The Shrewsbury and Telford Hospital NHS Trust

Board of Directors' Meeting
10 November 2022

Agenda item	215/22			
Report Title	Winter Plan 2022/23			
Executive Lead	Chief Operating Officer			
Report Author	Deputy Chief Operating Officer			
	Link to strategic goal:		**Link to CQC domain:**	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		**Link to BAF / risk:**	
	For assurance	√	BAF1, BAF2, BAF3, BAF4, BAF6, BAF8, BAF9, BAF10, BAF11, BAF 12	
	For decision / approval		**Link to risk register:**	
	For review / discussion			
	For noting			
	For information			
	For consent			
Presented to:	N/A			
Executive summary:	The Winter Plan 2022/23 is being developed in conjunction with system partners to support the management of increased demand through the winter months. This paper describes the activities that are being undertaken to mitigate the impact of winter. The Board of Directors' are asked to note the contents of this paper.			
Appendices	Appendix 1: SaTH Winter Plan 2022/23			
Executive Lead				

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SaTH Winter Plan 2022/23

Introduction

There are a number of indicators that informs us that winter 2022/23 is going to be a challenge across the NHS and locally for SaTH and the wiser Shropshire, Telford and Wrekin system. COVID-19 infections continue to be a factor in the community and in hospital; this impacts on demand and discharges to care homes and for patients that require care at home for domiciliary care providers. The weather forecasters are suggesting that there could be significant cold and snow episodes this winter which will impact vulnerable people in our community and staff getting to work. In addition, the current fuel and cost of living crisis could impact on the most vulnerable becoming more acutely ill and potentially on patients being less willing to return to their homes when they have no criteria to reside in our hospital. There is also a need to continue to balance the requirements of elective recovery with the pressures winter brings to urgent and emergency care.

Background

The STW winter plan identifies the following objectives to deliver the aims of the winter plan

1. Utilise learning from previous winters locally to target our winter response
2. Implement a range of targeted winter schemes effectively in a timely manner
3. Monitor delivery against identified schemes to maximise impact
4. Maximise vaccination programmes
5. Communicate with our patients to ensure they know where to go for help
6. Have clarity on system escalation processes

The SaTH winter plan focusses on supporting our emergency departments to be as effective as they can be with the expected level of demand and on effectively reducing the bed gap by increasing capacity and on improving processes to effectively use the capacity that is available across the system.

The bed gap

The modelling that has been undertaken indicates there will be more demand on urgent and emergency care services than the available capacity. The modelling identifies a bed gap across our hospitals throughout the winter months.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Average Bed Gap
Bed gap (no action)	-156	-191	-171	-161	-192	-139	-168

The winter plan has been developed to identify interventions to mitigate the bed gap. This winter plan describes the SaTH intervention and interventions that will be taken across the system, however there is a recognition that all the current mitigations will not completely resolve it.

SaTH Winter plan interventions

The mitigations that have currently been identified are as follows: -

1. **The development of the Acute floor**

A co-located Acute Medical Assessment Area (AMA), Acute Medical Unit (AMU) and Short Stay ward will be operational at the beginning of December flowing approval of the business case in the Autumn. The estates work is currently progressing on the first floor of the ward block. Recruitment of nursing, medical, therapy and non-clinical support staff is currently underway. The clinical pathway and processes are being developed with the intention of patients who are identified as requiring acute medical assessment and intervention to either directly attend the acute floor or to be transferred to the acute floor from ED as soon as possible. This will reduce the demand on ED and provide an opportunity to reduce the length of time to seeing the acute medical physician.

2. **Reducing Ambulance Handover Delays**

2a. **Ambulance Decision Area**

In collaboration with West Midlands Ambulance Service (WMAS), an ambulance decision area at RSH is being introduced. This will provide a 9 bedded Pitstop area that is staffed by a multi-agency team – a paramedic employed by WMAS and nursing staff employed by SaTH and overseen by the ED consultant. Patients that are conveyed by ambulance will be offloaded into the Ambulance Decision Area (ADA) to begin first line assessment, care and treatment. This will relieve the ambulance crew and enable ambulances to be re-deployed back on the road.

With the redevelopment of the RSH ED footprint this will also provide an additional space within ED to be utilised to reduce the congestion across the department.

2b. **Next Patient Model**

The Next Patient Model has been introduced to support patient flow through the hospital earlier in the day. Commencing at 8am, a rhythm of 4 patients an hour transferring from RSH ED and 3 patients an hour transferring from PRH ED is the expectation.

This can be realised by planning the moves of patients with a planned discharge to discharge lounge and ensuring the process of discharge (discharge letters, medication, transport), handover and re-allocation of bed spaces for patients from assessment wards is completed overnight in preparation for the morning moves.

Operational and clinical teams are working together to introduce and sustain this model so that there are embedded practices through winter.

3. **Transfer team**

Additional porters and healthcare assistants are being rota'd to support patient moves and bed cleaning so that the time between patients moving out of bed spaces and new patients moving into bed spaces is reduced. This enables all the bed spaces to be utilised as efficiently as possible.

4. **Utilisation of the critical care space**

Whilst ITU Is currently sited within ward 37, the old critical care space is available for utilisation.

An 8 bedded transfer area has been developed for patients that have a "Decision to Admit" but are waiting for an assessment bed to become available. This is staffed by nursing teams across the divisions and is to support decongesting ED through the day.

5. **Development of Trauma Assessment spaces on both sites**

Areas have been identified on both sites for two bedded trauma assessment areas co-located with the orthopaedic wards. This will provide the opportunity to pull patients from ED for assessment rather than assessing in ED, thus reducing time in Ed for the patient and should support improved ambulance handover times for patients identified as requiring orthopaedic intervention. Both areas will be in place by December 2022.

6. **Bioquell Pods and Monitored beds within respiratory wards**

Following ward moves to create the acute floor, ward 24 is the new respiratory ward. Bioquell pods are being placed within the ward to create 4 segregated areas and enable patients to be effectively separated if their condition requires isolation.

Telemetry units are also being installed on ward 17 at PRH and ward 24 at RSH to enable patients' conditions to be monitored effectively during the acute phase of their hospital stay. The ward 17 monitors were installed in October and the ward 24 monitors are being installed in the first week of November.

7. **SaTH2Home**

We have increased the number of hours of SaTH2Home over the winter period. This is a contracted bridging service that provides home care for patients that require domiciliary care support that can't immediately be provided by Local Authority. The service can provide immediate support enabling patients to be discharged home rapidly. They also provide a reablement service and as such can reduce care provision as the person improves in their home environment. This then "rightsizes" the amount of care provision required on a long-term basis.

8. **Improvement actions linked to reducing the delayed bed days**

8a. **reducing patients that stay over 21 days**

A full ward level review of patients that have stayed over 21 days is undertaken each week and any delays are escalated to a multi-agency long stay group whose remit is to "unblock" any delays and expedite discharge for those patients that are able to leave hospital.

8b. **reducing the number of failed discharges**

A review of all patients who don't leave hospital on the day they are expected to leave is undertaken. This focus supports the unblocking of individual issues, and the data is collected to enable themes to be identified. Focussed work can then be undertaken on these themes to reduce similar issues happening again.

8c. **improving ward processes to reduce internal delays**

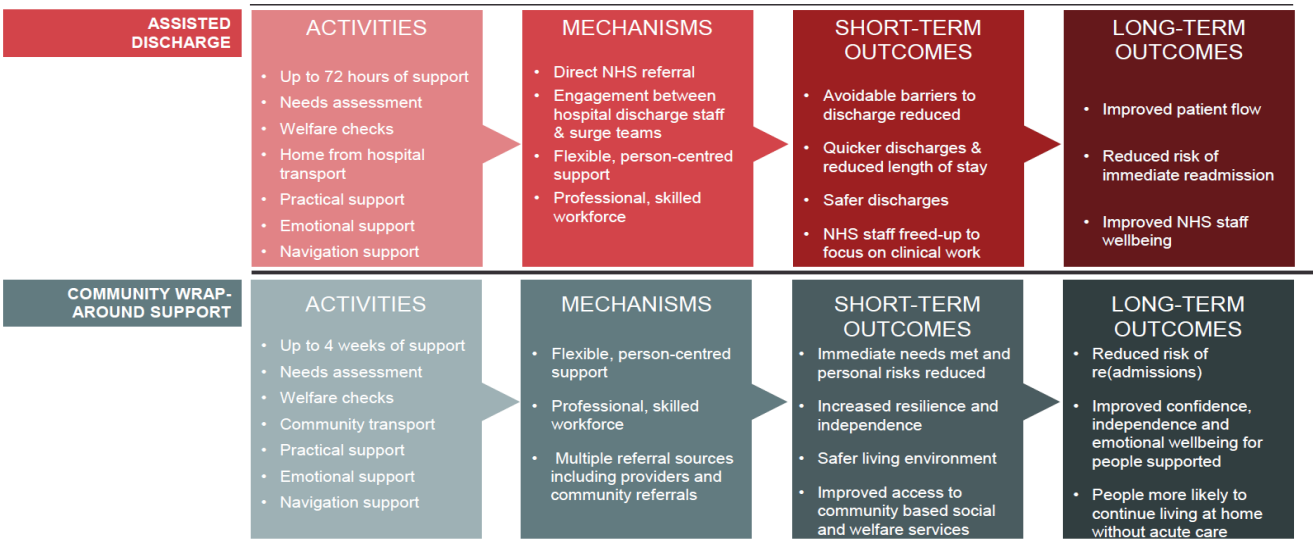
A programme of work has been developed to support wards to improve ward processes in relation to patient flow. This work will continue through the winter months.

8d. **improving complex discharge processes to reduce time from referral to discharge**

Continued focus on ensuring that discharge planning commences on admission to support patients being discharged as soon as possible once they are medically fit to do so.

9. British Red Cross Home from Hospital Scheme

The British Red Cross continue to support RSH with a Home from Hospital Service and provide a wrap around community support service for patients at both PRH and RSH. These services will continue throughout winter and will provide valuable support to settle patients at home following a stay in hospital and support following discharge for those that require low level care, support and re-settling following their hospital stay.



10. MADE – Home for Christmas

A Multi-agency Discharge event will run the week before Christmas to support as many people as possible being discharged before the Christmas break. This supports people to share Christmas with their loved ones and provides bed capacity in readiness for the post-Christmas surge in demand.

11. Additional Clinical Support Service capacity through winter months

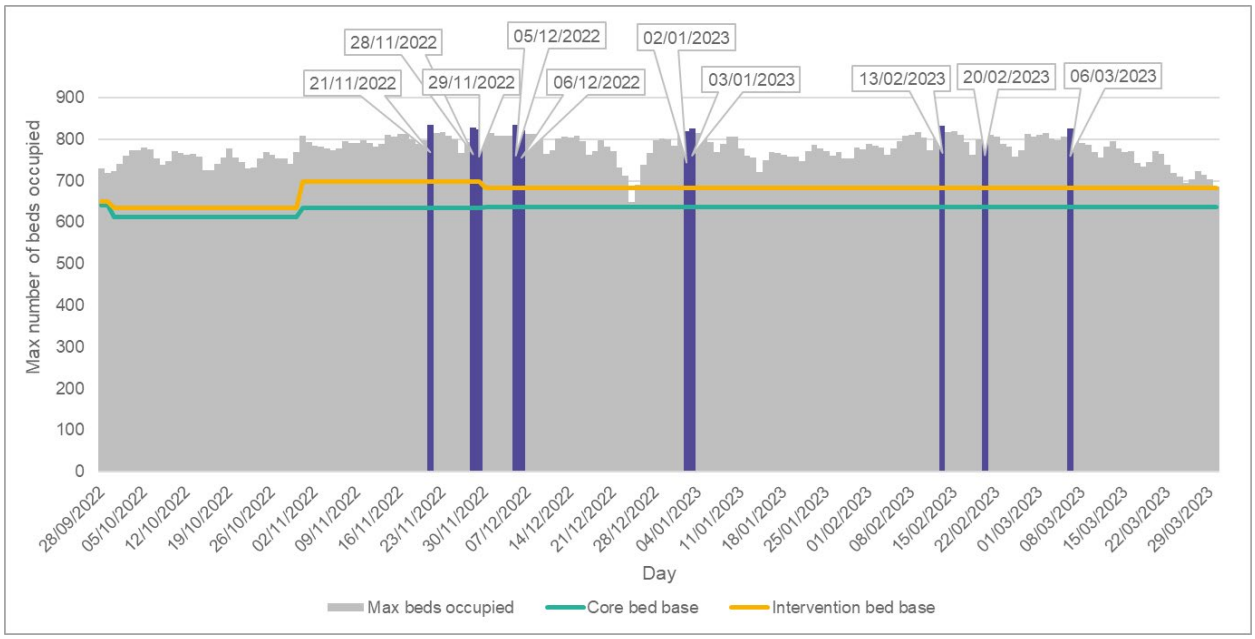
Additional pathology and radiology staff have been factored into the Clinical Support Services operational plans to commence in November to support the winter demand. For phlebotomy this includes additional phlebotomy, microbiology, and blood sciences staff and for radiology additional team members that will support patient flow and escort to radiology.

12. Managing RSV in Children

The Trust has in place an operational plan for the isolation of children and young people presenting with symptoms of Respiratory Syncytial Virus (RSV) up to the age of 18 years that has been reviewed for Winter 22/23. The plan includes a summary of proposed isolation and cohorting capacity based upon the most likely scenario for demand based upon 19/20 activity and Public Health England (PHE) modelling. This plan incorporates a summary of required equipment that is in place within the unit to meet this demand. The plan also included a summary of the escalation levels for the service linked to OPEL and the interrelationships with other units across the region for network working and mutual aid requirements depending upon the escalation status of the unit. The key risk associated with the implementation of the plan is the volume of vacancies within the unit (circa 15 wte), this is being mitigated by increased bank usage and additional agency support where possible. The Women and Children's Division will report on activity and the escalation/ cohorting status of the unit through the Trust processes on a daily basis both in and out of hours.

13. Planning for high demand days

We have identified through the modelling when the potential high occupancy days are so that we can plan to mitigate the impact of these by increasing staff on these days



System mitigations with SaTH involvement include the following:-

1. Virtual ward developments

System winter monies have been provided to support the development of the Virtual ward across the system. This is being led by Shropcomm with SaTH being an intrinsic partner, providing medical consultant input into the virtual ward. The expectation is to have 50 beds within the Virtual ward by December.

2. Positive Lives service

This service provides support to people who have a high utilisation of ED and 111 services. The British red Cross have won the contract for this service and plans are progressing to work in partnership with Red Cross to enable them to support the most appropriate people. It is expected this service will be running by December.

3. System Operations Centre (SOC)

Each Integrated Care System has been requested to set up a System Operations Centre that will run -8:00 – 20:00 7 days a week from 1st December until 17th April 2023. The SOC will be situated initially in RSH as this will enable the necessary access to some of the data streams that will be required. The operating model, staffing model and dashboard development is all underway in preparation for launch on 1st December.

Other system mitigations

The system winter monies funded plans to increase bed capacity in both Telford (6 in November and 10 in January) and Shropshire (22 in November), expansion of rapid response capacity and enhanced therapy in community beds.

Mitigated bed gap

The interventions identified will have an impact on reducing but will not completely resolve the bed gap throughout winter.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Average Bed Gap
Bed gap (no action)	-156	-191	-171	-161	-192	-139	-168
Bed gap (SaTH mitigations)	-99	-85	-83	-71	-102	-47	-81
Bed gap (System mitigations)	-70	-48	-37	-25	-46	17	-35

We will be monitoring the bed gap on a daily and weekly basis throughout the winter months and continue to work internally and with system partners on any further opportunities to impact positively on the bed gap.

Next steps

The Board of Directors' is asked to note the winter plan for 2022/23, there is still a bed gap and we continue to work with system partners to mitigate the impact and further reduce the bed gap where possible.

The winter demand, capacity, bed gap and winter plan actions will be monitored internally and at system level throughout the winter months.

A regular update will be provided to Board of Directors' throughout winter and a formal review of the winter plan will be undertaken and presented in April 2023.