

| GROUP              | Scheme title   | Description  | impact   | Start Date | Source of Income/Re-purposing | WTE   | Breakdown of staff   | £000's | Confidence in delivery | Recruitment Plan   | exit route if substantive agreed                                      | Prioritisation of schemes |
|--------------------|--|--|--|------------|-------------------------------|-------|--|--------|------------------------|--|---|---------------------------|
| PCCT               | Epicentre* / urgent response and Care homes service 8 – 8 7 days a week  | providing medical care to patients in their own home (including care homes) who may need diagnostics and input from a Dr but do not need to be conveyed to hospital                          | attendance / admission avoidance (2 beds pd)                         | Dec-21     | Ageing Well                   | 8.10  | 2.7 wte 8a ACP 5.4 wte B6  | 210    | M                      | Recruit substantively, but as an interim measure to use bank and agency cover                                      | nursing vacancies across the trust will minimise risk of redeployment | 2                         |
| PCCT               | Community Respiratory Service  | to provide pre-emptive care to patients who have a known respiratory condition to support them to remain at home   | attendance / admission avoidance (6 beds pd)                         | Dec-21     | Ageing Well                   | 2.70  | 2.7 wte 8a ACP   | 89     | H                      | Agency and Bank  |   | 1                         |
| PCCT               | Care Homes 21 – 40 wrap around   | to increase our support to 40 care homes from the existing 21, delivering care to residents and education to care home staff in the maintenance of residence who may be at risk of admission | attendance / admission avoidance (10 beds pd)                        | Nov-21     | BCF                           | 11.90 | 1.0 wte B6 Nurse Case Manager, 1.5 wte B5 Community Nurse, 2.5 wte B 6 OT/PT, 1.5 wte B8a ACP, 1.0 wte B6 SLT, 1.0 wte 3 Admin Support, 1.5 wte 1.5 wte 7 Nurse6 End of Life | 311    | M                      | Recruit substantively and use of bank  | nursing vacancies across the trust will minimise risk of redeployment | 1                         |
| PCCT               | Expansion of DET till 10 pm 7 days a week  | to provide care in the patients home for those patients who are palliative until a full social care package can be arranged  | reduction in Length of stay (1 bed pd)                               | Nov-21     | Re-purpose existing funding   | 2.20  | 1.5 B6 nursing , 4 HCAs B2   | 38     | H                      | extension of subcontract hours of the current DET team by 5 hours per day to prove concept and need till March 22. |   | 2                         |
| PCCT               | OPAT – heart failure and diuretics*  | to provide pre-emptive care to patients who have a known heart failure to support them to remain at home   | attendance / admission avoidance (1 bed pd)                          | Nov-21     | Re-purpose existing funding   | 5.40  | 5.4 wte 5 Community Nurse  | 140    | H                      | Substantive recruitment & bank combination of substantive recruitment and use of bank &                            | nursing vacancies across the trust will                               | 2                         |
| PCCT / MEC         | FIT cross site   | Provide assessment and plan of care to frail elderly who attend ED to support them returning home  | admission avoidance (6 beds pd)                                      | Jan-22     | Ageing Well                   | 6.00  | 2.0 wte B6 PT/OT 1.0 wte B7 PT, 2 x locum junior (1 current in run rate), 1 x locum cons, 1 x B7 trainee   | 322    | H                      | substantively working with partners in the   | vacancies across the trust will                                       | 1                         |
| PCCT               | Primary care & population health frailty management project  | to support PCN maintaining patients in their own home by prompt access to social care  | Admission avoidance  | Nov-21     | Ageing Well                   | 3.10  | 2 WTE care coordinator B4 ,1 WTE social prescriber B5, 1 GP session per week   | 40     | H                      |  | vacancies across the trust will                                       | 3                         |
| PCCT               | Complex discharge nurse to support elderly care  | support for elderly patients whose needs are complex and might need a multi-agency input to deliver their care   | reduce length of staff for patients in an acute bed (3beds pd)       | Jan-22     | Re-purpose existing funding   | 1.00  | 1.0 WTE B6 nurse   | 18     | H                      | Substantive recruitment - increase in hours of existing staff will facilitate staff retention                      | nursing vacancies across the trust will minimise risk of redeployment | 3                         |
| PCCT               | Palliative care Practice development nurse support medicine  | provide education and specialist advice to other professionals in the care of palliative patients  | attendance / admission avoidance                                     | Sep-21     | Re-purpose existing funding   | 1.00  | 1.0 WTE B7 nurse   | 36     | H                      | Substantive recruitment  | nursing vacancies across the trust will minimise risk of redeployment | 2                         |
| Medicine & Emerger | Increase GP / minors area at City  | increase the number of patients streamed to primary care who present at ED   | reduction in over crowding in ED                                     | Nov-21     | BSOL                          |       | to be agreed with the 3rd party provider   | 310    | H                      | Malling Health   |   | 1                         |
|                    | Sandwell UTC extended opening hours  | increase the number of patients streamed to primary care who present at ED   | reduction in over crowding in ED                                     | Nov-21     | Sandwell CCG                  |       | to be agreed with the 3rd party provider   | 315    | H                      | Malling Health   |   | 1                         |
| Medicine & Emerger | Medical SDEC, increase utilisation by providing senior decision makers dedicated to SDEC. Increase opening time until midnight (currently 10pm). | enable patients who do not need an overnight stay but who need same day emergency care to be moved from ED to a more appropriate area  | reduction in over crowding in ED and admission avoidance (8 beds pd) | Nov-21     | winter funding                | 13.28 | 2 x Middle grade Drs, 4 B6 Nurses, 2 x locum consultants, over 7 days 13.28 reflects the up lift for 7 day cover   | 844    | M                      |  |   | 1                         |

|                    |  |  |   |          |                             |          |   |     |   |  |   |   |
|--------------------|--|--|---|----------|-----------------------------|----------|---|-----|---|--|---|---|
| Medicine & Emerger | AMU – patient flow co-ordinators                   | ensure more timely transfer of patients to other wards and to ensure patients discharge TDDs are met   | reduction in LOS on AMUs  | Nov-21   | winter funding              | 3.80     | B3 non-clinical staff   | 48  | H | Bank   |   | 3 |
| Medicine & Emerger | 7 day SPA service                                  | enable direct access of GPs and WMAS to avoid referrals to ED  | attendance / admission avoidance  | Nov-21   | Ageing Well                 | 5.63     | 2WTE B3, 3.63WTE B6   | 165 | M | Bank (could offer substantively - part of MMUH plan)                           | nursing vacancies across the trust will minimise risk of redeployment | 1 |
| Medicine & Emerger | Emergency care transfer team to support ED and AMU | to ensure patients are moved out of ED and AMU to other areas in a timely manner   | to increase cubicle availability in ED and bed space in AMU   | Nov-21   | winter funding              | 7.62     | 4 B2 HCAs x 7 days (2 per site to cover 11am-8pm)   | 96  | H | Bank   |   | 2 |
| Medicine & Emerger | Weekend Discharge Team – continue cross-site.      | multi - disciplinary team to ensure increase number of discharges at weekends  | reduced LOS across medical wards  | In Place | in run rate                 | 0.00     | 1 consultant, 1 junior doctor, 1 anp , 1 therapist  | 150 | H | Bank/extra payments  |   | 1 |
| Medicine & Emerger | Cardiology AA                                      | faster assessment of patients referred to speciality with a view to same day care  | admission avoidance   | Nov-21   | in run rate                 | 0.00     | 3PAs on a Sat and 3 PAs on Sun at premium rate  | 67  | M | Bank/extra payments  |   | 2 |
| Medicine & Emerger | Respiratory Winter plan                            | Consultant ward round 09:00-12:30, registrar onsite support during day, junior completing jobs on long day. Overnight cover maintained by GIM on-call. | reduction in LOS  | Nov-21   | in run rate                 | 0.00     |   | 95  | M | Bank/extra payments  |   | 1 |
| Medicine & Emerger | D30  | increase bed base for medicine   | reduced overcrowding in ED  | Nov-21   | in run rate                 | 25.51    | 10.28WTE B5 at enhanced rate, 10.23WTE B3, 1WTE B2 .1wte locum Cons and 3WTE locum SHO  | 767 | M | Over recruit / Bank. Vacancy and turnover rate in medicine mitigates this risk | nursing vacancies across the trust will minimise risk of redeployment | 1 |
| Medicine & Emerger | Discharge Lounge - 1 site                          | increase the number of beds available earlier in the day to release pressure in ED   | reduced overcrowding in ED  | In Place | winter funding              | 7.20     | 2 B5 nurses and 2 B3 HCAs   | 375 | M | Bank/extra payments  |   | 1 |
| surgery            | Additional Trauma Theatres                         | 5 additional lists (10 sessions) over the festive period - planned for 27th, 28th December and the 2nd, 3rd and 8th January.                           | reduced LOS   | Dec-21   | winter funding              | (30 PAS) | 1 T&O Consultant x 5,1 Anaesthetic Consultants x 5,1 T&O Registrar x 5,1 Radiographer x 5,3 Qualified Theatre Staff x 5,2 Unqualified Theatre x 5 | 27  | H | Bank/extra payments  |   |   |
| surgery            | Additional Fracture Clinic                         | Additional Fracture Clinics on the 27th December and 3rd January   | admission avoidance / reduction in crowding in ED   | Dec-21   | winter funding              | 9 Pas    | consultants and registrars  | 5   | H | Bank/extra payments  |   |   |
| surgery            | BMEC coordinator                                   | improved coordination  | Smooth coordination of eye casualty, reduction in 4 hour breaches   | Dec-21   | Re-purpose existing funding | 1.67     | 1. B3 non clinical  | 24  | H | Bank   |   |   |
| surgery            | Emergency theatre coordinator                      | Coordination of the NCEPOD, Trauma and Urgent theatres including staffing and coordination of radiographer.  | Reduction in on the day patient cancellations and efficient provision of emergency, trauma and elective theatre enabling timely treatment of patients and reduction in emergency patients length of stay pre-surgery. | Dec-21   | Re-purpose existing funding |          | 1 B5  | 16  | M | bank / agency  |   |   |
| surgery            | surgical SDEC                                      | increase capacity within this service  | Reduction in demand to ED with increase provision for surgical SDEC and opportunity for more patients treated in SDEC reduced from SAU  | Dec-21   | winter funding              | 2.9      | 2.9 B5b nurses  | 43  | M | bank / agnecy / substantive  | nursing vacancies across the trust will minimise risk of redeployment |   |
| surgery            | Surgical assessment unit                           | increase capacity within this service  | 5 additional beds over winter   | Dec-21   | winter funding              | 4.2      | 4.2 WTE B5 nurses   | 63  | M | bank / substantive   | nursing vacancies across the trust will minimise risk of redeployment |   |

|         |                                   |                        |  |        |                                |        |              |       |   |   |   |
|---------|-----------------------------------|------------------------|--|--------|--------------------------------|--------|--------------|-------|---|---|---|
|         | post anaesthetic care unit (PACU) | additional 2 pacu beds | reduction in cancellations of Gynae Onc patients and increase provision in ITU | Dec-21 | winter funding / possible NHSE | 6      | 4.4 B6,1.4B3 | 165   | M | substantive recruitment but insourcing in interim | nursing vacancies across the trust will minimise risk of redeployment |
| surgery |                                   |                        |  |        |                                |        |              |       |   |   |   |
| Total   |                                   |                        |  |        |                                | 119.21 |              | 4,778 |   |   |   |

|                   |                                |
|-------------------|--------------------------------|
| <b>amount (£)</b> | <b>funding source</b>          |
| 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                           |
| <b>1,522,000</b>  | <b>Winter funding required</b> |

|  |          |
|--|----------|
| <u>Social care schemes</u>             |          |
| P1 and P2 staffing (SWBHT)             | 402000   |
| Equipment technicians (SMBC) x 3.2 FTE | 104400   |
| Community Alarms staff (SMBC) x 6 FTE  | 231600   |
| Social Care Lead Officer               | 53500    |
| Single Handed Care Training            | £ 40,000 |
| Re-stocking equipment sub-store        | £ 15,000 |
| Handyman service                       | £ 72,000 |
| Transport                              | £ 72,000 |
| Discharge enablers fund                | £ 12,000 |