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REPORT TITLE:	Urgent and Emergency Care Winter Update and Performance Overview		
SPONSORING EXECUTIVE:	Johanne Newens – Chief Operating Officer		
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MEETING:	Public Trust Board	DATE:	13th March 2024

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

This paper provides an update on Urgent and Emergency Care (UEC) performance in January 2024 with associated delivery against the winter and Emergency Access Standard (EAS) recovery plans. The paper also illustrates progress to date against our improvement plans and Midland Metropolitan University Hospital (MMUH) rightsizing programme, quality and safety considerations, financial analysis and governance arrangements for oversight and leadership of delivery against our targets.

There is a clear link between this paper and the paper on MMUH "bed fit" which is being discussed by the Board later today.

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	

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

Contents of the paper have been discussed at the Urgent Care Steering Group, Performance Management Group, Trust Management Committee and Executive Quality Group meetings.

4. Recommendation(s)

The Trust Board is asked to:

a.	**DISCUSS** and **ACCEPT** the UEC performance update and improvement interventions for assurance.
b.	**NOTE** the explicit link between this paper and the paper on MMUH "bed fit", being discussed by the Board later today.

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		*Deliver on its ambitions as an integrated care organisation*					
Corporate Risk Register [Safeguard Risk Nos]							
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 NHS TRUST

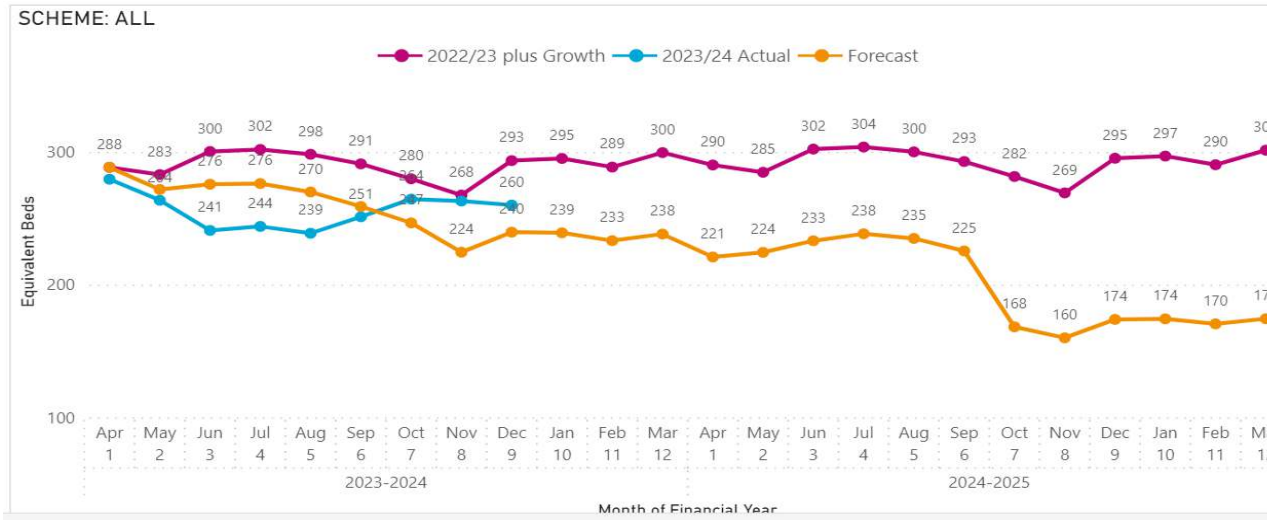
Report to the Trust Board 13th March 2024

Urgent and Emergency Care Winter Update and Performance Overview

1. Introduction

This report provides a summary of urgent and emergency care (UEC) performance for January 2024, focusing on the MMUH rightsizing progress, inpatient length of stay improvement work and the emergency access standard performance (EAS) and trajectory. There is also an evaluation of the financial impact of the winter plan and EAS recovery plan to date, and presentation of the refreshed governance and oversight framework for UEC.

2. MMUH Rightsizing Scheme Delivery



2.1 The rightsizing schemes performance for January shows actual usage of beds is below the unmitigated forecast for 2022/23 plus growth, but above forecast for the anticipated bed usage when taking the anticipated rightsizing schemes delivery in to account.

2.2 The under delivery of overall rightsizing against target is associated with the Frailty Same Day Emergency Care (FSDEC) and Medical Same Day Emergency Care (MSDEC) schemes. The Frailty scheme has had a delayed start of increased hours and weekend working which was due to Advanced Clinical Practitioner (ACP) recruitment not meeting the required establishment and Care of Elderly Consultant recruitment start dates being beyond the intended go live. There is a plan in place for this to now commence on 4th March. Medical SDEC is not yet fully utilising the admission avoidance opportunity by ensuring that patients seen appropriately fit in to the SDEC criteria. This is due to limited Acute Medicine Consultant cover at present and leadership gaps in the service. There are two new substantive consultants joining the service which will help to get this on track and recruitment for a Clinical Director to provide increased leadership is underway.

2.3 Progress against the schemes is being monitored the rightsizing urgent care delivery group to ensure delivery of schemes in a timely manner.

2.4 To improve performance and meet the intended trajectories the key focus is on Frailty and Medical SDEC delivery. There is a focussed delivery group working on implementation and actions to ensure the case mix being managed by Medical SDEC is the most impactful, and that we benchmark against newly issued national guidance. There is also a group working on maintaining and maximising delivery of Frailty SDEC and expanding its working days. The extension of hours and 6-day working is due to go live during the first week of March 2024.

2.5 There is clear evidence that delivery of further rightsizing schemes won't be enough to meet the occupancy expectations for MMUH. There is a clear requirement to reduce ward-based length of stay (LOS) in certain medical specialities.

3. Inpatient Length of Stay

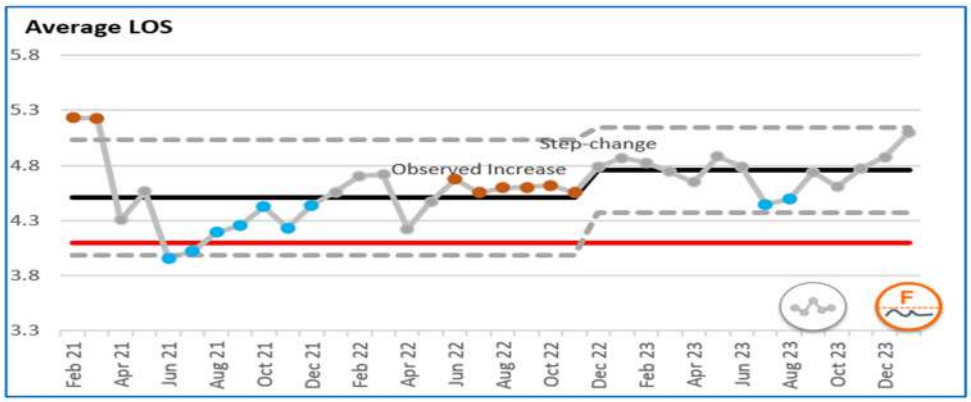
3.1 The average bed day per spell for Medicine across October, November, December, and January has remained above the previous year, despite reduced admissions across this period.

	Oct	Nov	Dec	Jan	Feb	Mar
Funded Beds	670	670	670	670	670	670
Bed Required (based on 22/23 demand and impact of rightsizing schemes)	755	709	767	752	727	732
Beds Planned (assumes 55 beds of deficit/demand can be absorbed through increased occupancy as per earlier in the year)	700	670	712	697	672	677
Inpatient Beds Open (Average)	710	750	754	783		
Variance to Beds Required	-45	+41	-13	+31		
Variance to Beds Planned	+10	+80	+42	+86		
Beds Open vs Previous Year	-39	+13	-5	+43		
Change in ED Attendances vs Previous Year	-6%	-8%	-7%	+11%		
Change in Admissions vs Previous Year	-6%	-5%	-8%	-1%		
Change in 'Average Bed Days per Spell' vs Previous Year	+2%	+6%	+8%	+3%		
Average Bed Occupancy (occupied vs open)	96.0%	96.5%	95.0%	94.7%		

3.2 Bed occupancy rate reduced in December to 94% and has continued to be 94% in January. The six-week average bed occupancy for Midlands' region range is 93.95%-97.02%.

3.3 Regional bed occupancy rates over the last 6 weeks, shows our maximum bed occupancy over that time was the highest in the Black Country area.

3.4 Mean Length of Stay (LOS) in 2023/2024 has been higher than it was in 2022 (shown by the step change in the graph below).



3.5 Reduction of LOS is a key priority to support MMUH readiness, financial recovery and most importantly as a marker of patient experience and safety.

3.6 The key organisational actions are outlined below:

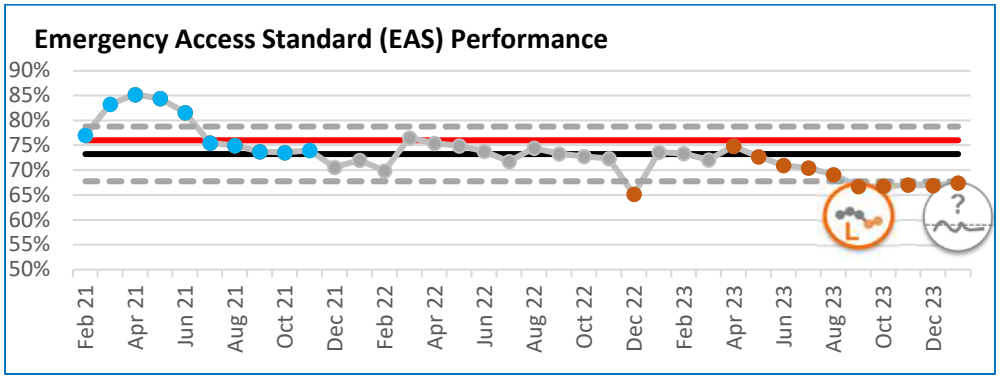
- Creation of an accessible dashboard outlining variation in LOS by Ward, clinical presentation and pathway.
- Revised Trust wide urgent care governance structure supporting review and proactive management of variance.
- Continuation of Fundamental of Care work, specifically "Rhythm of the day" standardisation and consistent delivery.

3.7 The key actions for the Medicine and Emergency Care Clinical Group are:

- Weekly data focused operational review and action meetings at Group level.
- Ongoing focus on Rhythm of the Day and earlier discharges.
- Weekly Long length of stay reviews (over 7 days).
- Commitment to bed closure plan to support consolidation of medical staffing.
- Ensuring reduction on locum reliance for ward based care by adjusting rota patterns for substantive consultants.

4. Emergency Access Standard Performance

4.1 Total EAS performance in month has remained static within variation. Following a downward shift since April 2023. Performance has been stable at around 66% since September 2023. It is statistically significantly below average and target.



4.2 The table in Appendix 1 illustrates progress against the internal EAS improvement trajectory. It outlines a January improvement in total EAS performance and Type 1 specific performance, although these are marginally below the target internal trajectory. Other key metrics such as door to doctor time and ambulance handover times have deteriorated and as an immediate action the Emergency Medicine Clinical Lead has begun a reset of Internal Professional Standards with the medical team.

4.3 EAS improvement schemes were initiated towards the end of November following agreed investment from the Board to support non-recurrent increases in medical and nursing staff across the Emergency Departments (EDs) and Acute Medicine. As well as the introduction of a transfer team and additional Urgent Treatment Centre (UTC) provision. Winter Ambition weeks were held during weeks commencing 27/11 at City and 4/12 at Sandwell. A detailed set of action are outlined and monitored in the EAS Improvement Plan. The key elements of this are:

- Additional winter staffing (mix fill rate and often offsetting gaps)
- Professional standard and performance focus
- Floor management and awareness of performance
- Streaming and UTC
- Outflow

4.4 UTC additional hours have been successful in reducing ED activity and extension of this arrangement is being evaluated.

4.5 Medical SDEC continues to have a high-volume throughput but isn't having the bed day impact expected. From the of beginning of February all Single Point of Access (SPA) referrals will be going directly to SDEC rather than ED, reducing ED volume. Work is ongoing to align SDEC pathways and patient selection to national guidance.

4.6 The key elements of the EAS improvement plan are delivering but are limited by staffing availability. Often the additional winter pressure shifts mitigate core staffing gap rather than an increase on baseline staff and fill rate has been c67% through January. There is a requirement to develop a sustainable improvement plan, and this will be the core focus of the Urgent and Emergency Care reset in development.

4.7 The main factors causing delays to ambulance offloads are overall outflow from the Emergency Departments, cubicle space linked to poor outflow and timeliness of patient reviews and treatment decisions. This will be addressed as part of the wider EAS improvement plan outlined. Additionally, options to enable the separation of the majors pathways at the Sandwell site is presently under review. Increasing cubicle space at Sandwell site will improve ambulance offload times and EAS by reducing delays to access suitable space for assessment and treatment of patients. This is being rapidly progressed as a priority to mobilise during March.

5. Quality and Safety

5.1 Quality and safety monitoring continues with clinical oversight and is inclusive of regular reviews of patient outcomes for long delays for admission. A safety dashboard has been

developed and is being finalised for publishing in March following consultation with our clinical teams. This will form part of the Medicine and Emergency Care Directorate and Group Governance process and will be presented at the Executive Quality Group identifying themes, harm, learning with actions identified. The data will be triangulated as necessary with local actions and recurring themes. The dashboard will be presented to Quality and Safety Committee for assurance.

6. Financial Analysis

6.1 The current forecast is for a spend of £3.5m against an agreed plan of £2.4m (EAS £1.4m+ Winter £1m). The pressure is driven by additional unfunded bed capacity on NT1, D28 (AMSSU 2) and AMSSU. This is an improvement of £0.55m against the previous (M8) submission which had a forecast of £3.6m and a pressure against the plan of £1.3m that was supported.

EAS Plan	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Plan (£000)	£0	£147	£314	£314	£314	£314	**£1,403**
Actual (£000)	£0	£80	£203	£234	£234	£240	**£992**
Variance to Plan (£000)	*£0*	*£66*	*£111*	*£80*	*£80*	*£74*	***£411***
Winter Plan	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Plan (£000)	£0	£0	£247	£247	£247	£247	**£986**
Actual (£000)	£76	£113	£142	£146	£161	£161	**£723**
Variance to Plan (£000)	*-£76*	*-£113*	*£105*	*£101*	*£85*	*£85*	***£264***
Unfunded	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Total**
Forecast (£000)	£238	£231	£343	£400	£200	£25	**£1,437**
Total Cost (Winter + EAS +Unfunded)	**£314**	**£425**	**£688**	**£780**	**£595**	**£426**	**£3,152**
Total Pressure vs plan (Winter + EAS + Unfunded) (£000)	**-£314**	**-£278**	**-£127**	**-£219**	**-£35**	**£135**	**-£839**
Previously supported PMG paper planned deficit	*-£350*	*-£352*	*-£225*	*-£323*	*-£108*	*£61*	*-£1,297*
Variance to previous PMG plan	***£36***	***£74***	***£98***	***£104***	***£73***	***£74***	***£458***
Additional resources requested:							
Acute Med - SDEC at City medical cover 5-9pm Mon-Fri				2	8	8	19
ED - Consultant in reach City 5-9pm Mon-Fri				2	8	8	19
Acute Med - Consultant in reach SGH cover 5-9pm Mon-Thur				2	7	7	15
ED - Additional B6 Qualified Nursing per site 24/7 - (10.48WTE)				24	60	60	145
ED - Additional HCA per site 24/7 - Waiting room (10.48WTE)				17	34	34	85
ED - MH Transport (10am-8pm 7 days stretcher vehicle + crew)				7	17	17	40
	0	**0**	**0**	**54**	**134**	**134**	**322**
Revised Variance to previous PMG plan	***£36***	***£74***	***£98***	***£50***	***-£61***	***-£60***	***£137***
Revised Forecast Spend (Winter+EAS+Unfunded+ Additional)	**£314**	**£425**	**£688**	**£833**	**£729**	**£560**	**£3,474**

7. Urgent and Emergency Care Governance

7.1 The governance around urgent care has been refreshed following the delay in frailty SDEC delivery being identified and increases in LOS and flexible beds open without robust oversight of clear interventions and action.

7.2 Capacity pressures and industrial action were some contributors to planned meetings being stood down and cases of limited attendance. However, the Trust must continue to focus on

the longer-term delivery of its urgent care improvement, even more so when under acute operational pressure, as a route to improve the current issues.

7.3 Appendix 2 shows the urgent care governance which has been re-established, with separate focussed working groups to deliver improvement of the LOS and current operational pressures and the transformational right sizing schemes. We have built in resilience at every level of the governance chart, with a Chair and deputy Chair at each level. Dedicated project support capacity has been re-established at the delivery level for working groups, which will help maintain the pace and rhythm required.

8. Recommendations

The Trust Board is asked to:

a) **DISCUSS** and **ACCEPT** the UEC performance update and improvement interventions for assurance.
b) **NOTE** the explicit link between this paper and the paper on MMUH "bed fit", being discussed by the Board later today.

Demetri Wade
Deputy Chief Operating Officer

Dave Byrne
Group Director of Operations

28th February 2024

Appendix 1

Metric	Schemes	Site	Target	Trajectory/Performance							
				Baseline	Nov	Dec	Jan	Vs last mth	Vs Target	Feb	March
EAS Performance	A1, A2, A3, A4, A5, A6, A7, A8, A9, A10, B1, B2, B3, B4	Trust	76%	66.60%	66.90%	67.90%	68.90%			69.90%	70.90%
					67.05%	66.90%	67.75	Improve	-1.15%		
Type 1 EAS	A1, A2, A3, A5, B5, B7, B8	Trust	76%	46.82%	48.30%	50.30%	51.30%			52.30%	53.30%
					48.48%	48.10%	50.41%	Improve	-0.89%		
Door to Doctor (60 mins)	A2, A3	City	TBC	24.60%	24.60%	29.60%	34.60%			39.60%	44.60%
					30.35%	25.06%	24.6	Deteriorate	-7%		
		Sandwell	TBC	31.60%	31.60%	36.60%	41.60%			46.60%	51.60%
					33.73%	34.31%	29.3	Deteriorate	-12.30%		
EAS non-admitted	A6, A8,	City	76%	57.34%	57.34%	59%	61%			63%	65%
					60.66%	58.42	60.79%	Improve	-0.21%		
		Sandwell	76%	55.98%	55.98%	58%	60%			62%	64%
					57.58%	57.57%	57.50%	Same	-2.50%		
Ambulance Handover within 30 min	A4, B2, B3	City	95%	78.22%	78.22%	80%	85%			90%	95%
					81.31%	77.57%	73.16%	Deteriorate	-11.84%		
		Sandwell	95%	62.61%	62.61%	67%	72%			77%	82%
					57.06%	52.78%	53.92%	Improve	-18.08%		
Emergency care meantime (mins)	No target set	Trust		376	352	380	374	Improve	N/A		
MSDEC – Right Sizing metrics	A7, A8, A9, A10, A11	Please see right sizing schemes									

Appendix 2

UEC Governance and Reporting Structure