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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Completing the respiratory reconfiguration for winter 2019		
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]*

Benefits of clinical reconfiguration of respiratory in patient services to City Hospital to support acute medicine sustainability and develop respiratory service model ahead of Midland Metropolitan Hospital.

Proposal to redesign the urgent care and assessment offer to paediatrics patents at City.

Public engagement is taking place through user groups, CCG Strategic Commissioning and Redesign Group and Overview and Scrutiny. The current expectation is that this will be progressed on an expedited basis given concerns about the safety of our winter bed base.

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		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.	**NOTE** the continued progress with the reconfiguration proposals that it supported
b.	**DISCUSS** timelines for reconfiguration

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

Trust Risk Register		n/a						
Board Assurance Framework	x	SBAF 19						
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Aug 19	
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Aug 19	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 1st August 2019

Completing the respiratory reconfiguration for winter 2019

1. Introduction

1.1 This paper provides a briefing on proposals for reconfiguration for in patient respiratory medicine to a single site and service redesign for urgent care paediatric pathways at City.

1.2 The Trust is planning to reconfigure respiratory medicine in patient services at City site as part of safely sustaining the current 2 acute site model for the extended period until Midland Metropolitan Hospital opens in 2022.

1.3 The Trust also intend to redesign paediatric ED and assessment pathways to be better integrated, which will be achieved from colocation within City hospital.

2. Respiratory reconfiguration

Rationale

2.1 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.

2.2 In 2014 the Trust Board and partners accepted that current 2 site acute care configuration at City and Sandwell Hospitals could only be sustained to 2018-19 and delivery of Midland Metropolitan Hospital (single acute site).

2.3 2018 liquidation of Carillion resulted in the opening of Midland Metropolitan Hospital being delayed until 2022. The Trust therefore needs to run acute clinical services on 2 sites for an extended period i.e. until 2022. The delay has been risk assessed at service level with acute medicine being the highest risk rated service remaining over 2 sites due to workforce sustainability.

2.4 Current 2 site acute service working is safe but increasingly challenging to sustain. One of the most significant risks relates to maintaining a senior medical workforce at the 'emergency front door' (i.e. especially Acute Medical Units) and making progress with delivering the 90% standard of a 14 hour time to assessment by a senior clinician after admission seven days a week (offers quality gains and training gains).

2.5 Recruitment of additional acute medicine consultants alone will not be sufficient to provide a sustainable 2 site model. There is a national shortage for this workforce.

2.6 Input to Acute Medicine Unit (AMU) of consultant physicians from other medical specialities will be required. We have identified Respiratory Medicine to support City and Care of the Elderly Medicine (via an enhanced frailty model) for Sandwell. This aligns with the presenting medical pathology of the local population and are both specialties we are able to recruit to.

The proposal

2.7 The proposal is to consolidate respiratory medicine inpatient services at City Hospital with a move of 18 respiratory beds to that site from Sandwell. The service will be on the same site as Cardiology inpatients. Our cardiology service was centralised onto one site successfully a few years ago improving efficiencies and access to emergency interventional services.

2.8 Ambulances conveying adult patients with known Asthma, COPD, Pneumothorax or Emphysema will take patients directly to City ED. This is circa 900 ambulances per annum.

2.9 Patients attending Sandwell ED and assessed to have a respiratory condition will be admitted to AMU at Sandwell, reviewed by the respiratory team via an in-reach model and if appropriate transferred to the respiratory inpatient unit at City. This will be circa 1,500 patients per annum. This model is already in place successfully for cardiology and stroke services hosted on single sites.

2.10 Respiratory Medicine diagnostic, day cases and outpatient services to be offered at both City and Sandwell Hospitals aligning to the treatment centre model in 2022 post Midland Metropolitan Hospital opening.

Benefits

2.11 Benefits of this configuration include:

- The reconfiguration releases clinician capacity to further develop respiratory integrated model
- Earlier access to respiratory specialist staff on a dedicated respiratory inpatient unit
- Reduces hospital stay for some patients e.g. with a pneumothorax
- Consultant review of patients on Sandwell AMU with respiratory conditions
- Training and retention of specialist nursing skills and junior doctors
- Releases respiratory medicine consultant time to support AMU at City and progress the 14 hour consultant assessment standard for 90%+ of our emergency admissions

2.12 The detailed service design is in development in terms of clinical pathways, workforce and estate. The intention would be to reconfigure in Quarter 3 ahead of winter.

3. Paediatrics Reconfiguration

3.1 The Trust also intend to redesign paediatric ED and assessment pathways to be better integrated, which will be achieved from better colocation on site at City hospital. There are no hospital site changes to the service redesign.

3.2 Currently emergency children arriving to City Hospital are predominantly cared for in the ED department which offers 5 assessment spaces and 1 triage space and / or on Ward D19 (11 beds) which is quarter of a mile away. Care in each area is noted to be sub optimal due to current clinical models of care and medical and nurse staffing constraints in both the ED and on the ward. Patients stay longer than normal for an assessment facility with pathways to the Sandwell inpatient facilities not consistently enacted. There is a small amount of planned paediatric surgery on the City site. The model of care does not align with the Midland Metropolitan Hospital model.

3.3 A new model of care has been proposed which centralises the care for emergency paediatric patients, collocates ED and paediatric clinicians, provides a 24 hour service and stops duplication of care.

At the point of assessment children will either be discharged home, be admitted to the assessment spaces (if length of stay is presumed less than 19 hours) or transferred to the inpatient beds at Sandwell.

3.4 Based on a maximum 19 hour LOS in an integrated City based urgent care and assessment facility, there would be a requirement of 6 ED cubicles, 6 assessment spaces and supporting facilities such as triage, treatment room and play facilities. The requested space is currently being designed to be located within the current ED.

3.5 The impact on patient transfers to Sandwell would be equivalent to 5 beds with no pathway redesign**.** This will include high dependency pathway where historical activity shows between 3 and 8 HDU admissions per month to City PAU and inconsistent application of the HDU pathway to Sandwell.

Elective surgical overnight patients will be cared for through a separate elective care facility with scheduled paediatric staff.

3.6 LOS and admission avoidance opportunities are evident on analysis of patient activity. Review of pathway management of the 'Big 6' conditions for both City and Sandwell units which make up 69% of the admissions, will further develop our ambulatory care offer for the following pathways; fever, bronchiolitis, croup, asthma induced wheeze, Diarrhoea and Vomiting and abdominal pain.

3.7 The service reconfiguration within the City site will be completed by March 2020.

4. Recommendations

4.1 The Trust Board is asked to:

a. Support the reconfiguration proposals
b. Discuss timelines for reconfiguration

Rachel Barlow
Chief Operating Officer

July 2019