DTOC | A CLOSER LOOK

PROGRESS IN SHEFFIELD

Sheffield Teaching Hospitals NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

Sheffield City Council

NEWTON

THE SHEFFIELD VISION

The Sheffield discharge process is now built on the following principles:

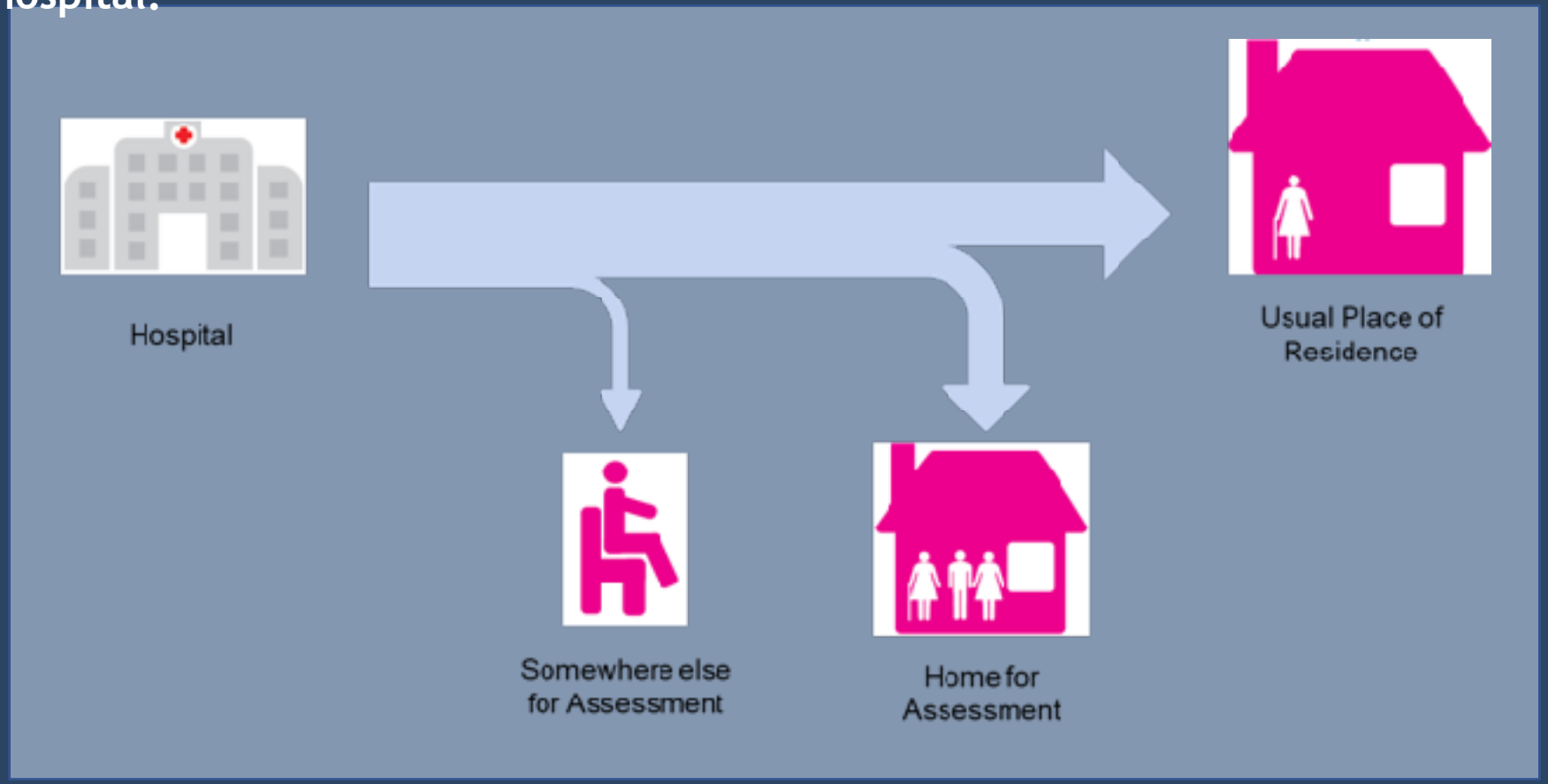
1. That people come to hospital to receive acute medical treatment. When that treatment is over, we aim to get them out as quickly as possible.

2. We want people to be as independent as possible. We always aim to get people home first.

3. Assessments regarding long-term care are not made from hospital.

THE SHEFFIELD VISION

In order to achieve this vision, Sheffield have committed to setting up 3 routes out of hospital.

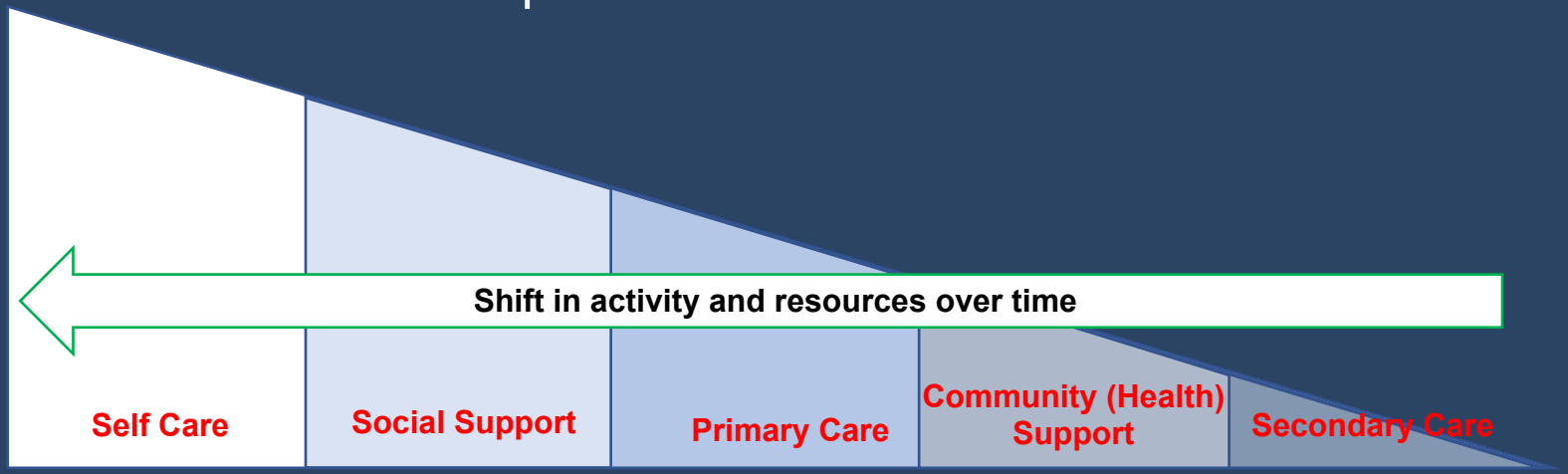


OUR WORKSTREAM AIMS
IN HOSPITAL

Embed the mindset of “Why not home? Why not today?”

Patients are ready to go on the day they become medically fit for discharge.

Ensure that the right people are going down route 1 – back to their usual place of residence.



OUR WORKSTREAM AIMS
ASSESSMENT AT HOME

A service that feels like one, seamless service to people.

A better, more efficient, fit for purpose service with joint effort and ownership.

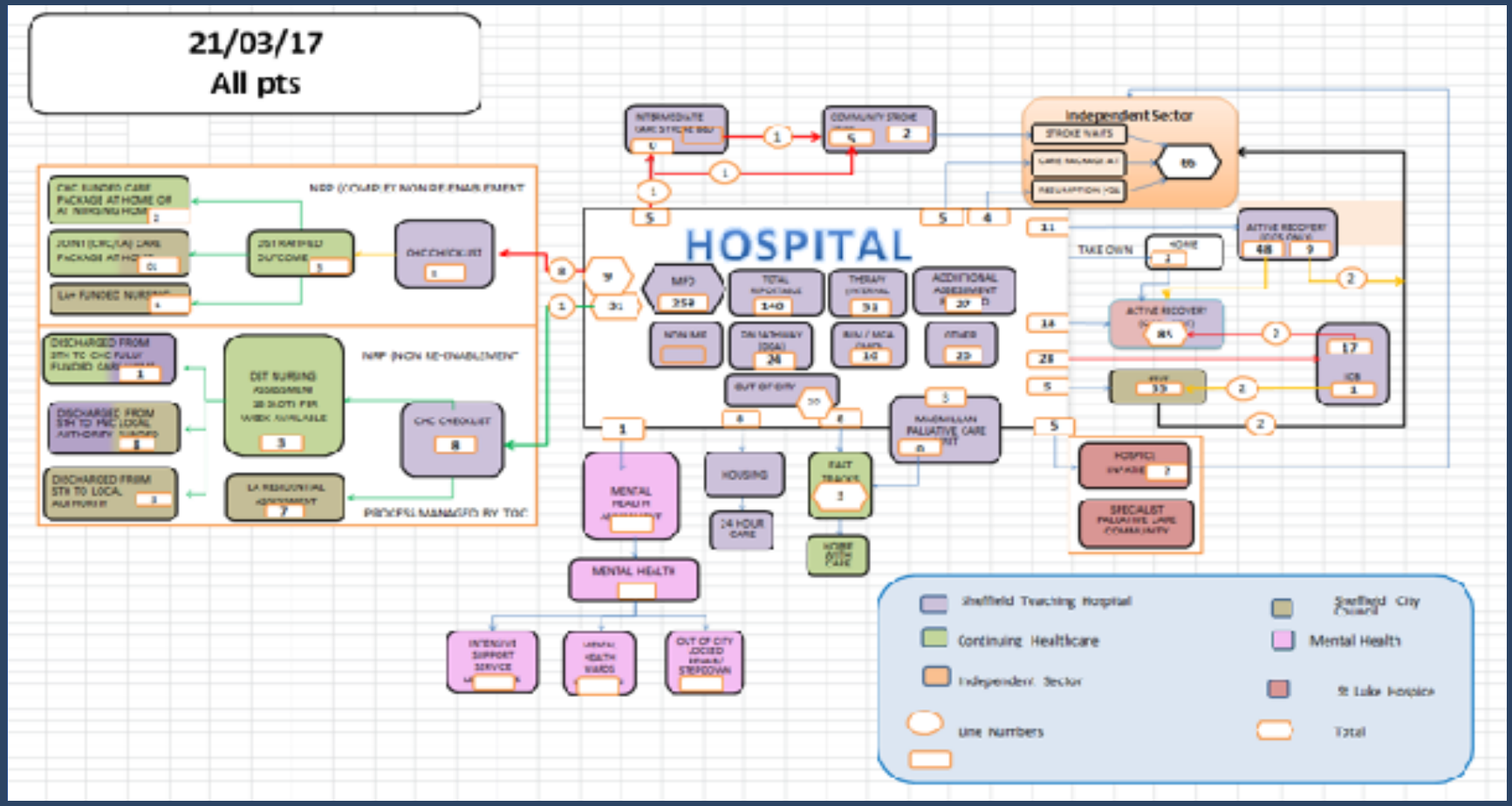
Flexible, accessible MDT services.

Support people at home as soon as they are no longer benefitting from acute care, utilising the discharge to assess approach.

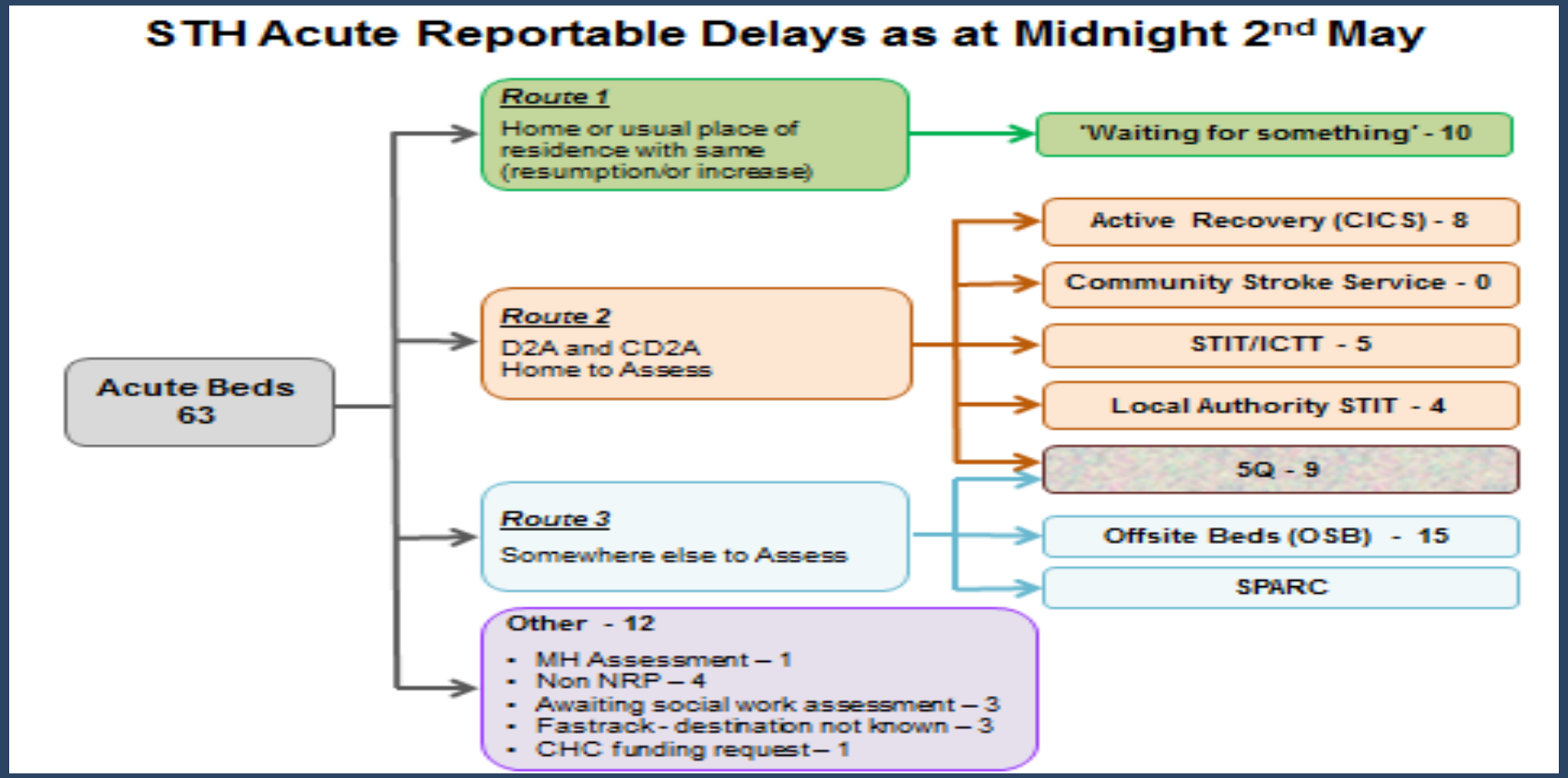
Support people to remain at home, manage crisis and reduce avoidable admissions.

“Hide the wiring” – make discharges simpler for the wards.

THE WIRING…


21/03/17
All pts
HOSPITAL
Independent Sector
MENTAL HEALTH
HOUSING
24 HOUR CARE
Sheffield Teaching Hospital
Continuing Healthcare
Independent Sector
Sheffield City Council
Mental Health
St Luke Hospice
Total

THE WIRING…


STH Acute Reportable Delays as at Midnight 2nd May
Acute Beds 63
Route 1
Home or usual place of residence with same (resumption/or increase)
'Waiting for something' - 10
Route 2
D2A and CD2A
Home to Assess
Active Recovery (CICS) - 8
Community Stroke Service - 0
STIT/ICTT - 5
Local Authority STIT - 4
5Q - 9
Route 3
Somewhere else to Assess
Offsite Beds (OSB) - 15
SPARC
Other - 12
MH Assessment – 1
Non NRP – 4
Awaiting social work assessment – 3
Fastrack- destination not known – 3
CHC funding request– 1

OUR WORKSTREAM AIMS
ASSESSMENT SOMEWHERE ELSE

Decisions around long term care (both needs and funding) are not made from an acute setting.

Appropriate capacity in off-site beds to support both rehabilitation and assessment.

Deliver a person-centred, outcomes-based approach to assessment, rehabilitation and recovery to maximise the number of people who are able to successfully transfer home.

Ensure that we meet KPI's such as 3.5% DTOC and less than 15% of CHC assessments in hospital.

BUT WE WERE STARTING FROM A LOW BASE

WINTER 2016/17 SAW…

Three 12 Hour breaches – a Sheffield "Never Event"

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

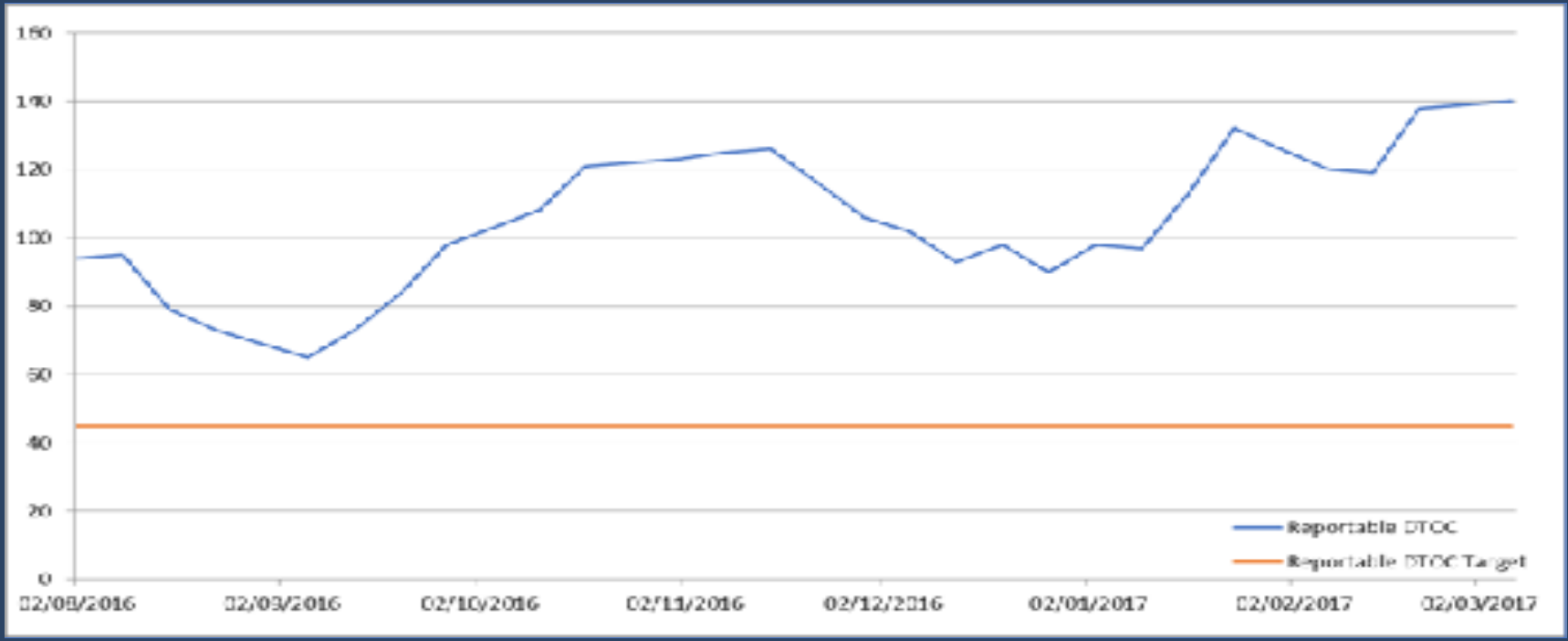
Cross-organisation working relationships strained and responsibilities became unclear

Tension escalating up to CEO level with several difficult conversations

WHERE DID WE START?
MINDSET

Adversarial
Firefighting
How it's always been done
Lack of trust
No common goal
Self orientated (organisation then individual; not patient)
Siege mentality
STH, high levels of internal confidence
System centric, not patient centric
Territorial behaviour - playing the game, operationally opposed
Too risk averse

WHERE DID WE START?
DTOC VOLUMES



Sheffield Teaching Hospitals NHS Foundation Trust

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Sheffield City Council

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EARLY RESULTS

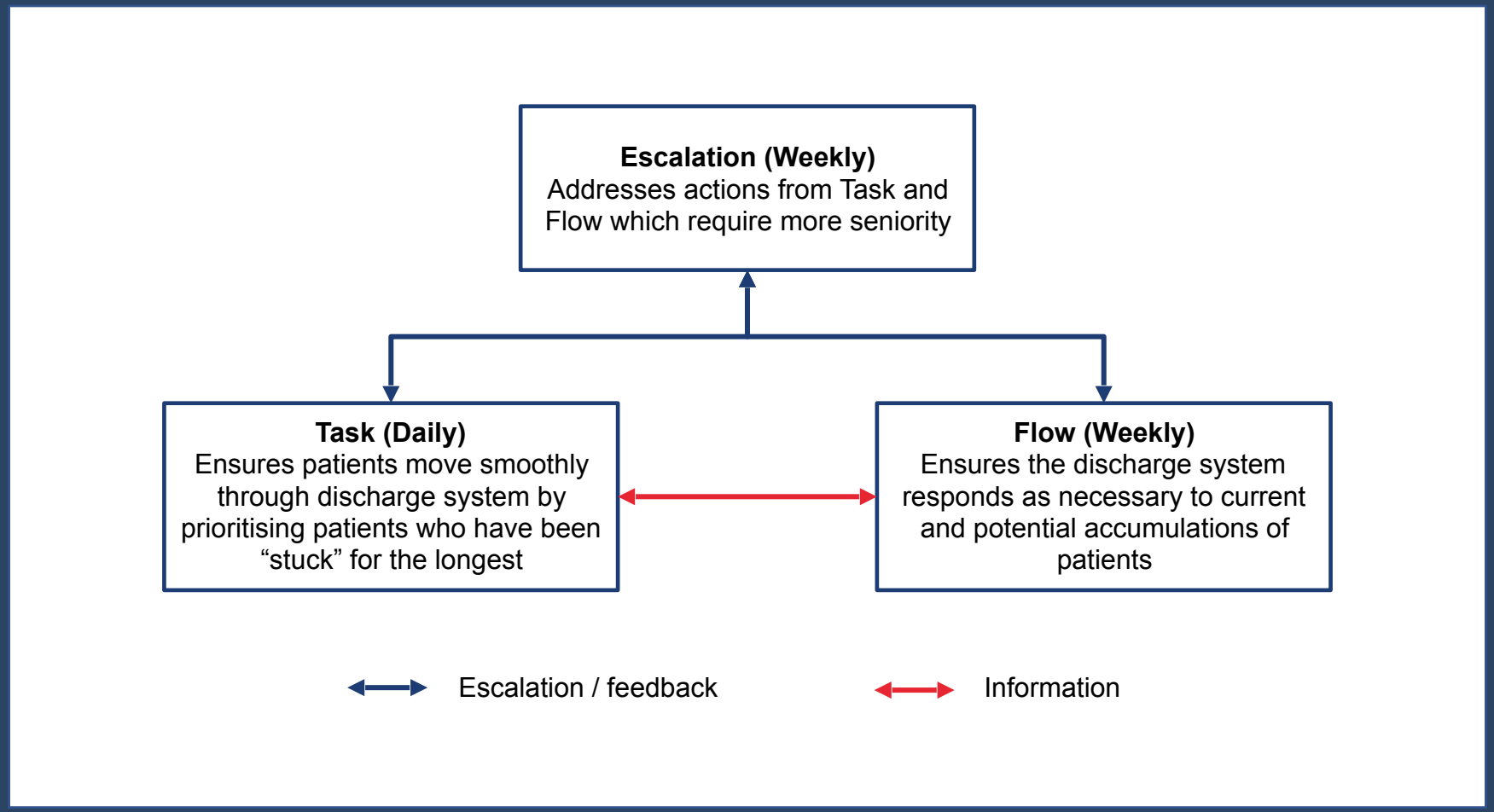
Sheffield Teaching Hospitals NHS Foundation Trust

NHS Sheffield Clinical Commissioning Group

Sheffield City Council

NEWTON

OPERATIONAL GRIP



OPERATIONAL GRIP

Task meeting target standards (1/2)

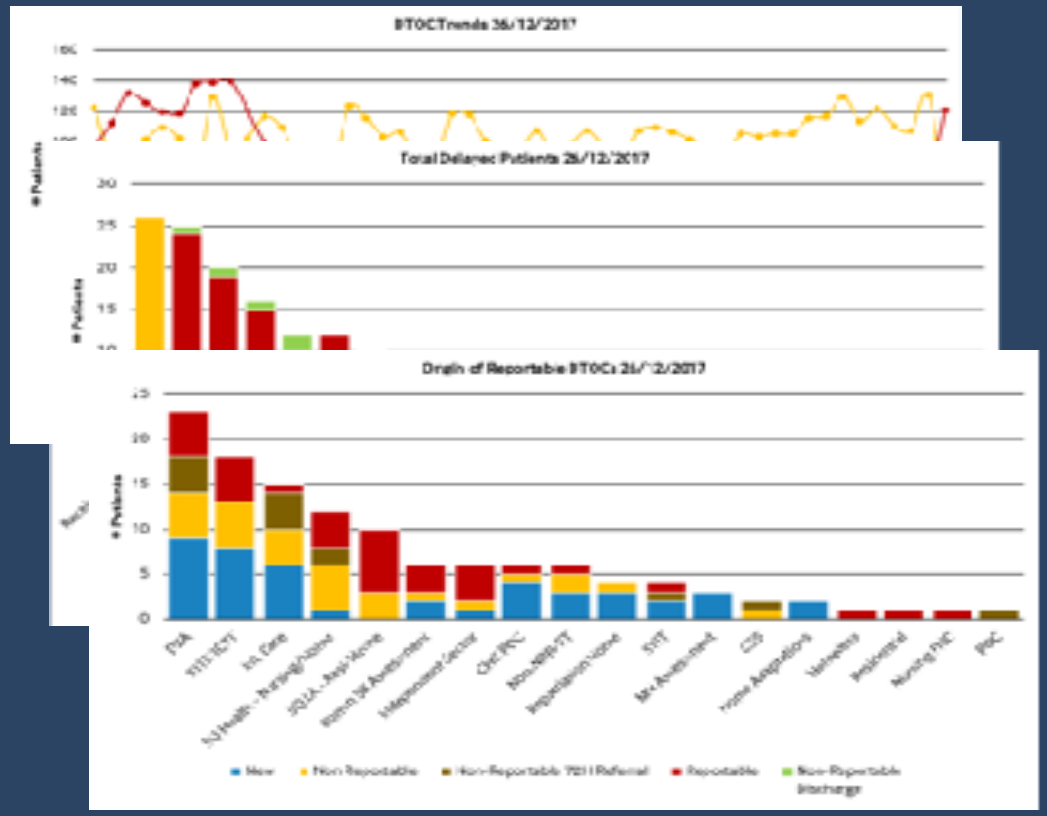
	CATEGORY	RED	BRONZE	SILVER	GOLD
INPUTS	DATA	Prioritised list of reportable DTOC patients is not brought for discussion every day	-	Prioritised list of reportable DTOC patients is brought for discussion every day, prepared by ToC admin	Prioritised list of reportable DTOC patients is brought for discussion every day (plus alternative pathway-sorted list), prepared by ToC admin
	UPDATES	Representatives bring no updates on outstanding actions & escalations	Representatives bring updates on some outstanding actions & escalations, tracked through action log	Representatives bring updates on all outstanding actions, but not escalations, tracked through action log	Representatives bring updates on all outstanding actions & escalations, tracked through action log
	ESCALATIONS	Individual cases (with high risk of DTOC) are not escalated by ward staff, including ToC & acute therapy	Individual cases (with high risk of DTOC) are rarely escalated by ward staff, including ToC & acute therapy	Individual cases (with high risk of DTOC) are sometimes escalated by ward staff, including ToC & acute therapy	Individual cases (with high risk of DTOC) are routinely escalated by ward staff, including ToC & acute therapy
MEETING	REPRESENTATIVES	There is never primary representation from one or more of STH, LA, CCG	There is primary representation when available from each of STH, LA, CCG	There is primary or deputy representation most days from each of STH, LA, CCG	There is primary or deputy representation every day from each of STH, LA, CCG
	STRUCTURE	Task never adheres to the standing agenda (including timings)	Task rarely adheres to the standing agenda (including timings)	Task adheres to the standing agenda (including timings) most days	Task adheres to the standing agenda (including timings) every day
	ACCOUNTABILITY	Progress on actions & escalations from yesterday are not discussed	Progress on actions & escalations from yesterday are discussed, no next steps agreed or deadlines reset on missed actions	Progress on actions & escalations from yesterday are discussed, with new next steps agreed but deadlines not reset on missed actions	Progress on actions & escalations from yesterday are discussed, with new next steps agreed and deadlines reset on missed actions
	OBJECTIVE	Not all patients with a reportable DTOC code changed ≥ 7 days ago are discussed, or understanding is not gained	Patients with a reportable DTOC code changed ≥ 7 days ago are discussed, to understand the intervention necessary to progress to discharge	Patients with a reportable DTOC code changed ≥ 5 days ago are discussed, to understand the intervention necessary to progress to discharge	Patients with a reportable DTOC code changed ≥ 3 days ago are discussed, to understand the intervention necessary to progress to discharge

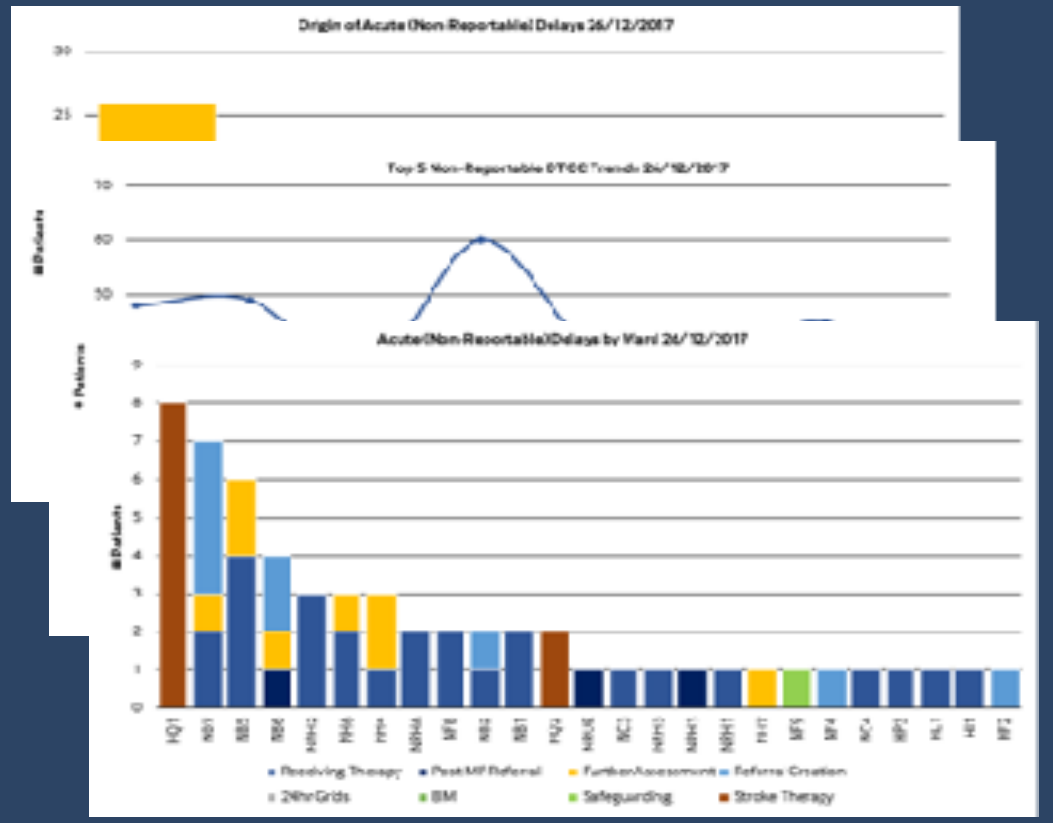
OPERATIONAL GRIP

Task meeting target standards (2/2)

	CATEGORY	RED	BRONZE	SILVER	GOLD
OUTPUTS	ACTIONS	SMART actions are agreed for less than the majority of patients discussed, not including when next steps already agreed	SMART actions are agreed for the majority of patients discussed, not including when next steps already agreed	SMART actions are agreed for every patient discussed, not including when next steps already agreed	SMART actions to progress discharge are agreed for every patient discussed, including when next steps already agreed
	ESCALATIONS	Escalations to particular individuals are rarely agreed	Escalations to particular individuals are agreed sometimes, but there is opportunity for more	Escalations to particular individuals are agreed where necessary, with an owner assigned	Escalations to particular individuals are agreed where necessary, with clear definitions of help needed and an owner assigned
MINDSET	COLLABORATION	Task meeting does not have a cross-system mindset, with blame often put on other individuals/groups	Task meeting has a cross-system mindset, working together but sometimes blaming other individuals/ groups	Task meeting has a cross-system mindset, working together and not blaming other individual/groups	Task meeting has a cross-system mindset, working together and not blaming other individuals/groups. We look at patient histories to record learnings, not to complain
	VISION	Members of Task are unable to articulate any understanding of the vision	Members of Task can articulate their own understanding of the vision	All members of Task can articulate the vision as above	All members of Task can articulate the vision as above and the “GOLD” standard for Task

EXAMPLE OF FLOW DATA





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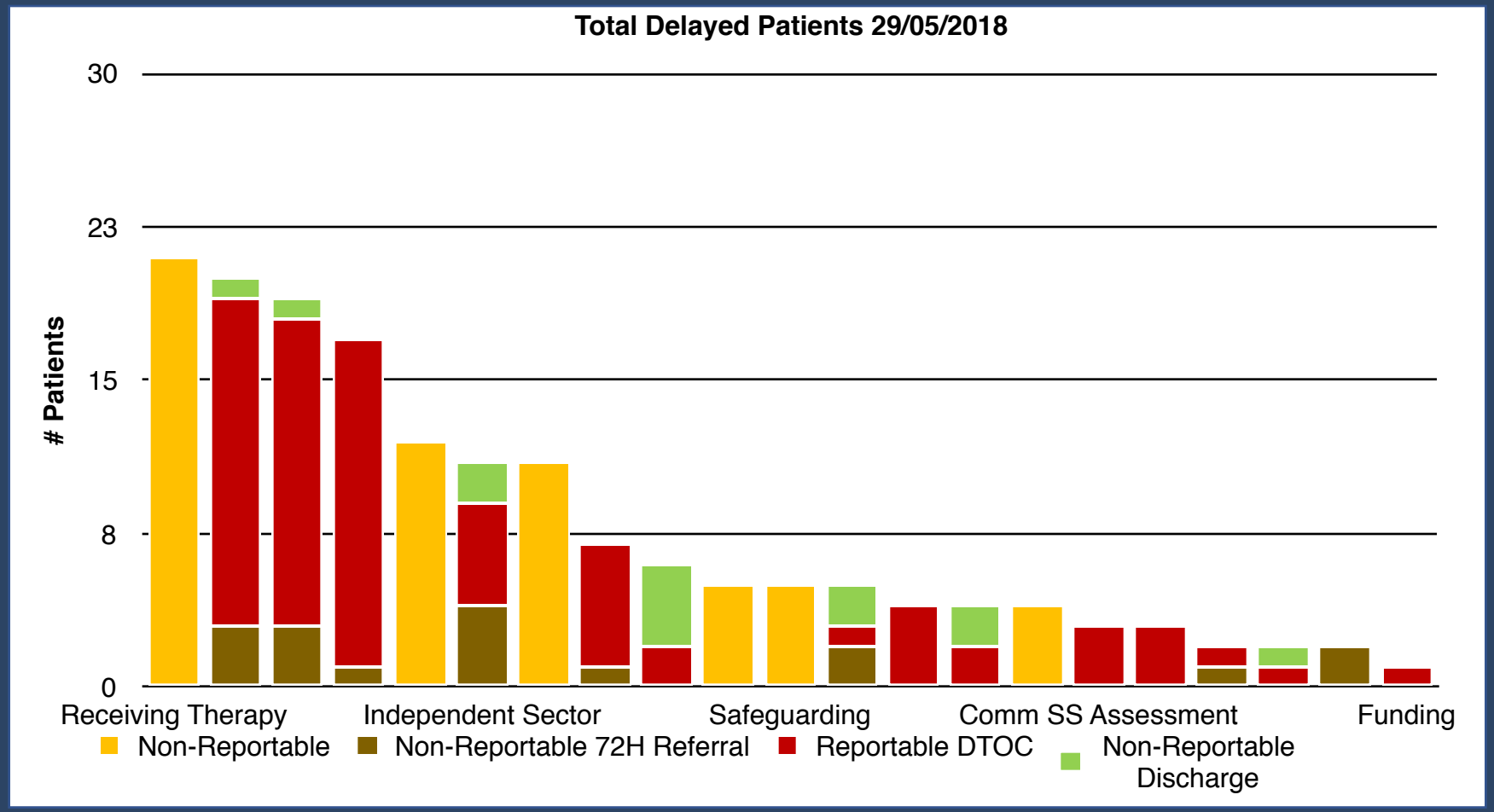
EXAMPLE OF FLOW DATA



BUT…WINTER STRUCK

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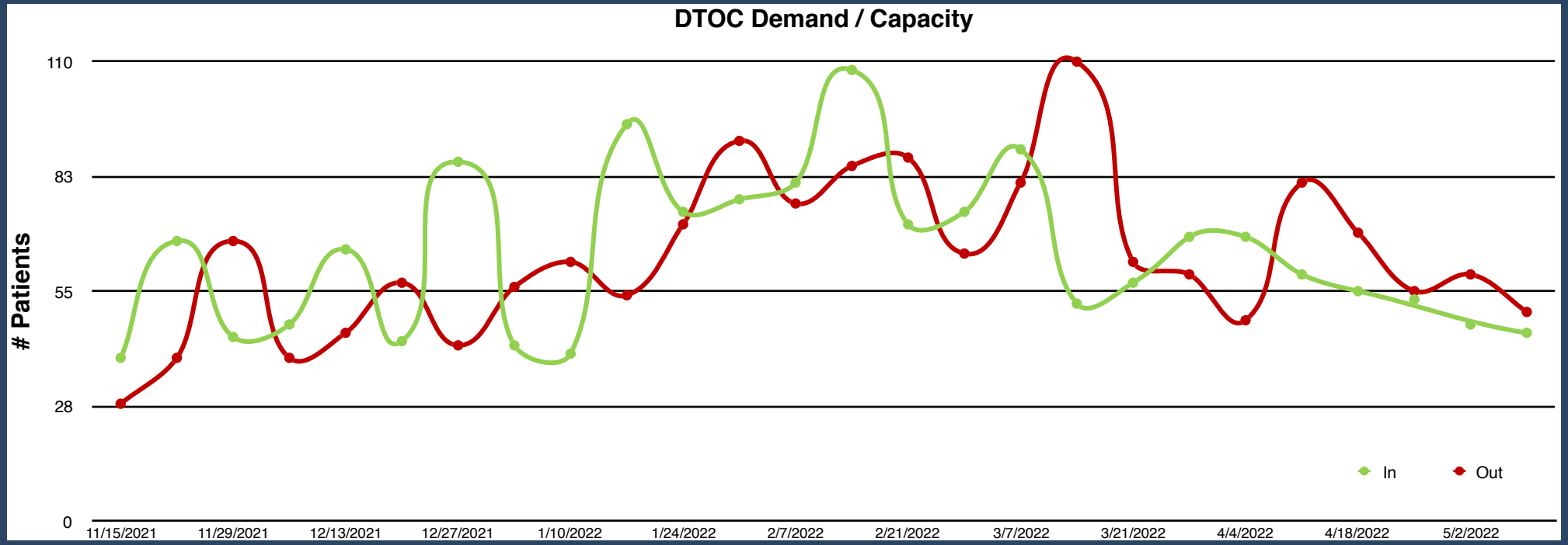

HOW DO WE DEFINE OUR COMMON GOAL?

MINDSET

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Sheffield City Council

NEWTON

…SO RECOVERY HAS BEEN QUICKER

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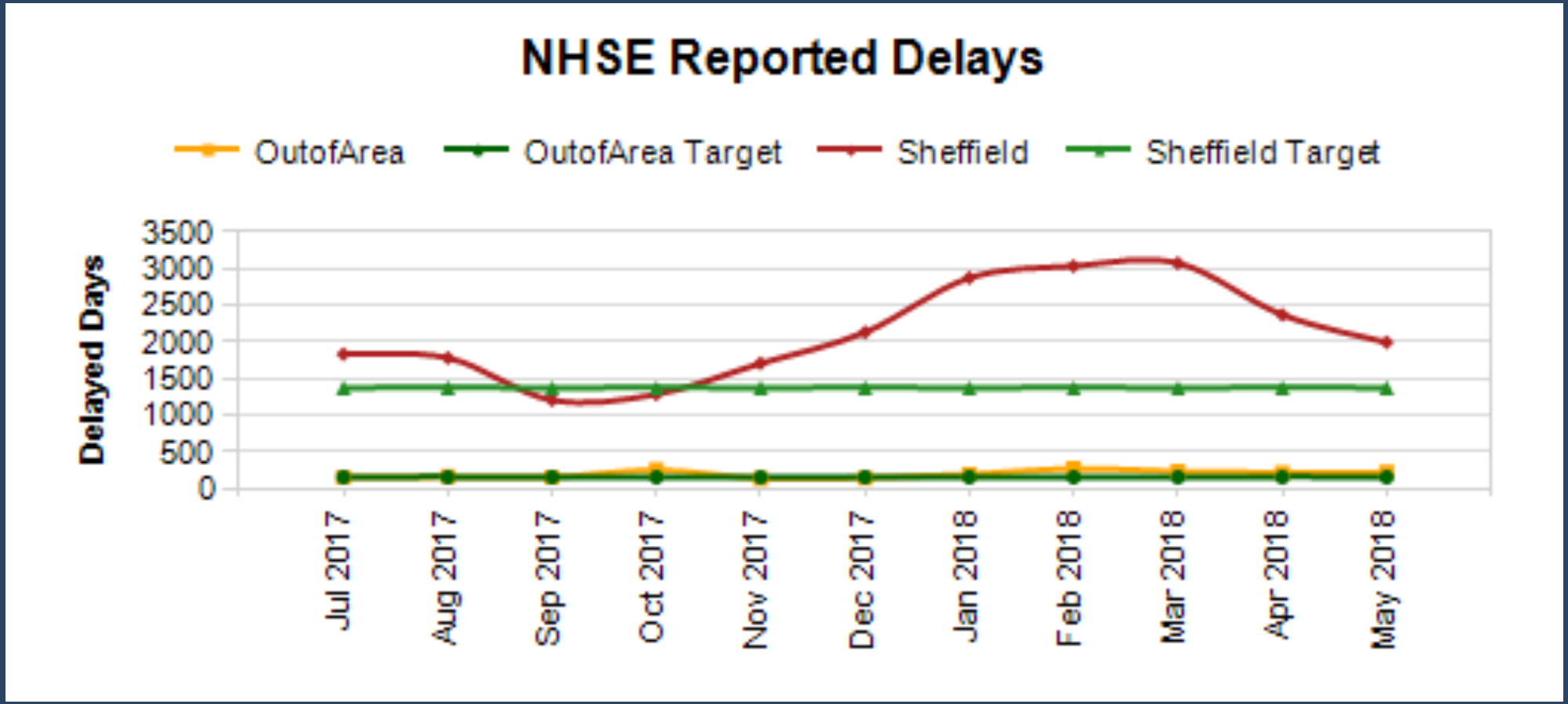
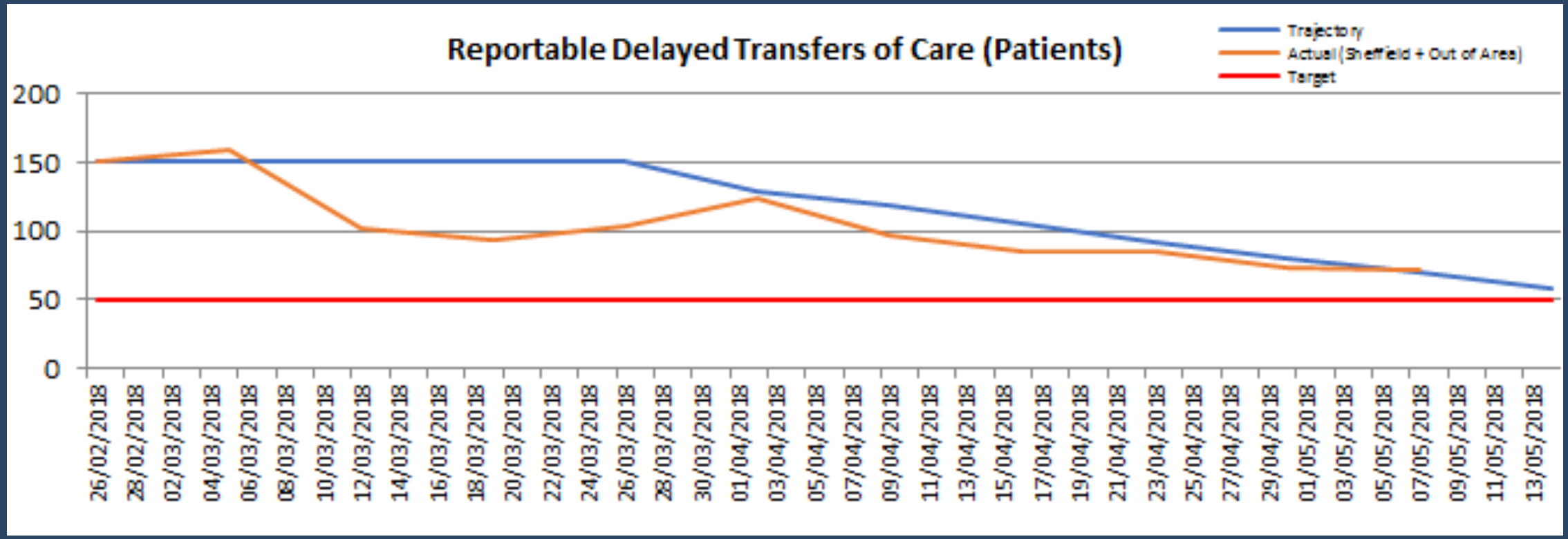


…AND WAS SUPPORTED BY A PLAN



SHEFFIELD'S VISION

Our shared commitment to our service users: When you need hospital treatment, there is no better place to be than in hospital. Once hospital treatments are completed, research suggests that you will do better at home, so getting you back there without delay is important. We will ensure that our services work together, are simple to use and will be available when they are needed, so that you have the help and support to get you home.