

Outstanding Care,
Compassionate People,
Healthier Communities



Sherwood Forest Hospitals
NHS Foundation Trust

Winter Plan 2024/25

Update for Council of Governors

November 2024



Key Principles for Winter Planning

- Health and care partners will all work together to offer **appropriate services to our population**
- **Patient safety** is optimised, and **quality of care** is maintained.
- The **health and wellbeing of staff** is maintained
- **Minimise any adverse impact on elective activity** and associated patient experience, income and performance.

Approach to Winter Planning

Full winter plan approved by Trust Board public session in October 2024 included:

1. Anticipate and assess issues in maintaining resilient services:

- Key winter pressure drivers identified – likely epidemiology of winter 2024/25
- Lessons learned from 2023/24
- Demand modelled
- Risks identified

2. Prevent the likelihood of occurrence and effects of any such issues:

- Prevent and manage infection including vaccination and patient/staff testing
- Effective population, patient and staff communications (system approach)

3. Prepare by having appropriate mitigating actions, plans and management structures in place:

- Mitigating actions and flow priorities inc. staff and support service plans; staff well-being
- Non-elective (NEL) surge plans and the extent to which elective activity is protected
- Specific plans for Christmas and New Year period

4. Respond and recover by enacting plans and contingencies as required:

- Escalation triggers and actions
- Contingency plans.

Supporting Team SFH over Winter

TLC-Talk, Listen, Care

- Support managers to have effective wellbeing conversations
- Provide Wellbeing Conversations Training and REACT Mental Health Awareness Training
- Act upon the feedback in the Wellbeing Survey Q3
- Schwartz Round topics include managing risk in busy area and the frequently hospitalised patient

Wellbeing Spaces and Breaks

- Lead by example by taking breaks, planning breaks and supporting colleagues to rest, refuel and rehydrate
- Promotion of the wellbeing spaces outside of work areas
- Reminder of how to report maintenance needs to ensure spaces are safe and inviting

Burnout and Stress

- Promote use of new Stress Management Policy to proactively support colleagues
- Target promotion and support areas with high anxiety, stress depression sickness absence and high burnout score in Staff Survey
- Promotion of financial wellbeing resources and support to reduce and address money worries

"Boost" Vaccinations

- Promote annual Influenza campaign and signpost staff to Covid-19 vaccination through national offer
- Ongoing communications support
- Wide-ranging wellbeing offers and incentives for vaccination
- Team and individual support
- Compassionate support during pressured times

Key Winter Schemes for 2024/25

Increase our bed base:

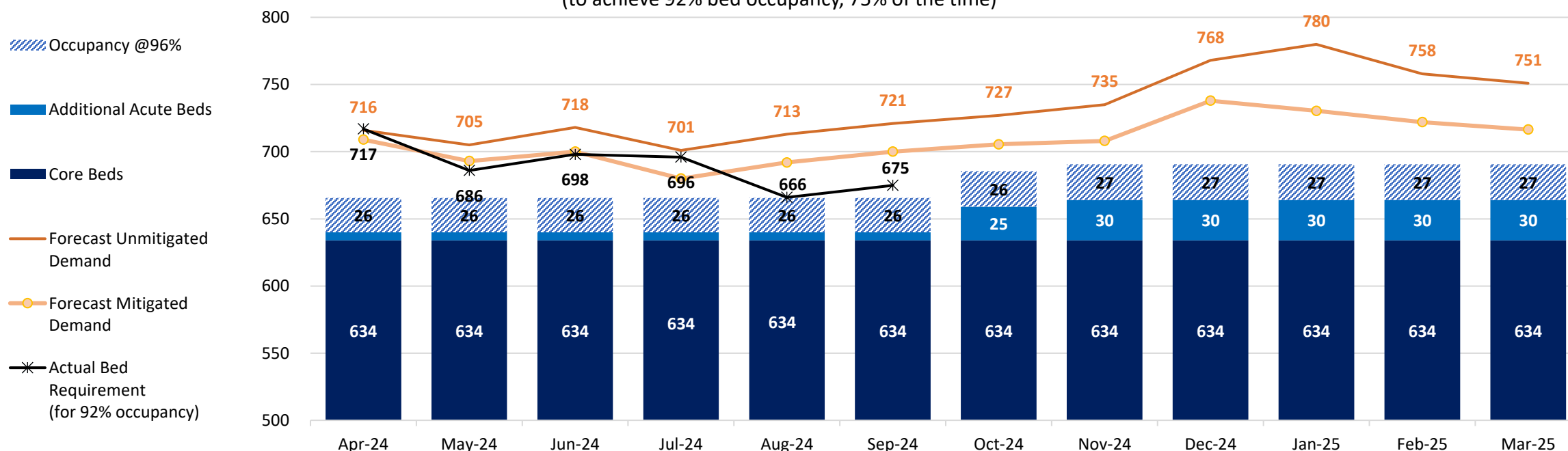
- Open pockets of **additional beds at King's Mill** (Stroke, overnight and weekend use of day case facilities)
- **5 more beds at Mansfield Community Hospital** (Lindhurst ward)

Improve patient flow:

- **Increased CAU opening** - 10am to 10pm, 7 days - giving children and their parents better access to urgent and emergency care when they need it
- **Frailty unit** on medical day case with Same Day Emergency Care (SDEC) offer, to ensure frail patients are seen quickly helping to prevent deterioration in their condition
- **Expansion of surgical SDEC** to enable patients referred from ED to be seen and go home on the same day
- **Weekend trauma operating** to prevent patients waiting for surgery
- **Doubling of respiratory physicians at weekends** helping patients with seasonal conditions get faster treatment and shorter stays in hospital
- **Additional portering and additional weekend consultant and discharge coordinator on our Short Stay Unit** to speed up decision making and the transfer of patients to their usual place of residence.

Adult Bed Model: 2024/25 Chart with Mitigations

SFH - 24/25 Acute Adult Bed Model
(to achieve 92% bed occupancy, 75% of the time)



Bed Gaps @92% occupancy	-69	-53	-60	-40	-52	-60	-47	-44	-74	-66	-58	-53
Bed Gaps @ 96% occupancy	-43	-27	-34	-14	-26	-34	-20	-17	-47	-40	-31	-26

Our 'best offer' winter mitigations have been presented that fit within the winter reserve. Unfortunately, we have not achieved a route to bridging the whole gap over winter. The consequences of not bridging the bed gap include: (1) bed occupancy being higher than 96%; (2) patients waiting for admission in ED with associated patient experience and safety concerns; and (3) the need to enact escalation actions.

Key Areas of System Focus

- Nottingham and Nottinghamshire Integrated Care System are overseeing the system winter plan
- Key features of system partner plans that could support SFH are:
 - Reminders via primary care of alternative pathways to reduce urgent care demand
 - Flex the balance between on the day a routine GP appointments according to demand, particularly on the days after the bank holidays
 - Concerted effort on care home residents including provide care home ward rounds and community multi-disciplinary teams to support and maintain patients in the community
 - Maintain and improve Urgent Community Response waiting times and review of Category 3 patients before conveyancing to ED
 - Mental health crisis service (as an alternative to ED)
 - Vertical integration and optimisation of Virtual Ward services to prevent hospital admission
 - Optimise Discharge to Assess service to deliver timely patient flow.

Escalation Plans and Contingencies

- **Full Capacity Protocol (FPC)** and **Operational Pressures Escalation Levels (OPEL) 4 action cards** in place
- **SFH command centre** six times daily email status updates shared seven days a week and viewable 24/7 by SFH colleagues in SQL Server Reporting Services (SSRS)
- **System control centre** in place; escalation status of system partners visible
- **On call structure** in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team.