


Sherwood Forest Hospitals 
NHS Foundation Trust

Nottinghamshire Healthcare 
NHS Trust


*Newark and Sherwood
Clinical Commissioning Group*

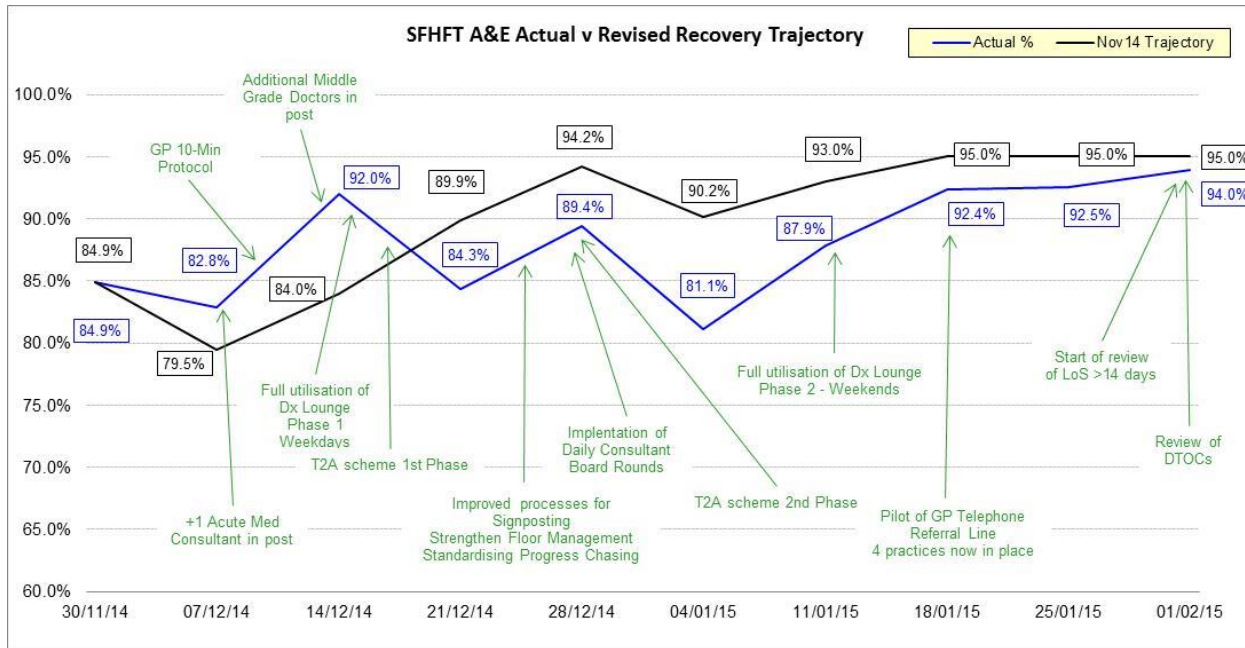

*Mansfield and Ashfield
Clinical Commissioning Group*



Delayed Transfer of Care at Sherwood Forest Hospitals

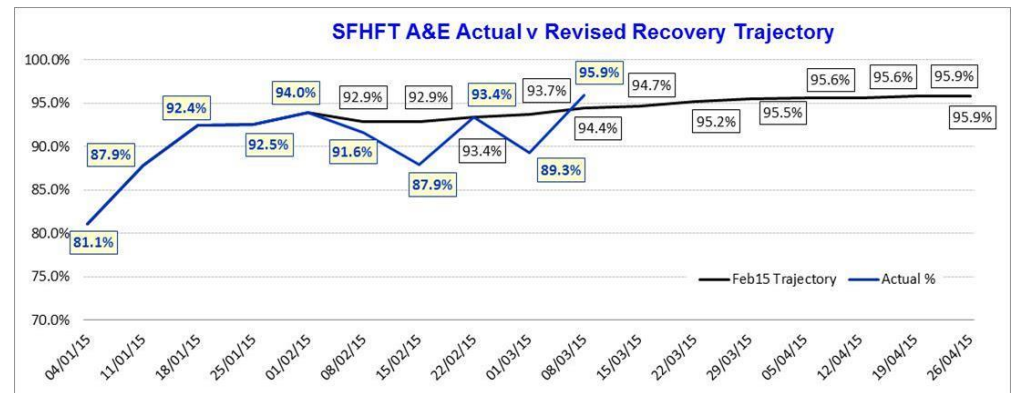
Delayed Transfer of Care Review
Friday 13th March 2015

We are working as a system to improve flow at all points (pre-hospital, in-hospital, post-hospital). This has enabled overall performance improvements.

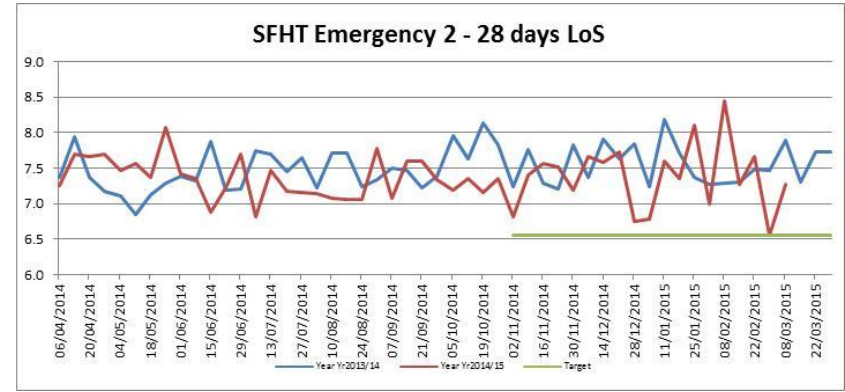
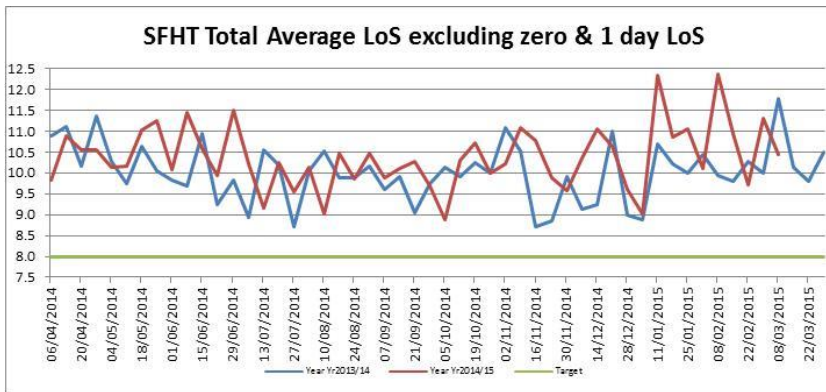
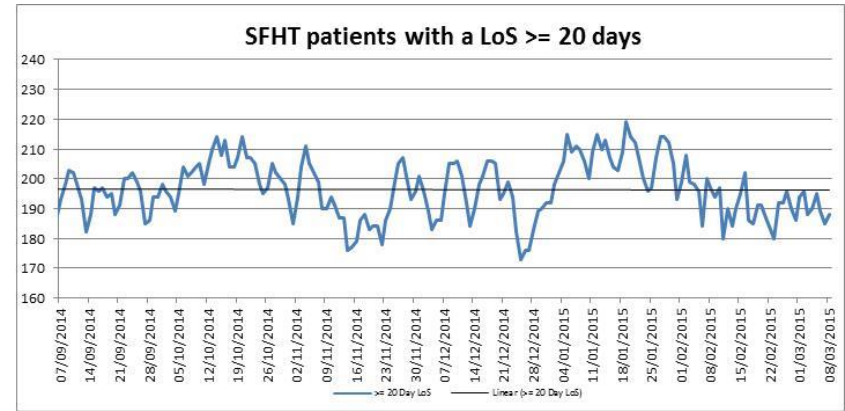
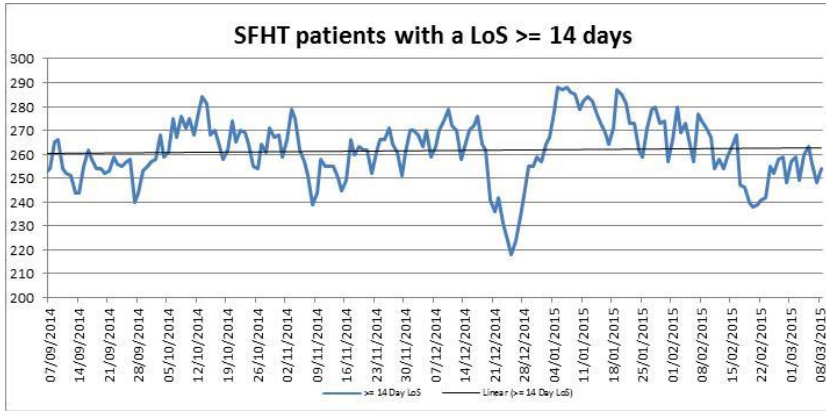


The table to the left shows implementation of schemes to improve flow across the system

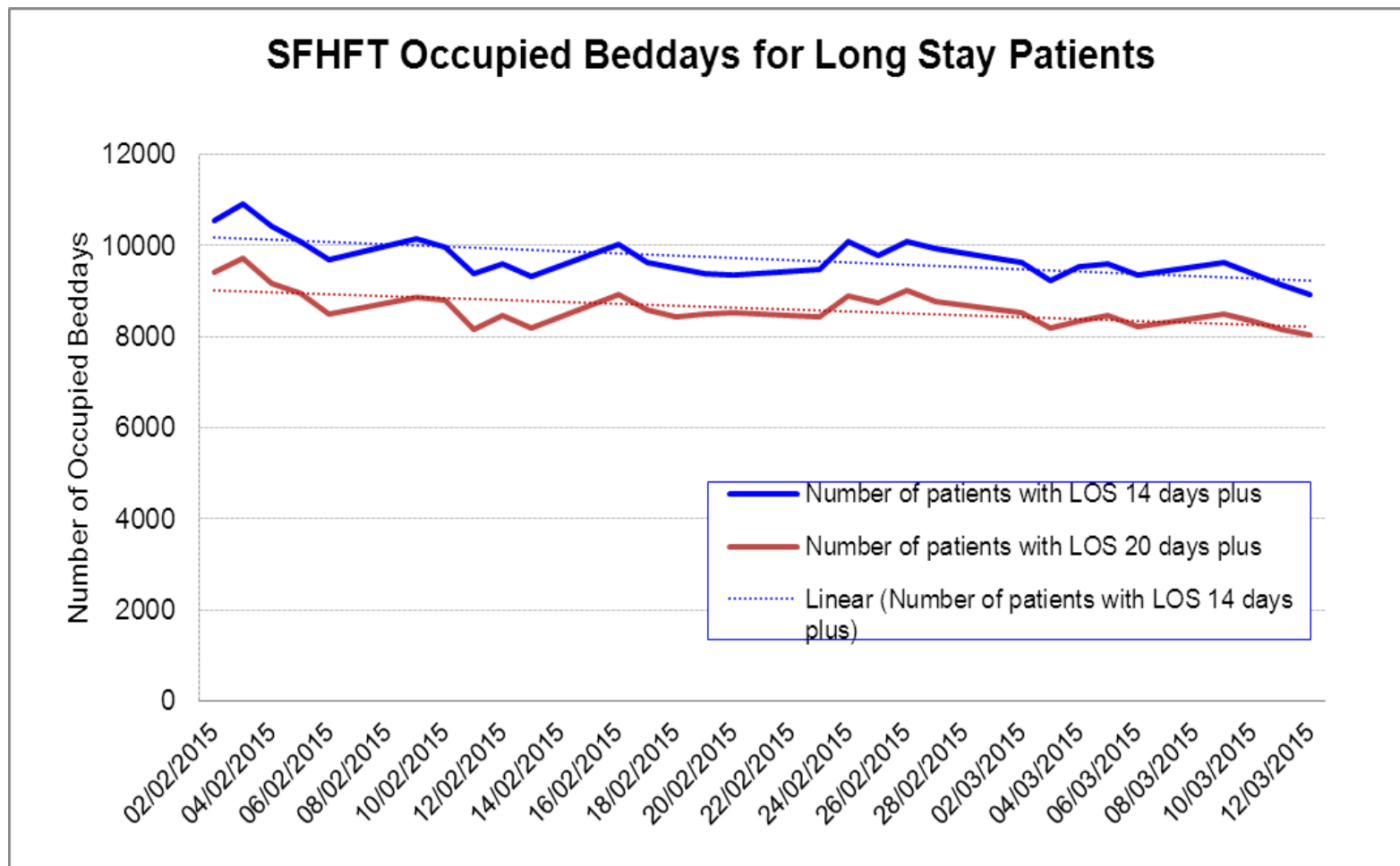
The table to the right shows the latest weekly performance v trajectory



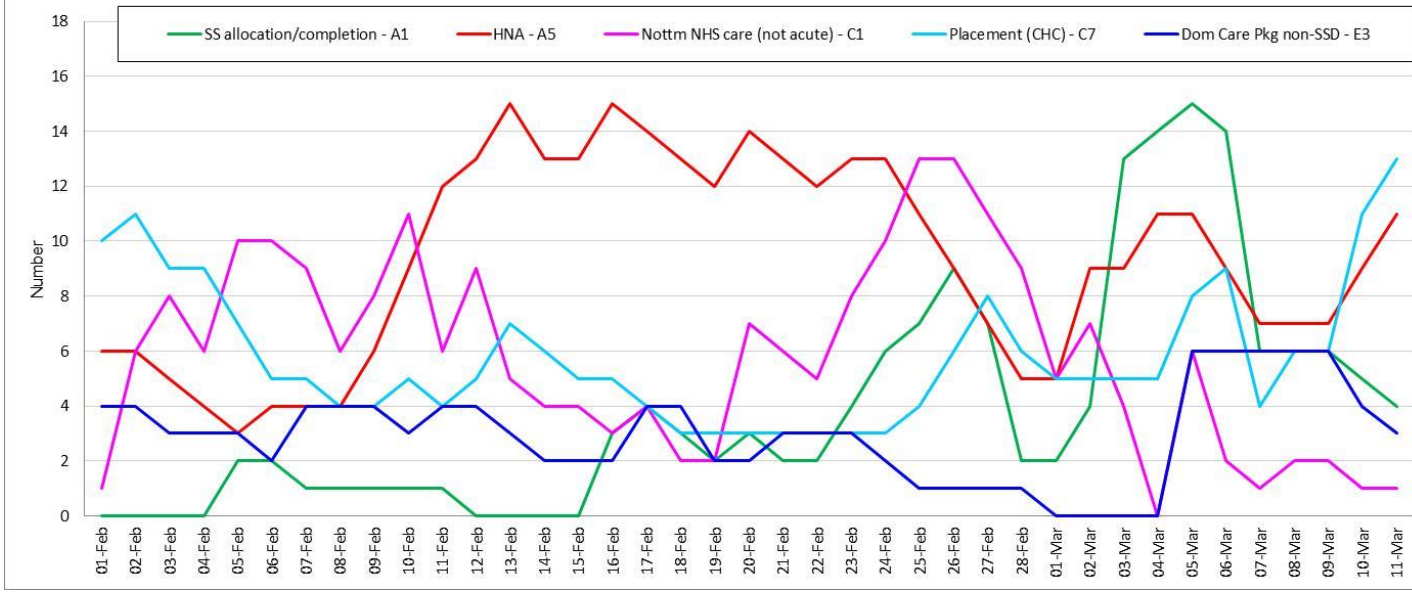
We are addressing length of stay as a whole, in order to maintain flow through ED, hospital beds and community settings.



Our actions have enabled us to reduce overall occupied bed days



SFHFT DTOCs - Top 5 Reasons for Delay



	01-Feb	02-Feb	03-Feb	04-Feb	05-Feb	06-Feb	07-Feb	08-Feb	09-Feb	10-Feb	11-Feb	12-Feb	13-Feb	14-Feb	15-Feb	16-Feb	17-Feb	18-Feb	19-Feb	20-Feb	21-Feb	22-Feb	23-Feb	24-Feb	25-Feb	26-Feb	27-Feb	28-Feb	01-Mar	02-Mar	03-Mar	04-Mar	05-Mar	06-Mar	07-Mar	08-Mar	09-Mar	10-Mar	11-Mar			
SS allocation/completion	0	0	0	0	2	2	1	1	1	1	1	0	0	0	0	3	4	3	2	3	2	2	4	6	7	9	7	2	2	4	13	14	6	6	6	5	4					
SS reimbursable	1	4	4	5	5	3	2	2	3	2	0	1	4	1	1	2	1	1	0	0	0	0	0	1	2	7	8	7	4	6	5	2	6	6	2	2	4	2	3			
HNA	6	6	5	4	3	4	4	4	6	9	12	13	15	13	13	15	14	13	12	14	13	12	13	13	11	9	7	5	5	9	9	11	11	9	7	7	7	9	11			
Nottm NHS care (not acute)	1	6	8	6	10	10	9	6	8	11	6	9	5	4	4	3	4	2	2	7	6	5	8	10	13	13	11	9	5	7	4	0	6	2	1	2	2	1	1			
Placement (CHC)	10	11	9	9	7	5	5	4	4	5	4	5	7	6	5	5	4	3	3	3	3	3	3	3	4	6	8	6	5	5	5	5	5	5	8	9	4	6	6	11	13	
Waiting id of or vac in approp NH SS funded	6	6	4	4	6	4	3	3	3	3	0	0	0	1	1	1	0	0	1	1	1	1	1	2	2	3	3	3	1	1	1	1	1	1	1	1	1	2	2	2	3	4
Dom Care Pkg non-SSD	4	4	3	3	3	2	4	4	4	3	4	4	3	2	2	2	4	4	2	2	3	3	3	2	1	1	1	1	0	0	0	0	6	6	6	6	6	4	3			
Other	8	11	14	10	8	8	8	8	7	6	6	7	8	8	8	10	6	5	7	8	8	8	7	6	10	10	11	14	4	5	6	10	21	11	9	10	10	6	7			
Grand Total	36	48	47	41	44	38	36	32	36	40	33	39	42	35	34	41	37	31	29	38	36	34	39	43	50	58	56	47	26	37	43	43	74	58	37	41	43	41	46			

We have an action plan to address our key causes of DTOCs and will reach our target (3.5%) by 1.5.15

Reason for delay	Issues, rationale for actions	Actions to address delays
Health nurse assessor, DST, eligibility assessment	Initial nursing assessments undertaken in the trust, CSU undertake DSTs, complex processes and lack of communication between areas	<ul style="list-style-type: none"> • Review of hospital nursing assessment capacity has been undertaken; 4WTE nurses in post since February • Cessation of Section 2 and Section 5 and single assessment process to be implemented from 1.4.15 • Re-procurement of CHC assessments, new service in place from 1.7.15 • Integration of discharge teams and reporting systems from 1.8.15
Transfer to non-acute NHS care (community hospitals, sub-acute wards)	Therapy delays and flow into Community Hospital Limited therapy capacity	<ul style="list-style-type: none"> • Review of whole system therapy capacity and the potential impact of integrated team working by July 2015 • Implementation and communications programme regarding leaving hospital policy, commenced 2.3.15
Placement (continued healthcare)	Fast track processes not aligned between organisations	<ul style="list-style-type: none"> • Review of process and reduction in complexity by 31.5.15
Domiciliary care package (non-SSD)	Homecare capacity / quality limitations (particularly in rural areas around Newark)	<ul style="list-style-type: none"> • Increased use of voluntary sector, continuation of winter resilience schemes, increased capacity in crisis response teams (EDASS, ASSIST, Rapid Intervention Team) • Use of direct payments • Use of alternative homecare agencies • Contract management of existing providers, potential re-procurement as required

Additional actions to date to support flow

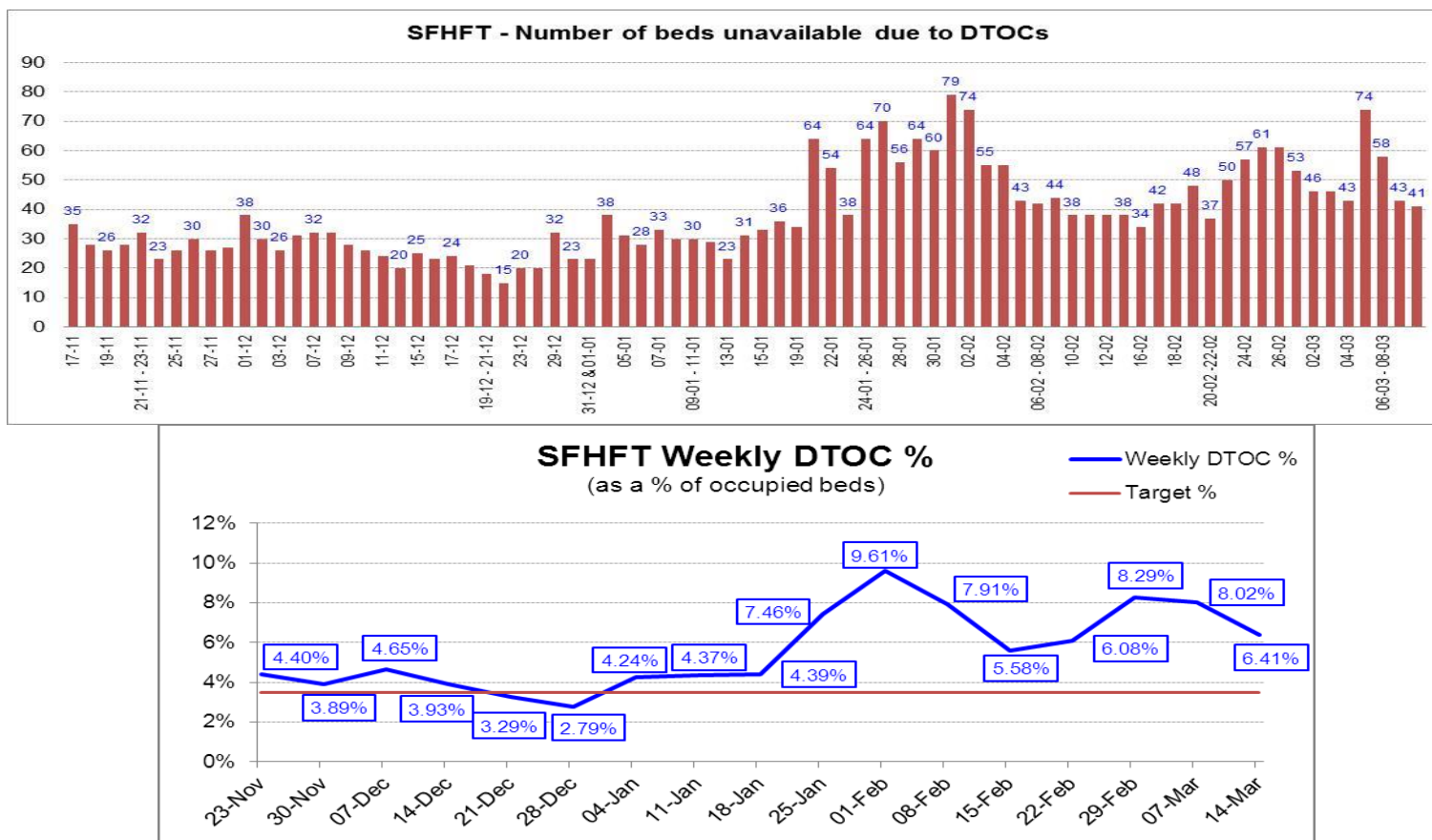
- A&E pull schemes to prevent admissions
- Board Rounds, ward pull schemes by integrated community teams (PRSIM)
- Implementation of the Discharge Lounge 7/7
- Transfer to Assess 7/7 132 patients have been supported via this process since 1 January 2015 (64 patients through bedded facility, 41 have gone home (including non-weight bearing), 22 went straight home under the scheme.
- Spot purchase of an additional 23 beds to enable short term enablement for 4-6 weeks including non-weight bearing patients recovering from fractures. Data show average length of stay for patients in these beds until able to return home is 23 days.
- Integrated discharge resource concentrating on discharging patients from W35 and W21 now has been extended to W41 . Further wards to follow (based on longest LoS metrics).
- Trust Integrated Discharge team proactively managing wards on all >14d LoS's

Further planned actions to support general system flow

Medium term (2015):

- Review of complex patient groups to determine commissioning requirements
- Review of continuing healthcare assessments outside of acute hospital
- Review of Board round effectiveness and timing to maximise next day discharges
- Increase capacity for transfer to assess in Newark, including medical cover
- Develop system KPIs to measure flow when people have left hospital

DTOC reporting will also be reviewed across health and social care



- Our emergency care recovery plan has focused on discharge processes and delays more recently (following considerable work regarding ED and hospital ward flow).
- Delayed discharges are being identified and reported as part of our no tolerance approach to delays across the whole pathway. There is heightened awareness of delayed discharges and this may be contributing to apparent increases in DTOC reports. There is variability in day-to-day levels that warrant further investigation.
- We have received conflicting advice about the inclusion of Section 2 cases in reported DTOCs (our data include this, but this may not be the case for all areas).
- We include non-acute Sherwood Forest Hospitals sites, which have disproportionately more complex discharges. We understand that this is not the case for all areas of the country.
- We would welcome expert advice about the application of DTOC definitional guidance and reporting processes.

Full list of categories for current DTOCs and their description

- SS allocation/completion - A1 - awaiting social service assessment or completion of assessment (section 5 not submitted)
- SS reimbursable - Section 5 submitted awaiting social services
- Health-OT - A2 - awaiting occupational therapy assessment
- Health-Nurse assessor - A5 - awaiting nursing assessment, DST (decision support tool), or eligibility (funding)
- M.C.H - A8 - awaiting rehab assessment
- Nottingham NHS care (not acute) - C1 - been assessed for rehab, (Notts) and listed (rehab at MCH, ward 41 sub-acute ward or Newark)
- Derbyshire NHS care (not acute) - C1B - been assessed for rehab (Derby) and listed, Babbington hospital, Ripley, Bolsover Hospitals, Ilkeston
- Placement (continued healthcare) - C7 - Fast Track patients awaiting identification of placement
- Awaiting identification of or vacancy in appropriate RH SS funded - D1.1 - Social Services funded placement, awaiting family to choose residential home
- Awaiting identification of or vacancy in appropriate NH SS funded - D2.1 - Social Services funded placement, awaiting family to choose nursing home
- Domiciliary package of care SSD - E1 - Been seen by Social Services and referred to START or care provider for POC
- Domiciliary care package non -SSD - E3 - Patient self-funder awaiting ? increase or re-start of POC
- Interim care not appropriate/declined - E4 - patient seen by SS, section 5 submitted, interim offered to patient by Social Services, patient declined
- Equipment (Health) - F2 - Awaiting equipment delivery, ? in stock, delivery date
- Equipment/Adaptation (self funder) - F3 - Awaiting self-funding equipment at home, lifeline, keysafe, sensors / adaptations, door frames widening
- self funder- choosing NH - G2 - self-funding patient, family choosing Nursing homes
- Other - G9 - Family wanting to speak to SS, OT, DRS prior to patients dc etc