

Cover page	
Meeting	Trust Board
Paper Title	Winter Planning - Lessons Learned
Date of meeting	6 th February 2020
Date paper was written	29 th January 2020
Responsible Director	Nigel Lee, Chief Operating Officer
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Executive Summary	
<p>This paper provides an update to the Trust Board on the success of the Shrewsbury and Telford Hospital (SATH) winter schemes and key enablers as part of the system winter plan 2019/20. The paper details the schemes and key enablers that were put in place; the impact that the schemes realised and the plan for winter 2020/21</p>	
Previously considered by	In year update – direct to Board

The Board (Committee) is asked to:			
<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input checked="" type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:

Safe

Effective

Caring

Responsive

Well-led

Link to strategic objective(s)

Select the strategic objective which this paper supports

- PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare
- SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care
- HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities
- LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions
- OUR PEOPLE Creating a great place to work

Link to Board Assurance Framework risk(s)

(RR 561) We need to have system-wide effective processes in place to ensure we achieve national performance standards for key planned activity

(RR 670) If we do not deliver our control total and meet the trajectory to live within our financial means THEN we cannot meet our financial duties nor invest in service development and innovation.

Equality Impact Assessment

- Stage 1 only (no negative impact identified)
- Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)

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

Financial assessment

Nil for 2019-20

Main Paper

Situation

This paper provides an update to the Trust Board on the success of the Shrewsbury and Telford Hospital (SATH) winter schemes and key enablers as part of the system winter plan 2019/20. The paper details the schemes and key enablers that were put in place; the impact that the schemes realised and the plan for winter 2020/21

Background

As part of SaTH's operational plan in 2019/20, a detailed demand and capacity model was produced which indicated the bed capacity required to manage the level of forecast emergency activity during 2019/20. This model identified that month on month the number of acute beds that would be required within SATH, and the associated capacity shortfall. The model also showed that a set of key internal and system actions and programmes of work were needed to be in place to reduce the pressure on acute beds and Emergency Departments (EDs).

The key actions were as follows;

- Frailty team in the ED
- Better use/throughput of Same Day Emergency Care (SDEC) model and extended hours (albeit not to 7 days)
- Reduction in Stranded patients > 21 days
- Vanguard unit to release capacity in DSU for escalation (PRH)
- 12 short stay surgical beds on DSU (RSH)
- Therapy led ward (RSH) and bedded discharge facility
- Relocation of the Wrekin MLU
- Additional beds on PRH and RSH site
- Extended opening hours for pharmacy services

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

- Bedded discharge lounge on the RSH site
- Ambulance handover nursing support (replaced HALO role)
- Weekend discharge teams
- Weekend complex discharge team

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 or an alternative setting.

- Increase in reablement and nursing home beds
- T&W Council x8 block purchase beds
- Pilot of Pathway Zero (refined homecare support) on 1 ward PRH & 2 wards RSH
- Shropshire Council x5 additional Discharge to assess beds.
- Shropshire Council incentives to providers (to incl. additional weekend and bank holiday activity)
- Shropshire Council Bridging Service
- Shropshire Council 7 day working
- Shropshire Council Data Performance Analyst
- Shropshire Council Spot purchase beds
- Shropshire Care Closer to Home Phase 2 - Case Management x8 Demonstrator Sites

Assessment

So far this winter, A&E attendances and emergency admissions have increased by 11% year on year, and exceeded the plan; the demand has impacted on available bed capacity and waiting times within both of the emergency departments, as well as affecting elective activity. Therefore in addition to the schemes identified as part of the system plan, there have been further actions taken to keep patients safe and patient flow.

- Use of fracture clinic cubicles for ED patients (some peak days)
- Additional Clinical site managers to support the admission portals and ward flow
- Patient transfer team to support wards
- Elective orthopaedic ward used for increase in trauma activity (January 2020)
- Extra emergency theatre lists to manage demand

What went well

- Dedicated discharge team on both sites – this is working well, however could be further enhanced by rolling out criteria led discharge.
- Extended hours for acute medicine has enabled SDEC to remain open for twilight sessions (not 7 days during 19/20)
- Pharmacy extended hours, able to facilitate more discharges – 6 Days as of Jan 2020
- Demand and capacity bed modelling – Updated monthly to show capacity shortfall and is accurate.
- Maintained super stranded patient metric despite increase in admissions
- Recruitment to key posts to support winter happened earlier in the year – eg Therapy
- Extra beds on both sites to relieve pressure in ED
- Vanguard unit in place releasing escalation capacity from December 2019 – started on schedule
- Weekend planning and Multi-disciplinary working.
- 12 surgical short stay beds on DSU
- Prioritisation and investment of ED and Acute Medical workforce as part of 19/20 plan.

What hasn't gone so well

- Acute Medical admissions area used for escalation, therefore unable to optimise SDEC
- Lack of bedded discharge lounge due to ward 35 not being available as expected
- Impact on elective activity and some patients being cancelled more than once
- Planning for use of fracture clinic/ communication channels
- Staffing challenges for the frailty team (Community, Social care and SaTH)
- Some rise in complex discharge delays (Powys during Dec)
- Pre 12 discharges continue to be below the national standard of 30% (circa 17%)
- System schemes not well publicised within SATH, therefore staff unaware of alternative pathways to admission
- Increase in ambulance attendances has resulted in increased corridor care and ambulance handover delays.
- Ward 35 delays
- Delay in MLU move on PRH site
- Unable to quantify the impact of some of the system schemes
- Variable success of differential pay rates

Key challenges/issues

A number of other challenges and issues are worth of note:

- Due to increased activity and ambulance conveyances across the two sites there has been an increase in the number of 12 hour trolley waits within both emergency departments and therefore corridor care was in place.

- Locum/agency numbers for medical and nursing staff. This has added to pressures in EDs and some wards, as well as reducing efficiency.
- The personal and professional demands on teams and individuals has been significant – across departments (for clinical and operational management staff) and for on call staff.

Proposals for 2020/21

Planning for 2020/21, the SATH winter plan needs to be incorporated within the operational plan and therefore allow schemes and key enablers to be put in place and tested before winter. The first draft of the demand and capacity bed model for 2020/21 has been completed and has identified the bed gap across the two sites; this is sizeable. There is more work to be undertaken over the next month to understand the impact and opportunity of the SDEC model, which is an important STP and national objective for 20/21. Key SATH areas to focus on for 2020/21 are:

- Address Bed/Capacity shortfall
- Options for frailty unit at RSH
- Dedicated SDEC and AMA facilities on both sites to avoid bedding of units for escalation
- Adequate bedded discharge lounge facilities on both sites
- Increase clinical site staffing levels to support admission portals, including SDEC
- Robust plan for maintaining elective activity during peaks in demand; Vanguard unit or outsourcing.
- On call capacity
- Review of transfer team pilot.

Across the health and social care system, there are a number of important workstreams to work on together with system/STP partners, including WMAS.

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 FY 2020/21.