

Board of Directors' Meeting 8 June 2023

Agenda item	075/23		
Report Title	Formal Review of 2022-23 Winter Plan		
Executive Lead	Sara Biffen, Acting Chief Operating Officer		
Report Author	Karen Evans, Interim Deputy Chief Operating Officer		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	√	Our patients and community	BAF9, BAF10
Effective	√	Our people	
Caring	√	Our service delivery	Trust Risk Register id: N/A
Responsive	√	Our governance	
Well Led	√	Our partners	
Consultation Communication	N/A		
Executive summary:	<p>The Board's attention is drawn to sections:-</p> <ul style="list-style-type: none"> • 2.1 - STW winter plan objectives • 2.3 - SaTH and System interventions • 3.0 - further interventions that were put in place during winter and the supporting data. 		
Recommendations for the Board:	The Board is asked to note the contents of this report.		
Appendices:	N/A		

1.0 Introduction

- 1.1 There were early indications that the winter of 2022/23 was going to be a challenge across the NHS and locally for SaTH and the wider Shropshire, Telford, and Wrekin Integrated Care System (STW ICS).
- 1.2 Continuing peaks in Covid infections, significant snow and cold weather incidents, the fuel and cost of living crisis were all factors that could impact on the most vulnerable becoming more acutely ill.
- 1.3 As a system there was also a need to continue to balance the requirements of elective recovery with the pressures winter brings to urgent and emergency care.
- 1.4 The financial pressures within SaTH and the wider system limited the winter schemes that could potentially have been delivered.

2.0 Background

- 2.1 The STW winter plan identified the following objectives.
 - Utilise learning from previous winters locally to target our winter response.
 - Implement a range of targeted winter schemes effectively in a timely manner.
 - Monitor delivery against identified schemes to maximise impact.
 - Maximise vaccination programmes.
 - Communicate with our patients to ensure they know where to go for help.
 - Have clarity on system escalation processes.
- 2.2 The modelling that was undertaken indicated that there would be more demand on urgent and emergency care services than the available capacity. There was a bed gap identified within SaTH throughout the winter months.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar -23	Average bed gap
Predicted shortfall	-96	-110	-113	-48	-79	-14	-77

- 2.3 Interventions were identified to mitigate the bed gap both within SaTH and across the system. These were as follows: -

SaTH interventions

- Opening of the Acute Floor in late December 2022.
- Improvement in ward processes (including reducing the number of patients that stay over 21 days).
- Maintaining escalation areas open (Ward 18, Ward 36 & Day Ward).
- Utilisation of 'Next Patient' areas on wards.
- Improving complex discharge processes to reduce time from referral to discharge.

System interventions

- Additional winter beds within Telford and Shropshire.
- Development of the virtual ward.
- Expansion of rapid response.
- Enhanced therapy to support community beds.
- Falls response service.

2.3.1 Acute Floor

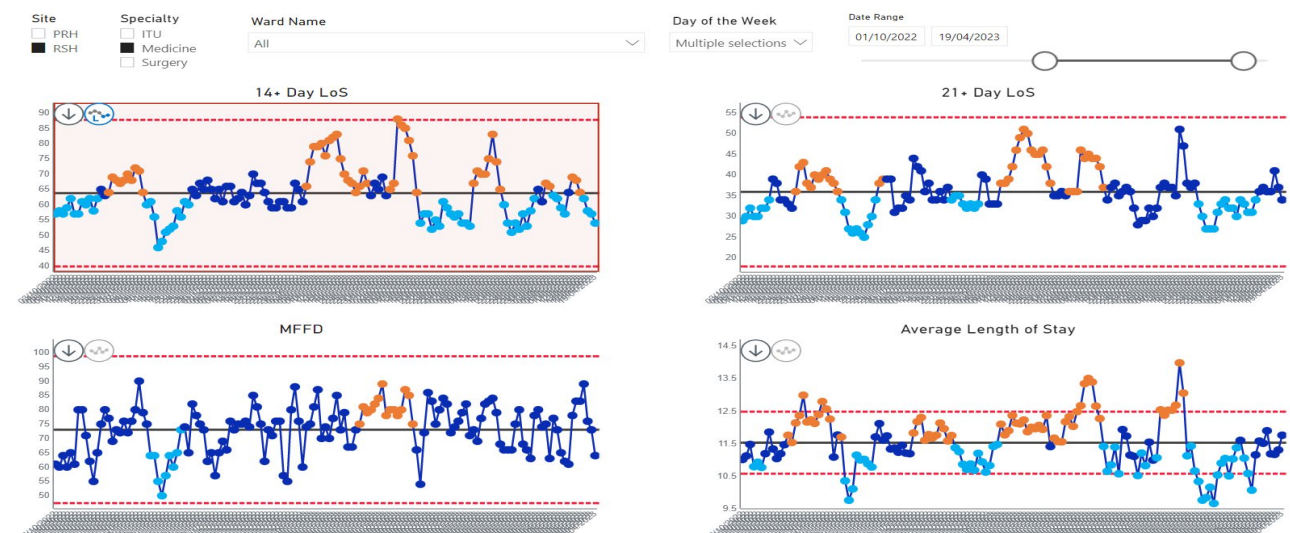
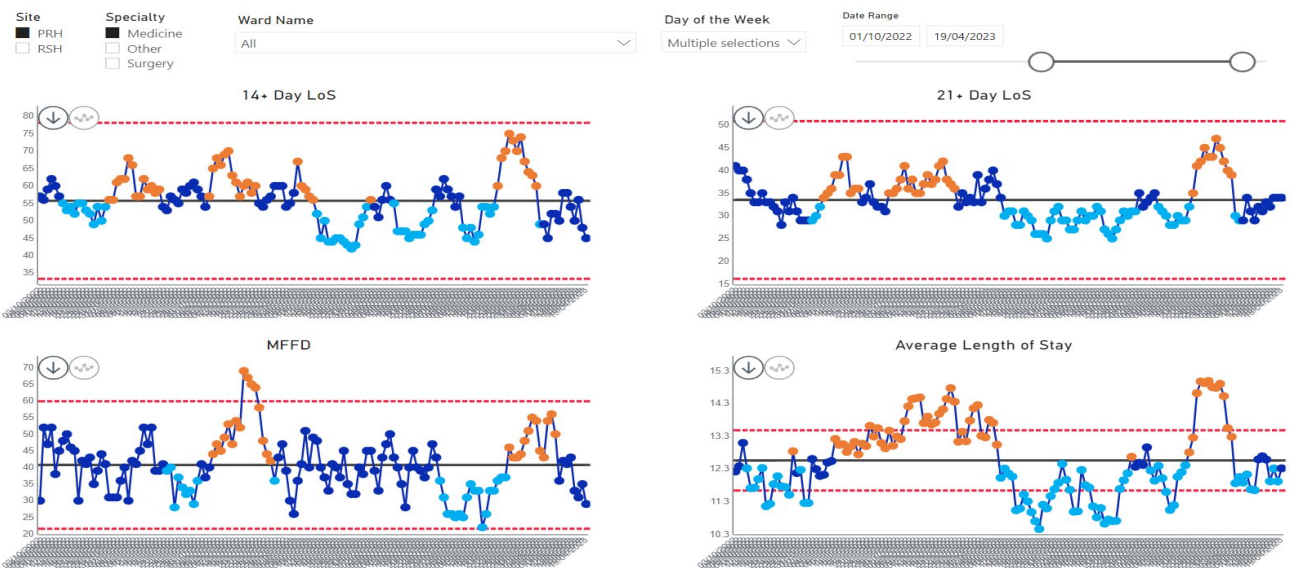
The Acute Floor opened in December 2022 as planned which created the opportunity to reduce the number of GP referrals in ED and also created some further direct access pathways for patients who required additional diagnostics prior to being discharged or waiting for admission.

The Acute Floor consists of 26 short stay beds, 20 beds in the acute medical unit and 14 trolleys, 3 assessment rooms and a seating area for up to 15 patients in the Acute Medical Assessment area. A further expansion is planned in 2023 to utilise 9 enhanced care beds once staff have been recruited and fully trained. Since opening the Acute Floor, 1778 patients have been treated in the space (between 21st December 2022 and 31st March 2023); 1244 patients (70%) have arrived directly without going through A&E and 25% of patients have been discharged home directly from the Acute Floor.

2.3.2 Improving Ward Processes

A programme of work was undertaken within the medicine wards from December to March to support an improved Board Round process. This impacted on average length of stay and the numbers of patients over 14 and 21 day length of stay, particularly at PRH from December-end of February with an increase in mid-March which has since recovered in April.

Data below is from October 2022- end March 2023



2.3.3 Escalation beds with SaTH

Escalation spaces were utilised with SaTH throughout the winter period. Ward 18 at RSH and ward 36 at PRH remained open and utilised for unscheduled care patients. There was also an 8 bedded area opened in the old ITU at RSH used as escalation.

2.3.4 Next Patient areas

Additional bed spaces were also created on four wards (ward 17, ward 11 at PRH and ward 28 and 32 at RSH) as “Next patient areas”. The purpose of these spaces was to create a space for patients who were identified as definite discharges so that the bed space could be utilised for a new in patient and so movement out of a busy A&E department could happen early in the day.

2.3.5 Additional capacity “winter beds” commissioned by Local Authorities

As part of the ICS funding, resource was provided to both local authorities to block commission additional 20 additional interim beds across care homes to support more rapid discharge of patients whilst further assessment or rehabilitation was undertaken. Agency therapy staff were recruited to support reablement within the interim bed base.

2.3.6 Escalation beds within RJAH

Escalation beds have been utilised at RJAH intermittently throughout the winter period when there has been critical incidents declared and we at SaTH have needed to extend into corridor care.

2.3.7 Virtual Ward

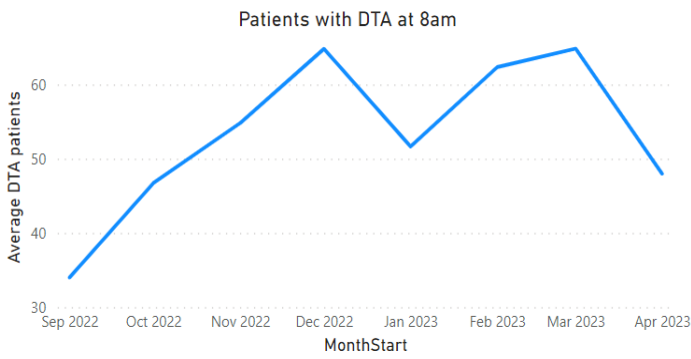
The Virtual ward was implemented by SCHAT in October 2022 and has been recruiting the workforce and developing pathways throughout the winter months. The focus through winter has been on attendance avoidance and admission avoidance pathways. Further work has taken place on late winter to create step down pathways to support discharge from hospital.

2.3.8 Falls response pilot

A falls response pilot utilising EZEC transport services and rapid response support was tested commencing on 9th February to end April. The service picked up over 250 patients over this short period with SaTH ED attendances in relation to falls dropping from 25 to 21 per day. A full evaluation of the pilot is taking place currently

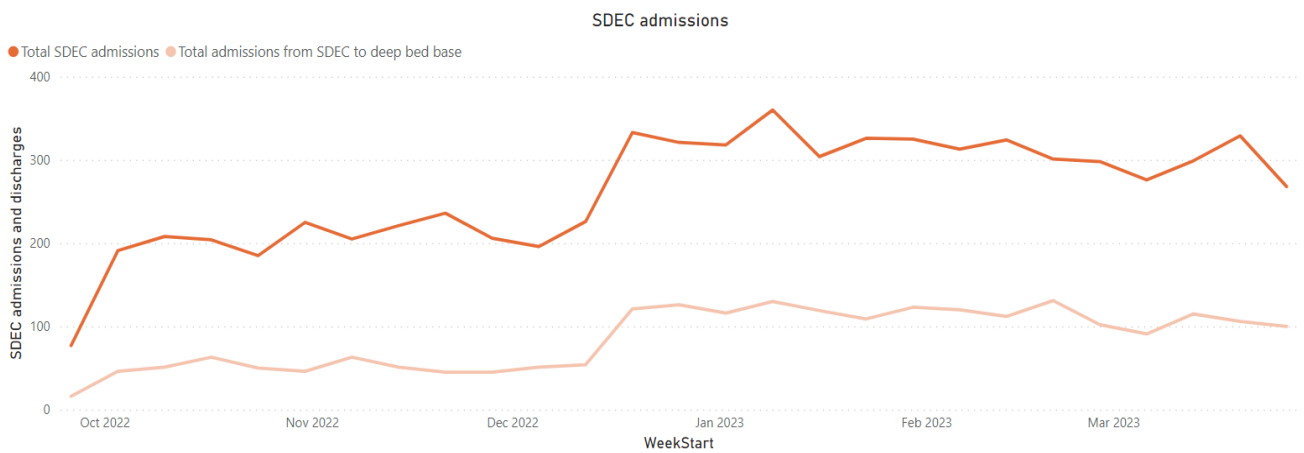
2.4 The data

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar -23	Average bed gap
Actual shortfall	-52	-64	-64	-59	-65	-66	-62

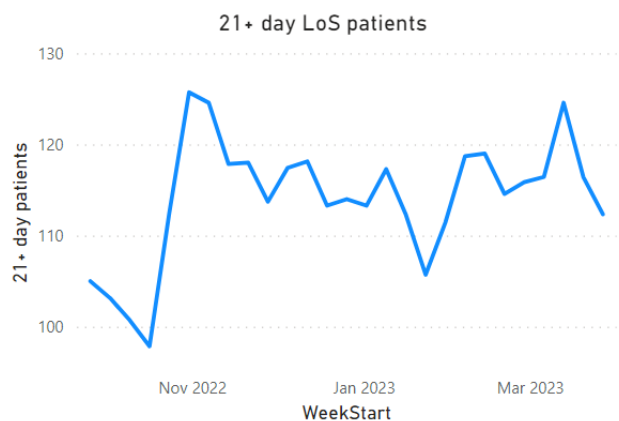
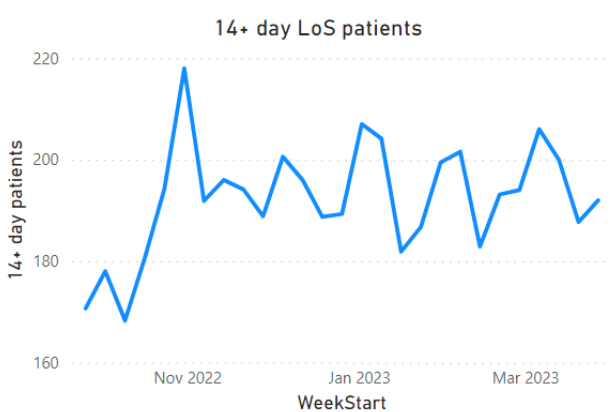


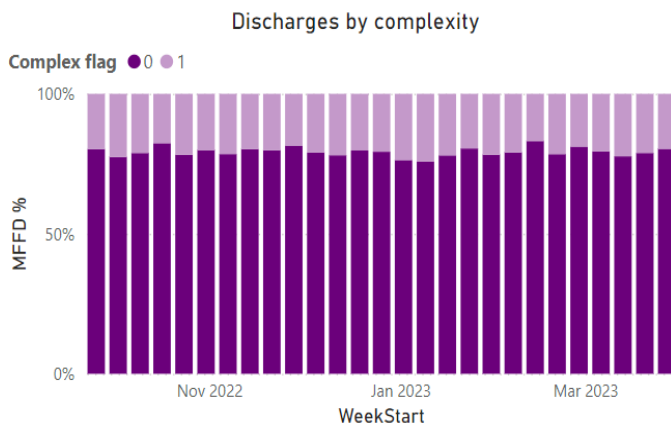
The number of patients in ED at 8am with a DTA (unmet demand) ranged from 50 to 65 throughout the winter months.

The number of SDEC/assessment unit admissions increased in December as the Acute Floor opened.

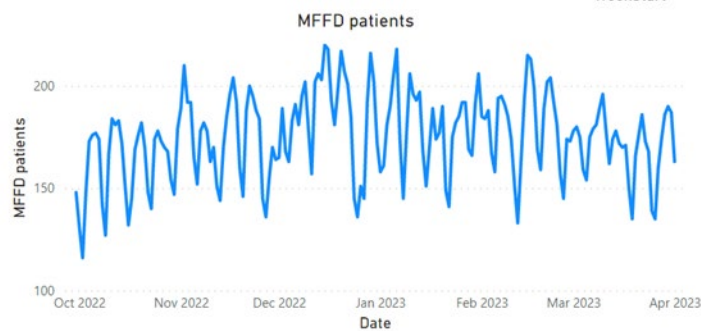


The number of patients staying over 14 and 21 days remained high throughout the winter period

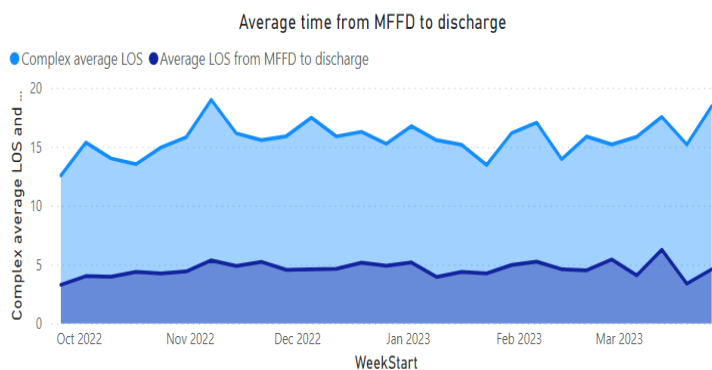




The proportion of simple to complex discharges remains at an average of 80% simple to 20% complex each day.



The number of patients who had no criteria to reside ranged from 116 on 2nd October 2022 to a high of 218 on 6th January 2023.



The average LOS for a patient on a complex discharge pathway ranged from 12.57 days at the beginning of October to 18.45 days at the end of October, with a high of 18.99 days in early November.

The LOS from being declared MFFD to discharge also increased from 3.29 at the beginning of October to a peak of 6.26 days in March 2023.

3.0 Further Interventions

- Ambulance Receiving Area (ARA)
- Additional SaTH2Home hours

3.1.1 Ambulance Receiving Area (ARA)

Ambulance receiving areas were created on each site. The ARA at RSH was a pilot in partnership with WMAS and SaTH staff creating a joint staffing model for the area. The ARA at PRHH was created within the A&E department as a temporary area and staffed by SaTH ED staff. In January 2023 there was an opportunity to bid for some funding to support a modular Ambulance Receiving Area at PRH – this was opened in April 2023.

3.1.2 Additional SaTH2Home hours to support more patients to be discharged on PW1

SaTH2Home is a PW1 care provider that is commissioned by SaTH to bridge the gap for patients who have not got a small level package of care so that they can return home whilst

waiting for their long-term package to be brokered by the Local Authority. Throughout winter additional hours were procured, funded by SaTH between October and December and then funded by LA between January and April. These additional hours enabled more patients with low level packages of care to be discharged home rapidly from SaTH beds.

4.0 Summary and Conclusion

The 22/23 winter period was extremely challenging for SaTH and the wider system. Very little in-patient elective activity took place through winter due to the non-elective demands on our services.

The above interventions however mitigated a proportion of the bed gap and supported a level of patient flow.

Work is continuing to progress on the UEC improvement programme within SaTH and the wider system so that we are in a strong position going into winter 23/24 to support effective patient flow for our patients and support our staff through the winter months.