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Recommendation	The Trust Board				
✓ DECISION ✓ NOTE	The Trust Board is asked to note the contents of this update paper which includes an overview of the measures in place both within SaTH and across the wider health economy to ensure resilience over the winter period, and the challenges faced.				
Reporting to:	Trust Board				
Date	Thursday 30 th November 2017				
Paper Title	Winter Resilience 2017/18				
Brief Description	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.				
	The paper provides an overview of the measures in place both within SaTH and across the wider health economy to ensure resilience over the winter period.				
	The paper also outlines a number of additional schemes and enablers necessary to deliver the anticipated level of activity between 1 st November 2017 and 31 st March 2018.				
Sponsoring Director	Chief Operating Officer				
Author(s)	Deputy Chief Operating Officer and Associate Director of Delivery & Performance				
Recommended / escalated by	NA				
Previously considered by	NA – Produced for Trust Board				
Link to strategic	Patient and Family				
objectives	Safest and Kindest				
	Innovative and Inspirational Leadership				
	Values into Practice				
Link to Board Assurance Framework	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)				
	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)				
	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)				
	If we do not get good levels of staff engagement to get a culture of continuous				



	MIS II USC			
	improvement then staff morale & patient outcomes may not improve (RR 423)			
	Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)			
	Stage 1 only (no negative impacts identified)			
Equality Impact Assessment	C Stage 2 recommended (negative impacts identified)			
	negative impacts have been mitigated			
	negative impacts balanced against overall positive impacts			
For all words	This document is for full publication			
Freedom of Information Act (2000) status	☐ This document includes FOIA exempt information			
	C This whole document is exempt under the FOIA			



Paper 9

Update on Winter Plan November 2017

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1.0 Introduction

This paper provides an update to the Trust Board on the Winter Plan 2017/18, and also includes the system wide plan actions that are or will be in place to support safe care from November to March.

2.0 Current Position

As part of SaTH's operational plan there were a set of key actions that needed to be in place in order to maintain high quality and safe care and support winter resilience from November 2017 to March 2018.

The key actions were as follows;

- Reconfiguration of the bed base
- Implementation of SAFER (Red2Green)
- SaTH2Home
- Clinical Decisions Unit (CDU) at PRH

All of the above schemes have been implemented during October and the impact of these schemes is being measured at the weekly patient flow meeting chaired by Execs.

In addition to the above schemes, there are further enablers that will release bed capacity and facilitate timely discharge;

- Discharge Lounge
- Ambulance handover support
- Weekend discharge teams

All of the above are now in place and performance against these are being monitored via the winter planning group to ensure the benefits of each scheme is being realised.

In addition to the SaTH winter plan, there is a system wide plan in place to support patient flow and safety.

The key schemes to support the system are;

- GP Primary Care Streaming at PRH
- 10 admission avoidance beds
- 20 discharge to assess beds
- 7 day brokerage service
- 4 extra care units in Shrewsbury
- Hospital Activity Liaisons Officer (HALO) to avoid unnecessary handover delays
- Frailty front door service

It is recognised that demand may exceed the capacity available during January to March and therefore further bed capacity is currently being identified on both sites to avoid patients being places in corridors and waiting for extended periods in ED and the emergency portals. This work is underway and will be completed by end of November 2017.

3.0 Financial Position

A budget of £2.4m has been identified for the winter plan, through the System A&E Delivery Board. A meeting was chaired by Simon Wright with system partners to allocate the funding. Based on the schemes identified and the forecast spend for the period November 2017 to March 2018, there is a gap of £1.5m. Further work with the CCG's is being undertaken to bridge this gap. An update will be provided at the next Trust Board.

4.0 Key Challenges and risks

It is anticipated that winter 2017/18 will be very challenging with increasing numbers of patients attending our hospitals, therefore the schemes within the operational plan which supports the winter plan need to be in place.

Key challenges and risks associated the delivery of the winter plan are as follows:-

- Closure of 50 beds to create surge capacity during January 2017 March 2017
- Use of the discharge lounge on the RSH site throughput needs to increase from 100 to 175 patients per week
- Criteria led discharge not fully implemented
- CDU usage on the PRH site due to area being used for escalation beds.
- Improving weekend discharges on both sites.

The above actions need to be in place by mid-December to ensure the Trust is able to meet the anticipated activity demand of winter 201/18.

The Trust Board is asked to note the contents of the update paper.