

Reducing DToCs in Leicestershire

Initial discussions about scope were held with the A&E Delivery Board, made up of senior clinical and executive leaders from health, social care, third sector and patient involvement groups across LLR.

It was agreed that the DToC working group would refine the scope and oversee and co-ordinate the programme. This would be an operational level group representing the organisations across LLR and would report into the A&E Delivery Board.

Aims and scope

1,445

days delayed in February 2018 before the project began, RAG rated as red

- 1 Support the development of the DToC working group (DWG) to lead transformational change across the system.
- 2 Increase awareness and prominence of DToC across the system, as well as at key Boards.
- 3 Enable the system to adopt an improvement learning approach to help clinical teams reduce delays and effectively manage safe, timely discharge.
- 4 Support a standardised approach across the LLR system for the management of out of area patients to further reduce delayed transfers of care.

Approach

"We needed to take a managed risk approach to change in order to learn and address the issues that we have. Having an appetite for this within the system has been important."

Yasmin Sidyot
Assistant Director and
Discharge Working
Group Lead



Agree plans for tackling out of area DToCs

A dedicated out of area DToC meeting was facilitated between the Leicestershire and Nottinghamshire systems to understand each other's position, develop principles for managing out of area patients and agree some reciprocal arrangements. This work is now being extended to cover Lincolnshire and Derbyshire.

Work on community and mental health DToCs

A driver diagram workshop was held with the Leicestershire Partnership NHS Trust discharge team. This enabled a common aim to be developed, initial work undertaken on consistent and effective discharge processes and some invaluable team building.

Bring together plans through a system-wide workshop

A further system-wide workshop was held to identify key priority outcomes for further work, including trusted assessment and education around DToC, as well as some common actions.

Learn from other systems

The LLR team gained considerable benefit from links with other systems, from attending events and accessing coaching support.

Achievements

7%

reduction in community and mental health DToCs over the six months of the project

- ✓ A reduction in community and mental health DToCs; in June 2018 there were 899 days delayed, which is 840 fewer than in 2017
- ✓ A reduction in assessments for long-term care
- ✓ An improved understanding of the causes of the significant delays to discharge for patients with complex needs (including out of area discharges)
- ✓ A shared process for managing out of area DToCs with Nottinghamshire
- ✓ An increase in team working across the system around DToCs and a shared knowledge of how to take an improvement approach

Driver Diagrams

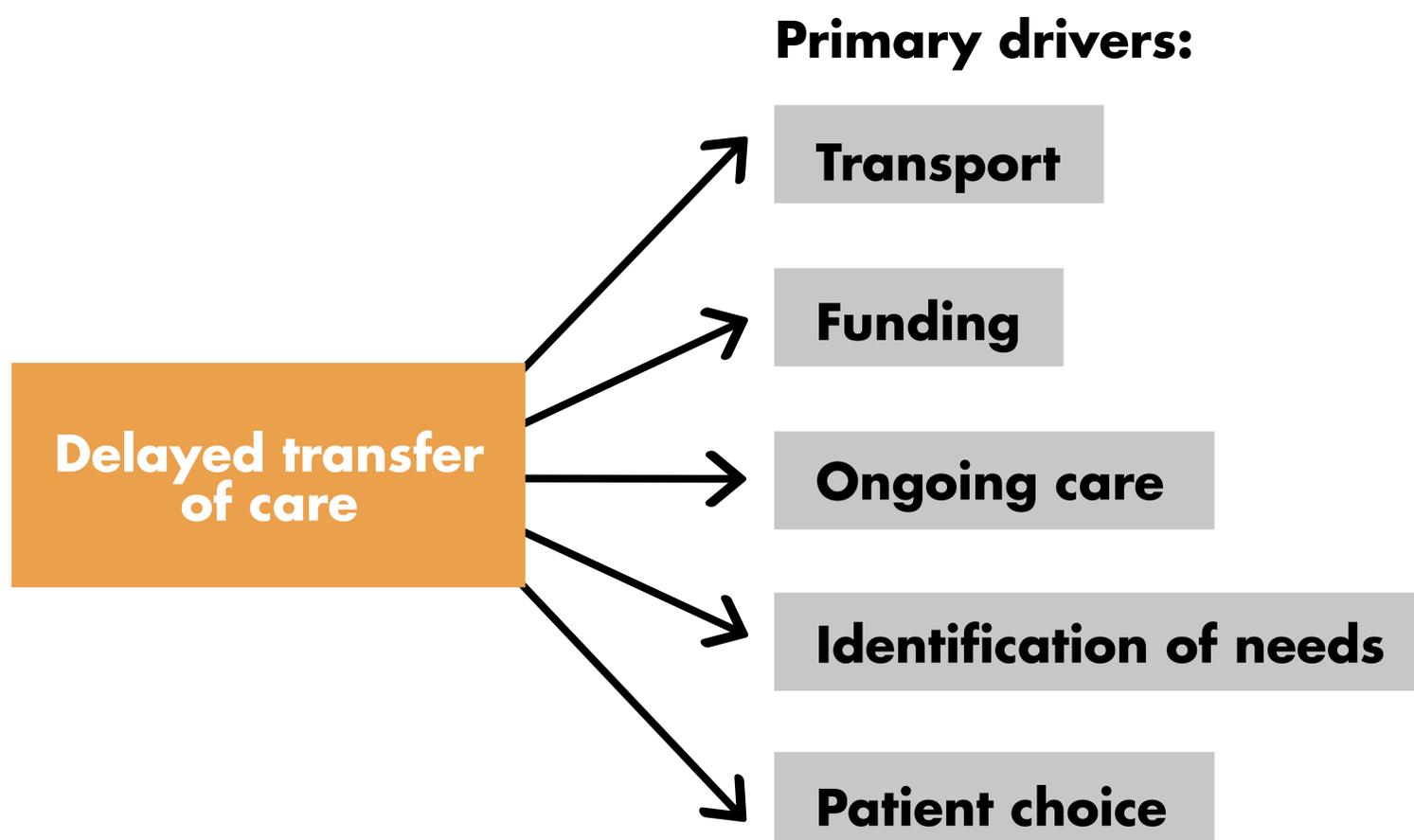
As part of their approach to tackling DToCs at both system and individual organisational level, the Leicestershire team used driver diagrams.

These are a tool that can be used to help plan improvement project activities. In tackling complex change, it is difficult to differentiate between cause and effect in the system – ie whether the ideas about what changes to implement will actually cause the desired improvement.

Driver diagrams therefore translate a high-level improvement goal into a logical set of high level (primary) factors or 'drivers' that need to be influenced to achieve the goal. These factors then lead to a set of projects /activities that will help affect these factors and so achieve the goal. In our experience, they also help group or theme planned actions together and so avoid actions plans with a long and disconnected set of actions, which are difficult to monitor and may not actually achieve the desired improvement.

Below is the front page of an example used by the Leicestershire system in their work. This was created by the full multi-agency system team working together to agree an aim, the drivers behind it and the resulting required actions. This fed into individual organisations' work. The full diagram is included as part of the final report.

This tells us that to achieve the goal of reducing delayed transfers of care, the 'drivers' or issues of transport, funding, ongoing care, need identification and patient choice need to be addressed to achieve this goal. Improvement actions are then identified to address each of these drivers or issues. Some driver diagrams for very complex projects may have primary (high level) drivers and (lower level) secondary drivers which show what factors need to be addressed to tackle the primary drivers.



Find out more

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