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| Delayed Transfer of Care Standard Operating Procedure | | |
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All Standard Operating Procedures are aligned to Trust strategies and policies, found in the Board Document Library, and must be executed within the parameters set by such documentation.

Standard Operating Procedures are supported by local procedures defined in each locality. These are found on the locality pages on Ourspace.

# Introduction

The numbers of DToC cases across AWP has resulted in the creation of Task and Finish Group to focus resources and thinking on reducing these numbers by improving the management of DToC cases.

As a result of this Task and Finish Group, a number of issues were identified, which if resolved could lead to a reduction in DToC cases. The cause of many of these issues was determined to be an inconsistent approach to DToC across localities or ambiguity within localities of the process to be followed.

# Aim and Scope

This Standard Operating Procedure (SOP) is designed to provide clear operational guidance around DToC, more specifically to ensure a consistent trust-wide approach towards the categorisation and management of DToC cases both internally and when dealing with external stakeholders and partners such as Local Authorities (LA) and Clinical Commissioning Groups (CCG).

This SOP seeks to ensure the delivery of high quality patient care within the resources available by identifying standards and clarifying responsibilities. The ultimate aim is to minimise the time individual service users remain in a bed where their specific needs are not being met to best effect. Moreover, by ensuring service users are moved to more suitable accommodation more promptly, this SOP is intended to enhance the Trust’s capacity to admit other service users requiring care in one of our facilities.

This SOPS does not seek to replicate existing documentation explaining how Delayed Transfer of Care (DToC) cases are captured on Rio and who is responsible for doing so. These can be found on Ourspace at the following links:

[Identification and Recording of DToC](http://ourspace/ClientServices/bedadmin/Pages/StandardOperatingPro.aspx)

[RiO Guidance](http://ourspace/Systems/RiO/Guides/RiO%20User%20Guide%20-%20Inpatient%20Management%20-%20Delayed%20Transfer%20of%20Care.pdf)

# Objectives

The objectives of this protocol are to:

* Identify best practice in relation to DToC categorisation and management and to ensure that this embedded throughout the system.
* Provide clear and agreed operational standards.
* Provide a framework for working with our partners to manage DToC cases.
* Provide a clear escalation process with identified triggers for all involved.
* Improve the care pathway by ensuring that discharges are timely and well-supported.

It is expected that localities will be working to define micro level activities and good practice initiatives, in addition and complimentary to this protocoal that ensure DToC cases are avoided and reduced and beds are available locally and in a timely manner for those service users who need to be cared for in a hospital environment.

Managing DToC is complex and multi-factorial and cannot be done effectively by relying on procedural application alone; structural and behavioural responses from many teams and professionals are essential if this Trust position is to be improved and maintained.

# General Principles of DToC

This SOP assumes that all local delivery units will apply general principles of DToC management on a day to day basis. These are to:

* Improve services for patients by avoiding situations where they are put at risk by remaining in a bed when they no longer need to.
* Encourage systems to invest together in an extended range of services to prevent delays occurring in the first place.
* Reinforce partnership working between the trust and local authority social care departments.
* Drive a better system of discharge planning, encouraging the development of Proactive, rather than last minute, planning for discharge.
* The system of notification is necessary for alerting community and social services to the likely need for services post- discharge and the forward planning for discharge through expected dates of discharge.
* DTOC covers patients occupying a hospital bed. It includes patients who are ‘medically fit’ for discharge who cannot be discharged for the various reason as specified in the DTOC guidance and they cannot be moved on owing to care not being available elsewhere,whether or not that is in their own home or other care setting.

# Definition of a Delayed Transfer

A delayed transfer of care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

* A clinical decision has been made that patient is ready for transfer.
* A multi-disciplinary team decision has been made that patient is ready for transfer.
* The patient is safe to discharge/transfer.

A multi-disciplinary team (MDT) in this context should be made up of people from different professions, including social workers, nurses and Occupational Therapists where appropriate, with the skills and expertise to address the patient’s on-going health and social care needs. The way that the MDT is organised and functions is fundamental to timely discharge and to the patient’s wellbeing.

# Avoiding DToC

AWP has been working in partnership with CCGs, LAs and Commissioning Support Units (CSUs) to ensure that everything possible is done to avoid Service Users’ transfers being delayed. Most recently the Trust initiated the Acute Care Pathway (ACP) Programme focussed on improving the flow of patients through inpatient facilities. Complimentary to the ACP Programme was a consultant led (Meridian) programme commissioned by the Trust to improve systems and processes within localities, particularly in relation to the management of inpatients.

Alongside the ACP and Meridian programmes has been the launc of the ‘Choice Protocol’. This policy supports people’s timely, effective discharge from an AWP inpatient setting, to a setting which meets their diverse needs and is their preferred choice amongst available options. It applies to all adult inpatients (excluding secure services) and needs to be utilised before and during admission to ensure that those who are assessed as medically fit for discharge can leave hospital in a safe and timely way. Discharges are planned through the Care Programme Approach (CPA) process which co-ordinates the provision of health and social care support.

More information on the Choice Protocol can be found at the following links:

[Choice Protocol](http://ourspace/ClientServices/CareProgrammeApproach/Documents/Multi-Agency%20Mental%20Health%20Protocol%20for%20Managing%20Choice%20on%20Discharge%20from%20a%20Psychiatric%20Inpatient%20Setting.docx)

[Moving on leaflet](http://ourspace/ClientServices/PatientInformation/Approved%20Patient%20Information/Choice%20-%20Moving%20on%20-%20planning%20your%20discharge%20from%20hospital.pdf)

# Care Programme Approach Meeting

To ensure that service users have choice over their care plan, CPA meetings should be arranged and conducted in active partnership with the service user and carer.

The first CPA should be arranged within the first week of admission with the care coordinator taking responsibility for the organisation of the meeting. All relevant parties must be invited to the CPA meeting including the service user and their carer/family members, the MDT including social workers, housing worker, GP etc.

The Care Co-ordinator has to make sure that the care plan is reviewed regularly, at least annually, by all involved: identify what is working well, what needs changing, what else needs to be included, so that recovery is ongoing and support can be altered as the individual’s needs change.

In any transfer or transition of care, the individual needs of the service user must remain paramount and will not be disadvantaged.

No duplicate assessments will be undertaken to decide suitability for accepting any transfer request, as this may result in unnecessary delays.

Care will remain with the originating team, until it has been officially transferred through a CPA review or a comprehensive handover meeting.

# Board Round

A board round is a process which should improve communication among the MDT, enhancing team working and providing a more coordinated approach to discharge planning.

For the board round all team members are expected to assemble each morning. The board or screen used in the board round contains patient details including planned date of discharge, any risk factors to patient safety and input from physiotherapy,occupational therapy or social work.

The board rounds are attended by the nurse in charge, consultant, middle grade and junior doctors, junior and senior nurses, social worker, physiotherapist, occupational therapist and ward clerk among others. The following discussion of inpatients in the ward is conducted with an emphasis on facilitating early and safe discharge. This process requires efficient communication of all and input from different members of the team depending on the case discussed. An inefficient board round process leads to delays in discharging patients.

AWP has generated a SOP detailing how these Board Rounds or Patient Flow Huddles are to be conducted – [Patient Flow Huddle Standard Operating Procedure](http://ourspace/Trust/Operations/Standard%20Operating%20Procedures%20for%20Access%20to%20Servic/Patient%20Flow%20Huddle%20Standard%20Operating%20Procedure.docx).

# Agreeing DToC

The MDT’s decision to categorise a service user as DToC is not ratified until this case has been discussed at the system call/panel meeting (area dependent). Until ratified, the service user is not to be categorised as DToC on their clinical record (RiO) – see ‘Assigning and Updating of DToC Coding’ section, below.

Prior to the system call/panel meeting the MDT lead will complete the relevant paperwork, in line with area policy and be familiar with call/panel Terms of Reference.

Ahead of the system call, individuals attending should ensure they have up to date information on previously ratified DTOC cases as well as updates on any actions attributed to them in preceding calls/meetings.

# DToC Management - Responsibilities & Approach

DToC cases should be ratified and managed via system calls/panel meetings, held in each locality. These calls/meetings will facilitate key agencies working closely together to understand and agree, on an individual basis, why a service user is (or remains) a DTOC and to agree plans to facilitate service user discharge. Key agencies will be able to monitor and learn from the key areas which are causing delays.

Respective CCGs will be responsible for the chairing and administration of the system call/panel meeting including completion of the DTOC spreadsheet and associated Action Tracker (these should be distributed post call to all attendees). The system call/panel meeting will monitor the number of DTOCs in the locality and ensure service users are moving through the system appropriately.

Each organisation is responsible for actions attributed to them and for following these up within the timeframes agreed on the call.

An locality specific illustration of the above process is shown on the flow charts at Appendix1-3.

# Membership

The optimum attendance on the call is considered to be:

* Local Authority Mental Health Lead.
* CCG Mental Health Lead.
* AWP locality Access Service Manager.
* Local Authority Brokerage Pesonalised Commissioning Team Manager.
* AWP Ward/Recovery/CITT Manager.

# Interfaces

The Mental Health System Call/Panel will report to/interface with the following groups:

* CCG DTOC reporting.
* Adult Mental Health Funding Panel (chaired by CCG).
* Older Adult Mental Health Funding Panel (chaired by Local Authority).
* Care pathways meeting (AWP).
* Brokerage monthly meeting (chaired by Local Authority).
* AWP Operations Directorate Senior Management Team weekly call – this call is held at 11:30am every Monday. It is attended by the Operations Director and Managing Directors from each locality to discuss complex DTOC cases.

# Governance

The DTOC Mental Health System call should be operational in nature, and detail won’t routinely feed into other formal meetings. Where issues need to be formally escalated this should be done through the AWP Quality and Performance Meeting. Existing governance processes are in place for this meeting and as such these apply to DTOC Mental Health System call.

# Frequency of meetings

The Mental Health System Call will hold a weekly teleconference.

# Assigning and Updating DToC Codes

It is imperative that the code used to categorise each DTOC case is updated as the circumstances of the case change. The AWP DTOC code definitions are at Appendix 4 to this document.

The MDT and Care Coordinators should review each case weekly as part of the System Call process and any changes to coding reflected on the DTOC spreadsheet.

A service user should remain listed as DTOC until they have been physicaly discharged from the ward.

# Management of Out of Area & Out of Trust DToC cases

Out of Area DToC cases should be managed by the home locality i.e. a Bristol service user in a Swindon bed may be considered by the Swindon MDT to be DTOC. This information should be presented by the Swindon MDT to the Bristol system call/panel.

The Swindon MDT would be responsible for completing the necessary paperwork for that service user’s case to go to this call/panel having been provided the template by the Bristol lead.

Out ot Trust DToC should, similarly, be managed by the home locality however the Out of Area Placements Manager will be involved in the identification/notifcaiton and monitoring on their behalf.

# Authorisation of low/no risk ‘interim step down funding’

If a service user is considered by the MDT to be ready for discharge but there exists a short term delay, which can be overcome via a low cost procurement, the local Managing Director may select to fund this option. This option can be funded from locality budgets via the usual Purchase Order system – see links below:

[Guidance on Raising Requisitions and Receipting Purchase Orders](http://ourspace/StaffServices/PtoT/Procurement/Documents/Guidance%20on%20Raising%20Requisitions%20and%20Receipting%20Purchase%20Orders.doc)

An example may be where there is a short delay in guaranteed accommodation but availability of short term alternative accomodaiton, which could be utilised as an ‘intermin step down’. This option would be implemented where there is little or no risk to the service user and where the short term accommodation option is cheaper than the occupied bed rate – this process would be instigated in order to free up a bed for another admission.

# Escalation

This escalation proforma at Appendix 5 will provide a framework for controlled action in relation to DToC cases which cannot be resolved by localities alone.

DToC escalation is considered as a deliberate act i.e. one that would occur within normal working hours and can be owned by the Senior Management Team within localities. It is not expected that any DToC case would need to be escalated ‘out of hours’ via the on-call system.

# Review

This SOP will be subject to planned review every year by the Trust’s Senior Management Team. It is recognised, however, that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust’s revised policy and practice.

The Bed administration service will be subject to regular and on going review to insure it develops in line with the needs of the service.

# Appendix 1: N.Som and S.Glocs DTOC Process

**AWP identify individual on the ward who potentially may become a DTOC in the near future due to complexity and requires earlier oversight on the DTOC call i.e. requires specialist placement, unable to return to current accommodation**

**Older Adult weekly MDT identifies a list of potential DTOCS**

**Weekly MDT meeting identifies a list of potential DTOCS**

**Older Adults funding panel review identified list of DTOCs and agree who will take each service user to the Weekly DTOC Call**

**The Care Pathways Group review identified list of DTOCs and agree who will take each service user to the Weekly DTOC Call**

**Weekly DTOC call ratifies DTOCs and service users who require earlier oversight. Following information is required:**

* **Confirmation CM7 and CHC checklist completed**
* **Where potential DTOCs are in the process;** 
  + **is a code changes required**
  + **what has been requested/agreed**
  + **has funding been agreed**
  + **has request been sent to brokerage (incl. date),**
  + **What geographical areas are an option (For placements)**
  + **Update from brokerage**

**Agreed DTOCS added to or updated on the DTOC spreadsheet on the relevant DTOC or non DTOC tab with reason for DTOCs agreed from the AWP wide DTOC codes (Appendix 5)**

**DTOC spreadsheet updated by CCG during the DTOC call with input from all organisations**

**DTOC spreadsheet (with actions) distributed to the DTOC Membership.**

# Appendix 2: BANES DTOC Process (Integrated)

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| **DTOC Process CITT** | |
| 1. | Referral received into CITT from any hospital AWP/RUH. Read and allocated on day of referral received. |
| 2. | Assessment started and where appropriate completed within two days by CC. |
| 3. | CC to inform service user and family of the hospital Choice Protocol. |
| 4. | Discharge planning is started,   * Funding panel place booked in advance of person being ready for discharge, to avoid delay in process. * Discussions with service user/main carer about future needs/plans. * RIO/Care Act Assessment, Capacity Assessment and Best Interest Decision (nb Best Interest does not have to be a meeting) completed. * List of appropriate care homes given to carers to visit OR if returning home CC to contact Domiciliary Care Agencies (Via Filemaker) to establish vacancies. |
| 5. | Team Manager attends weekly meeting on Ward 4 to agree DTOC with health colleagues, including reviewing Out of Area patients, escalating if necessary Senior Practitioners attend weekly RUH SITREP meetings, with local authority social workers and discharge liaison nurses. |
| 6. | If family or service users in an AWP/Acute Hospital express the intention to remain in hospital until their chosen home has a vacancy Choice Policy is implemented by the RUH/AWP Hospital. CC to notify Team Manager |
| 7. | CC arranges a ‘Discharge Escalation’ meeting, with service user, appropriate family members/carers and professionals and IMCA (If necessary). |
| 8. | If there is, no resolution the situation is escalated to the Team Manager who will then become actively involved. If they cannot resolve then the Service Manager will be come involved who will then involve the Managing Director if they cannot resolve the situation. |
| 9. | If the situation remains unresolved then the Managing Director will escalate to the Commissioners. This is particularly the case for Out of Area patients on Ward 4, St Martin’s Hospital. If the situation cannot be resolved through this route then the Managing Director will escalate to AWP’s Deputy Director of Operations. |

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| **DTOC Process Recovery/EI** | |
| 1. | Alert received into Recovery/EI from any hospital AWP/RUH that a service user open to the service is an inpatient. |
| 2. | CC will arrange to meet with service user/ family and liaise with the ward on the expected treatment pathway and potential length of stay. |
| 3. | CC to inform service user and family of the hospital Choice Protocol. |
| 4. | Discharge planning is started:   * Discussions with service user/main carer about future needs/plans. * RIO/Care Act Assessment, Capacity Assessment and Best Interest Decision (nb Best Interest does not have to be a meeting) completed. * Funding panel place booked in advance of person being ready for discharge, to avoid delay in process. * Discharge options discussed with service user/family that could include a placement or package of care at home. |
| 5. | Team Manager/Senior Practitioner has weekly discussions with Sycamore Ward to agree DTOC with health colleagues, including reviewing Out of Area patients. Senior Practitioners from CITT attend weekly RUH SITREP meetings, with local authority social workers and discharge liaison nurses and will report directly to Recovery/EI managers to take appropriate action on any potential DTOC or DTOC. |
| 6. | If family or service users in an AWP/Acute Hospital express their intent not to engage in the offered discharge pathway e.g. to supported accommodation or specialist placement. Choice Policy is implemented by the RUH/AWP Hospital. CC to notify Team Manager. |
| 7. | CC arranges a ‘Discharge Escalation’ meeting, with service user and where appropriate family members/carers and professionals and IMHA or IMCA (If necessary). |
| 8. | If there is, no resolution the situation is escalated to the Team Manager who will then become actively involved. If they cannot resolve then the Service Manager will be come involved who will then involve the Managing Director if they cannot resolve the situation. |
| 9. | If the situation remains unresolved, the Managing Director will escalate to the Commissioners. If the situation cannot be resolved through this route then the Managing Director will escalate to AWP’s Deputy Director of Operations. |

# Appendix 3: Wiltshire DTOC Process

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| PROPOSED TERMS OF REFERENCE  MENTAL HEALTH DELAYED TRANSFER OF CARE (DToC) GROUP  June 2016 |

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| **Vision** | To unite relevant parties in the management of delayed transfers of care from Avon & Wiltshire Mental Health NHS Partnership (AWP) wards within Wiltshire and Wiltshire patients within the AWP Trust area as well as those who are placed out of area. The work of this group will also contribute to the efficiency of patient pathways and smooth transitions. This work will be defined by the accepted definition of a DToC:  A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:   1. A clinical decision has been made that patient is ready for transfer **AND** 2. A multi-disciplinary team decision has been made that patient is ready for transfer **AND** 3. The patient is safe to discharge/transfer.   A multi-disciplinary team in this context includes nursing and other health and social care professionals, caring for that patient in an acute setting.  The group will also be guided by the Wiltshire Patient Choice Policy. |
| **Mission** | To reduce patient length of stay following discharge CPA by working together to ensure effective admissions, timely discharge and smooth transition to next destination whether it is home with a package of care, nursing home, residential home, social housing or further NHS treatment. To diminish and reduce the number and length of DToCs. |
| **Membership** | The following organisations/individuals will need to be represented at each meeting:   * Wiltshire Clinical Commissioning Group (WCCG) * Mental Health Commissioning * S117/Specialist Placements * Avon & Wiltshire Mental Health NHS Partnership (AWP * Area Service Manager * AWP Administration * Wiltshire Council (WC) * Social Worker Lead * Head of Service (Operations) Mental Health * Care Home Liaison Service (CHLS) |

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| **Roles & Responsibilities** | For the purpose of these TOR’s, the following specific roles and responsibilities will apply:   * WCCG will Chair and facilitate the DToC Group. The responsible mental health commissioner will set the meeting dates, organise a meeting room and provide an agenda * S117/Specialist Placement Team representative will be present to provide advice about these areas and their associated policies/procedures as necessary. They will take actions relating to specific patients and report back to the DToC group as appropriate * AWP will provide updates on patient status from a ward perspective and follow up with medical teams as necessary. Will also facilitate the ward discharge process to ensure smooth transfers of care * AWP Administrator to circulate provisional DToC Dashboard pre-meeting, update post meeting and ensure that any subsequent updates are added and circulated to the group * WC will provide social care updates and confirm the status of funding commitments and/or issues as they arise. Will liaise with the WC Placements Team to ensure timely placement of patients * Social Work Lead – to provide updates on the status of individual patients and identify specific issues arising * CHLS Team Leader – will provide input as to CHLS’ involvement with individual patients and the status of those patients as well as any issues arising   All parties will be responsible for identifying issues and bringing them to the attention of the DToC Group in a timely fashion.  **Quorate** – as a minimum, there should be one person from each of WCCG, AWP and WC present.  **Absences** – if a member knows they are going to be absent for holidays or planned periods of sickness, someone else from their organisation MUST be able to step in for them. This applies not just to the meetings themselves but to ensure ongoing actions in the best interest of the individual patients concerned. As a minimum, a full briefing must be provided prior to planned absence to enable others to pick up actions where appropriate. |
| **Other Attendees** | As this group is to include Wiltshire patients who are in other AWP Trust beds or further afield i.e. out of area, it may be that attendance will be required by AWP employees outside of Wiltshire from time to time.  Other parties may also be invited to attend the meeting as specific issues requiring other specialist input arise. |

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| **DToC Group Process** | 1. Each Tuesday afternoon, a provisional DToC List, will be sent around to those involved. This list will inform the DToC Team as to who is still on the list from the previous week, who has been discharged and any new DToCs. 2. Each Wednesday afternoon there will be a DToC teleconference lasting when CCG, Wiltshire Council and AWP will go through the current list patient by patient with a view to establishing the patient’s status , understanding where that patient needs to be and what needs to be done to ensure that an appropriate placement is made in a timely fashion. Areas of responsibility and related actions will also be agreed. 3. An updated list will be sent out following the teleconference with a request to provide any further updates by Friday lunchtime. 4. There will be on-going daily communications between all parties to maintain momentum and address any issues arising as quickly as possible. 5. Once a month there will be a meeting instead of a teleconference which all parties will attend and, if the usual attendee is not available, arrangements will be made to send a representative. This meeting will be chaired and facilitated by the CCG. 6. As specific issues are identified, such as disagreements on funding splits, these will be escalated internally and also to the Director of Integration who is working with both CCG and Wiltshire Council in an effort to resolve these disputes.   The overall picture is discussed monthly at our local AWP Progress Meetings and our more formal local AWP Quality & Performance Meetings. It is also a standard agenda item for our Mental Health & Disability Joint Commissioning Board. |
| **Escalation of Issues**  **DToC Numbers –**  **RAG Rating** | It is recognised that from time to time issues will arise which are outside the remits of the DToC Group members and require additional support at Director Level. The following escalation routes are to be followed:   * Health related issues such as cross boundary disputes with other CCGs to be escalated to: * Associate Director of Specialist Commissioning (Mental Health) * Community and Joint Commissioning Director   and Group Director - N&E Wiltshire Group   * Joint social/health care funding issues and housing disputes to be escalated to: * Joint Director of Integration * Patient related issues such as confirming Consultants decisions, forensic assessments, changes in patients’ health status to be escalated to: * AWP Clinical Director for Wiltshire   See attached process in relation to increasing DToC numbers. |

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| **Reporting** | Weekly reporting via e-mail will be sent to Associate Director of Specialist Commissioning (Mental Health), Community and Joint Commissioning Director and Group Director - N&E Wiltshire Group and the Joint Director of Integration within 48 hours of the DToC teleconference.  The members of the DToC Team will provide updates (via e-mail) between telephone calls to ensure that there is a continued flow of information and to enable each organisation to progress actions in their own area. This will particularly apply to confirmation of funding and any other issue which requires cross-party working.  Monthly updates will be provided to the Mental Health & Disability Joint Commissioning Board as part of the CCG’s Performance Framework. |
| **Governance** | Given that this is a working group covering adults of working age and older adults, the governance will be complex. Overall accountability will be undertaken by the commissioner, services and individual provider agencies actions and working protocols will be under the governance arrangements for each organisation/service.  Good practice:   * Only discuss details outside of telephone calls/meetings when you have good reason to do so and with those it is appropriate to involve * Follow the secure transfer of information route when sharing details with the group * All data processing for the meeting should be subject to the Data Protection Act and the Caldicott Principles |

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| **Review** | These TORs will be reviewed at 6 monthly intervals or earlier of if additions/amendments need to be made. The next review will be in December 2016. |

**Wiltshire RAG Rating for Increasing numbers of DToCs**

The intention is to keep DToCs to 7.5% or less of available bed capacity. This is represented by 7 beds being utilised by individuals who are medically fit for discharge and classified as DToC. A RAG rating has been put in place as follows to aid quantification of the severity of DToC numbers.

* + - 1 to 7 GREEN (not acceptable but reasonable)
    - 8 to 14 **AMBER**
    - 15 to 21 RED
    - 21 + (internal) BLACK

**Mitigating Actions**:

**Amber**

* The weekly teleconference calls will continue
* Individual cases will be escalated as necessary
* Weekly Report to the Directors
* E-mail updates summarising agreed, and identifying new actions, throughout the week to ensure issues arising can be responded to in a timely fashion

**Red**

* Issue to be escalated to Directors in each organisation
* Directors will be requested to meet with Mental Health Commissioner (as facilitator) to discuss key issues/themes in the first instance
* The teleconference calls will be increased as felt necessary
* Additional face to face DToC meetings will be put in place as a matter of urgency and Directors to be invited as necessary

**(internal) Black**

* This would require input at a Corporate Level from AWP, CCG and WC
* All other actions as described above would be employed until the situation was resolved

# Appendix 4: AWP DTOC Coding

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| **RIO CODE** | **PROVIDER** | **DESCRIPTION** | **CLARIFICATION/ACTIONS REQUIRED** |
| **Assessment** | | | |
| A1 - Assessment | Social | Awaiting assessment | To follow standards for first 15 days of admission (Social care referral within 3 days assessment begun within 15 days of admission) |
| A2 - Assessment | Health | Awaiting assessment – nursing/AHP/medical (mostly linked to CHC) | This would be health assistance outside of mental health e.g. scan, acute hospital, CHC. Also to follow standards for first 15 days of admission (internal assessments required i.e. OT) |
| A3 - Assessment | Both | Awaiting joint assessments | Elements of both above |
| **Funding** | | | |
| B1 - Funding | Social | Awaiting funding | Local Authority funding panel following local agreed procedure |
| B2 - Funding | Health | Awaiting funding i.e. CHC verification | Awaiting CHC decision – funding agreed. See C6 if funding has been agreed but placement not sourced |
| B3 - Funding | Both | Awaiting joint funding | Following locally agreed procedure including S117 Joint panel |

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| **Awaiting Alternative Health Setting** | | | |
| C3 - Awaiting Alternative Health Setting | Health | Awaiting Hospice care |  |
| C4 - Awaiting Alternative Health Setting | Health | Awaiting CHC bed (includes fast tracks) |  |
| C5 - Awaiting Alternative Health Setting | Health | Awaiting any other non-acute NHS care resource i.e. BIRU/Forensic | For forensic referral complete referral form requesting assistance - available on Our Space including AWP rehabilitation beds |
| C6 - Awaiting Alternative Health Setting | Health | Awaiting specialist health funded placement (funded placements via specialist placement panel or NHSE) | Following locally agreed procedure (attach). See B2 if funding not yet agreed |
| **Availability of Care Home Setting** | | | |
| D1 - Availability of Care Home Setting | Social | Awaiting residential home | Ensure brokerage /resource teams are searching widely |
| D2 - Availability of Care Home Setting | Social | Awaiting nursing home – including interim | Ensure brokerage /resource teams are searching widely |
| D3 - Availability of Care Home Setting | Health | Awaiting residential home – joint | Ensure brokerage /resource teams are searching widely |
| D4 - Availability of Care Home Setting | Both | Awaiting nursing home – joint | Ensure brokerage /resource teams are searching widely |
| D5 - Availability of Care Home Setting | Health | Awaiting residential home – self funding (where no available care home) | Ensure individual / family are searching widely |
| D6 - Availability of Care Home Setting | Health | Awaiting nursing home – self funding (where no available care home) | Ensure individual/ family are searching widely |
| D7 - Availability of Care Home Setting | Social | Awaiting placement – 12 week disregard |  |
| D8 - Availability of Care Home Setting | Health | Awaiting nursing home placement |  |
| **Availability of Dom Care** | | | |
| E1 - Availability of Dom Care | Social | Awaiting general/physical Dom Care Package (including enablement) funded by LA |  |
| E2 - Availability of Dom Care | Health | Awaiting Dom Care Package (CHC) funded by CCG |  |
| E4 - Availability of Dom Care | Health | Awaiting Dom Care Package (self-funder where services are unavailable) | Escalate if waiting more than 4 weeks |
| E5 - Availability of Dom Care | Social | Awaiting specialist Dom Care Package – vulnerable adults/learning disabilities/mental health/safeguarding of vulnerable adults | Escalate if waiting more than 4 weeks |
| E6 - Availability of Dom Care | Both | Awaiting specialist Dom Care package – jointly funded |  |
| **Adaptations etc.** | | | |
| F1 - Adaptions | Health | Awaiting community equipment/adaptations/cleaning/ repairs |  |
| F2 - Adaptions | Social | Awaiting community equipment/adaptations/cleaning/ repairs |  |
| F3 - Adaptions | Both | Awaiting community equipment/adaptations/cleaning/ repairs - joint |  |
| **Available Resources Declined** | | | |
| G1 - Available Resources Declined | Health | Patient/family exercising choice (non-care related e.g. choosing not to return to previous home/declining housing etc.) | Follow AWP choice protocol |
| G2- Available Resources Declined | Health | Patient/family exercising choice – declining / refusing care (self-funder) | Follow AWP choice protocol |
| G3 - Available Resources Declined | Health | Patient/family exercising choice – declining /refusing care (self-funder with 12 week disregard) | Follow AWP choice protocol |
| G4 - Available Resources Declined | Health | Patient/family exercising choice – declining / refusing care (social/health care funded) | Follow AWP choice protocol |
| G5 - Available Resources Declined | Health | Patient/family exercising choice – declining/refusing care (CHC) | Follow AWP choice protocol |
| **Disputes** |  |  |  |
| H1 - Disputes | Social | Disputing re continuing care | E.g. if placement required but local authority dispute |
| H2 - Disputes | Health | Disputes between agencies (escalate to senior manager for resolution) | E.g. if specialist placement required & CCG dispute |
| H3 - Disputes | Both | Disputes between agencies (escalate to senior manager for resolution) |  |

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| **Housing** | | | |
| I1 – Housing | Social | Housing issues/availability | Check Local Authority responsibilities, seek legal advice e.g. Shelter. Escalate |
| I2 - Housing | Health | Housing issues – homeless (difficulty in discharging vulnerable people to homelessness) | Local Authority has a duty to provide temp accommodation to homeless person, only when health team discharge from hospital. Liaise with housing office & potential discharge to local housing offices |

# Appendix 5: DTOC Escalation Form

Any Service User considered as DToC should have their case reviewed by MDs on a weekly basis with a view to resolving issues internally or in conjunction with CCGs and LAs. MDs should determine whether or not any case need escalating to the Operations Director. Cases must be escalated if they cannot be resolved 4 weeks after the ‘Delay Start Date’.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | | | | | | |
| **RiO Number** | **Responsible Commissioner** | | **Current Care Coordinator** | | **Admission Date** | **Delay Start** | **In Period (excl leave)** | **Total (incl leave)** |
|  |  | |  | |  |  |  |  |
| **A brief explanation of the service user’s circumstances** | | | | | | | | |
|  | | | | | | | | |
| **An outline of the actions taken to date to affect transfer** | | | | | | | | |
|  | | | | | | | | |
| **Reason for escalation to Ops Dir** | | | | | | | | |
|  | | | | | | | | |
| **Details of individual to whom letter/escalation should be sent** | | | | | | | | |
| Name | | Position/Role | | Organisation | | Tel No | | Email |
|  | |  | |  | |  | |  |
| **Details of individual escalating** | | | | | | | | |
| Name | | Position/Role | | LDU | | Tel No | | Email |
|  | |  | |  | |  | |  |

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| --- | --- | --- | --- | --- |
| Version History | | | | |
| **Version** | **Date** | **Revision description** | **Editor** | **Status** |
| 0.1 | 9 Feb 17 |  | NA | Draft |
| 0.2 | 2 Mar 17 |  | NA | Draft |
| 0.3 | 4 Apr 17 |  | NA | Draft |
| 1.0 | 26 Apr 17 |  | NA | Final |
|  |  |  |  |  |