Sherwood Forest Hospitals
NHS Foundation Trust

Winter Plan

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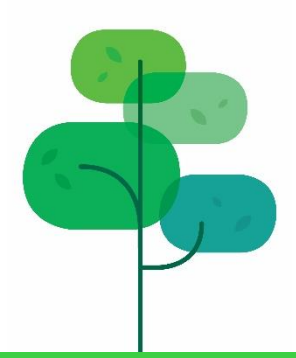
Chief Operating Officer



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Good
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1. Executive Summary

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- This paper provides the full winter plan, taking into account all divisional, corporate support and system plans. The winter plan sets out the trust and system position with regards to demand and capacity forecasts for the adult bed base, describes the internal and wider system mitigations proposed and their impact both operationally and financially and sets out the main risks to the plan. The SFH process for demand and capacity planning aligns to the wider system winter planning process led by the ICB
- The current bed position at SFH includes 536 core acute and community beds plus 111 escalation beds, some of which were opened as part of the 2021/22 winter plan and some of which have been opened since due to sustained pressures
- Bed pressures are primarily driven by a sustained increase in MSFT which demonstrated an average of 96 >24hrs in July 2022 (from 53 in July 2021). This is driven by a lack of community and home care capacity for pathway 1-3 discharges in in the Nottingham and Nottinghamshire system
- The requirement for additional beds is not driven by significant increases in acute demand. In fact, although attendances have increased in 2022/23, strong performance on admission avoidance and Same Day Emergency Care (SDEC) are driving a gradual reduction in inpatient admissions.
- We go into this winter with uncertainty around future Covid and Flu waves and start our planning in August with the system already under considerable pressure compared to previous years
- The approach taken has been to understand the potential demand scenarios and model for the 'art of the possible' in terms of physical capacity, inclusive of internal mitigation schemes. System mitigations have also been included in line with agreed delivery trajectories. These show an all year round bed deficit based on current bed base, however, this can be mitigated to a large degree based on a consistent level of demand to last winter. The mitigations proposed so not fully mitigate the impact of a worse than predicted winter from a flu and Covid perspective, which introduces a risk of increased days of high occupancy leading to more incidences of OPEL 4 escalation and associated service pressures.
- The total cost of winter 2022/23 is £13,243m of which £6,723m is offset by budgeted spend and additional funding from NHSE, leaving a total additional spend to ensure the safety of patients and staff over the winter of £6,520m

2. Current Position

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The trust and Integrated Care System have experienced increasing pressure throughout the emergency pathway in 2022, with a system wide critical incident declared in July. When analysing the data from June to August 2021/22 and the same timeframe in 2022/23, there are some key indicator changes:

- 3.9% increase in attendances to the Emergency Department
- Average medically safe for transfer patients increased significantly from 49 to 96 patients in July 2021 to July 2022
- Average length of stay increased from 5.64 days to 7.58 days for non-elective inpatients
- Percentage of patients delayed in hospital over 21 days length of stay from 4.6% to 9%
- Specialties that traditionally experience more patients with complex discharge needs have seen the biggest length of stay changes (Cardiology, Acute Internal Medicine, Respiratory and Geriatric Medicine)

These changes have been mitigated in part by reduced admissions for inpatient care, with the number of non-elective admissions reducing by 15.2%. This is due to the excellent use of Same Day Emergency Care and front door streaming to alternative pathways.

3. Principles

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The plan is built on the key principles that we will aim to provide sufficient acute capacity to meet the anticipated level of demand in a timely manner and optimise patient safety. Specifically, the plan should:

- Minimise the risk of overcrowding in the Emergency Department, the harm associated with delayed access to an acute bed and the associated detriment to staff of working under sustained operational pressures for extended periods
- Allow sufficient bed capacity for the elective recovery program to continue unimpeded, to minimise the impact on patient experience and outcomes of extended elective waits and the poor patient experience of short notice cancellations due to bed availability
- Ensure sufficient capacity to allow a rolling deep clean programme to commence to reduce the clinical risk to patients of Healthcare Associated Infections (HCAI)
- Maintain the health and wellbeing of all staff
- Be sufficiently agile to respond to fluctuations in demand as a result of the pandemic, or other unexpected surges, e.g. flu
- Be mindful of the uncertain financial landscape

4. Assumptions

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Area	Assumption	Notes
Target occupancy	The modelling is based on the beds required to hit **92% occupancy**	
Level of risk in demand	92% occupancy is reached at the **75th percentile** of demand, based on hourly fluctuations in occupancy	
Patient volumes	Patient volumes are based on the **21/22 level of activity**. No growth in either elective or non-elective demand is included	
MSFT	The modelling is based on a fixed volume of **96 MSFT patients** (including <24 hour patients) throughout winter. This holds constant the level in July 2022	
Length of stay	Length of stay is increased to reflect July 2022 actuals, on top of the MSFT adjustment.	Average 1+ day length of stay in July 2022 was 6.6 days, relative to 5.6 days in July 2021
Demand mitigations	Demand mitigations of up to **2 beds** from Virtual Wards and **18 beds** from D2A, gradually growing from November. Note that relative to previous modelling, the D2A impact is delayed and the Virtual Ward impact more moderate.	
Capacity scope and changes	The modelling covers **647 adult beds** which are currently open.	
Covid/flu	In the core scenario, demand is assumed to mirror 21/22 and therefore a Covid/flu season in line with 21/22 is assumed. A sensitivity test of a challenging winter, with bed demand increasing by up to 35 beds, is also run.	
Decant ward	One scenario is run with demand for an additional **24 bed decant ward**, running from August onwards but excluding December, January and February.	

5. Underlying bed modelling

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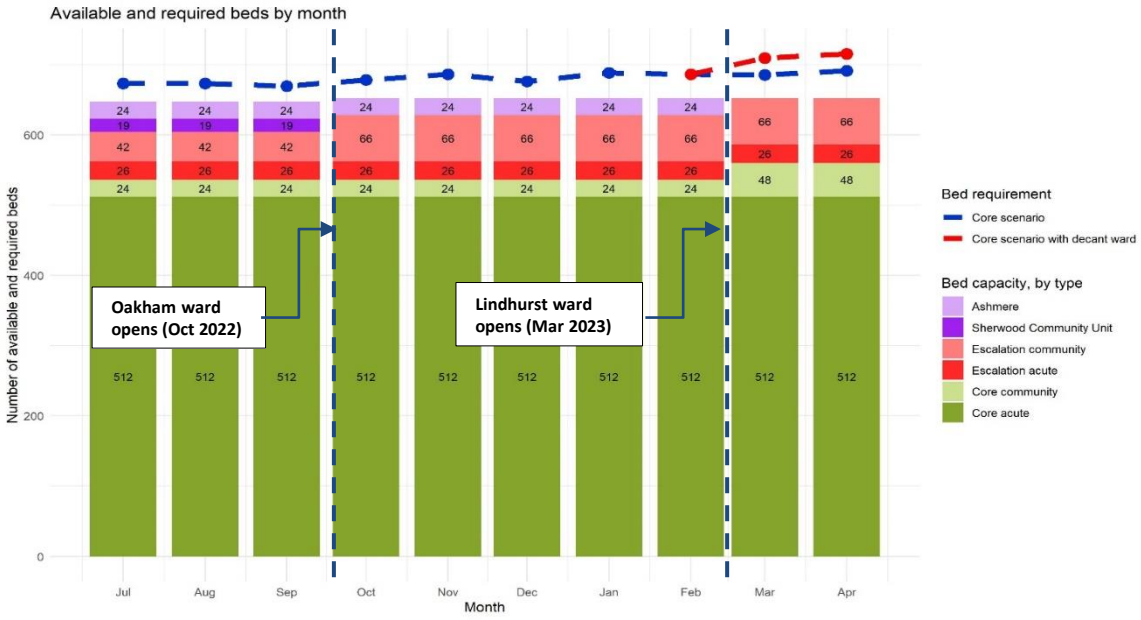

	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Gap without decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
75th perc utilisation	96%	96%	95%	96%	97%	96%	97%	97%	97%	98%
Gap with decant ward	-26	-26	-22	-26	-34	-24	-36	-34	-57	-63

Assumptions

- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Mansfield Community Hospital wards (Oakham and Lindhurst) reopen in October and March, following fire safety works.
- The Sherwood Community Unit and Ashmere Care Home beds close as the Mansfield Wards re-open.
- No net change in bed base throughout winter.

Outcomes

- A projected bed deficit of between **26** and **39 beds** from October to April
- Additional pressure of 24 beds if decant ward operationalised towards end of Winter.
- Demand peaks in November and January, with a further peak in April, reflecting (in part) the wave of Covid admissions seen during April as well as ongoing length of stay pressures.
- Without any additional capacity or mitigation, utilisation at the 75th percentile of demand would drive an occupancy of 95-98%, well above the 92% target – resulting in regular OPEL 4 escalation.

6. Potential Mitigations

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A number of mitigations are proposed both within SFH and across the wider system. These are shown on the following 2 slides (vs different demand assumptions) and include:

1. All current core and escalation capacity remains open
2. Sherwood Care Unit and Ashmere Care Home contracts continue until the end of April. The beds were originally opened to mitigate the loss of the Mansfield Community Hospital wards and were expected to close when this capacity reopened.
3. Virtual wards (system led) are operational in line with the national programme
4. ICB approved Discharge to Assess business case is implemented as per the agreed trajectory
5. Provider collaborative work to expand the current homecare workforce support from SFH to Notts Healthcare is fully operational from November onwards
6. Internal LOS efficiencies driven by the Optimising Patient Journey Improvement Programme

7. Bed modelling including mitigations and baseline demand

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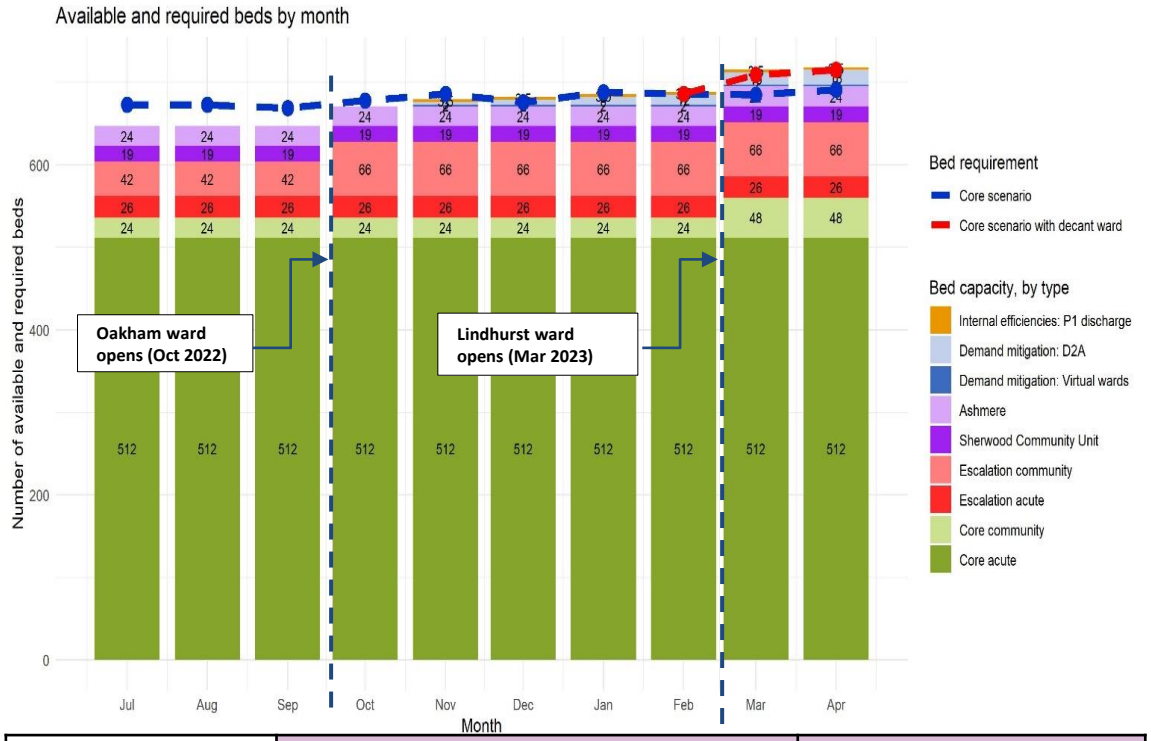

	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Capacity gap: total beds without mitigation	-26	-26	-22	-26	-34	-24	-36	-34	-33	-39
Capacity gap: total beds + all mitigations	-26	-26	-22	-7	-7	+7	-3	+3	+31	+28
Capacity gap: including decant ward	-26	-26	-22	-7	-7	+7	-3	+3	+7	+4

Assumptions

- Baseline of 2021/22 activity
- Covid and Flu demand in line with 2021/22
- Sherwood Care Unit and Ashmere Care Home beds remain open when the Mansfield Community Hospital wards are reopened
- All internal and external mitigations are included and deliver as expected

Results

- Based on 2021/22 covid and flu baseline there is demand for up to **39 additional beds**, peaking in April 2023
- With all mitigations in place a positive bed position is illustrated from December to April, with a slight negative capacity position in January 2023
- By March and April, the impact of Covid and flu has subsided, whilst demand mitigations have grown. As a result, a bed surplus returns if all wards remain open
- This surplus could then be used to provide a decant ward from March.

8. Bed modelling including mitigations and worst case demand (impact of exceptional Covid and Flu)

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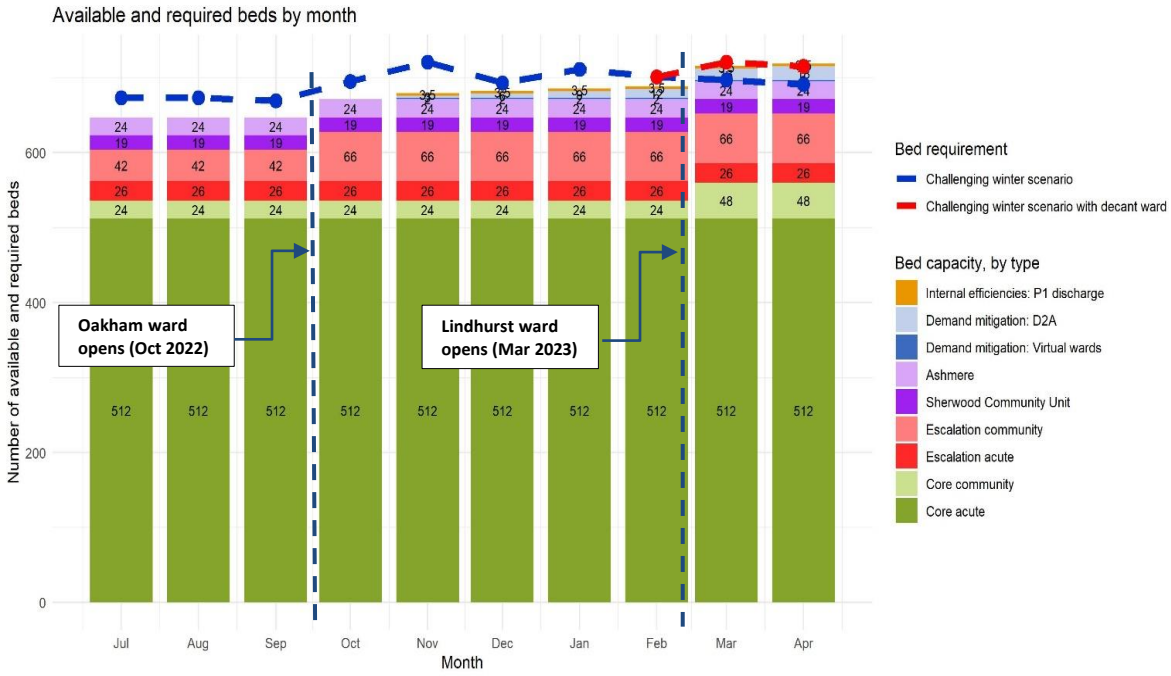

	2022						2023			
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Additional Winter pressure	0	0	0	17	35	17	23	15	12	0
Capacity gap (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	+19	+28
Capacity gap: including decant ward (all mitigations)	-26	-26	-22	-24	-42	-11	-26	-13	-6	+4

Assumptions

- Baseline of 2021/22 activity
- COVID and Flu are modelled as a worst case scenario based on systemwide modelling of the impact of a challenging winter.
- All internal and external mitigations are in place and delivering as expected
- All core and escalation capacity remains open

Results

- Demand for up to **35 additional beds**, peaking in November
- A bed shortfall in November of up to **42 beds** with all mitigations in place.
- By March and April, the impact of Covid and flu has subsided and a bed surplus returns if all capacity remains open
- A decant ward is feasible from April onwards

9. Financial Impact

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- The total cost of winter 2022/23 is **£13,243m**
- There is a supporting budget and additional support from NHSE of **£6,723m**
- The additional spend required to maintain safe services for winter 2022/23 as described in the previous is **£6,520m**

	Winter Plan	Mitigation Cost	Funding/Budget (incl NHSE)	Total
Already in place and included in financial forecast	Bed Capacity	8,428	(6,723)	1,705
	Improving flow	1,990		1,990
Not yet in place, additional spend	Bed Capacity (Sherwood Care Home and Ashmere)	2,282		2,282
	Improving flow	501		501
	Winter Infrastructure (mortuary)	42		42
	Total	13,243	(6,723)	6,520

- Bed Capacity – Additional beds to mitigate increased demand and all supporting costs (staff, pharmacy, cleaning, etc)
- Improving Flow – Mitigating plans which aid the flow of patients through the hospital, mainly focussed but not exclusively at the front door (Frailty In Reach, Duty Nurse Manager, Integrated Discharge, etc)
- Winter Infrastructure – Essential service expansion due to increased activity (mortuary capacity)

Winter mitigation schemes were prioritised by clinical, nursing and operational leaders for both operational impact, value for money and deliverability – further refinement is required for some of these schemes.

10. Workforce

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The table below expresses the planned workforce movement associated with the winter plan, this is expected to be filled with a mixture fixed term recruitment and agency fill, although where low risk, substantive appointments may be offered to increase recruitment potential. There is a total projected growth of 40.0 wte.

The plans are to recruit fixed term staff from Oct/Nov until March 2023, and to continue to further reduce the Trust vacancy levels to support staff availability for winter. Some of the funding plans in place are to move the budget from agency into the run rate.

To support these plans we have set up recruitment fairs and will target these staff groups to reduce the risks around some of the recruitment plans as there are recruitment lag times of approx. 8-10 weeks.

There are posts that will be hard to recruit to due to local and national recruitment issues, such as pharmacy technicians (Band 3) and Therapy roles (Bands 5 and 6).

Division	Staff Group	Agency	Fixed Term	Grand Total
⊟D&O	AHP		4.0	4.0
	ST&T	5.0	6.0	11.0
D&O Total		**5.0**	**10.0**	**15.0**
⊟Medicine	Medical	5.5		5.5
	Nurse		12.0	12.0
Medicine Total		**5.5**	**12.0**	**17.5**
⊟Surgery	Nurse		3.0	3.0
Surgery Total			**3.0**	**3.0**
⊟UEC	Medical	0.5		0.5
	Nurse		4.0	4.0
UEC Total		**0.5**	**4.0**	**4.5**
Grand Total		**11.0**	**29.0**	**40.0**

WTE movements

11. Risks

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Key Risk

If the winter 2022/23 plan is not fully supported our ability to provide safe and timely care will be compromised as there will be a greater number of days when the hospital is operating at an occupancy level that will drive overcrowding in the emergency department and ambulance handover delays, significantly increasing the risk to patients attending the trust and also those awaiting an ambulance in the community.

Additional Risks

- Workforce absence associated with any flu/covid surges will have an impact on the number of beds that can safely be maintained over the winter months.
- MSFT numbers continue to rise beyond those modelled above.
- The Mansfield Community Hospital beds do not come online at the expected times.
- Flu and Covid above anticipated, even worst case, levels.
- Financial budgets for 2022/23 were based on expected operating conditions, with an expectation that 'winter' capacity would be stepped down over the summer period. The continued requirement for this capacity has created a cost pressure compared to the Trust's financial plan.
- Estates work that is essential to internal bed moves is either not funded or delayed due to conflicting priorities/staffing.
- There is a significant impact of other infections within the hospital (CDifficile, norovirus) that warrants the closure and isolation of beds/patients/staff.
- External mitigation schemes do not deliver as expected.

12. Whole Hospital Support

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- The **Communications Team** will launch a campaign to deliver key messages to public and staff around vaccinations and service pressures. We are also looking at software to enable real time messaging to staff to update on changes in operational pressure (e.g. OPEL 4).
- **Estates** will provide services to support the additional capacity, patient movement and the short notice opening of surge areas in lien with the full capacity protocol.
- **Corporate Nursing** have identified nurses from band 6 to band 8a to carry out clinical shifts, supporting areas that suffer from staffing shortages/increased demand in times of pressure.
- **Quality Improvement** will assist in the delivery of internal efficiencies to support flow and discharge, through the Optimising Patient Journey programme.
- The **Vaccination** team will continue to promote and offer flu and Covid vaccines to our staff and the local community due minimise the potential for disruption due to outbreaks.
- The **People** team are putting a range of wellbeing initiatives in place to support staff, described in more detail on the next slide
- Additional staffing will be provided in **Therapies, Pharmacy and Diagnostics** to support flow on the wards and early discharge.

13. Wellbeing

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The Wellbeing programme will focus 3 key areas to support the winter plan

- **Mental Health** – World Mental Health day during October. Clinical Psychology focus at Wellbeing Wednesday. Focus on loneliness. Launch of bereavement guidance. Promotion of existing offers through Vivup, Thrive. Clinical Psychological support etc and link /promotion of ICS mental health training sessions.
- **Physical Health** – SFH Fitness challenges to continue. Stoptober focus. Possible relaunch of body mass analyser sessions and support. Continued promotion of vaccinations (flu and Autumn COVID booster).
- **Financial Wellbeing** – key focus will be developed throughout the next few months with a main focus on reducing the stigma around finances. Developed national offers will be promoted during this time. Exploring "Voucher in kind" with Medirest colleagues. Talk Money week focus during November with support from Citizen Advice. Ongoing monthly appointments on site with Citizen Advice for colleagues to access. Financial Wellbeing guide to be sent out to all colleagues. Financial Wellbeing, will be an ongoing focus and will continue to be developed as new initiatives are explored.

All programmes will be underpinned by wide ranging and accessible Wellbeing offers including:

- Schwartz rounds with focus on each of the areas above
- Revamp and roll out of our existing Managers toolkit aimed at managers being equipped to support with staff wellbeing over the next few months.
- Implementation of Wellbeing conversations across the Trust
- Manager coaching sessions with support from the People Partner team.

Benefits to colleagues will be providing compassionate support for our colleagues going through what we know is a pressured time of year within the workplace in addition to the challenges that will be experienced on a personal level in the 3 areas above particularly around financial wellbeing. The golden thread is around mental health support for all our colleagues. We know this is the highest reason for sickness absence and therefore impacts on all our colleagues across the Trust. This supportive programme will ensure we show care and compassion and support to our colleagues to enable them to bring their best self to work and result in a prevention of workforce loss relating to being unwell, improvements in morale across teams and ultimately continued high quality patient care.

14. Summary and Next Steps

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- Proposed mitigations are able to largely bridge the bed deficit in a ‘normal’ demand scenario, with some risk around delivery of schemes.
- This proposal has an associated cost of £6.520m, once existing winter budgets and external funding have been accounted for.
- We do not have sufficient actions identified to fully mitigate a ‘worst case’ demand scenario which would then would result in the Trust being in escalation more frequently.
- Further work is required as follows:
  - Further understand the financial implications of the plan and how any financial risk can be mitigated
  - refine the Divisional ‘flow’ schemes to ensure maximum impact and value for money
  - quantify the bed day savings realisable from the Optimising Patient Journey programme
  - work with system partners to maximise the potential from existing system schemes (e.g. D2A and Virtual Wards) and further schemes whose impact is not yet quantified
  - Create an operational plan to ensure the additional capacity is deployed effectively and on time, including the decant ward.
- Board are asked to note the modelling, mitigations and supporting plans described, and support the requirement for additional capacity to ensure a safe and effective winter.