## System A&E Delivery (SAED) Group Meeting

| | |
|---|---|
| **Date of Meeting:** | **Tuesday 20th December** |
| **Time of Meeting:** | **2.00pm – 4.30pm** |

**Attendees:**

| | |
|---|---|
| Simon Wright *(Chair)* | Chief Executive, SaTH |
| Debbie Kadum | Chief Operating Office, SaTH |
| Julie Davies | Director of Performance & Delivery, Shropshire CCG |
| Jan Ditheridge | Chief Executive, SCHT |
| Steve Gregory | Director of Nursing & Operations, SCHT |
| Andy Begley | Director of Adult Services, Shropshire Council |
| Tanya Miles | Head of Adult Social Care, Shropshire Council |
| Phil Smith | Senior Delivery & Development, NHSE |
| David Coull | Chair, SPIC |
| Clive Jones | Director of Children's & Adult Services, Telford & Wrekin Council |
| Fran Beck *(from Item 3.2)* | Director of Commissioning, Telford & Wrekin CCG |

**1.0 Apologies**

Apologies were received from Vikki Taylor (NHSE), Simon Freeman (Shropshire CCG) & David Evans (Telford & Wrekin CCG).

**2.0 Minutes of Previous Meeting**

The minutes of the previous meeting, 23rd November 2016 were agreed to be an accurate record.

**3.0 3.1 4 Hour Performance Quarter & Year to Date**

SW requested an update regarding the inclusion of MIUs within A&E reporting. SG confirmed that further information has been shared with DK who has been liaising with PS. PS advised that further work is required around clinical responsibility. DK advised that this will likely be put in place from the first week of January 2017 due to the SaTH Medical Director being on leave until then. PS requested some scenarios of how this will work and agreed to check if it can be back-dated.

**ACTION:** PS to confirm if the inclusion of MIU data within A&E reporting can be back-dated.

**3.2 Recovery Plan – Top 3 Actions**

SW commented that the Recovery Plan is very broad but the focus is on the following three areas:

Discharge to Assess (D2A)

It was noted that this action is closely linked to the 44 Complex Beds.

Length of Stay in Community Hospitals

SCHT have agreed a number of actions with SaTH, the outcome of which is the release of 16 beds. It was commented that the key to achieving this is maintaining flow which relies heavily on the actions taken by other partners. SW asked if SCHT were confident in delivering the agreed outcome, SG confirmed that they were, however, he highlighted that delivery was dependant on cooperation by other partner agencies in the system.

JD raised concerns regarding current availability of domiciliary care services following a discussion on the daily Escalation Call the previous day. She particularly highlighted these concerns in reference to the run-up to Christmas and confirmed that although processes were running well, there is limited domiciliary care available for patients to be moved into.

SW responded that he believed SCHT were planning to support patients at home via an outreach service to remove the need for domiciliary care. SG agreed that this was the desired approach however the issue of funding from the domiciliary care budget was preventing this from happening. It was agreed that this would be discussed at the COO Meeting on 21.12.16 and the appropriate way forward agreed.

**ACTION:** Domiciliary care funding will be discussed at the COO Meeting on 21.12.16 and the appropriate way forward agreed in order for SCHT to provide an outreach service to remove the

need for domiciliary care provision.

PS queried whether SCHT would have the sufficient CQC registration to provide the outreach service, SG confirmed that they would need to provide the service through ICS to ensure this and to avoid any further delay.

JDi highlighted that although partners were aiming to achieve the 15 day target, if patients stay less than 15 days, it raised the query of whether it was a therapeutic intervention – she noted that the system do not want to promote a 'transit' model. JD confirmed that this is being properly reflected in the dashboard.

44 Complex Beds

It was confirmed that this relates to the utilisation of residential care beds in alternative ways. AB & DC have met and discussed ways to deliver this from the beginning of January although a discussion is required with SW to take this forward. SW confirmed that he will accommodate this meeting in his diary this week due to the urgency.

**ACTION:** A meeting between SW, DC & AB will be held before 23.12.16 to discuss the delivery of 44 Complex Beds from the beginning of January 2017.

JD highlighted that therapeutic and medical cover for these beds will need to be arranged. She advised that the CCG can assist with medical cover and DC suggested a link with Community Hospitals could be explored. SW confirmed that this provision will need to be in place for a minimum of 2 months.

**3.3 Barriers to Success**

Risk Register

JD tabled the Risk Register which she had updated with assistance from Sara Biffen, SaTH. The group discussed the 6 risks identified on the register and it was agreed that an additional risk would be added re Workforce, specifically following concerns and discussions around zero-hour contracts for care staff, domiciliary care availability, SCHT staffing, particularly in Community Hospitals.

DK requested the risk associated with loss of Pathway 1 & 2 capacity is added to the register.

The group discussed the closure of Isle Court and Beaumaris Care Homes, the latter of which only closed the second week of December after being put into administration. SW felt that these closures should be discussed at Health Overview & Scrutiny Committee (HOSC) in the interest of transparency regarding changes in capacity. The group discussed this and it was noted that demand and capacity of care homes fluctuates so frequently that it would not be possible to keep HOSC informed of all changes. FB suggested that due to this fluctuation, the focus is currently on bed provision rather than alternative options and she felt that this should be discussed at HOSC.

SW advised that he was not aware of the recent home closures. CJ confirmed that closures happen frequently however the December closures were particularly unfortunate due to winter pressures, he did also highlight that new providers are coming on board regularly to counter balance closures. AB confirmed that he is liaising with SPIC regarding addressing the failures in the market. DC confirmed that SPIC are able to provide information on care home capacity/availability upon request.

It was agreed that the Risk Register will be split into 3 sections: front door, internal, and back door risks. The top 4 risks for each of these sections will be added to the register to ensure a maximum of 12 risks for the SAED Group to prioritise. JD requested a nominated person from each organisation to be responsible for updating any respective risks.

**ACTIONS:**

The risk register will be split into 3 sections: front door, internal, back door risks.

The following risks will be added to the register:

- Workforce (zero-hour contracts, domiciliary care availability, SCHT staffing)

- Loss of Pathway 1 & 2 capacity
- Admissions avoidance schemes (PRU)

A nominated representative from each partner organisation is to be identified to JD for updating the register as required.

**3.4 Analysis of Performance Data**

Dashboard

JD presented the A&E Improvement Dashboard reporting data from November 2016.

Key points were as follows:

- The 12 hour breach previously discussed in this group has not yet been published and therefore this measure is not correctly reflected on the dashboard.
- D2A – JD advised this was not a 'quick win' due to the need for a change in culture however this is the first time that 50% performance for Pathway 1 has been met, this will need to be monitored to ensure momentum is maintained.
- SaTH Occupancy – JD commented that performance continues to be inconsistent and has declined in November, she suggested that a meeting needs to be held outside of this group to discuss and learn from mistakes made previously. SW suggested that the options for improving this are either improving length of stay or increasing the bed capacity. FB commented that she believed SaTH were over-testing patients who presented in A&E which was leading to a higher admission rate, some of which may not be essential. SW suggested that the group should agree a deadline to achieve this measure and if not achieved, the option of adding more beds will need to be explored.
- Utilisation of WIC/UCC – JD commented that this performance had plateaued.
- Increase in 111 – JD commented that this was not a local priority.
- NEL Admissions not via ED – SW queried whether the figure was overstated, JD advised it could be but it was difficult to make comparisons. SW requested that the COO Group investigate whether SaTH are admitting too high a number of patients.
  **ACTION:** The COO Group will investigate whether SaTH are admitting too many NEL patients.
- Admission Avoidance – JD commented that improvement has been made but further significant improvement is needed. T&W have achieved the target in November but performance remains inconsistent.
- Discharges before 1pm – JD advised that this measure continues to be an issue and the CCG are aware of late requests for transport or care packages that cannot be turned around quickly enough to meet the target. SW confirmed that SaTH acknowledge that performance is too low against this measure.
- Attendance to Admission – SW requested that JD seek a national benchmark in order to compare against.
  **ACTION:** JD to seek national benchmark figure for Attendance to Admission via ED.
- MFFD – Significant recent improvement however this remains inconsistent. DK commented that MFFD is low in December so far and should this continue it will be the lowest figure ever recorded for any December.
- D2A Pathway 2 – The target has been maintained.
- D2A Pathway 3 – JD commented that performance is improving and is hoped to continue to do so with current management of this being undertaken by Karen Weston.
- LOS for Community Beds – It was agreed that the data would reviewed by the CSU following concerns that the figures are incorrect.
  **ACTION:** JD will request that the CSU liaise with either Sally-Anne Osbourne or Andy Matthews to review the LOS Community Beds data.
- Availability of Domiciliary Care – JD advised that this changes on a weekly basis, issues around this have already been discussed.
- Utilisation of Domiciliary Care – JD confirmed that she has queried this data following discussions held on the daily escalation calls.
- Care Packages within 48hrs – JD confirmed that she has queried this data as the figure for Shropshire seems particularly low.

| | |
|---|---|
| | **ACTION:** JD will feedback CSU responses to data queries raised.<br><br>JDi requested that the A&E Improvement Dashboard is shared with partners prior to this meeting to allow for data validation. JD advised that she will request that the CSU provide the Dashboard for the COO Meeting prior to the SAED Group Meeting to accommodate this.<br><br>**3.5 National League Table**<br>SW advised that updated information is awaited regarding SaTH's position. SaTH have previously been grouped in the bottom 30 in the league table. |
| **4.0** | **Improvement Scheme Updates**<br><br>**4.1 Streaming at Front Door**<br>DK presented the Exception Report re 'Streaming & Non-Admitted' that had been circulated in advance of the meeting. She confirmed that Carol McInnes is leading this work following internal restructuring and there is increased focus within SaTH on streaming.<br><br>DK confirmed that non-admitted breaches continue to vary with RSH hitting 94% for 4 days w/c 12.12.16 however PRH did not hit the target at all.<br><br>DK advised that although Locum provision is in place to cover vacant Consultant posts, this is unstable as the Locum is able to leave at any point with little or no notice given. SW highlighted the extremely high cost of locums and commented that SaTH have so far spent £750k on the provision of Locums for this area.<br><br>DK presented the Exception Report re 'Internal Flow', she highlighted that normal medical take at RSH is on average, 40 patients per day, on a recent occasion, 70 patients were received which took several days to recover from. SW suggested that stronger links into Primary Care would be beneficial to help identify occasions when demand from Primary Care is likely to significantly impact SaTH. SW requested that the COO Group investigate how stronger links and a 'line of sight' into Primary Care could be established.<br>**ACTION:** The COO Group will investigate ways to link more strongly and develop a 'line of sight' into Primary Care.<br><br>FB advised that T&W CCG were in the process of consolidating GP Enhanced Service Schemes and suggested this is discussed in more detail at a future meeting of this group. JD confirmed that Shropshire CCG were in a similar position.<br>**ACTION:** Consolidation of GP Enhanced Service Schemes in T&W and Shropshire will be discussed at a future meeting.<br><br>DK advised that SaTH were focussing on a 'perfect week' for w/c 10.01.17 and are also implementing a non-elective PTL following feedback from ECIP.<br><br>SW confirmed that following the need to reduce expenditure on agency staff, SaTH intends to close 2 wards, 1 on each site, before the end of January 2017. This will enable substantive staff to move onto other wards to provide cover, reducing the need for agency staff, DK advised that some wards are currently relying on agencies for 50% of required staffing. SW commented that this decision is in the interest of patient safety and noted that SaTH will not be able to accommodate the current high numbers of MFFD patients going forward. He confirmed that he will be attending the next HOSC Meeting to discuss this intention.<br><br>DK presented the Exception Report re 'Handover Delays' and commented that these continue to be variable. It has been agreed that joint validation of delay data will be conducted however DK highlighted a lack of engagement by WMAS. FB also highlighted her concerns re WMAS' lack of engagement with regard to the Divert Policy. SW agreed with these comments and added his frustration regarding the continuing suspension of the Physician Response Unit (PRU) by WMAS. SW requested that PS feedback these concerns to Wendy Saviour and NHSE colleagues. He also advised |

| | |
|---|---|
| | that he will be writing to Dr Anthony Marsh, CEO at WMAS to highlight these issues.<br>**ACTION:** SW requested that PS feedback concerns regarding lack of engagement by WMAS to Wendy Saviour and NHSE colleagues.<br>**ACTION:** SW will write to Dr Anthony Marsh, WMAS to highlight continuing concerns regarding engagement by WMAS.<br><br>**4.2 NHS 111**<br>FB advised that the new provider have been operating for 7 weeks now with no major concerns and good performance to date. FB advised that 3 Acute Trusts are being sought to take part in a pilot to review how many patients are presenting in A&E after being signposted elsewhere by 111.<br><br>FB confirmed that 27.12.16 was expected to be the busiest day for the 111 Service over the Christmas period with over 5500 calls expected. SW expressed his concern that a number of services may not be open as usual which may lead to a high number of patients presenting at A&E due to a lack of other options. It was agreed that FB would establish the services available outside of A&E on 27.12.16 and the issue would be discussed at the COO Group Meeting on 21.12.16.<br>**ACTION:** FB to establish the services available outside of A&E on 27.12.16 and will raise at COO Group on 21.12.16 where any required actions would be agreed.<br><br>**4.3 Ambulance – DOD Code Review Pilots**<br>SW confirmed that the DOD code is in place. Ongoing issues with the suspension of the PRU were discussed under Item 4.1.<br><br>*JD & TM left the meeting at this point.*<br><br>**4.4 Improving Flow – Frailty Pathway**<br>FB tabled briefing slides following a workshop held on 16.12.16. It was agreed that a discussion will be held at the next meeting due to time constraints.<br>**ACTION:** Outcome of Frailty Workshop to be discussed at next SAED Group Meeting.<br><br>**4.5 Discharge – D2A, DTOC/MFFD**<br>DK confirmed that JD will be establishing a Project Group to focus on discharges in the new year. She confirmed that the UHNM Model will be discussed and lessons learned.<br><br>JDi expressed some concern that work has been ongoing for approx. 3 years regarding this. SW agreed that a full D2A solution needs to be in place by April 2017. It was suggested that a CEO to CEO Meeting may be required to discuss any barriers to achieving this.<br><br>**4.6 Domiciliary Care Workforce Issues**<br>Issues were discussed under Item 3.2, discussions around resolving the issues with Domiciliary Care are ongoing.<br><br>FB confirmed that a 'Plan on a Page' is required following a request from NHSE, this will be discussed at the next meeting.<br>**ACTION:** 'Plan on a Page' for Domiciliary Care will be presented at the next SAED Group Meeting. |
| **5.0** | **Winter Steps Letters**<br>SW advised that a number of letters regarding requests for assurance are continuing to be received. He confirmed that the agenda and minutes of this meeting are shared with NHSE for assurance purposes but additional requests are still being received.<br><br>DK confirmed that only cancer and urgent surgery is being conducted between Christmas and New Year at RSH with PRH conducting mostly elective surgery. She advised that there should be no need for any cancellations however if there were, only a very small number of patients would be affected. |
| **6.0** | **Delivering 85% Bed Occupancy**<br>SW confirmed that although the position is improving, SaTH would not meet the 85% target. He |

| | |
|---|---|
| | commented that any patients who are not discharged by 23.12.16 would remain in hospital over the Christmas period. JD confirmed that she is picking up the need for urgent discharges before the Christmas period on the Escalation Call later today and for the remainder of the week. SW requested assistance and support from all partners to ensure the maximum amount of discharges are achieved.<br><br>SW highlighted that a number of Powys patients are currently delayed, he requested that FB alert David Evans and Simon Freeman and request that they liaise with colleagues in Powys to resolve these issues. SW confirmed that he has already contacted Powys however little progress has been made and no attendee is present at today's meeting.<br>**ACTION:** FB will liaise with David Evans and Simon Freeman to ensure Powys colleagues are contacted to request maximum input to achieve discharges by 23.12.16.<br><br>SW confirmed that a conference call between LHE CEOs would be held urgently if the position had not improved by 22.12.16. |
| **7.0** | **Workforce Issues**<br>This item was not discussed due to time constraints. |
| **8.0** | **Intermediate Care Survey**<br>The results of the survey were shared prior to this meeting. It was agreed that a discussion would be held at the next meeting under the item for Frailty.<br>**ACTION:** The results of the Intermediate Care Survey will be discussed at the next SAED Group Meeting. |
| **9.0** | **Any Other Business**<br>No further business was raised. |
| **10.0** | **Date of Next Meeting**<br>31st January, 2.00pm – 4.00pm, venue to be confirmed. |