

Joint Health Overview & Scrutiny Committee

Delayed Transfers of Care update March 2016



Governance Structure

Over-arching Urgent Care Improvement Steering Group established within the Trust which has 7 work-streams:

- § A&E
- § Ambulatory care
- § Wards/Internal delays
- § Delayed Transfers of Care (DToC)*
- § Recruitment/working differently
- § Modelling
- § Community

*DToC now being managed through this structure



Overarching plan will link to Raising the Bar on Quality and the five CQC domains

URGENT CARE IMPROVEMENT STEERING GROUP
Chairs: Stuart North and Gill Harris
Purpose: Governance and Assurance

Meets monthly

GOLD: Chair – Gill Harris
Internal Operational Assurance

Meets every two weeks

Operational Task & Finish Groups reporting to Gold

ED/Urgent Care
Jenny Farley
Paul Wallman

Ambulatory Care
Paula Baker
May Moonan

Ward/Internal Delays
James Stuart
John Goodenough

DToC
Joanne Moore
May Moonan

Working Differently & Recruitment
Sue Hunt
Cath Hignett

Community Services
Lindsey Darley
Lou Harkness (?)

Bed Modelling
Karen Foster

S.R.G.

NES Tactical

NES Discharge

NES Transport

Delayed Transfers of Care

- § Rapid Process Improvement 4-day Event (RPIE) facilitated by Trust Development Authority held in January 2016
- § 10 partner organisations took part
- § Over 40 members of staff involved
- § Supported at Executive Level
- § Systems Resilience Group has subsequently agreed that NES Discharge group will be disbanded and all actions directed through this sub-group of the Urgent Care Improvement Plan
- § Agreed new terminology – patients “Medically optimised awaiting transfer” rather than “medically fit for discharge”



Delayed Transfers of care

9 work-streams emerged from RPIE:

- § Effective Board rounds
- § Single Trusted Assessor
- § Notifications of assessments and discharges process and guidance
- § Sitrep reporting/data collection
- § Supporting patient choice and discharge information
- § Clarity of current staff roles in discharge teams and a plan to standardise
- § Intermediate Care referral process simplification and standardisation
- § Discharge training programme for ward teams
- § Streamlining of equipment/minor adaptations processes



Delayed Transfers of care

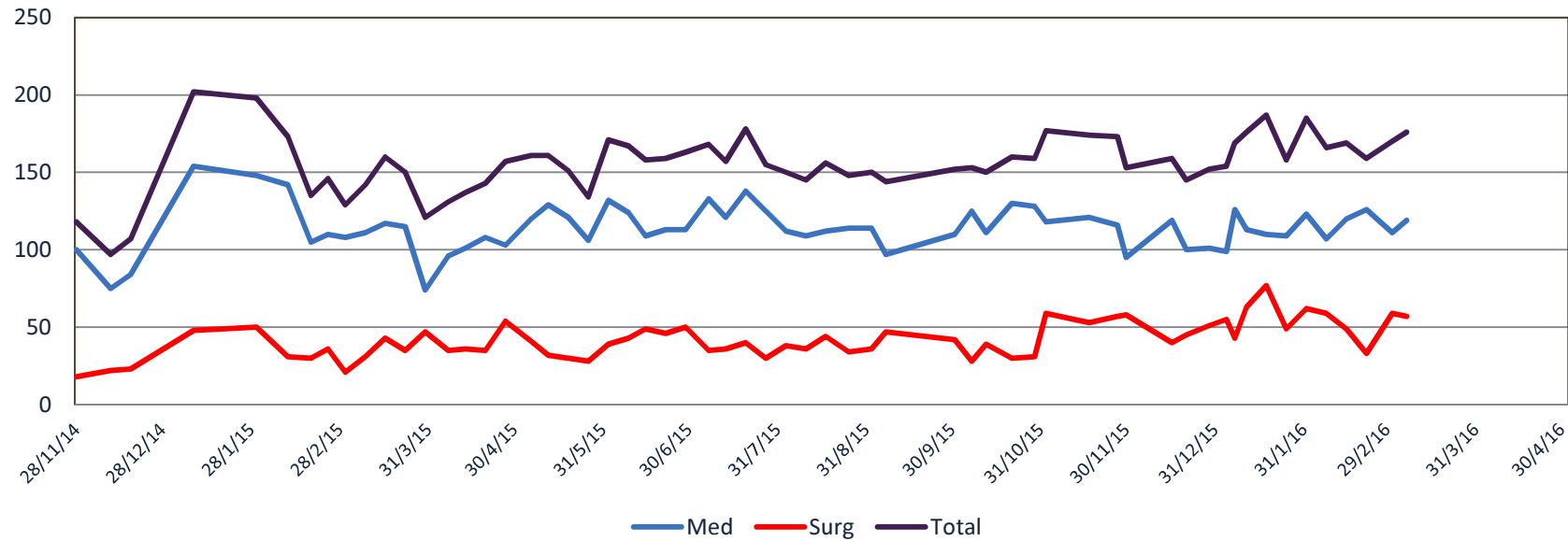
30-day follow up event – key achievements thus far:

- § Agreed standard definition for patients Medically Optimised awaiting transfer
- § Working more closely with colleagues - better engagement and barriers broken down
- § Creation/development of an MDT discharge document for ward staff
- § A new board round structure adopted – piloted on 2 wards, being rolled out
- § Agreement for the Trusted Assessor model to be adopted
- § Reduced nursing time spent completing referrals
- § New processes for assessing out of borough patients for social workers
- § Better presence/input into information sharing to get a more accurate picture
- § Stopped charging for reportable DToC
- § Integrated single point of access with health and social care staff
- § Daily operational meetings improved



Current data

Total Medically Optimised Awaiting Transfer



Next steps

- § All organisations committed to continuous improvement
- § Current work-streams have all developed project plans with actions to be delivered asap
- § A 10th work-stream relating to CHC processes added at 30 day event
- § Progress will be monitored through twice-weekly numbers reporting
- § Issues/barriers will be addressed through Gold operational assurance and Urgent Care Improvement Steering Groups
- § 60 and 90 day follow up events planned to maintain momentum

