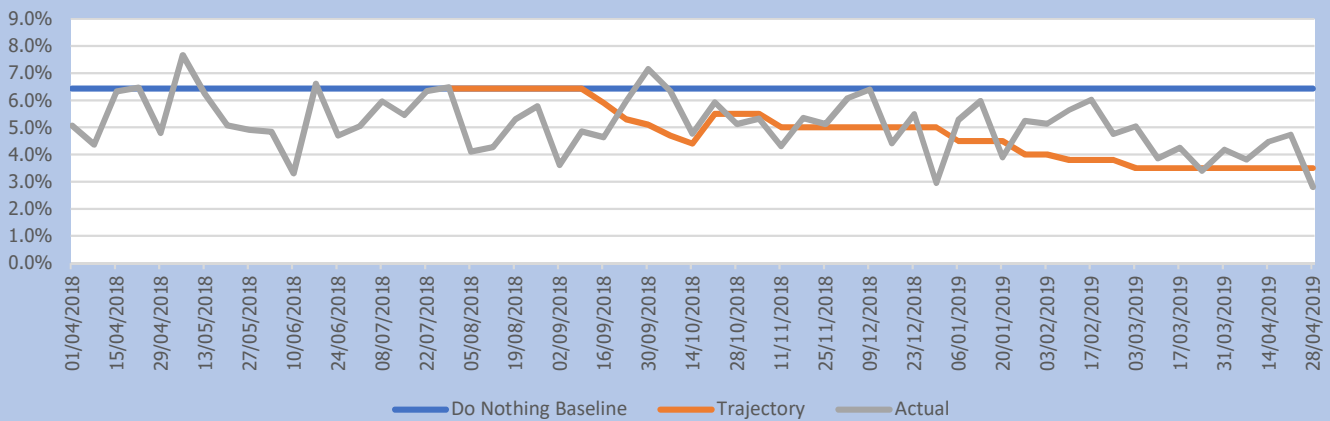
CUH			HH			PCH			CPFT - Community			System Total		
Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
54	381	6.0%	29	186	10.6%	46	164	4.2%	19	103	15.5%	148	834	17.7%
0	0	#DIV/0!	20	188	10.7%	51	149	3.8%	11	100	15.0%	82	437	18.8%
0	0	#DIV/0!	15	105	6.5%	45	172	4.5%	12	77	11.6%	72	354	20.3%
0	0	#DIV/0!	20	95	5.7%	52	187	4.7%	0	69	10.4%	72	351	20.5%
0	0	#DIV/0!	26	200	11.3%	46	111	2.8%	5	45	6.8%	77	356	21.6%



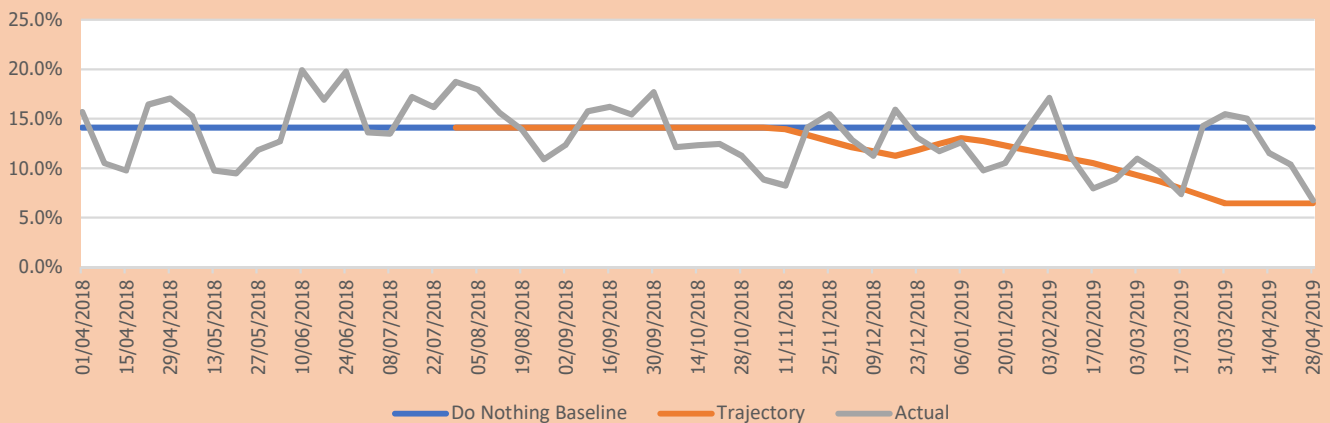
Hinch Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19



PCH Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19



CPFT (excl. MH) Weekly DTOC Performance Baseline, Improvement Trajectory and Actual 18-19



3. RECOMENDATIONS

The STP Board is asked to consider the following:

- Continue to support and champion the daily application of SAFER in each acute site;
- Encourage and support within individual organisations the implementation of the new SOP and Validation Protocol; and
- Encourage and support staff attendance at the training sessions scheduled during May.

13 May 2019