

HOSC – 29 JANUARY 2024

MEMBER QUESTIONS

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1. Bernie Bentick

Delays in transfer of patients from ambulances to Shropshire's Emergency Departments and admission to hospital beds continue to cause misery, deterioration and deaths.

A Report to SATH Trust Board on 14th December 2023 revealed 140 deaths in the Emergency Department between October and December 2022, double the number during the same time period in 2021 and 3 times the national average. Hospital discharge delays have dropped to an average of 115 per day for the first week of January 2024 compared with 150 to 160 for most of 2023. Accordingly, admission delays should reduce, but the mean time for admission to an inpatient bed in November 2023 in SATH was 21 hours.

SATH was one of 5 Trusts called to a meeting with The Health Secretary Victoria Atkins on 18th December 2023 over 2550 ambulance lost hours in the 3 weeks to 10th December 2023, one of England's worst performances.

How many Emergency Department deaths were there in 2023 and what steps have been taken to deal with this appalling loss of lives, how many deaths were reported to Shropshire's Coroner over the last 3 years and how many and what was the content of any Regulation 28 Notices served on SATH?
What urgent steps have been taken to reduce these delays, when a national study suggested increased mortality in patients waiting more than 5 hours in crowded conditions in the Emergency Department for a bed and what was the outcome of the meeting with the Health Secretary?

Response

In 2022/23 there were 404 deaths in ED departments of which 163 were referred to the Coroner. Over the last 3 years there have been 361 ED deaths that have been referred to the Coroner (101 in 2021/22, 163 in 2022/23 and 97 in 2023/24 (Q1-Q3)). In respect of the Regulation 28 Notices, SaTH has received one within the last 3 years, in May 2021, and it was not related to a death in ED.

SaTH carried out a review of the increased deaths noted in quarter 3 of 2022-2023 in emergency department. The review did not identify any overall failures or omissions in medical or nursing care that were considered to have adversely impacted on the outcome for the patients. Although a greater proportion of admitted time in hospital is now within the ED footprint due to the system pressures in UEC, this can only partly explain the rise. The report concluded, in line with published evidence, that the increased deaths within ED were likely to have been in part related to the increased length of stay within ED. This was likely to have had the greatest impact on older, frailer patients. This increase in deaths was representative of the national picture

albeit the increase was greater. It is difficult to separate the effects of other delays occurring elsewhere in the system that are likely to coincide with times of excessive waits in ED and the review did not include patients who entered the hospital in a peri-arrest state or had sustained an out of hospital cardiac arrest.

System-wide improvement work is ongoing, including, but not limited to:

1. Opening of two rehabilitation and recovery units (one on each hospital site) in January 2024 to provide additional capacity
2. System-wide ambulance delay escalation process to ensure additional actions in times of sustained pressure
3. Hospital full protocol to increase capacity and relieve pressure within ED to alleviate overcrowding
4. Targeted work to improve time to initial assessment within ED
5. Proactive work with Local Authority colleagues to flag patients who may require support prior to them becoming medically fit
6. Frailty model being reviewed and developed to ensure patients do not spend significant periods in ED and have appropriate assessment, support and care if required.

2. Heather Kidd

SATH has received £21 million to help with 'winter pressures' and industrial action has mostly affected the number of elective procedures and routine clinic appointments and investigations.

How then has the anticipated deficit grown so quickly from £57 million to £130,000 million by the end of the current financial year, representing 14% of its budget, and what measures will be taken to deal with this?

Response

SaTH had a deficit plan for the year of £45.5m and is now forecasting a deficit for the full year of £103.8m. This is a deterioration of £58.3m. The financial plan for the year was incredibly ambitious and carried a significant level of risk which was flagged at the beginning of the year. The largest pressure that accounts for c. £20m of the deterioration is the cost of escalation spaces across the hospital. This is where additional spaces need to be staffed to accommodate extra patients in order to reduce the time patients are waiting in ambulances and to reduce overcrowding in ED. SaTH has also delivered more planned care through the use of the private sector to reduce waiting lists which equates to a financial pressure of £7.2m as well as experienced pressures in terms of the drugs and devices that patients require which are unfunded and will cost £7m in the year. Financial pressures related to unfunded elements of the national pay award and strike action account for £8.2m. Finally, staff shortages have resulted in additional cost of ensuring adequate staffing coming to £11m.

Throughout the year we have recruited staff which provides a substantial increase in our permanent workforce. This will significantly reduce reliance on expensive temporary workforce in the future. Work is also ongoing to increase out of hospital capacity and address the requirement for escalation space in the hospital. Finally, NHS England has issued guidance on the use of the private sector in the delivery of planned care and these costs ceased at Christmas.

3. Roger Evans

How has Shropshire, Telford and Wrekin ICS implemented the NHS Emeritus scheme, announced by Amanda Pritchard, NHSE Chief Executive in June 2023, and which has brought doctors back into clinical practice?

Response

SaTH is registered with the NHS Emeritus pilot scheme which remains open until February 2024. To date we have not had any engagement with clinicians via this scheme.