

By: Graham Gibbens, Cabinet Member for Adult Social Care
Anu Singh, Corporate Director of Adult Social Care and Health

To: Cabinet – 11 December 2017

Subject: **UPDATE ON THE PROGRESS IN REPORTING AND MANAGING DELAYED TRANSFERS OF CARE (DToC)**

Classification: Unrestricted

Previous Pathway of Paper: Corporate Board – 11 September 2017

Future Pathway of Paper: None

Electoral Divisions: All

Summary: Robust DToC monitoring takes place locally and weekly through a dashboard which details hospital positions and the accountability for the delays. This enables pressures and risks to be identified and dealt with quickly. This paper provides an update on work to improve the reporting and management of DToCs; as well as an update on the national position and provide assurance that agreed interventions are working.

Recommendations: Cabinet is asked to:

COMMENT and NOTE the robust performance dashboard that is being used both to report and to manage performance locally;

COMMENT and NOTE the impact of the interventions on social care delays and in some health delays, but note the ongoing pressures that are being managed;

COMMENT and NOTE the issues with the National and local reporting and the work to reduce this, through local teams and adopting a regional position; and

AGREE that a further paper on progress should be reported to Cabinet in February 2018.

1. Introduction

1.1 Following the Ministerial Written Statement to the House of Commons on 3 July 2017, where the Secretary of State for Health underlined the importance that the Government attaches to the NHS and local government working together to make faster and more significant progress on Delayed Transfer of Care (DToC), we have developed systems for managing performance, escalating risk and reporting.

1.2 Robust DToC monitoring takes place locally and weekly through a dashboard which details the hospital positions and the accountability for the delays. This enables pressures and risks to be identified and dealt with quickly.

- 1.3 Previous reports have set out current performance based on delayed days per 100,000 population aged 18+.The DToC position is decreasing and the direction of travel is generally positive and moving towards the nationally set target.
- 1.4 Local use of this data evidences what Health and Social Care are jointly doing to reduce delays.
- 1.5 We have taken an action to ensure that there is transparent corporate reporting on a hospital by hospital basis. This is to understand better where our interventions are working well. Furthermore, it has been agreed that there needs to be a clear distinction between the local and national picture, thus understanding whether the local health economy is working effectively.

2. Current position

- 2.1 The national targets for DTOC were set for September, and the national reporting for this was issued in the last two weeks.
- 2.2 As a reminder, the targets and our baseline position was:

Indicator	National target	Kent baseline position	National position
Number of people delayed per 100,000 population	9.4	14	15.3
Number of people delayed per 100,000 population – Social care responsibility	2.6	4.5	5.6
Number of people delayed per 100,000 population – Health responsibility	5.5	9	8.5
Number of people delayed per 100,000 population – Joint responsibility	1.2	0.5	1.2

- 2.3 In terms of our September position, there are two reporting approaches that need to be considered:
 - 1. Firstly, the national position which is based on submissions from Health Colleagues to NHS England. This data is collected and published six weeks later and is not helpful to assess and react to our current and ongoing pressures.
 - 2. Secondly, our local position which is agreed and managed on a weekly basis and is used for live reporting and interventions. This data is submitted on a weekly basis via ADASS to collate a regional position.
- 2.4 The data does not match; this is both a regional and a local issue. The reason for this relates to two main issues:

1. The counting of delays within the Local Authority Boundaries. For example, hospitals within Kent will support people from other local authorities. The hospital will count this as their delay, the council will not. This is determined by the Department of Health guidance and an issue that we are raising, as a region, through ADASS. This is problematic for North Kent and West Kent.
 2. The process, through health, of validating the delays as part of the submission. Whilst the delays data is agreed locally, there is a validation process that takes place after submission which compares the data with the health system. This validation process will sometimes amend the data. There has already been significant work undertaken with health and social care staff in East Kent to reduce this gap, and work has also started in the rest of the county. We will continue to monitor and report on this.
- 2.5 National results in the recent NHS publication saw the lowest number of delayed days counted in Kent ever recorded at 4,090 delayed days. Unfortunately this was short of our BCF planned target for September of 3,399 by 691.
- 2.6 However, looking at our locally collected data the difference is only 170 days (3,569 delayed days recorded for September locally). **This is 9.84 per 100,000 population.** Despite not meeting the planned target, there has been a reduction of 935 days since February and this is a testament to the work being done by our integrated teams across the county. If this trajectory continues then we are on track to achieve the rate of 9.3 per 100,000 per day by November (data published around 10 January).
- 2.7 A breakdown of the local data compared to the target is shown below where the key pressure areas are in East Kent and Dartford and Gravesham:

Responsible Authority	Provider Organisation	September 2017		
		Locally Collected Figures	BCF Target Breakdown	Difference
NHS DTOC Delayed Days	Dartford & Gravesham NHS Trust	509	403	106
	East Kent Hospitals U.F. Trust	1303	1032	271
	Kent & Medway Partnership Trust	63	50	13
	Kent Community Health F. Trust	118	93	25
	Maidstone & Tunbridge Wells Trust	346	274	72
	Medway Foundation Trust	93	74	19
	Virgin Care Services (NK Community)	107	85	22
	Out of Area (NHS data only)		0	0
Kent Total	2539	2010	529	
Social Care DTOC Delayed Days	Dartford & Gravesham NHS Trust	306	293	13
	East Kent Hospitals U.F. Trust	57	54	3
	Kent & Medway Partnership Trust	39	37	2
	Kent Community Health F. Trust	83	79	4
	Maidstone & Tunbridge Wells Trust	291	278	13
	Medway Foundation Trust	92	88	4
	Virgin Care Services (NK Community)	126	120	6
	Out of Area (NHS data only)		0	0
Kent Total	994	950	44	
Both DTOC Delayed Days	Dartford & Gravesham NHS Trust	0	0	0
	East Kent Hospitals U.F. Trust	1	12	-11
	Kent & Medway Partnership Trust	31	378	-347
	Kent Community Health F. Trust	0	0	0
	Maidstone & Tunbridge Wells Trust	4	49	-45
	Medway Foundation Trust	0	0	0
	Virgin Care Services (NK Community)	0	0	0
	Out of Area (NHS data only)		0	0
Kent Total	36	439	-403	
Total DTOG Delayed Days	Dartford & Gravesham NHS Trust	815	695	120
	East Kent Hospitals U.F. Trust	1361	1098	263
	Kent & Medway Partnership Trust	133	465	-332
	Kent Community Health F. Trust	201	173	28
	Maidstone & Tunbridge Wells Trust	641	601	40
	Medway Foundation Trust	185	162	23
	Virgin Care Services (NK Community)	233	205	28
	Out of Area (NHS data only)		0	0
Kent LA Total	3569	3399	170	

3.

3. Regular reporting and how it is used

3.1 **Appendix A** is the weekly dashboard that is automatically used to manage the impacts of delayed transfers of care across the county.

3.2 The dashboard has two critical parts to it:

1. The first is a **monthly summary** of the activity that has happened, all counted in delayed days, across all the hospital sites. This enables us to have an overview of where the key pressures are and who holds responsibility for them. This now includes the community hospitals and Mental Health

2. The second part to this is the **weekly operational statistics**. This information is fed from the local sites and is used, together with the data over the last four weeks to inform and support our staff to assess the impact of intervention work locally, but also to understand where there are risks starting to arise that will need joint working. This information is used daily and weekly with the hospital sites.

3.3 As a summary of the dashboard at Appendix A, the current performance position by hospital site is shown below which identifies the issues that are being tackled in relation to:

- **NHS delays:** Increasing pressures with Kent and Canterbury, the William Harvey and Queen Elizabeth, Queen Mother Hospitals, and some improvements at the Darent Valley Hospital
- **Social Care delays:** Improvements across all the hospitals but ongoing pressures at the Maidstone Hospital.

DTOC Days Attributed to NHS		30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017
Total DTOC Days Attributed to NHS	Darent Valley Hospital	539	315	437	509	462	377
	Medway Hospital	37	52	128	93	58	23
	Kent & Canterbury Hospital	721	565	754	763	738	733
	Queen Elizabeth Queen Mother	0	89	297	321	374	257
	William Harvey Hospital	89	81	147	219	329	334
	Maidstone Hospital	116	160	181	198	159	197
	Tunbridge Wells Hospital	189	134	182	148	167	116
	Virgin Care - NK Communities	0	0	0	107	176	136
	KCHFT - EK & WK Communities	0	0	0	118	91	92
	KMPT	0	0	0	63	114	64
	Kent Total	1691	1396	2126	2539	2668	2329

DTOC Days Attributed to Social Care		30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017
Total DTOC Days Attributed to Social Care (Including Half of both)	Darent Valley Hospital	143	236	413	306	139	73.5
	Medway Hospital	35	90	160	92	60	18
	Kent & Canterbury Hospital	76	90	99	54	62.5	60
	Queen Elizabeth Queen Mother	0	16	8	3	6	6
	William Harvey Hospital	0	7	11	0.5	4	7
	Maidstone Hospital	39	134	190	151	117	136.5
	Tunbridge Wells Hospital	196	148	131.5	142	185	108
	Virgin Care - NK Communities	0	0	0	126	50	56
	Kent Community Hospitals Total	0	0	0	83	59	56
	KMPT	0	0	0	54.5	103.5	59.5
	Kent Total	489	721	1012.5	1012	786	580.5

Total DTOC Days in Kent - Acute & Community		30/06/2017	31/07/2017	31/08/2017	30/09/2017	31/10/2017	30/11/2017
Total DTOC Delayed Days Acutes, Communities, KMPT Total	Darent Valley Hospital	682	551	850	815	601	461
	Medway Hospital	72	142	288	185	118	41
	Kent & Canterbury Hospital	797	655	853	817	802	798
	Queen Elizabeth Queen Mother	0	105	305	324	380	263
	William Harvey Hospital	89	88	158	220	333	344
	Maidstone Hospital	155	294	371	349	286	337
	Tunbridge Wells Hospital	385	282	317	292	356	224
	Virgin Care - NK Communities	0	0	0	233	226	192
	Kent Community Hospitals Total	0	0	0	201	150	148
	KMPT	0	0	0	133	229	152
	Kent Total	2180	2117	3142	3569	3481	2960

4. Recommendations

4.1 Cabinet is asked to:

COMMENT and NOTE the robust performance dashboard that is being used both to report and to manage performance locally;

COMMENT and NOTE the impact of the interventions on social care delays and in some health delays, but note the ongoing pressures that are being managed;

COMMENT and NOTE the issues with the National and local reporting and the work to reduce this, through local teams and adopting a regional position; and

AGREE that a further paper on progress should be reported to Cabinet in February 2018.

5. Report Author

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Appendix A – Live DTOC Monitoring