**Birmingham and Solihull
Integrated Care System**
Caring about healthier lives

Managing Winter in BSol

October 2023 – March 2024

An approach to maintain safe flow of patients and escalation

Draft 1.1 for Discussion

SUMMARY

- Nationally there are a clear set of 10 high impact interventions that are the principles that should guide our approach to managing urgent and emergency care pressures

- Performance going into winter is challenging in a number of key areas including ambulance handovers – which represent a symptom of overall system flow.

- The system will have three key principles for managing flow and escalation in winter:

  1. **Aligning around four hospital sites**
  2. **Using our information and data to leverage improvement**
  3. **Escalating to the right forum at the right time to solve problems and unblock issues**

- As a system we will also focus on five key urgent and emergency care transformation areas:

  - Single Transfer of Care Hub
  - System Co-ordination Centre
  - Mental Health Flow
  - Home First
  - Frequent/ High intensity support users

WHAT IS THE MOST RECENT DATA TELLING US?

The data tells us, that despite and overall trajectory of improvement as a system in urgent and emergency care (recognised nationally), there are some challenges we face going in to winter:

Category 2 response times have improved slightly in recent weeks but the latest data for week ending 22nd October shows the average response time was 52:26 well in excess of the target of 30 minutes. The system ranks 32 out of 42 for the best cat 2 response time in the latest data.

MH call before convey activity has increased slightly to 86 in the latest data but this is below the levels seen for much of the last 6 months.

The system has seen a slight reduction in walk ins last week with the figure falling from but 6,752 to 6,677 in the latest week of data, this volume continues to impact ED performance.

12 hour breach data shows that 9.3% of patients accessing urgent and emergency services across the system waited for more than 12 hours in the last week. This includes all UTC activity across the system and remains above the national target of 2%.
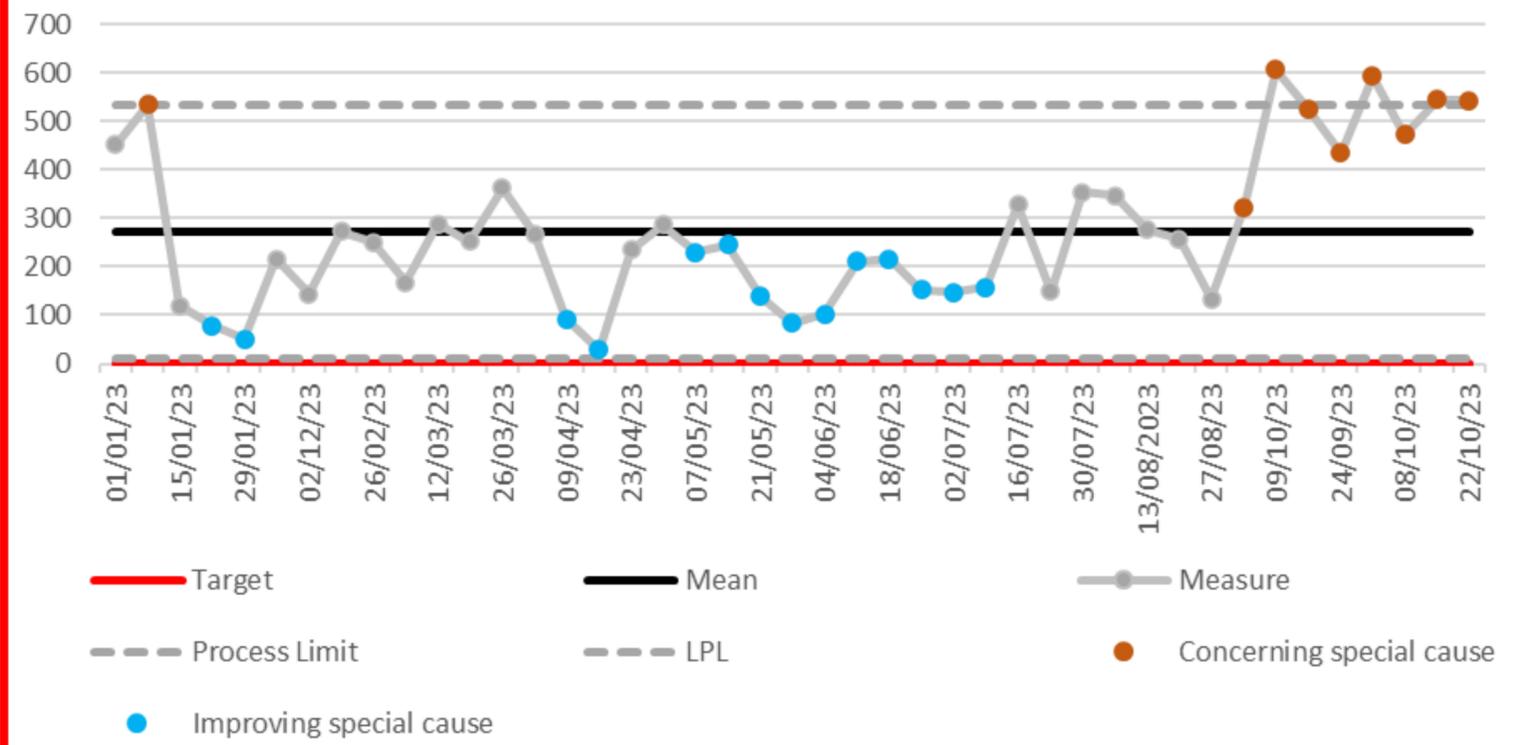
No Criteria to Reside has increased in the latest week with a cumulative 2947 patients across the last week compared to 2723 the week before, this an average of 421 a day.

Category 2 Response times
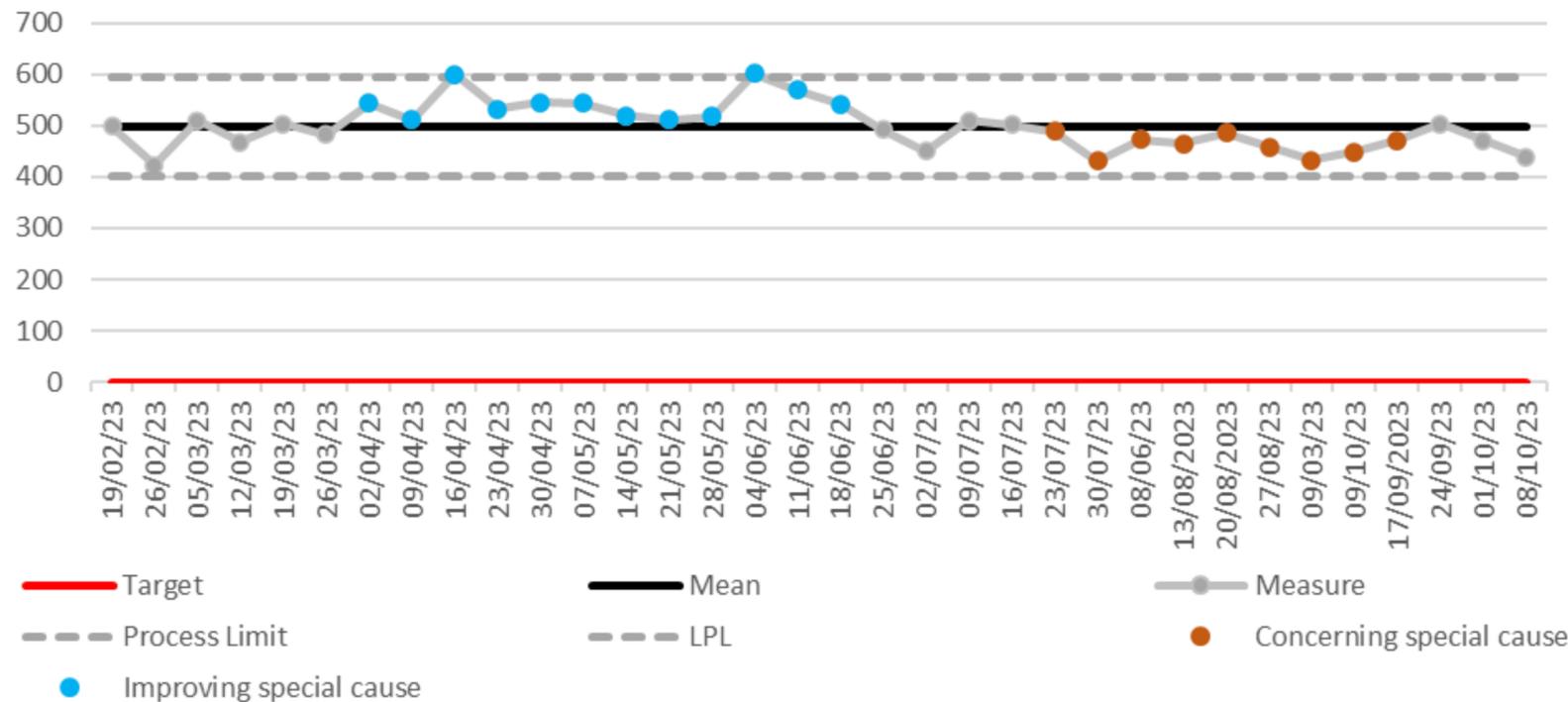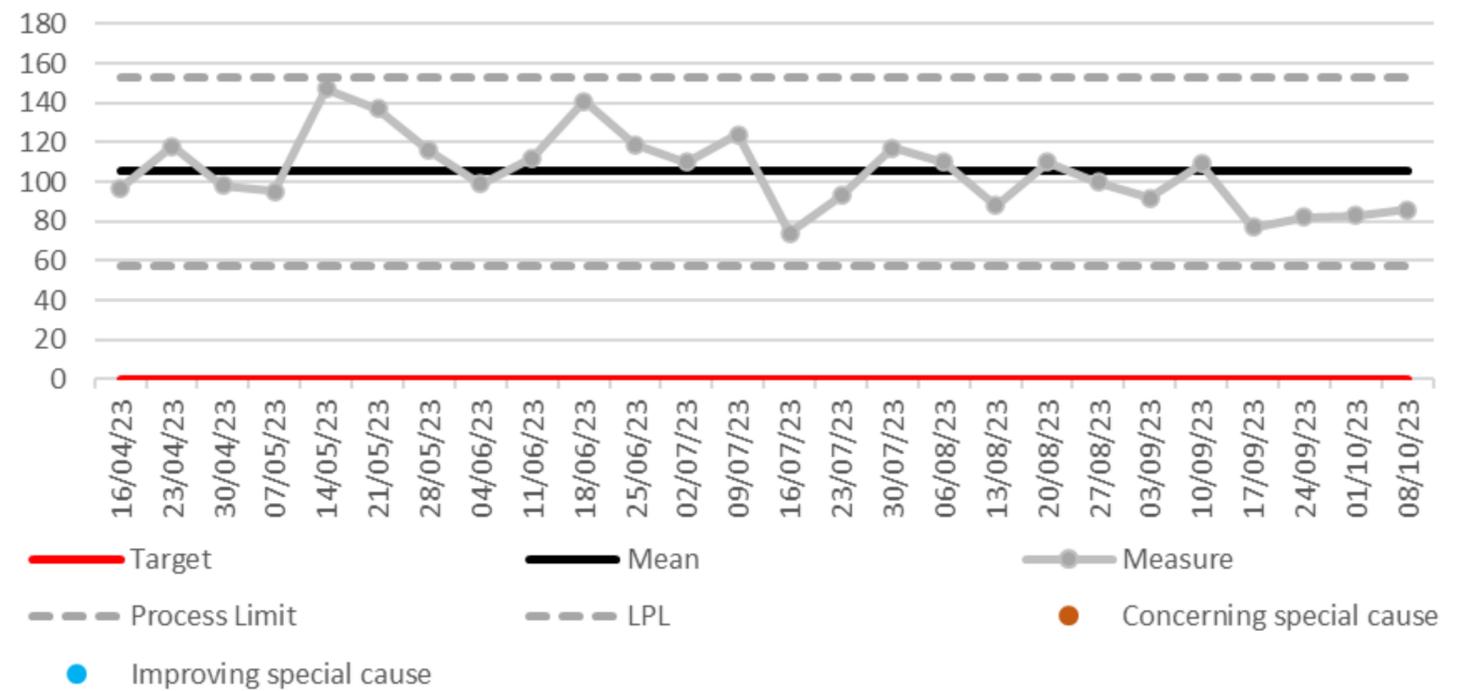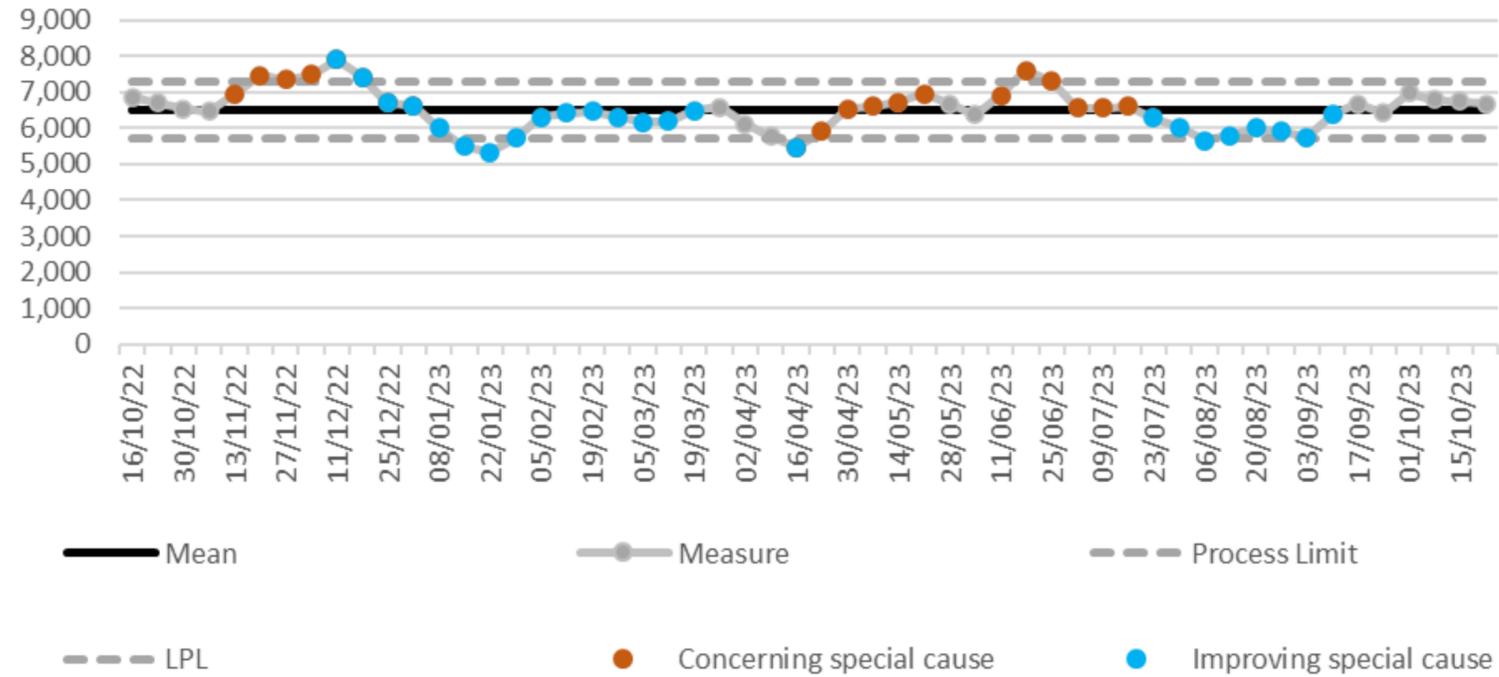
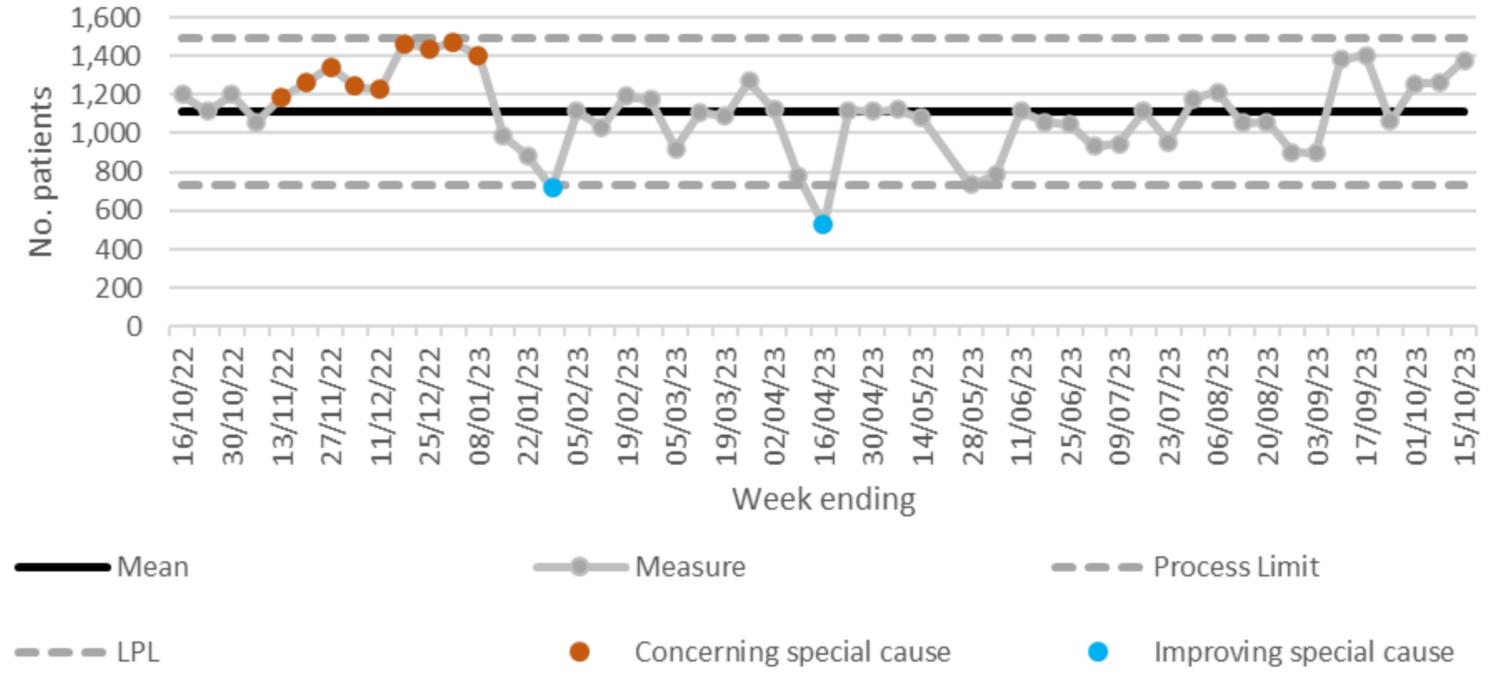Rank 32 out of 42 (1 best)
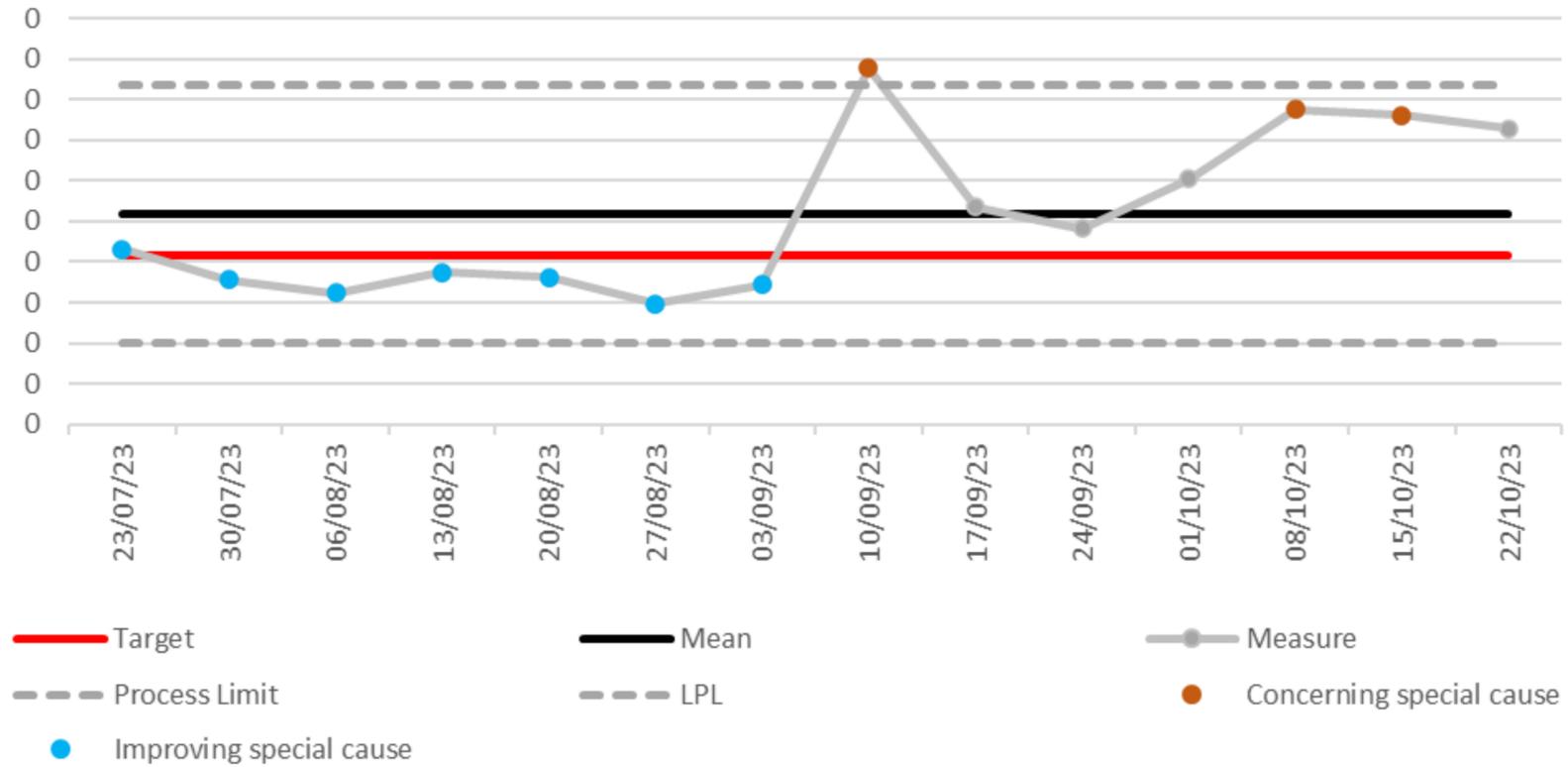
Ambulance 60 minute breaches
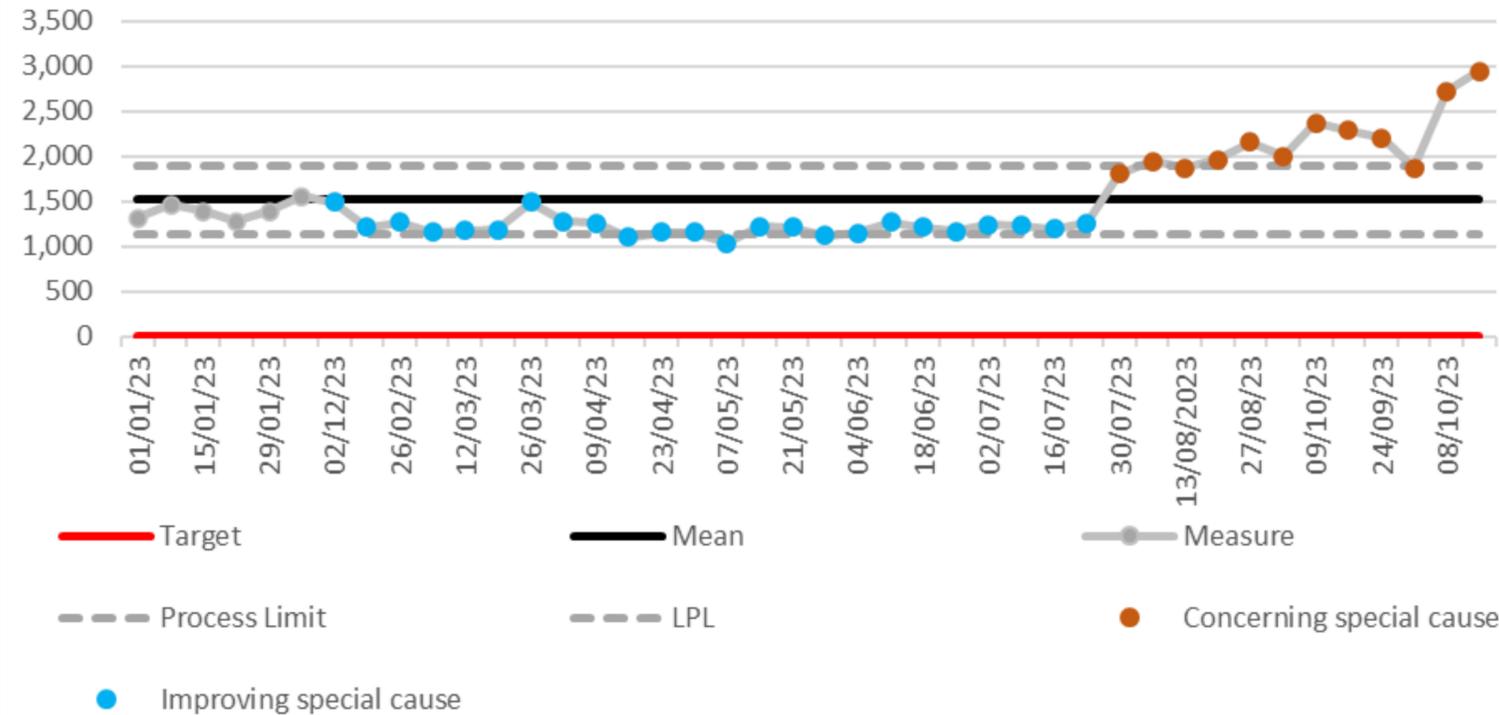
UCR activity

MH call before convey activity

ED Walk in activity

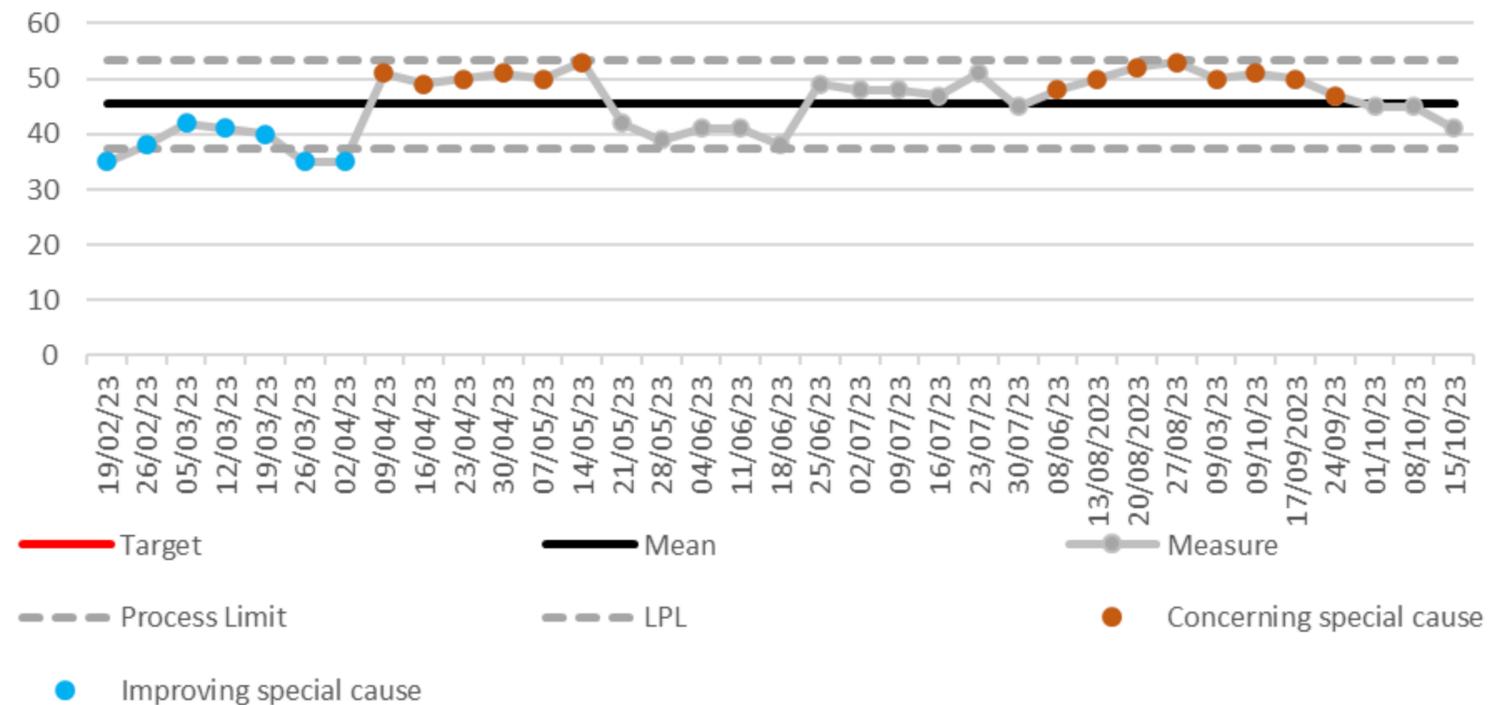**Total patients waiting over 12 hours in ED**

No Criteria to Reside

MH OOA patient numbers

CONTEXT : NATIONAL HIGH IMPACT INTERVENTIONS

1. **Same Day Emergency Care:** Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

2. **Frailty:** Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.

3. **Inpatient flow and length of stay (acute):** Reducing variation in inpatient care and length of stay for key iUEC pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.

4. **Community bed productivity and flow:** Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.

5. **Care Transfer Hubs:** Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.

6. **Intermediate care demand and capacity:** Supporting the operationalisation of ongoing demand and capacity planning, including through improved use of data to improve access to and quality of intermediate care including community rehab

7. **Virtual wards:** Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.

8. **Urgent Community Response:** Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.

9. **Single point of access:** Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.

10. **Acute Respiratory Infection Hubs:** Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.
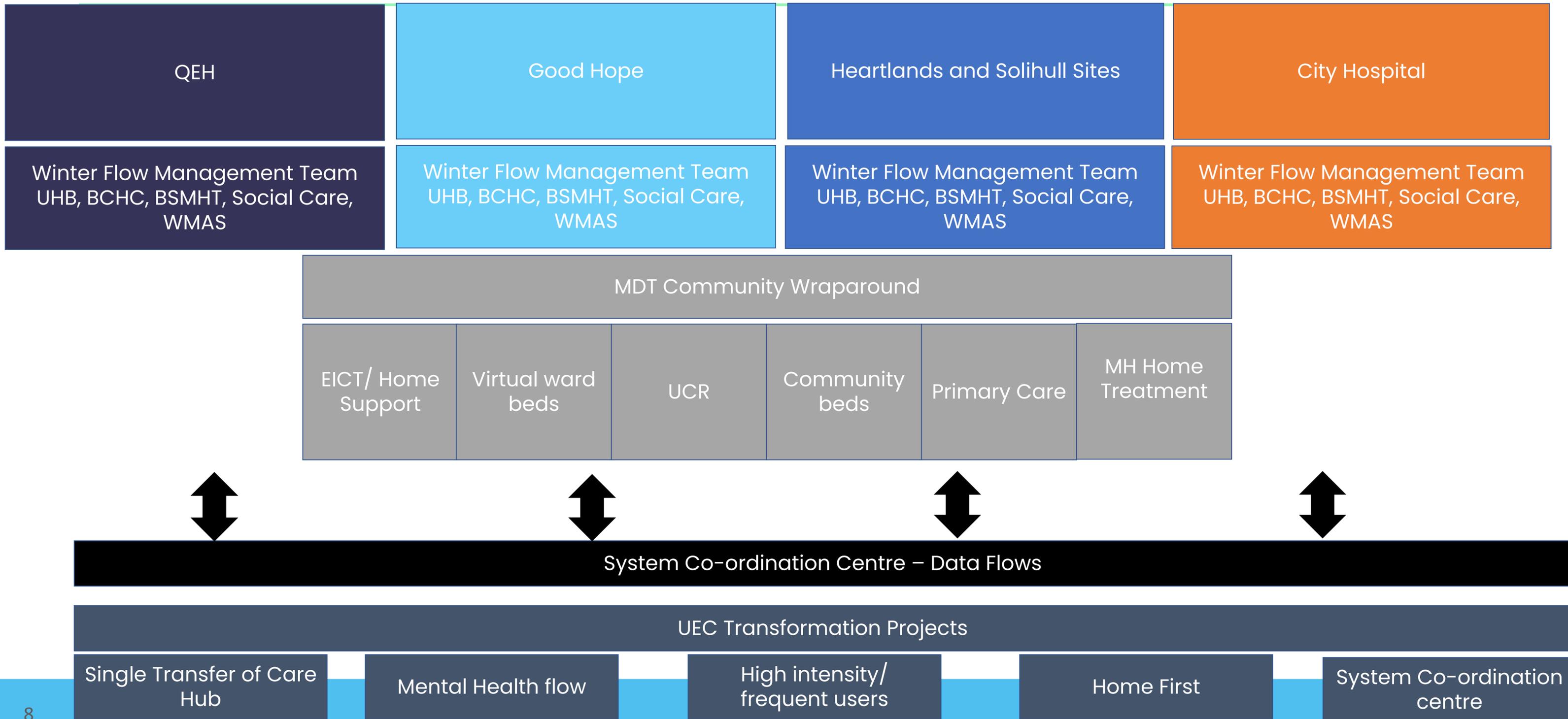
SUMMARY OF HOW WE WILL MANAGE WINTER

Three key principles for managing flow and escalation:

1. **Aligning around four hospital sites –** An approach to supporting each adult hospital site, through a senior Flow Management Team for each site to generate local ownership and wraparound of community resource. MDT wraparound from the relevant community services (including but not limited to EICT, UCR, Virtual Ward beds etc).

2. **Using our information and data to leverage improvement –** A simple dashboard for each site to support the tracking and impact of delivery covering; discharges before midday, A&E response times, ambulance handover times and high intensity/ frequent users.

3. **Escalating to the right forum at the right time to solve problems and unblock issues** - The System Co-ordination Centre will provide resource and co-ordinate the tactical response to the 'live' position – with local screens on each site. 11am system calls in place until principle one has been mobilised and Gold calls if the system hits the agreed triggers. A monthly UEC Board to focus on delivery of UEC and a weekly UEC Improvement Group to focus on key emerging trends and transformation areas and report through to CEO's every Friday.

- **Five key system UEC transformation themes to focus on in winter:**
    1. Single Transfer of Care Hub
    2. System Co-ordination Centre
    3. Mental Health Flow
    4. Home First
    5. Frequent/ High intensity support users

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SCHEMATIC OF WINTER OPERATING MODEL FOR BSOL

QEH	Good Hope	Heartlands and Solihull Sites	City Hospital
Winter Flow Management Team UHB, BCHC, BSMHT, Social Care, WMAS	Winter Flow Management Team UHB, BCHC, BSMHT, Social Care, WMAS	Winter Flow Management Team UHB, BCHC, BSMHT, Social Care, WMAS	Winter Flow Management Team UHB, BCHC, BSMHT, Social Care, WMAS

MDT Community Wraparound

EICT/ Home Support	Virtual ward beds	UCR	Community beds	Primary Care	MH Home Treatment

System Co-ordination Centre – Data Flows

UEC Transformation Projects

Single Transfer of Care Hub	Mental Health flow	High intensity/ frequent users	Home First	System Co-ordination centre

MAINTAINING SAFE FLOW OF PATIENTS: USING OUR INFORMATION AND DATA TO LEVERAGE IMPROVEMENT

- BSol will continue to develop the System co-ordination Centre over winter in partnership across the system and by integrating resource from the CSU Urgent Care Intelligence Centre within the system resilience function.

- The centre has been established at the Wesleyan building to ensure:
  - Collaboration through system-level operational leadership
  - A consistent approach to system control 8am –6pm 7 days a week
  - Visibility of operational pressures and risks across providers and system partners
  - Action across the ICS on key systemic and emergent issues impacting patient flow, ambulance handover delays and other performance, clinical and operational challenges
  - Dynamic responses to emerging challenges and mutual aid
  - Efficient flows of information

- Local screens will be set up at each site, so the same information is viewed to support tactical decision making

- The centre will feed intelligence in to the flow management teams or escalation calls.

- **Monitoring via SHREWD:**

- It is anticipated that investment will be secured for SHREWD Resilience, compatible with the limited region module we currently have. This enhanced version will provide a 'one-version-of-the-truth' for operation demands across the whole system.

- This has a 12-week lead time for set up and will require data feeds from all providers to give a true system view. The SHREWD system would be visible to all partners in the ICS. SHREWD's integrated approach encourages collaborative decision-making across the system, promoting mutual aid, resource and risk sharing among partners.

Headline roadmap for managing winter October 2023 – March 2024

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11am daily System Calls Commence

Procurement of System co-ordination Centre IT solution

System co-ordination Centre goes live

Deliver 76% A&E 4-hour standard

Site based flow management teams scoped and operating approach agreed

Single Transfer of Care Hub goes live to speed up hospital discharge

Additional P2 ward at West Heath Hospital goes live

Deliver <5% A&E 12-hour standard

| Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | March 2024 |

Site based flow management teams go-live

More intensive Home First Model launched

Deliver 92% occupancy standard

High Intensity Support Users Offer Agreed

High Intensity Support Users Approach goes Live

Deliver cat two ambulance 30 min response time standard

Proposed dashboard shared with the system