Cardiff and Vale Stakeholder Reference Group

Tue 04 October 2022, 09:30 - 11:00

Microsoft Teams

Agenda

09:30 - 09:30
0 min

1. Welcome and Introductions

Sam Austin

09:30 - 09:30
0 min

2. Apologies for Absence

Sam Austin

09:30 - 09:35
5 min

3. Declarations of Interest

Sam Austin

09:35 - 09:40
5 min

4. Minutes and Matters Arising from the SRG Meeting on 26 July 2022

Sam Austin

Item 4 Unconfirmed Minutes of SRG Meeting 26 July 2022.pdf (4 pages)

09:40 - 09:50
10 min

5. Feedback from Board

Nicola Foreman

09:50 - 10:10
20 min

6. NHS 111

PCIC Clinical Board

10:10 - 10:35
25 min

7. Same Day Emergency Care Units

Cari Randall/Tina Bayliss/Emma Wilkins

Item 7a Acute Medicine - Aug 2022.pdf (8 pages)
Item 7b Stakeholder Update 2022.pdf (23 pages)

10:35 - 10:55
20 min

8. Shaping Our Future Wellbeing Strategy Update

Marie Davies

10:55 - 10:55
0 min

9. Any Other Business

Recommendation to UHB Board re appointment of SRG Vice Chair

10:55 - 10:55
0 min

10.

UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 26 JULY 2022 CONDUCTED VIA MICROSOFT TEAMS

Present:	
Geoffrey Simpson	One Voice W\ales (Chair)
Frank Beamish	Volunteer
Rhys Burton	South Wales Police
Duncan Innes	Cardiff Third Sector Council
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector, Older Persons
Lauren Spillane	Care Collective
Lani Tucker	Glamorgan Voluntary Services
In Attendance:	
Marie Davies	Deputy Director, Strategy & planning, UHB
Abigail Harris	Executive Director of Strategy & Planning, UHB
Jessica Mannings	Community Health Council
Apologies:	
Sam Austin	Llamau
Jason Evans	South Wales Fire and Rescue
Shayne Hembrow	Wales and West Housing Association
Secretariat:	Gareth Lloyd, UHB

SRG 22/26 WELCOME AND INTRODUCTIONS

The Vice Chair welcomed Rhys Burton to the Group.

SRG 22/27 APOLOGIES FOR ABSENCE

Although not a member of the SRG apologies had been received Angela Hughes.

SRG 22/28 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 22/29 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 MAY 2022

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 May 2022.

SRG 22/30 FEEDBACK FROM BOARD

Abigail Harris drew the SRG's attention to some specific items discussed at the UHB Board meeting held on 26 May 2022 and the Special Board meeting held on 30 June 2022.

26 May

- Chair's Report - Focussed on the contribution of the Capital, Estates and Facilities Service Board.
- Chief Executive's Report – The roll out of NHS 111 which dovetailed with the Health Board's CAV 24/7 service and the opening of Phase 1 Same Day Emergency Care (SDEC) Assessment Unit were highlighted.

It was agreed that consideration be given to including an item on the roll out of NHS 111 and the establishment of SDEC at the SRG's next meeting.

Action: Abigail Harris/Gareth Lloyd

- The UHB would be working collaboratively with neighbouring Health Boards to develop South East Wales service models for planned care acknowledging that these would need to be subject to public engagement and potentially consultation. The UHB had been keen for there to be far greater regional collaboration for some time to ensure that services are sustainable in the medium and longer term, and the Minister for Health and Social Services had explicit requirements for regional service network models including a regional model for Ophthalmology. One example of successful regional collaboration was the recent introduction of a South East Wales Vascular service. In response to a comment from the SRG, Abigail Harris acknowledged that transport issues would have to be considered and addressed and comprehensive Equality Health Impact Assessments would be undertaken.
- There was a comprehensive update on Cancer care. It was noted that had been an increase in people presenting late with Cancer and there was need to get people back onto the Cancer care pathways in a timely way.

- The UHB/Third Sector Memorandum of Understanding and 18 months in Review had been presented.

30 June

- The prime purpose of the meeting had been to approve the draft Integrated Medium Term Plan for submission to Welsh Government (WG). The UHB had begun the current year with a significant deficit but it was anticipated that this would be reduced to £17m by the end of the financial year and that the UHB would achieve financial balance by the end of the three year period that the IMTP covered. The Joint Executive meeting with WG held on 22 July had been positive but the UHB had made it clear that it would not be able to achieve financial balance by the end of the year. Abigail Harris confirmed that the UHB had received circa £22m funding to address the activity backlog but one of the biggest challenges was workforce rather than funding. The SRG was informed that the UHB still had approximately 200 of its winter and surge beds open. Staffing these beds whilst maintaining planned care activity presented a significant challenge.

SRG 22/31 SHAPING OUR FUTURE WELLBEING STRATEGY

The SRG received a presentation from Abigail Harris and Marie Davies on the process for updating the UHB's Shaping Our Future Wellbeing Strategy.

Since the SRG's previous meeting, the Strategy had been discussed by the UHB's Strategy and Delivery Committee and by the Executive team during one of its 'Time Out' sessions. It had been agreed that the Strategy remained relevant but that there should be far greater clarity about what the UHB wanted to achieve. Five strategic objective themes had been proposed:

- People;
- Collaboration;
- Quality;
- Modern Healthcare; and
- Promote the Wellbeing of Future Generations

Internal and external engagement would continue throughout summer and early autumn. The intention is to produce a draft updated Strategy October-November 2022 which would then be tested with stakeholders during December and January. The aim is to complete the updated Strategy in March 2023.

Marie Davies explained that there would be an extensive programme of engagement and communication. The SRG would help ensure that a diversity of views were acknowledged during the engagement process.

Discussions would be held with the Community Health Council regarding whether there was a legal requirement to undertake a formal public consultation exercise.

The SRG was then asked to consider some specific questions:

- Is the way that the strategic themes are described easy to understand or is there a better way of articulating the themes?
- Is there anything else that should be reflected in the Strategic Themes?
- What should be the (top 3) key milestones under each of the key themes?

It was agreed that an abbreviated version of the presentation be produced and issued to SRG members to share with their networks. The presentation would include the specific questions that stakeholders were being asked to consider.

Action: Marie Davies

It was agreed that the SRG would give some further thought to these questions in readiness for further discussion at their next meeting.

Action: All

SRG 22/32 ANY OTHER BUSINESS

Appointment of New Vice Chair
Gareth Lloyd reminded the SRG that expressions of interest were being sought for the position of SRG Vice Chair as Geoff Simpson's term of office had come to an end.

The Vice Chair reported that One Voice Wales was in the process of selecting a new nomination to the SRG.

Abigail Harris and members of the SRG thanked Geoff Simpson for his contribution to the Group and for acting as Vice Chair for the past three years.

SRG 22/33 NEXT MEETING OF SRG

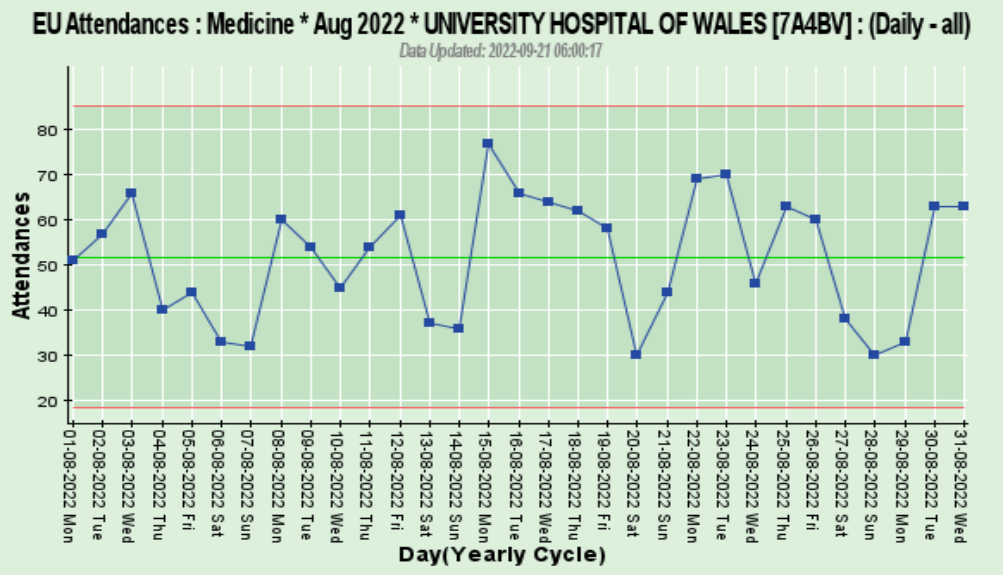
Provisionally rescheduled for 9.30am-12pm, Tuesday 4 October 2022.

Acute Medicine

August - 2022

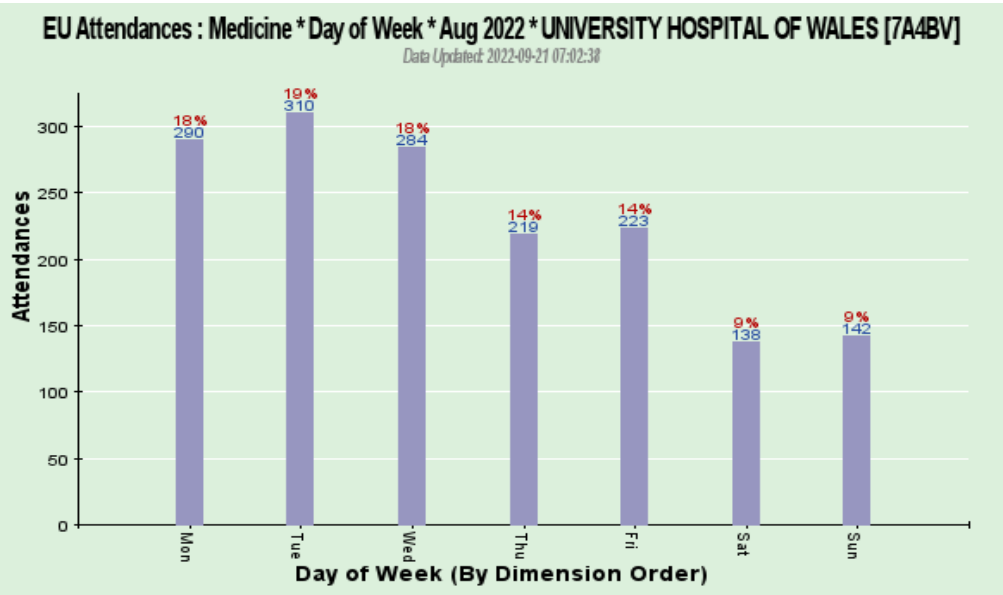
Referrals to Medicine per Day

- Referrals to medicine ranged from 30 to 78 in Aug.



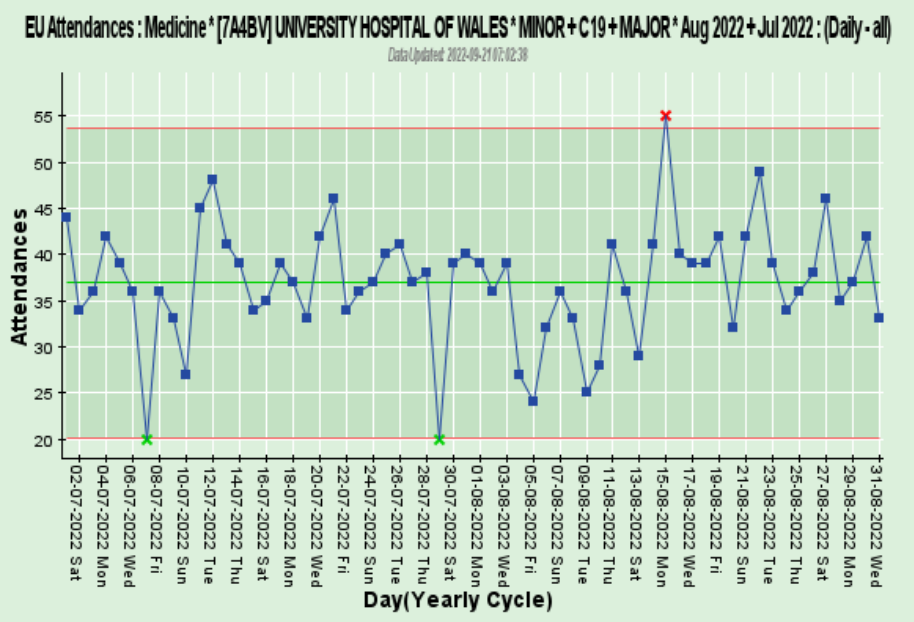
Referrals to Medicine by Day

- Tuesday saw the highest number of referrals. Weekend numbers were significantly lower due to the reduction in GP take.



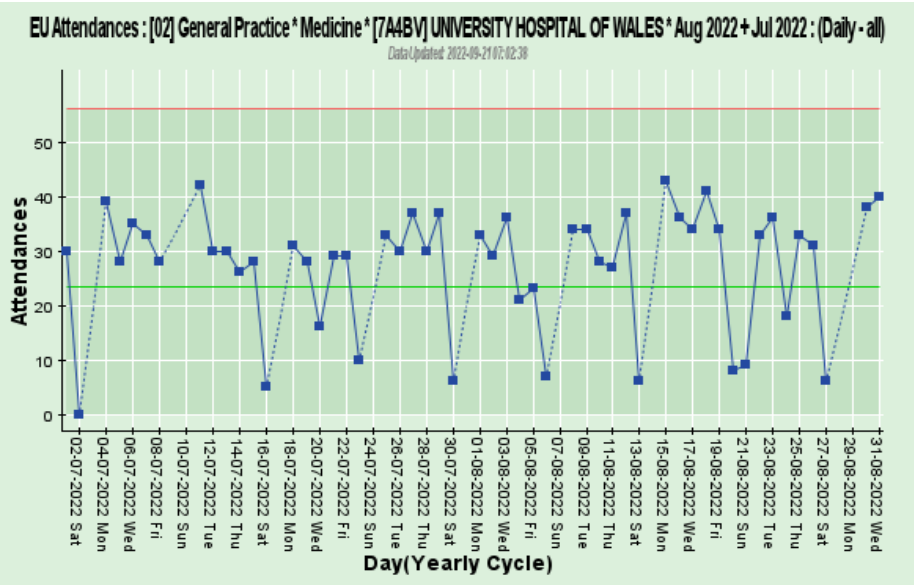
ED Referrals to Medicine per Day

- ED referrals to medicine ranged from 22 to 58 in July Average number of referrals was circa 40.

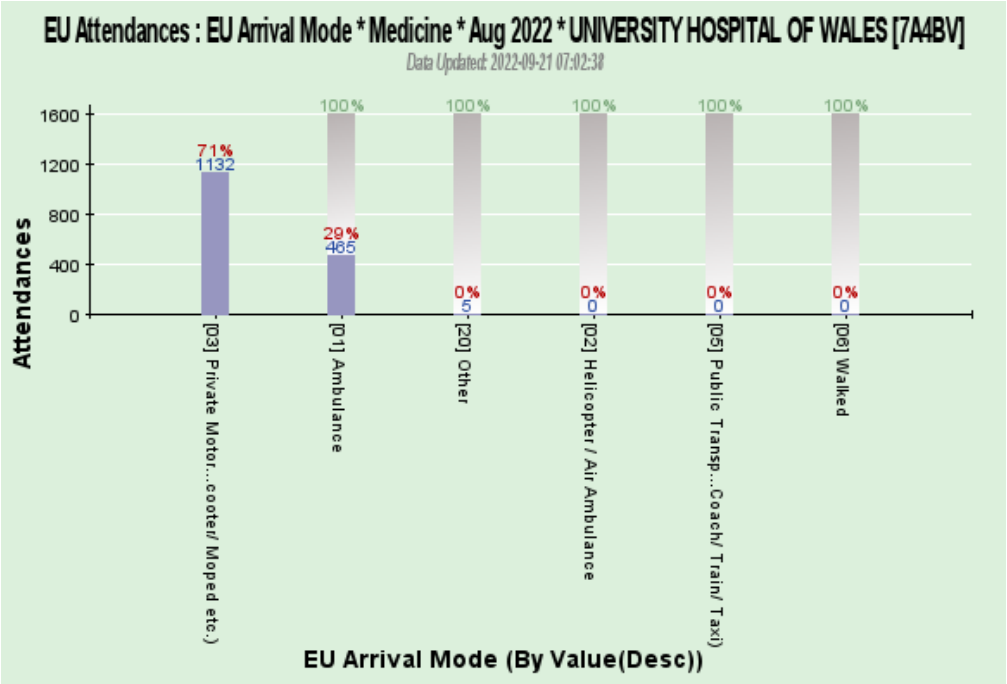


GP Referrals to Medicine per Day

- GP expected to medicine have ranged from 20 to 60.



Referrals by Arrival Type



- 71% of referrals to medicine self presented.
- 29% arrived by ambulance.

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Virtual Ward

August 1st – 31st

Overview – August

Patients referred to virtual ward in total	191
Virtual Inpatients	128
MSDEC Day Returners	63
Estimated medical bed days avoided	238
Average admission per day to Virtual Ward	6
Maximum number of admissions in a day	12
Estimated MSDEC visits avoided	59
Longest virtual ward admission	29 days
Average virtual ward admission (range 1-29 days)	6 days
Median Virtual Ward Admission	5 days

Virtual Ward/MSDEC Update – 20/09/22

	ACP Recruitment	Band 5 RN Recruitment	Band 6 RN Recruitment	Band 4 Navigator Recruitment	Band 8a ANP Recruitment	Outcomes following Recruitment
MEDICAL SDEC/ Virtual Ward	1 x Locum in Post • Provides 5/7 Virtual Ward Cover. • Weekend Cover being provided via locum. • National advert being created by CAV Coms for increased large scale recruitment drive.	1 WTE x Recruited	2 WTE Recruited • External Candidate Successful – In Post by Sept 2022	2 WTE x Recruited • 7/7 Working from 01/07/22	• 2 x WTE Recruited • 2 x in Post September	**Phase 1 – July 1st 2022** • Weekend MSDEC service between 1000 – 1800 • Weekend Virtual Ward • Weekend Day returners. • Pull model form ED/AU for appropriate MSDEC patients which will decongest ED/AU footprint. • 7/7 Point of Contact for Virtual Ward. **Next Phases** • ANP workforce recruitment will support an enhanced MSDEC clinical model and increase capacity. • Substantive ACP recruitment with changes in medical on-call rota system will allow for rostered weekend work and reduced use of locum. • Introduction of MSDEC 'Acute Clinics' as alternative to admission.

Next Steps:

- Scheduling unscheduled care:
  - GP Calling Handling
  - Virtual Hot Slots
  - Planned MSDEC

Emergency Surgery & SDEC Update

Chris Morris

Consultant Colorectal Surgeon

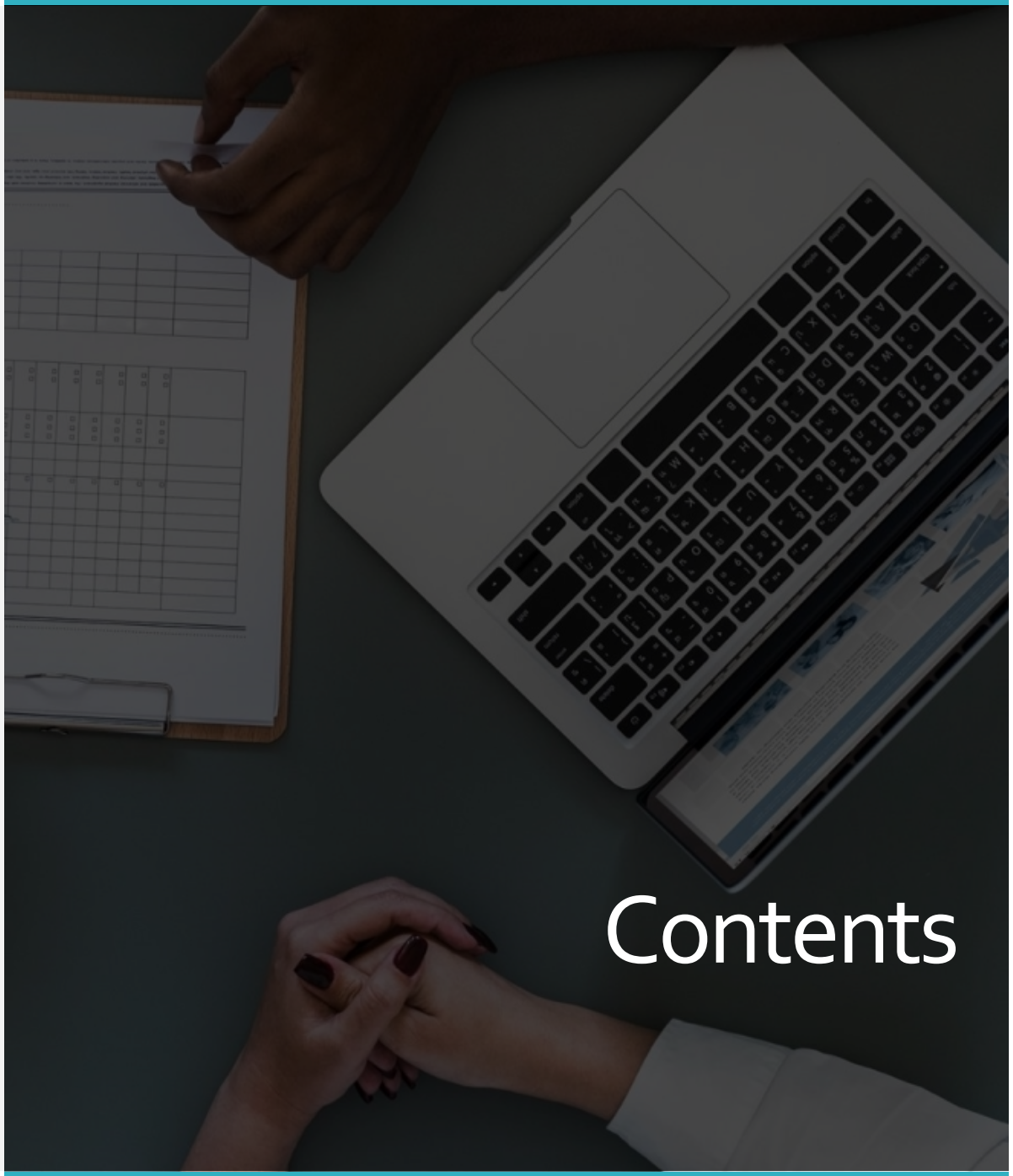
Clinical Lead for Emergency General Surgery /sSDEC

September 2022

sSDEC Surgical Same Day Emergency Care

Contents

- What is SDEC and how do we do it well?
- Where are we now.
- What do we need to develop.
- Feedback and Questions



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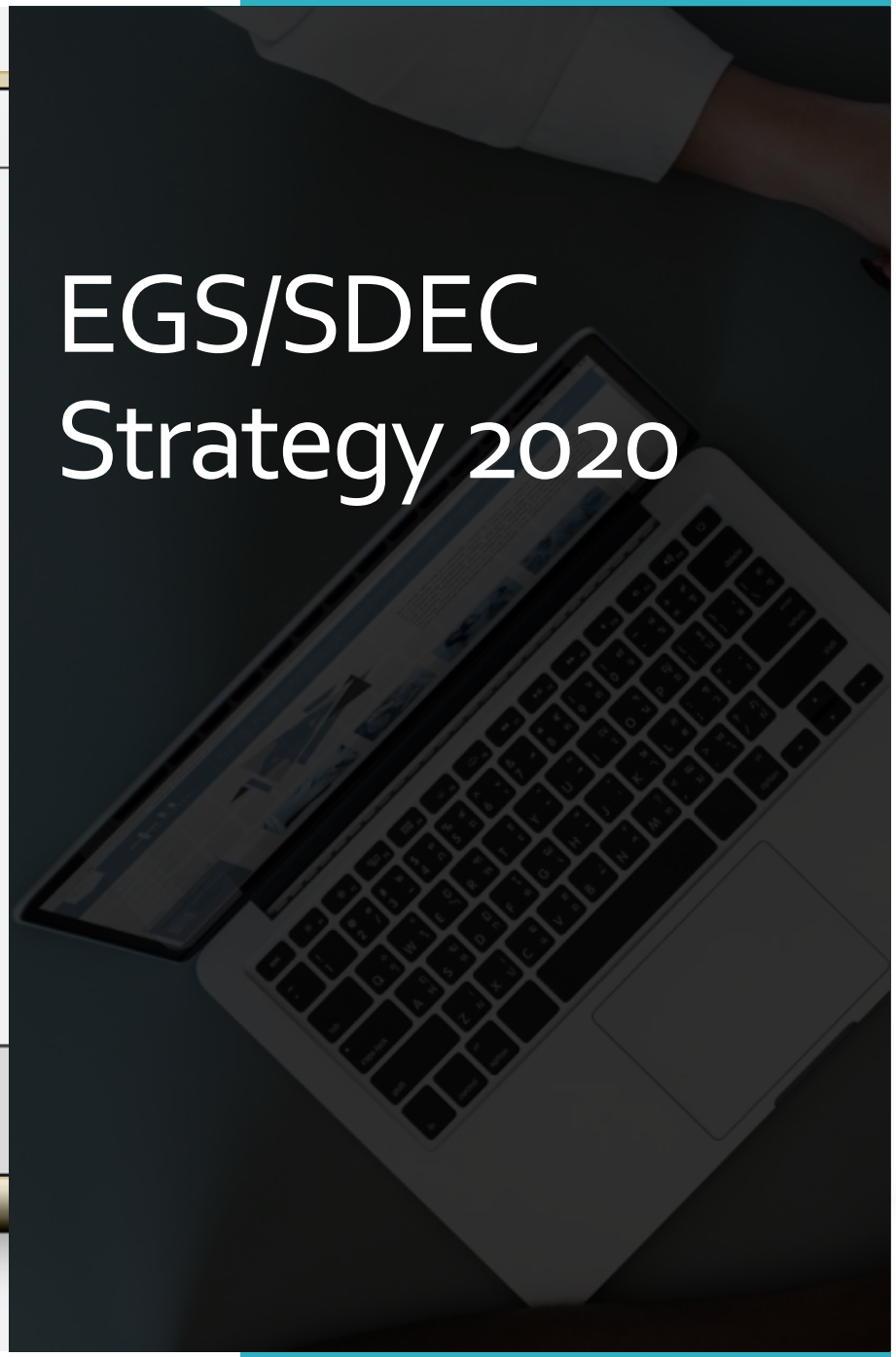
sSDEC
Surgical Same Day Emergency Care

Figure 8: Strategy For Surgical Same Day Emergency Care

Theme	Actions	Aims
Advice & Guidance	• Phone Triage • Consultant Connect • Health Pathways	• Avoid unnecessary acute attendance
Turning Unplanned Care into Planned Care	• CAV24/7 Surgical Pathways • Patient Appointment scheduling	• Avoid surges of attendance • Minimise out of hours attendance
Same Day Emergency Care as Default	• Senior Decision Makers at first assessment • Rapid Diagnostics (USS, CT) • Hot Clinic • ESAC theatre lists • Virtual Inpatient service	• Only patients who require inpatient treatment get admitted • Avoid admission to assess • Lowering the threshold for discharge safely
Creating the Right Environment	• SAU designed to meet patient and staff needs • Separate ambulatory area and short stay ward • Right staff at the right time	• Manage patient expectations • Valuing patient's time • Reducing waste, variation
Reducing Variation	• Evidence based care pathways • Expanding SNP/ ANP workforce	• All steps in a patient pathway add value • Patients get the same level of care whoever sees them
Managing Frailty in Acute Surgery	• Building a POPs service • Becoming part of POPs Network	• Avoid deconditioning stays in hospital where possible • Minimise lengths of stay for frail elderly



EGS/SDEC Strategy 2020

sSDEC Surgical Same Day Emergency Care

What is SDEC?

What is Same Day Emergency Care?

Same-day emergency care (SDEC) allows specialists to care for patients within the same day of arrival, where possible as an alternative to hospital admission, removing delays for patients requiring further investigation and/or treatment.

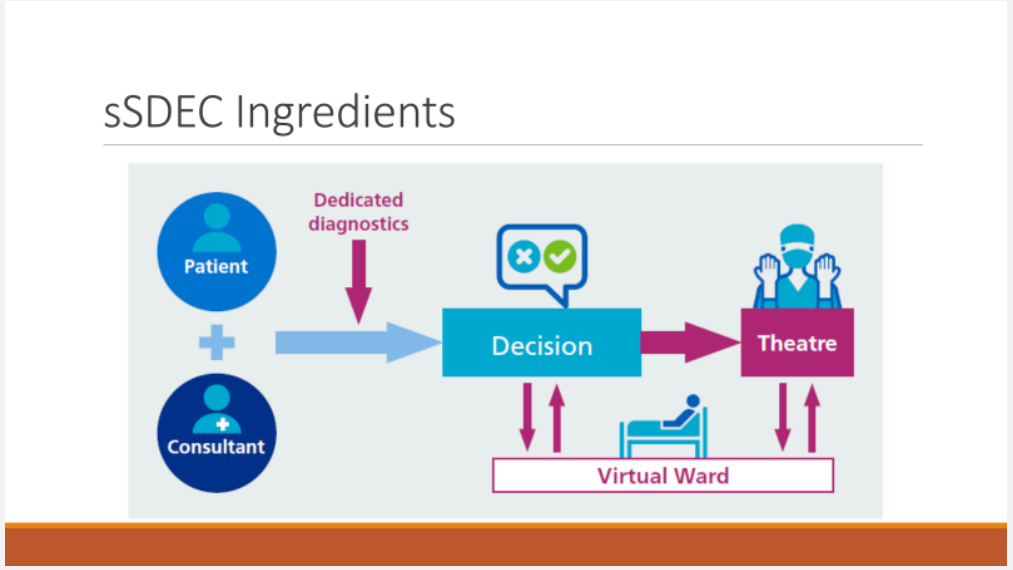
Key Messages

1. Same-day emergency care (SDEC) aims to minimise and remove delays in the emergency patient pathway
2. SDEC covers Medicine, Surgery, Frailty and sub specialities such as Paediatrics, Gynaecology and Early Pregnancy.
3. An SDEC by default model should be adopted across the Emergency Floor.
4. All providers with a type 1 Emergency Department need to deliver SDEC for both medical and surgical patients for a minimum of 12 hours per day, 7 days per week

sSDEC Surgical Same Day Emergency Care

SDEC Ingredients

- Reference point for availability of services (**DOS**) – Community Health Pathways, Hospital Intranet, Consultant Connect A&G
- Developing direct referral pathways with GP/ED/ CAV24/7/ Ambulance service
- Central point of referral – Clinical Conversations
- Correct Streaming to best facility SDEC vs Acute Surgical Unit
- Rapid diagnostics – hot reporting
- Senior Decision Makers available
- Same Day Emergency Operating lists (at least 5 days per week)
- Virtual Ward/In-patient system



sSDEC Surgical Same Day Emergency Care

Clinical conversation

Consultant CONNECT

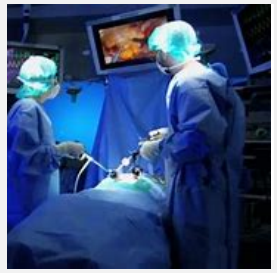
Advice and Guidance

Direct Referrals from GPs/EU/111/WAST

Hot Clinics

What has been done already?

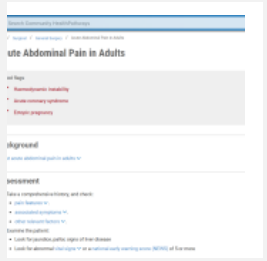
sSDEC Surgical Same Day Emergency Care



SDEC Lists

EGS Workforce Expansion

POPs Service

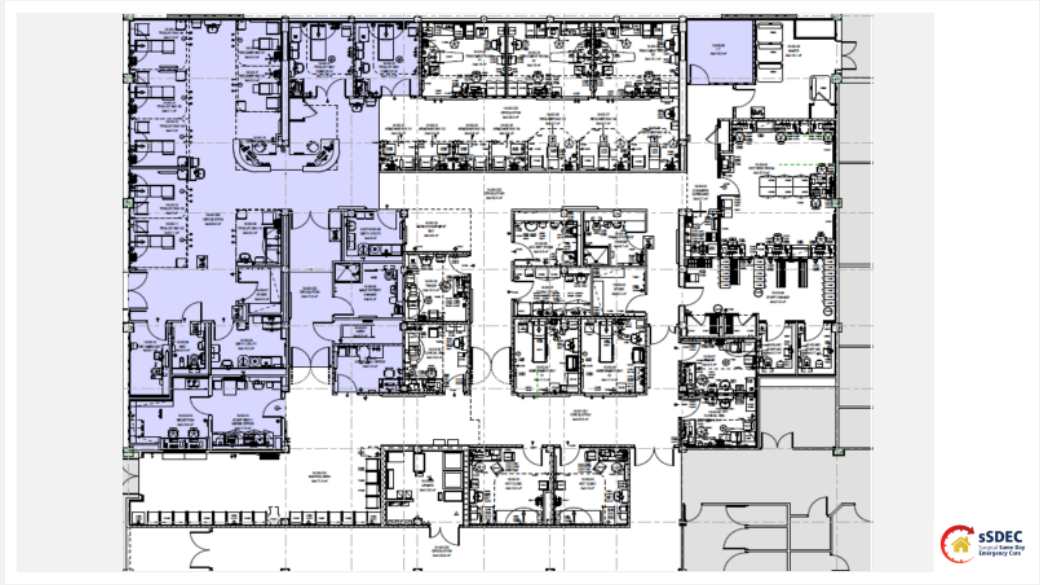


Clinical Pathways

What has been done already?

sSDEC Surgical Same Day Emergency Care

New sSDEC Unit opened July 2022



New sSDEC Unit

- 45 chairs in waiting room

- 2 triage rooms
- 2 observation rooms
- 4 clinical assessment rooms

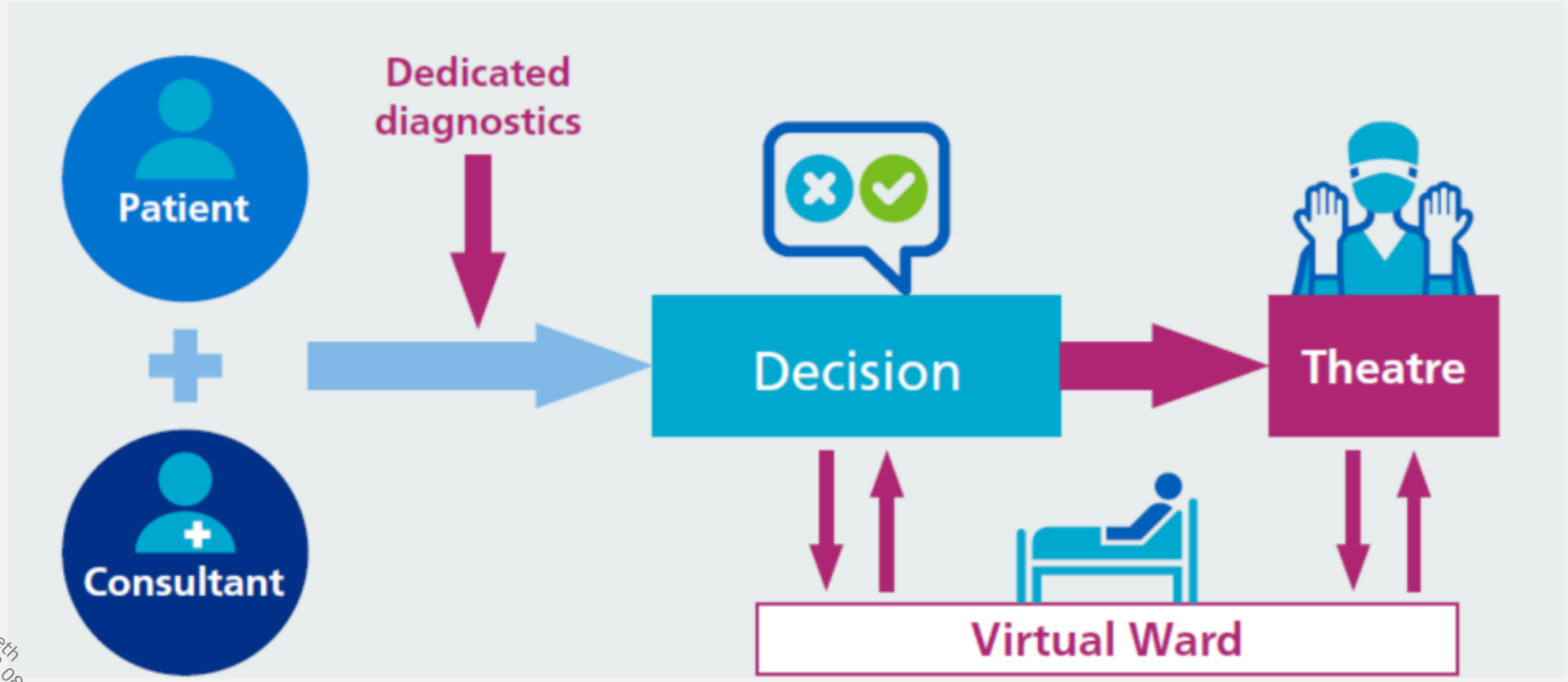
- 8 reclining/ambulatory chairs
- 3 Procedure Rooms

- Attached Unit: Surgical admissions Care unit (SACU)
  - 10 beds (2 side rooms)
  - For patients having short stay emergency surgery

General Surgery
Urology
ENT
Oral/ Maxillo-Facial Surgery
Ophthalmology

sSDEC Surgical Same Day Emergency Care

Dedicated SDEC Scheduled Emergency Lists



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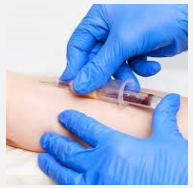
sSDEC Surgical Same Day Emergency Care

SDEC lists

- Lap Cholecystecomy
- Appendicectomy
- Abscess



Or any patient who is ambulatory and likely to require less than 24 hour stay

Wednesday AM	Thursday AM and PM	Friday AM

Patients admitted morning of surgery into the SDEC Surgery Unit

8 trolleys and two side rooms

Digital Transformation- Development of EU Workstation

Notes facility with digital dictation

Can be used to enter clinical notes, results and diagnosis

Electronic Discharge Summary

Amalgamates notes into discharge summary

Virtual Patient Management

Virtual Location created to manage virtual ward

sSDEC Surgical Same Day Emergency Care

Referral Management

Pathway Management

Referral Data

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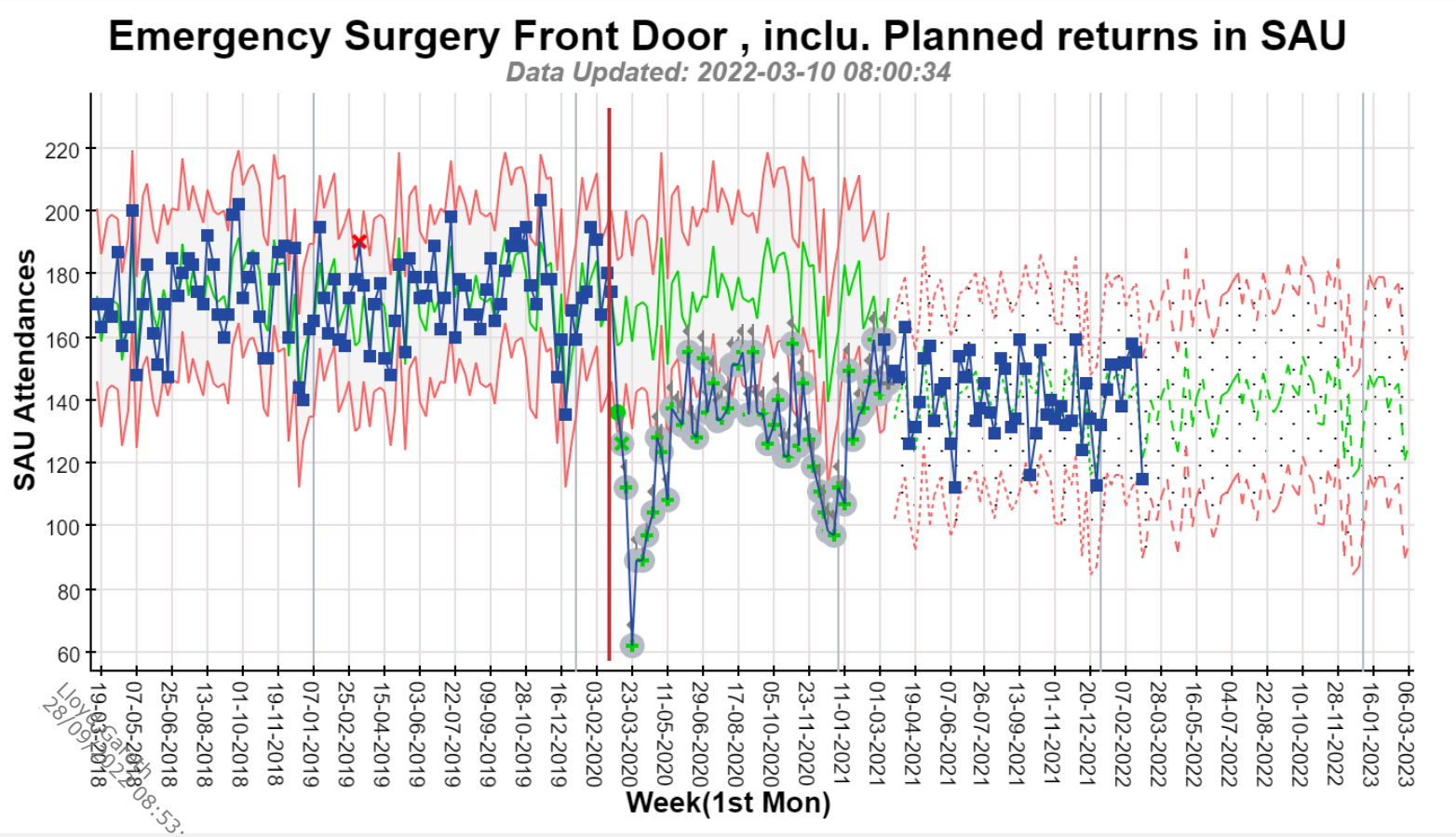
E-Whiteboard

sSDEC
Surgical Same Day Emergency Care

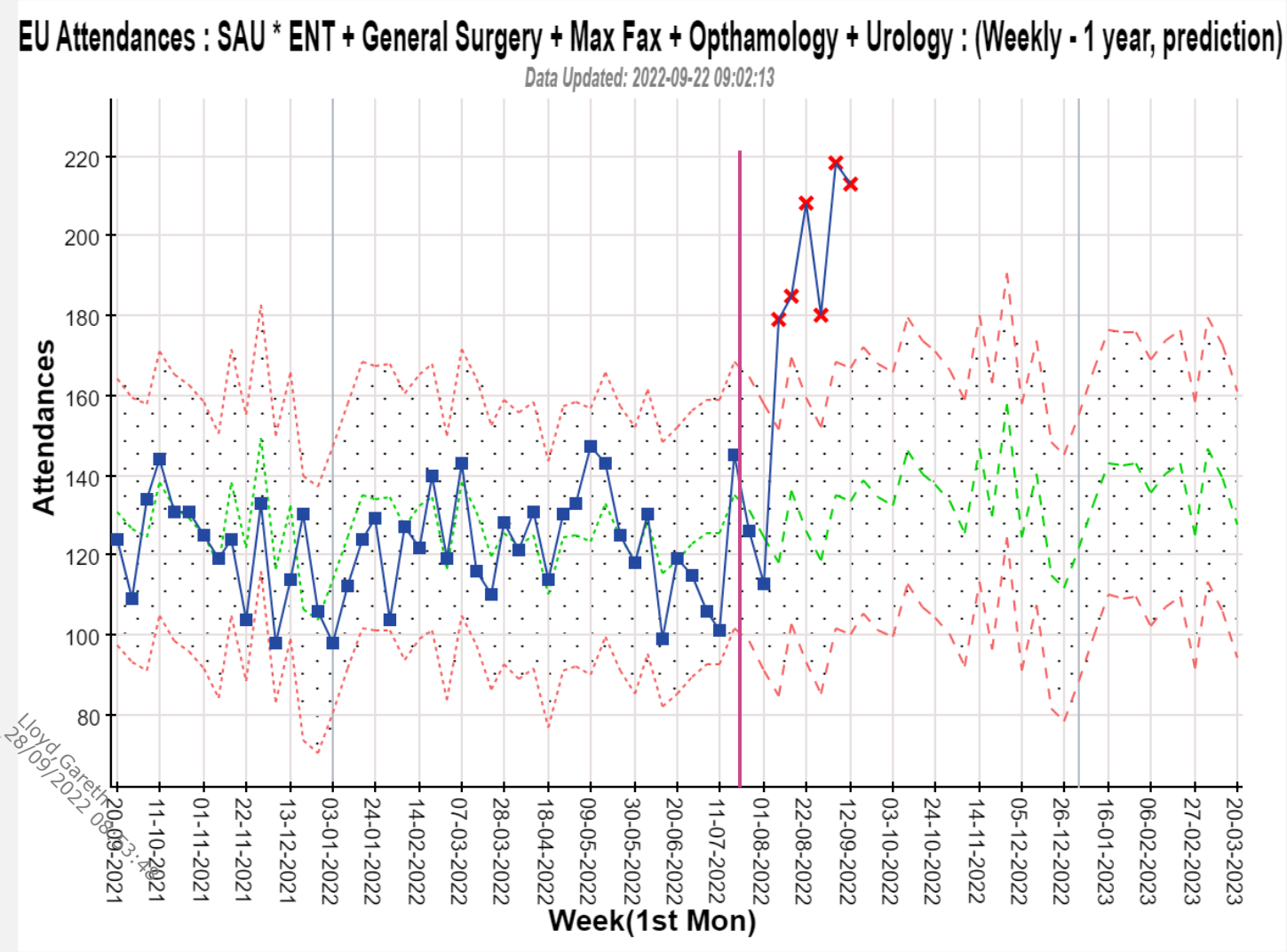
Impact of sSDEC - Acute General Surgery Attendances Introduction of the Clinical Conversation Feb 2020



- Persisting Reduction in Acute Attendances
- From 180 per week to 140 per week
- (22%)

sSDEC Surgical Same Day Emergency Care

Number of emergency surgical patients seen in SDEC

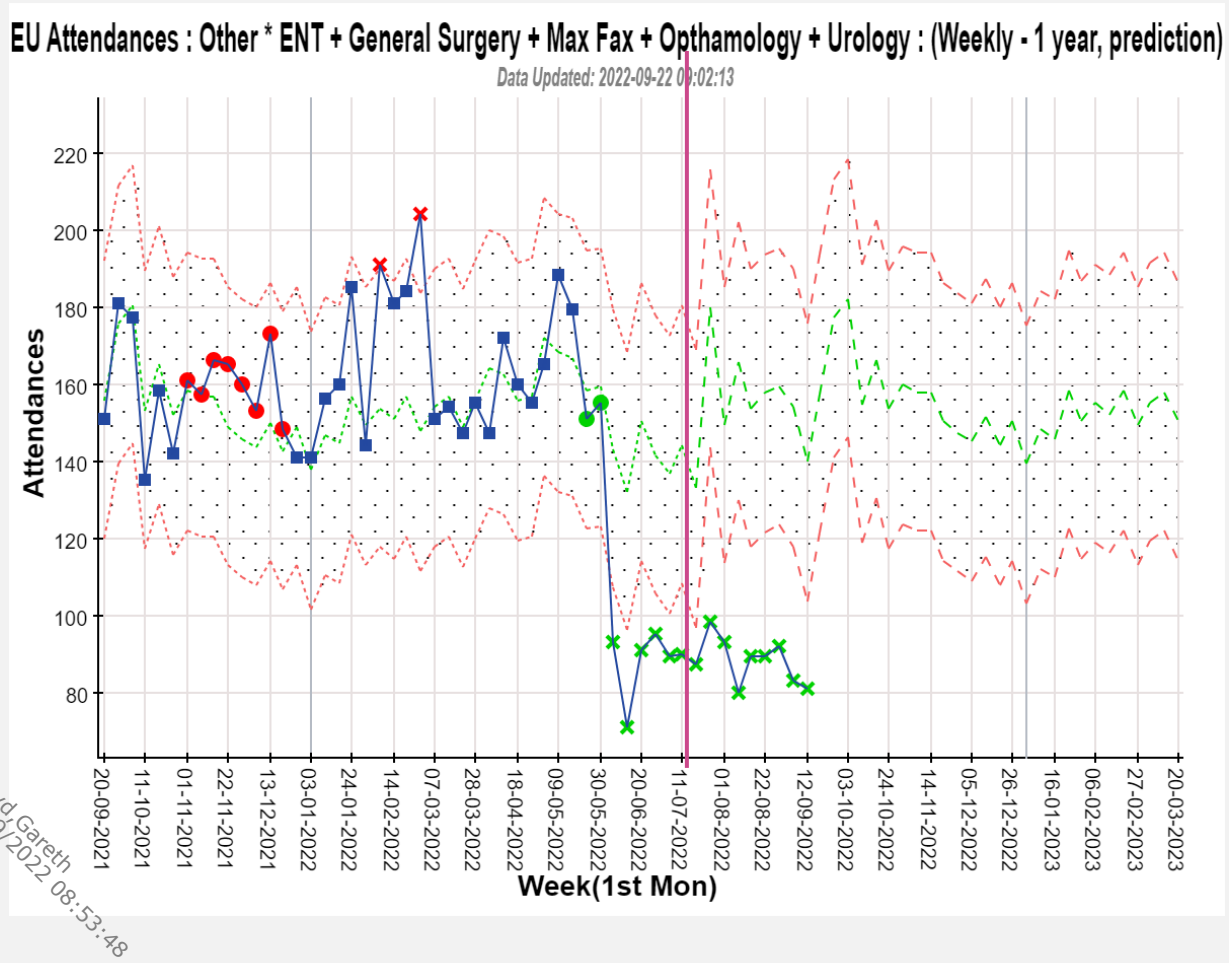


Increase of 60 patients per week seen in SDEC compared to SAU since SDEC opened

Currently 66% or 2/3 of all surgical emergency attendances are being seen in SDEC compared to 43% pre SDEC

sSDEC Surgical Same Day Emergency Care

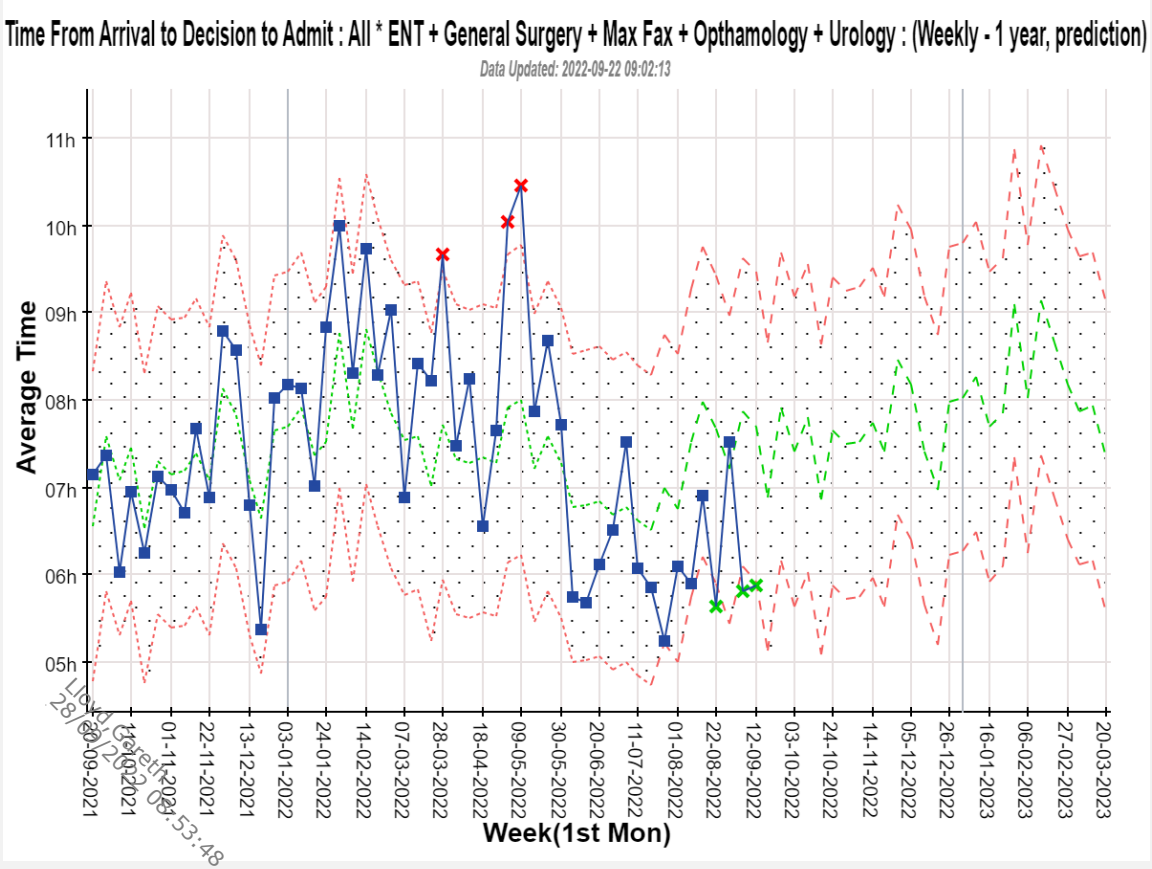
Number of emergency attendances seen in A&E/ EU



47% reduction in Surgical EU Attendances

sSDEC Surgical Same Day Emergency Care

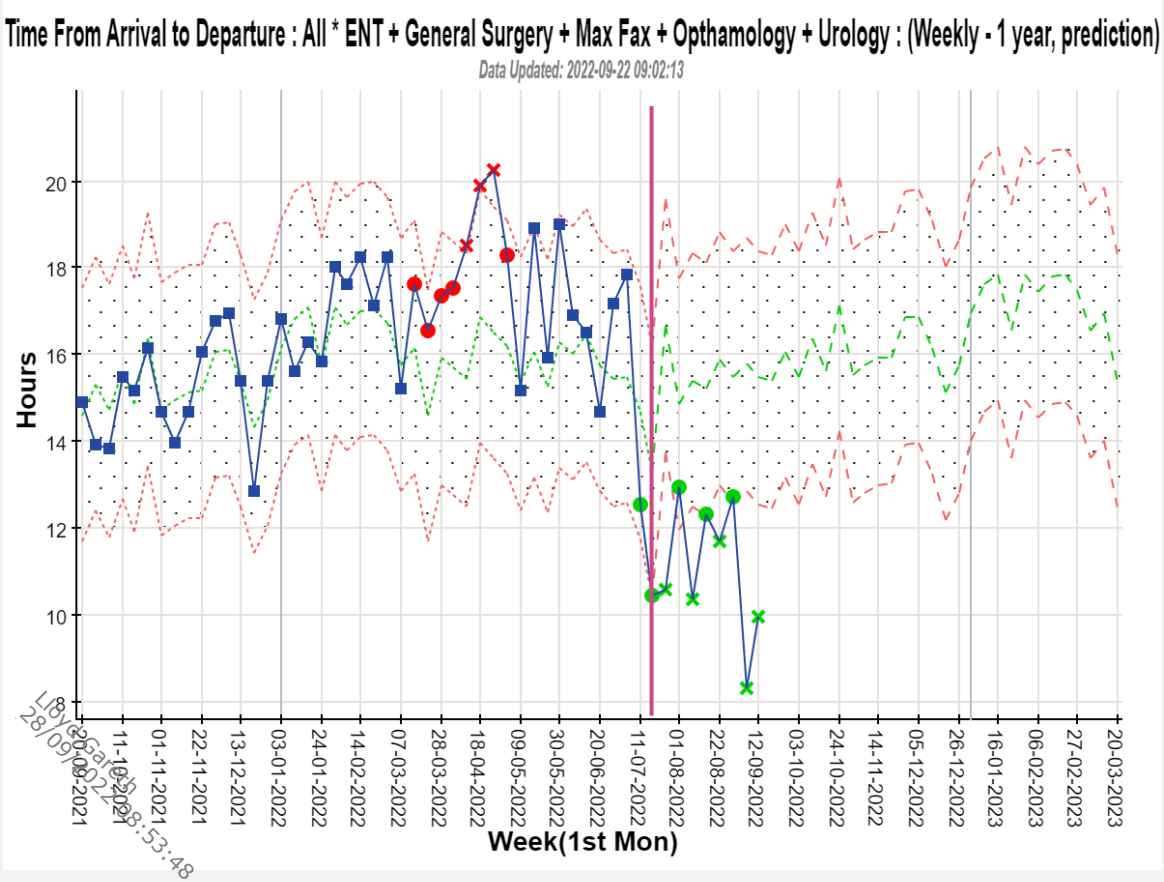
Time from arrival to decision to admit



Time from arrival to DTA reduced by 150 minutes

sSDEC Surgical Same Day Emergency Care

Time from arrival to discharge sSDEC Specialities



Median time from Arrival to Discharge reduced for surgical patients by 7 hours

sSDEC Surgical Same Day Emergency Care

Impact of SDEC Operating lists

- 50% of all emergency lap cholecystectomies going through SDEC lists rather than CEPOD
- For uncomplicated biliary disease patients stay on average 2.25 days less in hospital when operated on the SDEC list compared to CEPOD.

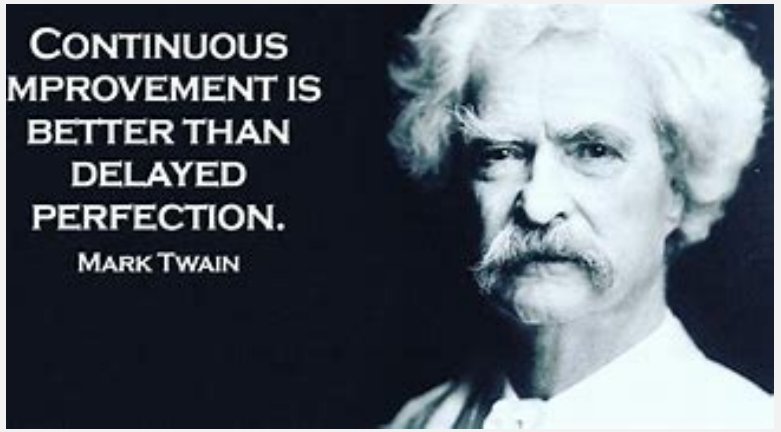
Problems

- Lack of right sized co-located acute surgical ward (48 hrs stays) of 20-25 beds
- Lack of flow for admissions, backing up in or being sent to SDEC
- Speed of radiology scanning and reporting
- Some missed opportunities for SDEC care from EU (60 patients per week discharged from EU within 12 hours)
- Very few direct referrals from 111

Areas to develop

- Acute Surgical Ward
- Virtual inpatient system/ early supported discharge
- SDEC Flow Coordinator in EU (minimising missed opportunities for SDEC)
- Acute Oncology/ Palliative Care pathway
- In-house data viewers(previously reliant on 3rd party Data reporting)

sSDEC
Surgical Same Day Emergency Care



chris.morris3@wales.nhs.uk

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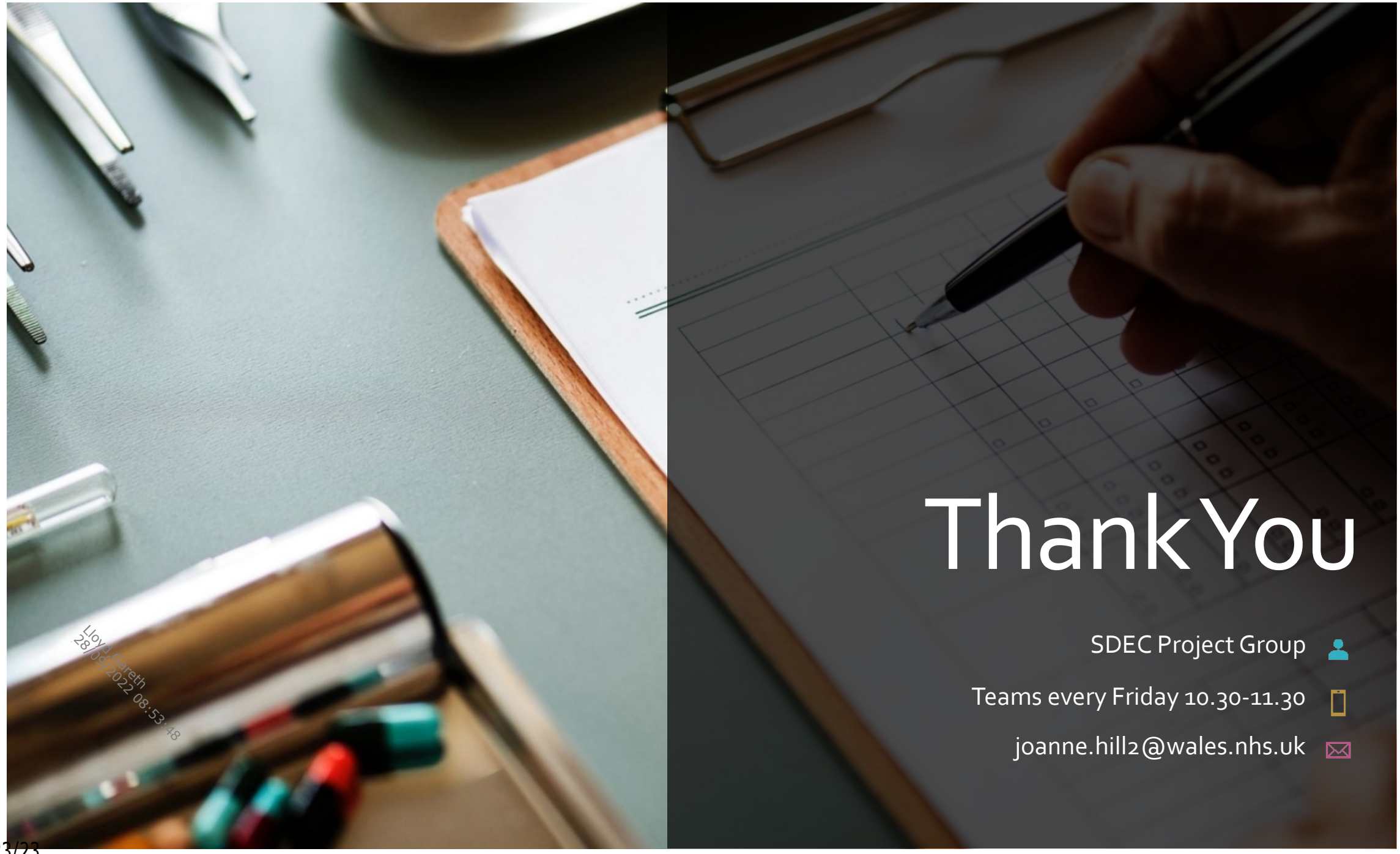
Surgical Same Day Emergency Care



Thank You

SDEC Project Group

Teams every Friday 10.30-11.30

joanne.hill2@wales.nhs.uk

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Surgical Same Day Emergency Care