

Paper 7

<b>Recommendation</b>	<b>The Trust Board</b>
<input checked="" type="checkbox"/> <b>DECISION</b> <input checked="" type="checkbox"/> <b>NOTE</b>	The Trust Board is asked to note the contents of this update paper that provides an overview of the schemes within the operational plan that will contribute to increased resilience over the winter period.
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	Thursday 28 <sup>th</sup> September 2017
<b>Paper Title</b>	Winter Resilience 2017/18
<b>Brief Description</b>	<p>As we approach winter it is necessary to ensure we have enough bed capacity on both hospital sites, to deliver the anticipated levels of emergency activity and keep our patients and staff safe.</p> <p>The paper provides an update and overview on the schemes within the Operational Plan that will contribute to safety and resilience over the winter period, as well as maintaining service delivery performance in line with the trajectory. The paper also outlines a number of additional schemes and enablers necessary to deliver the anticipated level of activity between 1<sup>st</sup> November 2017 and 31<sup>st</sup> March 2018.</p>
<b>Sponsoring Director</b>	Chief Operating Officer
<b>Author(s)</b>	Deputy Chief Operating Officer and Associate Director of Delivery & Performance
<b>Recommended / escalated by</b>	NA
<b>Previously considered by</b>	NA – Produced for Trust Board
<b>Link to strategic objectives</b>	Patient and Family Safest and Kindest Innovative and Inspirational Leadership Values into Practice
<b>Link to Board Assurance Framework</b>	<ul style="list-style-type: none"> <li>• If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards (RR 561)</li> <li>• If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to patients (RR 1134)</li> <li>• If we are unable to implement our clinical service vision in a timely way then we will not deliver the best services to patients (RR 668)</li> <li>• If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale &amp; patient outcomes may not improve (RR</li> </ul>

	<p>423)</p> <ul style="list-style-type: none"><li>• Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)</li></ul>
<b>Equality Impact Assessment</b>	<ul style="list-style-type: none"><li>● <b>Stage 1 only (no negative impacts identified)</b></li><li>● <b>Stage 2 recommended (negative impacts identified)</b><ul style="list-style-type: none"><li>● negative impacts have been mitigated</li><li>● negative impacts balanced against overall positive impacts</li></ul></li></ul>
<b>Freedom of Information Act (2000) status</b>	<ul style="list-style-type: none"><li>● <b>This document is for full publication</b></li><li>● <b>This document includes FOIA exempt information</b></li><li>● <b>This whole document is exempt under the FOIA</b></li></ul>

## Update on Winter Plan September 2017



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## **1.0 Introduction**

The aim of the Shrewsbury and Telford Hospital (SATH) winter plan is to ensure internal processes, systems and capacity (workforce and beds) are fit for purpose and resilient to meet the anticipated level of demand and maintain and optimise patient safety.

A system wide resilience plan is governed through the A&E Delivery Board (AEDB). Outputs from the SATH winter plan have been fed in to the system wide plan and will be a live document, which will be reviewed at the monthly AEDB meetings. The system wide plan includes actions from across the local health and social care community, to improve emergency access performance and get back on trajectory. The AEDB manages the deployment of the system resilience funds.

An internal winter planning group has been established with representation from all four Care Groups. The aim of the winter planning group is to look at ways we could improve patient flow on both sites and protect RTT activity. This will enable the flow from the Emergency Department [ED] to be maintained and keep the number of long waits within ED to a minimum.

## **2.0 Review of winter 2016/17**

In 2016/17 the Trust allocated £1.2m for resilience actions which was used to fund 44 additional medical beds (16 on the RSH site and 28 on PRH site), similar to the previous winter. The wards were used as supported discharge and enabled patients to be transferred to this ward when they were fit for discharge. This worked well on both sites. Unfortunately there were eleven 12 hour breaches in January 2017 and at times we still had to manage capacity to avoid 12 hour breaches. The patient experience for some patients on the Day Surgery facility at RSH was compromised as well as for those who experienced long waits in the ED. In times of high escalation, the decision to implement the 'Hospital Full' policy was taken which included boarding of patients that exceeded levels in the previous winter. RTT was compromised in 2016/17 as elective and day surgery beds were transferred to medicine and this was not substituted by using a mobile facility as in the previous winter due to the lack of winter funds. Both day surgery units did not de-escalate at the end of March 2017 as planned and therefore additional escalation costs were incurred over and above the winter allocation of £1.2m. The trust spent £2.2m in total. A key challenge for 2017/18 is to minimise adverse impact on elective activity and associated patient experience, income and performance. A review of winter 2016/17 has taken place and the learning has informed the objectives within the 2017/18 operational plan.

## **3.0 Operational Plan 2017/18**

In order to maintain high quality, kind and safe care within the context of:

- national targets and standards
- workforce constraints
- the financial control total and
- infrastructure challenges

The operational plan for 2017/18 addresses 4 key areas which will support winter resilience, whilst keeping our patients safe and delivering improvement against the ED target and maintaining RTT.

## **Reconfiguration of the bed base**

The present allocation of beds between scheduled and unscheduled care does not meet demand, so 22 scheduled care beds will become part of unscheduled care from October 2017. The Operational Planning process identified a cohort of patients who did not need acute care but were unable to transfer home or to their existing care package arrangement. A programme of work is underway to implement the transfer of capacity equivalent to 50 beds. The beds closed, as part of the SaTH2Home type service (see below), will also reopen for winter capacity.

In making this change, the Trust can expect to realise a series of operational efficiencies as a consequence of there being reduced levels of outlying patients scattered across wards within the two hospital sites. This will improve length of stay for patients and therefore also improve operational performance and flow.

## **Implementation of the SAFER (Red2Green) standard**

Clinicians locally and nationally are agreed that there is a significant group of patients in hospital longer than they should be. The management of patient flow is an on-going and consistent challenge for the Trust, and the majority of acute Trusts in England.

A dedicated team solely focussed on the delivery of the SAFER Patient Flow Bundle, including the Red to Green process, are working with clinicians and managers to reduce non-value added time for patients and work to get them home sooner. By improving patient flow through the hospital, the Trust's EDs and emergency assessment areas will also flow more easily. This is being clinically led by the Medical Director and Director of Nursing and Quality.

## **Increased community support provision/SATH2Home type service**

Analysis of the length of stay of patients within the Unscheduled Care Group has shown that on average, 65% of the Unscheduled Care bed base is occupied by patients with a length of stay of 11 days or longer. 86% of patients return to their usual place of residence following an inpatient stay. Therefore to support these patients to return to their home sooner and also create capacity to support increased demand over the winter period SATH will commission up to 50 packages of care. In addition to the care packages, Shropshire council will commission an additional 20 pathway 3 beds (nursing and residential homes), and 10 additional admission avoidance beds. Telford and Wrekin council are to increase the number of enablement packages from November 2017.

## **Clinical Decision Unit (CDU) - PRH**

Flow within the ED at PRH is compromised by the lack of a Clinical Decision Unit (CDU) which already exists on the RSH site. Each day there are up to 8 patients who would benefit from there being a CDU on site. Space has been identified and work is currently on going to review the operational policy for the use of the CDU area.

#### 4.0 Planning for winter 2017/18

SaTH consistently works above the nationally recommended bed occupancy levels and is currently at 97%, so therefore needs to be able to create some flexible capacity over the winter months. If the activity predictions are correct and length of stay remains unchanged then for the winter period, 1<sup>st</sup> November 2017 to 31<sup>st</sup> March 2018 we will require an additional 99 medical beds.

This number of beds required has been ratified using the bed modelling tool that we are using for Sustainable Services and the Outline Business Case (OBC). Activity is based on actual discharged spells from November 2016 to March 2017, using current length of stay and occupancy levels. There is no activity growth assumed within this model.

#### Bed Gap for 2017/18

Following delivery of the Operational Plan bed changes, during the winter period capacity associated with those bed closures is utilised. This allows day surgery capacity to remain operational for elective care.

The table below details how the bed gap through winter could be managed.

		<b>Bed Gap</b>	<b>-99</b>
<b>Escalation Areas</b>			
RSH	Ward 21		16
	Ward 27		6
PRH	Ward 6 & 7		8
	Ward 8		14
	T&O		6
	Sub total		<b>50</b>
		<b>Bed Gap</b>	<b>-49</b>
<b>Key enablers</b>			
	Bed realignment – reduced outliers and LOS		24
	Weekends – x 1 extra discharge		4
	Protect Ambulatory Emergency Care		12
	Sub total		<b>40</b>
		<b>Bed Gap</b>	<b>-9</b>
<b>Safer Placements</b>			
	(Wards 22SR; 23; 24C)		3
	Ward 32 – patient extra in x 3 bays		3
	(Wards 25; 26; 28; 32)		4
	(Wards 8; 14; 10)		3
		<b>Grand TOTAL</b>	<b>+4</b>

#### 5.0 Patient Flow and additional Discharge Enablers

In addition to the schemes identified within the operational plan to support patient flow and winter resilience there are other schemes that have been identified that will release bed capacity by reducing length of stay, facilitate timely discharge and support delivery of the ED trajectory. In order to implement these schemes, additional resource would be required.

These schemes are outlined below.

## **Discharge Lounge - RSH**

There is a requirement to improve the time of discharge on both sites to enable flow from the emergency department before 10.00am each day. Discharge from hospital requires the coordination of a number of disciplines, which can lead to delays in a patient being discharged. Patients within acute beds can be delayed whilst awaiting transport, discharge summaries to be written, medication to be dispensed and external care to commence. Significant work is required to coordinate a timely discharge and therefore the creation of a discharge lounge on the RSH site would support this process. The objective is to improve patient flow by timely access to inpatient beds, with the aim to reduce trolley waits within the Emergency Department and Acute Medical Unit, improving patient experience, quality and reduced clinical risk.

## **Ambulance handover**

Achieving ambulance handover standards and ensuring patient safety becomes challenging during times of peak escalation. Additional nurse staffing has been funded by both Clinical Commissioning Groups to support timely and safe handovers. Also, the Emergency Department team are working with West Midlands Ambulance Service to implement a new model of how patients are handed over. This will be implemented from 9<sup>th</sup> October 2017 and has been piloted in other acute Trusts.

## **Weekend Discharge Team**

The purpose of this scheme would be to support and enhance weekend discharge provision and planning by ensuring access to senior decision makers. This would contribute to patient flow across the medical bed base over 7 days by increasing discharges.

## **6.0 Financial implications**

The cost of the winter plan is estimated at £2.4m which is in line with the expenditure in 2016/17. We have received £1m against the £2.4m, and the remaining £1.4m is within the financial recovery plan, but still subject to discussions with Commissioners.

## **7.0 Action Required**

The Trust Board is asked to note the contents of the winter plan update, which provides an overview of the schemes within the operational plan that will contribute to increased resilience over the winter period. Progress against the operational plan will continue to be monitored at the sustainability committee, along with the winter plan for 2017/18.