



Health in Dacorum

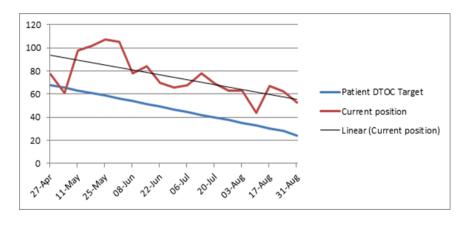
Delayed Transfers of Care briefing

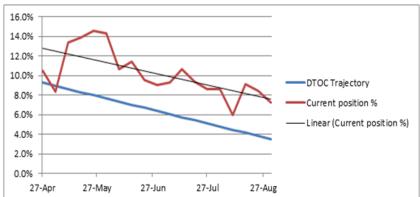
Discharge and out of hospital

DToC

• Currently, the system is working towards the below trajectory for DToC which shows that although we are not on target, there is an overall downwards trend.

System	Apr	May				Jun				Jul					Aug				
w/c	27-Apr	04-May	11-May	18-May	25-May	01-Jun	08-Jun	15-Jun	22-Jun	29-Jun	06-Jul	13-Jul	20-Jul	27-Jul	03-Aug	10-Aug	17-Aug	24-Aug	
DTOC Trajectory	9.3%	9.0%	8.6%	8.3%	8.0%	7.7%	7.4%	7.0%	6.7%	6.4%	6.1%	5.7%	5.4%	5.1%	4.8%	4.5%	4.1%	3.8%	3.5%
Flat Reduction %	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%	0.3%
Patient DTOC Target	68	66	63	61	59	56	54	52	49	47	44	42	40	37	35	33	30	28	24
Current position	77	61	98	102	107	105	78	84	70	66	68	78	69	63	63	44	67	62	53
Current position %	10.5%	8.3%	13.4%	13.9%	14.6%	14.3%	10.6%	11.5%	9.5%	9.0%	9.3%	10.6%	9.4%	8.6%	8.6%	6.0%	9.1%	8.5%	7.2%





DToC – breakdown as of 5 September 2017

Health									
Week ending	Assessed within 24 hours	% Discharged within 72 hours							
04/09/17	47%	0%							

Social care									
Week ending	Assessed within 72 hours	% Discharged within 72 hours							
04/09/17	22%	25%							

- The tables above demonstrate there is still significant work to be done around assessment and discharge standards. Now that the numbers of DTOCs are much lower, it is becoming clearer to identify where process issues need to improve across all health areas.
- DToC rates peaked in May at levels of 12.52% of occupied beds. Since this time DToC rates have reduced and are currently 6.48% for WHHT which is a 50% reduction since May.
- Herts Valleys CCG undertake daily calls with all parts of the system to proactively support improvement on patient flows.
- CEO daily oversight
- Concern around discharge flow out of HCT beds has been raised formally and assurance is still required.

DToC – breakdown as of 5 September 2017

		WHHT DToCs								HCT DToCs							
		05-Sep-17						05-Sep-17									
<u>Pathway</u>	Delay reason	<u>NHS</u>	NHS OOC	<u>CHC</u>	<u>CHC</u> <u>OOC</u>	<u>SC</u>	SC OOC	<u>WHHT</u> <u>Total</u>	<u>NHS</u>	NHS OOC	<u>CHC</u>	CHC OOC	<u>SC</u>	SC OOC	<u>HCT</u> <u>Total</u>		
	Assessment (SW allocated)					4					5						
	Package of care			1		8							3	3			
Pathway 1	Package of care (SF)					1			4								
	Residential care home																
Pathway 3	Residential care home (SF)					1											
	Nursing care home	1		1		2	2						3				
	Nursing care home (SF)								1								
	Dementia					5											
	Dementia (SF)					2											
	Enablement/ respite																
	Housing					1			2								
	IMC	6															
	NWB	2															
	Choice	1							3								
	Live in carer																
	Equipment																
	Total	10		2		24	2	38	10		5		6	3	24		

Out of hospital flow

Next Step	OS CONTRACTOR OF THE PROPERTY	Updates and timescales	Lead
HCT- IDT	Frequency of audit, through WHHT LOS Review, STEISS and case management audit	Case Management Meetings taking place 2x Per week. Full attendance from IDT with West Herts Colleagues 1 x per week to attend the LOS as well as weekly discussions around STEISS. Daily Audit of EDD for the day to provide assurance around assessment completion and service requirements to meet EDD, plus any mitigation for failure to meet	Head of Service IDT - HCC
HCT- IDT	Pathway 3 D2A Model started 01/08/2017	IDT are identifying patients to transfer for full CHC assessment outside the acute hospital. Transfers are now happening for eligible patients. There are issues around flow that need to be address, this links to both suitable trained and levels of staff to support CHC pathway as well as availability of resource.	Head of Service IDT - HCC
HCT- IDT	Additional capacity and direction to be provided by Impartial Assessor for care home placements	Interviews unsuccessful in August , have re-advertised for this post. Further interviews took place on the 25/08/2017, again unsuccessful – imperative right calibre of staff identified. Broadening the scope of the role to support Simpson D2A Pathway 3	Head of Service IDT - HCC
ALL	Review of the use of the Choice Policy to allow for tighter scrutiny and direction	On-going within IDT/WHHT/HCT/HVCCGO. Will be a new area of work under SRG.	Head of Service IDT – HCC All
HCT- IDT	Continued development of the 7 day service across IDT	IDT (Health) continue to cover the weekends on a voluntary rota, within social care there is a mandated rota which commenced in February 2017. There has been a 23% increase in social care discharges from WGH at weekend (Feb – May 2017 compared to same period 2016)	Head of Service IDT - HCC
HCT- IDT	Ward based social work and attendance at board rounds	This has been rolled out across all wards, with Social Workers allocated to their own wards providing information sharing across the team and cover in colleagues absence.	Head of Service IDT - HCC

V5.0 – 08/09/17