

Report Title	Winter Readiness Assessment and Requested Plan for Winter plan B		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer		
Meeting	Trust Board	Date	1 st November 2018

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

- Winter preparedness
- Risks to winter
- Plan B resilience proposal

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input checked="" type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input checked="" type="checkbox"/>
Quality Plan	<input checked="" type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input checked="" type="checkbox"/>	Other <i>[specify in the paper]</i>	<input checked="" type="checkbox"/>

3. Previous consideration *[where has this paper been previously discussed?]*

Previous updates to Trust Board

4. Recommendation(s)

The Committee is asked to:

- | | |
|----|--|
| a. | CONSIDER the preparedness for winter and expect feedback form the winter assurance visit as it becomes available. |
| b. | CONSIDER the proposals for 'plan B' and require preparedness to mobilise such a plan if risk assessed as necessary. |
| c. | |

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register	-	Risk Number(s):				
Board Assurance Framework	-	Risk Number(s):				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1 November 2018

Winter Readiness Assessment and Requested Plan for Winter Plan B

1. Introduction

- 1.1 This paper describes the NHSi and NHSE winter assurance process and key lines of enquiry. The assessment is scheduled for the 31st October and available feedback will be provided to Trust Board.
- 1.2 The paper also outlines contingency plans for additional admissions that are in excess of our planning assumptions as requested by the Trust Board as a 'plan B'.

2. Winter readiness assessment

- 2.1 The key lines of enquiry for the system wide assessment include:
 - Medical Staffing – acute provider capacity and resilience
 - Nursing - acute and community providers capacity and resilience
 - Support service capacity and resilience - acute and community providers capacity and resilience
 - ED streaming capacity and competence
 - Ambulance handovers capacity, performance and competence
 - ED minors capacity, flow and resilience
 - Compliance with SAFER standards – Senior review, All patients have an expected discharge date, Flow of patients to commence at earliest opportunity, Early discharge before midday, systematic Review of long LOS patients.
 - Acute medicine (AMU) capacity and resilience
 - Ambulatory Care capacity and resilience
- 2.2 The key line of enquiry submission evidences our current position, policies and forward plans. The assessment is intended be a support exercise as well as an assurance visit, which the Trust and A&E System welcome.
- 2.3 The Trust and A&E system delivery board is focused on preparedness for winter and has made some substantive service changes and investment to winter preparedness this year compared to last which include:

Trust:

- Establishment of Non Invasive ventilation and surgical high dependency areas
- Establishment of a 23 hour surgical unit to reduce need for in patient elective overnight stays

- Establishment of a surgical ambulatory care unit to take GP referrals and create direct pathways from ED to surgical specialities
- Recruitment efforts with notable progress to ward nursing and ED middle grades
- Investment and establishment of consultant of the week rotas providing commitment free consultants to our medical wards Monday to Friday
- The bed model no longer includes a 'pop up escalation ward' for winter; our winter bed expansion capacity is funded and substantively staffed with expansion across all medical wards creating better patient experience and service resilience.
- Listening into action developing our ward clinical teams and emergency departments

System:

- Trusted assessor and various other initiatives to improve flow to and from nursing homes
- Falls prevention pathways
- Nursing home attendance avoidance pathway support

2.4 Work in progress as part of the system wide and Trust ED improvement plan to further strengthen our preparedness for winter includes:

- Establishing a new single point of access for urgent GP referrals from 1.11.18 avoiding unnecessary attendances to ED and effective streaming of patients to specialities.
- Implementation of SMART (senior medical assessment, review and treatment) and streaming model in ED from October.
- Increase ED and acute medicine registrar rotas to 2 registrars at night from November onwards.
- Nursing home attendance avoidance pilot – clinical triage for health support aligned to clinical pathways to reduce re-attendances and avoid unnecessary admission.
- Trusted assessors for nursing home admissions for Sandwell reducing waiting times to transfer to patients to homes.

2.5 A key challenge this year is the distribution of the Christmas and New Year fortnight with 7 out of 11 days being bank holidays or weekend days. The plan is to work a 7 day service standard over this period. Rotas will be validate in November to ensure this is rostered and assurance gained from partner organisations through the A&E system delivery board. Other key challenges over winter include:

- 7 day nursing home access to support effective discharge flow.
- Filling of rosters particularly over Christmas and new year period - plans are for no AL and full rostering need to be evidenced.
- Junior doctors for unsocial hour shifts – we have agreed to increase ED and medical registrars from 1 to 2 on each site to support out of hours workload.
- The risk of neighbouring providers not coping over winter with a potential impact of unplanned increase in attendances and admissions to Sandwell and West Birmingham Hospitals NHS Trust. We have a 'plan B' above and beyond current winter plans to mitigate for this hypothetical risk scenario.
- Major IT failures impacting on clinical services – given recent experience this year.

- Mental health capacity – CAHMS and tier 4 beds is on our Trust Risk register.

3. Winter plan B

3.1 The Trust Board requested a resilience plan be worked up to respond to system resilience risks particularly of other acute providers which may result in increased admissions.

3.2 Our planning assumptions for medicine are

Medicine planning daily assumptions	Winter	Summer Average summer performance
ED attendances daily	613	608 Averaged 602
Admission into inpatient medical beds	52	47 Averaged 43
Daily discharge rates from medicine	52	47 Averaged 80
LOS	6.83 days	6.76 days Actual = 8

3.3 Risks to winter include:

Internal risks

- Planning assumptions are incorrect
- Staffing and inability to fill rotas

External risks

- An adjacent hospital fails to thrive either in ED or in terms of bed capacity
- Ambulance conveyance / choice
- Social care / nursing home access over a 7 day week/ domiciliary provision

3.4 The impact scenarios considered for further resilience planning include:

- An increase in 10% of admissions would require 35 additional beds requiring circa 30 nurses if opened as a single ward
- An increase in 5% of admissions would require 18 additional beds requiring circa 15 nurses if opened as a single ward

3.5 Plan B responses in priority order to expand bed capacity, safely staffed and minimising financial risk are outlined below. Activation of these plans would be subject to an executive led risk assessment.

- Medical outliers would be the first line of medicine bed base expansion; this has a bed plan of up to 20 beds. These beds are substantively staffed.
- Planned reduction of elective in patient work:
 - 3 weeks of no inpatient elective work is in the production plan which would provide circa 20 staffed beds for a 3 week period.

- Extending this plan would be based on a risk assessment of urgent care bed capacity against maintaining cancer and urgent surgical elective activity.
- c) Expand unsubstantiated beds on existing wards up to a total of 27 beds across the 2 acute sites; this option increases beds and (minimises) additional staffing requirements on existing wards within substantive clinical ward teams:
- surgery at Sandwell x 16 beds
 - medicine at City x 11
 - nursing requirements for these beds would be band 5 x4 long day shifts and x 4 night shifts; HCA x 3 long days and x 3 night shifts
 - Costs are estimated at £27,000 a week based on a 50:50 bank: agency ratio
 - Medical staffing would be covered from existing medical staffing plans and based on acuity may require redistribution of elective direct clinical care session to support wards or locum support.
- d) An additional ward x 20 beds at City is part of our flu plan and could be activated with our emergency staffing procedures supporting the workforce model of 20 staff . This would be challenging to sustain and would impact on non-clinical time, elective work, non-essential meetings and training and reliance on both bank and agency staffing.

4. Summary and conclusion

- 4.1 The Trust Board are asked to consider the preparedness for winter and expect feedback from the winter assurance visit as it becomes available.
- 4.2 The Trust Board are asked to consider the proposals for 'plan B' and require preparedness to mobilise such a plan if risk assessed as necessary.

Rachel Barlow
Chief Operating Officer
October 2018