



Live healthy  
Live happy  
Birmingham and Solihull

**Bsol ICS System Recovery Plan**  
Birmingham Health and Wellbeing Board  
8<sup>th</sup> February 2022

# Introduction

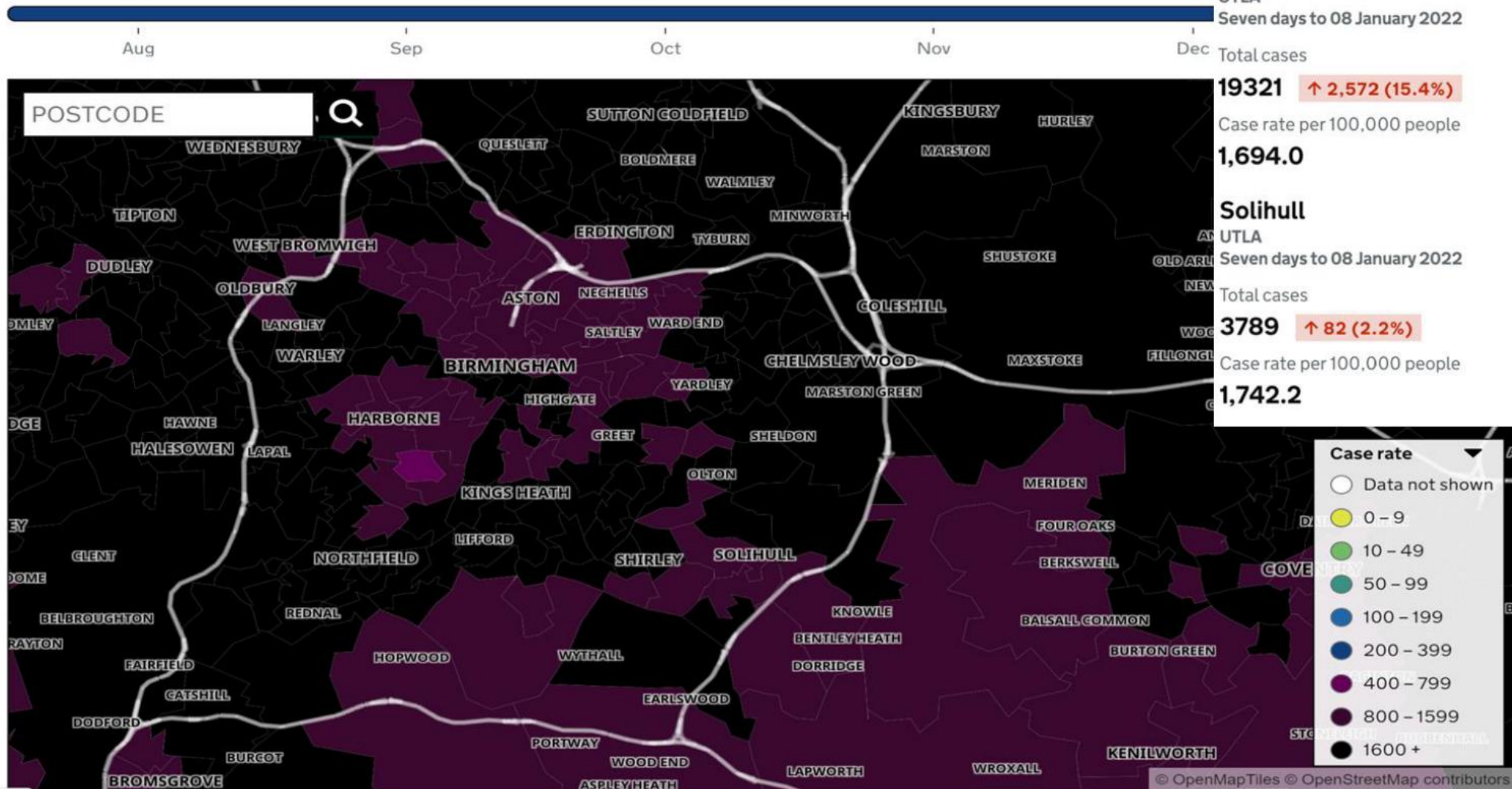
- Previous waves of COVID have impacted on urgent, emergency and planned care – which has caused long waits for care
- Birmingham and Solihull Recovery Plan developed which lays out our collective actions for how we will recover services, reduce waiting times and inequalities over the next 3 years. The focus of this is:
  - Enabling early access to help and support
  - Improving productivity, efficiency and creating additional capacity and
  - Service innovation and redesign.
- The last few months have meant a focus on dealing with Omicron, which has impacted upon some of our plans given the need to focus on the immediate pressures but we have also protected as many services as possible by working together, demonstrating the value of system working.
- Going forward we are also planning for 2022/23 and how we recover from Omicron.

# Omicron Update

UHB Cases	Previous Day	14 <sup>th</sup> Jan
Total COVID cases	22,104	22,190
Current COVID +VE inpatients	437	455
Active COVID +VE inpatients	348	352
Total ITU patients	78	83
ITU COVID +VE patients	15	17
Daily COVID lab +VE results	139 (11/1)	137 (12/1)
Newly admitted COVID +VE patients	50 (11/1)	58 (12/1)
Total COVID deaths	3526	3531

# BSOL Cases – 14<sup>th</sup> Jan

Case rate per 100,000 people for 7-day period ending on 8 January 2022:



# Omicron Surge Plan

Our surge response mirrors the plans and actions undertaken for previous COVID activity and is based on:

- 'Gold' calls to review impacts across the system, including involvement from both local authorities (Birmingham City Council and Solihull Metropolitan Borough Council), to expedite system decision making
- System Surge plan for additional capacity and temporary service changes that would be enacted should the system require the need to move to 'super surge'
  - Phase 1 - potential gain 360 beds (Including 190 virtual 'beds')
  - Phase 2 - potential gain 122 beds
  - Phase 3 - potential gain 246 beds
  - Theoretical maximum capacity uplift of 728 beds - 200 of which are currently in use as clinical space
  - Phase 4 - Temporary "Nightingale" facility being erected on Solihull Hospital site and will be used as last resort
- Mutual aid responses across the BSol footprint
- Actions and agreements to manage and sustain priority service areas, alongside service standards
- Monitoring and analysis in relation to quality, service changes and also performance impacts
- Staff wellbeing and support to provide additional resilience given COVID pressures.

# Temporary service changes arising from Omicron

## **Of the Omicron Surge plan we have enacted the following:**

- Temporary diverts put in place to continue care in line with surge plan (being reviewed WC 17<sup>th</sup> Jan)
- Heartlands Paediatric unit and urgent cases diverted to BCH
- Good Hope Paediatric and urgent cases diverted to BCH
- Gynae day cases at Good Hope Hospital transferred to BWCH

## **New facilities and repurposing of the estate to support surge:**

- 24 beds converted from elective to emergency beds at the QE. Cold pathway opened at QE and overflow into ROH. UHB have opened 2 day surgery wards increasing inpatient capacity by 42.
- Day case unit in Good Hope repurposed into BCHC's adult inpatient wards to provide overflow capacity
- Construction of a temporary 'Nightingale surge hub' at Solihull Hospital – this would only be called upon at phase 4 of the surge plan - there are no plans at present for this to be used as this is a last resort facility

## **Community Services to support surge:**

- Virtual wards being developed - circa 190 'beds'
- 2 hour Urgent Community Response in place
- Identified critical community services and reassigned clinical colleagues to support services such as District Nursing, inpatient care, 2 hour Urgent Community Response and the Early Intervention Community Teams



# Multi Year Recovery and Restoration Plan

The system is in the process of developing a multi year recovery plan for the recovery and restoration of services post the pandemic. The plan sets out:

- System actions to support recovery of access and performance of:
  - Urgent and emergency care
  - Electives
  - Outpatients
  - Cancer
  - Paediatrics
  - Specialised care
- System narrative describing the actions we will take to increase capacity, demand manage, improve our underpinning system ways of working to reduce waiting times for elective care and streamline access for urgent care for our citizens.
- Case studies to illustrate good progress and challenges
- A description of the financial resources both capital and revenue to deliver this plan. It also includes the actions we are taking to retain and grow our workforce i.e. international recruitment and expanded placement for students.
- Workforce plan - high level plan for known pressure points and plans
- Trajectories for how waiting times will reduce, access increase, and performance will be improved - modelling and forecasting



# 2022/23 National Planning Priorities

- Invest in our workforce
- Respond to COVID-19 ever more effectively
- Deliver significantly more elective care to tackle the elective backlog
- Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity
- Improve timely access to primary care
- Improve mental health services and services for people with a learning disability and/or autistic people
- Continue to develop our approach to population health management, prevent ill health and address health inequalities
- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Make the most effective use of our resources
- Establish ICBs and collaborative system working
- Core20PLUS5 - Focus continues on inequalities guidance set out in March 2021
- Climate change - Green Plan to deliver carbon reductions throughout 2022/23.





# Going Forward

- We will continue to monitor the impact of COVID and respond to the immediate needs that this generates to protect our population and look after our staff.
- We will be reviewing the temporary service changes and the changes that have delivered the greatest benefit for our patients and the system with a view that these are potentially retained as permanent. Due process with JHOSC and our other stakeholders will be undertaken to ensure this is managed as required.
- We will be finalising the Multi-year Recovery and Restoration plan working jointly with partners across BSOL to support both our immediate and longer term recovery.
- Planning Guidance for 22/23 has been issued and we will work collaboratively across our system to develop our plans. This will include activity performance projections, workforce projections, finance projections and a delivery plan with key actions, risks and issues.
- We will engage with members on the development of our plan.

Discussion point - How would members like to be engaged in the development of our plan?

