

REPORT TITLE:	Sandwell and West Birmingham Place(s) & Acute Hospital Winter Plan Review	
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MEETING:	Public Trust Board	DATE: 8 th March 2023

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

This paper summarises the outcomes from a review undertaken of winter schemes across the organisation, and analysis of the significant urgent and emergency care pressures seen in December which led to a series of critical internal incidents occurring. A significant deterioration in Urgent and Emergency Care (UEC) performance measures across all acute services in December within our system which is most significantly reflected by our Emergency Access Standard (EAS) performance.

We continue to progress improvement initiatives to lessen the impact of the challenges faced in periods of increased demand and improve the patient journey throughout the organisation.

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		To work seamlessly with our partners to improve lives	X

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Finance and Performance Committee – Feb 2023

4. Recommendation(s)

The Public Trust Board is asked to:

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

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	X	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

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th March 2023

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

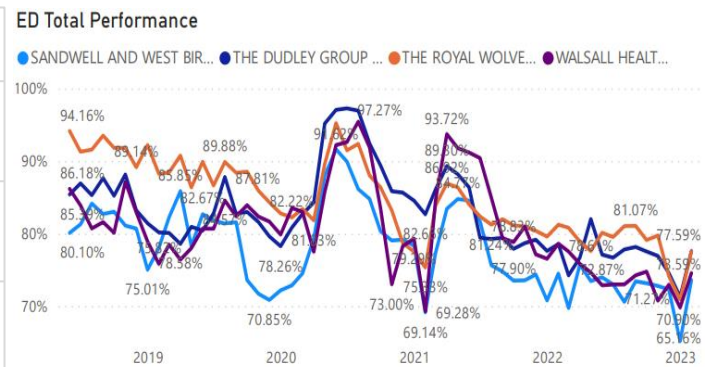
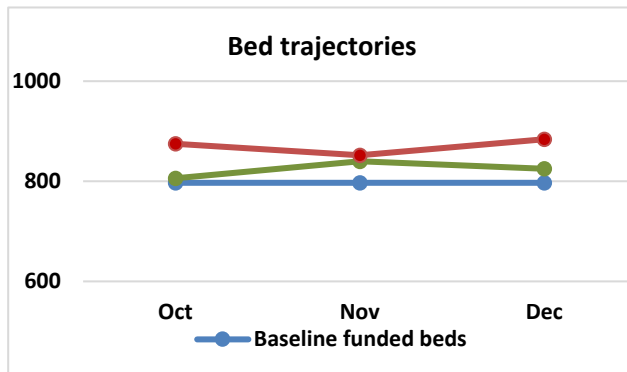
1. Background

- 1.1 Several schemes were implemented as part of the winter plan to support in reducing pressure on services and expediting flow through the organisation and at “Place” level. In our Trust winter plan, there was an emphasis on investing in schemes long-term and using funds to support care outside of a hospital setting.
- 1.2 The following paper provides an assessment of the performance of the organisation over winter and where pressures have been felt most significantly. It also includes a review of the effectiveness of individual schemes and future plans for these, along with quality and safety considerations.
- 1.3 In the original Winter Plan, there were 3 key areas of focus with an emphasis on long-term service developments in the community: reduce admissions, reduce length of stay & maintain elective services.

2. Modelling vs. actuals

- 2.1 Below is a summary table which demonstrates the original modelled deficit that was expected during winter and the actual activity that was seen along with a summary table showing the planned beds open, the model beds predicted, and the actual beds open during these months.
- 2.2 The data demonstrates the considerable pressure seen in December which was greater than originally predicted earlier than the predicted winter peak expected in January.
- 2.3 The data demonstrates that the main driver increasing bed days was not admissions which has been seen in previous winters but was due to an increase in Length of Stay (LOS) per patient.
- 2.4 The data therefore shows that during the winter months there was either a significant increase in acuity of patients admitted, or a challenge in flow of patients out of the acute environment.
- 2.5 The data also shows that the Trust was proportionately affected by the pressures seen in December, which is an indicator of systemic challenge rather than the organisational response or preparedness.

	Modelled					Actual				
	Patients	Beddays	Beds pred.	Avg LOS	Gap from funded	Patients	Beddays	Avg LOS	Beds open	Gap from predicted
Oct-22	4754	23383	805.85	4.92	-44.78	4673	25389	5.43	875.35	-69.51
Nov-22	4742	23571	839.75	4.97	-72.31	4479	24110	5.38	852.43	-12.68
Dec-23	4728	23959	825.57	5.07	-68.07	4544	25850	5.69	884.53	-58.96



3. Areas of Success

- 3.1 Increased effectiveness of admission avoidance schemes seen with high activity remaining in community and Same day emergency care (SDEC) services in December and lower total admissions.
- 3.2 Continued establishment of virtual wards.
- 3.3 Partial opening of Harvest View to reduce pressure on acute site.
- 3.4 Implementation of new community schemes.
- 3.5 Better preparedness for future critical incidents through review and documentation of processes followed.
- 3.6 Rapid de-escalation of critical incidents due to team working and implementation of action plans.

4. Scheme review

4.1 SDEC

Aim: Enhance delivery of existing SDEC services to improve ED flow avoid unnecessary admissions

Summary:

- Increased activity seen through SDEC areas along with fewer overall admissions than predicted and an increase in LOS which is indicative of reduced short stay admissions.
- Access to same day diagnostics still restricted which reduces service effectiveness and increases follow-ups required.
- Bedding commonplace for Frailty Same Day Emergency Care (FSDEC) over winter period reducing admission avoidance work.

4.2 Virtual Wards

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

Summary:

- Consultant lead service now being routinely delivered with support of community teams.
- Acuity of patients higher than expected requiring more face-to-face contact.
- Positive feedback received from patients.
- 31 beds open by December 2022 – occupancy rate variable (30-100%).
- Significant acute LOS reduction for those on virtual ward.
- Service requires embedding as part of acute service.
- Recruitment has reduced beds open against plan.
- IT integration still significantly restricted between community and acute.

Ward	Planned Go Live	Actual Go Live	Beds Plan Oct 2022	Actual Beds open	Actual Admissions up to 31.12.22	Average LOS (days)	Assumed Average LOS (days)	% face to face contacts	No. of readmissions
Frailty includes H@H	Nov 2022	April 2022	20	18	193	5	5	Frailty: 69% H@H: 90%	Frailty: 1 H@H: 9
Respiratory	June 2022	Oct 2022	20	8	46	7	5	53%	1
Cardiology	Sep 2022	Mar 2023	10	0	0	n/a	10	n/a	n/a
Palliative	Oct 2022	Oct 2022	6	2	6	17	10	90%	1
Paediatrics	Sep 2022	Oct 2022	5	3	32	3	2-5	50%	1

4.3 Consolidation of intermediate care beds (Harvest View)

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

Summary:

- Harvest view developed to move away from spot purchasing capacity in the community for enhanced assessment beds (EAB) (Pathway 2).
- Opened to 32 EAB and 16 specialist dementia beds – opening significantly delayed due to recruitment challenges.
- Occupancy of opened beds remained low and spot-purchasing off-set delays.
- Occupancy rate of open beds below desired volume.

4.4 Urgent Community Response

Aim: Establish falls response service and avoid admissions/ unnecessary ambulance conveyances

Summary: Service now established and running – commence 9th Jan 2023.

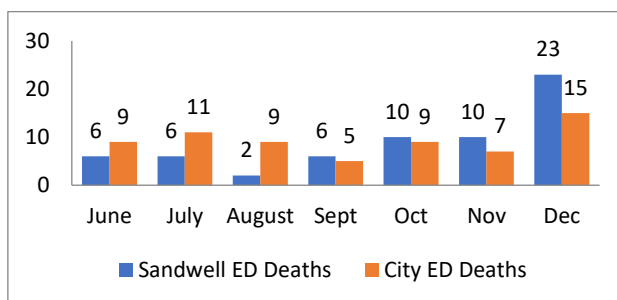
5. **Quality, Safety and Wellbeing Interventions**

- 5.1 The impact of the high demand in Emergency Department (ED), overcrowding and long waits and subsequent declaration of multiple critical incidents during January 2023 required additional actions to be undertaken.
- 5.2 An additional cohort area was created in Sandwell ED. Corporate nursing staff supported the area and maintained oversight of the patients both in this area and the waiting areas.

- 5.3 A boarding Standard Operating Procedure (SOP) was produced to guide the safe approach to boarding additional patients on wards. This was to support having +1 patient on a ward above dedicated bed space. It enabled the earlier transfer of patients out of acute areas onto a ward in anticipation of a later discharge and bed becoming free. The Chief Nursing Officer (CNO) team identified an appropriate and safe space on each ward in conjunction with ward managers and matrons.
- 5.4 Additional consultant support was fielded to the acute medical units and to ED to support specialty in reach and early review of admission. Some clinics and procedure lists were cancelled to prioritise consultant support.
- 5.5 A forward plan of extra consultant support for medical outliers was drawn up, pulling in extra support from Primary Care Commissioning Trust (PCCT) as well as medicine. This enabled consistent management of outliers, earlier decision making in the day, and a more rapid reduction in the use of outlier beds.
- 5.6 Executive directors attended morning board rounds to keep the focus on early discharges and to understand any barriers the wards were facing.
- 5.7 Clinical Nurse Practitioners (CNP) Team checked in several times per day with ED to check patient safety and review staffing.
- 5.8 Food and drink were supplied to the ED teams on critical days, to help support staff wellbeing and enable brief breaks for those staff who felt it was hard to leave the unit.
- 5.9 Extra waiting room chairs and trolleys were identified for patients.

6. Clinical Impact

- 6.1 The commonest cause of death was pneumonia which accounted for 18% of all deaths. 21% (48/170) of deaths occurred in ED. Of these 31% (15/38) were due to out of hospital cardiac arrests rather than events in the ED itself. These are higher numbers when compared to previous months and December 2021. All ED deaths were scrutinised by Medical Examiner and reassuringly only one case was referred for structured judgement review due to concern about issues in care.



7. Conclusion

- 7.1 A significant deterioration in urgent and emergency care performance was seen across acute services in December. After reviewing the data, the main driver for this was through an increase in length of stay not through a consistent increase in attendances/admissions but

with significant peaks in demand on certain days. This was seen nationally and across the system.

- 7.2 After reviewing the winter schemes implemented there is evidence of progress in diverting patients away from hospital to an appropriate location of care with demonstrable benefits. However, this was not sufficient to mitigate pressures on the Emergency Departments without the expansion of acute beds. The main challenge in realising full delivery of schemes by December 22 was recruitment and mobilisation of temporary staffing.
- 7.3 EAS and ambulance offload performance for our Trust was affected proportionately to neighbouring organisations in December, demonstrating the pressures across the system and ability to sufficiently mitigate these.
- 7.4 As each of the schemes are long-term investments across the Trust teams are continuing to develop and recruit to their models and are confident that we will continue to still see benefits going into next winter.
- 7.5 Taking the learning from this winter we are also further developing our schemes to implement a Trust -wide streaming model that will work in tandem with our integrated front door and maximise occupancy and utilisation of community schemes through quicker identification of patients.

8. Recommendations

- 8.1 The Clinical leadership executive is asked to:
 - a. **DISCUSS** the impact of winter and the pressures experienced to date.
 - b. **NOTE** the associated risks for delivery including recruitment to community schemes.

Andrew Wilkinson
Assistant Director of Urgent Care
Feb 2023