



<b>REPORT TITLE:</b>	Sandwell and West Birmingham Place(s) & Acute Hospital Winter Plan		
<b>SPONSORING EXECUTIVE:</b>	Johanne Newens Acting COO		
<b>REPORT AUTHOR:</b>	Andrew Wilkinson Assistant Director of Operations		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	7 <sup>th</sup> September 2022

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

In order to successfully manage the sustained/increased demand we expect to see this winter as with other winters, we will focus on 3 main areas of focus to ensure we provide the care needed for our patients:

- **Reduction in admissions** through the diversion of patients away from our emergency departments and improving access to diagnosis and treatment on the same day
- **Reduction in length of stay** through quicker discharge, increased access to services and treatment in the community
- **Maintenance of elective services** to prevent a further deterioration in patients currently waiting for non-urgent treatment.

The winter plan schemes outlined in this paper meet at least one of the above areas of focus.

Our bed modelling has used national and local data to predict the bed demand over the remainder of the financial year. We have used the funded bed establishment for general and acute beds. Our model indicates that if all of our schemes deliver the bed days savings as they are predicating we will have enough beds each month until January 2023 when the peak of the pressure is seen. Additional actions and schemes whose impact are not yet modelled are included in this paper to offset the January risk.

The costs for the schemes included in this winter plan are fully costed and have funding routes proposed from a variety of sources including Place System Development Funds, the Trusts in year investment in the Midland Metropolitan University Hospital (MMUH) Acute Care Model and NHSE winter capacity funds. The Place and MMUH Acute Care Model funded schemes are recurrent funds so much of our winter plan will in fact become core business as we move to MMUH care model in advance of the move. In addition, there are some schemes that would add significant benefit to our winter resilience, but we have yet to receive confirmation of funding for these, so work is ongoing with external bodies to secure these funds.

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

OUR PATIENTS	X	OUR PEOPLE	OUR POPULATION	X
To be good or outstanding in		To cultivate and sustain happy,	To work seamlessly with our	

everything that we do		productive and engaged staff		partners to improve lives	
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**3. Previous consideration** *[at which meeting[s] has this paper/matter been previously discussed?]*  
 Finance and Performance Committee

**4. Recommendation(s)**  
 The Public Trust Board is asked to:  
**a. APPROVE** the winter plan and its 3 main areas of focus  
**b. NOTE** the investment associated with schemes and the potential schemes that the Trust is actively sourcing funds for.

<b>5. Impact</b> <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

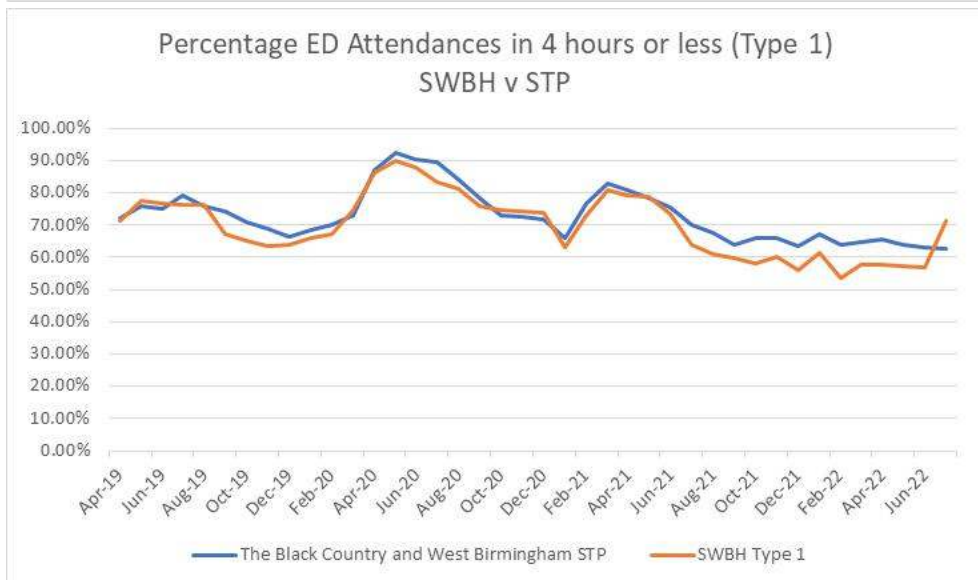
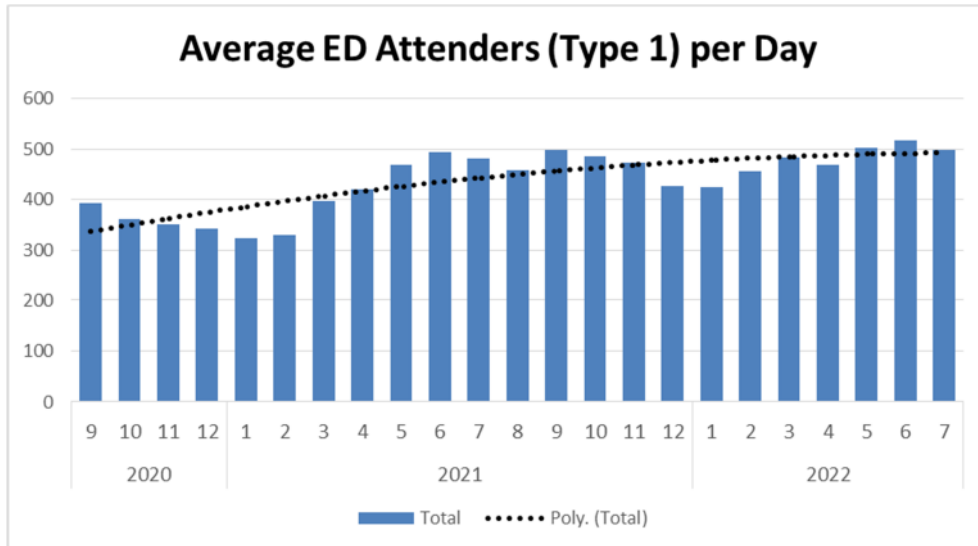
## Report to the Public Trust Board on 07/09/2022

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

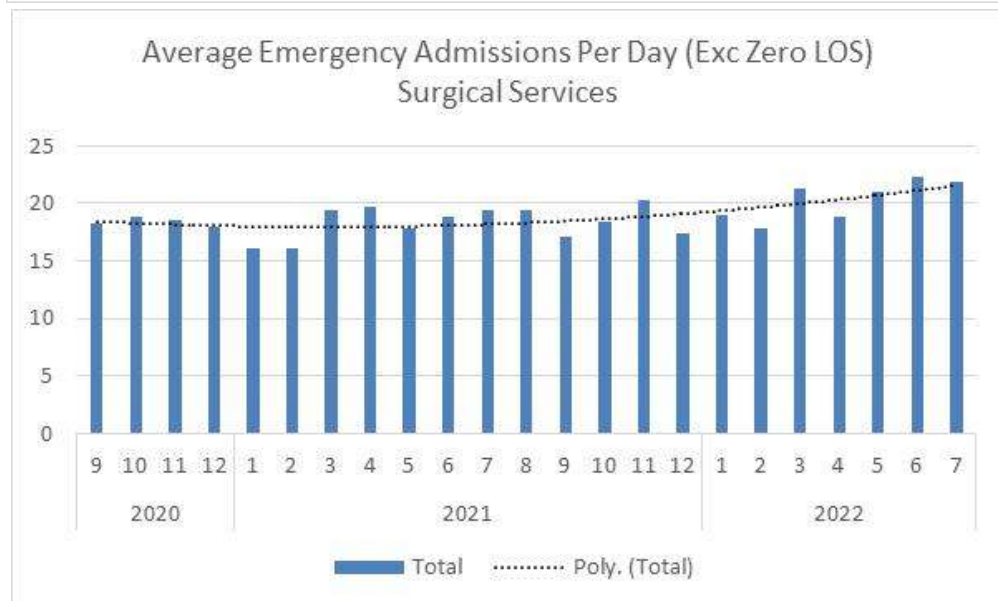
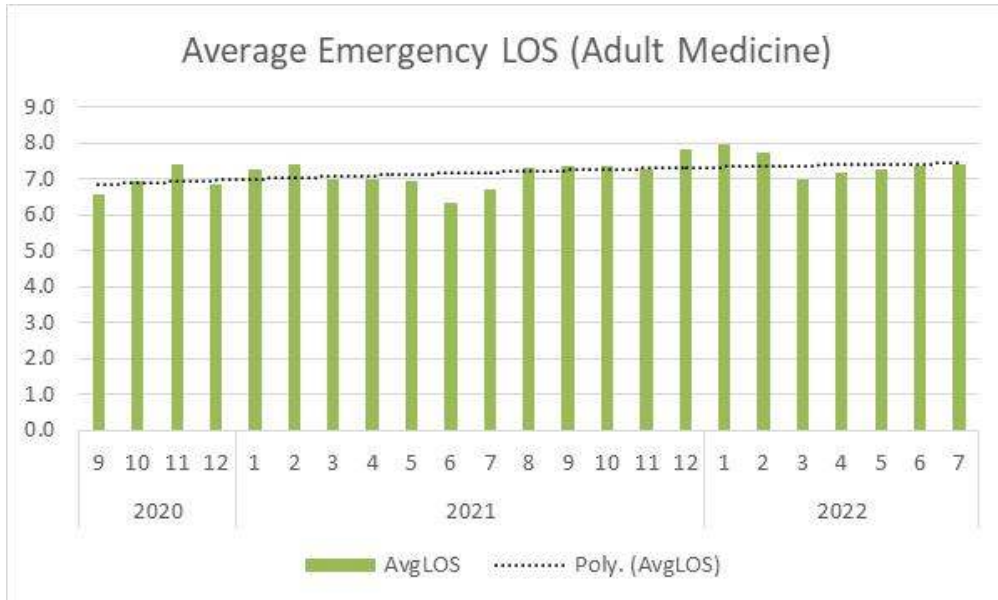
#### 1. Background

1.1 Last year's winter plan anticipated that the winter of 2021/22 would be one of the most challenging yet for the trust and unfortunately this theme has so far continued into summer this year.

1.2 Whilst teams have become more adept in the management, treatment and containment of Covid-19 and its variants the trust performance continues to be severely impacted by non-elective demand. As demonstrated by our continual increase in type 1 Emergency Department (ED) attendances and gradually declining performance against the 4-hour standard.



1.3 Particular areas of concern are the sustained high length of stay for medical patients and the increased emergency surgical admissions. The medical length of stay is attributed to a lack of capacity for those patients with complex or social care needs and a continued high acuity of patients. The increase in surgical admissions is partly driven by an increasing volume of elective patients becoming urgent due to the length of wait to their procedure.



1.4 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

- Given the last few years Emergency attendance have been significantly affected by Covid we have had to make some assumptions to inform our predicted non-elective bed need for this winter. We have used data from 2017-2018 to date and we have removed 2019-2020 Q4 and 2020-2021 Q1 from all average / linear and mid-point calculations so that early Covid19 impacts have been removed.

### 2.1 Schemes plotted into calculations

Our frailty and respiratory virtual wards and front door admission prevention schemes are a key contributor to our bed management plan. 25% of medicine activity is respiratory patients. Our virtual ward has been designed to save 1 day for each admission (there is an expectation this could go to 1.5 days) but we have aired on the cautious side for operational delivery.

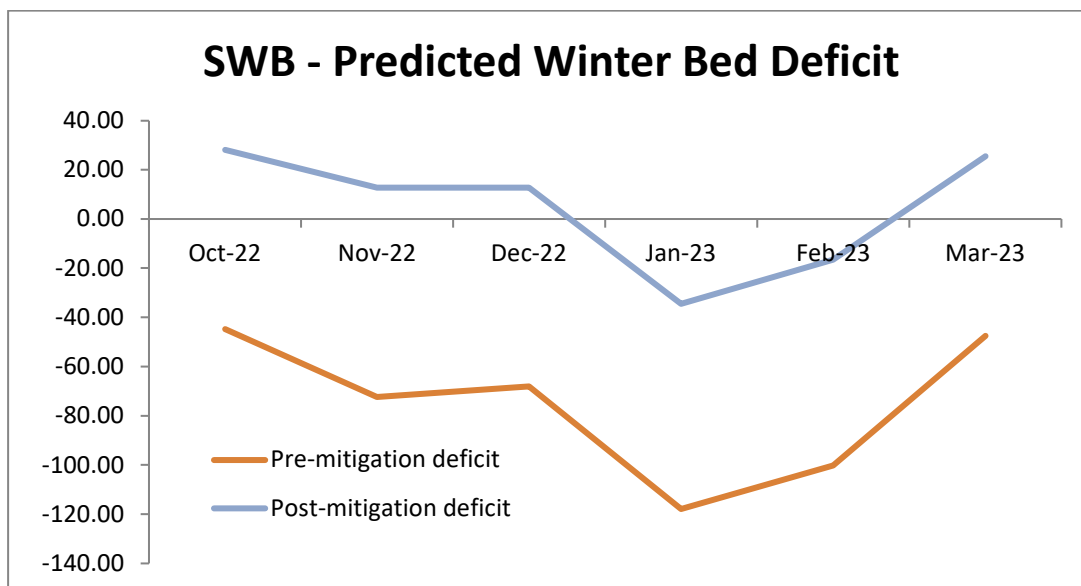
- In addition 40% of medicine activity can be attributed to frailty patients again our service redesign for winter will save 1 day for each admission (again there is an expectation this could go to 1.5 days) but we have aired on the cautious side for operational delivery.

### 2.2 Schemes not plotted into calculations

- 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 Monthly bed projections

	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
Post-mitigation deficit	28.10	12.70	12.70	-34.50	-16.60	25.40



## 2.4 Modelling Summary

- Assuming that our schemes come fully on line from October we are predicting no bed gap is predicted for 2022 , our peak bed gap occurs in January 2023 with a pre-mitigation gap of 117 beds – post mitigation this reduces to a 34 bed deficit
- Further work needs to be completed to understand the impact of additional schemes to mitigate against the bed gap peaks including; diverting patients to community, provision of same day emergency and the impact of investment into pathway 1 and 2 beds in the community. In addition the Harvest View beds that come on line in November are not taken into account. These are a further 24 beds whose impact on our acute length of stay has not yet been modelled but will have a positive impact.

## 3. **Winter Planning Workshop**

- 3.1 To support the development of this year's winter plan data was pulled to support teams to quantitatively understand the existing challenges and pressure areas within the trust. A review was also completed of the schemes implemented by the trust in the previous winter as an opportunity to reflect and identify points to learn from. The assessments completed were then presented to a forum with representation from all clinical groups which is outlined below in section 4.
- 3.2 To support the winter plan a consultation event was held with representation from all clinical groups on 25/8/2022
- 3.3 The focus of the session was to inform teams of the trust wide change programmes detailed below in section 5 and to identify other areas of potential opportunity to reduce pressure on acute services.
- 3.4 The key outputs focused on:
  - Ensure teams have data to support management of schemes implemented
  - Focus on getting the basics to hospital flow right (timing of discharges and operational grip and control)
  - Working with Place partners internal and external to the trust to allow demand to be met.
  - The main outputs from this workshop were a series of process improvements that would improve our patient flow from home, through the hospital and home again. These will be converted into a winter patient flow improvement plan for each group and will be monitored along with the overall winter plan.

#### 4. Funded Change Programmes

Below is a summary of the ongoing change programmes that are underway and require shared working across multiple clinical groups. The programmes detailed throughout are supported by funding avenues supported either at a system level to improve place-based working within the organisation or support the acute care model.

##### 4.1 Same Day Emergency Care

**Aim:** Enhance delivery of existing same day emergency care services to improve ED flow avoid unnecessary admissions

**Expected benefits:** admission avoidance, reduce volume of 24-72 hour length of Stay (LOS) patients

**Current status:**

- Pathways established and running in all specialty areas (Medicine, Frailty, Surgery, Gynaecology and Paediatrics)
- Further recruitment and training underway to support enhancement of existing services
- Operational reporting structure developed to monitor performance

**Next steps (target timeframe):**

- Patient prioritisation
- Access to same day diagnostics (Nov 22)
- Development of performance dashboard (Oct 22 – Unity version Feb 23)
- Alignment of all specialties to Unity Same day emergency care (SDEC) platform (Jan 23)
- Access to urgent specialist ongoing care for patients beyond first attendance (Oct 22)
- Implementation of modular unit for Sandwell SDEC (Jan 23)

**Costings:**

Workforce – costs for these are within existing establishments and for medical SDEC this is funded via the MMUH ACM investment in year.

**Risks:**

- Overnight use of SDEC areas as inpatient bed spaces throughout winter to relieve front door pressures
- Lack of space to develop and establish optimised SDEC areas pre-MMUH
- Development of supporting infrastructure to deliver services like imaging and IT.

##### 4.2 Virtual Wards

**Aim:** Deliver 123 virtual ward beds by April 2023 for Sandwell Place and 78 for West Birmingham Place by June 2023.

Speciality	Sandwell	West Birmingham
Hospital at Home (Epicentre)	0	20
Heart Failure	38	0
Respiratory	25	16
Frailty	30	15
Palliative and End of Life	18	5
Paediatrics	12	22

**Expected benefits:** admission avoidance, reduced LOS

**Current Status:**

- Funding confirmed for Sandwell, West Birmingham TBC
- Workforce plan developed and recruitment underway
- IT system in place and ready to use (Docobo) – no integration with existing infrastructure

**Next steps:**

- Development of trust operational policies and governance framework
- Specialty engagement
- Support services engagement (pharmacy, imaging, pathology, IT)

**Delivery timeline:**

- 80 virtual ward beds running in Sandwell place by November 2022
- 60 virtual ward beds running in West Birmingham place by November 2022
- Daily consultant ward rounds for each ward open by November 2022

**Workforce model:**

The costs for this is being funded from the Black Country ICB system development fund (SDF) we are yet to receive confirmation that the West Birmingham element will be funded from the BSOL SDF.

	Sandwell					West Birmingham					Total
	Heart Failure	Respiratory	Frailty	Pall &EoL	Paediatrics	Epicentre	Respiratory	Frailty	Pall &EoL	Paediatrics	
B2	1.00	1.00	1.00			0.50	0.70	0.50			4.70
B3	3.00	2.50	3.00		1.00	1.35	1.75	1.50		2.00	16.10
B6	2.40	1.00	3.00	2.00	5.50	1.00	0.70	1.50	0.50	11.00	28.60
B7	3.90	1.70	3.00	2.50	2.60	1.95	1.19	1.50	0.63	4.20	23.17
B8a	1.00	0.60	0.70			0.35	0.42	0.35			3.42
B8b				0.20					0.10		0.30
Pharmacist	0.50			0.20					0.10		0.80
Consultant	1.40	0.60	0.60	0.60		0.70	0.42	0.30	0.20		4.82
											81.91

**Cost of delivery:**

Virtual Ward	Sandwell		West Birmingham*	
	22/23	23/24	22/23	23/24
Heart Failure/ Epicentre H@H	£200,556	£850,418	£173,133	£378,602
Respiratory	£173,090	£421,267	£121,163	£294,887
Frailty	£248,690	£644,098	£139,003	£322,049
Palliative	£171,105	£400,383	£57,833	£115,666
Paeds	£233,500	£512,685	£446,051	£957,426
<b>Total</b>	<b>£1,026,940</b>	<b>£2,828,851</b>	<b>£937,183</b>	<b>£2,068,630</b>

\*West Birmingham funding not yet confirmed

**Risk:**

- Lack of trust in virtual wards operational ability/delivery
- Funding for West Birmingham place
- IT integration between community, acute and patient portals
- Resilience of supporting medical workforces in hard to recruit specialties
- Ability to offer treatments at home to support early discharge like Oxygen therapy

4.3 Community Right sizing

**Aim:** To enhance capacity of pathway 1 virtual beds to better meet the local population demands.

**Expected benefits:** improved hospital flow



**Current status:**

- Funding approved
- 1<sup>st</sup> wave of recruitment complete with staff coming into post and being on-boarded in preparation for opening of first beds in October 2022
- Recruitment plans being developed for second phase to be opened in January 2023.

**Costings:**

	Oct 2022	Nov 2022 – Jan 2023	Feb 2023 – Apr 2023
New staff in post	20 wte	15 wte	6 wte
Virtual Beds supported	90 + 45 = 135	135 + 34 = 169	169 + 11 = 180
Resources required	£634,146	£475,610	£190,244

4.4 Consolidation of intermediate care beds

**Aim:** To consolidate pathway 2 intermediate care beds into a purpose built facility (Harvest view) and increase capacity by upto 20 beds.

**Current status:**

- Harvest view developed to move away from spot purchasing capacity in the community for enhanced assessment beds (Pathway 2)
- Currently the local authority spot purchases upto 60 beds within local nursing homes to meet demand.
- Dedicated site due to open with first 60 beds in October 2022 increasing to 80 later in the year
- Majority funded by local authority but staff support arrangement in place with community team for delivery which will be cross charged
- No cost to trust.

Out-patient parenteral antimicrobial therapy (OPAT)

**Aim:** capacity increase for existing OPAT service and development of an MIS in reach service for the provision of IV diuretics for Heart Failure patients

**Expected benefits:** Improved patient flow and reduced LOS for patients receiving IV treatment

**Current Status:** recruitment underway to implement in time for winter 22/23

Funded scheme finance summary

Winter Plan Scheme	Funding scheme	22/23	23/24
Medical SDEC	ACM/MMUH	£468,421	£1,124,211
Sandwell Virtual Ward	System development fund	£1,026,940	£2,828,851
Community Bed Uplift (Right sizing)		£650,000	£1,300,000
Pathway 2 bed consolidation (Harvest View)	N/A		
OPAT	ACM/MMUH	£161,250	£387,000
<b>Total</b>		<b>£2,306,611</b>	<b>£5,640,062</b>

5. **Unfunded Change programme proposals**5.1 Integrated front door

**Aim:** Divert patients from ED straight back to care in the community

**Expected Benefits:** reduced unnecessary ED attendance, admission of avoidance of complex patients that risk long LOS

**Next Steps:**

- Recruitment and training of community focused team
- Development of working group to establish service
- Collaboration with impacted services to maximise integration and effectiveness

**Workforce model:**

	WTE	Core Role	
	Integrated Hub	<b>Total</b>	
B5	3.24	<b>3.24</b>	District Nurse
B6	6.48	<b>6.48</b>	Mental Health Practitioner, OT
B7	3.24	<b>3.24</b>	social Worker
B8a	3.24	<b>3.24</b>	ACP
Medics	3.24	<b>3.24</b>	GP
		<b>19.44</b>	

**Cost of delivery:**

Subtotal	22/23	23/24
<i>Front Door Integrated Assessment Hub</i>	£551,513	£1,507,837
<b>Total</b>	<b>£551,513</b>	<b>£1,507,837</b>

The cost associated for this is being funded by Sandwell Place only.

**Risks:**

- Access to point of care testing and specialist referral services from front door
- Requirement of urgent access to community pathways for successful admission avoidance

5.2 Urgent Community Response - Falls

**Aim:** To respond to patients in the community that have had a fall and there are no obvious injuries requiring hospital admission

**Current Status:** When fully operational the service will be able to respond to 6 referrals a day 7 days a week 08:00-20:00. The service is currently in development but requires confirmation of funding and could be operational by January 2023.

5.3 Virtual Ward – West Birmingham: See section 4.2 for detail

5.4 Unfunded scheme finance summary

Winter Plan Scheme	Funding scheme	22/23	23/24
Integrated front door	System development fund	£376,959	£1,507,837
Urgent Community Response	System development fund	£130,127	£520,506
Virtual Ward	System development fund	£1,044,315	£2,088,630
<b>Total</b>		<b>£1,551,401</b>	<b>£4,116,973</b>

## 6. Summary

This winter plan has reviewed lessons learned from previous winters and utilised national data analysis as well as our own modelling to inform actions to be taken for this winter. The majority of the actions that will be taken will become business as usual as they form part of the Place priorities and the MMUH acute care model plans.

Alongside the investment is a set of patient flow improvements that each of the clinical groups will focus on over the next few months, being led by the COO.

Our modelling predicts that we will hit the peak of pressure in January 2023, this is when the work around our improved operational processes need to be working at their optimum to offset and deficient or under delivery of our investment schemes. It is important to note however that there are some schemes, outlined in 2.2, that we have yet to model the impact they will have on acute bed savings.

The delivery of the expected outcomes will be reported to and monitored by the executive team and by the Finance, Performance and Investment Committee to ensure that the plan delivers and where there is significant variation to plan it is rectified in a timely manner.

## 7. Recommendations

7.1 The Trust Board is asked to:

- a. **APPROVE** the winter plan and its 3 main areas of focus
- b. **NOTE** the investment associated with schemes and the potential schemes that the Trust is actively sourcing funds for

Sandwell and West Birmingham Place – Acute Hospital winter plan  
Andrew Wilkinson Assistant Director of Operations

26th August 2022