

Council of Governors – Short Term Intervention Team -

12th September 2016 – Kirsten Major, Director of Strategy & Operations

**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



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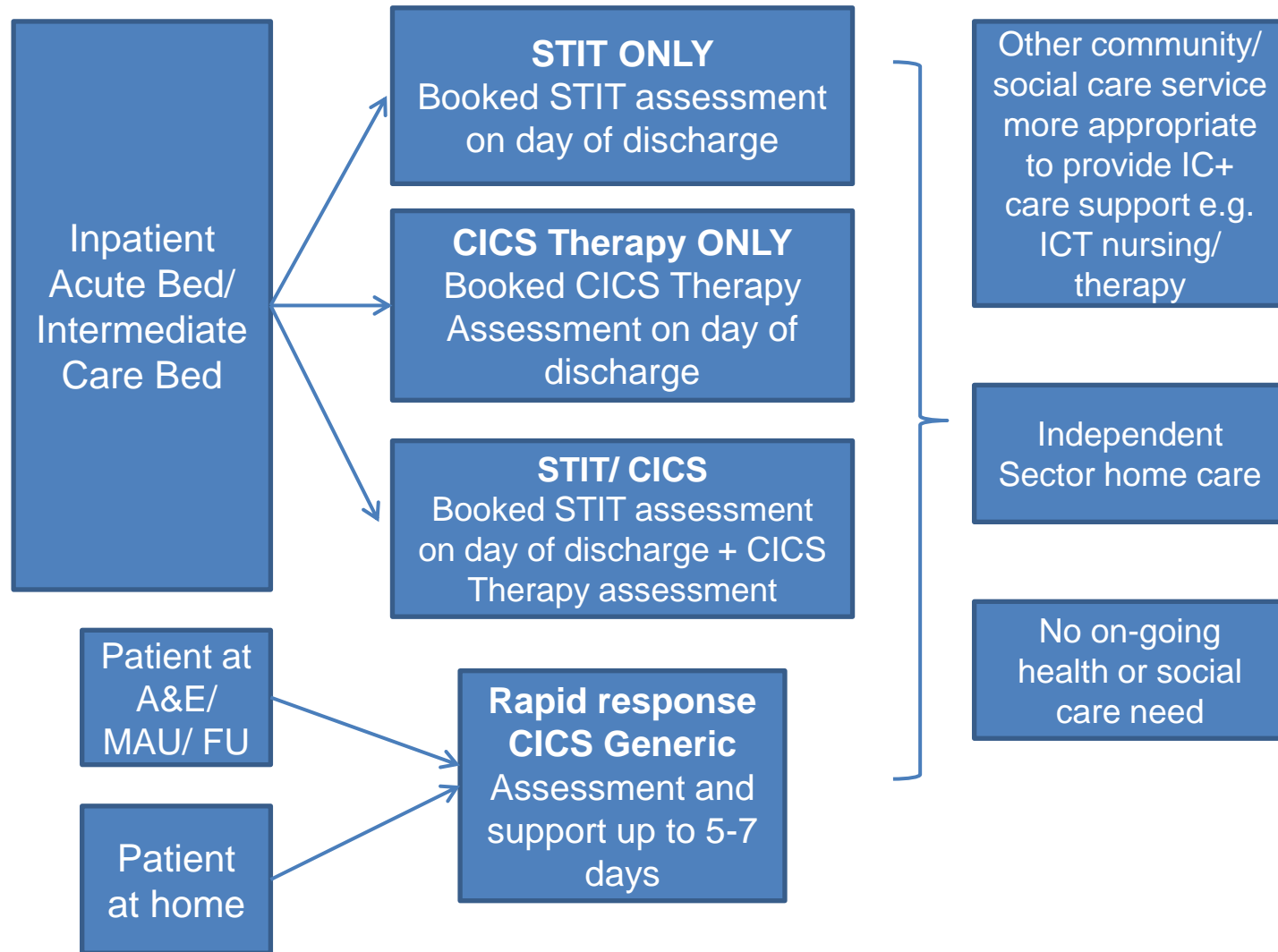


Background

- Sheffield intermediate care service at home
- National recognition as best practise through the National Benchmarking Audit of Intermediate Care
- Community Intermediate Care service commissioned 2010 - patients at home seen much faster than those waiting to be discharged from hospital (2-24 hours compared to >10 days)
- 2014 - 'Right First Time' increased investment to provide same response times
- New 'discharge to assess' pathways / trusted assessor were also introduced
- Health and social care developed a single service under the umbrella term 'Active Recovery' - health provided CICS and social care STIT services
- All patients are cared for at home and enter the joint service for up to 6 weeks
- Independent Sector (after Active Recovery) critical for patients who require care beyond the short term.
- Active Recovery performance was outstanding - 96% of patients discharged from an intermediate care or hospital bed on the day of referral and continued performance of 98% patients seen at home within 2-24 hours depending on urgency



And in picture form...



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Easter 2016

- STIT had no capacity to undertake any new care calls over the Easter weekend
- The CICs and wider STH Community teams covered as best as possible
- Significant operational pressure and strained relations
- LA plans for further workforce reductions - increased proportion of face to face time, improved sickness and improved use of the independent sector.
- Queues built up very quickly, after Easter bank holiday weekend 106 patients were delayed waiting for STIT provision across all Active Recovery pathways. CICS capacity had also reached critical point operating 36% above capacity which equated to an extra 219 care calls a day.



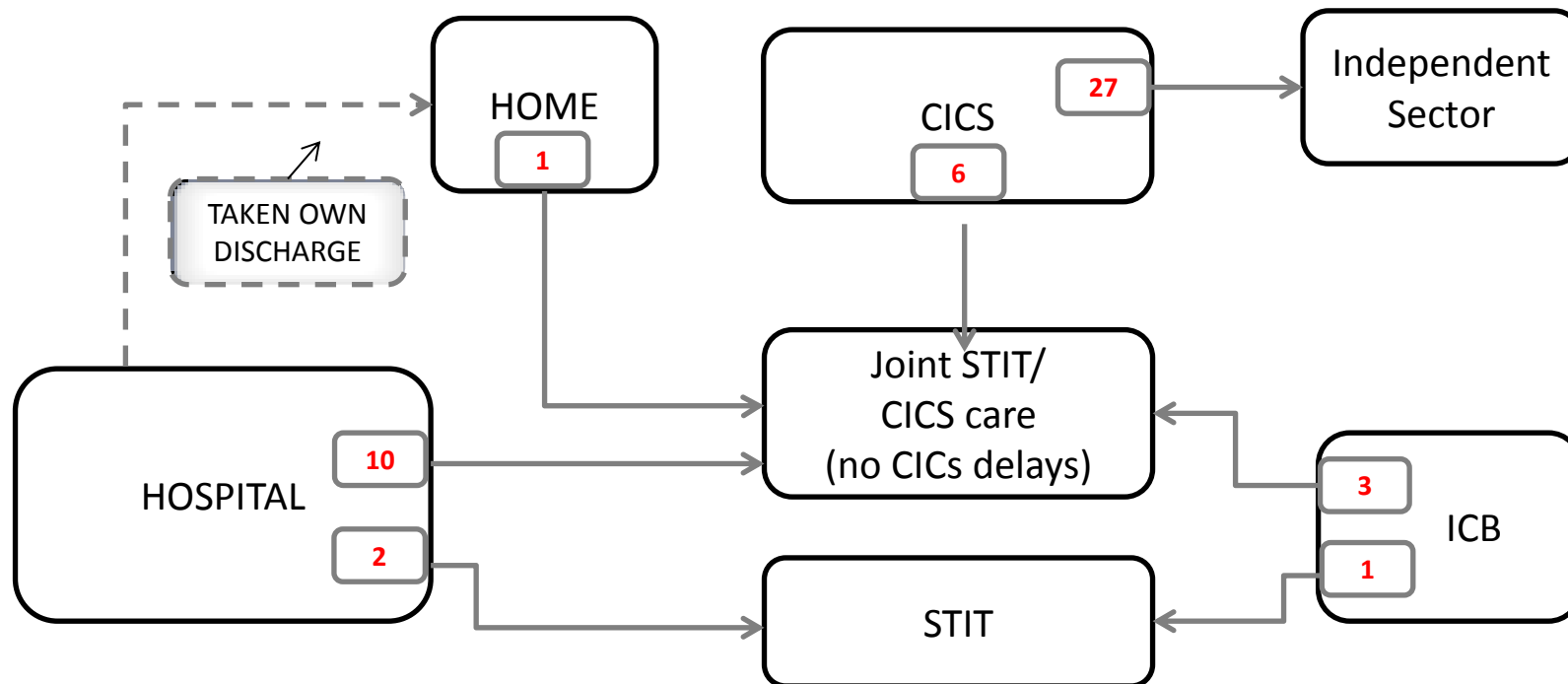
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Delays by area...

Number of STIT and Independent Sector Delays as at 8 September 2016



- STIT are providing a date for commencement of service as at 08/09/16 for Hospital within 1 day of referral and all IC Beds referrals have a start date.
- The longest wait from date given by STIT to actual patient discharge as at 08/09/16 for IC Beds is 4 days and Hospital is 5 days.

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Actions

- A citywide Flow Group (chaired by the CCG) meets weekly and monitored performance at an operational level, taking action where possible
- STH and LA CEOs & Directors met in May, June and August to discuss performance and agree recovery plans
- In May it was agreed
 - For CICs to return to a sustainable and safe level, patients receiving care only and waiting for transfer to the independent sector must be prioritised, releasing **219 care calls a day**. It was agreed this should be resolved by the end of May
 - STIT would take 93 patients a week to remove backlog and reach steady state by 1st August
- The success of the LA plans relied on flow from STIT to the independent sector
- Performance did not improve over the summer and recovery has not been



Current position

- Lower demand has led to reductions in the queue during August
- Local Authority has increased the number of independent sector providers and improved hourly rates, however they acknowledge the independent sector has not increased rapidly enough to meet STIT reduction plans.
- Significant concerns for winter flow.
- Chair and CEO meeting with Leader and CEO.



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Impact of delays on patients

- Patient outcomes and experience
- Stroke pathway under particular pressure
- 102 patients (9.6% of all patients waiting) took their own discharge without the care in place the MDT had assessed as being required.
- 128 patients seen in A&E or assessment units who could have gone home the same day have had to stay in hospital as AR have not had capacity to assess at home resulting in 144 unnecessary nights
- Patient and family distress



Impact of delays on organisation

- Damaged relationships within Active Recovery
- Total RA hours being used to support Independent Sector patients = 80 hours per day
- Suspended Discharge to Assess
- Change in clinical culture and practise



Financial impact

Cumulative Financial cost to STH to date:

- Additional RA capacity (CICS and Stroke) - £174K
- Additional bed nights in Acute Hospital – 7,977 = £1.56M
- 15 additional winter Intermediate Care Beds remained open to July = £89K

Cumulative Financial cost to CCG to date

- £60.0k of additional tariff payments have been paid by commissioners which could have been avoided with additional Active Recovery capacity



What next?

- **Recovery**
- **Rebuilding trust and culture**
- **External review**

