Healthier Communities, Outstanding Care

NHS Sherwood Forest Hospitals NHS Foundation Trust

Council of Governors

All reports MUST have a cover sheet

Subject:	Winter Plan & COVID19 Surge 2020/2021	Date: 10th November 2020
Prepared By:	Dale Travis Head of Operations	
Approved By:	Simon Barton, Chief Operating Officer	
Presented By:	Richard Mitchell, Chief Executive	

This paper sets out the Trust's draft winter capacity plan for 2020/21; it provides for both winter demand and Covid-19 surge. It has been developed by the Clinical teams and Divisions following a consultation and winter debrief.	**Approval**	
	Assurance	X
	Update	
	Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X			X	X

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
Indicate the overall level of assurance provided by the report -		X		

Risks/Issues	
Financial	X
Patient Impact	X
Staff Impact	X
Services	X
Reputational	X

Committees/groups where this item has been presented before

Trust Management Team - 13th August
Shared with Divisions and Departments - 13th August
Medical Managers and Ward Manager/ matron Forum- 14th August
Executive team – 26th August
Board workshop – 3rd September
Trust Management Team - 14th September
Executive Team – 30th September
Trust Board – 1st October

Executive Summary

The overarching aim of the winter capacity plan is to ensure there is sufficient capacity to meet demand, to maintain patient safety and patient flow throughout the winter period. This year the added complexities of preparing for potential COVID surge as well as seasonal flu are paramount to the planning.

For winter 2020/21 this will be again achieved through the delivery of the following key objectives:

- Safely avoid admissions
- Safely create more capacity including the implementation of the Covid-19 surge plan
- Safely reduce length of stay
- Maintain operational grip and control

The winter plan is based on long-term plan assumptions of activity demand growth at circa 6% with an adjustment for Covid-19 surges or circulation. The forecast bed gap to deliver 92% occupancy is between 63-93 beds per month. The bed plan will grow by 76 extra beds with a LOS reduction assumption of 21 beds based on the changes in complex discharge pathways, a total of 96 beds per month. There will be a significant £2m expansion of the Emergency Department as well as expanding the Ambulatory Emergency Care Unit and this is forecast to reduce admission demand. The forecast cost of the winter plan is £3.6m.

Winter Capacity Plan 2020/21

Introduction

This paper sets out the Trust's draft winter capacity plan for 2020/21 in conjunction with the Trusts Covid-19 surge plan; this has been developed with a similar approach to previous years via the clinical teams and Divisions following a collaborative winter debrief from wards, services, and departments to gain their views on what worked, what didn't, and what can be improved for the coming winter.

Over recent years SFH has a positive track record in ensuring safe and effective patient access over winter, but the expected varying levels of Covid-19 demand in winter 20/21 makes this winter a different proposition.

Further consideration to SFH winter plan has been included in line with the winter planning requirements of NHSE Phase 3 of NHS response to COVID recovery. It is clear that we face an uncertain winter with ED attends and infection surges being a key variable to determine how we implement the winter plan.

Background

The overarching aim of the winter capacity plan is to ensure there is sufficient bed capacity to meet demand the vast majority of the time, to maintain patient safety and patient flow throughout the winter period. This year the added complexities of preparing for potential COVID surge on top of seasonal flu are paramount to the planning. The key principles are:

- Patients are at the centre of our decision making
- Reduce the risk of cross infection
- Lead and support colleagues in line with H+S Guidelines, CARE values ensuring staff wellbeing is paramount
- Learn from our experiences of previous winters and from COVID
- Assess risk and safety at all times
- Prevent ED from being overcrowded
- Implement any national changes to support emergency access
- Implement the SFH phase 3 plan

This will be achieved through the delivery of the following key objectives:

- Safely avoiding admissions
- Safely creating more capacity including the implementation of the Covid-19 surge plan
- Safely reducing length of stay
- Maintain operational grip and control

What level of access to timely care is expected by NHSE/I in winter 2020/21?
The original planning submission for 2020/21 is shown below with regard to emergency access for patients (within 4 hours). There is no additional request within the Phase 3 planning guidance with regard to emergency access performance.

4 Hour Wait	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
20/21 NHSI Trajectory	91.0%	92.6%	94.7%	88.9%	89.2%	90.2%	91.5%	88.3%	87.0%	89.6%	91.4%	91.4%
20/21 Actual	96.5%	97.5%	95.8%	96.7%	95.5%	96.4%						

Figure 1

SFH will also monitor, as in previous winters the level of overcrowding in the Emergency Department as we know this is associated with increased risk for patients and dissatisfaction for staff. This is a more critical measure than ever with Covid-19 as crowding in EDs could lead to increased risk of cross infection. This will be measured as usual with the 'polling' of number of patients within the ED at certain points of the day. Success would be to keep this below previous winter's levels.

What level of emergency demand is expected?
This winter is the most complicated yet in terms of the modelling of expected demand. 7 different scenarios of demand for beds from emergency care have been modelled with Edge Health, the Trusts bed analytics partners. Many of these scenarios have come from the phase 3 planning letter the ICS interpretations of it.

The plan focusses on meeting demand for the Divisions of UEC, Medicine, Surgery and D&O. The W&C Division have a separate plan for the children's winter which comes earlier – this is based on last year's model and increases the bed base over the autumn and winter months as well as all medical minors patients being treated on Ward 25. This plan successfully met demand in a very demand winter last year and is forecast to do so again this year.

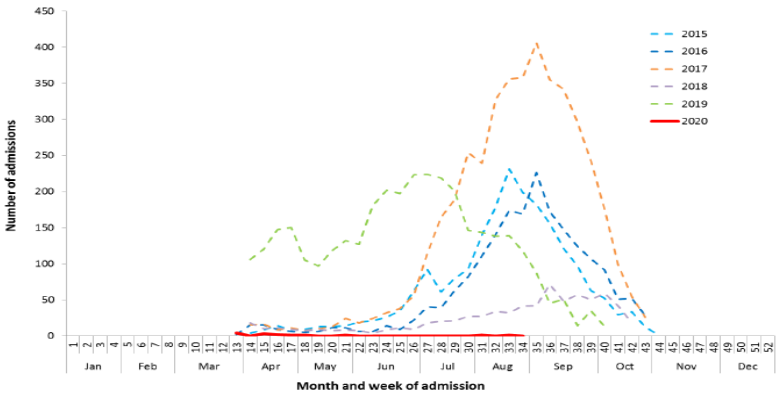
As with recent years successful winter plans, the aim of the plan is to deliver 92% occupancy for 75% of the daily hours, acknowledging that a occupancy can be tolerated a little higher overnight. The trust has shown in previous winters that at certain times it can cope with occupancy slightly higher than 92% and still provide safe access to care for patients, but the planning ambition needs to remain at 92%.

The Executive Team & Clinical Chairs agreed on a plan for scenario 6. This scenario plans for 6% growth (above winter 2019, this is actually 9% growth on the current actual for August and September) in admissions over winter (inc. COVID19), making assumptions that there will be some fall in admissions during COVID19 surges (but by less than half as much as April 2020). This is broadly in line with the ICS supported scenario that plans for 4.6% growth on 2019 activity. This growth would include the flu and COVID19, although there may be some double counting in this area. In terms of the assumption on demand reduction during COVID19 surge, this is that other inpatient activity reduces by 15% - this level was around 50% for non-electives and much higher for electives during the April 2020 surge. At its peak in April SFH has c100 patients with Covid-19 as inpatients, but some of these are patients who may have been admitted with other illnesses so it isn't all additional demand.

The UK flu position often follows the Australian flu. Again, it is uncertain what will happen in the UK this winter with regard to the flu this winter as Australia has seen almost no flu admissions to its sentinel hospitals. However, Australia have had a tight lockdown restrictions this year during their peak flu season. Intelligence from the SFH Respiratory team suggests that even though lockdown restrictions are lifted for a lot of their vulnerable patients, those patients are still being careful. They also advise that there is likely to be considerable overlap between flu and COVID19 patients so there

may not be higher numbers of admissions (i.e. COVID19 + Flu) but they may be more unwell and may stay longer. In line with the national guidance, SFH have already started flu vaccinations of staff and patients and expect the take up rate to be higher than the previous very high years.

Figure 7. Number of influenza hospitalisations at sentinel hospitals, between March and October, 2014 to 2020 by month and week*



Source: FluCAN

* All data are preliminary and subject to change as updates are received.

Forecast impact on bed capacity

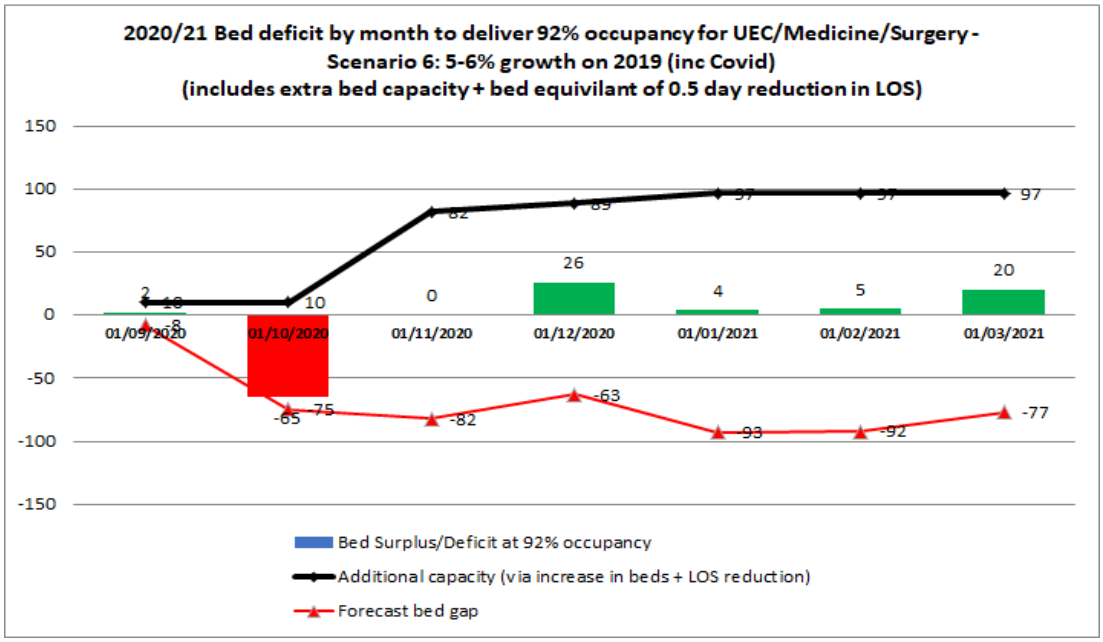


Figure 2

Figure 2 above shows the impact in terms of bed deficit (red line) of this scenario 6 at 92% occupancy if no mitigating actions are taken. It shows a bed deficit of between 63 and 93 beds per month in achieving the desired 92% occupancy.

Winter capacity plan to address this bed deficit

As described earlier, for winter 20/21 the management of the bed deficit will be achieved through the delivery of the following key objectives:

- Safely avoid admissions
- Safely create more capacity including the implementation of the Covid-19 surge plan
- Safely reduce length of stay

- Maintain operational grip and control

This is shown in Figure 3. The impact of this is shown in Figure 2. The black line shows the additional capacity being assumed and then the green/red bars show the bed surplus or deficit per month based on forecast demand at 92% occupancy.

<table>
<tr><th>Safely avoid admissions</th><th>Safely create more capacity</th><th>Safely reduce length of stay</th><th>Total additional bed equivalent</th></tr>
<tr>
<td>

Delivery of a £2m ED expansion that takes Resus to 12 cubicles from 7 and significantly expands Ambulatory Emergency Care Unit (AECU) – meaning more patients can be treated ‘Same day emergency care’
Additional AECU medical cover for weekends
Implement the national redesigned 111 programme
Additional ED Medical & Nursing colleagues
Implement a 7/7 Children's assessment unit on Ward 25 for paeds medical minors

</td>
<td>
<table>
<tr><th>Area</th><th>No. extra beds</th><th>Timeline</th><th>Cumulative</th><th>Comments</th></tr>
<tr><td>Ashmere</td><td>26</td><td>1st Nov</td><td>26</td><td>External to SFH</td></tr>
<tr><td>Sconce</td><td>8</td><td>1st Oct</td><td>34</td><td>Newark</td></tr>
<tr><td>Ward 41</td><td>24</td><td>1st Nov</td><td>58</td><td>Medicine</td></tr>
<tr><td>Ward 14</td><td>10</td><td>1st Nov</td><td>68</td><td>Beds for female surgical patients</td></tr>
<tr><td>Ward 21</td><td>8</td><td>1st Jan- Feb</td><td>76</td><td>Convert to 24 bedded medical ward for Jan/Feb - Ortho to use Newark & IS</td></tr>
<tr><td>Total</td><td>76</td><td></td><td></td><td></td></tr>
</table>
</td>
<td>

Maintain the ICS standard that only 22 patients Medically fit for discharge to be in KMH at any one time (4%)
Discharge lounge opening at weekends
Further expansion of OPAT / Medical day case

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<td></td>
<td>76 beds</td>
<td>21 beds</td>
<td>97 beds (£3.6m investment)</td>
</tr>
</table>

Figure 3

Safely avoid admissions
SFH have successfully benefitted from the allocation of agreed £2m A&E capital to extend the size of the Emergency Department (ED) and will relocate and expand the AECU before December. This is a critical development to support more same day emergency care and avoid admissions. The further schemes are as follows.

In addition to these schemes there continues to be further partnership working to reduce demand on the emergency department

- First call 111
- EMAS conveyance to correct pathway
- Frailty assessment in community using Comprehensive Geriatric Assessment
- Enhanced care home support

Safely create more capacity
This work focuses on creating additional bed capacity across the system to meet expected additional demand for medical admissions. At the height of winter there will be 76 extra available beds across SFH and the Mid-Notts patch. With conversion of surgical to medical beds at the height of winter there will be 98 extra beds available to medical patients.

Critical care will continue to deliver extended capacity in line with routine escalation process and the pandemic plan in the event of a COVID surge over winter. Similarly areas may flex as per COVID to ensure patient safety is maximised e.g. Respiratory Assessment Unit

Safely reduce Length of stay
SFH has been very successful in the continued reduction of length of stay for patients admitted to its hospitals and for reducing the >21 days patient cohort length of stay. Over the past two winters LOS in large specialties such as Healthcare of Older People and Respiratory medicine has fallen by 3 days (20%) and 1 day (12%) respectively and along with other reductions in medical specialties reduced the bed required by around 40 beds.

During the first COVID surge the discharge to assess partnership ensured the swift discharge of patients' home or to a facility for assessment. In line with this, new national guidance has been released in August 2020 that mainstreams this discharge to assess process and learns lessons from the March/April period. It is therefore assumed that this guidance and the following actions will lead to further LOS reduction. A benefit of 21 beds has been assumed for this element of the plan.

This work will continue over winter to provide the same level of grip and oversight into safely discharging patients. Further internal work will further support reduced length of stay for patients and will include the same level of swabbing for COVID.

Continued work to prepare the wards and medical teams and remind them of the key policies and procedures for escalation is in progress. This will also be supported by the development of a Full Capacity Protocol, senior management and leadership support in the flow room to ensure the winter is well led and we have operational grip on the best utilisation of capacity and in the event of a COVID surge.

Costs
These schemes represent a £3.6m forecast investment into winter by SFH, but this is crucial to yield a safe winter for patients and ensure colleagues are being supported to provide a safe and effective level of care whilst maintaining wellbeing. This is £1.6m increase on the actual spend in winter 19/20.

The financial tracking will be reported to the Recovery Group, Trust Management Team and then reported to the Board of Directors monthly as part of the SOF performance report to provide assurance.

Risks
There continues to be a number of risks to the delivery of the plan and will require mitigation where possible

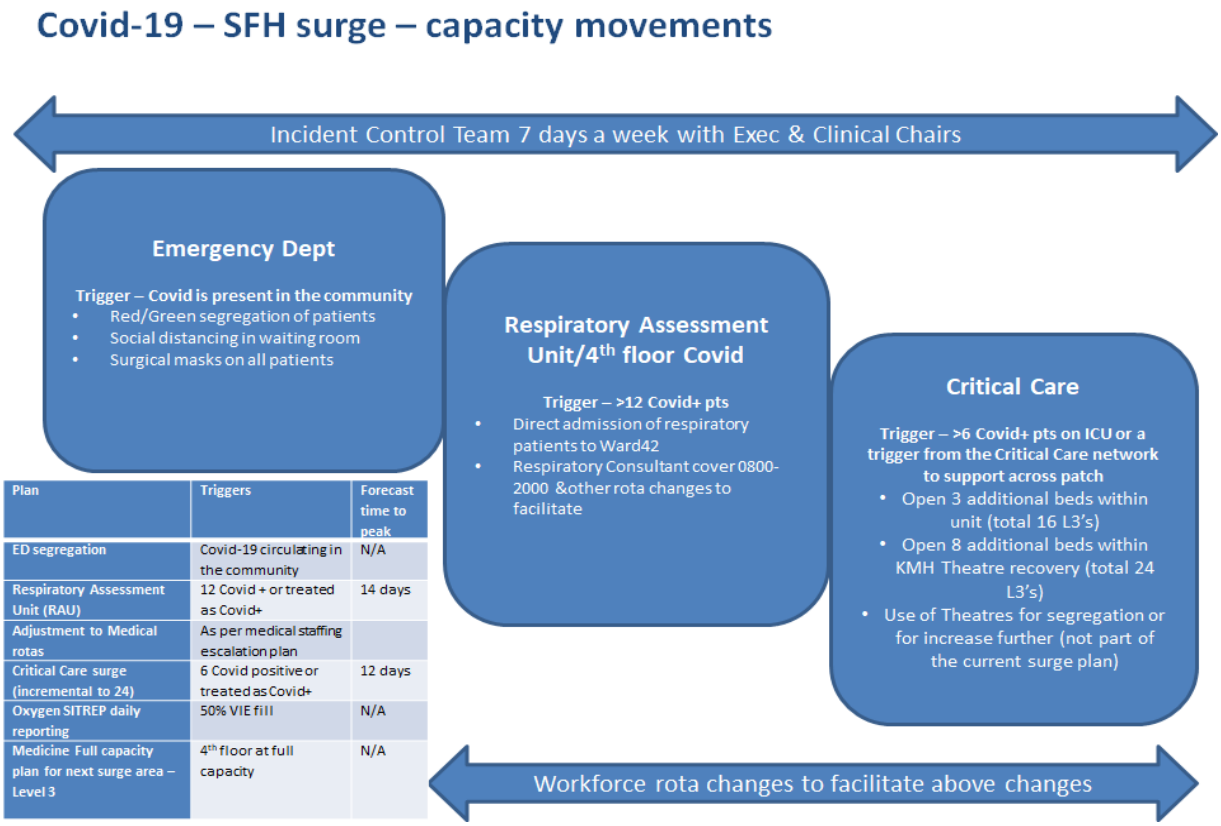
- **Workforce supply** – it is forecast that workforce supply will be constrained more this winter than in previous winters, mainly due to Covid in general and for self-isolation, and carers leave. Absence in winter 2019/20 was around 5.3% whereas it is forecast to be 7-7.5% in winter 20/21.
- **October** – given the timescales to bring this plan on line and the financing of it, along with forecasts that COVID19 surges may arrive in November onwards, the fixed capacity element of the plan does not come on line until 1st November, with the exemption of local rehabilitation beds. This creates an unmitigated bed deficit at 92% occupancy for October. There is a further risk of additional Covid-19 admissions in October and to manage this demand there would have to be a temporary impact on elective bed usage (this would have to take place to facilitate Covid-19
  surge anyway) along with the assumption that non-elective demand will fall and will help accommodate Covid-19 admissions.
- **Demand assumption** - If the we don't see the modest reductions in non-elective admission demand seen during COVID19 surge this will lead to occupancy increasing and potential increased crowding/pressure

- **COVID19 surge assumption** - If COVID19 surge is like April and the 15% does stay away this will lead to occupancy increasing and potential increased crowding /pressure

- **Surgical Short stay unit will be 'Green'** – unlike previous winters this unit will not be able to be used in escalation for end of stay surgical emergency patients. The intention is to keep the unit a 'Green' unit in COVID19 terms to allow not only the continued treatment of elective patients (a benefit), but to also reduce the risk to SFH colleagues who may have shielded in the past who can then predominantly work in this unit, keep them working as much as possible. There is also an intention to keep Newark as a 'Green' site to facilitate elective care on that site.
- **Finance** – forecast cost is £3.5m, in 19/20 the delivered plan spent £2m (original forecast was £2.7m, and there is likely to be an attrition rate similar to previous years)
- **Partners winter plans** – there is a review of ICP partners winter plans at the October A&E Delivery Board

Managing Covid-19 Surges

SFH has a Covid-19 surge plan which is broadly outlined in the schematic below. This plan will be rolled out when the triggers are identified are met. This surge plan is included in the winter capacity.



Plan	Triggers	Forecast time to peak
ED segregation	Covid-19 circulating in the community	N/A
Respiratory Assessment Unit (RAU)	12 Covid + or treated as Covid+	14 days
Adjustment to Medical rotas	As per medical staffing escalation plan	
Critical Care surge (incremental to 24)	6 Covid positive or treated as Covid+	12 days
Oxygen SITREP daily reporting	50% VIE fill	N/A
Medicine Full capacity plan for next surge area – Level 3	4th floor at full capacity	N/A

Next steps

Over the next month, the objective is to move this plan from draft to a final plan. In order to do this, the following needs to happen.

- Formal communications launch across the Trust at the beginning of October
- Weekly oversight of forecast delivery – this will be the managed by the Trust Heads of Operations and tracked via the Operations meeting up to the Trust Management Team and Executive team

- Greater clarity and assurance on partners winter plans and their impact via the A&E Delivery Board
- Update to November Board on progress