# HEALTH AND WELLBEING BOARD: 5th MAY 2016

# REPORT OF LLR Urgent Care

# Update on Discharge Planning / Processes

## Purpose of report

1. The purpose of this report is to provide the Health and Wellbeing Board with an update on the progress of completion of the '**High Impact Change Model – Managing Transfers of Care',** and how this will inform the Whole System Discharge Summit, to be held on 5th May 2016.

## Link to the local Health and Care System

2. **Context:**
In April 2015, NHS England wrote to Clinical Commissioning Group (CCG) leaders, to set out their plans for 2015/16 operational resilience funding. This letter included eight 'high impact interventions', for which it was expected that all CCGs would allocate sufficient funding to meet. Two of these interventions related directly to delayed transfers of care:

- *Consultant-led morning ward rounds should take place seven days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.*
- *Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. SRGs will need to ensure that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the delayed transfer of care (DTOC) rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance.*

## Recommendation

3. The Board are asked to note the work which has taken place on improving discharge processes across LLR, previously taken forward by the Discharge Steering Group which has been instrumental in achieving the 2.5% DTOC target for UHL, and particularly the progress on completion of the High Impact Change Model – Managing Transfers of Care' framework (given as Appendix 1 to this paper).

## Policy Framework and Previous Decisions

4. The Health and Wellbeing Board have been previously sighted on this piece of work and had asked for an update on progress.

## Background

### Local Performance:

5. The current performance reports published in the Urgent Care Dashboard, and regularly received by the Operational Resilience Group suggest that the DTOC rate for University Hospitals Leicester (UHL) is currently at 2.8% (at a target of 2.5%) - and has been lower than this over recent months, as low as 1.5%. For the Leicestershire Partnership Trust this is currently at 11.8%,(against a target for Community Trusts of 6%. Patients awaiting discharge from LPT are often more complex in terms of their requirements, hence the higher rate of DTOCs.

6. Despite the low DTOC rate for UHL it is clear that while we have made many improvements in our discharge pathways for more complex patients with ongoing requirements for CHC or ASC packages of care, the other 80% of non-complex patients continue to pose some logistical problems in terms of supporting flow through the system, with many patients often discharged very late in the day and relatively few at the weekend.

7. The Discharge Steering Group, which meets monthly, have discussed these issues during recent meetings and have been using the '**High Impact Change Model – Managing Transfers of Care',** framework to guide and influence change in this area.

8. The model, which was published in late 2015, describes 8 changes which have been developed through last year's Helping People Home Team's work (a joint DH, DCLG, NHS England, ADASS and LGA programme). This tool was been developed at pace with some co-design to help local systems over the winter period. Its aim was to encourage areas to consider new interventions during the winter, but also to assess how effective current systems are working.

9. The Discharge Steering Group has made some progress in terms of completing this toolkit, and a summary of the outputs is given as **Appendix 1** to this paper. However, this is as yet incomplete, specifically with more work required to complete the 'Gaps', 'Next Steps' and 'Timelines', as this requires further, whole system work in order to unpick the issues which have been identified, and the partially completed tool will now be used to influence and inform some of the work being taken forward at a whole system Discharge Summit to be held on Thursday 5$^{th}$ May.

## Proposals/Options

10. The Discharge Summit on 5$^{th}$ May will have external facilitation, and be attended by senior clinicians and managers from across the whole system. We have deliberately kept the agenda high level in order to provoke discussion amongst partners around the issues we face in the discharge process. The nature of the workshop will be:

    - Short presentation on the new discharge pathways which will be implemented in late 2016;
    - What is working well?
    - What is not working?
    - What do we need to do in order to fix the problems we have identified?

11. Whilst working through these questions, we will be aiming to identify what are the key issues with simple flow across the system – which accounts for approx. 80% of patients, and how we can improve both weekend discharges and discharges earlier in the day. Differences in ward processes across UHL will be explored, and the previous Ian Sturgess report will be revisited to explore what of this has been implemented successfully. The new Vanguard pathway around discharge will be held as the point to which we are working towards later this year, and to ensure we do not reinvent anything which is currently working well in the system. The overall aim will be to identify short - medium term solutions for processes, which will help the discharge steering group be more focussed on complex issues. The summit will of course also tackle issues faced by the community Trust, mental health, end of life and social care pathways.

## Consultation/Patient and Public Involvement

12. Healthwatch and patient / public representatives have been invited to the Discharge Summit on 5th May.

## Resource Implications

13. No evident resource implications at the current time.

## Timetable for Decisions

14. Outputs from the Discharge Summit will be formulated into high-impact actions which will be built into the whole system Recovery Action Plan (RAP). The outputs will also be used to complete the High Impact change model. A summary of this RAP and the completed change model will be presented to the Health and Wellbeing Board at the June meeting.

## Officer to Contact

Samantha Merridale – Head of Operational Resilience, LLR
Telephone: 07947 453492
Email: Samantha.merridale@nhs.net

## List of Appendices

Appendix 1: LLR ‘High Impact Change Model – Managing Transfers of Care’

## Relevant Impact Assessments

Equality and Human Rights Implications

15. The Urgent Care Improvement plan and Vanguard work pay due regard to equalities including the impact on protected characteristics and vulnerable groups within the population. We have not conducted an equalities impact assessment on the whole vanguard programme to date but will keep this under review and undertake an assessment as and when the workstream proposals are sufficiently well developed.

Crime and Disorder Implications

16. *Not relevant.*

Environmental Implications

17. *Not relevant.*

Partnership Working and associated issues

18. The completion of the High Impact change model has been carried out in full partnership with our system partners from acute, community and primary care, social care, mental health, ambulance and non-acute transport services, end of life services, with patient/public representation, Healthwatch and from commissioners at all three CCGs. We have also had input on the group from NHS England. This same representative group of stakeholders will also be present at the Discharge Summit. As such, our work is cohesive and fully represents the views and perspectives of all our strategic partners.

Risk Assessment

19. The Urgent Care Programme Board / Operational Resilience Group has a risk register covering its work and this is reviewed at each meeting.