

Gateshead Delayed Transfer of Care (DToC) Action Plan 2016/17

Effective multi – agency and working practices are well established in Gateshead. Business processes have already been robustly reviewed and embedded within every day working practice to ensure consistent, accurate and timely recording, validation and reporting mechanisms - in line with statutory definitions for a ‘delay’ and with national best practice for completing the statutory return.

However in order to ensure Delayed Transfers of Care are kept to an absolute minimum, the following actions will be implemented during 2016/17 to further ensure optimum health care provision.

DT1		
Leadership and Governance		
Development Description	Development Action (Milestones)	Delivery partner
There is a collaborative leadership approach by nominated and named leaders who have agreed mechanisms for decision making and, progress oversight and managing risks.	A single director and senior manager in the Council and the Acute Hospital Trust will be given specific authority and responsibility to resolve and decide inter-budgetary or other disputes quickly where these are causing or contributing to a delayed transfer of care.	Newcastle Gateshead CCG Gateshead LA GHFT
	Each organisation will have an agreed strategy and supporting team action plans for reducing DToC's.	Newcastle Gateshead CCG Gateshead LA GHFT
	DToC's will be reported to the Health and Wellbeing Board (along with the SRG and BCF Programme Board / Integrated Care Programme Board) as required.	Newcastle Gateshead CCG Gateshead LA GHFT

	A system wide communication programme will be developed to ensure all parties - organisations, staff, patients and families – are aware of the process, outcomes and expectations, such as being discharged out of a hospital bed when medically fit for discharge.	Newcastle Gateshead CCG Gateshead LA GHFT
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DT2 Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.		
Development Description	Development Action (Milestones)	Delivery partner
Early discharge planning occurs for all planned admissions by an integrated community health and social care team.	Senior Clinical decision making support will be available and increased when necessary i.e. surge - both health and social care.	GHFT
	All Emergency admissions will be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival at hospital.	GHFT
	All emergency inpatients will be assessed for complex or on-going needs within 14 hours by a professional team, overseen by a competent decision maker, unless deemed unnecessary at that time by the responsible consultant.	GHFT
Emergency admissions to have discharge dates set which health and social care are committed to delivering.	Local targets to be developed which monitor estimated and actual discharge dates. These will be shared and monitored at the SRG.	Newcastle Gateshead CCG

DT3

Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Development Description	Development Action (Milestones)	Delivery partner
Capacity and Demand	Senior Clinical decision (health and social care) making support will be available and increased when necessary to carry out assessment and reviews.	Gateshead LA GHFT
	All relevant staff - whatever the setting - will at all times fully understand the pressures being experienced by the whole system and will adjust their working practice to ensure effective patient flows.	Gateshead LA GHFT
	Resilience plans with an agreed escalation process will be jointly developed and agreed to ensure business continuity can be maintained throughout the whole year and not affected by seasonal variation.	Newcastle Gateshead CCG Gateshead LA GHFT
	This will include an agreed ceiling which will result in the agreed escalation process being invoked when DToCs increase above the agreed limit, overseen by the leadership specified in DT1.	

DT4

Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients.

Development Description	Development Action (Milestones)	Delivery partner
Transfer to community, primary and social care.	Specified support services, (hospital, community and social care) will be available seven days a week (including the local care sector) to ensure that the next steps in the patients care pathway, as determined by the daily consultant-led review are implemented.	Gateshead LA GHFT
	An integrated service will be developed to support a MDT approach, implementing a joint assessment and discharge process.	Gateshead LA GHFT

DT5

Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow

Development Description	Development Action (Milestones)	Delivery partner
Out of Hospital Care	A review of the current intermediate care model will be undertaken to ensure that sufficient discharge management and alternative capacity is available to meet current demand.	Newcastle Gateshead CCG

DT6

Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Gateshead Health NHS Foundation Trust is a working with NHS England as an 'early implementer'.

Development Description	Development Action (Milestones)	Delivery partner
There is a shared vision for the future of seven days services across the health and care community which provides seamless care regardless of time of day or week.	Hospital inpatients will have timely 24 hour access, seven days a week, to specified consultant – directed interventions that meet the relevant specialty guidelines. This will be developed as part of the 'early implementer' 7 day services programme.	GHFT
	Consultant led reviews will take place 7 days a week for newly admitted patients 7 days a week to ensure appropriate levels of weekend discharges. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.	GHFT
	The CCG will work with providers to ensure discharge vehicles are available when required to enable the effective management of patients.	Newcastle Gateshead CCG
	The LA will engage with all commissioned care providers to extend the time when assessments will be undertaken and improve the response time for starting/restarting care packages.	Gateshead LA

	Work will be undertaken to scope and pilot the provision of key departments providing 24/7 cover to ensure care is delivered including: <ul style="list-style-type: none"> - Pharmacy - Diagnostics 	GHFT
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DT7		
Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.		
Development Description	Development Action (Milestones)	Delivery partner
Engagement	Further engagement will take place with patents and their families to ensure they are fully involved in the planning of discharges so that they are able to return home in a timely way with the appropriate level of support and information.	GHFT
	All staff will understand choice and will be able to discuss discharge proactively – being clear and robust about the systems expectations of families to expedite this process; escalating where there are concerns.	GHFT
	The Voluntary sector will begin to be integrated within discharge teams to support people being discharged safely from hospital.	GHFT