

Report to STP Board: 18 July 2019

Agenda item:	2.1		
Title:	Delayed Transfers of Care		
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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
<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 are invited to:
<p>The Sustainability and Transformation Partnership (STP) Board are asked to:</p> <ul style="list-style-type: none"> • Note progress made to date and latest performance; • Continue to support and champion the daily application of SAFER in each acute site; and • Support within individual organisations the implementation of the new System Operating Plan (SOP) and Validation Protocol.

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, and often 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 KPIs for each provider organisation;
- Use the Key Performance Indicators (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. BODY OF REPORT

High level programme update

Since June 2019

Improvements in performance have been achieved and sustained by both acute Trusts for the past four weeks. Local teams continue to work in earnest to sustain this improvement in performance long term and meet our objective to achieve the 3.5% national performance standard by August 2019.

Focus continues on the implementation of an Integrated Discharge Service (IDS) Hub in each acute site. Peterborough City Hospital (PCH) and Cambridge University hospital (CUH) have fully operating IDS Hubs operating to a new SOP and validating protocol.

Work on implementation of SAFER in each acute site also continues with closer links developing between different programmes to support and sustain patient flow.

IDS leads are now in post at CUH and PCH.

A comprehensive system-wide training programme for operational staff has been successfully delivered across the Cambridgeshire and Peterborough provider sites. Around 260 staff from different partner organisations attended the training. A full evaluation report will be provided to the Discharge Programme Board at their next meeting in August. Planning has commenced to deliver “tranche 2” of this training programme to ensure we keep momentum and an even wider group of staff are well versed on all processes, approaches and pathways to support the prompt discharge of patients requiring support in community.

Hinchingbrooke focus

Performance at Hinchingbrooke Hospital (HH) had been a concern as improvements for this site were not in line with improvements seen at CUH and PCH respectively. Several actions were put in place to include:

- Dedicated acute senior leadership to the discharge planning function (the newly appointed Deputy Chief Operating Officer);
- System support to discharge planning team at HH with partner organisations providing on-site hands-on support with DPSN tasks to avoid unnecessary delays;
- Recruitment plans for the discharge planning teams covering PCH and HH approved;
- Reinstatement of daily MDT review of patients ready for discharge;
- Accelerated recruitment of CCG post to provide additional support at HH and ensure successful implementation of IDS Hub as in other acutes (this person has now been confirmed to start in August)

It should be noted that performance at Hinchingbrooke hospital has seen a significant improvement over the past two weeks and this can be seen in Appendix 1 of this report.

Focus over the next four weeks

We will:

- Continue to monitor progress towards successful implementation of IDS Hubs and escalate / resolve any issues as they arise;
- Review the application of the Choice Policy to ensure consistency across acute sites and community services, whilst encouraging multiagency working to understand how we may support patients effectively to choose a long-term care setting;
- Develop a simple and robust care pathway for the safe discharge of patients presenting with delirium and non-weightbearing respectively; and
- Provide system support for NWAFT colleagues during their transition to the new PAS system. This is likely to impact on their ability to report DTOC performance for a short period of time, but plans are in place to ensure operational teams continue their work and focus on maximising discharges during this period.

Performance Trajectory

The breakdown of performance per organisation is provided in Annex 1.

3. RECOMMENDATIONS

The STP Board is asked to:

- **Note** progress made to date and latest performance;
- Continue to support and champion the daily application of SAFER in each acute site; and
- Support within individual organisations the implementation of the new System Operating Plan (SOP) and Validation Protocol.

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Appendices: Annex 1 – Performance Trajectory per organisation.

Annex 1 – Performance Trajectory per organisation.

	CUH			HH			PCH			CPFT - Community		
	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
02/06/2019	46	325	5.2%	29	219	15.3%	43	92	2.3%	15	106	15.9%
09/06/2019	37	284	4.5%	9	122	7.3%	34	101	2.5%	14	93	14.0%
16/06/2019	43	311	4.9%	0	0	#DIV/0!	44	103	2.6%	8	80	12.0%
23/06/2019	29	262	4.2%	13	109	6.3%	56	108	2.7%	12	63	9.5%
30/06/2019	32	246	4.1%	13	108	6.0%	49	157	3.9%	11	85	12.8%

