

From:
To:

Subject: FW: NCTR
Date: 10 August 2022 11:32:00

Dear all,

Jayne Mee has asked me to forward the e-mail below to you for information.

[REDACTED]

From: "FARRAR, Jeff (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C)" [REDACTED]

Date: 10 August 2022 at 10:05:41 BST

To: Jayne Mee [REDACTED]

Cc: [REDACTED] (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C)" [REDACTED]

Subject: RE: NCTR

Morning Jayne

Thank you for your email. I have had a similar correspondence and conversation with [REDACTED] as they have been facing the same challenges and scrutiny from the NHS E/I central team. I am meeting with [REDACTED] again this afternoon to discuss this. [REDACTED] has assured me we have a plan on Discharge to Assess (D2A), but it is not delivering as quickly as we would like. He has met with [REDACTED] this week has meetings lined up with Local Authority Chiefs. This will be a main feature for discussion at our next ICB Board meeting on 1 September as our performance across the Board is not good and this needs a clear plan and lines of accountability. I have copied [REDACTED] into this email so he can see the concerns you have raised and the questions posed by your Board.

Thanks I will keep you posted

Jeff

Jeff Farrar, Chair of the BNSSG ICB
NHS Bristol, North Somerset and South Gloucestershire ICB
[REDACTED]

-----Original Message-----

From: Jayne Mee [REDACTED]

Sent: 10 August 2022 09:47

To: FARRAR, Jeffrey (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C) [REDACTED]

Subject: NCTR

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Morning Jeff,

We had our Public Board and Council of Governors yesterday and the major topic of challenge and discussion was NCTR patients. I wanted to make you aware as publicly we are in a situation where the Board and Governors have little assurance of how we are working as a system to tackle this.

The UHBW team are working hard to manage those elements of discharge that are within our gift and there is still more that we can do. However, this alone will not make even a small dent on the circa 200 patients we have in beds. [REDACTED] I know is working with your team but as yet we don't have clarity as to the way forward and find ourselves under even more scrutiny from NHSE.

In particular, the challenges, listed below for your information, are fair, but unfortunately we do not have the data to provide the assurance that is necessary:

- * How much capacity is there across BNSSG both from a social care and domiciliary care perspective? Governors report that some nursing homes are having to close as they are not receiving patients. And if there is capacity how do we make this work for us all?
- * What is the budget being spent at LA level to support the flow of discharge from our acute hospitals? One of my new NEDs works for Bristol City Council and says that as they are carrying a £20m deficit then it is unlikely that anything will move forward positively anytime soon which is worrying. We clearly need greater transparency of what is happening in the wider system.
- * What more can we do around admission avoidance? We have worked with SWASFT on this and are finding that by having a consultant on an ambulance it is helping to keep more people at home. However, this does not pick up on the population health and primary care aspect which potentially means our ED's are still dealing with excessive numbers of walk ins.
- * Where is the credible system plan that we can all sign up to that will start this moving at pace and certainly before winter? There is little confidence that initial thinking around delivery of better flow from October will actually happen.

Sorry to be the bearer of doom and gloom, but as this was publicly discussed I thought you should know. I know your team will be committed to helping resolve these issues with us, but it feels like we have a burning platform that we can't get under control at the moment.

Happy to discuss and help in any way that we can.

Kind regards

Jayne

