Calderdale Council

NHS
Calderdale
Clinical Commissioning Group

Calderdale and Huddersfield NHS
NHS Foundation Trust

Calderdale Delayed Transfer of Care Recovery Plan

Calderdale System Resilience Partnership

20/02/2015

1. Purpose

1.1 This plan has been put in place to assist in the management of the recovery the reporting of the Delayed Transfer of Care metric to ensure that within the footprint of the Calderdale Clinical Commissioning Group high quality responsive care and support is given to people who have been in hospital and need support for their transfer of care when they are ready for safe discharge.

1.2 The arrangements within this plan will assist the organisations identified within it in meeting the requirements of NHS England to deliver a locally agreed improvement trajectory of achieving no more than 22 delayed transfers of care by week 10 (Tuesday 31st March 2015).

2. Aim

2.1 To outline a framework for response to the improvement trajectory for the Delayed Transfer of Care metric set by NHS England during February 2015.

3. Objectives

3.1 Identify a flexible and scalable framework which ensures a timely and effective response to fluctuations in the number of people who are reported as experiencing a delay in their transfer of care arrangements.

3.2 Identify a shared understanding of what constitutes a 'delay' to transfer of care which is statutorily reportable under the Care Act (2014) and to implement trigger and idation processes between agencies to rapidly improve the data quality in the reporting of the statutory return.

3.3 Identify appropriate responses and accountability arrangements within the Multi-Disciplinary Discharge Coordination Team for when a person is experiencing a delay to transfer of care including escalation and dispute resolution protocols.

3.4 Clarify the specific agency responsibilities across the health economy footprint in relation to timely managing transfer of care for people who have experienced a period of time in hospital.

4. Definition of Delayed Transfer of Care

4.1 This plan is underpinned by the discharge from hospital pathway process and practice DoH 2003, Community Care (delayed discharges etc) Act 2003 and the National Framework for Continuing Healthcare and NHS funded care (2007).

4.2 The principals of the Mental Capacity Act (2005) will apply to all people whose care arrangements are subject to the actions within this plan (excluding those subject to Section 2, 3 an d 37of the Mental Health Act 1983).

4.3 There are currently three criteria for making the decision to discharge. These are not separate or sequential stages; all three must be addressed at the same time.

Clinical decision has been made that the patient is clinically fit for discharge/transfer

AND

An MDT decision has been made that the patient is ready for discharge/transfer

AND

The patient is safe to discharge/transfer.

4.4 "*Safe to transfer*" indicates that the person may be transferred to an intermediate or transitional support setting whilst awaiting service provision of the required package of care or of placement into nursing or residential care or other placements. The person will need to be over the acute phase of their illness or treatment and no longer in need of an acute hospital bed (or intermediate care/transitional bed).

5. Reporting of a Delayed Discharge

5.1 The Department of Health states that "*A delayed transfer of care occurs when a patient is ready for transfer from an acute hospital bed, but is still occupying such a* bed".

5.2 For a patient to be formally recognised as a delayed discharge or delayed transfer the following must be applied:

A clinical decision has been made that the patient is clinically fit for discharge/transfer

AND

An MDT decision including a Social Worker has been made that the patient is ready for discharge/transfer

AND

The outcome of the MDT is that patient is safe to discharge/transfer.

6. Resourcing the Plan

6.1 This recovery plan is being resourced through:

6.1.1 Calderdale & Greater Huddersfield Urgent Care Board winter resilience funding.
6.1.2 Calderdale Council Helping People Home Review Grant.
6.1.3 Additional funding agreed through the CCG Spending Plan 2014/15

no	Development Description	Development Action (Milestones)	Timescales for Action	Lead	Progress Comments
DT1	That a single director or senior manager in the Council, the CCG and the Acute Hospital Trust 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.	Report back to System Resilience Group	March 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief Executive Acute Trust	
DT2	That the hospital trust creates a system to ensure that discharge planning starts on admission, on MAU, CDU and Short Stay and that enables patients to be discharged on any day of the week, including weekend days, in accordance with Department of Health Best Practice Guidance	Report back to Urgent Care Board	March 2015	Chief Executive Acute Trust, Cabinet Member for AHSC	
DT3	Review the existing Hospital Avoidance Team, and compare with other hospital avoidance schemes, in order to avoid inappropriate admissions to the hospital system. .	Report back to Urgent Care Board	March 2015	Chief Executive Acute Trust	
DT4	That a review be undertaken to ensure that commissioning of intermediate care options in the Borough, but particularly in the Upper Valley Area, satisfies the current requirement for '*enhanced assessment beds'* which allow assessments to be carried out away from an acute hospital environment.	Report back to Urgent Care Board	March 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer	To be taken forwards by the Better Care Programme Board
DT5	That progress towards achievement of these recommendations to be reported to the Urgent Care Board and to the relevant Oversight and Scrutiny Committee who will schedule subsequent progress reports thereafter until	Report back to Adults, Health & Social Care Scrutiny Panel	April 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief	

	all recommendations are implemented.			Executive Acute Trust	
DT6	That a workforce training programme implemented for all MDT staff involved in the discharge process on the implications of the Mental Capacity Act (2005) on the discharge planning process to specifically address and improve areas of understanding in relation to consent and human rights.	Report back to Urgent Care Board	April 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief Executive Acute Trust	To be implemented by the Calderdale Mental Capacity Act Lead
DT7	Implement an independent review of the application of the NHS Framework for Continuing Health Care and Funded Nursing Care in order to affect timely discharge for complex patients who are being considered for a permanent admission into a nursing care home.	Report back to Urgent Care Board	April 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer	To be taken forwards by the Better Care Programme Board
DT8	Design and embed improved business processes to ensure consistent, accurate and timely recording, validation and reporting mechanisms in line statutory definitions for a 'delay' and with national best practice for completing the statutory return.	Report back to Urgent Care Board	April 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief Executive Acute Trust	
DT9	Enhance access to patient advocacy services within hospital, ensuring that discharge planning remains patient focused and that their voice is central to securing quality and safe discharge options.	Report back to Urgent Care Board	April 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief Executive Acute Trust	
DT10	Complete a review of demand and capacity for nursing, intermediate care and community services to meet the needs of the people of Calderdale	Report back to Urgent Care Board	April 2015	CCG Chief Accountable Officer, Cabinet Member for AHSC, Chief Executive Acute Trust	

D11	Review and strengthen shared understanding of what constitutes a 'delay' to transfer of care which is statutorily reportable under the Care Act (2014) and to implement trigger and validation processes between agencies to rapidly improve the data quality in the reporting of the statutory return.	Report back to Adults, Health & Social Care Scrutiny Panel	March 2015	Cabinet Member for AHSC, CCG Chief Accountable Officer, Chief Executive Acute Trust	