

## Board of Directors' Meeting: 14 December 2023

<b>Agenda item</b>	164/23		
<b>Report Title</b>	SaTH Winter Plan 2023/24		
<b>Executive Lead</b>	Sara Biffen, Acting Chief Operating Officer		
<b>Report Author</b>	Karen Evans, Interim Deputy Chief Operating Officer		
<b>CQC Domain:</b>			
<b>CQC Domain:</b>		<b>Link to Strategic Goal:</b>	<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF9, BAF10, BAF12
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>  N/A
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>	Finance and Performance Assurance Committee, 2023.11.28		
<b>Executive summary:</b>			
<b>Executive summary:</b>	<p>The Board's attention is drawn to:</p> <ul style="list-style-type: none"> <li>Activity information is indicating there will be more demand on Urgent &amp; Emergency Care (UEC) services.</li> <li>The bed gap identified in the bed model.</li> <li>SaTH UEC Improvement Programme will continue to focus on improvements in Emergency Departments and inpatient flow.</li> <li>Community Sub Acute wards are being planned to open in early January 2024.</li> </ul> <p>The risks are:</p> <ul style="list-style-type: none"> <li>Continued long waits for patients in the Emergency Departments.</li> <li>Long Ambulance handover delays.</li> <li>The impact of staff health &amp; wellbeing on the continued level of demand throughout the winter period.</li> </ul> <p>We are currently:</p> <ul style="list-style-type: none"> <li>Working with system partners to reduce admissions and improve hospital flow.</li> <li>Planning for the implementation for the Sub Acute Wards.</li> <li>Working with Robert Jones &amp; Agnes Hunt in order to maintain elective activity and continue elective recovery.</li> </ul>		
<b>Recommendations for the Board:</b>	<p>The Board is asked to:</p> <p><b>Note</b> the report, particularly as highlighted above.</p>		
<b>Appendices:</b>	Appendix 1: SaTH Winter Plan 2023/24		

# Shrewsbury and Telford Hospital (SaTH)

## Winter Plan 2023/24

### Introduction

This paper provides the Board of Directors with an update on the plans for winter 2023/24 and the actions we are taking to maintain patient flow and safety.

### Background

There are several indicators that identify winter 2023/24 is going to be a challenge across the NHS and locally for SaTH and the wider Shropshire, Telford and Wrekin (STW) system. We have continued to see high unscheduled care demand into our emergency portals and we have been in escalation spaces throughout October and November with high Emergency Department (ED) occupancy levels, impacting on long ambulance handover waits.

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. We have also started to see patients with flu infections and adults with RSV admitted requiring isolation. We are also aware that there is an increase in measles infections in the UK, although we haven't as yet seen any admissions as a result.

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 ongoing 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.

The NHS core objectives and actions have been introduced this year to address the issues that we consistently face during winter

These are as follows: -

- Increase capacity outside acute trusts
- Increase resilience in NHS111 and 999 services
- Target Category 2 response times and ambulance handover delays
- Reduce crowding in Accident & Emergency (A&E) departments and target the longest waits in ED
- Reduce hospital occupancy through increasing capacity with sub-acute beds, virtual wards and pathway improvements.
- Provide better support for people at home
- Prepare for variants of COVID-19 and respiratory challenges

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 the most likely position for the bed gap across our hospitals throughout the winter months.

## Original bed model as per operational plan 2023/24

	30/04/2023	31/05/2023	30/06/2023	31/07/2023	31/08/2023	30/09/2023	31/10/2023	30/11/2023	31/12/2023	31/01/2024	29/02/2024	31/03/2024
<b>NEL core available - 92%</b>												
<b>occupancy</b>	590	590	590	590	590	590	590	590	590	590	590	590
NEL demand	719	692	710	681	681	678	694	725	710	734	739	706
Unmet demand	9	0	6	13	12	15	27	34	43	36	42	40
<b>Bed Position</b>	<b>-138</b>	<b>-102</b>	<b>-127</b>	<b>-104</b>	<b>-103</b>	<b>-103</b>	<b>-131</b>	<b>-169</b>	<b>-164</b>	<b>-180</b>	<b>-191</b>	<b>-156</b>
21+ day excluding NCTR	1	1	2	3	3	4	5	5	6	6	8	8
14+ day excluding NCTR	0	1	1	1	1	1	2	2	2	2	3	3
Ward processes (medicine)	16	17	15	17	18	20	21	21	19	18	19	18
Ward processes (surgery)	0	0	0	2	3	5	6	7	7	9	9	9
Criteria led discharge (medicine)	0	0	2	3	5	6	7	7	7	7	7	7
SDEC	0	0	0	4	4	4	4	4	4	4	4	4
<b>Revised Bed Position</b>	<b>-121</b>	<b>-83</b>	<b>-107</b>	<b>-73</b>	<b>-68</b>	<b>-63</b>	<b>-86</b>	<b>-122</b>	<b>-118</b>	<b>-134</b>	<b>-140</b>	<b>-107</b>
IDT	10	9	16	15	21	21	26	27	26	26	28	26
Virtual Ward - agreed trajectory	13	13	13	25	25	32	47	48	50	66	71	66
<b>Revised Bed Position</b>	<b>-98</b>	<b>-61</b>	<b>-78</b>	<b>-33</b>	<b>-22</b>	<b>-10</b>	<b>-14</b>	<b>-47</b>	<b>-42</b>	<b>-41</b>	<b>-41</b>	<b>-15</b>
Escalation beds	44	44	44	41	41	41	41	41	0	0	0	0
Impact of modular wards									64	64	64	64
<b>Revised Bed Position</b>	<b>-54</b>	<b>-17</b>	<b>-34</b>	<b>8</b>	<b>19</b>	<b>31</b>	<b>27</b>	<b>-6</b>	<b>22</b>	<b>23</b>	<b>23</b>	<b>49</b>

## Bed modelling for most likely bed position

	30/11/2023	31/12/2023	31/01/2024	29/02/2024	31/03/2024
<b>NEL core available - 92% occupancy</b>	<b>591</b>	<b>591</b>	<b>591</b>	<b>591</b>	<b>591</b>
NEL demand	725	710	734	739	706
Unmet demand	34	43	36	42	40
Increased in year demand	19	19	19	20	19
Additional NCTR patients	47	54	57	64	51
LA discharge capacity impact - no additional impact	0	0	0	0	0
<b>Bed Position</b>	<b>-233</b>	<b>-236</b>	<b>-256</b>	<b>-273</b>	<b>-225</b>
Internal LOS interventions - best case, 0.5 day LOS reduction	47	47	48	53	51
21+ day excluding NCTR - best case	5	6	6	8	8
14+ day excluding NCTR - best case	2	2	2	3	3
Ward processes (medicine) - pre 5pm discharges - best case	21	19	18	19	18
Ward processes (surgery) - best case	7	7	9	9	9
Criteria led discharge (medicine) - weekend discharges - best case	7	7	7	7	7
SDEC - best case	4	6	6	6	6
ED audit	0	0	0	0	0
OPAT service	1	1	2	2	3
Frailty model	1	1	2	2	3
<b>Revised Bed Position</b>	<b>-185</b>	<b>-187</b>	<b>-203</b>	<b>-216</b>	<b>-169</b>
IDT - Shropcomm	27	26	26	28	26
Virtual ward - revised forecast 2 day LOS	10	10	14	14	14
<b>Revised Bed Position</b>	<b>-148</b>	<b>-150</b>	<b>-163</b>	<b>-175</b>	<b>-129</b>
Escalation beds	42	42	30	38	38
ED escalation spaces	15	15	15	15	15
Modular ward - 46 from Jan			46	46	46
<b>Revised Bed Position</b>	<b>-91</b>	<b>-93</b>	<b>-72</b>	<b>-76</b>	<b>-30</b>
Hospital Full Policy Enacted - In extremis only	49	49	49	49	30
<b>Revised Bed Position</b>	<b>-42</b>	<b>-44</b>	<b>-23</b>	<b>-27</b>	<b>0</b>

The winter plan has been developed to identify interventions to mitigate the bed gap. This winter plan describes the SaTH intervention and also 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 2023/24 operational plan included the following actions development to reduce the bed gap:

- Discharge focussed work with the introduction of a Discharge Management Tool to track patients through their journey and to highlight any delays.
- Long stay reviews on patients over 21 days to reduce very long length of stay.
- Continuation of ward processes work and introduction of criteria led discharge.
- Focus on step down to Virtual Wards from acute beds.
- Increased capacity in Same Day Emergency Care (SDEC) following estates work at PRH
- Integrated Discharge Team (IDT) improvements to reduce the length of stay (LOS) for patients with No Criteria to Reside
- Further development of the Shropshire Community Hospital Trust (SCHT) Care Home Team to deliver UCR referrals.
- Embedded links with the Virtual Ward Clinical Advisory Group chaired PCN Lead (Step up)
- Urgent Community Responses (UCR) nurses working alongside West Midlands Ambulance Service (WMAS) & ShropDoc providing alternative community pathways for Cat 3 & 4 calls to 111 and 999.
- Technology enabled care both UCR services integrated with Adult Social Care, providing assistive technology based on personalised care.
- Explore options for self-referrals which are not currently part of the commissioned arrangements

In addition to the above the lessons learnt from winter 2022, the following services were to be scaled up as part of the system plan: -

- Proactive Care
- Integrated model for people living with frailty.
- Palliative and End of Life Care
- Integrated Falls Prevention Pathway

The above was planned to reduce the challenges faced by the Urgent Emergency Care service.

The impact of the additional developments via the Local Care Transformation Programme were also factored in to the SaTH 2023/24 Bed Model: -

- Further Alternatives to Hospital Admissions
- Enhanced Integrated Discharge Team
- Enhanced health in care homes

Further focus on the following interventions will be part of the system winter plan: -

- Frailty and dementia pathway
- Operational Rhythm
- Delivery of 7 day working

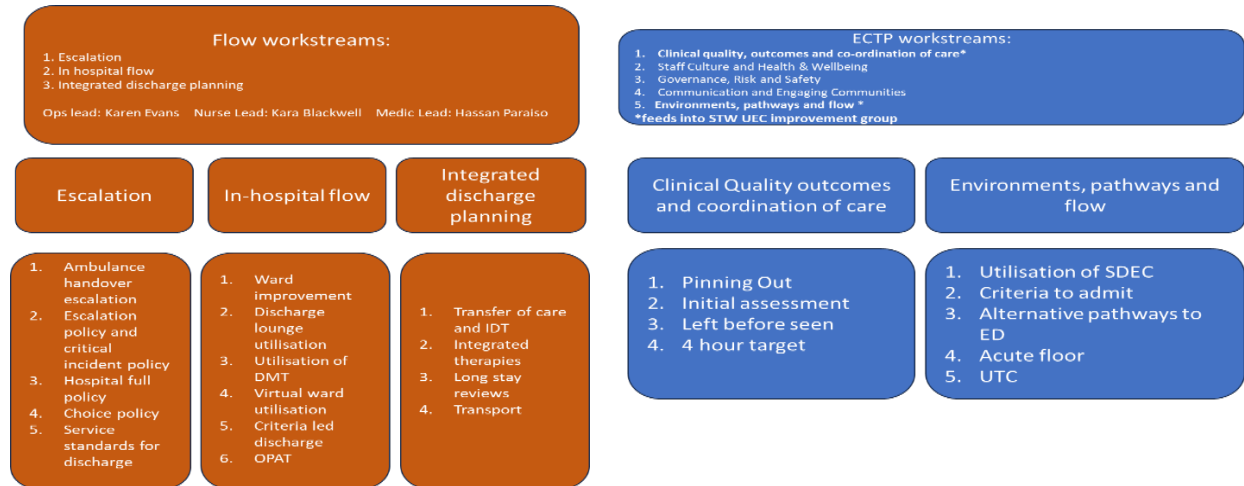
- Admission avoidance
- Encouragement to use Minor Injuries Units
- Increase the offer from Mental Health and Dementia Teams
- Increase support for patients with learning disabilities and autism.

## SaTH UEC Improvement Programme to support winter

There are UEC improvement programme has been reviewed in order to ensure there is focus in the right areas and the appropriate governance to support the winter demand.

There are two distinct elements to the UEC improvement programme: -

1. Flow improvement
2. Emergency care transformation



The flow improvement work reports into the System Discharge Alliance and aligns to the STW system discharge improvement plan and both flow improvement and Emergency care transformation feed into the STW UEC group and UEC board.

Two weekly performance monitoring meetings are in place, chaired by the Chief Operating Officer (COO) – one focussed on hospital flow and one on ED performance.

## Frailty

The frailty vision over the next 2-3 years is to grow services in a staged approach to ensure that the transition to the new HTP model is continuous for both staff and patients. While there is a plan to incorporate a Frailty Assessment Area within the front door footprint of the new build, this is still several years off completion and the service needs to continue to progress at pace.

The first phase of the frailty pathway has commenced. Patients that are awaiting an inpatient admission will be highlighted to the ward in priority order so that the ward can actively 'pull' patients from the front door services ensuring that patients are allocated to beds as soon as they become available. There is a PDSA (Plan, Do, Study, Act) project that went live on 7<sup>th</sup> November to ensure that the frailty beds within the wards (ward 28 RSH and ward 10 PRH) are 100% occupied by frail patients 100% of the time. The aim is to reduce the average length of stay on the ward as the focus has remained on the frail aspect and ensuring that our patients are receiving the right care, right place, first time.

Having the team located in the same space will offer many opportunities to deliver teaching and supervision to all team members whether at the bedside or departmental level. The team will grow in knowledge and gain confidence in their ability to deliver the right care to patients. With a robust team structure, morale will increase, and sickness & absence is highly likely to reduce within the department.

## **Virtual Wards**

We continue to work closely with the Virtual ward team to increase the number of step-up referrals from ED and step-down referrals from base wards. We have identified Virtual ward champions and have Virtual ward in-reaching to support our teams as they undertake a full Check, Chase, Challenge across all wards. Our discharge coordinator, working with the flow coordination team follows up all patients that have been identified by the Virtual ward team when they in-reach to support the discharge process. The consultant in Virtual ward and the Deputy Medical Director support clinical conversations around clinical decision making if required.

Further work is continuing to support the Virtual ward champions and the consultant body to understand the opportunities available by discharging patients to the Virtual ward. Phase 1 of the Outpatient Parenteral Antibiotic Therapy (OPAT) service will commence in November 2023 following approval at the system commissioning group. This will enable a new group of patients to be supported by the Virtual ward and OPAT service which is expected to increase the number of patients being discharged into this service.

## **SDEC**

The SDEC at RSH has moved to ward 21 and is now co-located with the acute floor. This will provide more opportunity to utilise the acute medical workforce more effectively and will support in increasing the numbers that go through SDEC.

The SDEC and Acute Medical Assessment Unit at PRH has been extended and opened in October 2023. This has provided additional capacity through the winter period to see more patients and reduce the burden in ED for patients that can be seen and treated through SDEC.

An SDEC project commenced in October 2023 with support from KPMG and the SaTH improvement team to review SDEC pathways and processes to increase the utilisation and efficiency of SDEC across both sites.

## **Criteria to Admit**

A Criteria to Admit audit has been undertaken by the deputy medical director and the STW Senior clinical advisor. The outcomes of the Criteria to Admit audit is feeding into the frailty and SDEC improvement work.

## **Community Sub-Acute Wards**

There is an agreement that community sub-acute wards, managed by SCHAT but placed on the SaTH site will be implemented this winter. NHSE have supported an STW application for additional modular wards on the RSH site. Planning permission for these modular wards has unfortunately been delayed however alternative options have been reviewed to enable the sub-acute wards to be opened. A weekly steering group is in place, chaired by the COO from SaTH who is the Senior Responsible Officer.

The wards will be ward 36 at PRH (20 beds) and ward 18 at RSH (26 beds). Ward 18 will be available until the modular wards are sited and ready for clinical use.

In order to create the available capacity, the following moves are being undertaken: -

## PRH:

- Renal is moving off site to Hollinswood House
- Ward 5 (renal) is being renovated to ensure it is suitable to house the elective orthopaedic ward
- Elective orthopaedics will move from ward 36 to ward 5
- Ward 36 will become the community sub-acute ward

## RSH:

- Phlebotomy is currently accommodated adjacent to ward 18. They will move to Elizabeth House to create a further 6 beds for ward 18.
- Ward 18 is currently the ward supporting 20 patients that have No Criteria to Reside – this ward will move to ward 29.
- Ward 18 will become the community sub-acute ward (26 beds)
- SCHAT will run the sub-acute wards and will be supported with non-clinical support services from SaTH. The plan is that the PRH ward will be handed to SCHAT on December 22<sup>nd</sup> and RSH ward 18 will be handed over to SCHAT on 17<sup>th</sup> January 2024.

## **Transfer team**

Additional porters and healthcare assistants are being rostered 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.

## **The Hospital Full Policy**

The Hospital Full policy has been reviewed and updated to include the patient areas that will be utilised (ward spaces and ED spaces) if we are at level 4 or in critical incident. The policy has been approved by Quality Operational Committee in November and a communications strategy is being developed ready for operationalising the policy from 7<sup>th</sup> December 2023.

## **Winter infections**

The last few winters have seen an increase in respiratory infections, including COVID-19. Forecasting models are anticipating a similar rise this winter in respiratory infections. We have increased our high dependency respiratory capacity this year at RSH which is supporting the isolation of patients on ward 24. We continue to have access to the Redi-Rooms that can be placed on any ward if required.

A deep clean of high-risk wards at RSH took place through late August and early September. The aim of this exercise was to reduce hospital acquired infection rates over the winter period.

We are aware that measles infections are increasing, and we have updated the measles policy and created communications for CAU and ED staff to ensure we have an appropriate response regarding identifying any potential infections as well as determining any at risk staff who we have no current vaccination status for so that they can be followed up and offered the appropriate vaccine.

The Trust has in place an operational plan for the isolation of children and young people presenting with respiratory conditions and symptoms of Respiratory Syncytial Virus (RSV) up to the age of 18 years that has been reviewed following the peak in incidence in 2022. 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 nursing vacancies within the unit, 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.

### **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 also provides bed capacity in readiness for the post-Christmas surge in demand.

### **Direct Admission Pathways**

The clinical divisions are reviewing opportunities for direct admission pathways for specialities – including Trauma & Orthopaedics, Oncology, Paediatrics, ENT.

### **Additional Clinical Support Service capacity through winter months**

Therapy and pharmacy rotas are being reviewed to extend hours of these discharge dependent services over weekends where it is feasibly possible to do so.

### **Protecting elective activity**

#### Elective Hub

A £24 million capital investment was secured in November 2022 to create an Elective Surgical Hub (EH) on the Princess Royal site. The unit is expected to be completed and open to patients in early January 2024 and will provide a total of 20 additional trolleys and 4 new state-of-the-art theatres. Two of these are additional and the other two will replace theatres in the current Day Surgery Unit. The Elective Hub will provide ringfenced capacity for elective surgery and will be protected from urgent care pressures all through the year during frequent periods of high escalation and particularly through the winter period. The investment includes patient recovery spaces and associated administrative accommodation which will open in November 2023. The unit will enable us to carry out an additional 1800 elective cases in 2023/24.

#### STW Community Diagnostic Centre (CDC)

A £10.15 million capital investment secured in November 2022 to create a STW Community Diagnostic Centre at Hollinswood House, which is located in Telford. SaTH has been commissioned by STW to deliver the CDC and the unit will be delivered in 3 phases. Phase 1 opened to patients on 2<sup>nd</sup> October 2023 and will provide additional diagnostic capacity for STW patients in phlebotomy, plain x-ray, non-obstetric ultrasound, and CT. Phase 2 will provide MRI and phase 3 will provide cardio-respiratory testing and tele-dermatology.



The opening of the CDC means that many patients will no longer need to attend the acute hospital sites for their diagnostic appointments, releasing capacity for developing one-stop services and opening up opportunities to implement 'straight to test' as part of agreed clinical pathways.

### Robert Jones and Agnes Hunt

There is agreement to support the transfer of elective activity from SATH to RJAH which will ensure continuity of elective orthopaedics over the winter period. Detailed plans are being developed to support this.

### **System Control Centre (SCC)**

The purpose of the Shropshire Telford & Wrekin SCC is to ensure the safest and highest quality of care possible for the population, balancing the clinical risk within and across the ICS system - acute, community, mental health, primary care, and social care services. Led by senior operational and clinical leaders harnessing the power of our Integrated Care System (ICS), SCC will ensure a consistent and collective approach to managing system demand and capacity as well as the mitigation of risks. SCC will maintain oversight of the systems flow of activity into and out of the Acute. SCC will provide insight and intelligence to system partners and NHSE colleagues and support the system with unfolding operational challenges and risk mitigation.

The SCC Operates from 8:00am to 20:00pm Monday – Friday and will be extend to 7 days a week from 1st November 2023 8:00am to 20:00pm Monday to Sunday. During the designated hours of 08:00am to 20:00pm, SCC is responsible for ensuring that the potential and actual operational pressures across the system are identified early and to ensure that partners can proactively prevent the escalation of those pressures through effective collaboration.

### **Winter schemes within STW**

#### Single Point of Access/Care Coordination Centre

£0.4m of additional funding has been provided by NHS STW to continue the winter provision of the Care Co-ordination Centre and Single Point of Access (CCC/SPA) provided by Shropdoc. The service is the Point of Access to help and support all healthcare professionals to arrange urgent/same day/next day referrals reducing the reliance on Emergency Departments. Using a Trusted Assessor Model, the service will ensure that our patients receive the right care, in the right place, at the right time, effectively managing patients in a community setting 7 days a week, 365 days a year, preventing avoidable hospital admissions/attendances. The service consistently achieves a non-ED conveyance rate of 93% and above using alternative pathways.

CCC/SPA are looking to implement the "Call Before You Covey" principle with West Midlands Ambulance. The focus will be on the age 75 and over cohort. The work is being led by NHSE colleagues in the region with an implementation start date predicted to be in late November 23.

#### Primary care

Additional appointments through locum, agency and extension of core hours along with 111 direct bookable appointments will be available to patients. Appointments and triage will be offered remotely along with remote monitoring if required

### Minor injuries units

SCHT will make available further 111 directly bookable appointment slots to enable the 111 providers to directly book patients into the MIU increasing patients diverted away from the Emergency Departments.

The community team will continue to ensure full operational and geographical coverage with a minimum of 7 days a week and 08.00-20.00 operating times, working with the ambulance service and Shropdoc's single point of access to communicate and pro-actively divert patients to alternative community pathways targeting particularly category 3/4 calls and primary care referrals to safely be redirected to UCR community pathways.

### Additional care home support

Through our Virtual ward workforce, two nurses will be aligned as additional immediate admission avoidance capacity to the care home MDT team. Integration between the virtual ward team and care home team provides opportunity for local care homes to access to advanced clinical decision-making to support (where appropriate) alternative options to an admission to hospitals.

NHS 111 'select MH option'. MPFT will be working with system partners to ensure that the soft launch of a new mental health crisis option for NHS 111 callers is in place over the winter period, commencing 1<sup>st</sup> December 2023.

Hospital Avoidance Team for older adults with co-morbid frailty and dementia. MPFT deliver this service 7 days per week, focussing on supporting Care Homes to manage the mental health of their residents to avoid transfer and admission to our local acute and mental health hospital. This service will see a further temporary uplift in capacity between December and April to manage winter demand.

### **STW funded winter schemes**

The ICB has successfully awarded winter monies to a number of schemes to support the system through the winter period. The schemes were prioritised based on those able to make the biggest impact in supporting our patients and the system this year until the end of March 2024.

- 2 Additional Discharge Vehicles – Non Emergency Patient Transport Service (NEPTS) Monday – Friday
- Mental Health: targeted rapid intervention to patients over 65 – 2 additional staff to support the current hospital avoidance service
- Communications
- British Red Cross: A 6-week home support programme for patients to remain at home.
- Voluntary Sector; staying well this winter, supporting social prescribing.
- Falls (hospital avoidance): combined Shropshire Community Health Trust (SCHT), Social Care and Shropshire Fire & Rescue Service.
- SPA and Clinical Co-ordination

## **Recommendations**

- The Trust Board is asked to note the winter plan for 2023/24, noting there is still a significant bed gap in December, January and February.
- We continue to work with system partners to 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 review of the winter plan will be undertaken and presented in May 2024.