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Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>16<sup>th</sup> April 2019</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Delayed Transfers of Care (DTC) Report</b>		
<b>Report Author</b>	Jason Crowl, Unit Nurse Director PCS		
<b>Report Sponsor</b>	Chris White, Chief Operating Officer		
<b>Presented by</b>	Jason Crowl, Unit Nurse Director PCS		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To inform the Committee of the current position in relation to Delayed Transfers of Care within existing ABMU Hospitals.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• A delay in hospital increases the risk of deconditioning, impact on wellbeing and have a negative impact on independence.</li> <li>• It also has an adverse effect on the wider health and social care system as delays can potentially deprive others from receiving timely care.</li> <li>• In 2018 DTCs increased in ABMU</li> <li>• Under the direction of the Unscheduled Care Group a dedicated Transformation Team has been charged with returning the position to the national average by 2020.</li> </ul>		
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Approve the current DTC Improvement Workstream</b></li> </ul>		

## **1. INTRODUCTION**

A delay in hospital can harm the wellbeing of the individual and can have a negative impact on their independence. It also has an adverse effect on the wider health and social care system as delays can potentially deprive others from receiving timely care. In 2018 Abertawe Bro Morgannwg University Health Board experienced an increase in the number of patients delayed. The paper summarises actions that are being taken across the health board to improve the flow of patients and reduce the number of people who are delayed in hospital beds. This paper refers to the time period prior to the formation of the new Swansea bay University Health Board and therefore refers to the organisations previous name as Abertawe Bro Morgannwg University Health Board

## **2. IMPACT ON PATIENTS/CITIZENS**

In the context of an ageing population with multiple comorbidities, frailty is an increasing concern, with frail older people presenting to hospitals with acute problems, and remaining in hospital wards where their frailty worsens. When the acute episode passes, they are unable to leave due to the worsening of the frailty syndrome. Hence, they become a DTOC patient, because we are unable to offer them a safe environment to return to without further support. The acute admission has thus worsened the problem, leading to functional decline. Noting the impact of hospital admission, 12% of people 70 years+ experience reduced ability to perform activities of daily living between hospital admission and discharge (Pinkney et al., 2016) and will lose 5% muscle strength each day spent in bed (National Audit Office, 2016). Similarly, Korterbein et al. (2008) found that 10 days of bed rest in healthy older people leads to loss of strength and power in the lower extremities and reduction in physical activity yet has no effect on physical performance. Thus, for older people admitted to hospital with a medical condition, the impact on physical performance may be affected. The length of stay in hospital, therefore, has an effect on the older person's physical performance as the longer the hospital stay, the longer the potential to remain in bed. Immobility worsens the frailty syndrome; thus, the person becomes labelled as DTOC due to a reduction in physical activity and the worse the health outcomes will be for older people.

Every day of unnecessary hospitalisation is unfair on patients. In the United Kingdom, we have recently had a campaign called “Last 1000 Days” to raise awareness of the importance of time to patients, and how disrespectful and unfair it is to waste patients' time. This campaign highlighted that many people in our care are in the last 1000 days of their lives, and making “time the most important currency in health care” (<http://www.last1000days.com/>).

To combat this problem of DTOC, NICE (2016) and Age UK (2017) have highlighted the need for early discharge planning and for the involvement of all relevant parties within this planning, not just the nursing team (Mabire, Dwyer, Garnier, & Pellet, 2017). There is guidance on the need for discharge assessment and for a clear plan aiming for discharge to occur on the expected date. However, older people have reported they do not always feel ready for hospital discharge. Slayter et al. (2013) in

their study exploring why older people represented to emergency departments within 30 days of discharge, found older people felt ill-prepared for discharge, had limited knowledge of their disease trajectory and felt the only option open to them was to return to hospital. A systematic review by Blakey, Jackson, Walthall, and Aveyard (2018) explored older people's experiences of readmission to hospital. They found older people illustrated two main causes for readmission; first, during their time in hospital, they felt powerless, disregarded and not ready for discharge from the hospital, and second, they described uncertainty following discharge. This involved the older person having feelings of difficulty adapting to the new "me," feeling hospital was the only place they felt safe and feeling the community-based services were not adequate to support them at home.

*Trapped in care: Recognising and responding to frailty as a cause of delayed transfers of care* (2018, Walthal et al, <https://onlinelibrary.wiley.com/doi/10.1111/jocn.14356> accessed 5/4/2019)

### **3. BACKGROUND**

A patient becomes a Delayed Transfer of Care (DTOC) when they are ready to move on to the next stage of care but is prevented from doing so for one or more reasons. After a stay in hospital, most patients need little or no onward care. Delayed transfers are usually associated with complex cases where patients need a care package or move to a different care setting such as a care home. These patients are more likely to be older, vulnerable people.

The monthly delayed transfer of care census has been undertaken over a number of years and therefore provides an insight over time into the way the health and social care system is functioning. The delayed transfer of care census is undertaken using methodology prescribed by Welsh Government and contributes towards the overall picture of health board performance.

Delayed transfers of care are a complex problem and require effective partnership working by health and social care organisations. Transferring patients from one care setting to the next relies on appropriate joint processes and a patient centred approach by all parties and is a joint responsibility for health and social care.

### **4. ASSESSMENT**

It is well recognised that good flow of patients across the health and social care system is vital to creating and maintaining capacity. Within ABMUHB there has been an increased focus on delayed transfers in of care in 2018 following an increase in numbers.

Under the direction of the ABMU Unscheduled Care Board a dedicated DTOC Improvement Team has been developed and commenced targeted work in November 2018 and the monthly report is attached in Appendix 1.

The aim of the Improvement work are as follows:

1. To reduce number of patients who are Delayed Transfers of Care to below 50 patients on a rolling monthly basis by March 2020.
2. To reduce number of days delayed to below 4000 days on a rolling monthly basis by March 2020.

3. Aim to meet IMTP performance Trajectory 70 April 2019, April 70, May 65, June 65, July 60, August 60, September 55, Oct 50, Nov 50, December 50, Jan 60, Feb 50, Mar 50
4. Measurement of harm to patients during delayed periods,
5. To support improvements in the impact of harm including deconditioning.

## National February 2019 position

### February Delay Reason by Provider

	All reasons										All reasons
	All community care	All healthcare	Selection of care home	Waiting for availability of care home	Protection issues, unable to discharge to safe environment	Principal reason not agreed	Disagreements	Legal / Financial	Other		
	182	99	41	51	22	2	14	3	36	450	
Abertawe Bro Morgannwg University HB	39	35	10	18	5	1	4	.	1	113	
Betsi Cadwaladr University HB (1)	34	14	8	15	3	1	1	.	11	87	
Aneurin Bevan HB	28	18	6	3	8	.	4	.	8	75	
Hywel Dda HB (2)	25	11	7	7	.	.	2	1	1	54	
Cardiff and Vale University HB	20	13	1	3	2	.	3	2	5	49	
Powys Teaching HB	23	1	3	3	2	.	.	.	3	35	
Cwm Taf HB	12	5	6	2	2	.	.	.	7	34	
Velindre NHS Trust (3)	1	2	.	.	.	.	.	.	.	3	

### February Rate of delay per 10,000 population aged 75+ by LA residence

		All facilities		All facilities
		Mental Health only	Excluding Mental Health	
Wales		2.2	13.3	15.5
Wales	Caerphilly	2.1	22.6	24.6
	Neath Port Talbot	5.5	18.9	24.4
	Bridgend	3.1	21.2	24.3
	Powys	1.9	21.0	22.9
	Wrexham	4.3	15.7	20.0
	Carmarthenshire	4.7	14.5	19.2
	Swansea	5.9	11.4	17.3
	Flintshire	2.2	14.7	16.9
	Merthyr Tydfil	.	16.6	16.6
	Vale of Glamorgan	0.8	15.8	16.6
	Isle of Anglesey	.	15.3	15.3
	Cardiff	2.1	13.2	15.3
	Monmouthshire	1.0	13.5	14.5
	Gwynedd	.	14.1	14.1
	Torfaen	2.4	10.8	13.2
	Newport	.	12.5	12.5
	Rhondda Cynon Taff	1.0	10.7	11.8
	Ceredigion	1.2	7.5	8.7
	Pembrokeshire	0.7	7.8	8.5
	Denbighshire	2.0	3.0	5.1
Blaenau Gwent	.	3.3	3.3	
Conwy	.	2.6	2.6	

## February Delays by organisation and percentage of beds

		All facilities		All facilities
		Mental Health only	Excluding Mental Health	
All Health Boards and Trusts		4.5	4.1	4.2
All Health Boards and Trusts	Powys Teaching HB	15.4	16.5	16.3
	Velindre NHS Trust (1)	.	7.5	7.5
	Abertawe Bro Morgannwg University HB	6.1	4.9	5.1
	Hywel Dda HB (2)	9.4	3.9	4.4
	Aneurin Bevan HB	3.1	4.3	4.2
	Betsi Cadwaladr University HB (3)	4.4	3.9	3.9
	Cardiff and Vale University HB	1.7	3.0	2.8
	Cwm Taf HB	1.7	2.8	2.7

Source : <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/Delayed-Transfers-of-Care>

### Current Work

Work has been continuing since October 2018 as part of ABMU Health Board DTOC Improvement plans. This is now continuing through Swansea Bay Health Board in partnership with Social Services to provide a focus on managing DTOC performance.

A dedicated Improvement Team has been established and met on March to review the current position and agree the work plan for the group.

Sponsor – Chief Operating Officer

Improvement Team Leader – Unit Nurse Director, Primary and Community Services

Flow Management support – Senior Matron, Corporate Nursing Services

Business Support – Corporate Nursing Services

Information - Corporate Information Services

Corporate USC lead – Assistant Chief Operating Officer

Neath Port Talbot Council – Head of Service / Integrated Service Manager

Swansea Council – Head of Service / Integrated Service Manager

Unit DTOC Leads –

PCS - Head of Nursing Swansea Clusters.

MHLD - Head of Operations

Moriston Hospital – Head of Nursing, Emergency and Operations

Singleton Hospital – Service Group Manager, Integrated medicine and  
Unscheduled Care

Neath Port Talbot – Head of Operational Services

Clinical Improvement Support – Lead QI Physician, Consultant Anaesthetist,  
Morrison Hospital.

The initial work has been to reduce the variation across the sites and focus on  
improving the validation process. Once this has been established the more  
details work around individual patient / client risk, processes, issues and cases  
will become the focus of the Team.

The Action plan is in Appendix 1.

### **March ABMU Position**

March represents the last formal census for the ABMU involving its full foot print.

#### Bridgend

Due to the transition of services in Bridgend it has been agreed that validation  
support for March would be in collaboration with CTMHB which planned to bring  
their own improvement approach in that area. The figure in February shown a  
reduction due to patients in Maesteg being discounted due to infection control  
issues which prevented discharge. The figure has increased by 10 to 36 with the  
main issues associated with Community Assessment and Care Arrangements and  
Health Care Assessments.

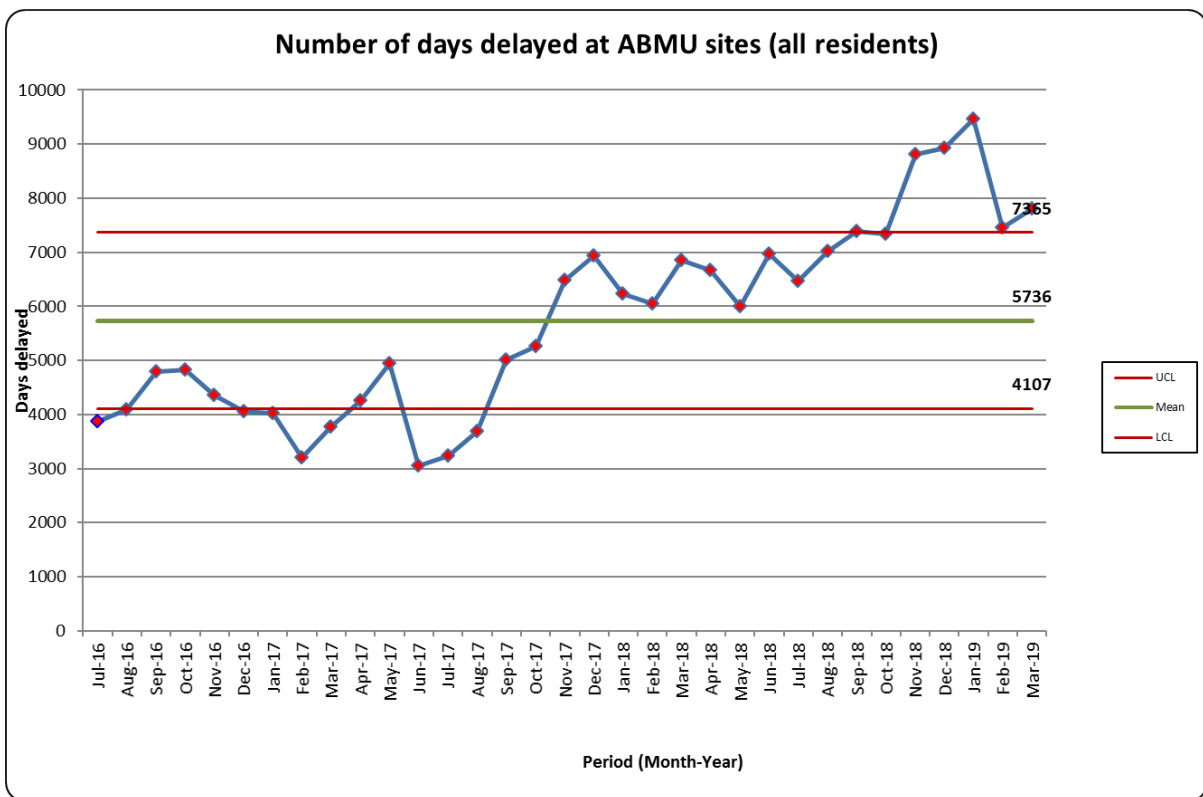
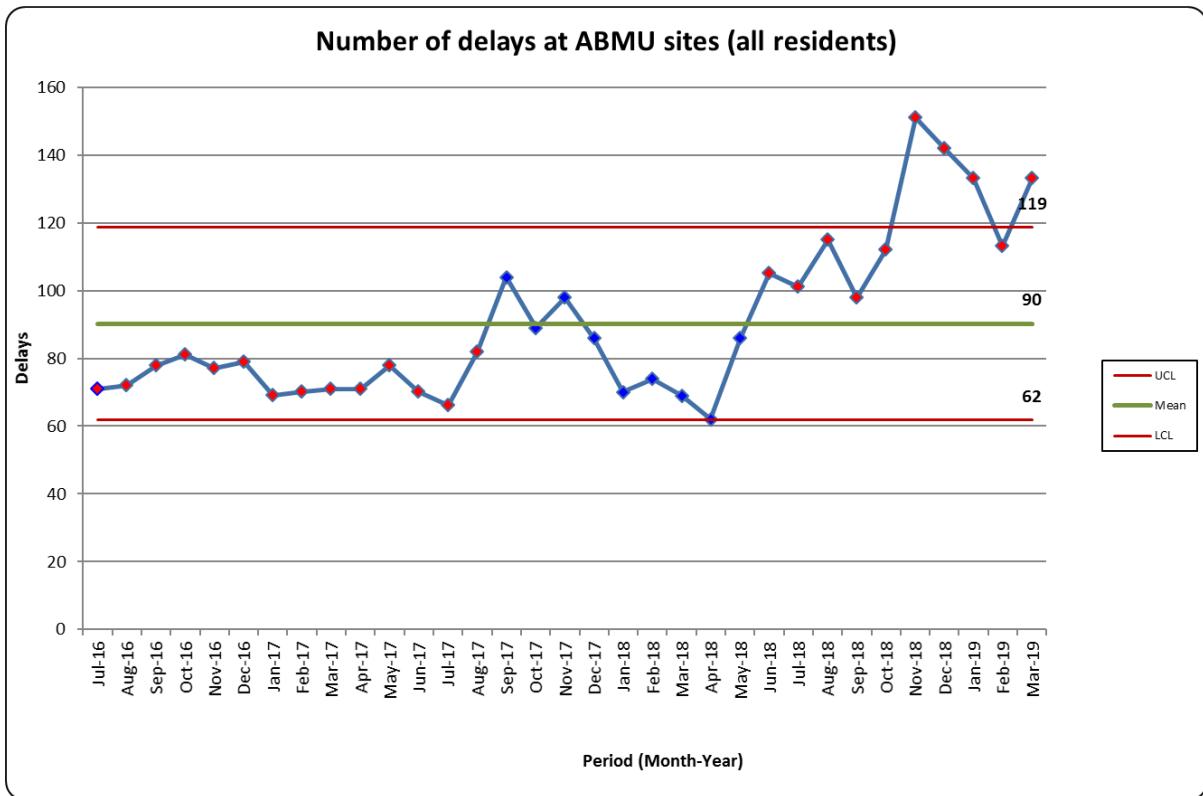
#### Neath Port Talbot Resident

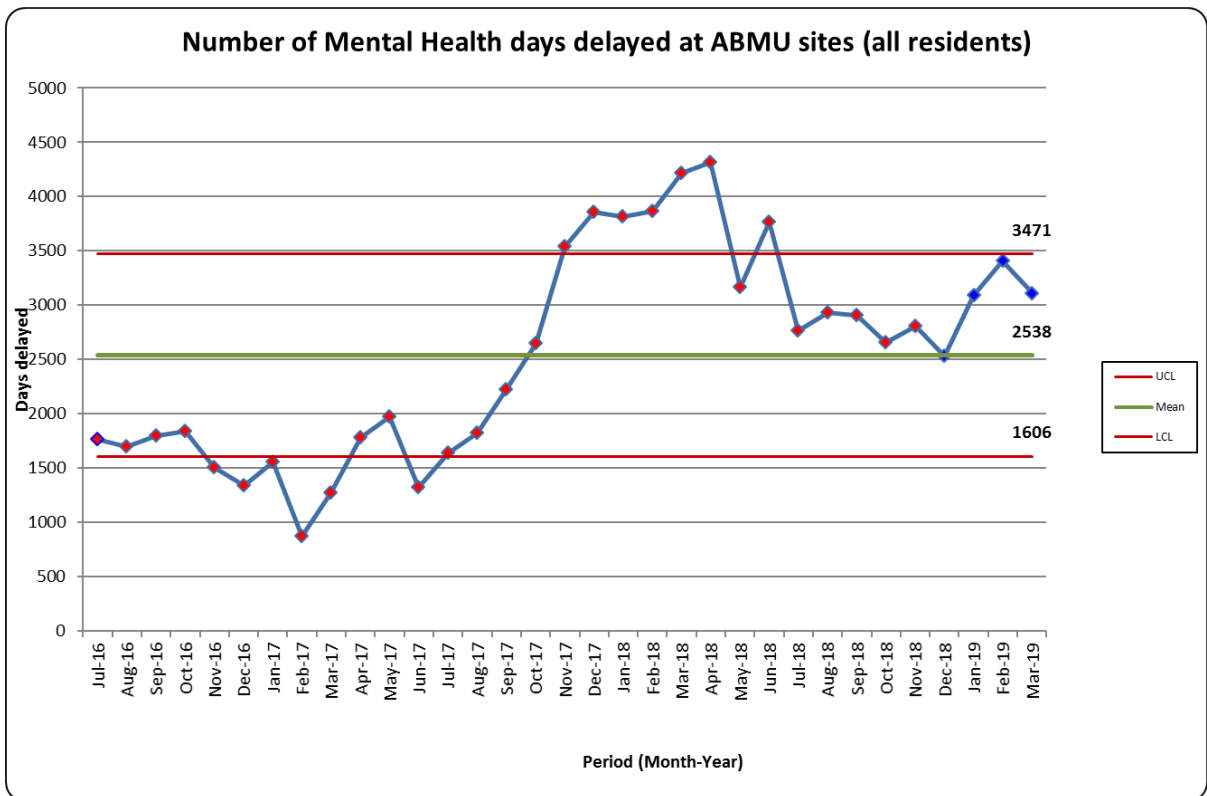
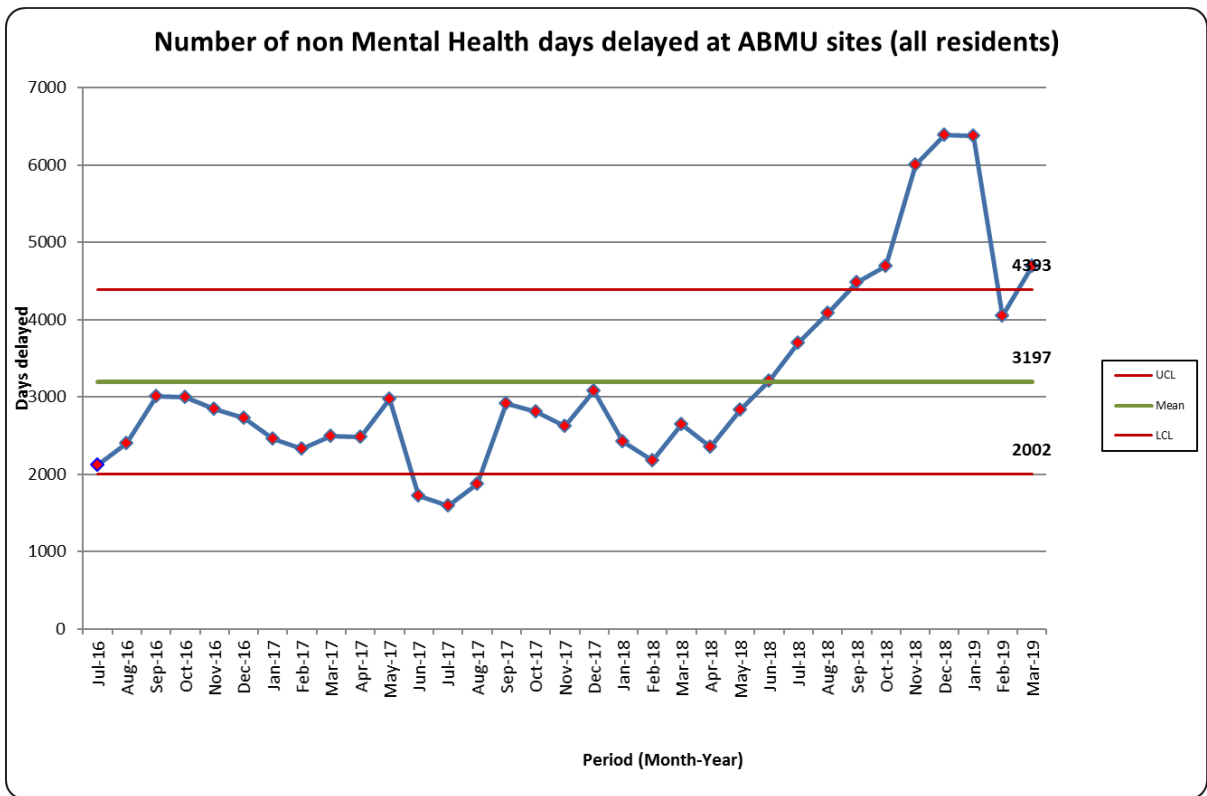
Delays have reduced in the last 3 months but increased by 4 from last month to  
26. Majority of delays are waiting for Community Assessment and Care  
Arrangements and Health Care Assessments.

#### Swansea

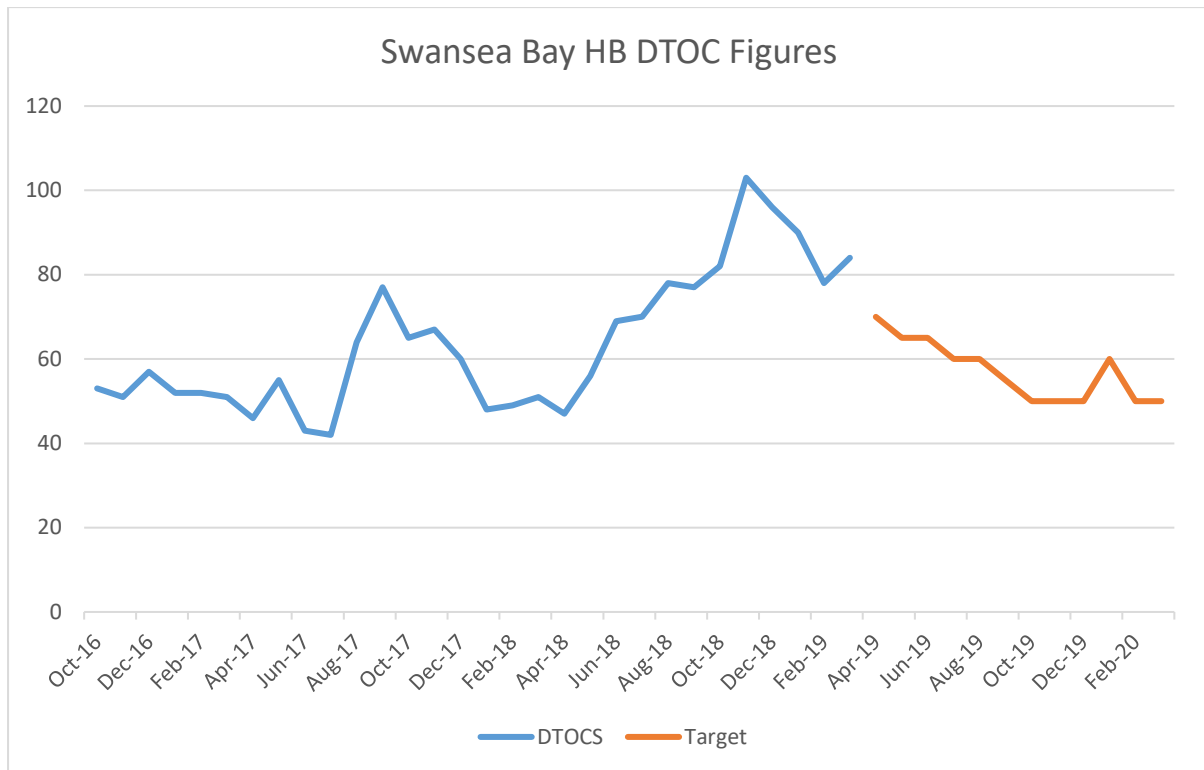
Delays have increased by 11 to 35 which was anticipated as Swansea Hospitals  
had historically shown a large number of Medically Fit Patients but very low  
DTC rates in comparison. The application of more standardised approaches  
across all three Swansea Hospitals has developed a clearer picture of the  
position. Most delays are waiting for Community Assessment and Care  
Arrangements.

### March ABMU Position





In anticipation of the new Swansea Bay population size the following projected DTOC improvement figures have been developed based on the national average in wales against the planned improvement.



- **Key Actions for April**
  - **Establish Senior Manager Validation meeting for Swansea and for NPT where all Adult General and Mental Health DTOC Cases can be validated by both health and social care.**
  - **Provision of DTOC information to LA Directors**

## Appendix 1

### ACTION LOG

The Action Log reflects the overall agreed actions for the Improvement project.

#### Outstanding / Current Actions

No	Planned Delivery Date/ Start Date	Action	Lead	March Update
8	Feb	Provide regular patient lists to LA Directors	UND	<b>Off Track.</b> All validation is completed with LA colleagues monthly which can be escalated through the LA system. Current DTOC Validation process is being revised in <b>April</b> to enable a dedicated DTOC list to be sent to LA Directors.
10	April	Undertake centralised Senior Manager monthly DTOC validation scrutiny meeting	UND	<b>On Track.</b> Waiting agreement from Units and Local Authorities. Commitment given by leads at the Improvement Team.
11	April	Provide improve communication and Liaison between organisations	UND	<b>On Track.</b> LA are invited to be part of Unit MFFD meetings through the week and currently Validate all DTOCS monthly. The Senior Manager Validation Meeting will improve oversight and enable the LA
12	April	Validation by LA for patients placed our of area to be agreed	UND	<b>On Track.</b> Revised validation arrangements planned will enable LA to review and validate cases correctly
13	April	Issue identification and escalation	UND	<b>On Track.</b> Across all Units there is a variation of issues contributing to DTOC. The Improvement Team and revised Validation process will aim to identify issues, escalate to Directors of Service and add to this plan as necessary.
14	May	All Units will have started work on their Unit Level DTOC Improvement Projects	DTOC Leads	<b>On Track.</b> All Units working with Improvement team to develop their local Improvement project, progress will be monitored through the Improvement Team and Validation meetings
15	May	All Units to have developed a Hospital and Social Work Team Discharge Pathway Action Log	DTOC Leads	<b>On Track.</b> All Units working with to develop their local Improvement project, share their practice across Units,

				progress will be monitored through the Improvement Team and Validation meetings
16	May	Complete a review of spend on all <b>dedicated</b> Health Board Posts involved in patient discharge management to	DTOC Leads	<b>On Track.</b> All Units are supporting the assessment of available resources to enable targeting of future investment.
17	May	Complete a review of allocation of <b>Community In reach</b> services for each hospital site including Community Nurses, CPN, Therapies Social Care, 3 <sup>rd</sup> Sector.	DTOC Leads	<b>On Track.</b> All Units are supporting the assessment of available resources to enable targeting of future investment.
18	June	Measure and reduce hospital acquired harm during delayed period.	HG	<b>On Track.</b> Review with Units has been completed and updates to DATIX will be required to generate the correct reports. Identified as part of the Improvement Team as key objectives.
19	June	Standardise approach taken across all Units to weekly stranded patient meetings	HG	<b>On Track.</b> Aim to ensure LA Directors and SBHB Directors have access to clear information, which has the right information to confirm reason for delay, action, and leads.
20	August	Work through transformation of services to improve and quicken the assessment process between organisations	HG	<b>On Track.</b> As part of Unit level improvement plans local process are being evaluated and use of Trusted Assessor roles being scoped and developed
21	December	Through transformation of services implement new pathways of care to support discharge, eg home from hospital models.	Project Team	<b>On Track</b> The DTOC Improvement Team is supporting the proposal for a Hospital 2 Home Service Transformation bid. Key elements will be the implementation of revised pathways, roles and timescales.

### Delivered / Closed Actions

No	Planned Delivery Date/ Start Date	Action	Lead	March Update
1	October	Western Bay Operational SubTeam completed a Workshop 3 <sup>rd</sup> October to review the Community Optimal Model focussing on discharge flow	UND	<b>Completed.</b> Findings presented at USC Board and forms part of the RPB Hospital 2 Home Transformation Submission and actions part of IMTP and Swansea Bay Annual Plan.

2	Nov	Cross Unit Improvement Plan linked to ABMU Discharge Audit commenced in November 2018	UND	<b>Completed.</b> The ABMU wide plan which will be a live plan and is reported via Finance and Performance Committee. RBA Report for USC Board will report on plan.
3	Jan	Compare ABMU position with other Health Boards.	UND	<b>Completed.</b> ABMU HB and LA are significant outlier across Wales. Enabled ABMU to build an improvement model based on average population DTOC rates across Wales.
4	Jan	Undertake site visits to Cardiff and Vale to review their process	UND	<b>Completed.</b> Follow up visit planned. Enabled ABMU to clarify process times, roles and validation arrangements. Following up meeting planned by improvement team April 2019
5	Jan	Develop anticipated DTOC figures for current and future populations based on an average of the national position.	UND	<b>Completed.</b> Agreed and now part of IMTP and RBA Report. Projection charts developed for Swansea Bay Health Board.
6	February	Implemented standardise process times across all general hospitals in February 2019.	DTOC Leads	<b>Completed.</b> POW was excluded as part of transition arrangements with CTMHB. Existing Western Bay Process Times used. Process times were implemented to reduce variation in interpreting the definitions and will be under review by the Improvement Team.
7	Feb	Document all cases on the DTOC system	DTOC Leads	<b>Completed.</b> Implementation of DTOC process times and strengthened guidance around DTOC has been provided.
9	March	Implement Monthly DTOC debrief meetings	UND	<b>Completed.</b> Monthly integrated DTOC Improvement Team established in March debrief as a Team.

<b>Governance and Assurance</b>										
<b>Link to corporate objectives</b> <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
	✓		✓		✓		✓		✓	
<b>Link to Health and Care Standards</b> <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
	✓	✓	✓	✓	✓	✓	✓			
<b>Quality, Safety and Patient Experience</b>										
Improving the DTOC position should reduce delays experienced by patients, associated deconditioning and hospital acquired infections.										
<b>Financial Implications</b>										
Reducing unnecessary delays should improve patient flow and increased efficiency and use of available inpatient beds.										
<b>Legal Implications (including equality and diversity assessment)</b>										
None identified										
<b>Staffing Implications</b>										
None identified										
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015 - <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>)</b>										
Reducing unnecessary delays will be beneficial for the effective use of resources and supports the community as a whole										
<b>Report History</b>	Finance and performance Committee March 2019									
<b>Appendices</b>	March DTOC Report									