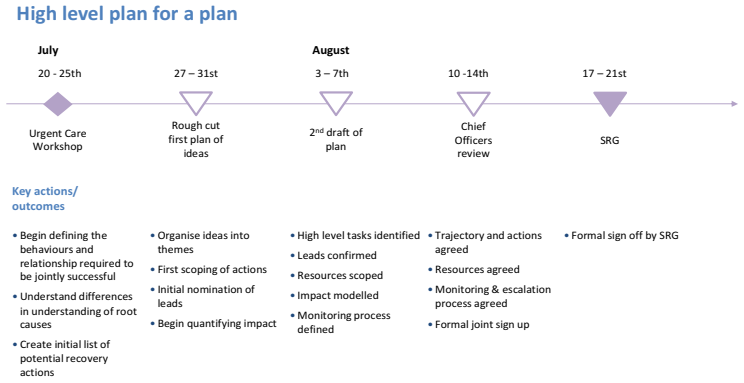
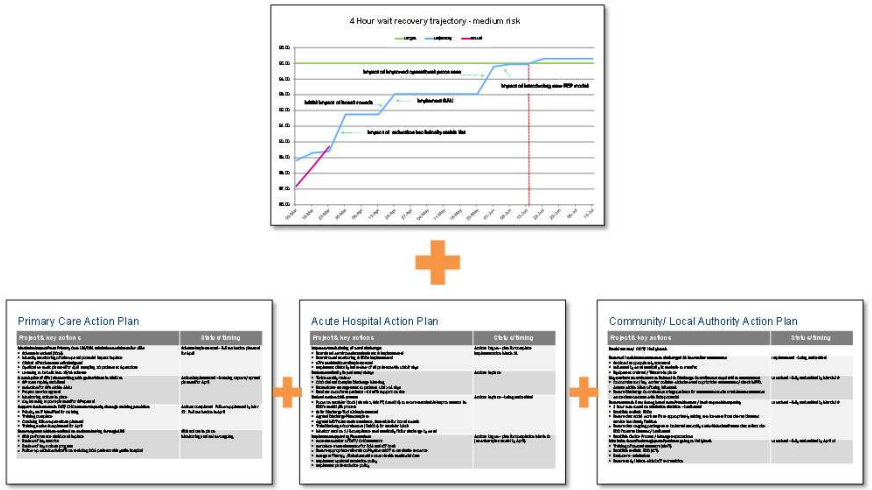
INTRODUCTION

Overview of the approach taken to develop the recovery plan

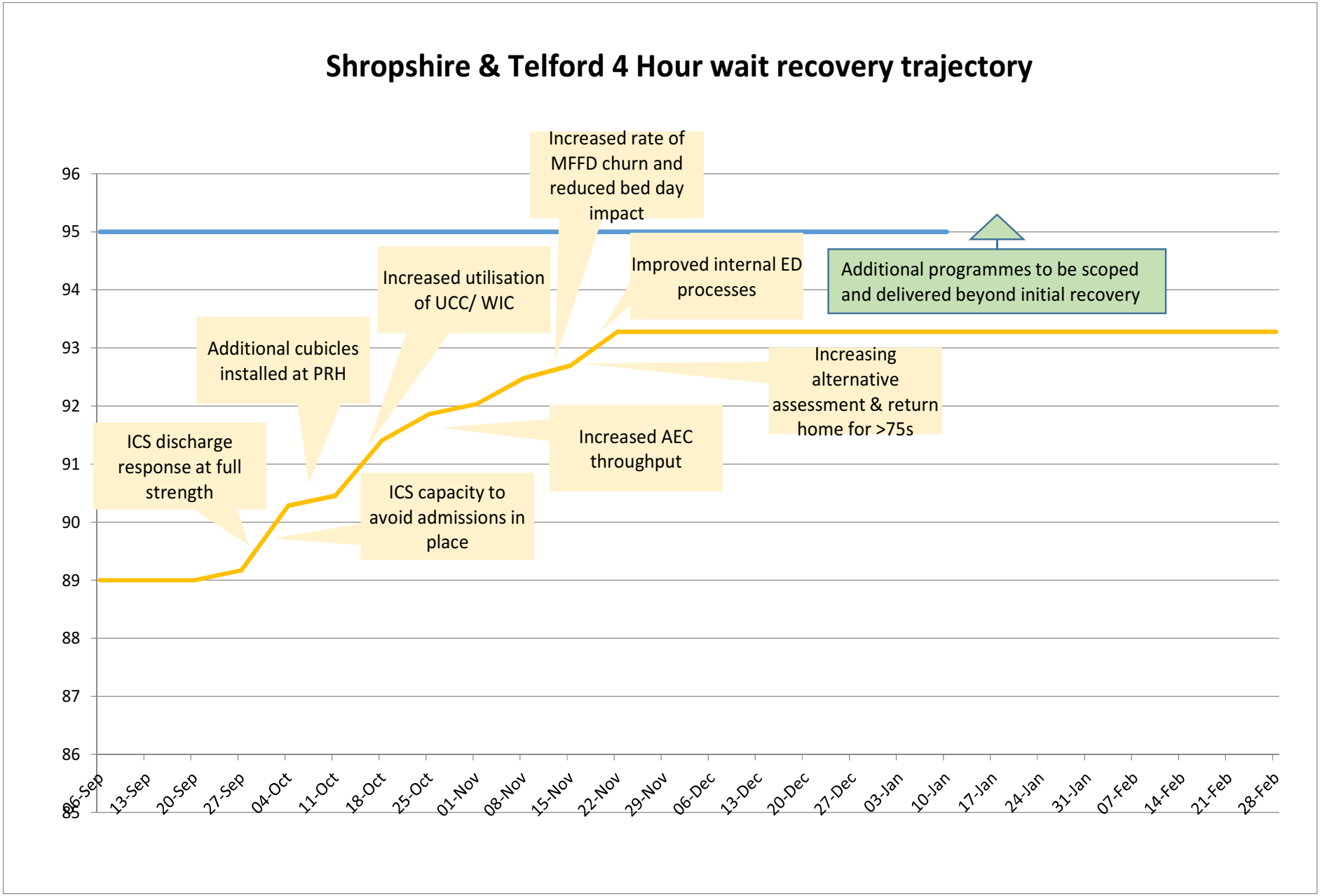
Key features –

- Single joined up plan for the system, with clear accountability for each organisation
- Line of sight between each action and how it impacts directly upon A&E performance
- Focus on embedding a small number of key actions in the short term
- Recognising there are a wider range of supporting actions from partners whose impact also needs to be quantified and monitored
- Close monitoring and governance to ensure there is weekly follow up of progress and mitigating actions as required





TRAJECTORY FOR PERFORMANCE RECOVERY



POTENTIAL RISKS TO DELIVERY

The following risks require consideration -

- Seasonality which has been included at a level based on recent analysis
- Assumptions used are sensible but can't be assumed as 100% accurate
- Existing workforce rotas are fragile in places with little contingency for sickness etc
- Some actions require changes to practice and take up cannot always be predicted
- The track record for delivery across the system is limited and therefore should not be assumed to be fully capable right from the start

However -

- There is organisational confidence and commitment behind each action
- Chief Officers and SRG have reviewed the actions in detail and are collectively committed to delivery
- There are robust arrangements to stay on top of delivery (see later)

High impact/ trajectory action

Shropshire & Telford Hospitals Trust Action Plan

Project & key actions	Status/ timing
Increase the number of patients treated on an ambulatory emergency care (AEC) pathway to ensure capacity for assessment beds meets demand: • Ring-fenced AEC space • Workforce in place • Joint project agreed with Shropshire Community Trust	**Target completion date: 31st March 2016** • 30% complete. • Reduce the number of admitted breaches through admission avoidance by 12 per week. • Increase zero length of stay to peer levels. • Release of 6 beds per quarter. • Working groups in place on each site.
Ensure capacity for assessment beds meets demand by reconfiguring AMU at RSH: • Capacity and demand modelling • Ensure medical rotas correlate with demand profile • Consistent specialty in-reach into AMU	**Target completion date: 31st October 2015** • 50% complete. • Reduce the number of breaches due to awaiting medical assessment beds by 21 per week. • 6 empty beds in AMU at 10.00hrs and 16.00hrs.
Increase capacity in PRH ED to reduce the number of breaches due to no cubicle capacity: • Develop plan to increase the number of cubicles • Develop staffing plan for approval	**Target completion date: 31st December 2015** • 25% complete. • Space identified and being costed. • Staffing plan discussions commenced. • Reduce the number of breaches in this category by 16 per week.
Improve inpatient flow to reduce the number of breaches due to waiting for assessment and specialty beds: • Root & branch analysis of internal ward constraints • Improvement plan in place • Release blocked inpatient capacity	• **Target completion date: Programme launched 13/7/15. Process mapping completion date 14th September 2015. 4-6 months to full implementation.** • 15% complete. • Reductions in number of breaches by 11 per week by 31st January 2016. • Consistently deliver 33% pre 1pm discharges.
Improve internal ED processes to reduce the number of breaches due solely to ED inefficiencies: • Internal ED escalation process in place • Workforce strategy implemented • EDIT process in place PRH • Clearly defined co-ordinator roles	**Target completion date: 30th September 2015** • 60% complete. • Main impact at PRH and will reduce breaches by 21 per week on that site.
Develop an early warning Trust-wide escalation process to proactively manage a rising tide: • Red/Amber/Green criteria agreed • SOP in place • Trust-wide response agreed and in place	**Target completion date: 30th September 2015** • 50% complete. • Reduce number of breaches due to ED cubicles full and delays in clinician decision making. • This action is an enabler for delivery of action number 5.

High impact/ trajectory action

Shropshire Community Trust & Local Authority Action Plan

Project & key actions	Status/ timing
1. Intercept and manage patient referrals from GPs and ED, redirect home with appropriate care to avoid unnecessary admissions: • ICS admission avoidance pathway sign off at CAP • Engagement of GPs, WMAS and ED staff • Standard operating procedures implemented • Shift patterns and rotas reviewed to provide 7 day cover between 8.00 and 20.00 hours • Admission avoidance hotline implemented via the Single Point of Referral • Stand by care capacity to support people at home	**Target completion date:** Admission Avoidance Pathway Implementation 05.10.15 **Impact** • ICS service assumptions total = 31 per week • Current admission avoidance – ICS @3/week, other existing services @5/week • **New** prevented admissions from 5.10.15 – 23/week
2. Increase acute and community bed capacity as a result of ICS having appropriate capacity to manage increasing numbers of patients at home (D2A pathway) • Streamlined access to domiciliary care capacity from independent care providers • Current capacity 45 per week within 5 days of MFFD – streamline to facilitate within 3 days of MFFD • Standard operating procedures implemented • Work with Sath to start earlier discharge planning, home is the default • Implement trusted assessor within SaTH	**Target completion date:** Care Capacity available to support patients early discharge -15.11.15 **Impact** • Assume 58 patients/ week, waiting average 2 days • Impact on acute beds = 27
3. Right care, right place to improve bed availability by improving patient flow • SAFER Bundle in place • Analysis of internal ward constraints • Implement ward discharge targets • Consistently implement choice policy • Standard operating procedures implemented • Improvement plan in place • Additional discharge to assess capacity in place	**Target completion date: Implementation by 30.9.15.** • Pre 1pm discharge above 33% • Compliance with SAFER patient flow bundle • Review of LoS 14 days and above • Reduction in DToC **Impact** • Baseline c 5 pts/ wk waiting for Community Hospital/ Intermediate Care bed • Assume SAFER/ choice policy implementation in Community Hospital reduces waiting by 50% (2.5)

Shropshire CCG Action Plan

Project & key actions	Status/ timing
Ensure system wide co-ordination and monitoring through SRG • SRG performance dashboard in place • Lead review/refresh, in partnership with T&W CCG, of system wide surge plan and winter plan • Escalation system management – chairing of conference calls • Dedicated CCG resource to 'troubleshoot' DTOC/MFFD patients as required • Joint CCG/LA oversight and commissioning responsibility for ICS	**Target completion date: Oct 2015** • 60% complete • SRG dashboard to be developed – Oct 2015 • Draft surge plan and winter plan to be presented to SRG Sept 2015 • Dedicated CCG 'trouble shooting' resource to focus upon MFFD/DTOC management in place

Implementation of 'Frequent Flyers' project (Blackpool model)
Intended outcome: Reduction in ambulance conveyances, reduction in A&E attendances, reduction in emergency admissions of specific patient cohort
• Business case and clinical process approved (Aug 2015)
• Recruitment underway
• Monitoring actions in place
• Evaluation planned
	Target completion date: Oct 2015
	• 50 % complete (planning and preparation)
	• Impact description (from Oct 2015 – Mar 2016):
	  • Reduce ambulance conveyance – 15/ mth
	  • Reduce A&E attendances – 31/ mth
	  • Reduce NEL admissions – 14/ mth
	• Risk - successful recruitment of operational lead
	• Mitigation – CCG internal resource to be re-allocated if recruitment fails

Maximise impact of Primary Care Enhanced Service (ES) Intended outcome: reduce emergency admissions for patients >75 years • Review current take up and identify potential areas for greatest impact • GP clinical lead identified to lead support process for identified practices • Monthly monitoring of impact • Evaluation planned to inform planning for 16/17	**Target completion date: Oct 2015** • 70 % complete (planning and preparation) • Impact description (from Oct 2015 – Mar 2016): • Reduce NEL admissions for complex pts >75 years by additional 3/ mth (over and above planned reduction) • Risk - Clinical capacity to support • Mitigation – internal CCG support identified with support from AO
Implementation of End of Life Service Intended outcome: Reduce emergency admissions for patients requiring EOL care • Business case and clinical process approved (April 2015) • Contractual arrangements with providers in place (April 2015) • Recruit additional staffing (complete) • Expand Hospice 'Hospital at Home Service' (service specification – Aug 2015) • Monitoring actions in place and evaluation planned	**Target completion date: In place** • 100% complete • Impact description (from Oct 2015 – Mar 2016): • Reduce NEL admissions by 4/ mth • Risk – None known

Care Home Advanced Scheme (phase 2)
Intended Outcome: Reduce NEL for nursing/residential home patients
• CHAS model approved and funding allocated (Apr 2015)
• Enhanced support to care homes provided, focus on hydration/falls/LTC's
• Monitoring activity data on admissions from care homes – targeted interventions
• Monthly monitoring of impact in place
	Target completion date: Oct 2015
	• 100 % complete
	• Impact description:
	  • Reduce ambulance conveyance – 15/ mth
	  • Reduce A&E attendances – 15/ mth
	  • Reduce NEL admissions – 10/ mth
	• Risk: None known

Telford & Wrekin CCG & Local Authority Action Plan

Project & key actions – Telford and Wrekin CCG	Status/ timing
Development of Ambulatory Emergency Care 1. Develop an integrated 'Winter Resilience Team' to be based at PRH within Social Care hub (Social Worker ,Occupational therapist, Rapid response nurses, voluntary organisation coordinator (age UK) 2. Facilitate full MDT approach to EAC to include Winter Resilience Team and GP services 3. Development of an integrated primary/secondary approach to management of non –admitted patients. *(resolution of non-admitted breaches would account for and average of 4% improvement at PRH)* 4. Ensure appropriate guidelines are in place for the streaming of patients to out of hours GP services. 5. Increase in Local Walk in Centre Capacity 6. Further development of admission avoidance pathway utilising CCC function to include in and out of hours support for WMAS/GPs and community. 7. Medicine Management schemes 8. Contract agreement with WMAS to reduce conveyances, and use non-urgent patient transport capacity more effectively to free up paramedic capacity for see and treat/hear and treat. 9. Falls prevention scheme in care homes *(in place)* 10. Additional rapid response nurse in place to support and provide education to care homes *(in place)*	**Target completion date: 30th October 2015** Current status - 50% complete **Planned expected impact at PRH:** 1&2 - **1 %** shift in performance 3&4 – **3 %** shift in performance 5,6,7,8,9&10 – **1%** shift in performance **KPI's** • Attendance numbers A&E • Rate of admission • 95% non-admitted and admitted • 0 length of stay • Activity of walk in centre • Nursing Home rate of admission.
Patient Flow 1. Local Authority improving Trusted Assessor model to include 2 dedicated Senior Social Workers to facilitate rapid discharge to the 'Right Place' with Focus on DTOC and Fit to Transfer patients and management of community beds. 2. CCG will continue to fund additional community beds until a decision on ongoing funding contributions towards D2A beds is agreed. 3. Development of Discharge to Assess Scheme with Senior Social Worker role as above. 4. Review of escalation intelligence and focus on bed day utilisation. 5. Roll out BCF to include (Age UK) and Red Cross *(in place)*	**Target completion date: 30th October 2015** Current Status 70 % complete **Planned expected impact at PRH:** **1 %** shift in Performance **KPI's** • DETOC and MFFT list • Length of Stay • Community beds utilisation • 95% admitted

GOVERNANCE & MONITORING

We have agreed a different approach -

1. Weekly monitoring at each system level by Chief Officers

    - Each action will be programmed week by week so that actions can be closely monitored through to delivery
    - Chief Officers in each system will review the action list each week to sign off actions as complete, or to agree mitigating actions to catch back progress
    - Weekly performance metrics will be used and reviewed each week to track whether actions are fully realised into targeted benefits

2. Monthly programme overview at SRG

    - On a monthly basis SRG will receive a standardised progress report from across the system which captures the progress and benefits of high impact actions as well as wider supporting plans from each organisation
    - This will include –
        - Progress of each action
        - Impact through KPI's directly related to the actions
        - Key risks for individual and overall delivery