



Date: Tuesday, 20 January 2015

Time: 11.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

Contact: Karen Nixon, Committee Officer  
Tel: 01743 252724  
Email: [karen.nixon@shropshire.gov.uk](mailto:karen.nixon@shropshire.gov.uk)

## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### **8 Urgent Care Update (Pages 1 - 4)**

A verbal report will be made.

Contact Dr Caron Morton, Accountable Officer Shropshire CCG, Tel 01743 253704.

This page is intentionally left blank



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board 20 January 2015

### URGENT CARE – SUMMARY REPORT OF AN INFORMAL HEALTH & WELLBEING MEETING

#### Responsible Officer

Email: [Stephen.chandler@shropshire.gov.uk](mailto:Stephen.chandler@shropshire.gov.uk) Tel: 01743 253767

---

#### 1. Summary

1.1 On Wednesday, 13th January 2015, the Health and Wellbeing Board called an urgent meeting of its members to discuss the sustained escalation levels at Shrewsbury and Telford Hospitals during the previous 4 weeks and the implications surrounding the number of 12 hour trolley breaches during this same period. Although not in public, the Board felt this urgent meeting was necessary to understand the issues facing the health economy and to understand the contributing factors to the sustained escalation and breaches. The Board did not feel it could take the time it needed to understand the issues fully at the scheduled Board meeting.

1.2 The Board was given a full presentation by Shropshire CCG highlighting the Urgent Care Recovery Plan and actions taken since November; data specific to activity at Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) through this Autumn and Winter period highlighting discharge planning as a key issue; data regarding numbers accessing A&E (particularly the RSH), 4 hour breaches, and Fit for Transfer; please see **Appendix A** for the full presentation by the Shropshire CCG. The Board was also provided information regarding the 12 hour trolley breaches.

1.3 The Board recognises that while discharge planning is a key issue, the issues facing A&E in Shropshire must be considered as a part of the wider health economy, including ensuring the availability of community beds and the availability of support for people who are ready to transfer from the acute settings. As such the meeting included detailed discussion regarding Delayed Transfer of Care (DTC). Please see background information for more information regarding DTC.

1.4 As the driver for change and development of better aligned services for Shropshire, the Board discussed its role in ensuring the quality and safety of health and care services. The Board recognises that the CCG has the duty to exercise functions with a view to securing continuous improvement in quality of services as well as to act with a view to secure continuous improvement in outcomes achieved. These duties are to be discharged with the support of the Health and Wellbeing Board and the Health and Wellbeing Strategy and Joint Strategic Needs Assessment. The Board agreed that its position is to support the health and care economy when appropriate and also to call to account individual organisations in the health and care economy when appropriate.

1.5 On this occasion the Board has questions regarding the services being delivered at A&E at Shrewsbury and Telford Hospitals, in particular at the Royal Shrewsbury; and has concerns regarding regular occurrence of 12 hour trolley breaches (there are disproportionately high breaches at SaTH compared to neighbouring hospital trusts). The Board would like to understand better what learning is taking place when there are 12 hour trolley breaches and if this regular occurrence is an indicator of wider issues regarding of care and quality at the Royal Shrewsbury and Prince Royal Hospitals.

1.6 The Board is also keen to ensure that the Health Economy as a whole is taken into account as part of the Urgent Care Recovery Plan, including specific attention to the Delayed Transfer of Care and support both provided and needed from Adult Social Care and the Community Hospitals. The Board would also like to consider if the recent work of the Integrated Community Service, currently being rolled out across Shropshire, is having a positive impact. It also needs to understand what more Social Care can do to support the discharge of patients.

1.7 Finally the Board discussed concerns over the sustainability and value of the intense support that the CCG's has provided the Hospital Trust over this period. The Board feels that issues relating to A&E and discharge need to be addressed from a whole system perspective with input from all partners.

1.8 The Board understands that Future Fit will address many of the key issues for acute care, however Future Fit will not address all levels of quality of care and the Board is keen to understand now, how these issues are being addressed.

## **2. Recommendations**

### **That the Board:**

2.1 Discuss the issues highlighted above and addressed in the Presentation attached below and determine next steps.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

This report highlights risk to the safety and the quality of care for those using Shrewsbury and Telford Hospitals.

### **4. Financial Implications**

There are no financial implications resulting directly from this report. However, the Health and Wellbeing Board is charged with influencing decisions that improve the health of the Shropshire population and improve the safety and quality of services. As such there may be future financial considerations around this matter.

### **5. Background**

5.1 Delayed Transfer of Care is used to measure the number of people eligible to move out of Acute Hospital settings to either community hospitals, residential settings, or their own home, but who are delayed in this process.

## 5.2 Terms

### **Delayed Day**

A delayed day occurs when a patient has been delayed one day after they were medically fit to be transferred/discharged. If the patient is delayed for a further day, then another delayed day occurs. The total number of delayed days for a single patient is the number of days from when they were medically ready to be transferred to the date they were transferred or discharged.

### **Delayed Transfer of Care (DTOC)**

A delayed transfer of care occurs when a patient is deemed medically fit to depart from their current care, but is unable due to non-clinical reasons.

### **Local Authority measure**

The Local Authority measure is the average number of patients delayed on any given day, as a proportion of the population. This is the main measure used throughout this report and is residence based.

5.3 Below under the list of Background Papers is the Delayed Transfer of Care Statistics. This document explains the National picture of DTOC.

## 6. Additional Information

## 7. Conclusions

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
---

<a href="#"><u>Delayed Transfer of Care Statistics 2013/14</u></a>
--

<b>Cabinet Member (Portfolio Holder)</b>
--

<b>Local Member</b>
---------------------

<b>Appendices</b>
-------------------



Urgent Care  
Recovery Plan Preser

This page is intentionally left blank