7 REVIEW INTO DELAYED TRANSFERS OF CARE IN BUCKINGHAMSHIRE - REPORT OF THE JOINT TASK & FINISH GROUP
Cabinet is asked to consider the recommendations of the Joint Task and Finish Working Group with members from Adults and Health Services Overview and Scrutiny Committees on the review of the Management of Delayed Transfers in Buckinghamshire.
Adults’ and Public Health Services Overview and Scrutiny Committees Joint Task Group report

Why wait?

A review into the management of delayed transfers of care in Buckinghamshire

May 2009
A foreword from the Chairman of the Joint Task and Finish Group

Being admitted to hospital can be a traumatic experience in itself, but some people stay longer than they should because they are delayed from leaving. This is not only unfortunate for the patient, but means that valuable bed space is taken up by people who are medically fit to leave.

The processes leading up to the discharge of a patient can be complex. Members of the Working Group that examined this subject found that effective discharges are achieved by agencies working in close partnership to achieve the best result for the patient. This can be difficult when delays are measured and made attributable to the agencies involved.

This brief review into delayed transfers of care has been an insightful and engaging experience. I am grateful to all those people who gave up their time to talk to the Working Group, and who provided us with valuable information. I would also like to thank members of the Working Group for their enthusiasm and commitment to the review.

We hope that the recommendations contained in the report will allow for the focus on delayed transfers that has already begun in Buckinghamshire to be maintained in the future.

W J Mallen

Wendy Mallen
Chairman of the Joint Working Group
Committee: Joint Task and Finish Working Group with Members from Adults’ Services and Public Health Services Overview and Scrutiny Committees

Date: May 2009

Title: Why Wait? A Review into the Management of Delayed Transfers of Care in Buckinghamshire

Author: Wendy Mallen, Chairman of the Joint Working Group

Contact: Claire Street

Executive Summary

1. A delayed transfer of care occurs when a patient is ready to transfer from a hospital bed, but is delayed from leaving. Information about delays is collected on a weekly basis and the results feed into a national performance indicator, which in turn contributes to the overall assessment of Local Authorities with social care responsibilities.

2. Over the last ten years there have been a wide range of policies and initiatives designed to reduce the number of people (particularly older people) who experience delayed discharges from hospital. They include an inquiry by the House of Commons Health Committee, and the introduction of fines on social services departments that are found to be solely responsible for delays.

3. In spite of these measures, Buckinghamshire’s performance for delayed transfers in recent years has been a cause for concern. As of March 2009, Buckinghamshire was the 13th worst performer out of a total of 16 comparator authorities. This review has sought to find out what why this is the case and what actions are being taken in Buckinghamshire to help reduce delays.

4. Through initial discussions with officers from Social Care, members learnt that a number of organisations are involved in planning for a patient’s discharge. Primarily these are the Buckinghamshire Hospital Trust (BHT), Buckinghamshire Primary Care Trust (PCT), Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMHFT) and Adult Social Care - Buckinghamshire County Council (BCC). The group decided to interview representatives from the key organisations involved to understand how they are working together to address delays, where the gaps are, and to identify barriers to progress.

5. Members found that a renewed focus on delays in Buckinghamshire, based at Stoke Mandeville Hospital, had begun in Autumn 2008. This was being led by

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1 Show me the Way to Go Home: Delayed Hospital Discharges and Older People. University of Birmingham (2004)

2 Situation Report (SITREP), March 2009
consultants from a company called Saigei3, who specialise in working with the organisations that make up the National Health Service (NHS). The initiatives being introduced at Stoke Mandeville became the focus of the review and a case study approach was taken.

6. The Working Group identified areas of good partnership working to reduce delays, which can only be of benefit to patients. This is illustrated by cross-agency daily meetings that take place to assess where patients are in terms of their journey through the hospital system. However, members found that not all the relevant groups are represented at these meetings, and that the new working practices introduced at Stoke Mandeville Hospital are not yet embedded in all the organisations involved.

7. Members were told that the work being carried out by the Saigei team finished at the end of March 2009. The group believes that for delays to be further reduced, a Champion needs to be identified within each organisation who will retain the focus and be instrumental in taking forward the continued efforts of all the organisations involved.

8. The findings from the review highlight the need for future work to centre on improving discharge planning for patients, providing detailed and accurate data that is shared between the groups, exploring further options for joint-commissioning, and moving on reluctant patients.

9. Whilst the Working Group has made recommendations for improvements in this report, members recognise the impressive work that has begun over the last few months. They have been particularly inspired by the dedication and commitment of certain individuals who have been key in taking forward the new ways of working.

10. The Working Group believes that implementing the recommendations will help further reduce the length of time spent in hospital by Buckinghamshire residents. Reductions in delays require Health and Social Care agencies to work together – known as taking a ‘whole system approach’ and cannot be achieved by any of the organisations involved working in isolation. The Working Group is keen for its recommendations to encourage increased partnership working between the organisations involved, with the intention that they solve problems about delays in collaboration with each other.

11. Members recognise the limitations of the review in terms of time and resources. This inevitably constrained their ability to drill down further into the complexities of delays, and restricted the extent to which patients could be involved in the review process. They also recognise that the recent roll out of the new system based at Stoke Mandeville Hospital makes it difficult to assess at this stage the full impact of the new ways of working. However, as this report was being finalised, members were pleased to hear that there had been a recent improvement in Buckinghamshire delays.

3http://www.Saigei.com
The Working Group recommends that Buckinghamshire Hospital Trust, Buckinghamshire Primary Care Trust, Oxfordshire and Buckinghamshire Mental Health Foundation Trust and Adult Social Care (Buckinghamshire County Council) should work together to:

1. Apply formal processes to ensure that discharge planning takes place at the earliest opportunity with all relevant parties (paras 51-56).

2. Ensure the renewed focus on delayed transfers that has so far focused on Stoke Mandeville Hospital becomes a countywide approach (paras 57-65).

3. Ensure there is representation from all the key organisations at regular meetings where delays are discussed (paras 66-68).

4. Explore options for developing a single commissioning process across organisations (paras 69-78).

5. Continue to refine and update data to allow for more accurate and detailed information sharing between organisations, to help inform the discharge process (paras 79-84).

6. Put in place sensitive but robust procedures to ensure patients and families are aware of their responsibilities in terms of moving on from hospital (paras 85-88).

7. Identify a Champion within each organisation whose role would be to maintain a focus on delayed transfers of care (paras 89-91).

8. Identify Lead Officers from both Health and Social Care to report back on the progress made towards implementation of the recommendations to Overview and Scrutiny in 9 months time.

Introduction

What were our reasons for carrying out the review?

12. Being delayed in hospital is not a phenomenon that is peculiar to Buckinghamshire – it is a national problem. For this reason, the House of Commons Health Select Committee conducted a review into delayed transfers in 2002. The Committee concluded that best practice to tackle delays involves a multi-agency team actively managing all aspects of the discharge process.

13. Being delayed in hospital can have a negative impact on patients. An investigation carried out by Age Concern in 2006 found that 60% of older people, who at that time occupied two thirds of general hospital beds, were at risk of becoming malnourished or seeing their health get worse because of being in hospital. Risks associated with prolonged stays in hospital include the development of hospital-acquired infections and bedsores, and even short stays in hospital can have a detrimental affect on older people's ability to live
independently. This can result in them entering residential or nursing home care, which a shorter hospital stay may have prevented.

14. Reducing delays has been identified as a partnership priority indicator in Buckinghamshire’s current Local Area Agreement (LAA) 2008 – 2011, through national performance indicator NI:131. This measures the impact of hospital services and community based care in facilitating timely and appropriate discharge from all hospitals for all adults.

15. The indicator assesses the ability of the whole system to ensure appropriate discharge for people passing through hospital and is seen as a measure of the effectiveness of the relationship between Health and Social Care. The Delivery Plan for the LAA states that reducing delays also appears in Joint Commissioning Strategies, and in the Commissioning and Service Improvement’s Service Plans for Buckinghamshire County Council 2008/09.

16. An inspection carried out in 2008 by the Commission for Social Care Inspection (CSCI) highlights Buckinghamshire delays as a key area for improvement. CSCI states that joint working arrangements need to be strengthened at a strategic level to help reduce delays and ensure improved operational arrangements are delivered on the ground.

17. Performance information shows that, although Buckinghamshire is currently performing better against its own LAA target, it still performs poorly against its comparator group for delays. As of March 2009, the LAA performance was 17.6 against a target of 18.2, but the position amongst Buckinghamshire’s comparator group was 13th out of 16 similar authorities.

18. The Working Group recognises that the reasons for delays are split between Health and Social Care, and that there are significant cost implications for both. The cost of staying overnight in an acute bed is £375 or £2,625 per week. Social Care is fined at £120 per day or £840 per week, for delays that are found to be solely its responsibility.

Aims of the review

19. Because of these concerns, members agreed to carry out a brief investigation into the management of delayed transfers of care in Buckinghamshire. They decided to focus on the following aspects:

- The reasons for high levels of delays in Buckinghamshire
- Work being carried out to reduce delays
- How the organisations involved were working together to make improvements.

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5 Acute hospitals provide a wide range of specialist care and treatment for patients, which can include surgery, consultation with specialist clinicians and emergency treatment.
20. With these aims in mind, members were also keen to recognise existing good practice with a view to making recommendations that would build on this.

Methodology

21. The review took place between December 2008 and early March 2009. As delayed transfers of care was thought to be within the remit of two scrutiny committees, a joint task and finish working group was formed to carry out the review, populated by members from both the Adults’ Services and Public Health Services Overview and Scrutiny Committees (OSCs).

Members of the Working Group

Wendy Mallen  Chairman, and member of both Adults’ and Public Health Services OSCs
Pauline Wilkinson  Vice-Chairman, and member of Public Health Services OSC
Bruce Allen  Adults’ Services OSC
Doug Anson  Adults’ Services OSC
Mike Appleyward  Public Health Services OSC
Margaret Aston  Public Health Services OSC
Pam Bacon  Public Health Services OSC
Tricia Birchley  Public Health Services OSC
Steve Kennell  Adults’ Services OSC

The review was carried out using the following methods:

- Desktop research
- Reviewing performance data
- Site visit to Stoke Mandeville Hospital
- Site visit to Wiltshire County Council
- Evidence gathering meetings with representatives from:
  - Bucks Hospital Trust
  - Oxfordshire and Buckinghamshire Mental Health Foundation Trust
  - Primary Care Trust
  - Adult Social Care
  - Community Hospitals

22. Research indicated that Wiltshire County Council had recently improved its performance for delays and had conducted its own scrutiny review into delayed transfers the previous year. To find out more about how Wiltshire was working to reduce delays, a visit was organised to the authority for members to gather evidence from those that had been involved in this process.

23. During the course of their investigations, members found out that new, daily meetings were held at Stoke Mandeville Hospital to review every patient, highlighting where there were constraints within the patient pathway. The

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6 Community hospitals offer medical support provided largely by GPs. Services can include rehabilitation and palliative care.
Working Group was invited to observe one of these meetings to help inform their work.

**Background**

**Context**

24. Already, 17% of the UK population is aged over 65 years and this figure is predicted to rise to 25% over the next six years. By the year 2015, it is projected that there will be 93,200 people aged 65 and above in Buckinghamshire. This represents a 16.4% increase on current numbers.

25. With an increasing population of the frail elderly and those over 85, older people make up a high percentage of users of NHS and social care resources in all care settings. There are currently 27,711 people in Buckinghamshire aged 65 and above who suffer from long term limiting illnesses. The population increase in older people means that we can reasonably expect they will be taking up a higher proportion of hospital beds. It is this group of vulnerable people that members are concerned will suffer the worst impact of delays.

**When can people be discharged from hospital?**

26. When someone is admitted to hospital, an estimated date of discharge will be produced by a member of staff. This date is used as a guide so that community services can be arranged if required. The date should be reviewed and changed depending on how the patient progresses. A Section 2 notification is sent to Adult Social Care to let them know what care services are likely to be needed.

27. Although a patient can be declared fit to leave when they no longer need medical treatment, they may still need further care, such as physiotherapy, before they can leave. Because of this, a multi-professional team jointly agrees when a patient is truly ready to be discharged. At this point a Section 5 notification is issued indicating that a patient is ready for discharge on a specific date.

28. The national definition of when a patient can move on from hospital is when:

a) a clinical decision has been made that the patient is ready for transfer and
b) a multi-disciplinary team decision has been made that the patient is ready for transfer and
c) the patient is safe to discharge/transfer.\(^7\)

**Why do people become delayed?**

29. Weekly information is collected about delays through situation reports, known as ‘SITREPS’. Patients who are delayed are counted at midnight on a Thursday and the reason for the delay is recorded at that time, and made attributable to either Health or Social Care. Some of the delays are attributable to both organisations.

\(^7\) Weekly SITREPS – Definitions and Guidance
30. The Community Care Act (2003) introduced a system of ‘fines’ for local authorities which fail to provide the community care services required to discharge patients safely from hospital. The system was designed to provide incentives for local authorities and Health to work more closely to reduce delays.

**Table 1 Reasons for reportable delays**

<table>
<thead>
<tr>
<th>Reason</th>
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<tbody>
<tr>
<td>Awaiting completion of assessment</td>
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<tr>
<td>Awaiting public funding</td>
</tr>
<tr>
<td>Awaiting further non-acute care</td>
</tr>
<tr>
<td>Awaiting residential home placement or availability</td>
</tr>
<tr>
<td>Awaiting nursing home placement or availability</td>
</tr>
<tr>
<td>Awaiting care package in own home</td>
</tr>
<tr>
<td>Awaiting community equipment and adaptations</td>
</tr>
<tr>
<td>Patient or family choice</td>
</tr>
<tr>
<td>Disputes</td>
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<tr>
<td>Housing</td>
</tr>
</tbody>
</table>

31. This information is used to inform national performance indicator Nl:131. The indicator measures the average weekly rate of delayed transfers of care from all NHS hospitals, acute and non-acute, per 100,000 population aged 18+.

32. Members found that N131 is a measure of all Buckinghamshire residents nationwide, so if a Buckinghamshire resident is delayed in a hospital in another part of the country, this will appear in the indicator.

33. The following gives an example of the scale of delays in Buckinghamshire:

**28 September 2008**

- 70 Buckinghamshire residents were delayed from leaving care
- Between them, the 70 residents had been delayed for a total of 461 days
- The main reasons they were delayed from leaving were that they were waiting for places in nursing and residential care homes.⁶

34. Appendix 2 shows how the delays were distributed amongst organisations and whether the delays were attributable to Health, Social Care or both. This is a snapshot of one day but gives a fairly typical example of the numbers involved. However, the quantity and length of delays are subject to fluctuation and can be affected significantly by factors such as flu epidemics, which put considerable pressures on hospitals and staff.

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⁶ Delayed Transfers of Care Data Sample for Week Ending 26/09/2008
35. During the course of the review, officers told members of the Working Group that the use of the NI:131 indicator can be divisive, as it creates an environment where agencies may blame each other for delays. This can destroy goodwill and hinder progress when trying to reduce delays. Officers that have taken part in the review have stressed the need to look 'beyond' the indicator, and for Health and Social Care to seek out opportunities to work together innovatively in the best interests of patients.

Findings of the Review:

Why have delays increased in Buckinghamshire?

36. Members heard from officers in Adult Social Care that the reasons for increases in delays include significant changes in the market that have had a negative impact on the cost of care.

37. The Working Group heard there is a lack of care home placements in Buckinghamshire, and care packages for people who can be treated at home. Buckinghamshire County Council (BCC) will go through a tendering process for the renewal of domiciliary care contracts in 2009 which should help to address this.

38. Officers in the Health Service told the Working Group that reasons for increases in delays were also due to difficulties with the processes involved with discharging patients, which were complex, and that planning for discharge did not always begin early enough.

39. An officer from Adult Social Care told the Working Group that disputes over who is responsible for delays from Health to Social Care can impact on delayed transfers in complex appeal cases, when decisions are taken about who is responsible for payment and from which point in time.

What is being done to address delays?

40. There is a delivery plan attached to the Local Area Agreement for NI:131. Alongside this, members learnt about work being facilitated by consultants from Saigeti to help reduce delays. During a presentation given to the Overview and Scrutiny Committee for Public Health Services at its November 2008 meeting, members learnt that Saigeti had been asked to focus on the whole patient 'pathway' (their journey through care/treatment services), with the aim of reducing delays overall in the system.

41. This work involves tackling and resolving discharges in both the acute and community hospitals through an integrated team review of every patient on a daily basis (Monday – Friday), highlighting where there are constraints within the patient pathway. This results in the production of daily worksheets for teams responsible for managing those patients.

42. Saigeti changed this process in January / February 2009, requiring every patient to be identified as being allocated to either a simple or complex pathway, which provides partners with an early warning of what services might be required,
giving them time to resource these appropriately. It was at this point that delayed transfers were included, and two workshops were set up to ensure there was a common approach to tackling this group of patients.

43. Members were encouraged to hear that as part of this work, a joint senior team with representatives from both Health and Social Care is working on an action plan to help tackle delays. Key field personnel who take forward the work ‘on the ground’ support the joint senior team. As part of the evidence gathering process, members met with most representatives of the senior team, and a number of the field personnel.

44. An officer from Adult Social Care told members that both Health and Social Care have commissioned additional resources this year to address shortfalls, both in residential/nursing care and in domiciliary settings. ‘Escalation routes’ have been established to help move patients appropriately through the hospital system. The Primary Care Trust’s continuing care commissioning team are co-located with the BCC care purchasing team at Hampden Hall and PCT staff will join officers at County Hall as soon as IT systems are in place.

45. Officers representing the Community Hospitals and Integrated Care Teams told members that the purpose of community hospitals had been reviewed, and the concept of what they can offer is changing. In future they may be able to carry out more clinical work such as administering blood transfusions and IV’s. Additional resources like these should relieve some of the pressure on the acute hospitals and help to reduce delays, as well as providing appropriate resources to prevent admissions into the acute trust.

How did Wiltshire reduce delays?

46. During their visit to Wiltshire County Council (WCC), members learnt of the historical problems that had been experienced there with high levels of delays. Wiltshire’s OSC found that, historically, Health had invested heavily in beds and not enough resource was being used to keep people in their own homes which would prevent admissions.

A number of the delays in Wiltshire had been triggered by the relevant organisation trying to resolve whose responsibility the patient was at given times.
47. Wiltshire had used the services of the Care Services Improvement Partnership (CSIP) to improve working between the PCT in Wiltshire and WCC. They also assisted in improving relationships with the Acute Trusts. CSIP have now withdrawn, but are still used when required. WCC found that the assistance of an external organisation was useful as they could facilitate between organisations and demonstrate good practice examples from other organisations.

48. To help reduce delays, Wiltshire introduced the following ideas:
   
   - A Whole Systems Strategic Steering Group – to examine major themes related to delays
   - Monthly cluster meetings at each in-patient provider – to discuss patients that had been delayed for more than 30 days, and emerging themes
   - Weekly delayed transfers of care meetings – to discuss potential and complex delays and to use a multi-agency approach to problem solving.

49. At the time Wiltshire’s OSC wrote their report (June 2008), the county was the worst performing in relation to delayed transfers in the South West. The Working Group was told that since then delays had reduced as follows:

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of delays</th>
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<tbody>
<tr>
<td>April 2007</td>
<td>145</td>
</tr>
<tr>
<td>March 2008</td>
<td>84</td>
</tr>
<tr>
<td>January 2009</td>
<td>35</td>
</tr>
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50. During the evidence gathering visit to WCC, the importance of having a clear, overarching strategy for delays was stated, as was establishing mechanisms that all agencies sign up to and implement. Wiltshire now discusses the responsibility aspect of delays after dealing with the patient. The Whole System group made an early agreement not to ‘fine’ (reimburse) for Social Care delays, although organisations retained the right to do so. This decision set the scene for partnership working. Wiltshire’s performance has improved considerably, and at the time of writing this report, figures for week ending 12 April 2009 show Wiltshire’s position as 5th in the comparator group of 16 authorities.

What further work is needed in Buckinghamshire?

Planning early for appropriate discharge

51. Throughout the review, the Working Group heard of the importance of planning for a patient’s discharge as early as possible during their stay in hospital, so that care packages are in place when they are ready to leave and they do not become delayed.

52. During their evidence gathering visit to Wiltshire County Council, members were told that Wiltshire had found that their delayed transfers were caused largely by poor discharge planning. They advise that if discharge planning is not done in a robust way then assessments do not occur at the right time. Wiltshire states that assessments need to be carried out at an early stage in order to identify the
patient's needs, and in turn to allow time to plan the relevant course of action for an individual.

53. An officer from Adult Social Care told members that better advance information on the discharge needs of patients is needed in Buckinghamshire - ahead of patients being ready for discharge. This would enable care purchasing teams to line up placements better and hospital staff to make appropriate arrangements depending on whether the patient is to become a Health funded client, a RCC funded client, or a self-funder (able to fund their own care).

54. During the evidence gathering process, members heard mixed messages about whether planning for a patient’s discharge was happening at the right time in Buckinghamshire. This was demonstrated to the Working Group by the following example:

“One patient was assessed for discharge on 6 January and discharged from hospital on 14 January – but Social Care were not informed about the patient until 14 January”

55. Members of the Working Group are keen that families are involved in discussions about their relative’s discharge from hospital. They want adequate information and support to be given to patients and their carers so that they feel able to cope when they leave hospital. Members are concerned that, where patients are self-funding, they may lack confidence or knowledge about what they need to do to make proper arrangements for their care.

“A friend of mine was in this position with his father, and he and his siblings felt out of their depth. They were just left to it.”

56. Because of the inconsistency that was reported to members about when discharge planning currently takes place, the Working Group is recommending that formal processes are applied to enable planning to happen as early as possible during a patient’s stay in hospital. Members were told that better and earlier planning for a patient’s discharge from hospital should mean fewer delays.

**Recommendation**

1. Apply formal processes to ensure that discharge planning takes place at the earliest opportunity with all relevant parties.

**Developing a countywide approach**

57. Members heard evidence from officers in Adult Social Care and Health about the focus on delays that has taken place at Stoke Mandeville Hospital. This is aimed at making delayed transfers a ‘common’ problem between the organisations involved, with the focus on the patient rather than who is responsible for delays.
58. The work consists of daily meetings with a range of operational staff who examine priorities within the whole hospital system and address any delays. Staff members collectively identify who is waiting for what and then go away and free up the blocks/delaye within their own eyetame. The meetings are not just about delays but check on the status of all patients in the system to ensure that everything that is needed to facilitate discharge is done in a timely manner preventing them becoming a delay.

59. The officers that members spoke to have said that Stoke Mandeville is a good example of where a targeted focus on the operational management of delayed transfers has made a difference. Figures do reflect recent improvements in acute delays. On 12 January 2009, 41 patients were delayed for a cumulative period of 220 days. This had reduced to 16 patients being delayed for a cumulative period of 79 days on 9 March 2009. This data includes figures for both Stoke Mandeville and Wycombe hospitals. At the time of finalising this report, figures for delays across all the organisations for week ending 12 April 2009 showed Buckinghamshire’s performance as having improved, taking the position of 11th out of the 16 authorities in the comparator group.

60. An officer from Adult Social Care told members there had been a reduction in the number of clients needing adult social care who are in hospital beds, resulting from the work at Stoke Mandeville. Members were told this has been achieved by reducing the time between identifying a patient as needing further care and completing the administrative process for this.

61. The consultants from Saigei informed members that a similar approach to the methods being used at Stoke Mandeville has just been introduced at Wycombe Hospital. Members are keen that processes should be embedded there and at Oxfordshire and Buckinghamshire Mental Health Foundation Trust. They had heard that the number of delays at OBMHFT although few in number, can be for very long periods of time. OBMHFT do not have a large number of beds so if just one person is delayed this is potentially a bigger problem for them. A member of the Working Group has advised that OBMHFT has recently reduced delays by improving their support in the community when service users leave hospital, and has reduced the average patient stay in hospital by improving patient pathways.
62. Members were told by the Primary Care Trust that a number of elderly mentally ill patients have been successfully placed recently because members of the Continuing Care team had provided extra support to care homes at the point of a patient’s admission to the home. This had allowed specialist nurses to help the care home with patient’s care plans and answer some of the queries that staff at the care homes had about settling the patients into their new setting.

63. An officer from ORMHT spoke to members of the Working Group about the difficulties of moving some patients on due to the very complex nature of their needs.

**Case Study**

X is an older person whose contact with specialist mental health services occurred due to her severe depressive illness and difficult personality. X could be very unpleasant, refusing care in hospital. Her home circumstances gave rise for concern due to substantial self-neglect. The delay in appropriate transfer occurred while X was an inpatient. X resisted discharge as she viewed the ward as a safe place. Eventually through the efforts of the staff involved, a placement at extra care housing facility with trained and briefed personnel was found.

64. Members of the Working Group recognise the tremendous effort that is needed to find appropriate places for vulnerable patients or clients with very complex needs, and are sympathetic to staff who work extremely hard to support them. However, they are still concerned about the length of time this group of people can be delayed for.

65. Officers have told the Working Group that there is a need to ensure the working practices that have been successfully developed with Health and Social Care at Stoke Mandeville are extended to all the organisations involved, to provide a countywide approach to dealing with delays.

**Recommendation**

2. Ensure the renewed focus on delayed transfers that has so far focused on Stoke Mandeville Hospital becomes a countywide approach.

**Representation at key meetings**

66. Members of the Working Group were told that the meetings that were taking place at Stoke Mandeville to move patients efficiently through their stay in hospital were providing a very useful focus for exchanging information about patients and helping to prevent delays.

67. Currently, invitations to attend are issued to the Bucks Hospital Trust Discharge Team, Adult Social Care, the Primary Care Trust and representatives from Continuing Care and / or Community Hospitals. However, members were
informed that attendance from some of the organisations was patchy, and that currently OBMHFT were not involved.

68. Members were told that for the meetings to be successful, good representation is required from all the organisations involved with planning for a patient's discharge. Members realise that there may be capacity issues that currently prevent officers from attending, but have been advised of future plans to hold these meetings using a teleconferencing system so that people would not need to be on site to take part.

**Recommendation**

3. **Ensure there is representation from all the key organisations at regular meetings where delays are discussed.**

**Lack of capacity**

69. Statistics gathered on a weekly basis show that the main reason that people are delayed from leaving hospital in Buckinghamshire is that they are waiting for residential or nursing home placements. This is true for both Health and Social Care. Everyone that the Working Group spoke to during the review said this was a problem.

70. Officers from the Primary Care Trust told members that lack of provision of the more specialist care home services and domiciliary care, for both health and social care needs results in difficulty in finding appropriate placements.

71. Members heard that in particular, beds in the south of the county are much more expensive and it can be hard to find the right kind of beds there for patients, at the right time.

72. Officers at Stoke Mandeville Hospital told members that there is a need to commission more capacity at weekends and during the holiday season. There are particular problems with discharging patients at these times as, for example, there are not enough people in place to carry out assessments.

73. In addition, the Primary Care Trust told members that Buckinghamshire is a ‘net importer’ of people. Other, more expensive areas such as the London Boroughs place their patients / residents in Buckinghamshire care homes, and this impacts detrimentally on care home provision generally in the area.

74. Whilst recognising that capacity problems and lack of resources can be difficult to solve, members were impressed by innovative measures being taken to address this. A good example is that there is a draft understanding with Health to ‘waive’ social care fines for delays to enable Adult Social Care to purchase a number of 'step down' beds (used for transitional care) – freeing up capacity in the acute hospital. It is hoped this will be in place by the end of May. Additionally, an officer
from Adult Social Care has advised that Bucks Hospital Trust are subsiding the cost of some step down beds.

76. The Primary Care Trust told members that Health and Social Care need to find other ways of working together when purchasing residential and nursing home beds for patients. Officers from Adult Social Care, the Primary Care Trust and Saiget think this could be achieved by exploring options for joint commissioning.

77. Saiget explained to members the benefits of taking a combined approach when purchasing care. They told the Working Group that presenting a single face to the market would help to lessen competition and that by developing a more sophisticated purchasing service, it would be possible to buy more complex, continuing care services for residents.

78. Members heard that Buckinghamshire County Council (BCC) buys significantly more care than Health. Saiget suggest that there could be an opportunity to influence the price of care, were Health to pay BCC a fee to provide a procurement service.

79. An example of this type of joint working takes place at Suffolk County Council, where a ‘care sourcing programme’ has been developed. This is a joint initiative between their Adult and Community Services, Commissioners and the Commercial Services Division to explore contracting models.

Recommendation

4. Explore options for developing a single commissioning process across organisations.

Data collection

79. Throughout the review, members heard from officers the importance of ensuring that all relevant data about the discharge process is shared between the organisations. This allows problems that could lead to patients becoming delayed to be resolved as quickly as possible.

80. Officers from Health advised that lack of reliable data about the final destination of some patients made it difficult to estimate with accuracy capacity shortfalls in the community. For instance, they have stated that it is not always easy to distinguish between numbers of those waiting for assessments for continuing health care, and those waiting for a community health care placement.

81. An officer from Commissioning and improvements regularly attends meetings of the Joint Senior Team. At these meetings patients nearing discharge are categorised using a traffic light system. The officer that the Working Group spoke to said that this process would be improved by adding a layer of information which would categorise patients on the basis of what services are needed to
allow them to be discharged from hospital. For some people this may be a simple process but others need a complex mixture of care which can take longer to put in place.

82. Representatives from Saigei highlighted to members the need for better data sharing between the agencies involved in delayed discharges, specifically to address the fact that the process of identifying patients in the health system is currently administered on spreadsheets rather than through the use of resilient IT systems.

83. Members heard that data showing the reasons for delays can be skewed which can lead to misunderstandings. This is because delays are counted at midnight on a Thursday and only the current reason for delay is listed. The patient may have been delayed for other reasons during that same week. The importance of this data being recorded accurately is high - primarily for the impact on the patient and planning for discharge but also because the information is submitted to Government and local authorities are assessed on their performance on the basis of this.

84. An officer from Adult Social Care told members of incidences when out of county residents had been included in Buckinghamshire data. Although officers identified this as an error at the time, members suggest that a more failsafe system may be needed.

**Recommendation**

5. Continue to refine and update data to allow for more accurate and detailed information sharing between organisations, to help inform the discharge process.

**Managing reluctant patients and their families**

85. Officers from Stoke Mandeville Hospitals told members of the Working Group that delays can be caused by patients who, on leaving hospital, have sufficient resources to fund their own care.

86. Members were told that self-funding patients may be reluctant to start paying for their own care and can turn down placements that they are offered whilst in hospital. Delays can also be caused by families taking a long time to visit potential placements. In very extreme cases evictions from hospital can take place, but the process is lengthy and can take up to four weeks.

87. The Working Group is sensitive to the fact that going into a residential or nursing home can be a difficult and traumatic time for people, and that they should be able to take a reasonable amount of time to make well-supported and informed choices. However, members were concerned to hear from a number of officers that in some cases significant delays were being caused by this group of people.
88. Members were informed that a ‘choice protocol’ was in place to help manage patient’s expectations about being admitted to hospital and to help move them on. However, officers from Adult Social Care and Stoke Mandeville Hospital told members told that this needed to be used both more promptly and more frequently to reduce delays attributable to people able to pay for their own care. The Hospital Trust issues letters to families that want to keep their families in hospital but members were told the letters are not always issued in a timely fashion.

Recommendation

6. Put in place sensitive but robust procedures to ensure patients and families are aware of their responsibilities in terms of moving on from hospital.

Retaining the focus on delayed transfers of care

89. During the course of the review, there was substantial evidence which demonstrated the good work that is taking place across agencies to help reduce delays. This has been aided by the involvement of the consultants from Saiget, but has also been driven forward by the effort and determination of officers from within both Health and Social Care.

90. The need for all the agencies involved to work together to find solutions to problems that can cause delays was stressed to members throughout the review. They are keen that all the organisations involved explore further options to share resources and solve problems collaboratively in continued efforts to reduce delays.

91. The Working Group wants to ensure that the focus on delayed transfers of care is maintained in the future, particularly as the piece of work carried out by the consultants has recently come to an end. They feel this could be achieved if Champions for reducing delays were identified in each of the relevant organisations.

Recommendation

7. Identify a Champion within each organisation whose role would be to maintain a focus on delayed transfers of care.

Further Work

92. During the course of the review, members heard that some admissions to hospital could be prevented. They were told for instance that better support and training for care home staff and improved out of hours cover, could result in people being treated outside the hospital setting.
93. This is supported by the House of Commons Select Committee's review of Delayed Discharges in 2002, which recommended publishing examples of good practice, which promote the avoidance of inappropriate admission to hospital.

94. Officers from the Primary Care Trust told members about examples of routine admissions from Care Homes (both residential and nursing) to the acute hospital caused by relatively minor problems such as blocked catheters. Admissions such as these become more of a problem out of weekday hours when there are fewer people to call on for help.

95. Members were told that treatment and rehabilitative intervention for people in their own homes would help to prevent hospital admission for some people, which would in turn reduce accident and emergency attendances.

96. The timescale for the review was such that members could not explore this area in more detail, but they acknowledge its importance and have suggested that this could be a potential topic in the future work programme of scrutiny.

Conclusion

97. It was evident to members that much good work was already taking place to help reduce the time spent by people being delayed in hospital in Buckinghamshire and delays are being reduced as a result. This was demonstrated by the fact that there is an LAA delivery plan in place to reduce delays and a renewed, daily inter-agency focus on assessing, and if necessary, escalating patients journeys through the hospital system.

98. The goodwill and hard work of officers in both Health and Adult Social Care who are focusing on this area of work particularly impressed members.

99. The Working Group recognises the need to maintain this focus and for agencies to find further ways to work innovatively together to help reduce delays. They are concerned that if the focus on delays is lost then the good work that has taken place so far will not be maintained.

100. As was found at Wiltshire County Council during their review into delayed transfers, reducing delays involves, 'Putting the patient at the centre' and being willing to challenge processes to ensure the needs of the patient are at the forefront of decisions.
Acknowledgements

The Working Group would like to thank the following people for their invaluable support and information:

Alison Bulman  
Service Manager, Adult Social Care

Andrew Capjon  
Acting Senior Business Intelligence Officer, Adult Social Care

James Cawley  
Service Director Strategy & Commissioning, Wiltshire County Council

Rachel Corser  
Clinical Quality and Development Lead Community Hospitals, Buckinghamshire Primary Care Trust, Provider Services

Sandra Cotter  
Saigei Consultancy

Daily Discharge Team  
Stoke Mancievill Hospital

Maddy Ferrari  
Assistant Director for Professional Practice, Workforce and Pathway Redesign, Wiltshire NHS

James Heffron  
Director of Clinical Reform, Saigei Consultancy

Malcolm Hewson  
Chairman Delayed Transfers of Care Task Group, Wiltshire County Council

Jo Howes  
Community Engagement Manager, Wiltshire NHS

Nick Hulme  
Chief Operating Officer, Buckinghamshire Hospitals Trust

Rita Lally  
Strategic Director, Healthier Communities and Adult Social Care

Peter Loose  
Head of Service for Commissioning and Improvements, Adult Social Care

Phillip Marshall  
Business Intelligence Officer, Adult Social Care

Caroline Pickford  
Health Scrutiny Officer, Wiltshire County Council

Barbara Poole  
Vice-Chairman, Bucks Local Involvement Network (LINK)

Anna Selby  
Service Manager Integrated Teams, Buckinghamshire Primary Care Trust

Kerry Stevens  
Head of Service Operations, Adult Social Care

Jane Taptiklis  
Assistant Director Commissioning, Primary Care Trust

Stuart Townsend  
Associate Director Adult and Older Peoples Services, Primary Care Trust

Adrian Walker  
Team Manager Special Projects, Continuing Care

Roy While  
Chairman Health Overview and Scrutiny Committee, Wiltshire County Council

Tim Williams  
Head of Social Care, Oxfordshire and Buckinghamshire Mental Health Foundation Trust (OBMHFT)
### Appendix 1

<table>
<thead>
<tr>
<th>Subject of the Review</th>
<th>The Management of Delayed Transfers of Care (DToC) in Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Purpose of the Review</strong></td>
<td>To understand the reasons behind why there appear to be high levels of DToC in Buckinghamshire To understand the impact these have on residents To look at actions being taken through the '8 Point Plan' by Health and Adult Social Care to address this issue To identify any improvements that could be made to reduce DToC.</td>
</tr>
<tr>
<td><strong>Anticipated outcome(s)</strong></td>
<td>That Members will have: Obtained a better understanding of the underlying reasons for DToC in Buckinghamshire and how these effect residents Identified areas of good practice in Adult Social Care and Health Identified any improvements that could be made to help address DToC – particularly in relation to the 8 Point Action Plan Formed recommendations that will be taken forward to appropriate reporting bodies.</td>
</tr>
<tr>
<td>Reasons for undertaking the review, including where the ideas have come from</td>
<td>Being delayed in leaving hospital can have a negative effect on residents’ lives i.e. extended stays in hospital can lead to the need for a care home when this might not have been the case had the patient been supported to leave hospital at an earlier stage. Members have a role in representing community issues, and there is concern that Buckinghamshire residents have been experiencing higher than average delayed transfers of care in recent years.</td>
</tr>
<tr>
<td>What is the potential impact of the review on</td>
<td>Recommendations resulting from the review should add to existing plans to help reduce DToC in Buckinghamshire. It is in the interests of residents that they are not kept waiting in hospital when they are medically fit to leave. As this is an area already identified by inspectors for action, the work of the OSCs should add value in contributing to future inspections such as the forthcoming Comprehensive Area Assessment (CAA). It will help the Council achieve the following aims: ‘Provide efficient and effective services’ and ‘Maintain a vibrant economy’.</td>
</tr>
<tr>
<td>The people of Buckinghamshire, Equality issues (including health inequalities) Helping the council achieve its main priorities Adding value to the organization</td>
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<tr>
<td><strong>Link to Council Corporate Plan priority</strong></td>
<td>See above</td>
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<tr>
<td><strong>Link to LAA Target</strong></td>
<td>LAA Target NI: 131 Delayed Transfers of Care</td>
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<tr>
<td><strong>Key Issues for the review to address</strong></td>
<td>The reasons for high levels of DToC Buckinghamshire and the effect these have on residents The 8 Point Plan to address DToC Joint working between Adult Social Care and Health.</td>
</tr>
<tr>
<td>Methodology</td>
<td>A Working Group consisting of volunteers from the Adults' Services and Health OSC, supported by the Adults' Services Policy Officer will conduct the review. Evidence and information to be gathered from all those contributing to the 8 Point Plan. Visit to a Local Authority that performs well in this area. Operational visits (i.e. to hospitals / services users) as advised.</td>
</tr>
<tr>
<td>Key background papers</td>
<td>8 Point Action Plan Performance Monitoring Information LAA Delivery Plan</td>
</tr>
<tr>
<td>Evidence to be provided by:</td>
<td>Representatives from those responsible for delivering the 8 Point Action Plan Strategic Director for Healthier Communities and Adult Social Care Cabinet Member for Adult Social Care James Heffron, Director Operations Saigei NHS Trust Directors Service Users Operational Teams Third Sector Groups i.e. Carers Bucks</td>
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<tr>
<td>Potential partners</td>
<td>As above</td>
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<tr>
<td>Resources required</td>
<td>Officer and Member time</td>
</tr>
<tr>
<td>Reporting mechanism</td>
<td>Cabinet – to respond to recommendations NHS Trust Boards – to respond to recommendations Bucks Strategic Partnership Board – for information</td>
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## DTC data sample for week ending 28/09/2008 (Thursday night snapshot)

### Provider Org Name

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<tr>
<th>Year</th>
<th>Local Authority Name</th>
<th>Weekending</th>
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<td>28/09/08</td>
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#### Key
- A = Delays
- B = Days delayed
- For "Both" read "Joint" (so delayed by Health & ASC)

### Reason For Delay

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<td>B, public fund</td>
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<td>2</td>
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<tr>
<td></td>
<td>C, further non auto nhs</td>
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<td>E, care package in home</td>
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<td>F, community equip adapt</td>
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<td>G, patient family choice</td>
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### Grand Total

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