Sherwood Forest Hospitals
NHS Foundation Trust

2023/24 Winter Planning

Update for Trust Board

October 2023

Key Principles for Winter Planning 23/24

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- Health and care partners across the Integrated Care System (ICS) and clinical divisions and teams at SFH will all work together to offer appropriates services to our population in the right place at the right time with a judicious use of resources
- Appropriate services are available for patients requiring care in the acute setting with patients being kept in the right location to suit their clinical needs
- Patient safety is optimised and quality of care is maintained. Patients are not exposed to unnecessary clinical risk (inc. Covid-19)
- The health and wellbeing of staff is maintained and our teams support each other
- Any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient risk basis. Cancer and clinically urgent activity is preserved
- An agile approach is adopted with plans (based on evidence and learning) in place to respond to a potentially rapidly changing environment as a result of infectious disease outbreaks e.g. Influenza, Covid-19, Strep A, Norovirus, CRE, Measles etc.

Approach to Winter Planning 23/24

Winter plan structure based on Integrated Emergency Management approach:

1. **Anticipate and assess** issues in maintaining resilient services:
    - Key winter pressure drivers identified – likely epidemiology of winter 23/24
    - Lessons learned from 22/23
    - Demand modelled
    - Risks identified
2. **Prevent** the likelihood of occurrence and effects of any such issues:
    - Prevent and manage infection inc. vaccination; patient/staff testing
    - Effective 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
    - 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.

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Key Winter Pressure Drivers

Traditionally, key drivers for our winter pressures relate to:

- Higher acuity and high prevalence of influenza and Covid-19
- Increase in attendance/admissions in Respiratory (inc. RSV) and Geriatric medicine
- Increased pressure on the surgical non-elective pathway
- Increased instances of infection (norovirus, D&V, CRE, Measles etc)
- Length of stay pressures due to patients being cared for in the wrong place (outlied)
- Increase in number of beds occupied for patients medically safe awaiting discharge
- Reductions in workforce availability with pressures relating to increased use of short-term contracts and increased staff sickness due to infectious diseases
- Extreme weather with associated impact on patient presentations and workforce availability

In the 'living with Covid-19' era there is a degree of uncertainty around what the epidemiology of winter may be like in 23/24. We will learn from the Southern Hemisphere as data becomes available

Nationally, there is an expectation not to reduce elective activity levels over the winter period.

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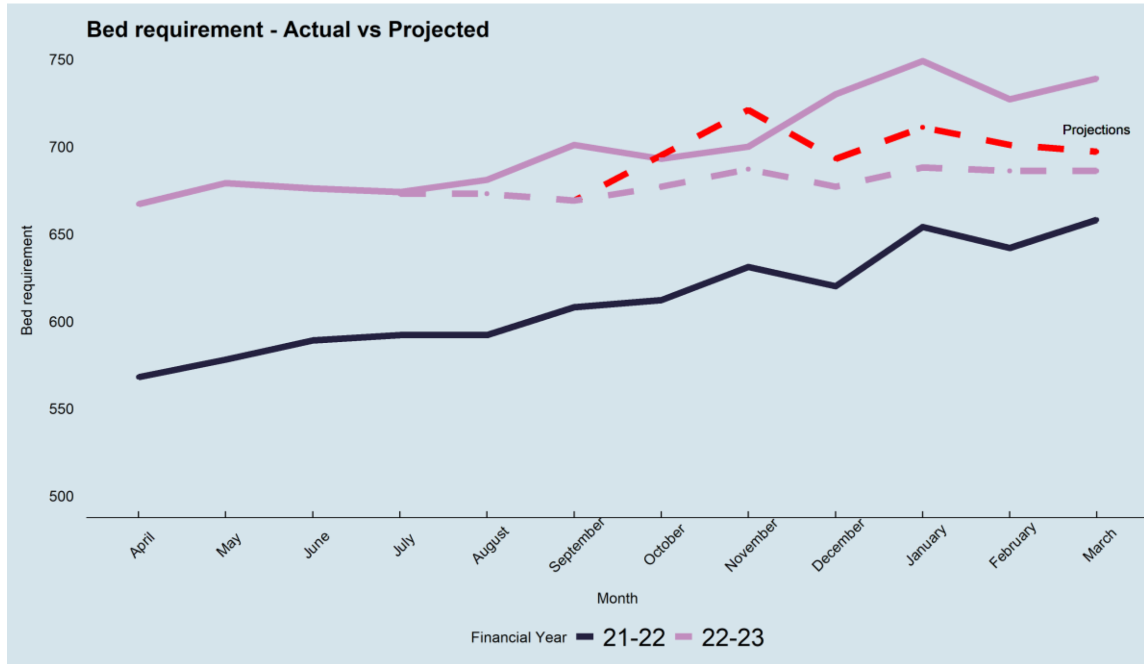
Lessons from Winter 22/23

- Maintain document version control for list of winter schemes
- Maintain oversight and manage interdependencies between divisions for schemes/mitigations
- Ensure operational and clinical divisional engagement and participation throughout
- Avoid decision paralysis
- Set out and agree in advance triggers to enact escalation actions based on risk appetite and mitigations, including Full Capacity Protocol.
- Agree bedded escalation actions based on worst case (system demand avoidance/medically safe for transfer mitigations not materialising) with associated staffing plans
- Further and continued focus on health and wellbeing offer
- Winter actions felt very reactive – e.g. transfer of elective beds to Medicine in peak of winter was unplanned and therefore difficult to operationalise effectively
- The movement of the discharge lounge supported/gave evidence for the current new development/investment.

Adult Bed Model: 22/23 Recap



- The purple dotted line represented the central scenario. The red dotted line represented the Challenging Winter scenario
- Including Ashmere the bed requirement in December was 730 beds, 53 more than the corresponding forecast for the month
- Given modelling approach for 23/24, our starting position assumes an equally challenging winter period in 23/24 as the actual position in 22/23 (solid purple line).

Bed Model: 23/24 Approach

- Separate models for adult, paediatric, maternity and critical care demand/bed bases
- Bed requirement in adult and paediatric models is based on:
  - 75th percentile of hourly demand
  - Goal to achieve 92% bed occupancy
- **Capacity:** 22/23 core and escalation beds used as a baseline for 23/24 model
  - No provision for decant ward due to no physical space being available. Rolling deep clean programme taking place
- **Demand:** 22/23 outturn as a baseline with 5% additional inpatient elective activity (to support Elective Recovery Fund delivery). 22/23 outturn means the following are assumed at 22/23 levels (and in line with 22/23 monthly profile):
  - Medically Safe for Transfer (MSFT) patient volumes
  - Length of stay
  - Covid-19 and other infections e.g. RSV and influenza.

Winter Plan Area

Anticipate & Assess | Prevent | Prepare | Respond & Recover

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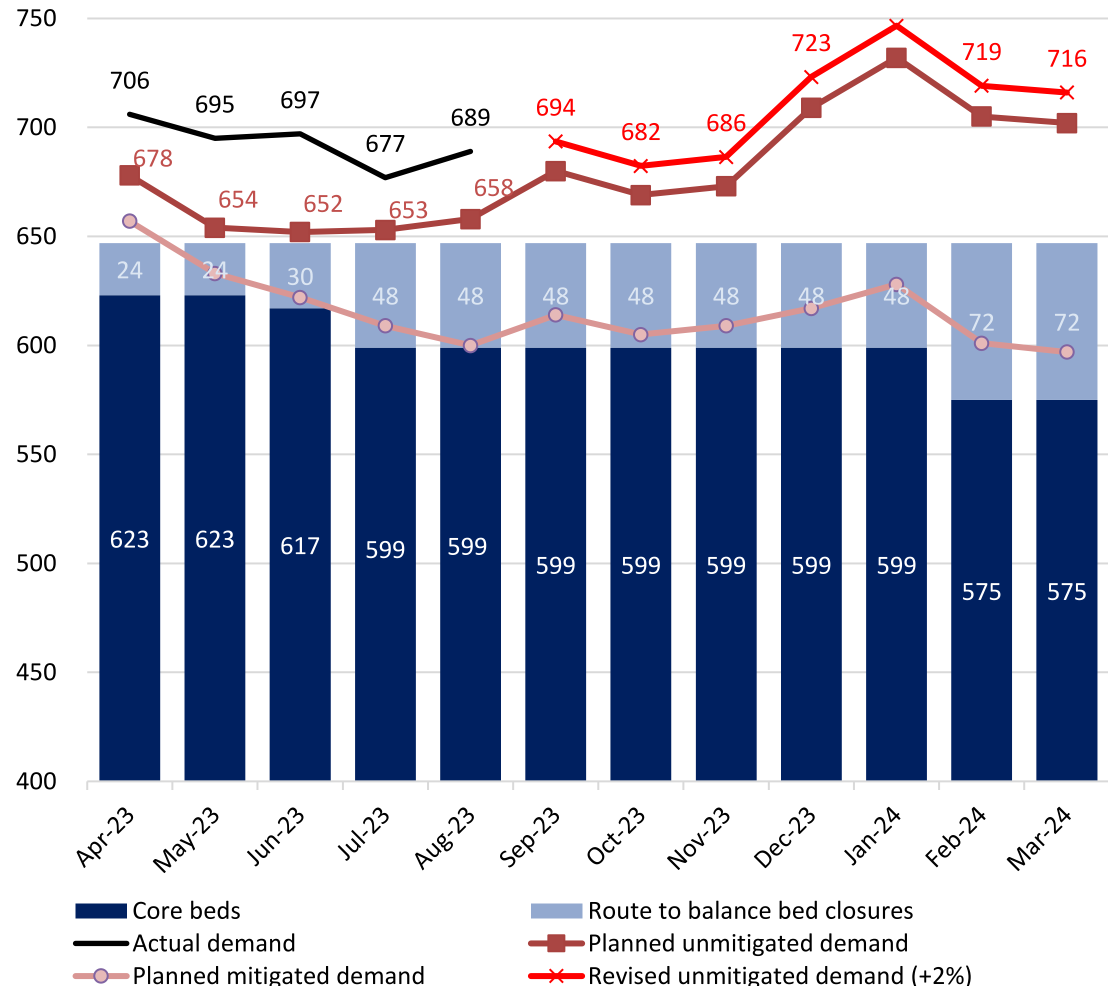
Adult Bed Model for 23/24

- Unmitigated modelled demand greater than capacity year-round
- Route to financial balance requires bed closures. MSFT reductions to reduce hospital demand are a key enabler to support bed closures
- Actual demand has not reduced (MSFT higher than 22/23); as such route to balance bed closures have not yet been possible. Bed occupancy has been above 92% (>96% at 75th %tile in 23/24 Q1)
- Review of demand to date means that we recommend adding 2% to unmitigated demand forecasts (**red** line).



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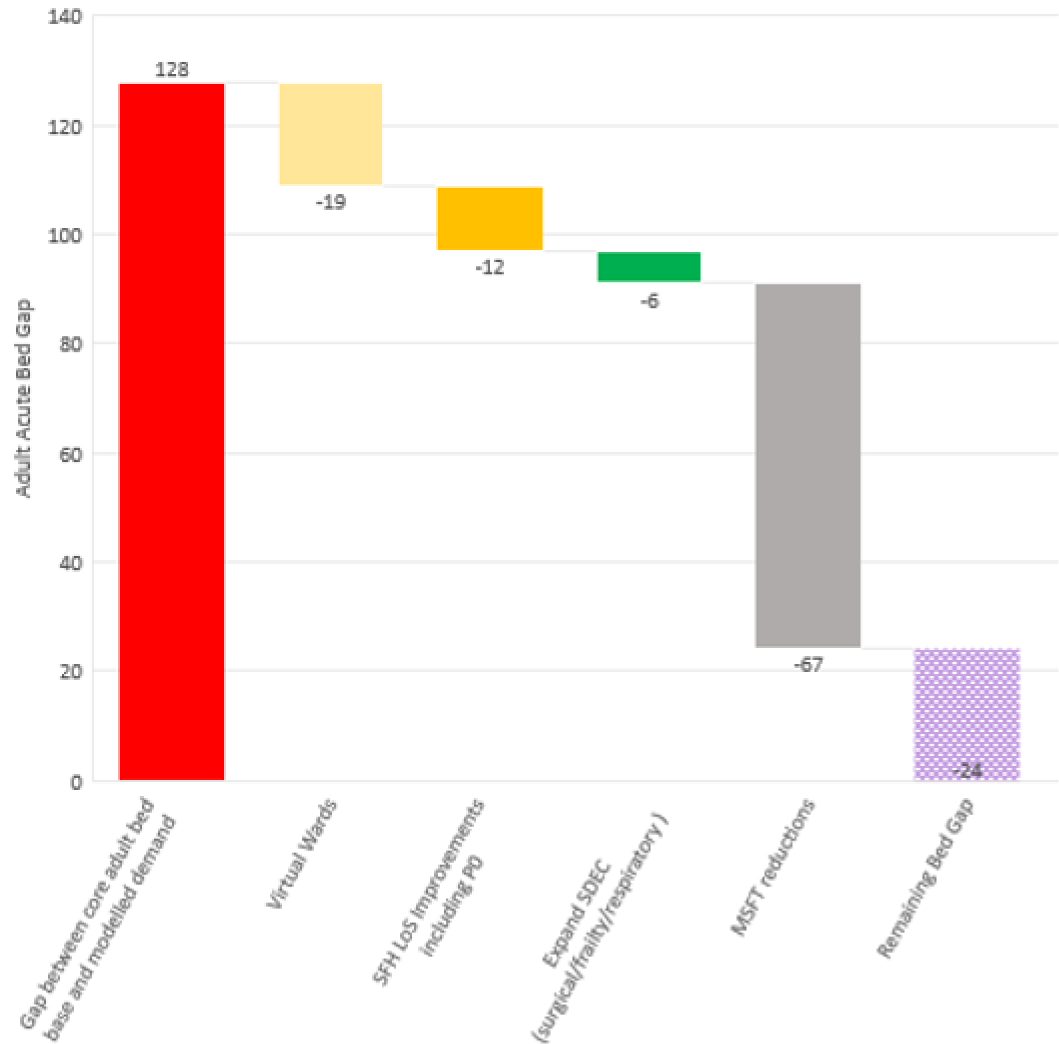
Adult Bed Model: Operational Plan Jan-24 Waterfall

- Significant reliance on MSFT reductions with inherent risk (year to date MSFT has gone up and not down relative to 22/23)
- Surgical SDEC mitigation is net neutral due to conversion of beds to recliners (reliant on ward reconfigurations)
- Virtual ward (VW) and LOS reduction items also carry risk (VW on track based on bed day savings due to IV therapy, frailty and respiratory)
- Expressed gap does include route to financial balance actions (two wards bed reduction in said month).



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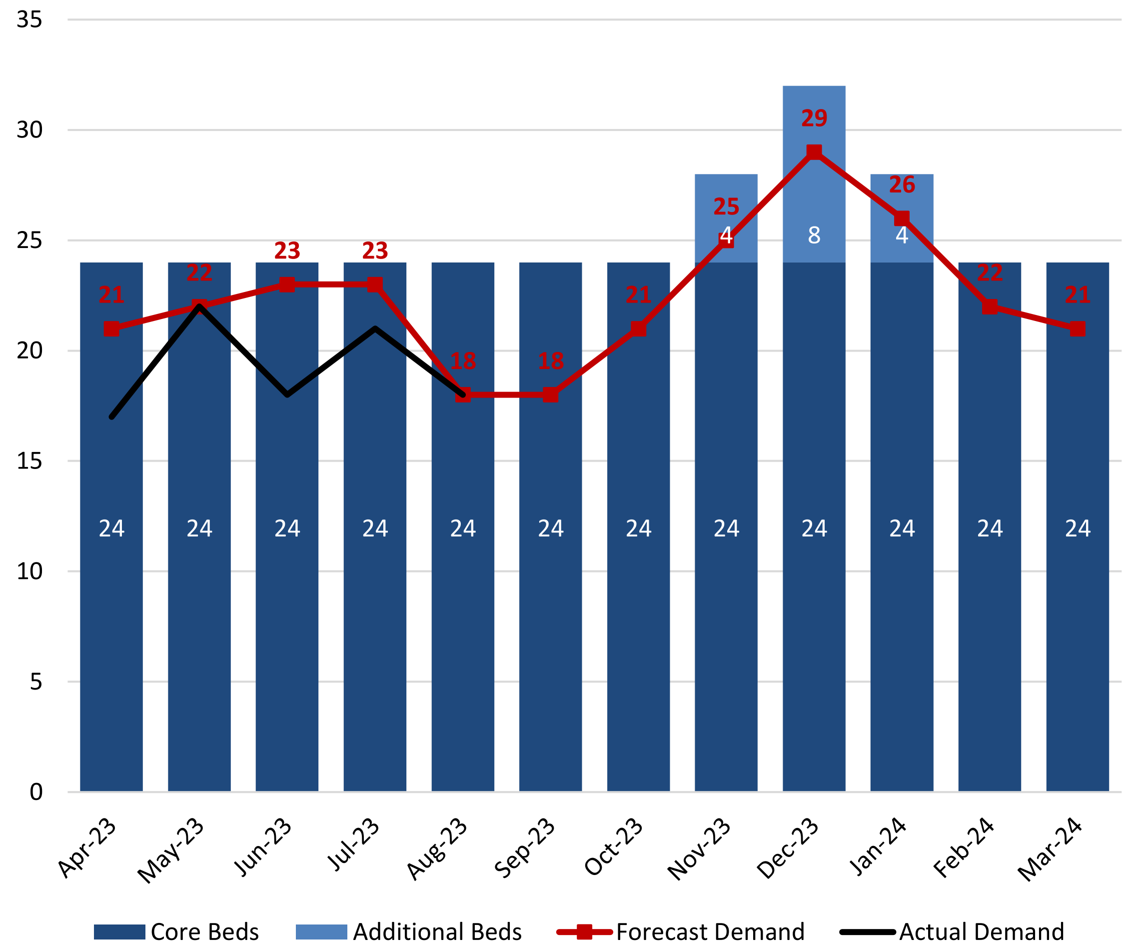
Paediatric bed model

- Paediatric outputs are from modelling following the same principles as the adult model
- Core overnight bed base is 24 beds which should be sufficient until Nov-23
- Between 4 and 8 beds of additional seasonal overnight beds planned between Nov-23 and Jan-24
- Increased opening hours of the Children's Assessment Unit (CAU) also part of plan (10:00 to 22:00, 7 days from Nov-23 to end of Jan-24).



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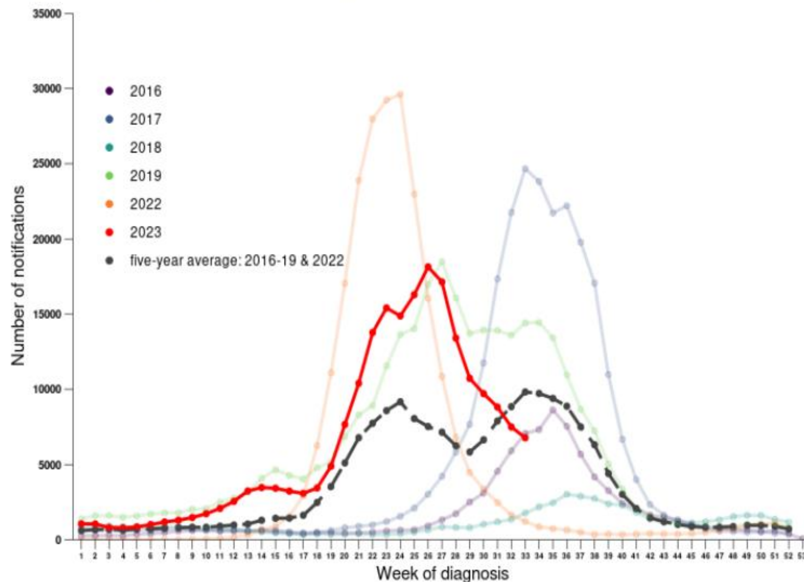
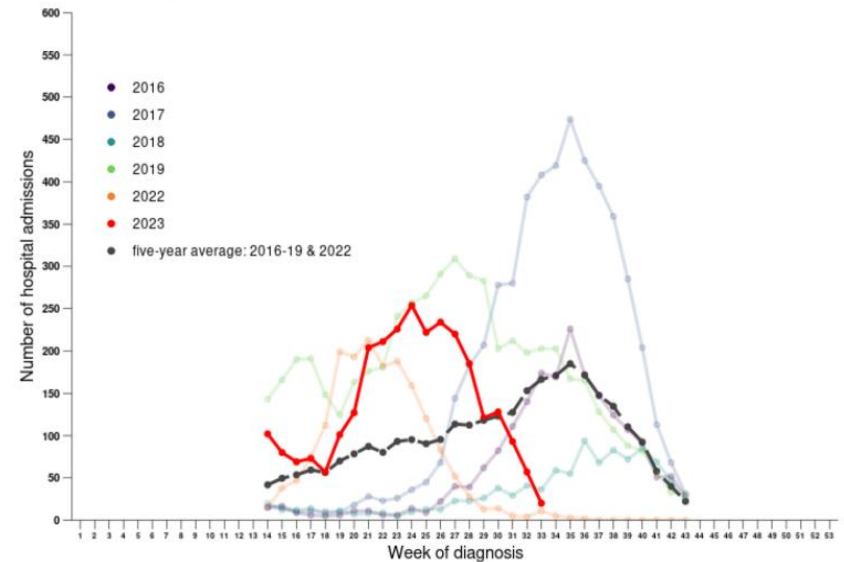
Bed model: Australia Influenza 2016 to 2023





- Recent intelligence from southern hemisphere suggests influenza hospitalisations will peak slightly higher and around a week later than last year. The duration of the peak wave could be around three-weeks longer than last year
- Based on these observations, and considering the configuration of the modelling, it is not felt necessary to adapt the existing bed model beyond the additional 2% in demand already added
- Prevalence of Covid-19 needs to be carefully monitored.

Vaccination plans

Influenza

- Led by Occupational Health, based on previous seasons
- 80% CQUIN target for 23/24 for front-line staff
- Strong and innovative Communication strategy which includes using Trust staff in publicity material
- Trained teams of peer vaccinators
- Drop-in 'grab a jab' pop-up flu clinics in high traffic staff areas
- Incentives include meal deal voucher (jabs before 31-Dec) and entry into monthly prize draw (jabs before Christmas). Ward/peer vaccinators can claim a £20 high street voucher when they have vaccinated 50 colleagues.

Covid-19

- Vaccines for frontline staff available now with more than 10,000 vaccination slots available
- Bookings can be made via the NHS booking website. The Kings Mill Hospital site will be opening for walk-in appointments in early October to compliment available booking slots
- Access to a flu vaccine alongside Covid vaccine
- SFH are supporting vaccinations across the county alongside GPs and Community pharmacies
- Plans are in place to offer pop-up staff vaccination events at Mansfield Community and Newark Hospital
- Longer-stay inpatients will be offered a vaccination during the campaign in-line with eligibility and clinical suitability.

Winter Plan Area

Anticipate & Assess	Prevent	Prepare	Respond & Recover

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Communications Plan - Aims and Approach

Aims

- To encourage support and understanding for the Trust's management of operational pressures among all audiences
- To ensure #TeamSFH colleagues' wellbeing is supported as operational pressures intensify
- To support and enhance operational efforts to drive efficiency, reduce and avoid demand
- To give our staff, service users and stakeholders confidence that SFH is prepared for winter
- To show we 'CARE'.

Approach

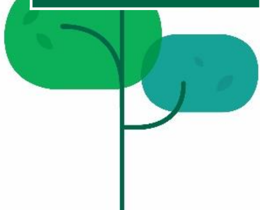
- Draw on existing national and system-produced materials wherever possible
- Mobilise our system- and place- partners to support our activity
- Be bold and proactive in how we communicate pressures
- Produce weekly 'pressures moments' to regularly 'show we CARE,' using our people to help tell our story
- Remember that 'targeted is best'
- Create 'evergreen' comms products that can be re-used in the future.

Winter Plan Area

Anticipate & Assess	Prevent	Prepare	Respond & Recover

Communications Plan - Channels

Audience	Staff communications				Public channels				In-hospital and patient communications			Stakeholder channels	
	Staff-facing social media	Staff bulletins	Staff brief	Face-to-face	Social media	Website	Media activity: Print/Radio/TV	SnapComms	Digital screens	Patient information leaflets	Letters to patients	GP newsletter	Stakeholder newsletter
Staff	✓	✓	✓	✓	✓	✓	✓	✓					
Stakeholders				✓	✓	✓	✓						✓
Service Users				✓	✓	✓	✓		✓	✓	✓		



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Approach to Identifying Mitigating Schemes

- **Reviewed winter reserve pre-commitments** – some spend in 23/24 Q1; no longer any 'pre-commitments' drawing on funds over the summer and remainder of 23/24. £2.07m of funding to be assigned to agreed mitigations
  Note: Year-round escalation beds and year-round surge actions assumed to be in run-rate and not a commitment against the winter reserve
- **Winter scheme log and scoring matrix** created and agreed
- **Long list of winter schemes** created. Over 60 schemes/ideas
- **Shortlisting** undertaken and agreed by the Winter Planning Group:
  - Shortlisted schemes (some reduced in scale) with a blend between bedded (£1,412k) and non-bedded (£424k) schemes. The bedded schemes include increases in support services e.g. pharmacy, portering, catering etc
  - Provision for proactive increase in medical staffing should elective activity need to reduce (£146k) and the use of daycase for Trauma patients 24/7 (£49k).
  - **Total cost of current proposal is £2.03m vs winter reserve of £2.07m** (all staffing costs based on agency)
  - Back-up schemes (£262k) are in place for underspend or instances where further funds become available due to external bids
  - Quality Impact Assessments (QIAs) completed on shortlisted schemes which resulted in some changes to the final list of proposed schemes.

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Winter Mitigations: Proposed Bed Schemes

Scheme	Beds	Timeframe	Cost
Discharge Lounge overnight and weekend use	16	Jan-24 to Mar-24	£247k
Purchase of mattresses for additional Discharge Lounge beds	-	-	£21k
Junior Doctor support for Discharge Lounge beds	-	-	£51k
Stroke beds	7	Nov-23 to Feb-24	£364k
Lindhurst beds	5	Dec-23 to Feb-24	£156k
Purchase of 12 additional beds (for Stroke and Lindhurst)	-	-	£35k
Daycase weekend use	16 (weekend)	Nov-23 to Mar-24	£86k
Overnight use of medical daycase	8	Dec-23	£72k
Ashmere	12	Nov-23 to Mar-24	£242k
Paediatric ward 25	4 (rising to 8 bed in Dec-23 for one month)	Nov-23 to Jan-24	£72k
Additional soft facilities management team for extra beds	-	Nov-24 to Mar-24	£38k
Additional pharmacy support for extra beds	-	Nov-23 to Mar-24	£28k
Peak Total Beds: 44 adult and paediatric beds (rising to 60 at weekends)			
		Total Spend	**£1,412k**

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Winter Mitigations: Proposed Flow Schemes

Scheme	Impact	Timeframe	Cost
CAU increased opening hours (10:00 to 22:00, 7 days from Nov-23 to end of Jan-24)	Paediatric patients will have better access to Urgent & Emergency care pathways at the right place and time	Nov-23 to Mar-24	£113k
Flu and Covid-19 symptomatic patient testing	Efficient management of Patient Flow and IPC requirements, and compliance with national testing guidance	Oct-23 to Mar-24	£102k
Frailty rapid access clinic (scaled to 5 Pa's)	Prevention of further deterioration and hospital acquired infections/falls, therefore improving patient experience and outcomes for frail patients, whilst supporting the personalised care agenda. In addition to this, acute beds would then be more effectively reserved for patients where admission is essential	Oct-23 to Mar-24	£100k
Weekend trauma operating lists (additional 10, 4-hour lists)	Improved patient flow and reduced waits for patients presenting at the weekend	As required	£38k
Pharmacy stores and dispensing	Support to improve ward requests, TTO response times, discharge process optimisation, and ultimately reduce discharge waiting times and Length of Stay (LOS)	Oct-23 to Mar-24	£30k
Doubling of Respiratory physicians at weekends	Improved decision making, enhanced patient flow and maximised clinical outcomes. This in turn optimises bed occupancy by reducing inappropriate LOS	Oct-23 to Mar-24	£26k
MRI inpatient reporting	Facilitate Patient Flow by enabling radiology to report on scans over the weekend, subsequently reducing reporting backlogs that may at times result in delays to discharge	Oct-23 to Mar-24	£15k
		Total	**£424k**

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Winter Mitigations: Indicative Workforce Implications

- The table to the right expresses a summary of the workforce needed, by staff group, to support the proposed winter schemes
- To support the growth we plan to engage with staff on bank and agency contracts
- We have the detail by scheme to support the engagement of staff. Where we note slippage, we will adapt our plans accordingly.

Staff Group	WTE
Admin	2
Unregistered Nurse	36.5
Registered Nurse	38.5
Medical Staff	12
Physiotherapy	1
Pharmacy	3
Total	**93**

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Winter Mitigations: Back Up Schemes

Scheme	Impact	Timeframe	Cost
Orthogeriatric Junior Doctors	Focussed senior decision making resulting in reduced Length of Stay (LOS) and readmission rates in facture patients aged 60+, in turn resulting in improved patient experience and outcomes	Oct-23 to Mar-24	£136k
Dedicated Medicine Bronze	Improved flow from EAU to base wards and outlying community beds seven days a week	Oct-23 to Mar-24	£55k
Specialist Pneumonia Intervention Nurse	Early diagnosis and treatment, resulting in a mortality rate reduction as well as LOS in hospital	Oct-23 to Mar-24	£32k
Front Door Speech and Language Therapy Service	Reduction in admissions as well as LOS at the hospital, therefore enhancing patient flow efficiency	Oct-23 to Mar-24	£32k
Enhanced Ward Phlebotomy Service	Enhanced phlebotomy rounds, via optimised processed to support completion of blood requests	Oct-23 to Mar-24	£7k
		Total	**£262k**

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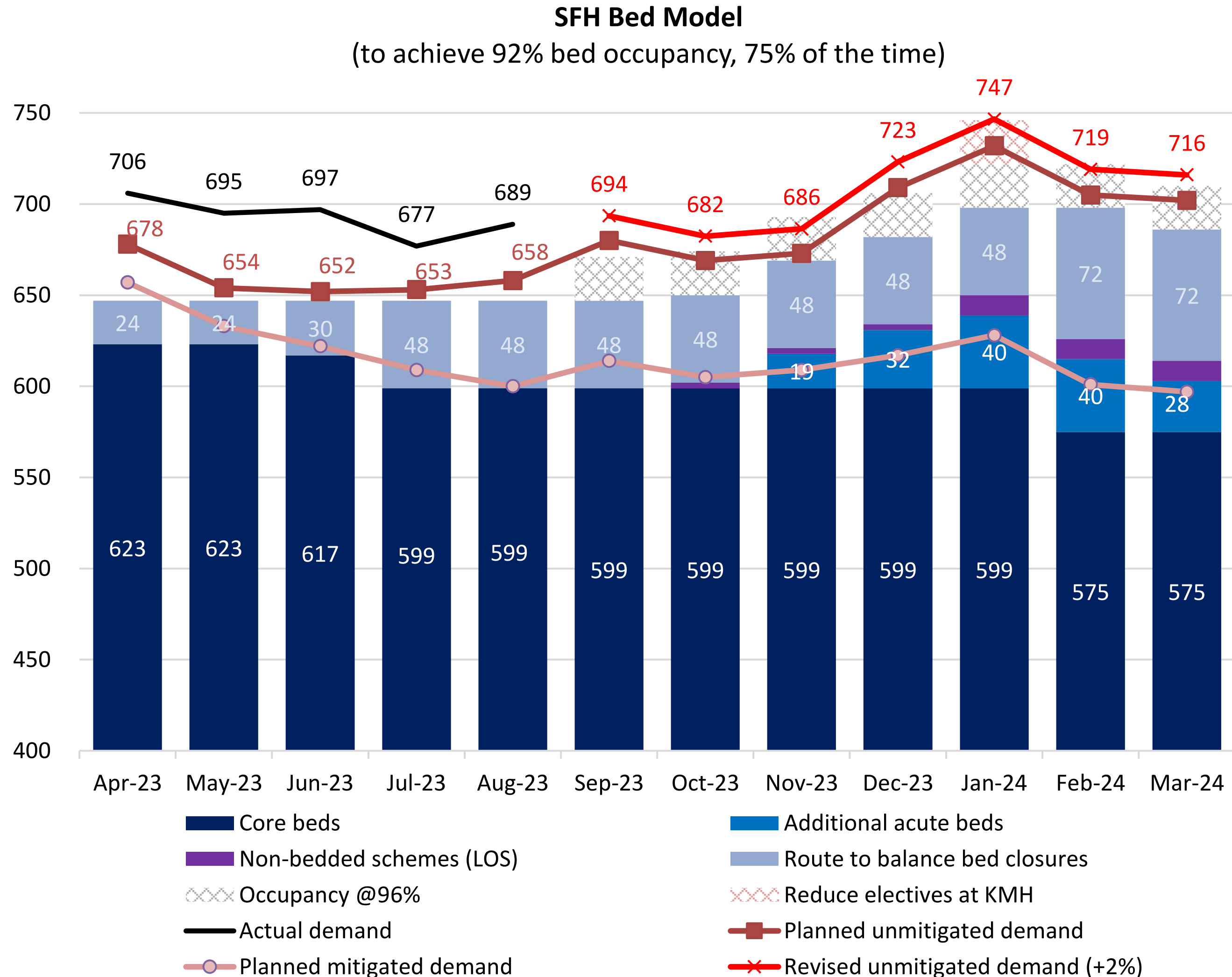
Adult Bed Model: With Bed Mitigations

- Shortlisted winter bed schemes shown as ‘additional acute beds’ over winter
- Estimate quantification of non-bedded schemes including the opening of the discharge lounge in Jan-24 shown in purple
- Graph illustrated to show impact of allowing bed occupancy to increase to 96% and a surgical ward transferring to medicine in Jan-24 as last resort measures to bridge remaining gap.



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Key Areas of System Focus

- Urgent Community Response service to support demand avoidance
- Care Coordination Hub (formerly the Single Point of Access)
- Community Virtual Wards
- Discharge Pathway 1 (P1) review together with increased capacity and focus on abandoned discharges
- Transfer of Care Hub: Process improvements e.g. P2 to P1 and capacity including hub six day working
- Focus on getting the discharge data right – one version of the truth
- PA Consulting supporting the system with diagnostic and improvement work across the urgent and emergency care pathway.

Elective Activity over Winter 23/24

- Our ambition is that any adverse impact/compromise on elective care/activity and associated patient experience, income and performance is minimised and assessed on a patient risk basis.
- It is recognised that in 22/23 the transfer of elective beds to Medicine in the peak of winter was unplanned and therefore difficult to operationalise effectively
- Whilst it is a last resort action, we have allocated winter reserve funds for the proactive increase in medical staffing between 22 Dec-23 and 28 Jan-24 should elective activity need to reduce. Should this medical resource not be required it will be stood down
- Whilst the detail of the operational plan is being created, the intention would be to reconfigure surgical beds to release up to 24 beds for medicine. This would mean utilising daycase up to the full 18 beds (with appropriate 24/7 staffing) to ensure sufficient capacity for Orthopaedic Trauma
- Any additional transfer of beds from surgery to medicine will result in reduced elective activity; the impact of such reductions on our income position are being explored
- There may be the possibility to retain some of the elective activity through transferring activity to Newark; this is being explored in greater detail to ensure an effective clinical model. There would be cost implications through having to staff Minster ward over weekends to increase elective activity at Newark that will be reviewed once the clinical model is confirmed.

Existing Interventions that Support Maintaining Quality of Care

- ED staffing business case supporting enhanced staffing levels for the remainder of 23/24
- Substantive staffing of 22/23 escalation beds to improve quality and safety whilst also reducing reliance and cost on agency staff
- Dedicated medical bronze to focus on patient flow
- Rolling deep clean programme in place (in absence of a decant ward).

Winter Plan Area

Anticipate & Assess	Prevent	Prepare	Respond & Recover

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Staff Wellbeing

1. Civility and Respect 'Together We Care' Focus
- Relaunch of CARE values in Oct-23
- Values: Communicating and Working together, Aspiring and Improving, Respectful and Caring, Efficient and Safe
- Colleagues pledge support via QR code and receive pin badges
- Awareness and training packages available

2. Getting our Wellbeing Basics Right
- Ensure access to basic wellbeing needs
- Nutrition, hydration, sleep, regular breaks, safe conditions
- Access to Toilets/Shower Facilities
- 91% areas and departments audit results
- Q3 program for improvements and communications

3. Creating Safe and Inclusive Wellbeing Spaces
- Identified "Wellbeing Spaces" within the Trust
- Existing spaces: KMH Library, Faith Centre, MCH Pilgrim Centre, Staff room, NWK Chapel, Coffee room
- New areas coming: Doctors Mess (Level 6), Relocated staff rest area (Level 6, KTC)
- Free tea and coffee available 24/7

4. Burnout and Stress
- Low resilience and morale per staff survey
- Supportive plan in Q3 & Q4
- Trust resilience training, Stress at work offer, Wellbeing conversations
- Schwartz round themes for Q3 & Q4
- Offer 60 REACT mental health training places

5. "Boost" - Vaccinations
- Promote annual Flu and Covid-19 vaccination campaign
- Ongoing communications support
- Wide-ranging wellbeing offers
- Team and individual support
- Compassionate support during pressured times

Benefits
- Compassionate Support During Pressured Times
- Personal & Workplace Challenges
- Enhancing Staff Morale
- Preventing Workforce Loss
- Maintaining High-Quality Patient Care.

Escalation Plans and Contingencies

- **Full Capacity Protocol (FPC) and Operational Pressures Escalation Levels (OPEL) 4 action cards** under review. FPC will incorporate triggers for any pauses in the rolling deep clean programme
- **SFH command centre** six times daily email status updates shared seven days a week
- **System control centre** in place; escalation status of system partners visible
- **OPEL framework** under review in line with recently announced national guidance
- **On call** structure in place 24/7 to provide senior oversight and support to 24/7 Duty Nurse Management team.

Concluding Remarks

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- This document summarises the key components to our 23/24 Winter plan and is the cumulation of work undertaken by Divisional and Corporate colleagues over the summer period
- Proposed winter mitigations have been presented at a cost of £2.03m verses winter reserve of £2.07m. Back-up schemes are in place for underspend or instances where further funds become available due to external bids. The proposed schemes and exceptional actions (bed occupancy of 96% and reducing electives) broadly mitigate the forecast bed gaps.
- System MSFT improvements are required to create a more manageable winter and specifically to deliver against ‘route to balance’ bed closures. MSFT is the initial focus of PA Consulting system Urgent and Emergency Care support
- An update to Council of Governors will take place in Nov-23
- Specific Christmas and New Year plans will be developed in Nov-23
- Trust Board is requested to approve the Winter plan noting that further work will continue to operationalise and monitor the plan.