Shropshire Council

Date: Monday, 28 September 2015

Time: 12.30 pm

Venue: Castle Farm Community Centre, Hadley, Telford, TF1 5NL

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JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TO FOLLOW REPORT (S)

4 Hospital Transfer (Pages 1 - 22)

To update the Committee on the current position on delayed discharge, delayed transfer and patient fit for discharge, and consider the commissioning strategy to manage this. (Appendix B to follow)

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The Shrewsbury and Telford Hospital NHS Trust

HOSC Meeting 28th September 2015

Page 1

Agenda Item 4

Ian Donnelly
ACOO USC
SaTH

Definitions

“Medically Fit for Discharge”

- Determined as the point at which acute medical intervention ends, where the patient would not benefit from remaining in an acute bed;
- This is decided by the ward multi-disciplinary team at the morning board round – this team includes a senior medic (SPR or Consultant), ward sister / coordinator, member(s) of the therapy team, discharge liaison nurse;
- The target set by the health and social economy was 40 across two sites for all providers.

Definitions

Delayed Transfer of Care “(DTOC)”

- A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when;
- A clinical decision has been made that patient is ready for transfer AND;
- A multi-disciplinary team decision has been made that patient is ready for transfer AND;
- The patient is safe to discharge/transfer;
- A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting.

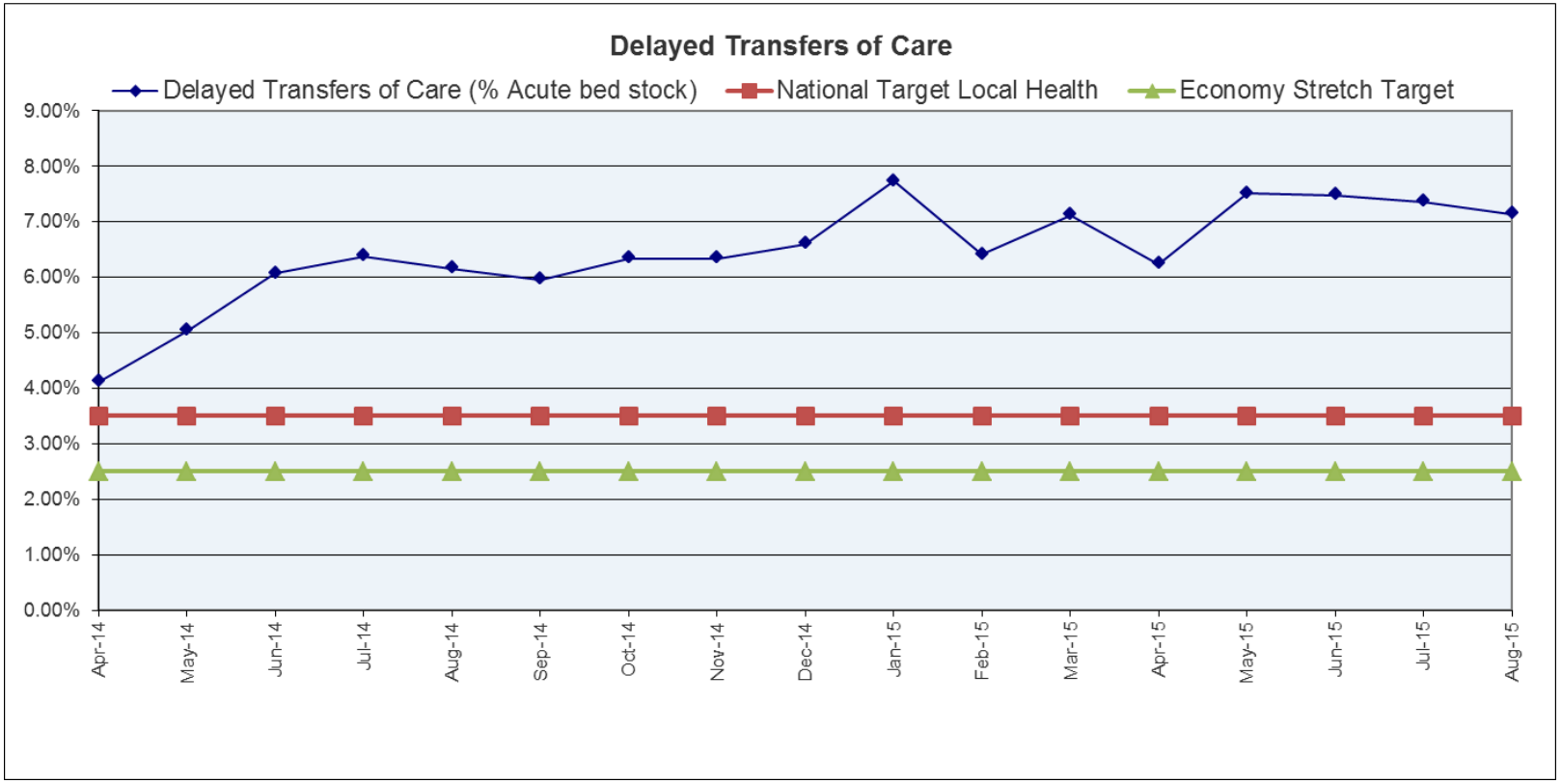
Definitions

DTOC Cont'd

- This is determined by the Discharge Hub on each hospital site meeting every morning and agreeing whether a patient on the fit to transfer list is DTOC reportable in line with national guidance and number of days they are reportable;
- Members of the Discharge Hub include SaTH Head of Capacity, discharge liaison nurses, CCG observer, ICS link worker, Powys care transfer coordinator and ad hoc membership from relevant parties (eg CHC team / mental health team);
- The national target is 3.5% (23 Beds) of the acute bed base with an agreed stretch target of 2.5%; on average we are currently running at 8%, this equates to 53 beds.

Monthly DTOC Report

Page 5



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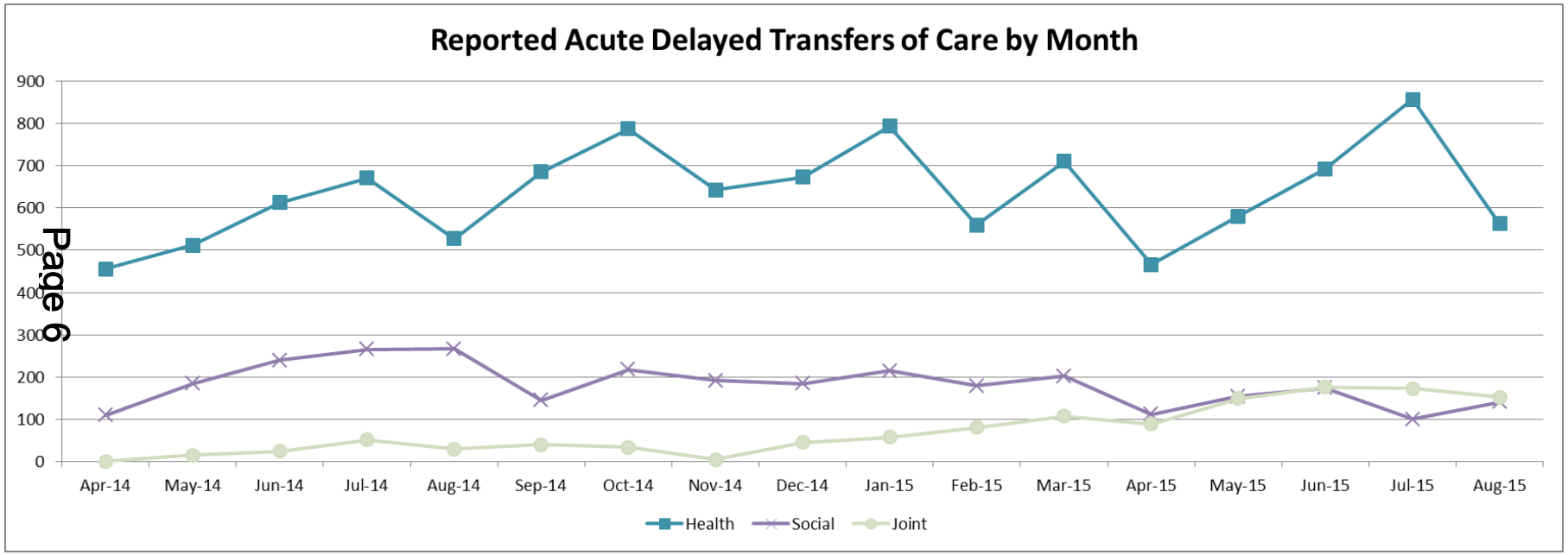
Apr 14 – Aug 15 DTOC by Month



Continued rise in overall delays

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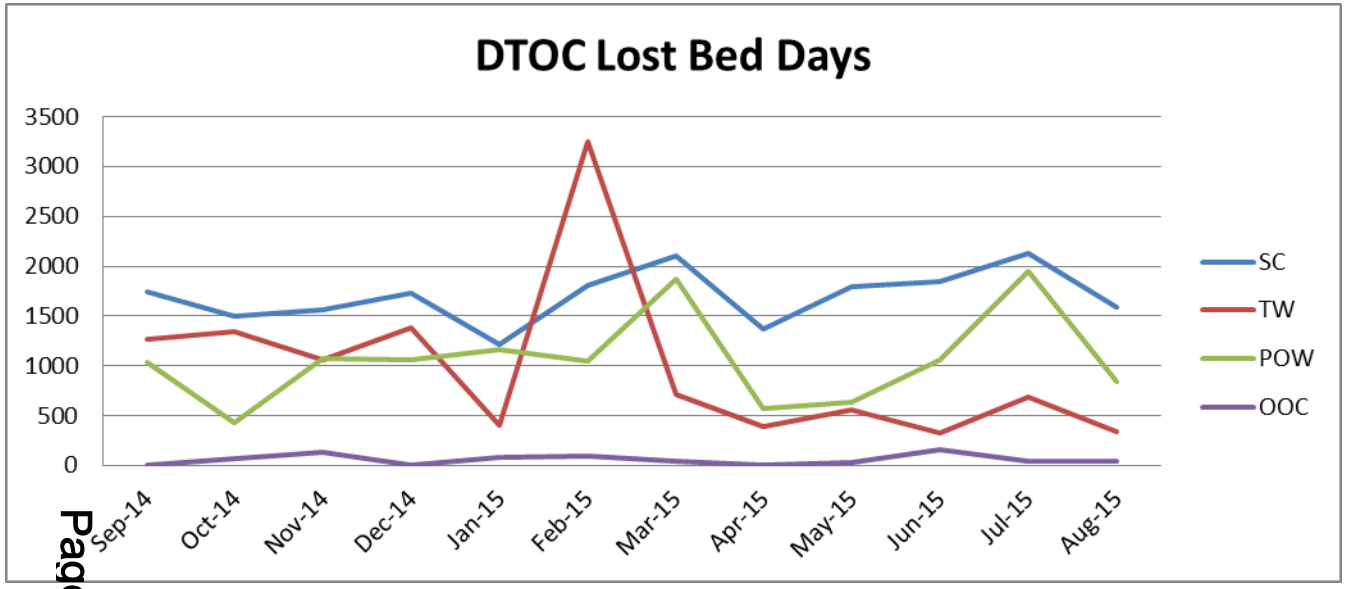
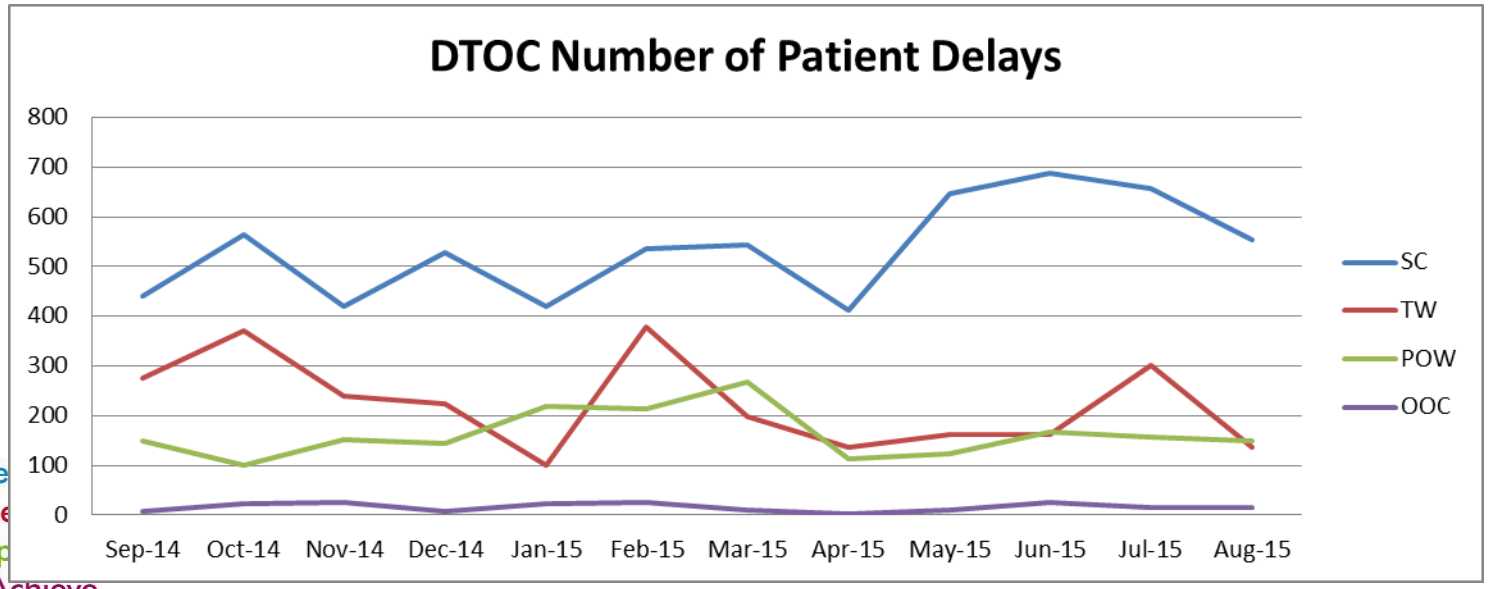
DTOC - Overview





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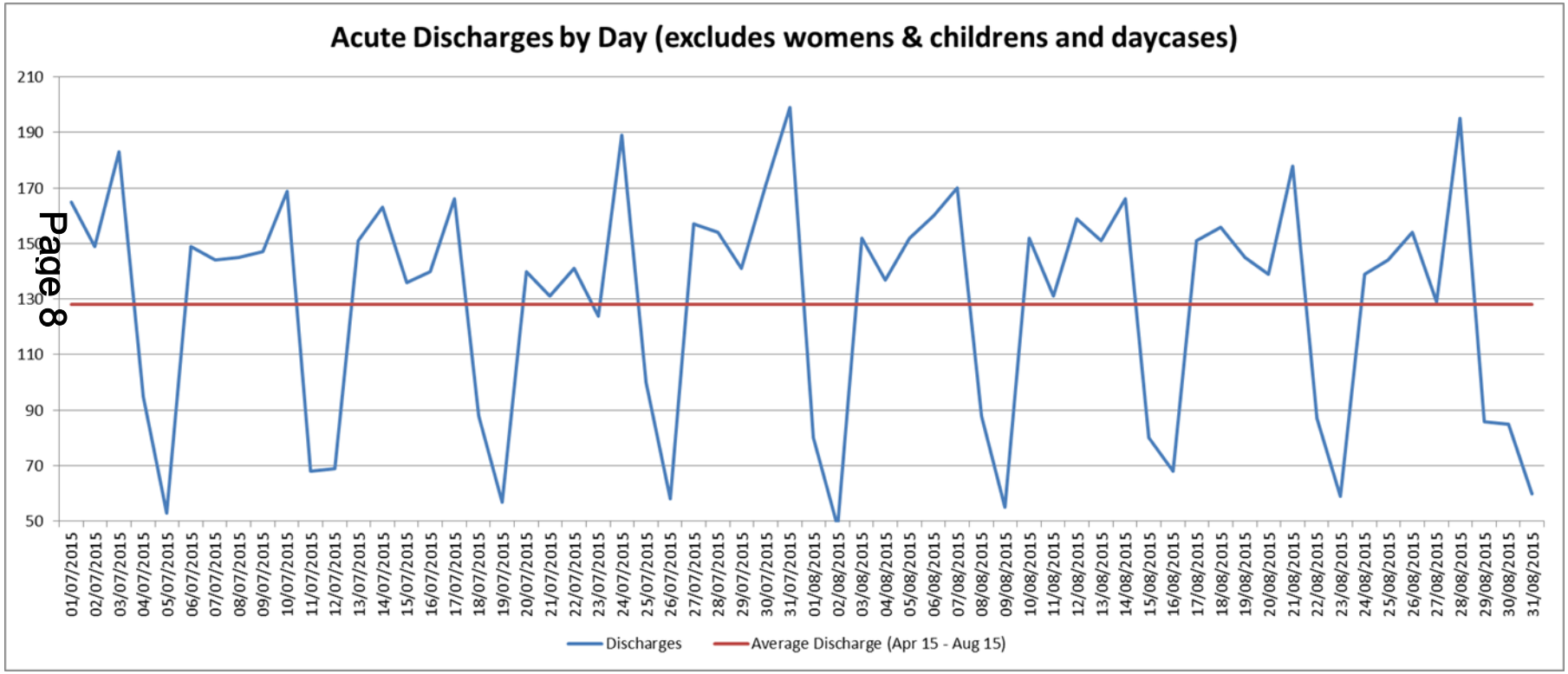
Weekly Discharge Pattern



Standard variation between weekend and weekday

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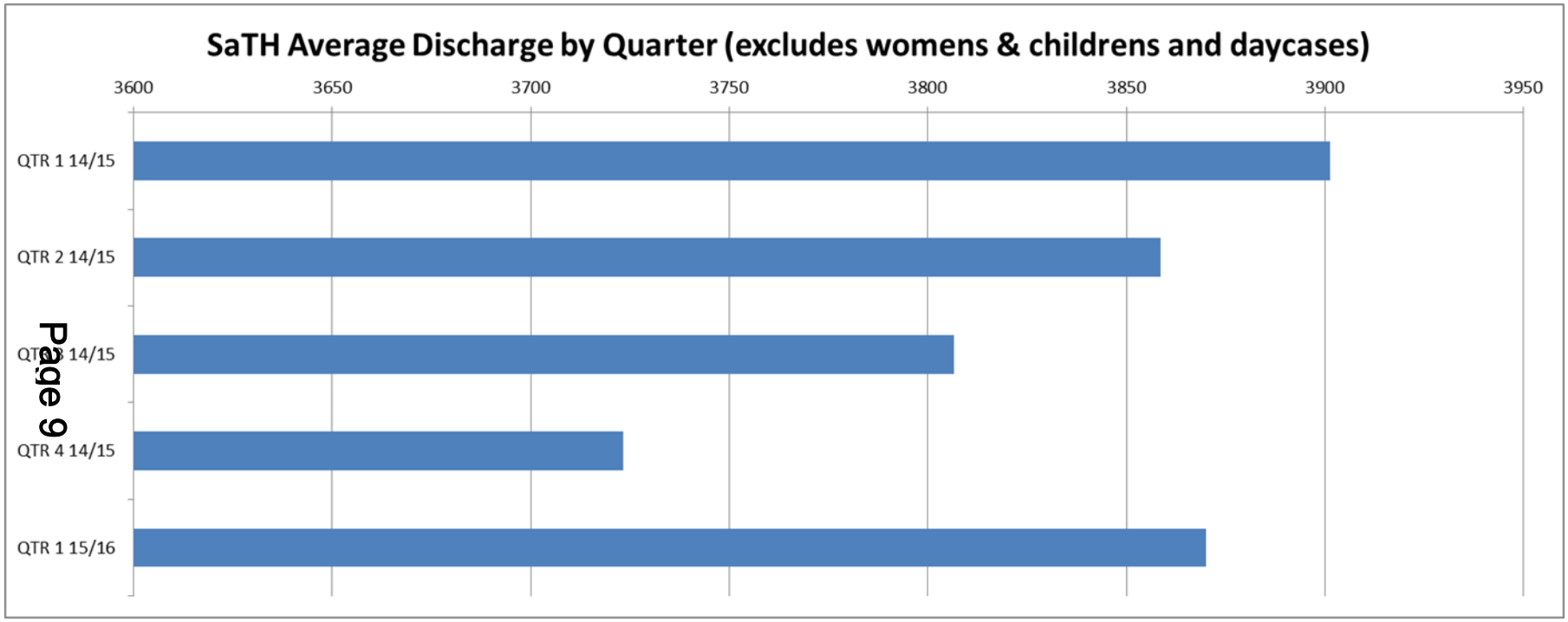
Discharges by Quarter



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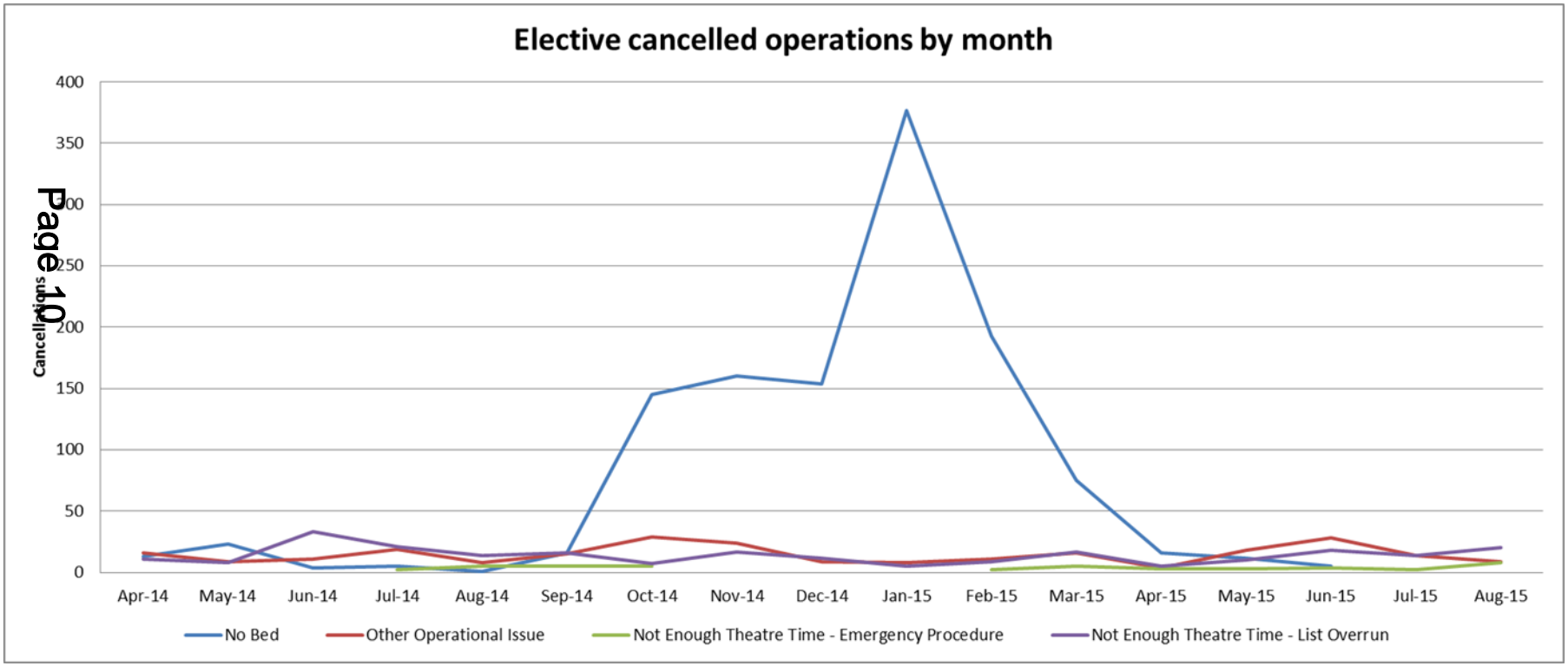
Cancelled Operations



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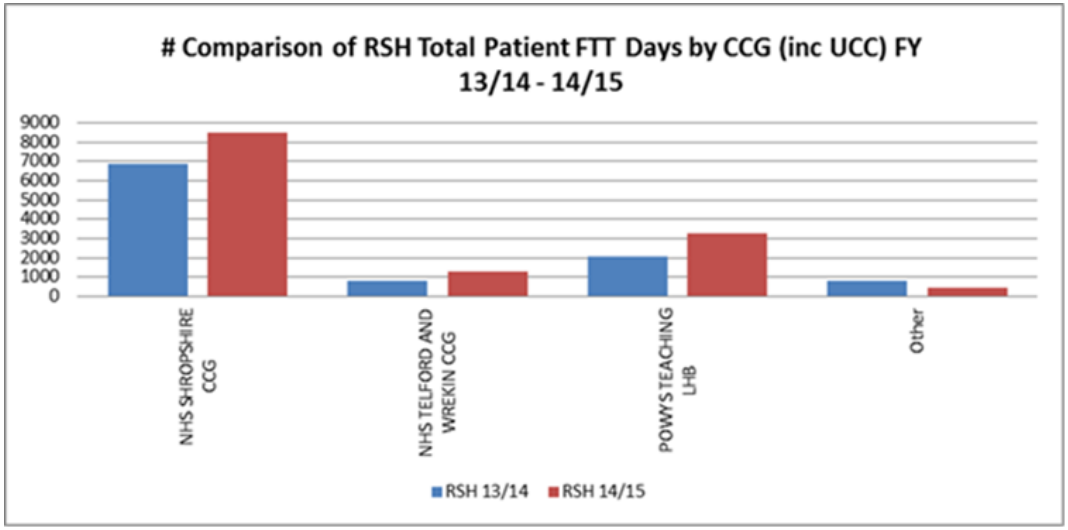
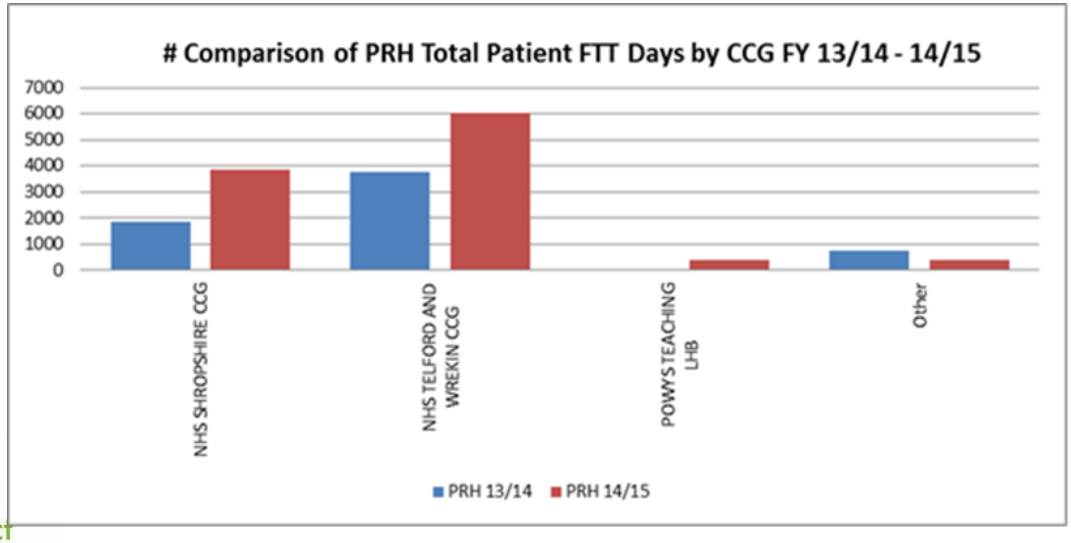
Comparison by site





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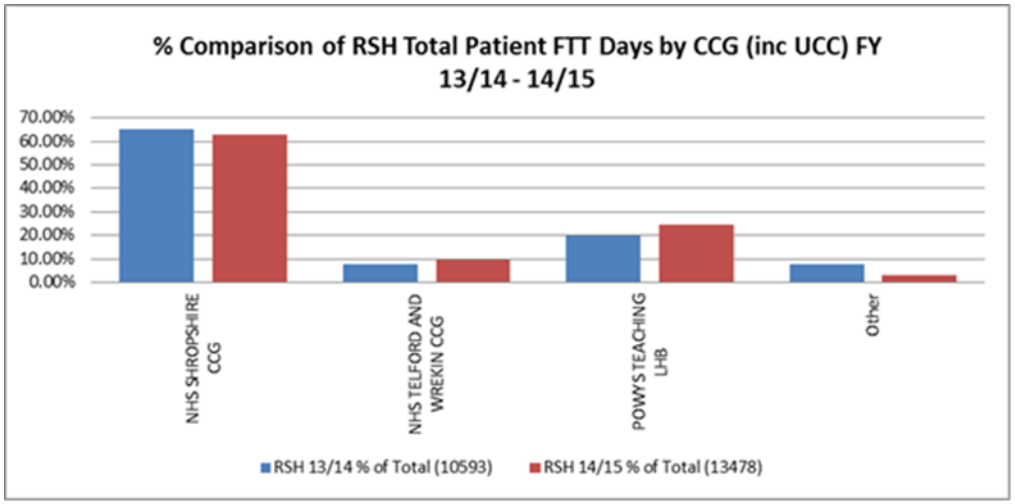
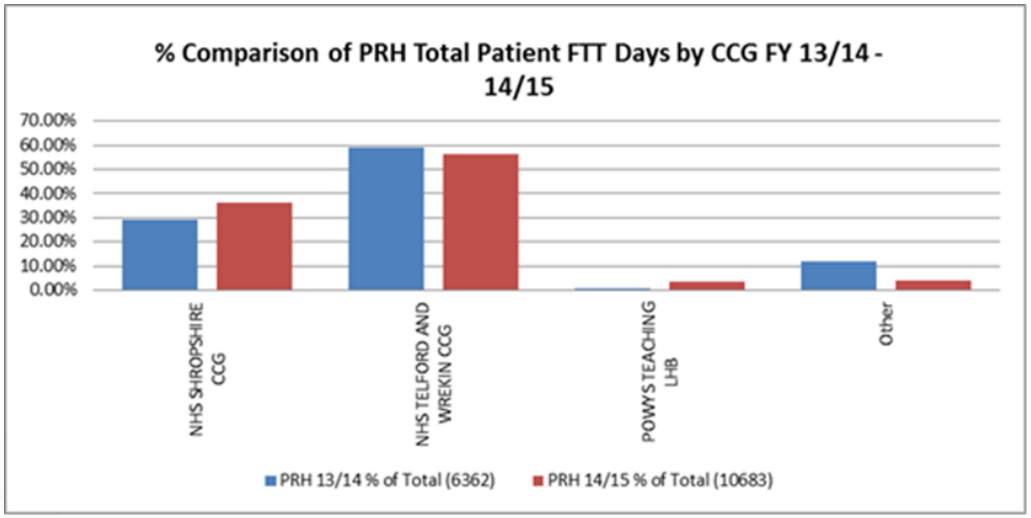
Percentage of Delays by Site





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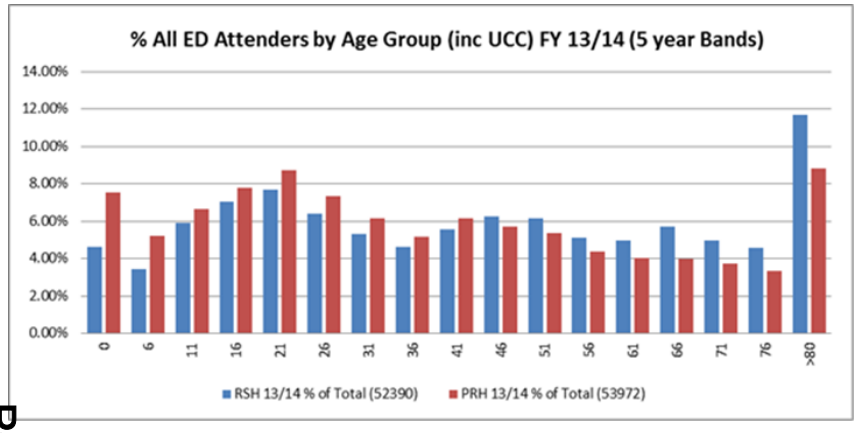
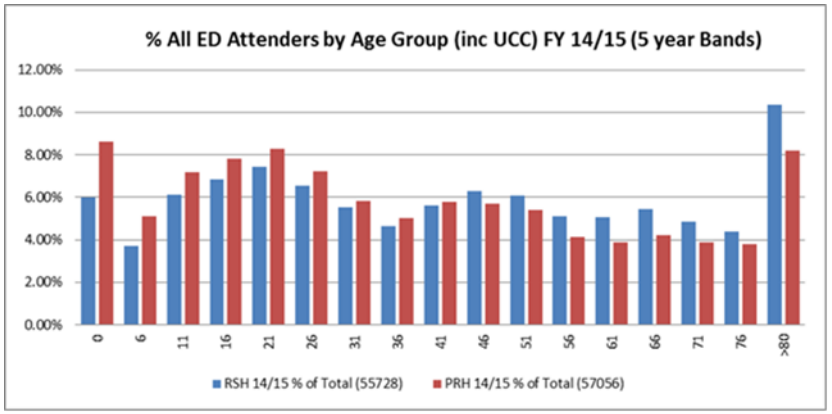
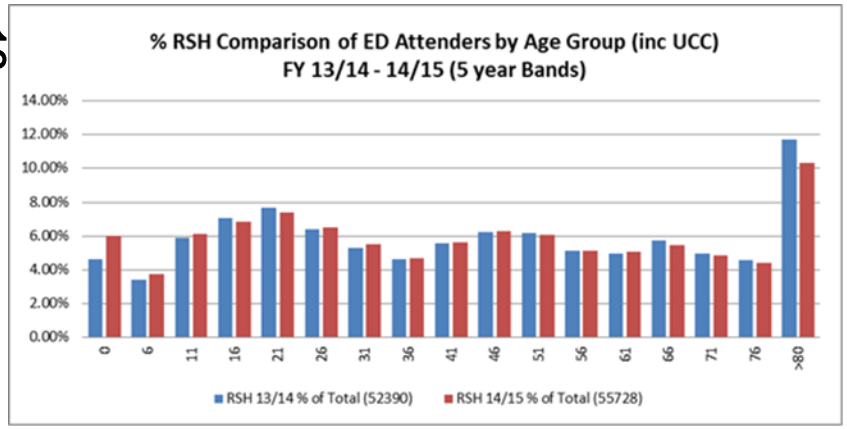
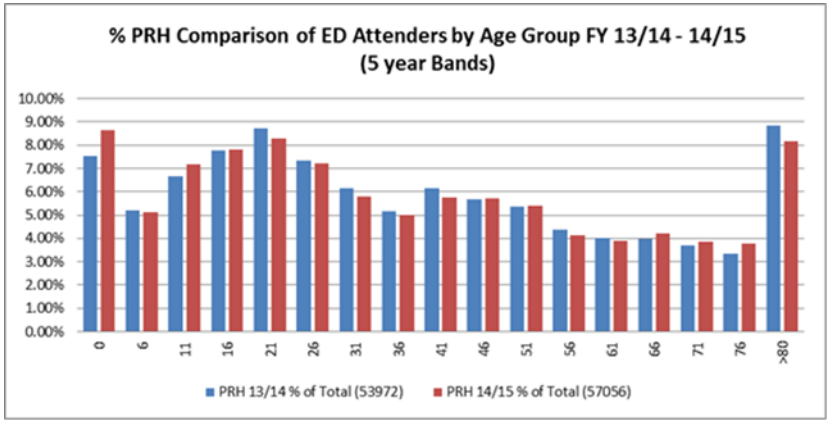
ED Attenders by Site









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Increase in over 70s Admissions

	PRH	RSH
Nov 13 to Feb 14	2437	3318
Nov 14 to Feb 15	2625	3499
% Difference	7.16%	5.17%
Difference	188	181
Number of days for winter period	121	121
Number of weeks in winter period	17	17
Number per day	1.6	1.5
Number per week	11.1	10.6

Marked increase in over 70s admitted to SaTH

Significant shift between Summer and Winter

	RSH	PRH	Trust
Summer Period Apr -14 to Sep- 14	4838	3442	8280
Winter Period Oct-14 to Mar 15	5151	3751	8903
Difference	313	309	623
% Difference	6.1%	8.2%	7.0%
Number of days for summer period	182	182	182
Number of weeks in summer period	26	26	26
Number per day	1.7	1.7	3.4
Number per week	12.0	11.9	24.0

Delayed Hospital Discharge

Structure of the presentation

1. Definitions of the terms
2. Targets for each area
3. Performance against the key targets
4. Key Challenges (including those relating to those definitions)
5. Known consequences of not meeting targets
6. Commissioning strategies: Shared areas of work, Shropshire health economy specific work and Telford and Wrekin specific work

1. Definitions of the terms

Delayed Transfer Of Care (DTOC)

The CCG's, Shropshire Council and Telford and Wrekin Council both promote and apply, **The Department of Health DTOC** definitions:

"A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

a. A clinical decision has been made that patient is ready for transfer AND

b. A multi-disciplinary team decision has been made that patient is ready for transfer AND

c. The patient is safe to discharge/transfer.

Medically Fit For Discharge (MFFD)

- As soon as a patient is declared 'clinically fit' they are presented on the MFFD daily report 'list.' This is prior to multi disciplinary team input and triggers the start of discharge planning for the most complex patients.
- There is no clear definition owned by the whole system of what constitutes MFFD.

2. Targets for each area

DTOC Acute

- The local standard DTOC target of delays is to achieve no more than 3.5% of occupied bed days at our acute provider for NHS responsible, Social Care responsible and jointly responsible delays.

DTOC Community

- The local standard DTOC target of delays is to also achieve no more than 3.5% of occupied bed days at our community provider for NHS responsible, Social Care responsible and jointly responsible delays.

Medically Fit For Discharge

- The local target who will present on the Medically Fit for Discharge (MFFD) list per day is a total of 26 for Shropshire and 12 for Telford and Wrekin.

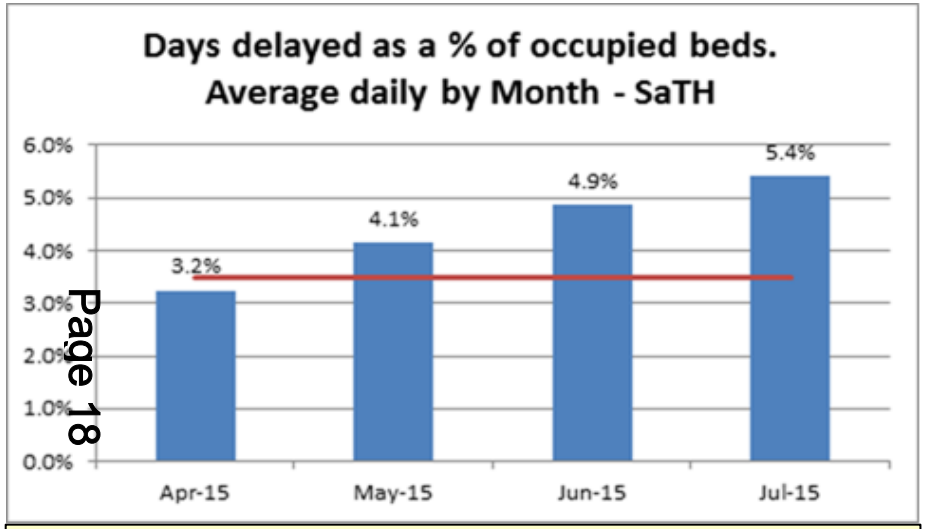
Better Care Fund

- Shropshire: For the purposes of the Better Care Fund (BCF), the measure is based on all Shropshire residents wherever they are occupying a bed standardized by 100,000 of population. Telford and Wrekin: This measure is similar although it is not limited to NHS responsibility.

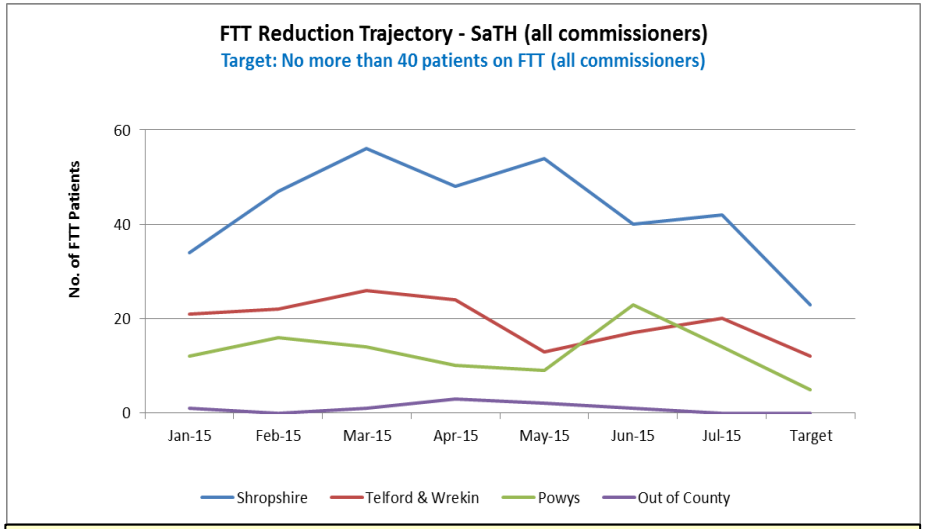
- There is also a Quality Premium Indicator attached to the BCF metric which sets a target for a reduction in DTOCs attributable to NHS responsibility of 3.6% from 2014/15 levels. For Shropshire this target is to reduce from 6225 to 5999 and for Telford this is to reduce from 2746 to 2647 days.

3. Performance against key targets

DTOC Acute

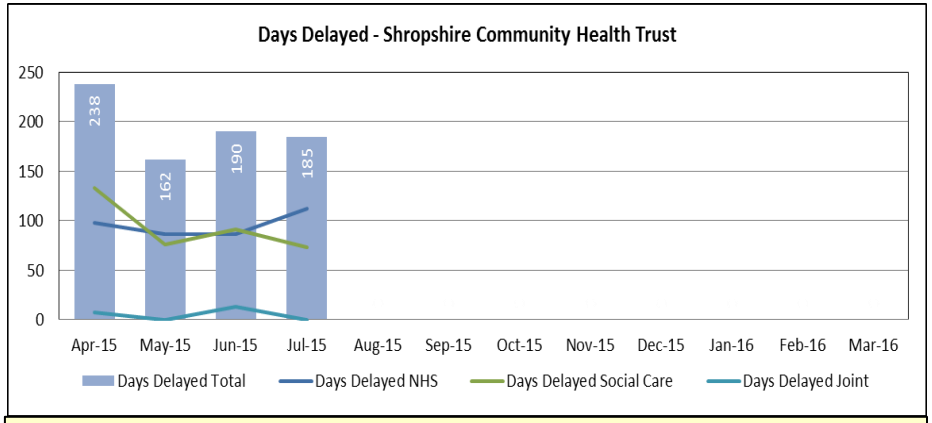


The proportion of delays has grown during summer & is above target



There is an improving trend of FTT but the total remains above target

DTOC Community



Delayed days in Shropshire community hospital beds have fallen since April but remain above target

Telford and Wrekin health economy achieved their BCF target in months 1-3 (actual rate of 146 versus the target of 176) This represents a reduction of a third from the same time period last year

Shropshire health economy have not achieved the BCF target of 307. In accordance with the rise in DTOC delays through the summer this is now reflected in the BCF target and position in June was 393.4.

4. Key Challenges

- The Complexity of the different targets can create confusion and hinder a joined up approach and direction.

- Definitions of DTOC are well defined nationally but tend to be interpreted by each partner differently at a local level.

- Although DTOC as defined in the Act should be a subset of the MFFD report; The Trust tend to quote MFFD numbers to indicate levels of delays.

- A particular challenge in Shropshire over the last 12 months has been access to domiciliary care particularly in the most rural areas of the county.
    - Shropshire Council are in the process of addressing this with the implementation of zone contracts and also recruitment programmes led by Shropshire Partners

5. Known consequences for not meeting targets around DTOC

- If patients are in hospital longer than necessary they will decompensate as a result
- Tensions between partners increases which does not help to resolve issues and reduce delays for patients.
- Delays in discharge can create further capacity challenges to The Trust
- Delays can increase costs associated with funding private sector beds to manage ‘flow’
- Negative impact upon morale, retention and recruitment of staff across the health economy.
- Challenges with patient flow across the entire patient journey

6. Commissioning Strategies

There are three key plans which are in development: Recovery Plan (centring around the achievement of the A&E ‘4 hour target’); the ‘Surge’ plan and the winter plan

Admission Avoidance

- Integrated Intermediate Care Service
- Development of Mental Health services (e.g. RAID, crisis support and the helpline)
- Paramedics additional coaching support for frequent callers of 999
- Each CCG has a range of works teams within the respective Better Care Funds
- Long Term Conditions (COPD and Diabetes) ‘help line’
- There is a move from both Council and CCG to centre teams around GP practices

Improving Patient Flow

- Winter Planning – Frailty works streams
- Complex Discharge Commissioning Manager to support and monitor DTOC across the system
- Flexible 7 day working

Early Supported Discharge Schemes

- Pilot and potential roll out of ‘Discharge to Access’
- Domiciliary care ‘zone contracts’ to block purchase care in advance.
- Integrated health and social care teams
- SPIC have re-launched the Care Ladder
- CHC pilot to ensure all complex assessments take place outside of the acute setting

Key messages

- Complex patients experience delays in the transfer of their care from the acute and community hospitals and there is an agreement across all partners that there is work to be done to improve this.
- The definitions of DTOC will be reviewed in partnership following the release of the national guidance at the end of September.
- All partners are accountable to resolving issues with the process to help reduce delays for patients.
- There are a number of services now in place different to last year for example integrated teams, admission avoidance schemes and discharge to assess. These are expected to have a positive impact on reducing delays and improving care.
- Additional focus is being given as part of the joint plan for recovering urgent care performance as we head into winter.
- Improvements will be embedded through the hospitals plan to roll out its intended improvement programme.