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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Acute beds 2019/20 and through to Midland Met		
Sponsoring Executive	Rachel Barlow Chief Operating Officer		
Report Author	Rachel Barlow Chief Operating Officer		
Meeting	Trust Board	**Date**	1st August 2019

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

The current 2019/20 bed base is above plan by 33 beds due to increase admission demand. There are mitigation proposals to reduce LOS and avoid admissions which if fully delivered could counteract this need. The resultant bed base of this and respiratory reconfiguration can be accommodated whilst retaining Flu decant ward.

The Trust Board should consider the risk of under delivery of the mitigation proposals, continuation of increased admissions and the scenario that would require reconfiguration of respiratory services from Sandwell to City in Quarter 3 to ensure bed capacity on each acute site to respond to admission demand.

Funding is potentially available across the BCF, System and Trust Winter funds to accommodate all scenarios.

The Midland Metropolitan Hospital bed capacity being built meets growth forecasts. Sandwell Community health and social care bed modelling will be concluded in August. There is not a clear view on the Birmingham social care bed base demand or capacity

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

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	x
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

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

4. Recommendation(s)

The Trust Board is asked to:

a.	Consider and discuss the plan to counteract the additional bed demand by a reduction of 35 beds, in the proposed timescale, with the delivery chain and associated costs.
b.	Note the site level bed base scenarios and understand the potential need for emergency reconfiguration in a scenario where admissions remain above plan.

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

Trust Risk Register		Various						
Board Assurance Framework		Various						
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y		N	x	If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1st August 2019

Acute beds 2019/20 and through to Midland Met

1. Introduction

1.1 Medicine admissions are above plan for Quarter 1, requiring 33 unsubstantiated beds to be open. Length of Stay (LOS) reduced by a day last year and is on plan this year.

1.2 If the increased admission rate continues throughout the year , the requirement for additional beds will pertain without LOS or admission avoidance intervention.

1.3 Reconfiguration of respiratory beds from Sandwell to City hospital is planned for later this year to achieve a single site service model ahead of the Midland Metropolitan Hospital and also enable a new workforce model integrating acute medicine and respiratory medical staff to mitigate the workforce sustainability risk assessed in acute medicine during the delayed opening of the new hospital.

1.4 This paper sets out:

- A plan to counteract the additional bed demand by a reduction of 35 beds associated with reducing LOS and avoiding admissions, is supported by annexes of waterfall charts on timescale, delivery chain and cost.
- The impact of the respiratory reconfiguration on the above mitigated bed plan.
- A planning scenario where improvement intentions fail to be delivered and the resultant increased bed plan necessary to admit emergency patients in winter at site level.
- The financial position and proposed funding all scenarios.
- Bed model through to 2022 and Midland Metropolitan Hospital.
- An update on community bed model.

2. Counteracting the bed day demand due to increased admissions

2.1 There are 9 schemes proposed to reduce the need for 35 beds to counteract the unsubstantiated 33 beds the Trust currently has open due to increased admissions.

Specialty LOS reduction	
• Cardiology	2 beds
• Respiratory	4 beds
• Neurology	1 bed
• Gastroenterology	1.5 beds
• Stroke	3.5 beds

21 day LOS reduction – EOLC fast track pathway redesign and focussed care in community beds	7 beds
Respiratory admission avoidance	4 beds
Nursing home admission avoidance	5 beds
Readmission reduction with 48 follow up pathway	7 beds

2.2 60 % of the schemes impact the Sandwell bed base as the improvement is supported by Sandwell Community interventions. Where this is the case and success is being demonstrated we have approached Birmingham Community Healthcare Trust to ask if they will implement the improvement approach, which may be of further bed day benefit.

2.3 **Annex 1 shows the waterfall chart representing the proposed improvement activity timeline** from the current unsubstantiated beds above summer plan through the improvement activities to reduce beds and then open the increase funded winter bed base in October.

2.4 Implementation of neurology, gastroenterology and stroke LOS improvements are already in train and on schedule. Cardiology demand, capacity and scheduling activities are in train and there is good confidence this will deliver on time. The readmission reduction scheme is underpinned by the new 48 hour follow up service by iCARES for all discharged patients; the service has started and on the volumes of follow up activities with patients, we expect the anticipated impact but we await to see the actual readmission reduction results at the end of August.

2.5 Respiratory LOS based on redesign of asthma, pleural effusion and COPD pathways and alcoholic hepatic pathway redesign have good clinical engagement but now need analysis to support impact of pathway redesign before implementation.

2.6 Both the reducing 21 day LOS (redesigning end of life fast track pathways and focussed care) and expansion of nursing home admission avoidance, both highlighted in grey on the waterfall chart, involve partner organisations in social care and commissioning. The redesign of the fast track pathway is at the start of the improvement process. There is in principle good system support for the expansion of the nursing home project which is well evaluated and due to be considered for decision by the Better Care Fund (BCF) in August.

2.7 **Annex 2 shows the cost requirements for these improvement initiatives** as known now of which £49k requires internal funding. The Better Care Fund is assumed to fund the nursing home project expansion. Costs are not yet understood for the fast track patient pathway redesign.

2.8 **Annex 3 shows the project leads for each initiative.**

3. Respiratory reconfiguration

3.1 The intended purpose of the respiratory reconfiguration is to consolidate all inpatient respiratory services onto the City site in preparation for the move to a single site model at Midland Metropolitan Hospital. A separate Trust Board paper follows on the agenda.

3.2 The detailed service design is in development. At a high level, all patients requiring an inpatient stay with dedicated respiratory specialist review will be admitted to City Hospital with clinical in reach at Sandwell from specialist nurses and consultants. The benefits of this model include a specialised respiratory hub, improved training opportunities for Junior Doctors and closer working within the respiratory team.

3.3 The impact of the reconfiguration reduces the number of occupied beds on the Sandwell site by approximately 17 on P5 ward.

3.4 The transferring bed capacity for respiratory to City is 17. The respiratory bed relocation at City would require another ward base to open. Wards D28 and D16 are both substantively available with medical gas supplies in situ; D16 is scheduled for the neonatal decant until November. The respiratory team would ideally like collocated wards at City on the number 5 and 7 blocks of the main City spine. These are all currently in use with respiratory, gastroenterology, surgical planned care unit and female surgery. Through the respiratory project board the best decision will be made in terms of speciality locations at City. Real estate is not a limiting factor.

3.5 The reconfiguration of respiratory service enables a secondary benefit of respiratory medical staff supporting the acute medicine model. This is necessary in terms of acute medicine service sustainability as well as preparedness for the Midland Metropolitan Hospital.

4. Impact at site level of continued high admissions, successful LOS and admission avoidance improvement and respiratory reconfiguration

4.1 **Annex 4** works through the substantiated summer and winter bed plan at speciality level, the July actual bed plan, the impact of improvement through LOS and admission avoidance on the site bed base. Many of the improvement initiatives are weighted at the Sandwell site due to the improvement initiatives being supported by Sandwell Community interventions or by the speciality location of single site specialties such as Stroke. If Birmingham Community Healthcare Trust also rolled out the readmission scheme further beds could be reduced at City site.

4.2 Table 1 shows the Trust level bed base changes

	Summer bed base	Winter bed base	July actual	Improvement and summer bed base	Improvement and winter bed base	Improvement and respiratory reconfiguration
City	102	113	124	113	124	137
Sandwell	171	178	182	158	165	152
Trust	273	291	306	271	289	289

4.3 The usable ward bed stock on site for medicine in terms of ward environments that meet accommodation standards is 154 beds at City (includes 2 non commissioned wards D16 and D28) and 182 beds at Sandwell. In order to accommodate the respiratory reconfiguration, the real estate options at City would bring into substantive use above and beyond current used wards, either D16 or D28 to meet the total bed capacity required on site, both of which meet acceptable standards for inpatient care. The reconfiguration project has an associated budget. The unused ward would provide a Flu Outbreak ward in line with our outbreak policy.

5. Impact at site level of continued high admissions, failure to counteract demand through LOS and admission avoidance improvement and respiratory reconfiguration

5.1 **Annex 5** works through the substantiated summer and winter bed plan at speciality level, the July actual bed plan, assumes failure of any improvement through LOS and admission avoidance on the site bed base. It does take into account respiratory reconfiguration.

5.2 Table 2 shows the Trust level bed base

	Summer bed base	Winter bed base	July actual	Additional unsubstantiated summer beds plus winter bed base	Additional unsubstantiated summer beds plus winter bed base plus repertory reconfiguration
City	102	113	124	135	152
Sandwell	171	178	182	189	172
Trust	273	291	306	324	324

5.3 The usable ward bed stock on site for medicine in terms of wards environments that meet accommodation standards is 154 beds at City (includes 2 non commissioned wards D16 and D28) and 182 beds at Sandwell. In the above scenario the City site would be full with no on site 'spare' Flu Outbreak ward. In the event of a Flu Outbreak, patients would have to be cohorted within the bed base.

5.4 In the event the improvement activities fail and admissions remain above plan, Respiratory reconfiguration would be essential to enable the volume of bed stock to be available on the Sandwell site to accommodate the emergency admissions expected over winter.

6. The financial implications and proposed funding all scenarios.

6.1 Table 3 has costs for all improvement and unsubstantiated bed scenarios described above. The unsubstantiated beds used since April 2019 already carry a cost (A) which has been funded from the Trust winter reserve. Likewise our block contract arrangements to date have incurred a moderate cost of diagnostics in ED for patient activity above plan for which we do not receive income (B). It is assumed that the BCF will fund for the nursing home pilot extension (F). Costs associated with A, B and C, need to be met though Trust or System winter reserves. The costs of G only occur if the LOS and admission avoidance schemes fail and admissions stay above plan , so a worst case scenario.

Table 3 Financial implications

	Financial summary	Monthly cost	Forecast year end
A	Additional unfunded beds April to end September x 33	£50K	£300K
B	Costs of cross charged diagnostics incurred through additional activity	£38K	£456K
C	Cost of 48 hour pathway – admin resource	£8K	£49K
D	21 day LOS reduction – EOLC	TBC	TBC
E	21 day LOS earlier PCCT transfers – focussed care		
F	Nursing home avoidance scheme to all 29 homes	£115K	£115K – likely funded by BCF
G	Additional unfunded beds x 33 above if improvement plan undelivered or activity exceeds admission forecasts	£50K	£300K
	Total cost		£1.220K
	Total cost calculated against BCF		£155K
	Total cost minus BCF		£1.065K
	Monies available		FYE
	Winter reserve budget		£900K
	System winter money unallocated		£375K
	Total monies available		£1.275K
	Variance of costs vs available monies assuming BCF cover Nursing Home costs		£210K

7. Other opportunities to improve LOS

7.1 Last winter a voluntary scheme of 6 day working contributed to decrease LOS by a day in medicine. The Medicine Group are reviewing options to job plan this in from substantive establishment this year. Alternatively a sessional arrangement would cost £16K a month for this scheme.

7.2 Current delayed transfers of care associated with Birmingham City Council patients are escalating. All types of placements are profoundly slow in placing patients into Enhanced Assessment Beds, Long term placement and enablement beds. There is no transparent waiting list or forecast discharge dates to homes, resulting in waits for an

unspecified number days and this often exceeds weeks. There remains no clarity on the West Birmingham bed footprint. The no recourse to public fund patient pathway remains managed in Trust beds, unlike the Sandwell pathway which continues care outside of the hospital bed base. These matters if dealt with could release beds for acute care. The matter is now raised at executive level.

8. Bed model through to 2022 and Midland Metropolitan Hospital

8.1 A detailed review of the activity and growth assumptions has been completed for the revised Midland Metropolitan Hospital business case. This shows a requirement for 46 additional beds which are in the scope of the current build.

9. Sandwell community bed model

9.1 Joint work with Sandwell Metropolitan Borough Council and the Trust will conclude in August the modelling of community health and social care beds through to 2022.This model is based on the following assumptions:

- 25% of beds for step up from the community which is currently under 10%. This will enable patients with a long term condition and /or experiencing a sub-acute episode who experience a crisis, which is beyond the scope of the primary and community care team, to receive additional support on a short term basis to stabilise their condition and avoid hospital admission.
- 4% increase for demographics.
- Reduction in readmissions to 7.4% across all groups.
- Growth in neuro rehabilitation bed requirements – currently un-provided for

10. Summary

10.1 Key points:

- The current 2019/20 bed base is above plan by 33 beds due to increase admission demand.
- There are mitigation proposals to reduce LOS and avoid admissions which if fully delivered could counteract this need.
- The resultant bed base of this and respiratory reconfiguration can be accommodated whilst retaining Flu decant ward.
- Risk of under delivery of the mitigation proposals should be considered in terms of timing and capacity.
- In the scenario of failure to deliver the improvement in LOS and admission avoidance and admissions continue above plan, it would be absolutely necessary to reconfigure respiratory medicine to City at the start of October, in order to accommodate the Sandwell emergency admissions expected in winter. This

would potentially trigger an emergency reconfiguration which we should be prepared for.
- Funding is potentially available across the BCF, System and Trust Winter funds to accommodate all scenarios.

10.2 The Trust Board is asked to:

a. Consider and discuss the plan to counteract the additional bed demand by a reduction of 35 beds, in the proposed timescale, with the delivery chain and associated costs.

b. Note the site level bed base scenarios and understand the potential need for emergency reconfiguration in a scenario where admissions remain above plan.

Rachel Barlow
Chief Operating Officer

July 2019

Annex 1: Waterfall chart representing the journey from the current bed base above summer plan – improvement activities to reduce beds – winter bed base opens
Annex 2: Waterfall chart representing the proposed financial journey from the current bed base above summer plan – improvement activities to reduce beds – winter bed base opens
Annex 3: Waterfall chart representing the delivery team for the proposed journey from the current bed base above summer plan – improvement activities to reduce beds – winter bed base opens
Annex 4: Site level bed plan, unfunded bed distribution, improvement impact and respiratory reconfiguration
Annex 5: Site level bed plan, unfunded bed distribution, without improvement impact and with respiratory reconfiguration