

Report Title	Acute Care Model MMUH - progress		
Sponsoring Executive	Rachel Barlow; Director of System Transformation		
Report Author	Rachel Barlow; Director of System Transformation		
Meeting	Trust Board (Public)	Date	5 th November 2020

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

The initial journey of designing an acute care model and new hospital design started 17 years ago. The supporting annexes describe the updated acute care model following a series of engagement workshops with clinical teams over the summer. The building design stands up to updated models of care and largely enables the innovation and change described in annex 1,2 and 3 of the acute care model.

The Trust Board are asked to discuss the updated acute care model and the next steps with respect to updating activity and success measures, the proposed peer review and engagement activities.

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 checked="" type="checkbox"/>
Financial Plan	<input checked="" type="checkbox"/>	Digital Plan	<input checked="" type="checkbox"/>	Other <i>[specify in the paper]</i>	<input type="checkbox"/>

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

June 2020

4. Recommendation(s)

The Trust Board is asked to:

- a. **DISCUSS** the revised acute care model
- b. **CONSIDER** the next steps

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

Trust Risk Register	<input checked="" type="checkbox"/>	SBAF 19				
Board Assurance Framework	<input type="checkbox"/>					
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 Public Trust Board: 5th November 2020

Acute Care Model MMUH – progress

1. Introduction

- 1.1 The initial journey of designing an acute care model and new hospital design started 17 years ago in a system wide programme then called 'Toward 2010'. The building design was informed by the clinical model. Over the elapsed period of time there has been scrutiny of the clinical model and building design including Health Gateway Reviews reporting to Senior Responsible Officer.
- 1.2 With construction back on track with MMUH due to open in 2022, it is timely to review the acute care model. Over the summer there have been a series of 17 internal clinical engagement workshops with over 350 attendees, complying with social distancing rules. The clinical service focus for these sessions was prioritised by the Group Directors. These workshops and Clinical Group wider consideration of the acute care model have informed this updated paper on the care model for 2022.

2. The acute care model

- 2.1 The acute care model is described and updated at pathway level in Annex 1 for both adults and children in terms of clinical service or pathway changes. The paper is further supported by pathway diagrams for Adults (Annex 2) and Children (Annex 3).
- 2.2 Thematic outputs from the recent engagement includes:
 - Pre hospital community based care significantly transforms to include community based acute medicine and risk stratified personalised patient case management, avoiding unnecessary ED attendance and hospital admission. Population health data will help predict the need for care intervention.
 - The improved diagnostic access and location of radiology kit in MMUH dedicated to acute and urgent care only will bring innovation in pathways and early decision making.
 - An extended hospital day from 8am – 8pm with senior decision makers will provide 7 day equitable services.
 - Robust senior clinical triage in ED is key to achieve early diagnostics and appropriate streaming to non ED assessment locations.
 - Zonal working is necessary in departments of scale eg; ED and Acute Assessment.

- Same Day Emergency Care growth in Medicine, Surgery and Children's services will support increased admission avoidance and safe discharge pathways.
- There is demand for an advanced clinical practitioner workforce inclusive of educational capacity to train this group of staff.
- Standardisation of pathways and policies is essential to efficient and effective coordination and planning of patient pathways, as well as an enabler to enhanced safety. This is a process as well as a cultural change.

2.3 Much of the content in Annex 1 describes new ways of working, be it due to the scale of the departments, pathway specific evidence based change and standardising variation including working equitably across 7 days. Significant change in the approach to pre hospital community based care and the impact of artificial intelligence and availability of dedicated acute care diagnostics are not to be underestimated in terms of impact to improve health outcomes and experience.

3. Measuring what we do and success

3.1 Updated activity modelling for beds including LOS and occupancy and theatres at MMUH and treatment centres will be completed in December and January.

3.2 Success measures for the model of care will be documented in Q4. Performance will be baselined alongside the original benefits realisation measures in the MMUH business case which include improved clinical outcomes, reduction in mortality, fewer errors, faster admission to hospital and treatment times, enhanced patient experience, improved staff satisfaction, improved workforce productivity, creation of jobs for the local population in construction and supply chain opportunities for local suppliers. The baseline benefits data will be documented from 2017/18 to the current year and targeted improvement goals confirmed in Q4.

3.3 We aim to achieve 70% of the changes in the acute care model before we move into MMUH. As we refine the detail of how care will be delivered, we will invite external peers to comment on the revised model and success measures in Q1. This peer panel would include GIRFT and CQC colleagues as well as peers who have advised on previous speciality service improvements via NHSi or Royal College reviews.

4. What's next in terms of engagement?

4.1 We need to bottom out the affordable staffing model in Q4 based on the acute care model described. This will be inclusive of the new extended working day and 7 day standards. Agreeing the standard ward staffing for the new environment is fundamental.

- 4.2 Some specialities have not had workshops over the summer. Working with Clinical Group Boards these can be facilitated.
- 4.3 Further work to complete the design and documentation of the BMEC clinical service strategy will determine a City based clinical model for ophthalmology which includes expansion of diagnostics and vanguard theatres.
- 4.3 In December we will identify the clinical leadership to lead the acute care change programme to be delivered in 2021/22 and ensure readiness for the move to MMUH.
- 4.4 Over the winter period the commissioning and improvement team will work with leaders to design a worked back change programme to successful clinical commissioning and beyond. This will be supported by integrated commissioning and equipping, workforce and IT work streams.
- 4.5 The Clinical Leadership Executive have agreed to establish monthly Trust wide MMUH development time, adjacent to QIHD to progress the acute care model and planning for MMUH. This would enable cross group working and protect clinical sessions.
- 4.6 This document and the backing detail of the engagement work will be converted into alternative communication media including computer generated imagery to be used to describe the acute care model in wider communication and engagement activities. A separate communications plan with dedicated communications resource will support engagement through social media, website development, story boards and video messaging.
- 4.7 A workshop is scheduled for November to consider the approach to public engagement given social distancing and lockdown restrictions. A separate partnership stakeholder plan will inform a programme of wider external engagement for 2021/22 also taking into consideration the impact of the ongoing pandemic.

5 Recommendations

5.1 The Trust Board is asked to:

- a. **DISCUSS** the revised acute care model
- b. **CONSIDER** the next steps

Rachel Barlow
Director of System Transformation

October 2020

Annex 1 The acute care model
Annex 2 Adult pathway

Annex 3 Children's pathway