

Report Title:	Progress of Winter Plan as of November 2021		
Sponsoring Executive:	Liam Kennedy Chief Operating Officer		
Report Author:	Johanne Newens Deputy Chief Operating Officer		
Meeting:	Trust Board	Date	2 nd December 2021

1. Suggested discussion points
At November's Trust Board the Winter Plan with associated schemes was approved. The schemes are designed to mitigate the demand and capacity gap in relation to non-elective admissions and bed occupancy as well as reducing pressures on our Emergency Departments over the winter period (Nov-March).

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective this paper supports]</i>										
<table border="1"> <thead> <tr> <th>Our Patients</th> <th></th> <th>Our People</th> <th></th> <th>Our Population</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td style="text-align: center;">X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td></td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	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		To work seamlessly with our partners to improve lives
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3. Previous consideration
A version of this paper has been discussed at November's Clinical Leadership Executive meeting.

4. Recommendation(s)
The Board is asked to:
a. NOTE: progress in delivery of winter plan
b. DISCUSS: the proposed monitoring arrangements against delivery of expected outcomes
c. DISCUSS: the Emergency Access Standard (EAS) and Ambulance handover position and agree how assurance should be delivered to the Board

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]</i>					
Trust Risk Register					
Board Assurance Framework					
Equality Impact Assessment	Is this required?	Y		N	x If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	x If 'Y' date completed

Sandwell and West Birmingham Hospitals Trust
Progress on the delivery of the Winter Plan 2021/2022
Trust Board: 2nd December 2021

1.0 Background

At last month's Trust Board a number of schemes were discussed and approved to support the Trust in terms of managing the anticipated non-elective winter pressures. This paper outlines progress on the delivery of the schemes and future monitoring arrangements.

2.0 Progress

Since approval at November's meeting of the Trust Board, the Clinical Groups have had confirmation that funds will be made available and have been focused on the delivery of the schemes. The majority of effort has been in relation to securing the workforce needed to deliver the schemes; as outlined in the initial plan, it has become apparent that some elements of the workforce are not available and minor revisions to the plan have been made. The table in annex 1 outlines progress against the original start date and the delivery of the original anticipated benefits.

3.0 Benefits and Impact of Schemes

- 3.1 As presented to last month's Board all acute trusts in the Black Country ICS have used the same bed modelling tool to predict bed occupancy and shortfalls during the winter period. The model utilises our recent bed occupancy, admission rates and Length of Stay (LOS) data. Our plans for winter are centred on addressing this gap and maintaining flow through the Trust.
- 3.2 One of the key risks that the bed modelling has predicted is that at the peak of demand our bed base will be 60 beds short. A number of schemes are designed to mitigate this 60 bed shortfall. The cumulative impact of the schemes focused on admission reduction or reduction in LOS is a saving of 37 beds. In addition the opening of Ward D30, a 20 bedded unit, will offset a proportion of the 60 bed shortfall.

As a reminder Table 1 below outlines the expected impact of each scheme.

Scheme Description	Beds Saved
Community Urgent response, utilising epicentre 8am – 8pm 7 days a week	2
Community Respiratory Service	6
Care Homes wrap around support. Supporting 19 further care homes	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

Table 1: Beds saved

3.3 A report is being finalised outlining actual activity, impact, recruitment progress and spend. Where schemes are not being implemented or not delivering the full impact, groups will be asked to reconsider their models and if needed identify alternatives schemes to deliver the same benefit.

The 2 tables below show the October activity for those schemes that were already in place, but will be expanded for winter. The Target for each of the schemes is the level of activity that we will expect them to deliver to enable the expected bed savings in table 1 to be achieved. This demonstrates that some schemes are not that far away from their expected delivery outputs, whereas others have large improvements required.

KPI	Latest month	Measure	Target	Deviation	Assurance	Mean	Lower process limit	Upper process limit
FIT - Avoidance	Oct 21	27	80			35	2	69
Locum Admission Avoidance	Oct 21	26	50			21	-2	43
Urgent Community 2hour Referrals	Oct 21	647	800			317	156	478
Discharge Enablement Team - Referrals	Oct 21	39	50			28	16	41
Heart Failure - Contacts	Oct 21	621	900			477	265	688
Respiratory Service - Contacts	Oct 21	625	1100			343	257	930
Care Homes (01-20) - Contacts	Oct 21	24	70			17	5	38
Care Homes (21-40) - Contacts	Oct 21	24	70			22	5	38
Care Homes (01-20) - Admissions	Oct 21	22	19			41	23	60
Care Homes (21-40) - Admissions	Oct 21	22	10			41	23	60

KPI	Latest month	Measure	Target	Deviation	Assurance	Mean	Lower process limit	Upper process limit
FIT - Avoidance	Oct 21	27	80			35	2	69
LD Care - Type 2	Oct 21	1741	2000			1327	809	1781
Discharge Lounge - Activity	Oct 21	26	30			18	21	58
LD Transfer Team - Percentage	Oct 21	46.2%	85.0%			64.0%	45.2%	93.1%
AMU Patient Flow - Percentage	Oct 21	80.9%	95.0%			85.0%	70.8%	92.1%
D30 - Activity	Oct 21	99	200			119	-9	243
Weekend Discharges - Cardiology	Oct 21	65	70			41	8	74
Weekend Discharges - Respiratory	Oct 21	29	40			22	1	41
Weekend Discharges - Medicine	Oct 21	424	440			260	156	371
SDEC - delivered in correct location	Oct 21	52.2%	95.0%			57.6%	50.0%	65.7%

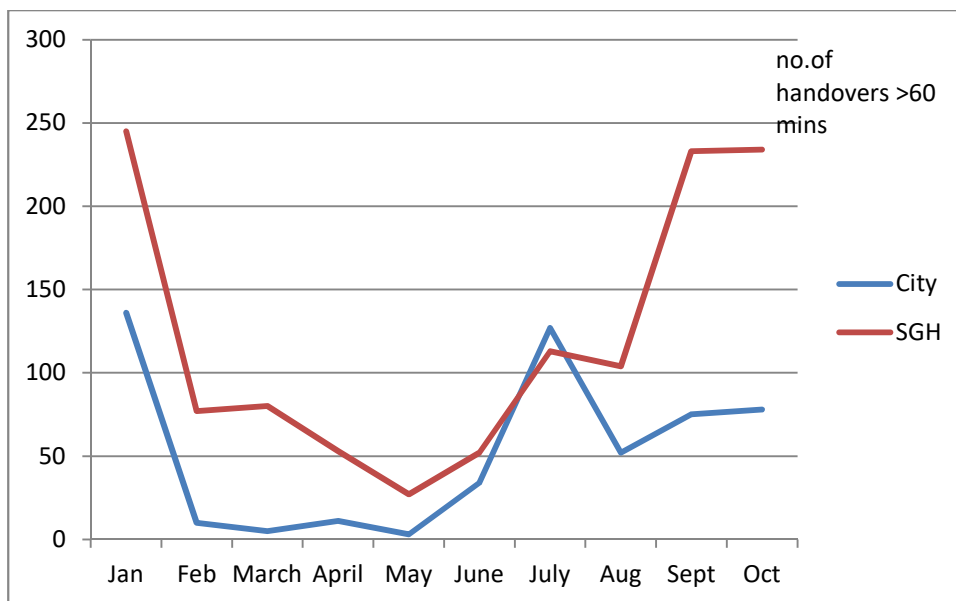
- 3.4 **Staffing, Safety and Quality:** The main risk to delivering our winter plan is our ability to secure the necessary additional staff. Whilst Bank and some agency will be sourced we do aim to secure substantive staff where this appropriate as given the vacancy levels within the trust these staff can be redeployed at no financial risk at the end of winter.
- 3.5 Maintaining safety and quality of care is also a key element of our winter plan. On the 12th November the NHs published guidance on “Winter 2021 preparedness – Nursing and Midwifery Staffing. The guidance focussed on planning, decision making and escalation processes to support safer nursing and midwifery staff as winter approaches. To assure Trust Board , the chief nurses office has been involved in the planning and decision making in relation to the Trusts winter plans.
- 3.6 As required by the guidance there is an escalation process in place for staffing that was introduced during COVID and will continue throughout winter to assure the most appropriate levels of staffing per area in relation to patients acuity and number of patients. There are quality Impact assessments in place that are currently being reviewed by the Group Directors of Nursing within each clinical group, the Head of Workforce and Education and Deputy Chief Nurse. The Chief Nurse will approve these assessments once reviewed. These assessments outline our RAG rating for staffing and what our priorities of care are when staffing is challenged and varies from our agreed staffing ratios. These assessments initially went through our governance processes earlier this year to Trust Board.
- 3.7 The senior nurses have also implemented further measures to support staffing such as a HIIT team of health care assistants that will support both sites and be deployed where required, housekeeper roles so nursing staff can concentrate on their nursing roles and extra admin staff to support the ward areas and community teams. These plans are reviewed weekly at both operational meetings and weekly senior nurse meetings
- 3.8 Recruitment is ongoing and we have seen 132 international nurses join us over the last 10 months. There are a further 85 international nurses who will join us between now and the end of March and 40 graduate nurses in January. All will help towards our current staffing challenges. This will leave us with very few if any band 5 vacancies throughout the organisation
- 3.9 We are also working with a company called INDEED supported by NHSE/I to recruit health care support workers and we have recently recruited a further 23 people to these roles and have 67 people joining the bank whom we are discussing permanent roles with.

4.0 Emergency Access Standard (EAS) and ambulance handover performance

4.1 The Trust position against the 4 hour access target for October has declined, as predicted, with an out turn of 72.66% (73.1% Sept). Performance at Sandwell and BMEC has slightly improved with City continuing to decline. We still remain in the top half of the national position.

4.2 Attendances increased from the September position when we saw 21,505 total attendances across both sites, in October we saw 22,295. This number puts us in the top 25% of attendances nationally (22nd of 122 EDs).

4.3 Ambulance handovers over the hour have remained stable since Sept, despite internal outflow pressures. Over the last 2 months we have seen increased incidences of Intelligent Conveyance (ICs) to SWBH. The ICs to City are predominantly from Heartlands Hospital with Sandwell being a mixture of Dudley Group and Royal Wolverhampton.



The number of incidences where IC happens away from our EDs remains low in comparison.

Conveyances to SWBH					
City			Sandwell		
September	October	November (To date)	September	October	November (To date)
151	256	119	72	109	69
Conveyances away from SWBH					

City			Sandwell		
September	October	November (To 18.11)	September	October	November (To 18.11)
3	12	12	0	14	9

5.0 Summary and Recommendations

We developed our winter plan using national guidance, Integrated Care System comparators as well as local intelligence. At last month's Trust Board we acknowledged collective ownership of the delivery of this plan to ensure we maintain safe and good quality care for our patients over winter.

Many of the schemes form pre-cursors to the work that will ultimately inform the community and acute care model for the MMUH. We will monitor the delivery and impact of the winter plan and bring regular updates to Trust Board to provide assurance that our plans are delivering the necessary outcomes and also to change our plans where necessary.

6. Recommendations

Board is asked to note:

- NOTE: progress in delivery of winter plan
- DISCUSS: the proposed monitoring arrangements against delivery of expected outcomes
- DISCUSS: the EAS and Ambulance handover position and determine how assurance on winter and urgent care overall, is to be delivered

Johanne Newens

Deputy Chief Operating Officer

25th

Appendix 1.

Scheme Description	Start Date	Is the scheme on track?	Notes
Epicentre / urgent response and Care homes service 8 – 8 7 days a week	Dec-21	Yes	Confident of start date. Staff in place.
Community Respiratory Service	Dec-21	Yes	This service has started on a small scale pre the predicted start date of Dec however activity will increase once additional staffing is in place. Bank and agency staff are being sourced (enhanced rates were in the original costings).
Care Homes 21 – 40 wrap around	Nov-21	Yes	Gradual build of impact as more homes utilise this team, activity will also increase once additional staffing is in place. Bank and agency staff are being sourced but not fully in place yet (enhanced rates were in the original costings).
Expansion of DET till 10 pm 7 days a week	Oct-21	Yes	In place
OPAT – heart failure and diuretics	Nov-21	No	This scheme has not commenced as staffing has not yet been secured. Bank and agency staff are being sourced but not in place yet (enhanced rates were in the original costings).
FIT (City)	Jan-22	No	Due to inability to secure therapy support an alternative partial FIT service will be delivered at City that is medically lead. A continued effort to secure therapy is ongoing.
Primary care & population health frailty management project	Oct-21	Yes	In place

iCares community frailty team – to support primary care in providing proactive support to people with frailty at home	Jan-22	Yes	Confident of start date, staff identified.
Complex discharge nurse to support elderly care	Jan-22	Yes	Confident of start date
Palliative care Practice development nurse support medicine	Sep-21	Yes	In place
Increase GP / minors area at City	Nov-21	Yes	Commenced 17/11/21
Medical SDEC, increase utilisation by providing senior decision makers dedicated to SDEC. Increase opening time until midnight (currently 10pm).	Nov-21	Yes	New location identified. Estates changes in place and relocation of existing team in that area being planned. Expected start date w/c 29/11/21 workforce ready to commence.
AMU – patient flow co-ordinators	Nov-21	No	This has been out to bank with little take up so proposal to review this in directorate to see if the MMUH hub nurse model could be commenced as an alternative.
7 day SPA service	Nov-21	Yes	Commenced
Emergency care transfer team to support ED and AMU	Nov-21	No	This has been out to bank with not take up, chief nurse has offered to review with a view to permanent recruitment and redeployment into alternative vacancies at the end of the winter period
Weekend Discharge Team – continue cross-site.	In Place	Yes	Commenced
Cardiology AA	Nov-21	Yes	Commenced
Respiratory	Nov-21	Yes	Commenced
GP Service 2pm to 10pm - City Hospital and increased hours at Sandwell till	Nov-21	Yes	Commenced

midnight			
D30	Nov-21	Yes	Will open as needed however will rely on bank / agency staff which have not yet been identified. over recruitment to nursing establishment is also in train as these staff can be redeployed to existing vacancies upon closure of D30
Increase Pead beds across site from 34 to 50	Nov-21	Yes	Will open as needed via bank / agency staff not yet identified however.
Bring forward Pead 2nd on consultant to October	Nov-21	Yes	In place
Priory Ground surge ward to a further 8 Pead beds.	Nov-21	Yes	Will open as needed via bank / agency staff not yet identified however.
Pead HDU increase from 2 to 10 beds	Nov-21	Yes	Will open as needed via bank / agency staff not yet identified however.
Discharge lounge 1 site	Nov-21	No	Space identified has been utilised as an inpatient area this will be reviewed on a daily basis to implement this function, staff identified via bank and deployment from wards with back fill arrangements.