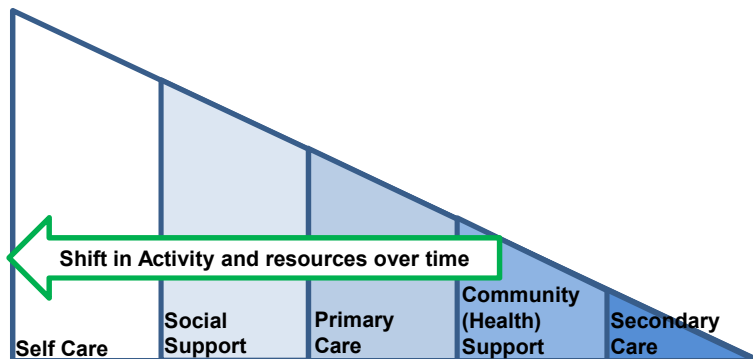


# Reducing Delayed Transfers of Care in Sheffield

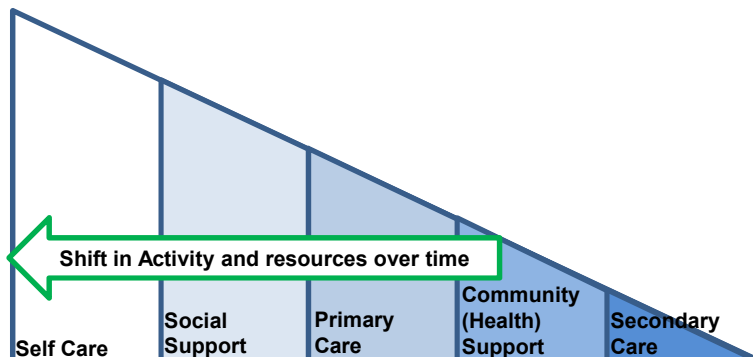


# Introductions

**Michael Harper**  
Chief Operating Officer  
Sheffield Teaching Hospital

**Phil Holmes**  
Director of Adult Social Services  
Sheffield City Council

**Peter Moore**  
Director of Strategy and Integration  
Sheffield CCG

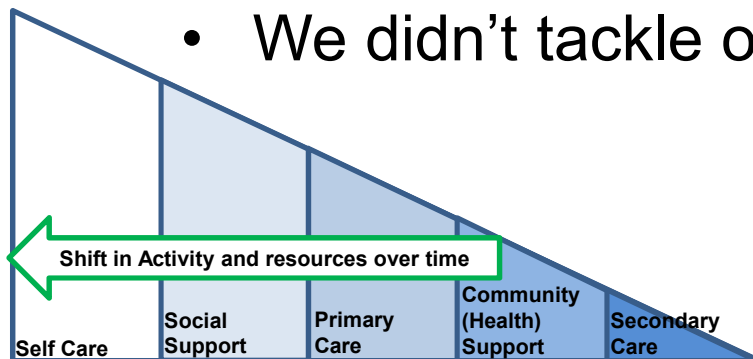


# Winter 2016/17

- September 2016 – put in place The Task Team and brought in a jointly funded Senior Manager
- Set up the task team
- Bought additional NH Capacity
- Reduced in DTOCs through Q3 down to circa 70 near Christmas

But...

- We basically improved how well we did ‘fire-fighting’
- Underlying issues prevailed
- We didn’t tackle our behaviours.



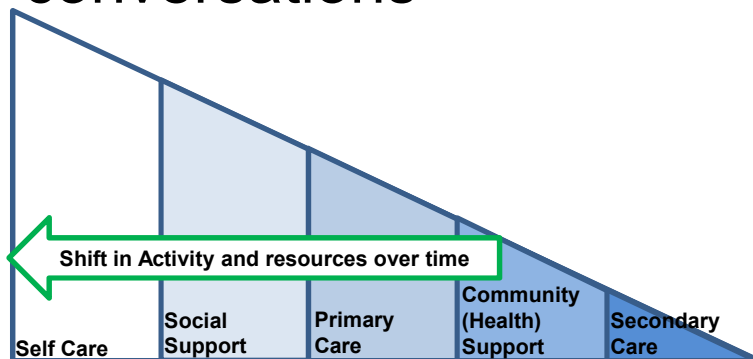
# Winter 2016/17 – post Christmas

Three 12 Hour breaches – a Sheffield “Never Event”

Challenging A&E performance and very little flexibility or additional capacity in the system

Working relationships strained and responsibilities became unclear.

Tension escalating up to CEO level with several difficult conversations



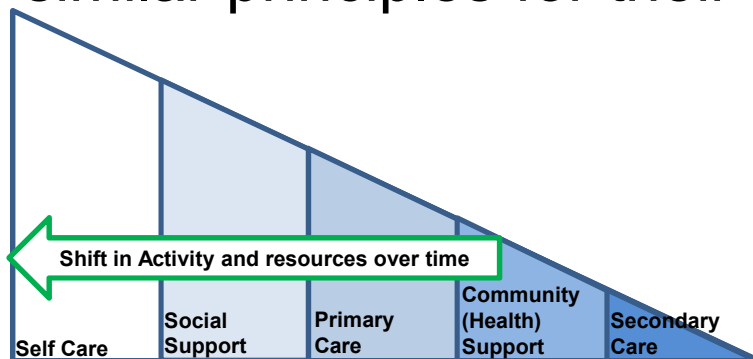
# Newton Europe Engagement

Opportunity arose to have some support from NE.

Regional approach to tackling the issue of DTOCs; reducing bed capacity and therefore impacting on A&E 4 hour target

Sheffield identified as one of three hotspots (Sheffield, Cumbria, Fylde Coast)

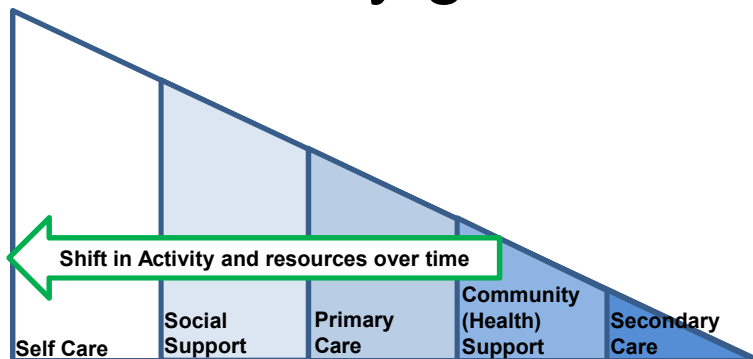
Agreement to share learning across other areas and to adopt similar principles for their systems



# Newton Europe Remit

1. Work with localities to diagnose DTOC system issues
2. In depth analysis to identify and support change
3. Ensure change is embedded and sustained
4. Identify generic lessons and share more widely

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# The Newton Process in Sheffield

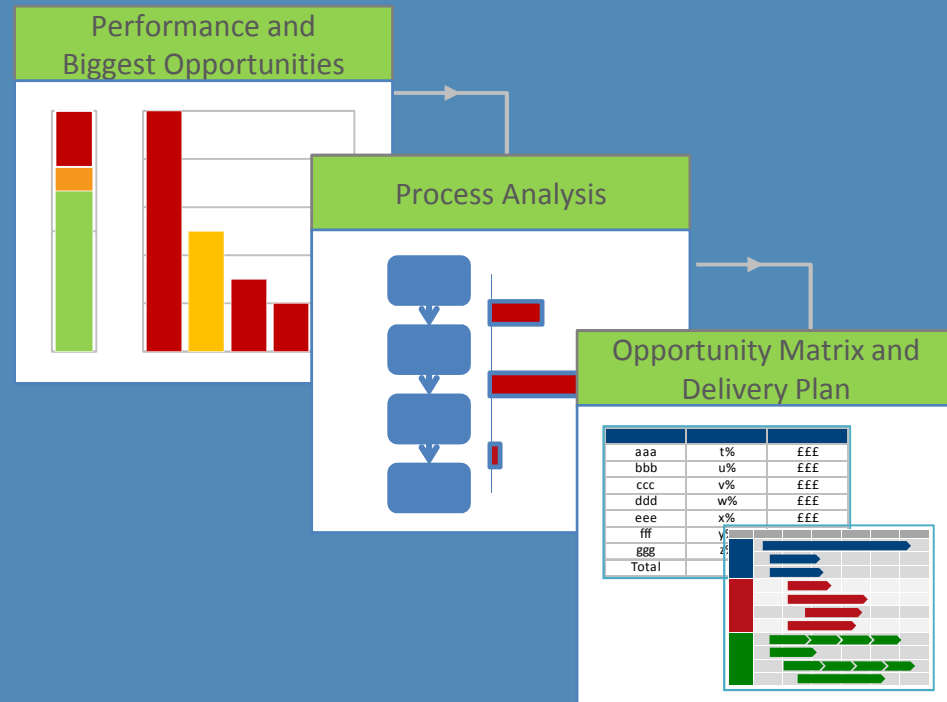
2 PATIENT PATHWAY WORKSHOPS WITH 50 STAFF

200 CASES REVIEWED

500 DAYS OF PERFORMANCE AND FINANCIAL DATA

2 IN-DEPTH SURVEYS

40+ ONE-TO-ONES



# Some good stuff acknowledged

## THERE'S A LOT TO CELEBRATE

A common purpose to always put the **patient first**.

Some outstanding **best practice**.

Significant progress made to **increase reablement capacity**.

Common view of the **behaviours** needed in a good system.

Unanimously high desire to **improve**.



# A single shared vision exists already

THERE IS A COMMON VIEW OF  
WHAT MAKES AN IDEAL OUTCOME

Collaboration Relationship  
Dignity Best-setting  
Home Independence  
Optimum  
Patient-centred Choice  
Appropriate Wellbeing  
Value-adding Timely  
Communication Respect Whole-system

# The opportunity

## REDUCING THE UNECESSARY DAYS PEOPLE SPEND IN SHEFFIELD HOSPITALS

**35%** of those impacted by DTOC are waiting for a pathway to be allocated to them.

**35%** of those impacted by DTOC are on a pathway to either intermediate, nursing and residential care.

**16%** of those impacted by DTOC are waiting to go home with some extra support.

# The findings...

## THE OPPORTUNITY FOR SHEFFIELD

### GETTING READY FOR WINTER

4,000+ people impacted each year

14,000 - 19,600 bed days could be avoided

£3million+ annualised system wide savings



PEOPLE



OPERATIONS



FINANCIALS

5,000+ people impacted each year

70,000 bed days could be avoided

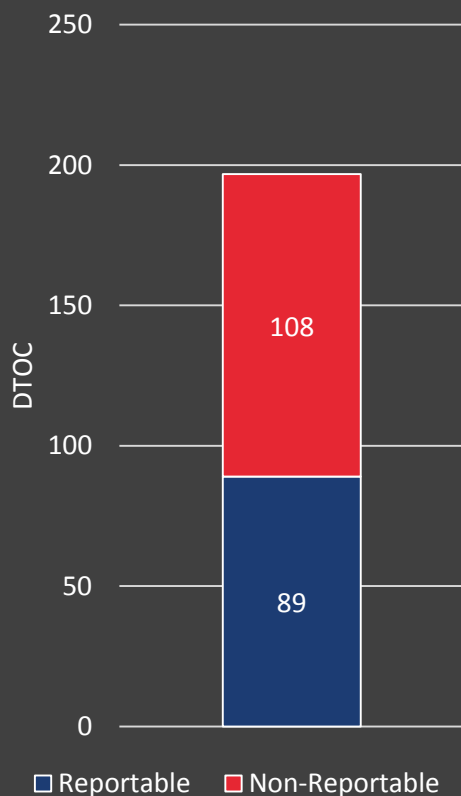
£22million+ annualised system wide savings

### BECOMING A NATIONAL LEADER

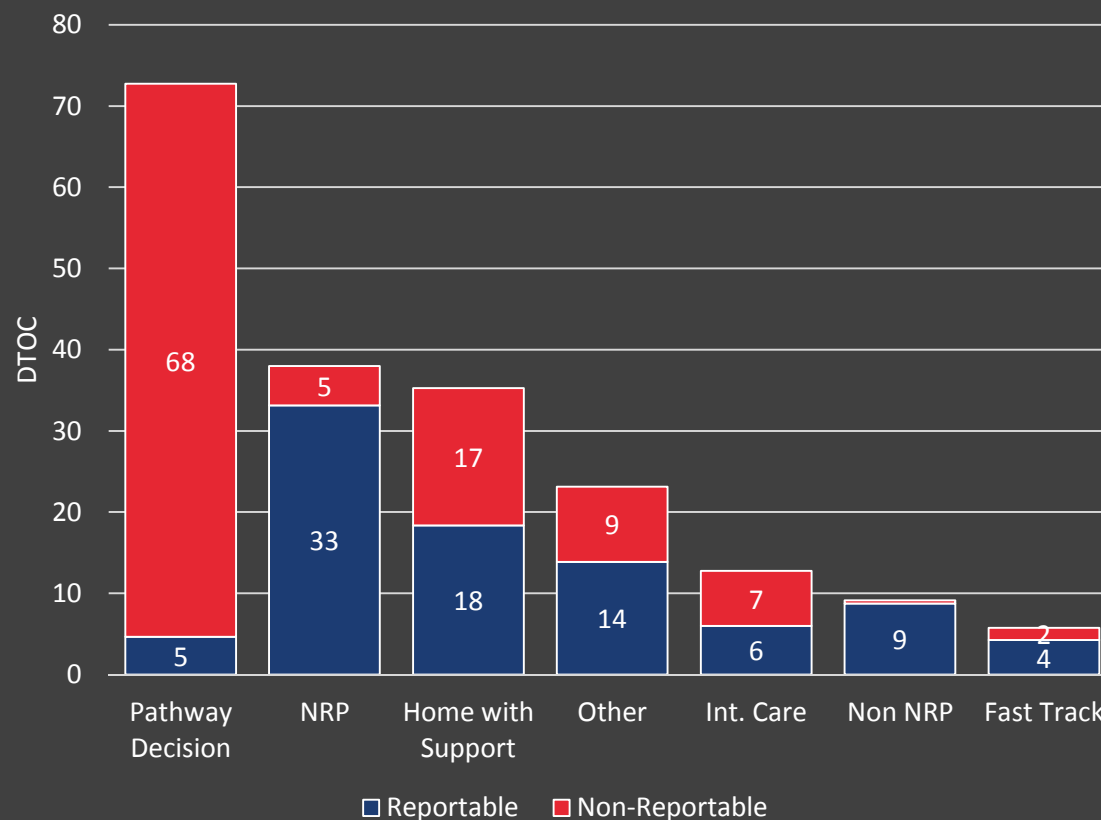
# The data...

## THE AREAS TO TARGET

Weekly DTOC Snapshots over Baseline Period



Weekly DTOC Snapshots over Baseline Period



Baseline Period: 25<sup>th</sup> April – 13<sup>th</sup> June 2017

# The Summit

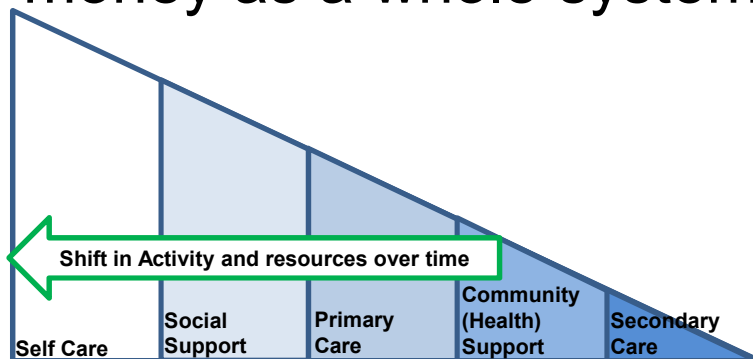
CEO led – John Mothersole CEO of the Council

Clearly shared the findings from the diagnostic

Put aside our own preconceived ideas of ‘the fixes’

Tasked groups to do the work on the day and develop workstreams

Played in the use of the new social care money as a whole system support.



**Michael Harper**  
**Phil Holmes**  
**Peter Moore**

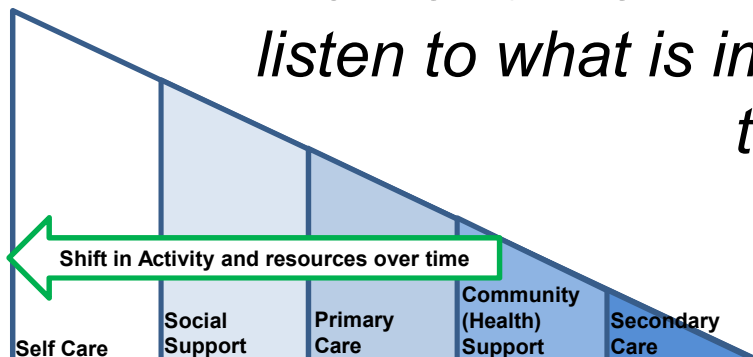
**Chief Operating Officer**  
**Director of Adult Social Services**  
**Director of Strategy and Integration**

# SUMMIT SLIDES

## A shared set of outcome measures

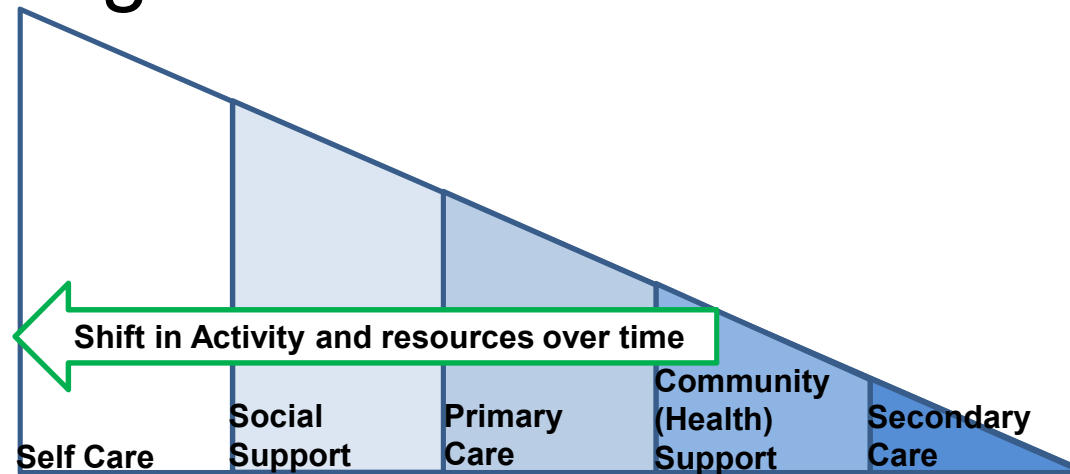
- 1 Get the person medically fit as quickly as possible.
- 2 Get them home.
- 3 Then get them back to being as independent as possible *for them*

*We won't know what 'for them' means unless we actively listen to what is important to them and understood where they came from.*



# SUMMIT SLIDES

## Sheffield's long term aim



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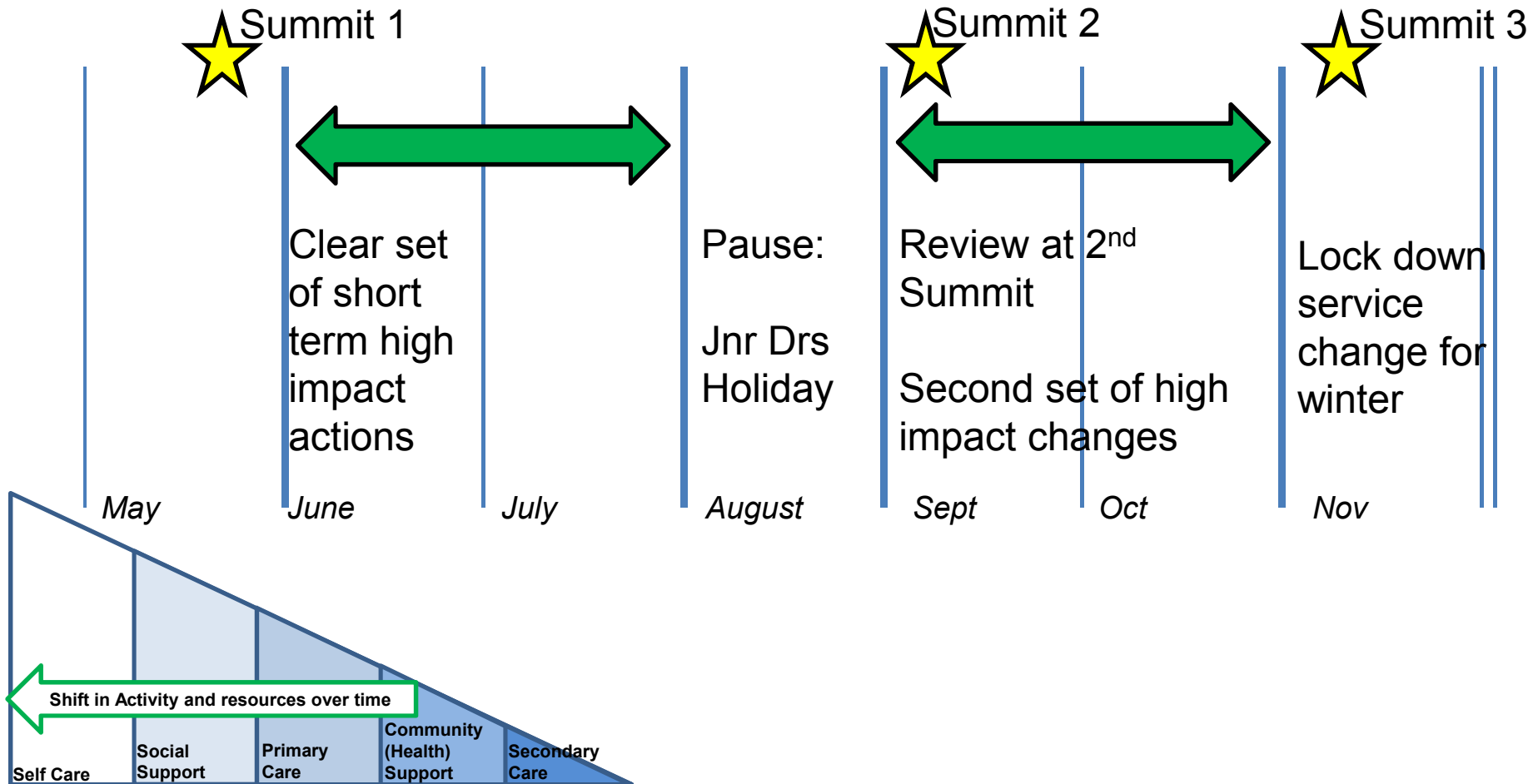
Over time, **redistribute funding from high intensity and high emergency care to less costly earlier interventions**

Reducing the number of hospital admissions will *release funding for other areas of the system* –primary care, community care - importantly some of this will be within secondary care

# SUMMIT SLIDES

## Getting to winter 2017

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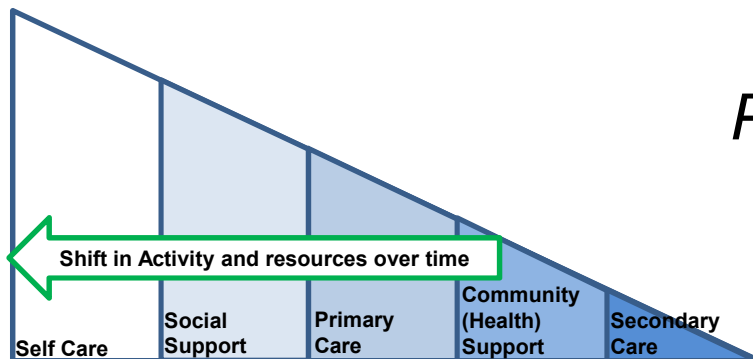


# SUMMIT SLIDES

## Shift in thinking

We will be moving towards more integrated teams and organisations, we can behave like this from today....

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*Peter Senge, Winter 2015*

# SUMMIT SLIDES

We reminded our colleagues that how we work can stop us delivering our potential...

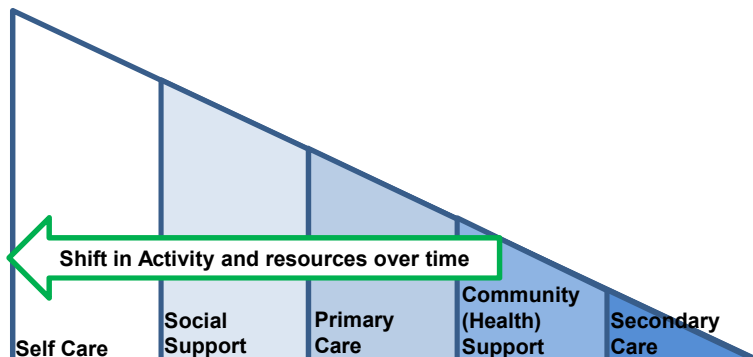
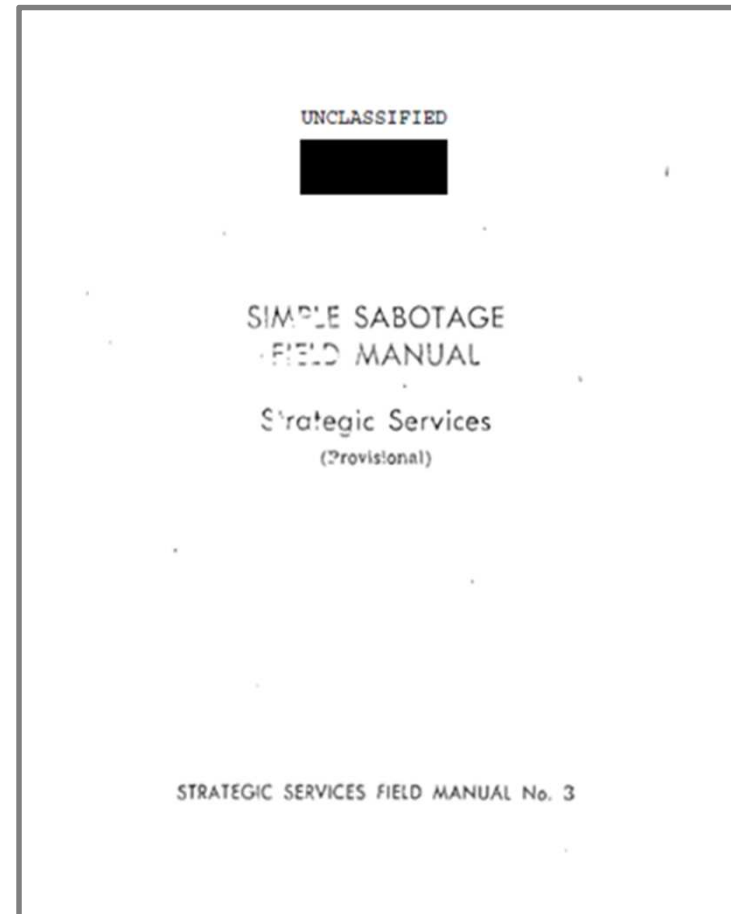
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## SIMPLE SABOTAGE

### 1. INTRODUCTION

a. The purpose of this paper is to characterize simple sabotage, to outline its possible effects, and to present suggestions for inciting and executing it.

b. Sabotage varies from highly technical *coup de main* acts that require detailed planning and the use of specially trained operatives, to innumerable simple acts which the ordinary individual citizen-saboteur can perform. This paper is primarily concerned with the latter type. Simple sabotage does not require specially prepared tools or equipment; it is executed by an ordinary citizen who may or may not act individually and without the necessity for active connection with an organized group; and it is carried out in such a way as to involve a minimum danger of injury, detection, and reprisal.



# The Summit - Outcomes

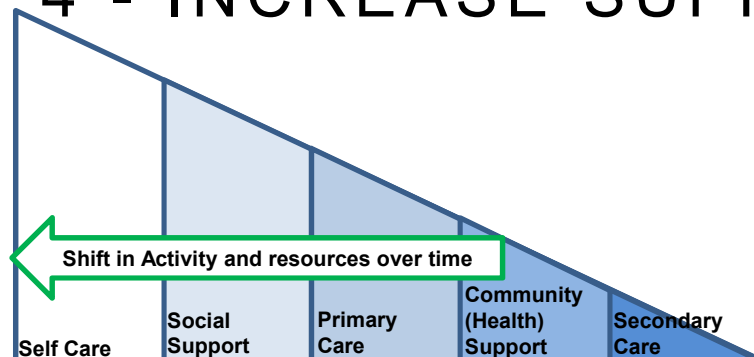
## GET PEOPLE HOME

1 - CELEBRATE SUCCESS ON EVERY WARD

2 - ESTABLISH THREE ROUTES FOR HOSPITAL DISCHARGE

3 - UNDERSTAND PERCEIVED BARRIERS TO DISCHARGE

4 - INCREASE SUPPORT TO THERAPISTS



**Michael Harper**

Chief Operating Officer

**Phil Holmes**

Director of Adult Social Services

**Peter Moore**

Director of Strategy and Integration

# The Summit - Outcomes

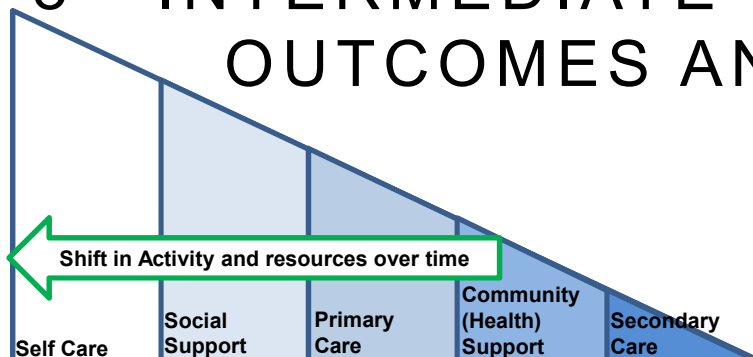
## RAPID COMMUNITY CARE

5 - INTEGRATE ACTIVITY RECOVERY SERVICE

6 - TO PROVIDE A SEAMLESS SERVICE TO PATIENTS IMPROVE OUTCOMES AND PRODUCTIVITY

7 - INCREASE RESILIENCE OF IS HOMECARE

8 - INTERMEDIATE CARE BEDS: IMPROVE OUTCOMES AND PRODUCTIVITY



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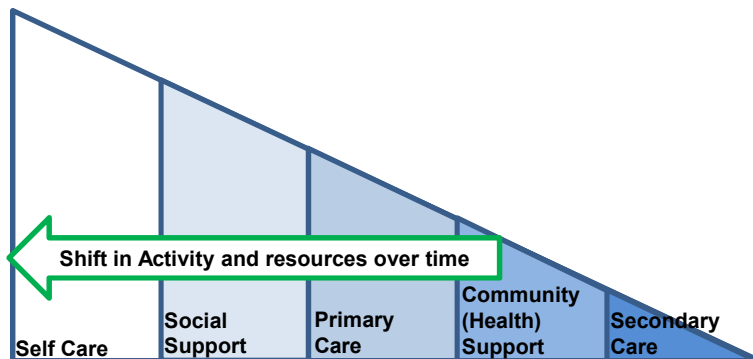
# The Summit - Outcomes

## ASSESSMENT AT HOME

9 - INCREASE COMPLEX DISCHARGES VIA D2A

10 - RESTRUCTURE ASSESSMENT CAPACITY TO  
DELIVER MORE HOME BASED  
ASSESSMENTS

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**Michael Harper**

Chief Operating Officer

**Phil Holmes**

Director of Adult Social Services

**Peter Moore**

Director of Strategy and Integration

# The Summit - Outcomes

## Process

Each Action has a

- Jobcard
- Milestones
- Support from NE
- Clinical Lead

DTOC  
A CLOSER LOOK

Sheffield Teaching Hospitals NHS NHS Sheffield Sheffield City Council  
NHS Foundation Trust Clinical Commissioning Group

**Action 1**  
**ESTABLISH THREE ROUTES FOR HOSPITAL DISCHARGE**

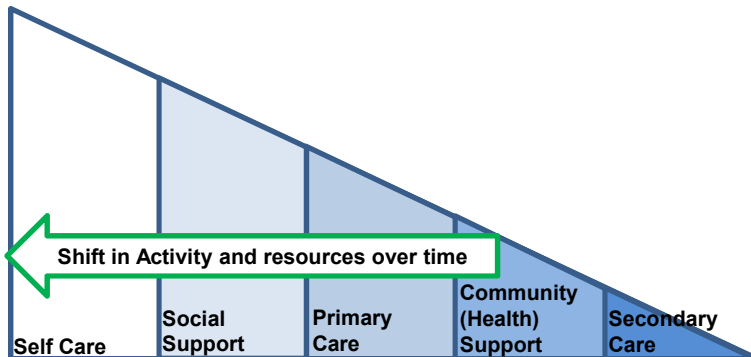
1. Home with no additional support required, or if not possible:
2. Home for intermediate support and further assessment, or if not possible:
3. To another care setting for intermediate support and further assessment

Milestones

- Draft guidance / comms for patients and staff: by end June
- Engagement / consultation with patients and staff: by end July
- Finalised guidance and communication materials: by end August

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**Michael Harper**

**Phil Holmes**

**Peter Moore**

Chief Operating Officer

Director of Adult Social Services

Director of Strategy and Integration

# CHECKPOINTS

## Progress in June

- System wide agreement on outcomes from assessment and summit
- DTOC action plan developed AND additional social care funding to pump prime the plan
- Links established to existing work and governance (AS&R, 5Qs, Single Active Recovery Service, UEC Delivery Board)
- Workstream sponsors / leads agreed and mobilisation underway

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June	July	August	September	October	November	December	January	February
<p><b>End of July</b></p> <ul style="list-style-type: none"> <li>• Pilots underway</li> <li>• Initial system wide / workstream metrics and targets defined</li> <li>• Cross system mindset expectations clear</li> <li>• Quick Wins including recognition of local success</li> </ul>		<p><b>End of September</b></p> <ul style="list-style-type: none"> <li>• Cross system mindset becoming the norm</li> <li>• Front line feedback</li> <li>• System wide metrics in place</li> <li>• Initial trajectory for winter</li> <li>• Pilot findings fed into next pilot and informing the medium term plan</li> <li>• Draft medium term plan developed</li> </ul>		<p><b>End of November</b></p> <ul style="list-style-type: none"> <li>• Cross system mindset everywhere</li> <li>• Front line feedback loop established</li> <li>• Trajectory for winter understood</li> <li>• System wide metrics in active use</li> <li>• Rollout underway</li> <li>• Medium term plan complete and activities underway</li> </ul>		<p><b>End of February</b></p> <ul style="list-style-type: none"> <li>• Effectively managed winter pressures, whilst maintaining the cross system mindset</li> <li>• Work completed to incorporate learnings from 17 / 18 into the medium term plan</li> <li>• Medium term activities well underway to create a significant change in the system ahead of winter 18 / 19</li> </ul>		

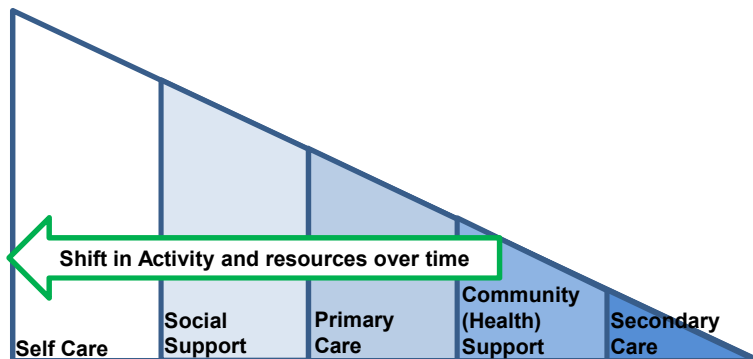
We needed some additional capacity not just some more data.

We do have the resources locally to deliver this

It takes a real commitment to make it happen – twice weekly face to face meetings

NE have been instrumental in supporting us deliver this.

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Chief Operating Officer

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Director of Strategy and Integration