

**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8<sup>th</sup> February 2018

**Title:** UPDATE ON DELAYED TRANSFER OF CARE (DTC) PERFORMANCE

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**Ward:** Borough-wide

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1. Summary

- 1.1 The Delayed Transfer of Care (DToC) Performance Paper was discussed at the Health and Wellbeing Board on 7<sup>th</sup> September 2017. An update on performance covering the period of August to October 2017 was provided at the meeting on 30<sup>th</sup> November 2017. The paper provides a further update on published and local performance to date.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 The paper provides an information update to the Health and Wellbeing Board.
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3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS**

- 3.1 The Health and Wellbeing Board is requested to note the information update.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

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Financial

- 1. Cost of proposal: Not Applicable
  - 2. Ongoing costs: Not Applicable
  - 3. Total savings: Not Applicable
  - 4. Budget host organisation: Not Applicable
  - 5. Source of funding: Not Applicable
  - 6. Beneficiary/beneficiaries of any savings: Not Applicable
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Supporting Public Health Outcome Indicator(s)

Not Applicable

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**4. COMMENTARY**

4.1 The information update is at Appendix A.

**5. FINANCIAL IMPLICATIONS**

5.1 A joint letter from the Secretary of State for Health and for Department of Communities and Local government to the Leader of the Council dated 5<sup>th</sup> December 2017 confirmed that 'there will be no impact on your additional iBCF allocation in 2018/19.'

**6. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION**

6.1 Against last year, significant improvements have been seen in Bromley reported DToC as a result of exemplary integrated working of health and social care to support people who no longer need to remain in hospital. Further work with NHSE to ensure national published figures reflect agreed local performance is on going.

<b>Non-Applicable Sections:</b>	Commentary, Impact on Vulnerable Adults and Children, Legal Implications and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item.
Background Documents: (Access via Contact Officer)	Not Applicable

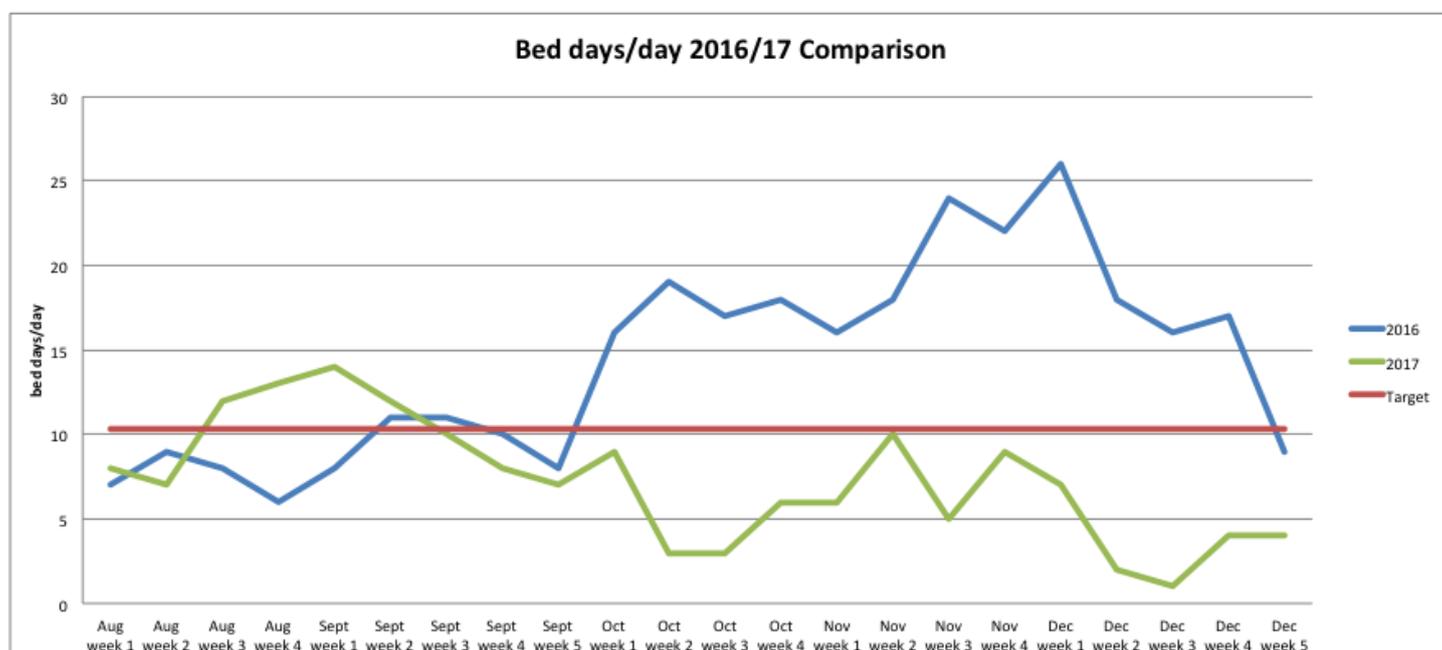
**BRIEFING NOTE: DELAYED TRANSFER OF CARE (DTOC) AUGUST – DECEMBER 2017**

**1. CURRENT PERFORMANCE**

**PRUH discharge performance**

Discharge performance at the PRUH has continued to improve month on month with a positive trajectory even in the context of significant winter pressures.

The chart below shows August – December 2017 performance against the same period from the previous year. A total of 937 bed days were saved with 374 bed days in December alone, the equivalent of 12 extra beds – a whole ward, available to the system in the most testing months of the year.



**Nationally Published Data**

Published data is available up to October 2017. There continues to be on going issues with the national published data which varies significantly from locally reported performance, as shown in the table below. This issue has been escalated to NHS England (NHSE) who is investigating the reporting of out of borough data that has not followed national guidance of local validation, which Bromley is therefore disputing. To date, 2 providers have been requested to retrospectively amend submitted data, which will have a significant impact on historical national published performance.

	Bromley Return	National data	Difference
August	9.32	17.90	8.58 beds/days
September	9.73	15.17	5.44 beds/days
October	3.13	13.90	10.77 beds/day

National published data makes local activity above the target of 10.31 bed days per day since NHSE monitoring commenced in September 2017.

## 2. Winter Strategy and Services Provision Update

The following areas were reported in the October DToC Update report to the Health & Wellbeing Board, planned to support the system throughout the winter months. An update and impact of each is provided.

Winter Plan	Update
Improved management oversight and governance around Delayed Transfers of Care (DToC) overseen by AD Urgent Care and Discharge Commissioning able to flex community resource to meet presenting demands e.g. bridging using Bed Based Rehab Nursing beds for people awaiting nursing homes and Home Based Rehab for reablement and POC bridging	From October – December 2017, 34 individuals care was bridged to facilitate their discharge and prevent a delayed transfer of care.
Roll out of Discharge to Assess (D2A) across the hospital to enable people to be discharged as soon as they are medically safe, allowing the assessment of their long term care and support needs to take place in the community reducing the delay in acute setting, this includes: <ul style="list-style-type: none"> <li>▪ Mission Care Discharge to Assess beds (5) available since September, targeted at patients with complex needs where a DToC is likely</li> <li>▪ Discharge to Assess at home available from October being rolled out across the PRUH</li> </ul>	D2A was mobilised across the emergency departments to prevent non-urgent admissions in October 2017. The full D2A pilot was rolled out to post-acute medicine from November. 109 people benefited from the scheme in Q3, 88 of which were supported at home and 21 in a placement
Expanded Trusted Assessor to ward based staff to restart packages of care when needs have not changed, reducing delays in awaiting Care Management input for simple restarts	Re-starts of domiciliary care directly by ward staff was rolled out across the whole hospital and also offered across Lewisham hospital on a reciprocal agreement, reducing process delays for people whose needs remain unchanged
Increased admission avoidance focus with greater community health and social care provision at the front end of the hospital to identify patients that can be supported in the community preventing an admission. (CCG Winter Pressures)	A Community Matron and a GP are on site full time to support admission avoidance
Increased rapid support available includes 24-hour care at home and up to 8 visits per day POC to prevent an admission and support more people at home, especially those where the main carer becomes unwell. (LBB winter pressures)	Full social care winter offer available to the PRUH which is accessed on a regular basis – a full review of this resource will be undertaken at the end of January
Dedicated 7 day working across the hospital site with plans to increase social care presence during twilight shifts throughout December and January	7 day working and increased cover on weekend by social care staff is in place and having a positive impact on weekend discharges. No twilight cover was able to be mobilised due to staff shortage however there were no adverse consequences as a result
Integrated voluntary sector provision with dedicated in-reach capacity to provide discharge and aftercare support for frail, elderly and isolated people who do not meet a statutory threshold for care and support (Bromley Well)	Bromley Well full time in-reach is in place which has resulted in increased use of voluntary and community sector provision including 24 hour Sitting Service, Take Home and Settle and the Handyman Service
Increased community equipment catalogue and improved processes for delivery of equipment for people leaving hospital in a timely manner	Priority delivery of equipment also made available over key weekends in December and the bank Christmas period

### 3. Challenges, support and next steps

Demand at the PRUH continues to rise with 5,000 additional people through the Emergency Department in the last 9 months of the year against the same period in the previous year. Admissions, in recent months, have been the highest in the history of the hospital with people remaining unwell for longer, resulting in more complex on-going care and support needs. This places a greater demand on community resource. An outbreak of norovirus, which closed over 60% of beds in the hospital, had a significant impact on the ability to discharge patients and support flow throughout the hospital. The result had an adverse impact on Emergency Department performance in December with the first 12-hour breach in 364 days.

The increased acute demand has had a significant impact on community provision with a particular pressure on availability of domiciliary care provision. Urgent work is underway to build capacity in the market including:

- Exploring new providers from neighbouring boroughs
- Communication with all domiciliary care actively encouraging weekend restarts/increase and additional flexible support to respond to demand
- Moving and Handling Co-ordinators reviewed all double handed POC awaiting discharge from the PRUH to reduce to single handed wherever possible.

Mental Health DToC definition and reporting continues to be a national challenge. The lack of prescribed guidance leaves local areas to agree definitions, processes and guidelines. A partnership wide workshop is due to take place on 19 February to ensure the Bromley definition is defined and agreed by all system partners. Agreed ways of working will also be obtained.

An increasing number of Bromley patients requiring a supported discharge are presenting at out of borough hospitals. A review of support and mobilising access to Discharge to Assess pathways from out of borough hospitals will ensure the risk of delayed transfer of care is reduced.

A full review of winter activity and pressures will be undertaken, reporting to the A&E Delivery Board to influence 2018 winter plans.