The Shrewsbury and Telford Hospital NHS Trust

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Meeting	SaTH Trust Board Meeting
Paper Title	Winter planning – lessons learnt
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Executive Summary

This paper summarises the lessons learnt drawn from the system winter planning session that took place on 22nd July 2019.

The most up to date bed capacity predictions were provided at the start of the session to inform discussions. The session asked system partners to review last winter and give thought to what worked well, and as a result would be useful to both develop and continue going into this winter, if it were to be continued then what capacity would it create given the emphasis currently surrounding the bed gap and demand and capacity work going on within the system, and in order to deliver this, what resources it would require. As expected, at this point the most popular themes were both workforce and finance.

Partners were also asked to discuss what didn't work well and focus on why. An important premise of the session was to not discount schemes that didn't work well, but understand if there is any mileage in developing them in order to provide a more positive impact this winter.

A key theme of success and subsequently a priority this winter is the emphasis on discharge and additional resource around this; discharge doctors at weekends, extra DLNs, check chase challenge on Fridays and appropriate weekend planning. The need for active flow is crucial in times of increased demand.

In terms of what did not work so well, the message was consistent across all partners. It is around withdrawing winter schemes once winter ends, as surges in unscheduled care activity occur all year around. In addition, frailty at the front door at PRH was a concern for last winter – which the system has much more confidence in this year.

Previously considered by	

The Board (Committee) is asked to:			
☐ Approve	☐ Receive	☑ Note	☐ Take Assurance
To formally receive and	To discuss, in depth,	For the intelligence of the	To assure the Board that

discuss a report and approve its recommendations or a particular course of action	noting the implications for the Board or Trust without formally approving it	Board without in-depth discussion required	effective systems of control are in place

Main Paper

Background and Context

The system winter plan is developed by all system partners. It builds on yearly operational plans and pulls together a specific plan to ensure a collaborative approach is being taken when planning for the winter season. The plan contains detail on managing the increased demand experienced during the winter season. Such schemes focus on demand suppression, admission avoidance, process capacity within providers, effective discharge and wrap around care to avoid readmission. Every effort is made to ensure all individual organisational plans dovetail with those of partners in order to ensure the system provides the most comprehensive plan to deliver an effective service for patients.

In 2019/20, the system have developed six high impact changes (HICs):

1. Ambulance demand reduction- the system working together to identify what is driving the increase in ambulance demand and conveyance. They are also seeking solutions to reduce this demand and develop alternatives for conveyance to the Acute Trust, such as using the Minor Injury Units in the community hospitals. (CCG Executive Lead)
2. The development of an Acute Medicine/Same Day Emergency Care (SDEC) model on both acute sites. (SaTH Executive Lead)
3. The improvement of ED systems and processes (SaTH Executive Lead)
4. The development of 'Pathway Zero'- a model designed to support people using social capital who have lower level needs to avoid admission and reduce length of stay (Executive Leads from both Councils).
5. Early supported discharge- reducing length of stay in the acute trust for common pathways including Stroke, fractured neck of femur, using integrated pathways across acute and community partners (Shropcom Executive Lead)
6. Frailty- The development of a front door frailty service to ensure early comprehensive geriatric assessment for frail and elderly patients, and admission avoidance.(CCG Executive Lead)

The A&E Delivery Group clinical members have also been working on a system-wide basis to redesign pathways of care together such as cardiology and respiratory pathways which avoid admission, develop urgent 'hot clinics', and reduce emergency attendances.

Assessment

As mentioned above, in our planning session, we wanted to highlight what worked well, and what didn't and provide an opportunity for discussion as a system on how we can develop these in readiness for this winter. It is important to note that no submissions have been received from WMAS and T&W council so far, and these are being actively pursued. The lessons learnt so far are outlined below:

<u>What worked well</u>

SaTH:

- Discharges, including complex discharges at weekends helped maintain flow, but this requires additional discharge doctors and discharge liaison nurses in order to do this. Funding for this this winter was suggested as a priority in order to continue to develop this positive work
- Early pull and utilisation of the discharge lounge helps create capacity to enact A&E transfers.

Shropshire CCG:

- 10 additional Shrewsbury based community beds were made available last winter and this created greater opportunity to move patients from the acute setting into social care, freeing up capacity in secondary care.
- The A&E handover nurse funded by the CCG helped reduce time spent on A&E corridors for patients and this is crucial in terms of patient safety, quality and experience

Telford & Wrekin CCG:

- Additional beds were available for surge capacity over the winter period which helped support the increase in demand. These were pre-purchased in a nursing home in Telford. Beds, for patients who need them, help flow and also provide additional opportunity to facilitate discharge, although the whole system agreed that the priority was a 'Home First' approach.

Shropshire council:

- Reduction in long lengths of stay (LLOS), and reduction of length of stay(LOS) in community beds are in line with the national average
- Improved the numbers of patients discharged before lunch
- Development and implementation of an integrated discharge pathway

Shropcom:

- IVs delivered in the community hospitals in-patient wards were a positive change last winter
- The capacity manager role was vital in co-ordinating patient transfers and facilitating discharges
- The use of a care home MDT service in Telford which maintained patients in their own homes
- The criteria for community hospital admission was flexed during the winter months and the time of transfer was increased to later in the evening which worked well.

MPFT:

- Increase in number of beds available for cognitively impaired patients who would otherwise have represented a delayed patient stay at SaTH.
- Expanded on site liaison service to PRH

<u>What didn't work well</u>

SaTH:

- Last winter saw significant amount of escalation into both Day Surgery Units (DSU), as a result of the bed gap. This had a direct impact on the trust's performance against RTT. It is important, whilst ensuring we minimise corridor care and patient waiting times, that the system does not tackle increases in demand to the detriment of other services. In response to this, this winter plan has a focus on demand suppression and reducing the numbers of patients arriving at the front door in the first instance. For those who do arrive – placing greater emphasis on same day emergency care (SDEC), frailty assessment and management at the front door, effective 24 hour streaming, and other ways that allow the trust to see, treat and send home patients without the need for admission is seen as a priority.
- As a result of the above, escalation into DSUs saw cancellations for patients on the day of surgery which goes against the trusts desire to offer a positive patient experience. It also only adds to the backlog of work that needs completing and builds pressure within planned care.
- Last winter saw the movement of staff from base wards to support escalation. This saw base wards being challenged from a staffing and leadership perspective. This impacts on service quality, but also potentially impedes on safety and increases the level of risk for patients on

those base wards as staff numbers decrease

Shropshire CCG:

- The CCG highlighted that the lack of data and evidence led them to surmise that given the cost of the HALO, they weren't able to suggest if it worked well and offered value for money
- Due to increased demand last winter being sustained post winter, it became difficult to withdraw the winter schemes, but they had to, given the lack of winter monies available to continue them

Telford & Wrekin CCG:

- The main concern here lay with the frailty front door service at PRH. Last winter the service was very much in the development phase. The model was not fully established and the workforce hadn't been completely identified to support this service consistently. Since then, and going into this winter the frailty service is now operational 5 days per week, and has proven to be effective over the last few months. The system is confident that this can continue to develop and be an effective scheme heading into this winter
- A lack of organisational buy in regarding the joint WMAS and rapid response to calls
- Ambulance handover nurses, like Shropshire's view on the HALO – a lack of data and evidence to justify the impact of the nurses vs cost

Shropshire Council:

- Shropshire experienced inconsistency in the staffing relating to the frailty service offer. They believed having more consistency here would enhance the service this winter. This aligned with the development seen at PRH will ensure that the frailty offer across the system is far more enhanced in readiness for this winter
- 7 day working is not consistent across all sites and agencies, and often communication impacts on the quality of transition for patients moving from secondary to social care
- A view that the TTO/transport/ward culture not aligned to enabling early and morning discharge which can delay the movement across the system

Shropcom:

- Underutilisation of IV ambulatory care slots
- The increased flexibility of community hospital admission criteria aimed to increase community bed utilisation, yet due t the default position being for patients to present to ED, bed occupancy has actually reduced

The discussions in the room were very positive, emblematic of the way the system has developed a collaborative relationship over the last 12 months.

Next steps are to distil the outputs of the session further and take forward what has been suggested by all system partners. This will be laid out in a template for this year's plan and sections will be allocated to relevant system partners to populate and return. The regulators main message has been to ensure the plan remains achievable and realistic, and the demand and capacity work underpins all of the content.

Priorities for the 2019/20 winter plan will be:

- Demand Suppression- for example

  System has this as one of the High Impact Changes (HIC) and is an area of focus – whole system working on it together.

The WMAS start of change week has identified that placing an experienced community nurse in the strategic capacity cell can avoid up to 4 conveyances to hospital on some days (e.g. Monday) by using alternative- e.g. MIUs.

- Improve Process capacity- 'Today's Work Today'

- Effective discharge planning from the point of admission including increasing pre-noon discharges

A final draft of the 2019/20 Winter Plan will be submitted to the A&E Delivery Board on the 27th August. However, the plan will remain fluid after this time and updated accordingly as various schemes develop and come live.

Recommendation
Members to note.