

# Summary of the Sheffield Urgent and Emergency Care Winter Plan 23/24

Health Scrutiny Sub Committee

October 2023



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# What is our starting point for this winter?

- Differing levels of demand across different urgent care and A&E services (some higher and some lower than pre-pandemic)
- Acuity (how sick people are) and complexity (how many problems or how difficult these are to address) of patients continues to increase
- Significant numbers of patients who are medically fit for discharge still occupy beds in both Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Health and Social Care Foundation Trust.
- Anticipate ongoing strike action will continue to impact on the workforce and ability to reduce waiting times for inpatient surgery and outpatient appointments
- Planning on normal levels of flu, Scarlet Fever and Respiratory Syndrome Virus, with COVID levels like last year. Potential increase in Norovirus (due to reduced handwashing post COVID)



# What are we doing to improve Urgent and Emergency Care this winter?

- We have continued or will restart schemes that we adopted last year
- We are implementing more changes this year
- All of these will:
  - Provide a service at an earlier point in the patient's journey or;
  - Direct patients to more appropriate services or;
  - Increase capacity of existing services



# What are our key milestones?

| When         | Milestone   | Impact   |
|--------------|---|--|
| October '23  | Yorkshire Ambulance Service Mental Health Emergency Response Vehicle will start operating within Sheffield  | Patients in mental health crisis will be seen more quickly by staff with additional mental health training and are less likely to be taken to the A&E Department   |
| October '23  | Acute Respiratory Hubs to stand up to see and treat acute respiratory illness through the winter.   | Increased capacity in primary care and reduced attendances in acute settings.  |
| November '23 | New dedicated mental health (MH) social workers, a specific space for MH assessments, additional liaison workers, and additional voluntary support for MH in the community. | Patients who no longer need inpatient care at Sheffield Health and Social Care NHS Foundation Trust will be able to go home or somewhere else more quickly. This will create space for patients needing inpatient care to be admitted to the hospital more quickly.                                  |
| Dec 23       | Patients needing support from health and/or social care to go home from Sheffield Teaching Hospital NHS Foundation Trust (Pathway 1) can do so without delays               | Patients will spend less time in hospital beds and will have a better patient experience. This will mean patients can be admitted into a hospital bed more quickly from A&E. This will also improve the capacity of community health and social care staff as patients leave hospital when expected. |
| February '24 | The number of patients able to be cared for on the Virtual Ward will expand (increased number of wards and step up as well as step down)                                    | Patients will spend less time in hospital beds/will have avoided admissions. This should help ease pressure on beds and improve flow at times of surge.  |

# How are we doing this?

- Information is shared between partners within Sheffield and across South Yorkshire every day to help understand and manage pressure within services
- Provider colleagues (both within Sheffield and across South Yorkshire) are working together to help each other with specific operational issues
- All partners are working together to learn from each other and make longer term changes to systems, process and services

