Paper ref:	TB (11/21) 008

Sandwell and West Birmingham Hospitals NHS Trust

Report Title:	Winter planning		
Sponsoring Executive:	Liam Kennedy – Chief Operating Officer		
Report Author:	Liam Kennedy – Chief Operating Officer		
Meeting:	Trust Board	Date	4th November 2021

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

The Board is asked to review the information relating to the plan to mitigate the forecasted emergency demand for the winter ahead.

In particular the Board are invited to comment on the schemes that have been outlined to mitigate the modelled gap and either support or challenge their feasibility, modelled impact or their overall relevance.

The schemes and response have been worked up with all groups internally but also wider with input from both Integrated Care Boards.

Finally for note this plan was submitted to and approved at the Clinical Leadership Executive Group both in terms of the proposed position and mitigating schemes. Amendments were requested to reflect any risk and mitigation around funding and exit route of staff now included.

CLE also acknowledged collective ownership of its delivery to ensure we maintain safe and good quality care for our patients over winter.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective this paper supports]*

Our Patients		Our People		Our Population	
To be good or outstanding in everything that we do	x	To cultivate and sustain happy, productive and engaged staff	x	To work seamlessly with our partners to improve lives	x

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

Clinical Leadership Executive

4. Recommendation(s)

The Board is asked to:

a.	Note the contents of this report
b.	Support or challenge the feasibility, modelled impact or overall relevance of the schemes outlined.
c.	Suggest additional schemes that have not been considered

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

Trust Risk Register		

Board Assurance Framework							
Equality Impact Assessment	Is this required?	Y		N		If ‘Y’ date completed	
Quality Impact Assessment	Is this required?	Y		N		If ‘Y’ date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board:
Winter planning

1. Background

1.1 This year's Winter Plan is set within the context of the management of a pandemic which has necessitated heightened infection control measures, changed the way patients have accessed health care and changed workforce availability, both within health and social care.

1.2 Winter planning for this year has necessitated more than ever a focus on national, regional and Integrated Care System planning and actions to ensure that our patients, providers and systems deliver effective health care outcomes.

1.3 As part of the recognition that an integrated approach needs to be taken NHS England has published both a priorities and operational planning guidance and Urgent and Emergency Care Recovery 10 Point Action Plan. The Paper also takes into account the winter preparedness in the NHS letter and the schemes identified are in line with the addressing ambulance handover delays letter from NHSE.

1.4 The 10 point plan outlines actions to be taken by regional bodies, Integrated Care Systems and Providers to mitigate current and anticipated pressures across systems and to improve performance. Our winter plan has been matched to this 10 point plan to ensure we are implementing the most up to date recommendations from NHSE.

2. Supporting Guidance

2.1 As well as implementing NHSE actions there are two place specific pieces of work that we have utilised to inform the actions we intend to take.

2.2 The Black Country and West Birmingham Integrated Care System Urgent Care Board commissioned a piece of work across all 4 Acute Trusts in the ICS to assess demand and capacity for beds this winter. The output from this work predicts our activity for the coming winter and the impact this will have on bed utilisation.

2.3 All trusts in the region have taken part in a "Missed Opportunities Audit". NHS England supported us with an expert audit of our patient presentations at both City and Sandwell Emergency Department. The report that we received back from the audit was that a large proportion of the patients who attend our EDs did not meet the criteria for receiving urgent care. This then articulated the opportunity for more patients to be streamed to primary care (or our Urgent treatment centre) at the point at which they presented to ED; or indeed for us and our system partners to develop our attendance avoidance opportunities i.e. caring for and treating the patient in their usual place or residence to avoid the need for them to attend ED

3. Modelling forecast and mitigations

3.1 All Acute trusts in the Black Country ICS have used the same bed modelling tool to predict bed occupancy and shortfalls. The model utilises our recent bed occupancy, admission rates and LOS data along. The model articulates our best case and worst case positions in terms of bed utilisation and availability. This analysis predicts that at the peak of demand and based on our recent bed occupancy metrics we will have a short fall of between 40-80 non-elective beds this forthcoming winter. We have based our modelling on 60 with a contingency should the worst case develop.

3.2 The 60 bed gap in our medical beds during peak demand points assumes we will have a fully working SDEC that delivers a 5% reduction in Admissions and that we do not reach higher than 45 patients still requiring support through our D2A pathways. These are modelled into our winter schemes but require agreement of funding to proceed.

3.3 Based on our local knowledge coupled with evidence and the use of the bed model used across the Black Country, the schemes we are implementing are each designed to deliver one or more or the following outcomes that will ensure quality and safety for patients this winter:

- Reduce the need for patients to attend our EDs
- Reduce admission, once at our ED
- Reduce the length of stay for patients waiting in our EDs
- Reduce the length of stay for those patients who are admitted to a bed
- Ensure timely and supported discharge of patients from our care

4. Schemes

4.1 A full list of all Schemes can be found in Annex 1, along with the number of staff required to enact them, the cost of them and the feasibility of delivering them, based on workforce required and time to implement and a description as to how each service will secure the necessary staff resource.

4.2 A large number of the schemes have been proposed to mitigate this 60 bed shortfall. The continuation of D30, a 20 bedded ward, not included in the original modelling will provide the largest mitigation against the winter modelling and a decision needs to be made to continue to run this as a temporary ward, or to fund substantively until MMUH. The cumulative impact of the other schemes, which have been deemed affordable and feasible provide mitigation of a further 37 beds. These schemes can be seen outlined below:

Scheme Description	Expected Impact
Community Urgent response, utilising epicentre 8am – 8pm 7 days a week	2
Community Respiratory Service	6
Care Homes wrap around support. Supporting the other 19 care homes not included in the successful first stage pilot	10
OPAT – heart failure and diuretics	2
FIT rollout (City)	8
Complex discharge nurse to support elderly care	3
Cardiology AA	4
Increase of opening hours of both UTC's till midnight	2
Total Beds saved	37

4.3 These schemes are also all part of the intensive work we have been undertaking as part of our readiness to move our acute model of care to the Midland Metropolitan University Hospital (MMUH). It is anticipated therefore that we will continue developing, testing and evolving these services to ensure the MMUH capacity is effective and efficient.

4.4 It is important however, that safety and flow within our 3 Emergency Departments is also maintained so attendance avoidance is another key element that other schemes are designed to deliver. Our 3rd Emergency Department at BMEC is much smaller and is less likely to be impacted by seasonal variation so is not included in the bed modelling assumptions. Some provision has been made to improve flow in this important department as detailed in annex 1

4.5 If the admissions / attendance avoidance schemes do not deliver to the full anticipated impact then a further contingency would be the use of L3 or D28 as a medical ward over the 6 week highest winter period, both of which would be difficult to staff, unless elective activity was reduced. One of the main aims of this plan is also to continue to provide timely surgery as well as meet the demands of urgent pressures.

5. **Funding / Costs**

5.1 The Total cost of the schemes is £4.8Million a breakdown of this can be seen below, along with any identified funding streams.

amount (£)	funding source
826,000	**ageing well**
625,000	**CCG funded**
311,000	**BCF**
272,000	**re-purpose existing**
1,079,000	**in run rate already**
165,000	**NHSE**
1,522,000	**Winter funding required**

5.2 In addition to this we have a small list of social care and BCHC proposals which have been allocated funding through the BCF. We are still waiting on any further schemes from primary care across the system and we are working with Social care to develop a robust workforce through winter.

6. Recommendations

6.1 The Trust Board is asked to:

a) Note the contents of this report
b) Support or challenge the feasibility, modelled impact or overall relevance of the schemes outlined.
c) Suggest additional schemes that have not been considered

Liam Kennedy Chief operating Officer

October 2021

Annex 1: Full list of winter schemes with Key

Annex 1 Full list of winter schemes

Annex 2