

Subject:	Delayed Transfers of Care		
Date of Meeting:	27 June 2018		
Report of:	Executive Director, Health & Adult Social Care/CCG Chief Operating Officer		
Contact Officer:	Name:	Grace Hanley	Tel: 01273 29
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Ward(s) affected:	All		

FOR GENERAL RELEASE**Glossary:****DToC: Delayed Transfers of Care****BSUH: Brighton & Sussex University Hospitals Trust****CCG: Brighton & Hove Clinical Commissioning Group****PAT: Patient Assessment Team** (provides an initial assessment of emergency patients at the Royal Sussex County Hospital)**ICU: Intensive Care Unit****WiC: Walk in Centre****PFIS: Patient First Programme** (BSUH internal programme to improve performance)**SDR: Strategy Deployment Review** (BSUH internal review process)**TEC: Trust Executive Committee** (BSUH committee overseeing patient flow work)**GGI: Good Governance Institute** (independent body that sets governance standards)**1. PURPOSE OF REPORT AND POLICY CONTEXT**

- 1.1 A 'delayed transfer of care' (DToC) occurs when a patient is ready to leave hospital but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

NHS England, the body responsible for monitoring delayed transfers of care nationally, defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'. The [definition](#) of delayed transfers of care used by NHS England is very specific. For example,

data on delayed transfers does not include delays in transferring a patient between different wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

- 1.2 This report contains information on local DToC rates as well as outlining some of the steps that the local health and care system is taking to manage and reduce delays. **Appendix 1** to this report includes information from BSUH on actions being taken to improve patient flow, a key factor in reducing DToC rates.

2. RECOMMENDATIONS:

- 2.1 That members note the report

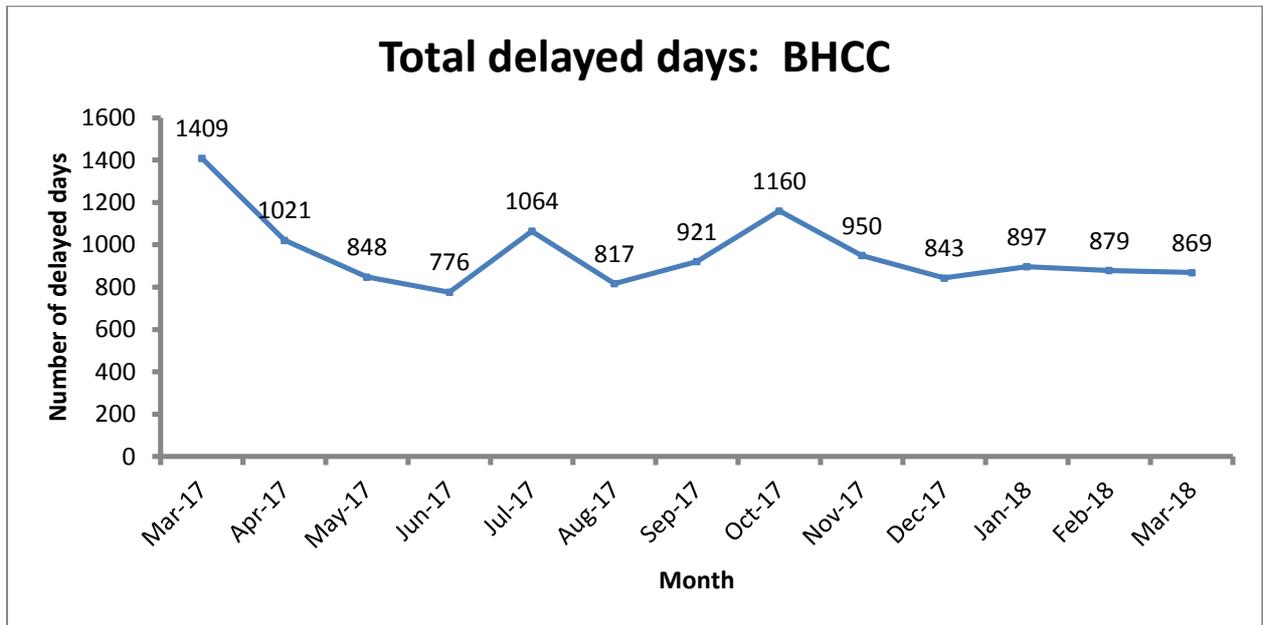
3. CONTEXT/ BACKGROUND INFORMATION

- 3.1 Data on delayed transfers of care is collected from providers of NHS funded care and includes information on the:

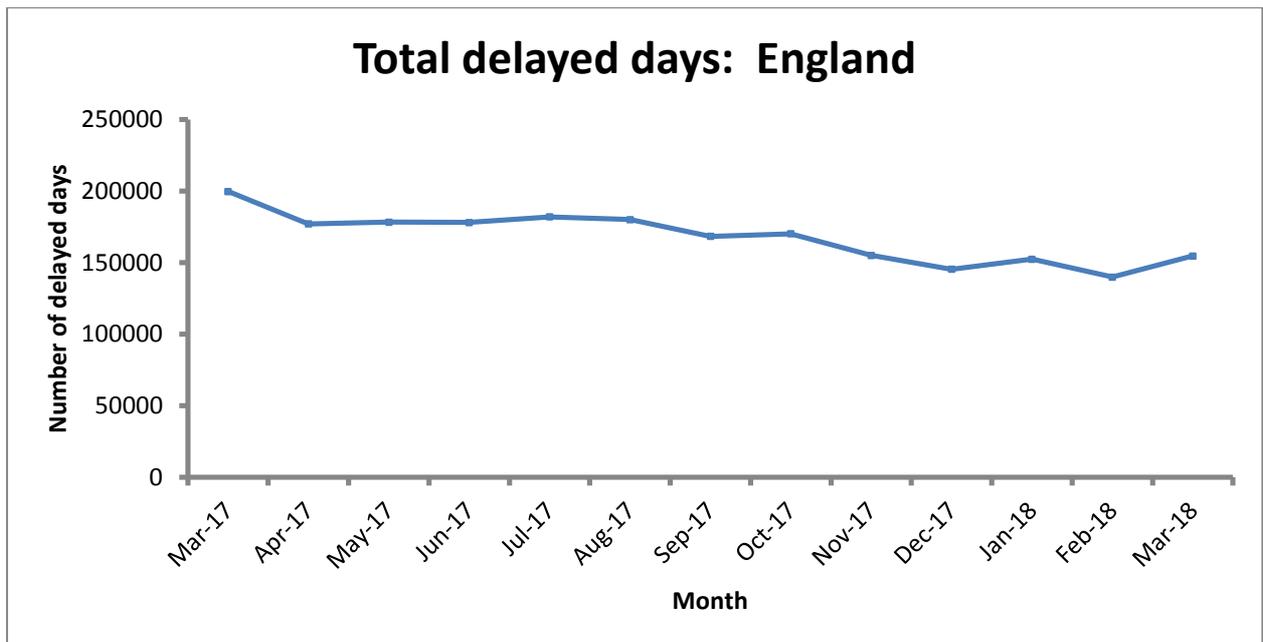
- Local Authority that is responsible for each patient delayed
- Agency responsible for delay (NHS, Social Services or both)
- Type of care that the patient receives (acute or non-acute)
- Reason for delay

- 3.2 Patients ready to transfer are people who no longer require acute care. It is widely accepted that a prolonged acute stay can be detrimental to people's health and wellbeing and that enabling their transfer from hospital as quickly as possible is vital.

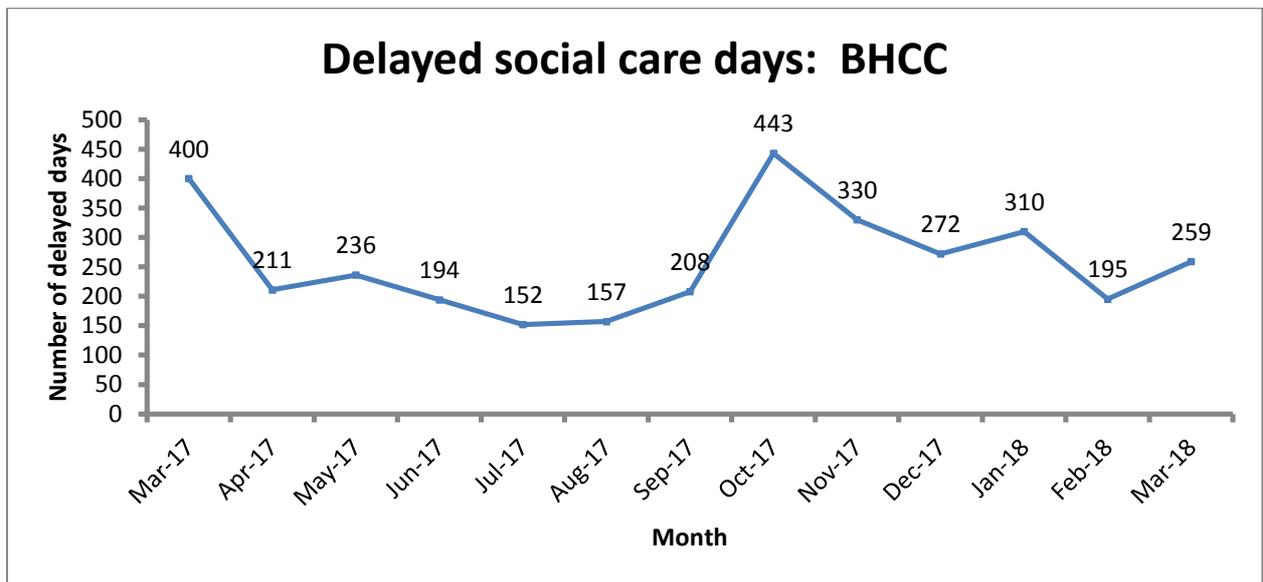
- 3.3 In Brighton and Hove we have made a number of improvements in the last 12 months as outlined by the data below:



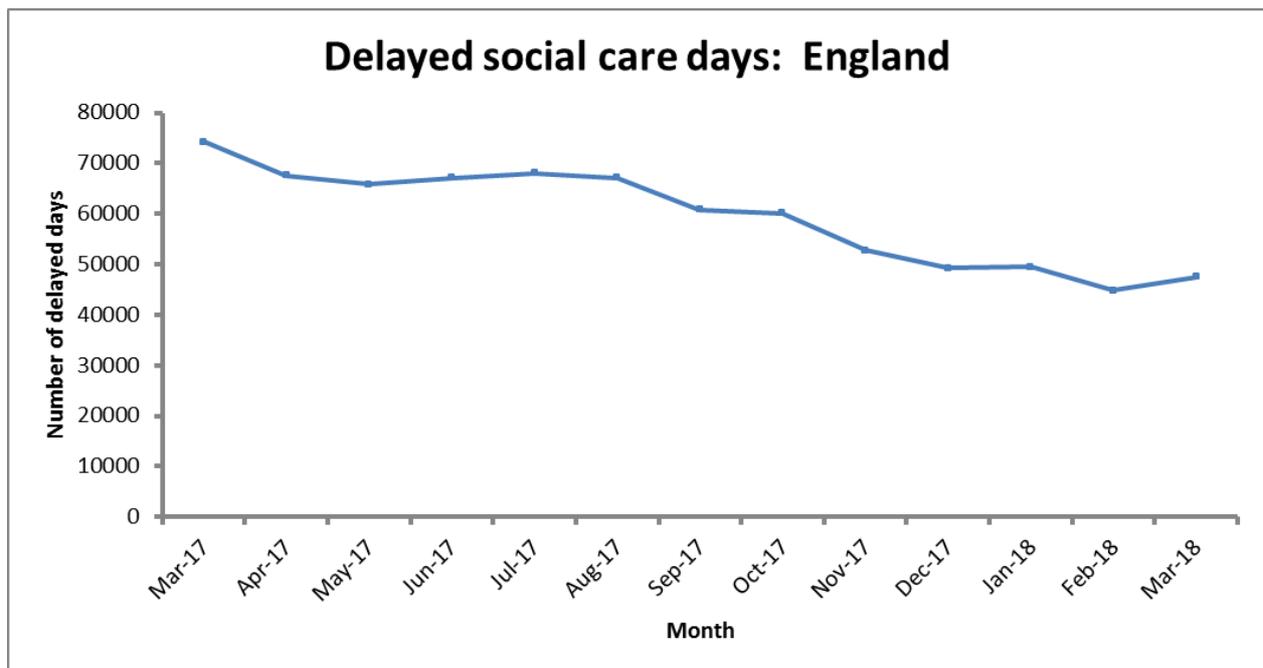
The above graph shows that we have reduced the number of delayed bed days in the last year by 540 days (38.3% decrease since this time last year).



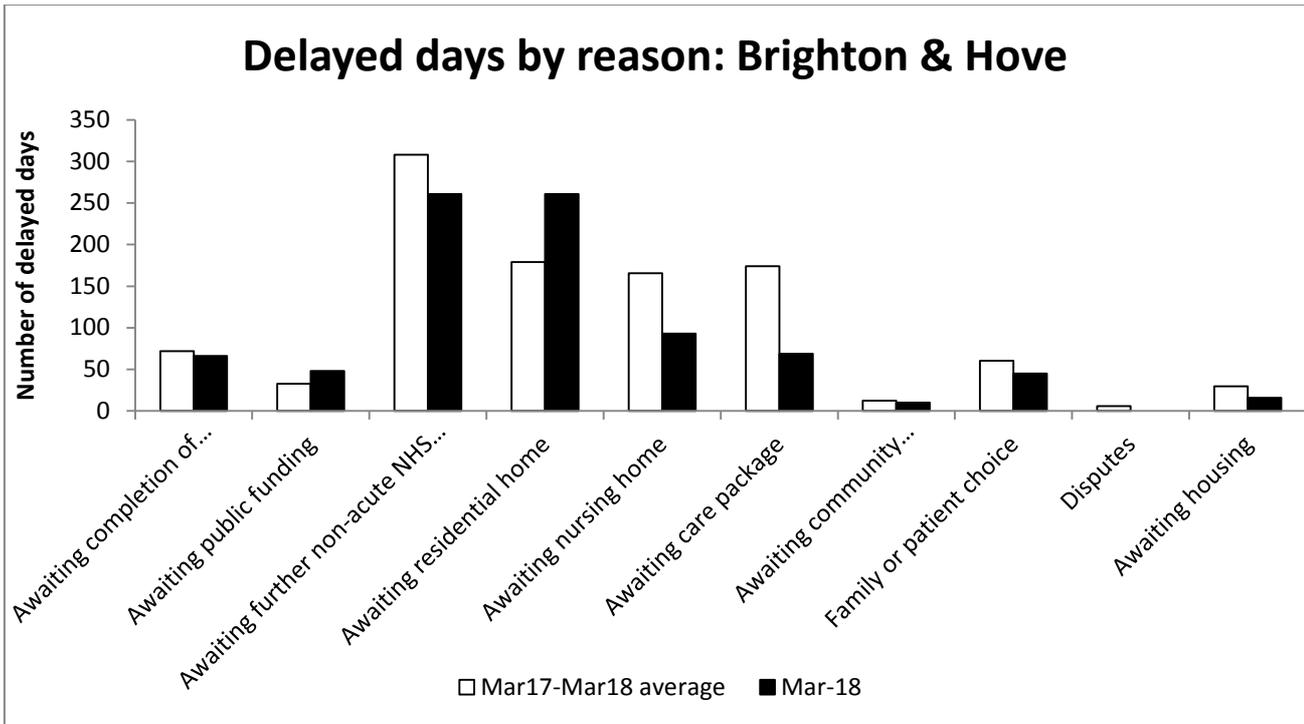
The above graph shows that in England the number of delayed bed days in the last year has been reduced by 45,039 days (22.6% decrease since this time last year).



The above graph shows that we have reduced the number of delayed social care bed days (i.e. delays attributable to BHCC social care) in the last year by 141 days (35.3% decrease since this time last year).

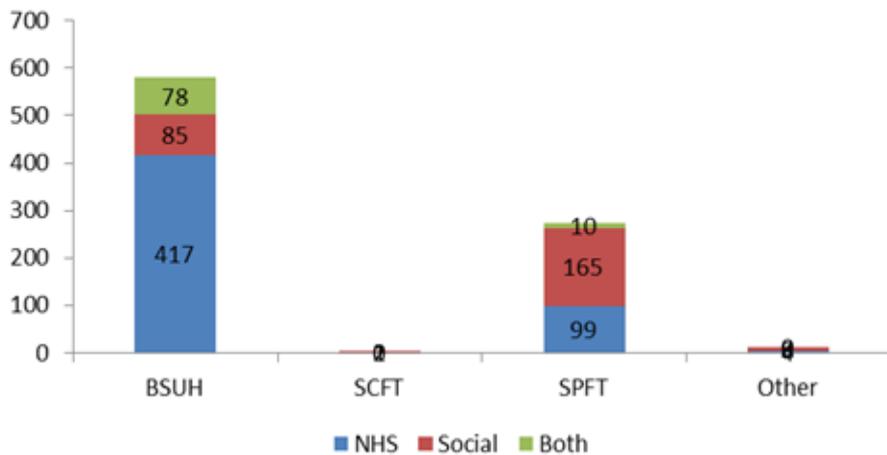


The above graph shows that in England the number of delayed social care bed days in the last year has been reduced by 26,831 days (36.1% decrease since this time last year).



The above graph shows March's delayed days against the yearly average. This shows a general improvement, apart from residential care home delays (please note this includes delays for those awaiting specialist mental health placements).

B&H UA Delays - Mar-18



The above chart displays delayed days by responsible provider.

3.4 It should be emphasised that delivery of DToC requires joint working across organisations in a collaborative and supportive manner, as this is the only way delivery will be achieved and maintained. One example of positive joint working is Home First.

Home First: working together to enable people to get home quickly and reduce DToCs

- The aim of Home First is to enable the safe discharge to home of all patients including the frail and elderly as soon as they are medically fit to leave hospital. The Home First scheme in Brighton and Hove was instigated by providers of services who were keen to streamline the process, so that patients could be discharged home in a timely way. These providers were Brighton & Sussex University Hospitals NHS Trust (BSUHT), Sussex Community NHS Foundation Trust (SCFT) and Brighton & Hove Health and Adult Social Care Team (HASC).
- Home First was first piloted in Brighton on one ward at the County site from October 2016. It is a flexible model which allows ward staff to identify patients on the wards who are safe to be discharged and have their assessment of needs at home rather than whilst in hospital. This is the 'discharge to assess' model. The care provided at home is person-centred and designed to meet the individual needs of the patient. This model is flexible as it enables patients to set and achieve their goals in their own home. For HASC this has meant comprehensive (Care Act) assessments are completed with the person, in their home, rather than on a ward.
- In order to support the management of DToCs it is essential that providers work collaboratively. BHCC and SCFT have aligned staff resources so that social workers are based within the community SCFT team, which allows improved multidisciplinary case management and ensures that patients can be discharged home earlier than previously and be managed more effectively in the community.
- SCFT and BHCC engage fully in the daily BSUH DToC and complex discharge conference calls, providing solution focused discussions to maximise discharge flow and prevent avoidable DToC.
- SCFT and BHCC are now working closely with BSUH to assist in simplifying discharge pathways from the hospital, this will increase the numbers of patients who receive their assessment of needs at home and will have a positive effect of the further reduction of DToC.

3.5 Another key factor in reducing DToC rates is ensuring that the flow of patients through a hospital is as efficient as it can be. More information on the steps being taken to improve flow at BSUH is included as **Appendix 1** to this report.

4. ANALYSIS & CONSIDERATION OF ANY ALTERNATIVE OPTIONS

4.1 Not applicable to this report for information

5. COMMUNITY ENGAGEMENT & CONSULTATION

5.1 None undertaken for this report for information

6. CONCLUSION

6.1 Members are asked to note the information provided on performance regarding Delayed Transfers of Care and on the steps being taken to reduce DToCs.

7. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

7.1 None for this report for information

Legal Implications:

7.2 There are no legal implications to this report

Lawyer Consulted: Elizabeth Culbert

Date: 01/05/2018

Equalities Implications:

7.3 None directly to this report for information. DToCs particularly impact on frail and elderly patients, so any reduction in DToC rates will have a positive impact on these protected groups.

Sustainability Implications:

7.4 None identified

Any Other Significant Implications:

7.5 None identified

SUPPORTING DOCUMENTATION

Appendices:

Appendix 1: slides on patient flow provided by BSUH

Documents in Members' Rooms

None

Background Documents

None

