

**Hospital Discharge Scrutiny Inquiry Progress Update on Recommendations**  
**Interim Progress Report (6 months on)**

**Select Committee Inquiry Report Completion Date:** March 2017 (went to Cabinet in April 2017)

**Date of this update:** November 2017

**Lead Officer responsible for this response:** Debbie Richards (CCGs), Neil Macdonald (BHT) and Suzanne Westhead (BCC)

**Cabinet Member that has signed-off this update:** Lin Hazell, Cabinet Member for Health & Wellbeing

**Inquiry Chairman:** Brian Roberts

**Select Committee Support Officer / Adviser (Extension):** Liz Wheaton (ext. 3856)

Accepted Recommendations	Original Response and Actions	Progress Update at 6 months	Committee Assessment of Progress (RAG status)
<p><b>That BCC, BHT and the CCGs continue to work together to drive forward improvements to the patient discharge pathway.</b></p> <p><b>The Inquiry Group recommends that this includes the following:</b></p> <p><b>1a. Developing a seamless patient pathway with standardised and computerised paperwork across the whole system;</b></p>	<p><b>Agreed:</b> The Buckinghamshire System continuously strives to review and improve on the pathway for patients and residents of Buckinghamshire.</p>	<p>A joint report was taken to the Health and Wellbeing Board on 9 March 2017, from the Council, Buckinghamshire Clinical Commissioning Groups and Buckinghamshire Healthcare Trust, as a statement of intent for more integrated working between health and social care organisations in Buckinghamshire. It set out the opportunities for local integration to deliver joint outcomes for the health and wellbeing of Buckinghamshire residents and better manage demand on services.</p> <p>The Health and Wellbeing Board will retain on-going oversight of the delivery plans and progress towards integration by 2020. These include developing more integrated provision, with fewer hand-offs for patients, supported by improved data sharing. Evidence of data sharing is the My Care Record (MCR) which is a web based system where A&amp;E staff, Adult Social Care and Primary care can look at a patients case records. The intention by April 18 is to include Oxford Health Foundation Trust and 111 access to the system</p> <p>The system is committed to reducing the need for hospital admission through better and more responsive services in the community. This is central to our approach to health and care integration.</p> <p>Work across partners to develop seamless pathways and joined up services is supported through collaborative work on the Local</p>	

		<p>Digital Roadmap within the Sustainability and Transformation Plan (STP).</p> <p>Work currently being undertaken jointly by partners to develop Discharge to Assess (D2A) Models, as detailed in section 3b below has as one of its' priorities the development of the seamless pathway and standardised paperwork identified as an action and will be implemented during the winter months to help alleviate some of the pressures within the health and social care system</p> <p><u>Responsible Officer:</u> S Norris &amp; NHS partners</p> <p><u>Action by:</u> Review by March 2018</p>	
<b>1b. Jointly leading on a piece of work with care providers to develop and implement the “Trusted Assessor” model to an agreed timescale;</b>	<p><b>Partially agreed:</b> Health and social care partners are proactively looking at learning from New Models of Care and the Vanguards. We are grateful to the Enquiry for highlighting the model that has been implemented in Hertfordshire.</p> <p>Commissioners are reviewing best practice models on trusted assessors and will be bringing options back to partners for decision.</p>	<p>As requested by HASC, ASC has had detailed discussions with Vanguard Authorities – Hertfordshire &amp; Lincoln to identify how their Trusted Assessor models work and the benefits to all partners of this approach.</p> <p>Both Authorities used Trusted Assessors who were employed by the local trade associations within each area. Both Vanguard Authorities informed ASC that these Trusted Assessors did reduce the number of different providers who previously were required to assess any individual patient before an appropriate care home was identified and in doing so reduced the time taken to find an appropriate placement.</p> <p>ASC has established a regular older people's care home forum with health commissioners invited to attend. The last meeting in September discussed ways in which the health and social care system including the independent sector could work in a timely manner to ensure safe and appropriate discharges.</p> <p>Work currently being undertaken jointly by partners to develop Discharge to Assess (D2A) Models, as detailed in section 3b below has as one of its priorities the development of Trusted Assessors within Multi-disciplinary Teams to maximise both skills and resources for the benefits of patients and staff. Health and Adult Social Care have agreed the D2A model and have used much of the Vanguards principles to implement a Buckinghamshire D2A model.</p>	

		<p><u>Responsible Officer:</u> J Bowie, BCC</p> <p><u>Action by:</u> December 2017</p>	
<p><b>1c. Undertaking a piece of work to gain patient and family/carer feedback on their experience of the discharge process – before and after discharge from the Hospital setting. The results to be used by those involved in the discharge process;</b></p> <p><b>1d. Strengthening the mechanisms for recording and sharing patient and family conversations to minimise the risk of misunderstanding and duplicate conversations taking place;</b></p>	<p><b>Agreed:</b> As a useful exercise that would complement the national Inpatient Survey which runs across all healthcare Trusts and has discharge experience as a key line of enquiry.</p> <p>A full survey will be designed with partners in Q2 17/18 and run across a sample of hospital and community discharges before the end of Q3.</p>	<p>A full discharge survey was designed with partners in Q2 (in addition to the standard national survey). This is currently being run across a sample of both hospital and community services through to the end of December.</p> <p>A specific patient experience group, specifically focused on discharge, will also be launched before the end of the year: the group is being launched with a patient workshop in December.</p> <p><u>Responsible Officer:</u> BHT to Lead</p> <p><u>Action by:</u> December 2017</p>	
<p><b>1e. Introducing a module within the induction programme (and ongoing training programme) to increase the Hospital nursing staff's understanding of the community teams and to aid closer working;</b></p>	<p><b>Agreed:</b> To be included in the hospital nursing induction programme and refresher training for all staff run on a quarterly basis</p>	<p>This has been implemented for all new starters. The community services team is also holding briefing sessions on a regular basis for matrons. A single point of access has now also established for all community referrals from the hospital.</p> <p><u>Responsible Officer:</u> BHT to Lead</p> <p><u>Action by:</u> March 2018</p>	
<p><b>1f. That commissioned services specify seven day cover within the contracts and access to services is seven days a week;</b></p>	<p><b>Agreed:</b> Over the last 3 years we have increased the number of services providing a 7 day response. Responses from commissioned services from the independent sector can vary outside the standard operating week – individual providers are accessible 7 days but others have</p>	<p>All of our ASC contracts allow for 7 day working in relation to resources that would facilitate and support Hospital Discharges.</p> <p>The CCGs have been in liaison with NHS Arden Gem CSU, the provider of Community Healthcare (CHC) services in Buckinghamshire, to establish the opportunity for CHC assessments to be carried out over 7 days. Since the action plan was drafted it has been agreed that the CHC service will transfer to Oxford Health Foundation Trust (OHFT) on 1<sup>st</sup> December. There</p>	

	<p>limited capacity to offer this option. Commissioners will discuss with BHT while being mindful of budget and capacity constraints.</p> <p>CCG's to liaise with Arden Gem NHS, the provider of CHC services in Buckinghamshire, to establish opportunity for CHC assessments to be carried out over 7 day service.</p>	<p>are some significant clinical vacancies in the team and our priority focus is on the safe transition of the service and making best use of the available resource. We are not therefore in a position to move assessments to a 7 day service currently.</p> <p>Systems have also been set a national standard of <b>less than 15% of full NHS Continuing Health Care assessments to take place in an acute hospital setting by March 2018</b>. The CCGs are ahead of the planned trajectory for achieving this target.</p> <table border="1"> <thead> <tr> <th colspan="9">Reduction in CHC assessments carried out in Acute hospitals</th> </tr> <tr> <th></th><th colspan="8">2017/2018</th></tr> <tr> <th></th><th>Q1</th><th>Sep-17</th><th>Oct-17</th><th>Nov-17</th><th>Dec-17</th><th>Jan-18</th><th>Feb-18</th><th>Mar-18</th></tr> </thead> <tbody> <tr> <td><i>Target Trajectory</i></td><td>49%</td><td>49%</td><td>44%</td><td>40%</td><td>35%</td><td>30%</td><td>20%</td><td>15%</td></tr> <tr> <td>Aylesbury CCG</td><td>43%</td><td>31%</td><td>19%</td><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>Chiltern CCG</td><td>50%</td><td>30%</td><td>21%</td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p><u>Responsible Officer:</u> CCG</p> <p><u>Action by:</u> Ongoing</p>	Reduction in CHC assessments carried out in Acute hospitals										2017/2018									Q1	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	<i>Target Trajectory</i>	49%	49%	44%	40%	35%	30%	20%	15%	Aylesbury CCG	43%	31%	19%						Chiltern CCG	50%	30%	21%						
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<b>1g. That a question on patient transport be included as part of the joint assessment form;</b>	<b>Agreed:</b> Implemented Q1 by BHT	This action has been completed. A Single Joint Assessment form has also been rolled out to ensure a collaborative approach from all partners, so everyone is now using the same paperwork for the start of the patient's discharge planning.																																																							
<b>1h. That the process for TTOs is streamlined to speed up the issuing of TTOs.</b>	<b>Agreed:</b> Performance data to be routinely published at ward and hospital level with improvement plan clearly set	<p>TTO (To take out medication on discharge) process mapping session was completed 04/10/17 and was fed into a TTO workshop held on 20/10/17 and attended by the full Multidisciplinary Team (MDT).</p> <p>Key members from all disciplinary teams have co-designed a new process for the rapid completion of TTOs:</p> <ul style="list-style-type: none"> <li>• Pharmacy providing consistent ward cover, and the IT systems changed to allow pharmacists to pre-write TTOs – launched on 15 November in the acute assessment wards</li> <li>• Significant increases in pre-prepared TTO packs</li> <li>• Medical ward rounds standardised so one member of the team is allocated to support the TTO process early in the</li> </ul>																																																							

		<p>morning.</p> <p><u>Responsible Officer:</u> BHT</p> <p><u>Action by:</u> March 2018</p>	
<b>2a. That Buckinghamshire Healthcare Trust removes the requirement for Buckinghamshire County Council to pay reimbursement fees for social care delays.</b>	This is already agreed as at 10.2.2017.	<p>BHT has not charged ASC any reimbursement fees during 2017/18.</p> <p><u>Responsible Officer:</u> S Westhead, BCC</p> <p><u>Action by:</u> Completed</p>	
<b>2b. That Adult Social Care negotiates the removal of reimbursements with other neighbouring Trusts.</b>	<p><b>Agreed:</b> This will be taken forward for local NHS trusts. These negotiations have been attempted previously and were unsuccessful. We will commence this piece of work immediately with a view to completion by the end of July.</p>	<p>In 2014/15 we were charged £ 32,040  In 2015/16 we were charged £ 72,620 ,  In 2016/17 we were charged £ 14,440</p> <p>ASC have not paid any reimbursement fees for 2017/18 to any Trust.</p> <p><u>Responsible Officer:</u> S Westhead, BCC</p> <p><u>Action by:</u> July 2017</p>	
<b>3. That BCC, BHT and the CCGs strengthen and accelerate the plans for health and social care integration through the following:</b>	<b>Agreed:</b> see Q1 response	<p>BHT to identify a site – this has been an ambition of the system for some time but there has been difficulty in identifying a suitable building space. BHT and Adult Social Care expect to resolve this issue by Dec 2017.</p> <p><u>Responsible Officer:</u> BHT</p>	
<b>3a. Co-locating the Hospital discharge team and the ASC discharge team together;</b>	<b>Agreed:</b> BHT to identify a site – this has been an ambition of the system for some time but there has been difficulty in identifying a suitable room/s	<p><u>Action by:</u> Ongoing; Dec 2017</p>	
<b>3b. Developing a specific joint action plan for bringing the “Delayed Transfers of Care” Better Care Fund performance indicator out of “red”.</b>	<b>Agreed:</b> The Delayed Transfer of care performance across the whole system is very good. As a system we are currently the second top performer across our	<p>The system has developed and submitted its Better Care Fund Plan for 2017-19 in line with national guidance and timetable. The system was advised on 27<sup>th</sup> October that following the regional assurance process our plan was approved. This means that the IBCF (Improved BCF) funds announced as part of the spring</p>	

	<p>comparator group of 16 Local Authority areas. The ASC performance is currently the top performance across the same comparator group and the Buckinghamshire system is the 10<sup>th</sup> top performer nationally.</p> <p>However the system is committed to do better. The A&amp;E delivery board oversees delivery of an action plan which is jointly owned across the system and is driven and monitored at the Monthly Board meetings. The system is currently self-assessing itself against national high impact standards and when this is finalised it will feed in to the action plan</p> <p>The BCF indicator measures the delayed transfers of care against occupied bed days and is specific to a trust not a system. Therefore we need to work with colleagues from other LA's and CCG's (in particular Oxfordshire, Hertfordshire), and to influence their performance in relation to the impact on the Buckinghamshire System.</p> <p>The system is committed to reducing the need for hospital admission through better and more responsive services in the community. This is central to our approach to health and care integration.</p>	<p>budget will now be released to the Local Authority. As part of the BCF plan, we have refreshed our reducing DToC plan. DToCs are measured by provider Trust and by Local Authority area. The plan is delivering improved performance with BHT but the most recent data from August 2017 indicates that there is more work to do with neighbouring Trusts particularly Frimley (Wexham Park Hospital). A South Bucks specific plan has therefore been developed to progress this.</p> <p><u>Responsible Officer:</u> S Westhead (BCC); D Richards (CCG); N Macdonald (BHT)</p> <p><u>Action by:</u> Ongoing</p> <p>The system has invested transformation funds to implement Discharge to Assess (D2A). D2A is primarily about patients having their needs assessed in their usual place of residence, or own home, as soon as they are medically optimised and safe to leave hospital. It is about not making a patient wait unnecessarily for assessment and support that should be able to be provided out of hospital. The introduction of the D2A scheme will support a reduction in medically fit patients waiting in hospital for assessment or further care and support through the provision of interim care in their own homes or in care homes according to presenting need. D2A requires a joint approach between the Acute Trust, the community health provider and Adult Social Care as well as the independent sector.</p> <p>The system is committed to preventing DToCs so is therefore focussing on patients known as "medically fit for discharge" or "stranded patients" – this approach requires operational leads across the system to take a citizen centred approach to addressing barriers to discharge and also includes escalation triggers to senior leaders when required. Some delays are a result of Continuing Healthcare (CHC) processes. There is now a national priority by March 2018 for 85% of CHC assessments to be completed outside of an acute environment and for 80% of assessments to be completed with 28 days. Buckinghamshire has submitted its action plan and is currently ahead of its performance trajectory on these measures.</p>	
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*RAG Status Guidance (For the Select Committee's Assessment)*

	<i>Recommendation implemented to the satisfaction of the committee.</i>		<i>Committee have concerns the recommendation may not be fully delivered to its satisfaction</i>
	<i>Recommendation on track to be completed to the satisfaction of the committee.</i>		<i>Committee consider the recommendation to have not been delivered/implemented</i>