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REPORT TITLE:	Winter Plan 2023-2024		
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MEETING:	Public Trust Board	DATE:	8th November 2023

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

This paper describes the Sandwell and West Birmingham Places and Acute Hospital winter plan for 2023 – 2024. The paper includes reflections on last winter, with considerations for our context and national expectations on performance. This is followed by modelling and analysis of our forecast demand, rightsizing scheme delivery, further proposed mitigations, and considerations to support staff wellbeing and resilience.

Modelling indicates a peak, unmitigated bed deficit of 42 beds in December 23. The paper outlines strategies to fully mitigate the deficit through a combination of out of hospital services, utilisation of Same Day Emergency Care (SDEC) and additional bedded capacity where required.

In addition to the Trust plan, we have been working with partners in our local Places to ensure we are holistic in our approach with a focus on supporting the wider health and social care system alongside population resilience. A slide deck outlining the Sandwell Place plan can be reviewed in annex 1.

The winter plan has been reviewed by the Black Country Urgent Care Board and approved, as with those plans for the other 3 Places/Trusts, with partial assurance due to the level of residual risk therein.

It should be noted that there is a financial risk associated with opening additional beds to support patient safety. The costings in section 5 of the paper indicate a total maximum cost of £987K but are largely offset by a winter run provision of £971K

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] 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 *[at which meeting[s] has this paper/matter been previously discussed?]*

Key metrics in this paper have been considered at Executive Performance Management Group and will be included in the board metrics paper.
Trust Management Committee

4.	**Recommendation(s)**
The Trust Board is asked to:	
a.	**NOTE** and **AGREE** the winter plan and mitigation proposals.
b.	**NOTE** the potential cost exposure

5.	**Impact** *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*							
Board Assurance Framework Risk 01		x	*Deliver safe, high-quality care.*					
Board Assurance Framework Risk 02		x	*Make best strategic use of its resources*					
Board Assurance Framework Risk 03			*Deliver the MMUH benefits case*					
Board Assurance Framework Risk 04			*Recruit, retain, train, and develop an engaged and effective workforce*					
Board Assurance Framework Risk 05		x	*Deliver on its ambitions as an integrated care organisation*					
Corporate Risk Register [Safeguard Risk Nos]								
Equality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed		
Quality Impact Assessment	Is this required?	Y	x	N		If 'Y' date completed		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trist Board

Sandwell and West Birmingham Places and Acute Hospitals Winter Plan

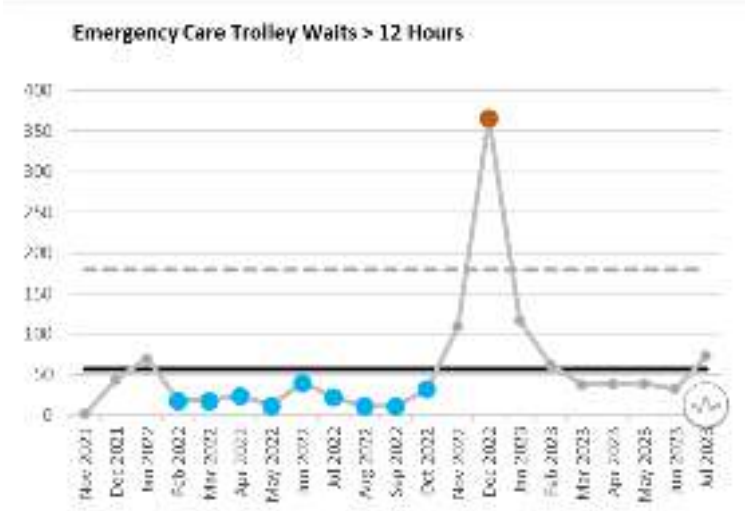
1. Background

1.1 Last year's winter was anticipated to be challenging with further increasing demand and more acute presentations predicted. The Trust's ability to respond to this pressure was significantly supported by our winter plan interventions, which focussed on reducing admissions, increasing community care, and reducing inpatient length of stay.

1.2 The period between December and January was extremely difficult, with the system collectively struggling to de-escalate from sustained demands for admission and discharge in the acute sites. Our planning with the support of our Place Based Partnerships was a significant contributor to our response and ability to react to the challenges faced. However, despite these efforts we experienced episodes of significant pressure and periods of internal critical incidents. Throughout winter we utilised surge capacity and outlying at peak times to support flow with around 80 beds added into the core bed base

1.3 Winter 2023/24 presents an arguably even more difficult prosect. We know that urgent and emergency care services face greater pressure during the winter months as a result of patients being more acutely unwell and consequently staying in hospital longer. This year is likely to be even more challenging for the NHS and Social Care systems due to high non-elective demand being coupled with acute presentations because of elective treatment delays resulting in undiagnosed or delayed diagnosis of conditions, and significant challenges to workforce resilience with the potential continuation of industrial action. We are already seeing sustained periods of extreme pressure on our acute sights with an increase in length of stay.

1.4 Increased attendances, medical length of stay increases, and increased numbers of emergency surgical admissions have been trends seen during winter for the last two years. This outlook comes on the back of a challenging summer for our urgent and emergency care services with frequent escalation to OPEL level 4 *(**an NHS England stratification measure describing extreme pressure in the local health and care system, leaving organisation unable to deliver comprehensive care***) due to delays in discharge and subsequent pressures in ED. Emergency Access Standard performance and ambulance offload timeliness illustrate this with downward trends seen in the past number of months.



1.5 The **Emergency Access Standard (EAS),** ambulance offload and attendance data sets all present a challenging picture that without intervention would result insignificant risk to patient care and staff wellbeing in responding to pressures. This context indicates that our Winter Plan will require even greater resilience than previous years and must carefully consider the needs of our patients and support for our staff.

1.6 Our organisation is in the relatively unique position of preparing for the opening of our new hospital. With this in focus we have begun implementation of our bed rightsizing initiatives to improve timeliness of patient journeys and clinical outcomes. These schemes align with principles set out in the NHS delivery plan for recovering urgent and emergency care services and realise benefits from community care, reduced length of stay and bed occupancy, and a reduction in the number of beds required. Utilising these schemes and seasonal variation in demand during the summer we have closed 50 medical beds to date across the two acute sites.

1.7 The national urgent and emergency care delivery plan set out revised performance targets for this year with EAS set at 76% and expectations for improved ambulance offloads to enable response times to improve.

There is also a set of incentives to access capital funding for 2024/25. These are based on:

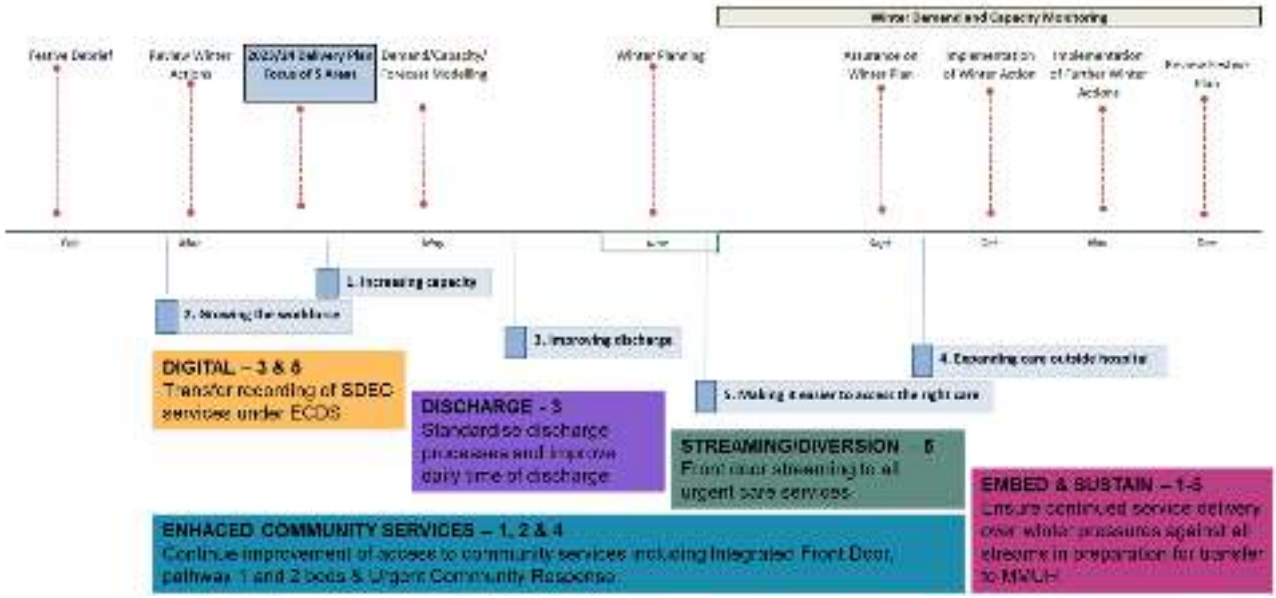
- Achievement of 80% all-type A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes from arrival of the ambulance during Q3 and Q4 of 2023/24 (with 95% or more handovers having a valid handover time).
- Improve performance in the above areas compared to winter 2022/23.

These targets have informed this year's improvement schemes and will be a focus over the winter period as measures of effective care delivery.

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

- **Reduction in attendances** through increasing the capacity and performance of our Place based and out of hospital services.
- **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 increased access to services and treatment in the community and acute interventions with the addition of planned surge beds.
- **Maintenance of elective services** to prevent a further deterioration in patients current waiting for non-urgent treatment.

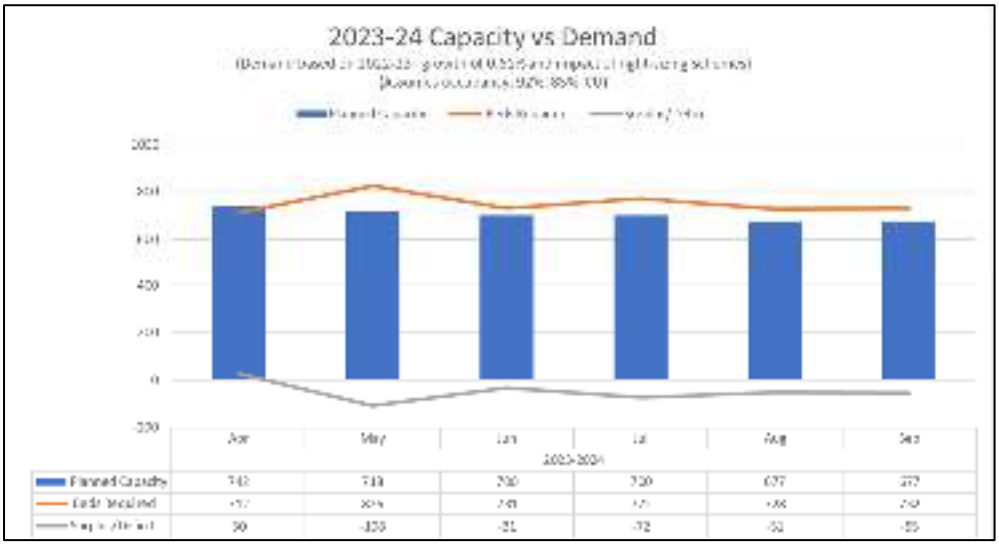
1.9 For 23/24 we set out an operational delivery plan for urgent and emergency care which encompasses the key decision-making points and planned interventions. This remains active and forms the basis of the winter planning governance and scheme focus.



2. Modelling

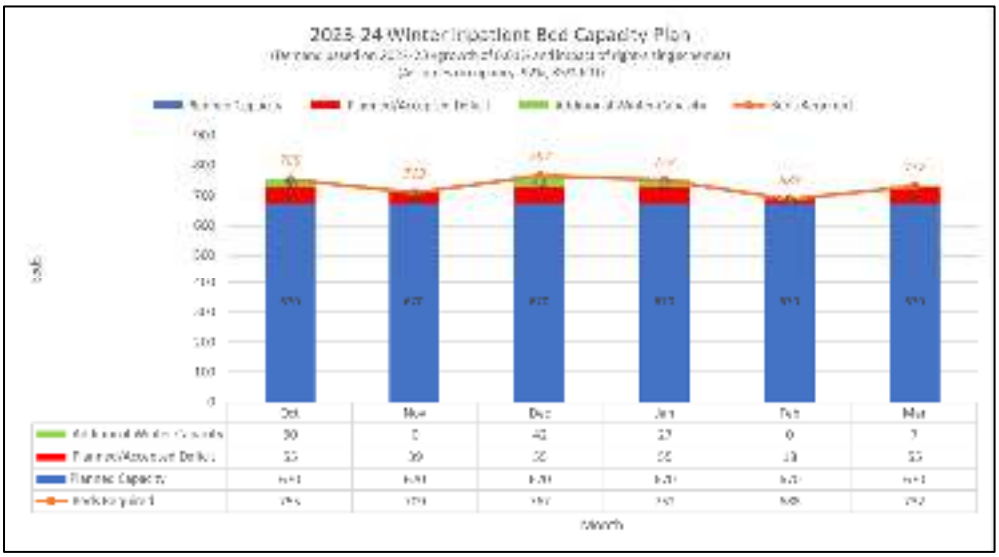
2.1 The Trust winter plan modelling has been produced taking in to account forecast demand, the benefits realised from the rightsizing schemes and winter interventions, and an occupancy rate of 92% for assessment and inpatient ward areas, providing sufficient capacity to cope with additional demand expected over the winter period. This is in line with the Black Country Urgent and Emergency Care Board methodology.

2.2 Based on Bed Modelling, between May and August 2023 there was an average deficit of 65 beds which would prevent the organisation of running at the target 92% bed occupancy level (See chart 1 below). Over that period, we have proactively closed 50 medical beds to support rightsizing and the Trust financial plan. Consequently, rather than decreasing bed occupancy with the length of stay improvements and admission avoidance benefits realised, it has remained consistently at 95%.



2.3 The 65-bed deficit has been manageable between May and August, although it has contributed to the higher occupancy rates. To support safe flow through winter, we are proposing a lower tolerated bed deficit of 55 beds, aiming to achieve the 92% occupancy.

2.4 The chart below outlines the number of beds planned for winter, with up to 55 beds accepted to be short each month in red and additional winter capacity proposed to mitigate the deficit in green.



2.5 This equates to a peak bed gap of 42. November and February show no requirement and March is minimal. Across both sites we have the ability to provide extra beds as surge capacity, these will be outlined as part of the mitigation section.

2.6 The Trust data and analysis correlates with the system modelling and forecast with improvements from rightsizing schemes added to our profiling.

3. Winter Planning Workshop

3.1 To support the development of this year's winter plan a session was held with clinical group leaders and corporate services to review modelling assumptions and consider interventions that would have

the most significant positive impact. A review of the schemes implemented during last winter was undertaken as an opportunity to reflect and identify points to learn from.

3.2 In addition, we have coordinated sessions with Place partners across Sandwell and Ladywood and Perry Barr to ensure that our planning includes a multi-agency response.

3.3 To support the winter plan a consultation event was held with representation from all clinical groups on 30/8/2023.

3.4 The focus of the session was to inform teams of the proposed winter interventions and rightsizing scheme implementation plans and progress.

3.5 The key outputs focused on:

- Ensure teams have access to data to support management of schemes implemented.
- Focus on hospital flow efficiency and processes (timing of discharges and operational grip and control).
- Working with Place partners internal and external to the Trust to allow demand to be met.

4. Current Interventions

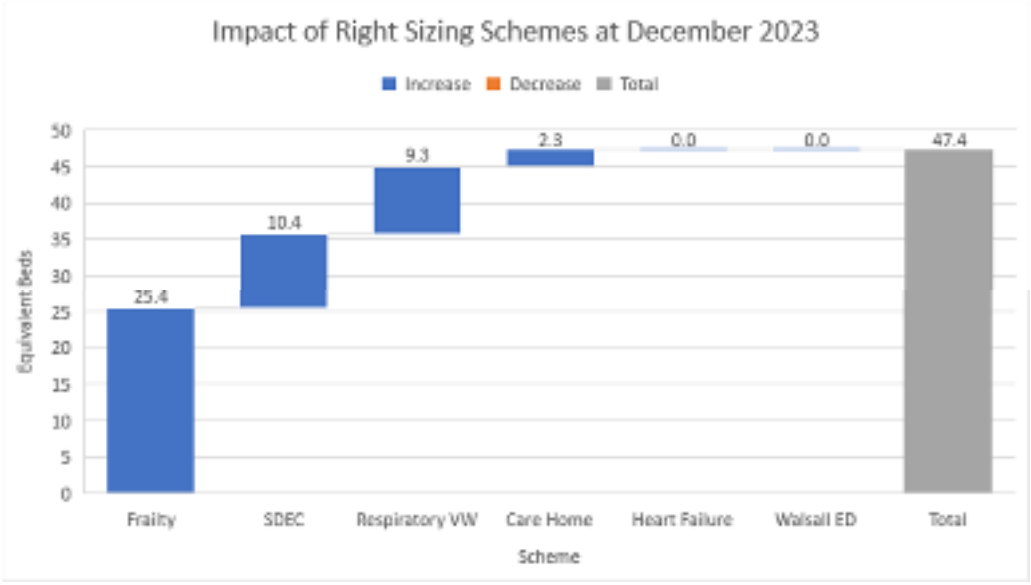
Below is a summary of the on-going rightsizing and patient journey improvement programmes that are underway and require shared working across multiple clinical groups. The programmes detailed throughout are supported by funding either to improve community-based care or support delivery of the MMUH clinical services model.

4.1 There are 5 transformational schemes that support the overall MMUH bed right sizing and our winter resilience:

- Medical Same Day Emergency Care (SDEC) **(Funded in current run rate)**
- Frailty Virtual Ward (VW) and FIT (Frailty Intervention Team) **(System Development Funding and within current run rate)**
- Respiratory Virtual Ward (VW) **(System Development Funding)**
- Heart Failure **(System Development Funding and within current run rate)**
- Birmingham Care Homes **(BCHCNHSHFT funding)**

4.2 The current opportunity in-year bed saving potential generated from these schemes is 62, with 50 beds closed to date which matches the profile into winter.

4.3 The following table summarises the bed impact of individual schemes and is followed by detail on delivery to date and forward views on upcoming key milestones. Although it is acknowledged that the Trust rightsizing strategy requires in year closure of 62 medical beds, it should be noted that the full realisation of schemes is phased to deliver 47 beds by the end of December and 62 by the end of March.



4.4 **Same Day Emergency Care**

4.4.1 The medical SDEC units are demonstrating a positive impact on bed utilisation by avoiding admissions and reducing length of stay. The trajectory for delivery against potential opportunity is on track.

4.4.2 To improve this the service is developing processes to ensure all 55 condition-based pathways are accommodated and the hours of operation are extended to be consistently 8am – 10pm each day.

Key Milestones	**Delivery Dates**
Single Point of Access (SPA) streaming fully established	31/10/23
All SDEC pathways implemented	01/11/23
Re-design/develop streaming of SDEC pathways in and out of hospital	01/11/23

4.5 **Frailty**

4.5.1 With implementation of the Frailty Virtual Ward, Frailty SDEC and Frailty Assessment Unit, length of stay and associated demand for inpatient beds is forecast to reduce significantly. This is illustrated in our delivery against the scheme to date with a significant benefit to equivalent beds reduced being seen. The next phase is to introduce the FAU element at Sandwell site with two dedicated bays on AMU.

4.5.2 For winter specifically but also during other periods we are committed to ring fencing these areas to frailty use only as the associated bed reduction benefit surpasses any short-term gains during periods of pressure.

Key Milestones	Delivery Dates
Frailty - FAU established at SGH	29/09/2023
CGA live in Unity including Frailty Score	20/10/2023
Frailty - Consultant Led Virtual Ward in place	09/01/2024
Frailty - FAU full model in place including in reach	31/03/2024
Frailty - 7 day working	30/04/2024
Frailty SDEC pathways in place at Sandwell	30/04/2024

4.6 **Virtual Wards**

4.6.1 The reduction in System Development Funding (SDF) has necessitated the reduction to the planned number of Virtual Ward beds from 123 to 75 for Sandwell residents and from 78 to 30 in Ladywood and Perry Barr. The reduction in total numbers is largely mitigated through the lower than anticipated length of stay on the virtual wards leading to greater throughput of patients.

4.6.2 Clinical audit and forecasting have indicated that there is the potential for saving 16 beds for the frailty virtual ward and 8 beds for the respiratory ward. It should be noted that the frailty beds saving opportunity is an integral part of the overall frailty pathways inclusive of frailty SDEC with the beds savings including within the frailty SDEC scheme.

4.6.3 There is clearly an opportunity for further acute bed savings with the other virtual wards with palliative and cardiology likely to yield benefits. This is in the process of being quantified.

4.7 **Heart Failure**

4.7.1 A review of our data suggested HF patients were not managed through a consistent pathway with appropriate cardiology input. Resolving this will improve patient outcomes and better use of bed capacity. Pathway improvements and the introduction of the cardiology virtual ward have seen a reduction in admissions and re-admissions as a result of earlier intervention.

4.8 **No Criteria to Reside (NCTR)**

4.8.1 Our Integrated Discharge Hub continues to support the reduction of total length of acute hospital stay for people with NCTR. With colleagues in Adult Social Care, we have identified a further opportunity to reduce length of stay through the transfer of people into short term care and rehabilitation (Pathway2). The current length of stay for people on Pathway 2 is averaging 9 days following confirmation of NCTR. We have developed a Place based recovery plan to reduce this to 5 days by the end of November 2023. This will provide a saving of 6 beds per month.

4.8.2 The plan involves maximising our transfer criteria to Harvest View with the potential for a further 20 beds to be made available. The additional cost of this is funded through the Better Care Fund.

The Birmingham Community Healthcare Foundation Trust (BCHCFT) team have committed to supported length stay and admission avoidance with the establishment of a West Birmimgham locality hub which will be reflected across the city.

4.9 **Attendance Avoidance**

4.9.1 Our Place partnership in Sandwell has supported the on-going funding of a falls response service, delivered in partnership with the 3rd sector and Adult Social Care. The number of contacts per month has grown each month from a starting position of 30 in January 2023 (when the service started) to 181 in July 2023, of which 170 avoided ED attendance. Forecasting data suggests that this activity will increase further over winter with an associated reduction in admissions of 150 – 180 per month.

4.9.2 We are working with our colleagues in Birmingham Community Healthcare NHS Foundation Trust (BCHCFT), to ensure that acute demand for Birmingham residents also reduces. To date attendances to our Emergency Departments from Brimingham residents has reduced by from 1920 in June 2022 to 1550 in June 2023. This correlates with an increase in Urgent Community Response activity by BCHCFT. The on-going engagement work with BCHCFT is forecast to further increase activity in West Birmingham to maintain attendance reduction through winter. BCHCFT have committed to the following actions:

- Proactive wrap around intervention for the top admitting care homes
- Increase respiratory and frailty Virtual Ward utilisation to 80%
- Reduce length of stay for patients on pathway 1 and 2
- Increase UCR activity.

4.10 **Paediatric considerations**

4.10.1 The seasonal impact on acute paediatric services requires a specific focus, with the team planning the following actions:

- Increase ward capacity (12 beds)
- Increase Virtual Ward capacity utilising SDF income.
- Commence a paediatric discharge lounge area.
- Keep It Moving (KIM) – night team prep discharges, rhythm of the day, pre-emption discharge planning.
- Community Nurse in-reach

5. Unfunded Interventions and financial risk profile

5.1 To mitigate the potential 42 peak bed deficit there are options for short term expansion of the bed base. These are flexing existing medical wards based on specific speciality demand, outlying medical patients into surgery, adding beds into the Sandwell site discharge lounge, increasing our community bed base, or opening an additional medical ward.

5.2 Following discussions with the Black Country ICB team and UEC Board, we explored potential non-recurrent funding options. However, there is no identified system funding to cover the expecting expenditure.

5.3 The bed benefit and financial impact of these options are detailed in the table below with additional funding for 42 beds. The cost includes maximum exposure of 100% agency usage (33% premium). However, in the core workforce plan we can evidence that c80% of posts are covered by bank rather than agency.

Scheme Name	**Bed Increase**	**Dec 23– March 24 £000**
Additional Capacity – Ward at Rowley	24 Elderly Care	491
Additional Capacity – D5/D7	5 Cardiology	66
Additional Capacity – D27	5 General Medicine	66
Additional Capacity – P5	8 Gastroenterology	119
Total	**42**	**742**
Agency costs (33% premium)		**987**

5.4 The total cost is £987K. However, there is a provision of £971K in our financial forecast (best case and likely case). There is a current risk associated with delayed discharges to BSOL which is in addition to the forecast requirement of 42 additional beds. Currently, this equates to 16 beds open at Rowley which will be offset by a recharge to BSOL.

5.5 Despite the clear financial risk, the quality and safety risk of not planning for additional capacity would be detrimental. The additional beds will provide an ability to deliver 92% occupancy across our wards and avoid the number of 12-hour delays seen last winter. We would also be more likely to maintain elective activity and continue to deliver our recovery trajectory.

6. Workforce Resilience and Wellbeing

6.1 Discussion at the winter planning workshop included a focus on practical recommendations to support staff wellbeing during the winter period. These points are summarised below and will be developed with the support of the Human Resources team.

- Reinvigorate triumvirate working and shared ownership of the winter response for our multidisciplinary teams with specific leadership session.
- Clearly define roles and responsibilities to prevent duplication and support collective resilience. Socialise any changes to expectations ahead of winter and implement new ways of working.
- Support flexible working to ensure adequate rest and recovery periods are provided based on individual needs. This will be supported by staggered shifts to provide comprehensive cover over extended days.
- Provide early access for our staff to covid and flu vaccinations.

- Consider access to food and drinks out of hours similar to our on-going provision during industrial action response periods.
- Review options for a winter response voucher for a hot drink or snack.

7. Oversight

7.1 Appropriate oversight of all winter interventions will be vital to ensure we continue to drive forward performance. This will need to take place at Trust and Place level.

7.2 Executive led safety huddles will take place each week to review progress against improvement interventions. This will be mirrored at Place level to enable an integrated response.

7.3 Utilising live and accurate data will be required to inform responsive actions. We are therefore, designing a new dashboard to be visible and accessible to operational and clinical leaders to enable actions to be targeted in the correct areas.

8. Summary

8.1 This year's winter plan focusses on realising the potential of our rightsizing schemes and improving our community care offers alongside practical efficiency improvements and support for staff. The rightsizing interventions provide a 47-bed benefit to our position in December and 62 by March 2024. With this factored into our modelling we have a residual gap of 42 beds at the peak demand point during winter. The proposed mitigation for this is to open an additional ward at Rowley and increase the existing number of beds across selected medical specialties. All interventions described are designed to improve patient journeys and experience through our places and acute hospitals with care delivered in the appropriate location.

9. Recommendations

9.1 The Public Trust Board is asked to:

a. **NOTE** and **AGREE** the winter plan and mitigation proposals.
b. **NOTE** the potential cost exposure.

Demetri Wade
Deputy Chief Operating Officer
October 2023

Tammy Davies
Deputy Chief Integration Officer