The Shrewsbury and Telford Hospital NHS Trust

Paper 13

Recommendation ☐ **DECISION** ☑ **NOTE**	Trust Board is asked to **NOTE** the content of this report
Reporting to:	**Trust Board Meeting**
Date	Thursday 31st May 2018
Paper Title	Winter Planning – Lessons Learnt
Brief Description	Providing an update to the Trust Board of Shrewsbury and Telford Hospitals NHS Trust (SATH) on the Winter Plan 2017/18, during a very challenging winter within the NHS. The paper details the schemes and key enablers that were put in place; the impact that the schemes realised and the next steps to plan for Winter 2018/19.
Sponsoring Director	Nigel Lee, Chief Operating Officer
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Recommended / escalated by	Quality & Safety Committee
Previously considered by	
Link to strategic objectives	
Link to Board Assurance Framework	
Outline of public/patient involvement	Patient involvement at Winter planning meetings
Equality Impact Assessment	○ **Stage 1 only (no negative impacts identified)** ○ **Stage 2 recommended (negative impacts identified)** *** EIA must be attached for Board Approval** ○ negative impacts have been mitigated ○ negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	○ **This document is for full publication** ○ **This document includes FOIA exempt information** ○ **This whole document is exempt under the FOIA**

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Review of SATH Winter plan 2017/18

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1.0 Introduction

This paper provides an update to the Trust Board on the success of Shrewsbury and Telford Hospitals NHS Trust (SATH) Winter Plan 2017/18, during a very challenging winter within the NHS. The paper details the schemes and key enablers that were put in place; the impact that the schemes realised and the next steps to plan for Winter 2018/19.

2.0 Background

As part of SaTH's operational plan in 2017/18 there were a set of key internal actions and programmes of work 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

In addition to the above schemes, key enablers were required in order to release bed capacity and facilitate timely discharge;

- Discharge Lounge
- Ambulance handover nursing support
- Weekend discharge teams
- Frailty front door service

As part of the system wide plan, external schemes were put in place to avoid admission to an acute bed base and support patients in their own homes.

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

3.0 Internal Schemes and key enablers

Bed reconfiguration

The reconfiguration of the bed base between scheduled care and unscheduled care was to ensure the right number of beds were available within medicine to support the increased demand throughout winter. Although there was an increase in the core bed stock for medicine this did not stop further outlying of patients on the surgical wards due to demand exceeding capacity.

SAFER (Red2Green)

There have been significant challenges in embedding the SAFER principle and therefore achieve the pre 10am and 12 midday discharges that were required to maintain patient flow. Significant workforce

constraints has restricted the roll out progress, however going forward the SAFER methodology will form part of the respiratory value stream roll out programme. During winter, performance against this metric was 17% of discharges before midday against a standard of 33%.

SATH2Home

The above scheme has been successful in working with our local authorities to ensure that patients are returning home with packages of care much quicker than in previous years. The key constraint with the scheme is the geographical coverage across Shropshire and Telford and Wrekin as it restricted to certain postcodes, however further work is being undertaken with a view to expanding the service. On average between November and March 22 patients per week went home with SATH2Home provision. An analysis is detailed below.

- **655** total discharges facilitated
- **22** on average per week
    - **12** with SaTH2Home care
    - **10** with SaTH2Home intervention (care not req.)
- **2** days average care for bridging patients
- **5** days average care for enhanced discharge patients

Clinical Decisions Unit

The Clinical Decisions Unit (CDU) opened on 4th April 2018, due to unforeseen delays with the building works. Therefore we were unable to stream patients from the emergency department to avoid admission and create cubicle capacity.

3.1 Key enablers

Discharge lounge

There is a well-established and utilised discharge lounge on the PRH which supports wards to improve patient flow. On a daily basis approximately 20 patients are transferred to the discharge lounge before midday thus creating flow form the emergency department. To support winter a discharge lounge was established on the RSH site adjacent to ward 32. The discharge lounge was open 7 days per week between 9am and 9pm and could accommodate up to 30 patients per day. Utilisation of this area was between 45% and 50% per day and therefore did not realise its full potential. Further options are being scoped to look at alternative settings for the discharge in preparation for winter 2018/19. A discharge lounge is fundamental to support the pre 10 am and pre midday discharges.

Ambulance handover nursing support

Both sites had additional nurses within the Emergency Departments (EDs) to support the timely handover of ambulances. This ensured that offload times were within the standard and demonstrated a reduction in ambulance handover delays from the previous year.

The table below demonstrates the improvement from the previous winter.

	Nov 16 to Mar 17	Nov 17 to Mar 18	Variance	% Improvement
SATH Ambulance handover 15 minutes	10078	8922	-1156	11.5%

Weekend Discharge team

Weekend discharge teams comprised of additional doctors, supported by therapies, pharmacy and phlebotomy. The purpose of the team was to increase the number of discharges over the weekend, in order to improve flow from the emergency departments and create additional bed capacity to manage surges in activity. The full benefit of the weekend discharge teams was not realised, because frequently they were covering medical vacancies and sickness within the acute medical team. However, if they had not been in place then discharges at the weekend would have not been at the level that was achieved.

Frailty service

A frailty service was implemented in November 2017 on the RSH site, working within a multi-disciplinary team to prevent admissions and to reduce the length of stay for those patients. Since its implementation there have been 92 fewer admissions per month and a reduction in length of stay in the >75 age group.

Stranded patient metric

The Emergency Care Improvement Programme (ECIP) defines stranded patients as those with a length of stay of seven days or more. In December 2017, there were 350 patients in SaTH with a length of stay greater than 7 days. A review of these patients was undertaken to understand what they were waiting in hospital for, and could we expedite their medical plan and reduce their length of stay and ultimately get them back home. This work was undertaken with our system partners and the table below identifies the significant improvement that has been made to reduce the number of patients in hospital with a length of stay of 7 days or more.

Hospital	Base Position Dec 17	02/04/2018	09/04/2018	16/04/2018	23/04/2018	30/04/2018	07/05/2018	14/05/2018	21/05/2018	28/05/2018
RSH	185	180	175	170	165	155	145	140	135	125
PRH	165	145	140	135	130	125	120	110	105	100
Total Target	350	**325**	**315**	**305**	**295**	**280**	**265**	**250**	**240**	**225**
Actual Number of patients >7 days		**317**	**306**	**290**	**283**	**274**	**248**	**244**		

4.0 Key Challenges

Emergency admissions at both hospitals over the winter period 2017/18, exceeded capacity within the core bed base and therefore additional capacity was opened within our day surgery units. Additional patients were placed on wards in accordance with the Hospital Full Protocol (HFP) to reduce the pressure within the Emergency Departments (ED). There were 57 12 hour trolley waits between November 2017 and March 2018, 30 of which happened in January 2018. Further challenges were faced with the adverse weather conditions in December and January which had an impact on staffing levels across wards and departments.

The Trust received a national directive from the Emergency planning team to cancel all routine elective activity (inpatients, daycases and outpatients) to free up workforce resource to support patient

flow and create bed capacity to accommodate admissions. This impacted on the year end 18 week Referral to Treatment (RTT) performance and the Trust ended the year with performance at 91.3% against a national target of 92%.

5.0 Next steps

The Trust together with system partners has undertaken a review of winter 2017/18 in April 2018. It was a very challenging winter and whilst some of the schemes provided benefits, the impact was limited. The next steps are to take the learning from 2017/18 and work with our system partners to produce a fully integrated system plan. Further workshops are planned in June and July 2018 and the System Winter plan will be presented to the A&E Delivery Board in September 2018.

6.0 Recommendation

The Trust Board is asked to note the contents of the update paper, and the further actions that are being undertaken in preparation for winter 2018