

REPORT TITLE:	Sandwell and West Birmingham Place(s) & Acute Hospital Winter Plan	
SPONSORING EXECUTIVE:	Johanne Newens, Chief Operating Officer	
REPORT AUTHOR:	Andrew Wilkinson, Assistant Director of Operations	
MEETING:	Public Trust Board	DATE: 2 nd November 2022

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

This paper is a progress report in relation to the Winter Plan that was submitted to the September Board. Our plan focuses on:

- **Reduction in admissions** through the diversion of patients away from our A&E department and improving access to diagnosis and treatment on the same day
- **Reduction in length of stay** through increased access to services and treatment in the community

In addition to the maintenance of the delivery of safe effective unplanned care the schemes are also designed to reduce the impact on elective services to limit the impact on patients waiting for elective treatment.

The plan has been designed to address the main risks that the NHS has historically experienced during the winter period, which is congested Emergency Departments, resulting in poor ambulance handover performance and a higher rate of demand for acute beds.

The original bed model that was submitted to last month's Board did not consider at a detailed level the impact of the mitigating schemes that we are planning to put in place. Detailed work with services has now been completed to account for predicted activity and therefore the predicted level of impact these schemes will have in relation to the number of beds needed for winter which is outlined in section 2.4 of the main report. This change to our predicted bed demand is a key area that the Board is asked to discuss.

Most of the investment being made is recurrent and forms part of the MMUH priority posts and external funding to support the place based integrated approach that we are taking. However, the scale of the recruitment needed to deliver the full benefit of these schemes remains the single largest risk to the delivery of our winter plan. The Board is asked therefore to focus on the progress of implementation of schemes and note the risks associated with the delivery.

To summarise combined the schemes are predicted to address the predicted bed deficit this winter. However, each does continue to carry individual risk to delivery that could reduce their effectiveness/delivery timelines. Individual risks and updates can be found below in section 3.

This plan is being monitored weekly in terms of expected outcomes and progress against recruitment, for which a weekly tracker will be in place in month.

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>				
OUR PATIENTS	X	OUR PEOPLE		OUR POPULATION
To be good or outstanding in everything that we do		To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives

3. Previous consideration <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
Finance and Performance Committee

4. Recommendation(s)
The Public Trust Board is asked to:
a. DISCUSS the revised winter be model and associated mitigation schemes
b. NOTE the associated risks for delivery including recruitment to community schemes

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>						
Board Assurance Framework Risk 01	X	<i>Deliver safe, high-quality care.</i>				
Board Assurance Framework Risk 02	X	<i>Make best strategic use of its resources</i>				
Board Assurance Framework Risk 03	X	<i>Deliver the MMUH benefits case</i>				
Board Assurance Framework Risk 04		<i>Recruit, retain, train, and develop an engaged and effective workforce</i>				
Board Assurance Framework Risk 05	X	<i>Deliver on its ambitions as an integrated care organisation</i>				
Corporate Risk Register <small>[Safeguard Risk Nos]</small>						
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 NHS TRUST

Report to the Public Trust Board on 2nd November 2022

Sandwell and West Birmingham Place(s) & Acute Hospital Winter Plan - Update

1. Background

1.1 At last month's Trust Board, a paper was submitted detailing the predicted pressure the Trust would face in the coming winter (Sandwell and West Birmingham Place(s) & Acute Hospital winter Plan). Here it was predicted at the peak of winter the Trust would have a total bed deficit of 117 beds. To mitigate this bed gap several schemes were detailed along with their current progress of funding and implementation. This report provides a further update with mitigations built into the winter bed model along with updates on the feasibility and delivery of individual schemes.

1.2 To successfully manage the sustained/increased demand we expect to see this winter as a trust there are three key areas that we will need to focus on to ensure we provide the care needed for our patients:

- **Reduction in admissions** through the diversion of patients away from our A&E department and improving access to diagnosis and treatment on the same day
- **Reduction in length of stay** through increased access to services and treatment in the community
- **Maintenance of elective services** to prevent a further deterioration in patients current waiting for non-urgent treatment.

2. Modelling

2.1 Below shows the Trust summary shared previously which was the output of the Trust winter bed modelling highlighting which areas will come under the most pressure this winter.

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Medicine Deficit	-23.00	-40.40	-39.50	-90.10	-69.90	-28.60
Community Deficit	-11.00	-16.50	-14.70	-17.30	-21.70	-12.60
Paediatric Deficit	-2.80	-5.10	-3.40	0.00	0.00	0.00
Critical Care Deficit	0.00	-2.00	-2.70	-3.60	-1.80	0.00
Elective Deficit	-8.00	-8.40	-7.80	-6.90	-6.80	-6.30
Pre-mitigation deficit	-44.80	-72.40	-68.10	-117.90	-100.20	-47.50
Virtual ward implementation	28.10	12.70	12.70	-34.50	-16.60	25.40

- 2.2 Included in this was an original mitigation plan which modelled in the expected impact of the Trusts virtual ward programme. Schemes not plotted into the calculations at this time were:
- End of life virtual ward
 - New community beds coming on stream for pathway's 1 and 2 (in particular, Harvest View)
 - Impact of same day emergency care
 - Impact of schemes diverting patients away from hospital
- 2.3 Since this submission we have now received greater clarity on the expected delivery and funding of each of the winter schemes and have been able to include this in our winter bed mitigation.
- 2.4 Below is a summary output of this modelling with the expected benefit of each of the schemes individually highlighted.

	22-Nov	22-Dec	23-Jan	23-Feb	23-Mar
Medicine Deficit	-40.4	-39.5	-90.1	-69.9	-28.6
Community Deficit	-16.5	-14.7	-17.3	-21.7	-12.6
Paediatric Deficit	-5.1	-3.4	0	0	0
Critical Care Deficit	-2	-2.7	-3.6	-1.8	0
Pre-mitigation deficit	-64	-60.3	-111	-93.4	-41.2
Virtual Ward LOS reduction	41.1	55.0	59.8	72.3	72.3
Medical SDEC admission avoidance	4.2	4.2	4.2	6.2	6.2
Frailty SDEC admission avoidance	23.0	23.0	23.0	23.0	23.0
Urgent Community response admission avoidance	6.7	9.4	13.1	13.1	13.1
Integrated Front door	0.0	0.0	3.5	7.0	10.6
Post-Mitigation Deficit	10.9	31.2	-7.5	28.2	82.2

2.5 Modelling notes

- Elective bed deficit excluded from data as demand will be controlled so that a deficit is not created. This will include an increased focus on day case procedures during high pressure months.
- Virtual ward LOS reduction revised based on latest implementation updates and phasing (see section 3.1 for details)
- Medical SDEC (MSDEC) admission avoidance set at 50% of expected benefit of MMUH due to relocation at City and increased referrals seen from both SPA and EDs in September.
- MSDEC increase in admission avoidance from Feb-23 assuming implementation of modular SDEC.
- Frailty SDEC set at 50% of benefit of MMUH as team recruited to 50% of full model and working on single site. Requires dedicated area to provide full admission avoidance benefit.
- Schemes not included in bed mitigation plan;
 - Community right sizing – no additional benefit
 - maintenance of additional Pathway 2 beds – additional 48 bed benefit from Jan-23

- 2.6 Combined the schemes are predicted to address the predicted bed deficit this winter. However, each does continue to carry individual risk to delivery that could reduce their effectiveness/delivery timelines. Individual risks and updates can be found below in section 3.

3. Winter Scheme Implementation updates

3.1 Virtual wards

Phased recruitment underway for community response teams and is broken down as follows;

Respiratory, frailty and cardiology

Ward	Budget WTE	In post	Due to start	Vacant on Trac	Vacant about to go on Trac
Sandwell	28.80	5.80	7.40	4.90	10.70

Palliative

Palliative	Budget WTE	In post	Due to start	Vacant on Trac	Vacant about to go on Trac
Sandwell	5.5	0.6	0	4.90	0
West Birmingham	1.525	0.2	0	1.35	0

Paediatrics

Paeds Ward	Budget WTE	In post	Due to start	Vacant on Trac	Vacant about to go on Trac
Sandwell	9.1	1.8	2.4	4.90	0
West Birmingham	8	0.2	0.00	7.6	0.00

Recruitment has been carried across to bed modelling and revised based on expected staff in post throughout winter. Clinical teams have been engaged and are developing robust workforce plans to meet the bed implementation timelines. Clinical models are being developed to maximise benefit of each specialty scheme – especially focusing on hospital treatment at home, like oxygen weaning. First patients now on boarded across all specialties to test clinical models and safety netting of patients prior to full roll-out.

Risk to delivery – full recruitment to community teams to deliver number of beds commissioned effectively. There are also risks to the sustainability of current medical workforce models which are being worked through.

3.2 Medical & Frailty SDEC

- City medical SDEC relocation now complete which will support an increase throughput of patients.
- Staffing model still needs final sign-off to fully recruit to service.
- Modular unit at Sandwell awaiting final sign-off – if signed of likely build completion in February
- Frailty SDEC team in place and dedicated area opened on AMU H-bay at Sandwell. Continual challenges have arisen due to the bedding of the SDEC location overnight which limits through put and pulls staff away from admission avoidance to managing inpatients.

- 1st wave of ACP recruitment complete with second wave in coming months.
- 6-day model options being explored to support winter plans.

Risk to delivery - bedding of SDEC units to support ED which prevents next day admission avoidance and throughput

Mitigation – work with frailty team to increase throughput of department in hours and extend service to 6 days to reduce risk of bedding over weekends.

3.3 Urgent Community response (UCR)

- UCR team in place and responding to community falls alarms and respiratory patients in distress.
- Current model is 7-day service 08:00-20:00
- September performance showed the team met the 2-hour response time for 86% of calls.
- Continued improvement in volume of calls expected to be seen as pathways become more robust and communication plan rolled out.

Risk to delivery – utilisation of services due to a lack of knowledge of pathways by ambulance crews

Mitigation: implementation of care navigation service/single point of access.

3.4 Integrated front door

Gap analysis underway through daily senior community review of patients across ED and AMU

Over time the service will expand to meet the greatest needs for complex community patients identified with the inclusion of therapy and social staff.

3.5 Pathway 1 & 2 – Right sizing & opening of harvest view

Harvest view expected to open on 8th November and will open to full capacity by 31st December

Delayed opening and recruitment risk mitigated though continued spot-purchasing of enhanced assessment bed in nursing homes throughout winter

Pathway 1 phase 1 recruitment update:

Pathway	WTE	In post	Due to start	Vacant on Trac	Vacant about to go on Trac
P1 Phase 1 (OBI 1-90)	52.79	35.94	6.00	5.00	5.85
P2 Phase 1 (EAB 1-60)	19.88	7.87	4.00	3.80	4.21

Phase 2 recruitment plan:

	Sep 2022	Oct 2022 – Dec 2022	Jan 2023 – March 2023
New staff in post	20 wte	15 wte	6 wte
Virtual Beds supported	90 + 45 = 135	135 + 34 = 169	169 + 11 = 180

Risk to delivery: recruitment to full establishment of services

Mitigation: maintenance of existing community enhanced assessment capacity.

4. Recommendations

4.1 The Trust Board is asked to:

- a. **DISCUSS** the revised winter be model and associated mitigation schemes
- b. **NOTE** the associated risks for delivery including recruitment to community schemes

Andrew Wilkinson
Assistant Director of Operations

25th October 2022