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Winter Plan 2024/25

This document describes the SFH winter plan for 2024/25.

Trust Board | 03.10.2024

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Key Principles for Winter Planning

- Health and care partners across the Integrated Care System (ICS) will work together to offer appropriates services to our population in the right place at the right time
- Appropriate services are available for patients requiring care in the acute setting
- 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
- Any adverse impact on elective activity and associated patient experience, income and performance is minimised. Cancer and clinically urgent activity is preserved
- An agile approach is adopted with plans in place to respond to a potentially rapidly changing environment due to infectious disease outbreaks e.g. Influenza, Covid-19, Strep A, Norovirus, CRE etc.

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Approach to Winter Planning

SFH winter plan based on the Integrated Emergency Management approach:

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.

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Key Winter Pressure Drivers

Traditionally, key drivers for our winter pressures relate to:

- Higher acuity
- High prevalence of influenza
- Increase in attendance/admissions in Respiratory (inc. RSV) and Healthcare of the Elderly
- Increase instances of infection (norovirus, D&V, CRE etc)
- Increase in number of beds occupied for patients that have been medically safe for transfer (MSFT) for greater than 24 hours awaiting discharge

In the ‘living with Covid-19’ era there is a degree of uncertainty around what the epidemiology of winter may be like in 2024/25. We will learn fro m the Southern Hemisphere.

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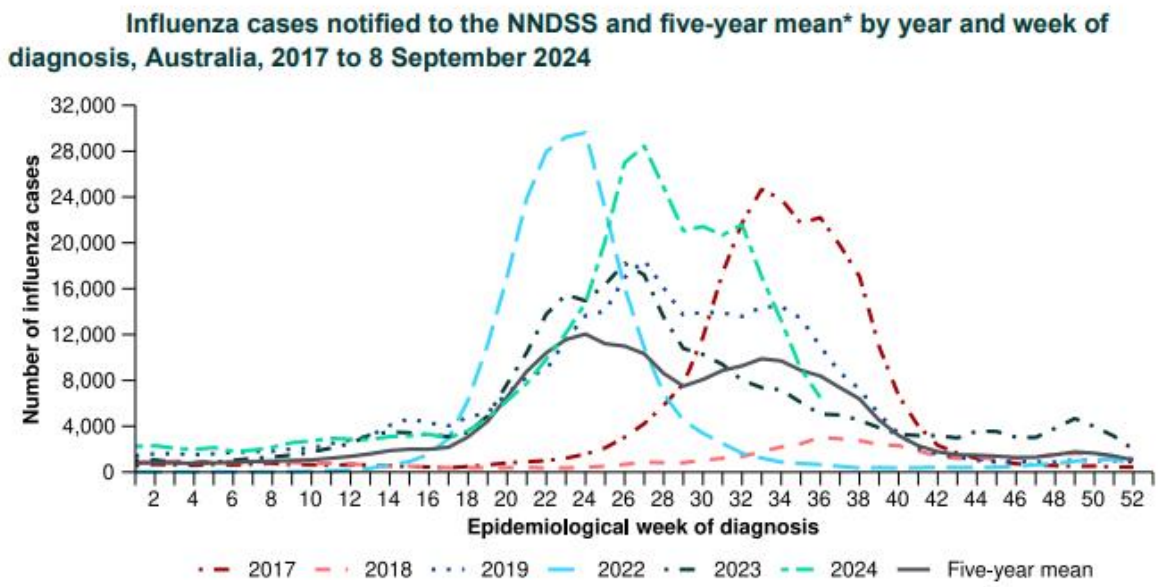
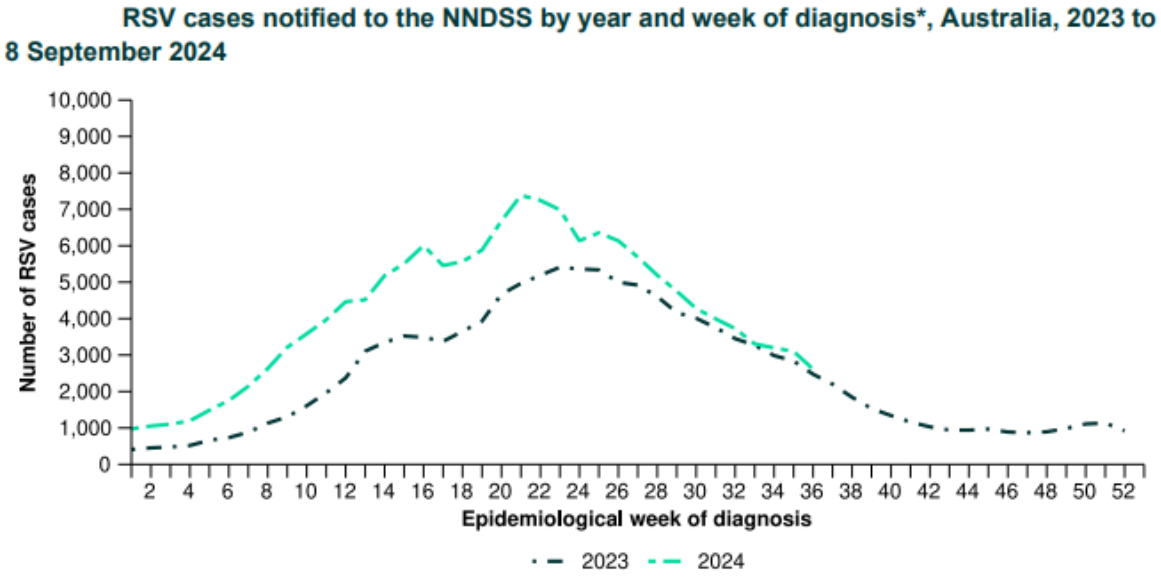
Australia Influenza Season





- In Australia they have seen:
  - A bigger influenza wave than last year akin to 2022 (skewed later in the season). Influenza cases have remained at an elevated level for longer than 2022.
  - A bigger RSV peak than last year (and earlier in the season)
  - A range of viral infections including Whooping Cough, Covid and Influenza impacting on hospital and intensive care occupancy
- Current modelling has a small uplift in Dec-24 and Jan-25 due to the mild influenza season in 2023/24.

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Lessons Learned from 2023/24 (1/2)

Headline performance observations from winter in 2023/24 are:

- Ambulance 15-minute performance improved significantly from Nov-23 following the implementation of STREAM process changes
- Emergency Department (ED) attendances were at very high levels in Jan to Mar-24 (step change), comparable to levels seen during STREP A surge in Dec-22
- With the increased attendances, maximum occupancy in ED at King's Mill Hospital (KMH) reached unprecedented levels
- 4-hour performance has seen a step-change deterioration each winter; this occurred in 2023/24 with improvement in Mar-24 because of 'sprint' actions
- 12-hour Length of Stay (LOS) performance exhibits strong seasonality and deteriorated during winter
- Median total time in ED increased in winter, particularly for non-admitted patients
- Non-elective (NEL) activity rises during winter and rose above plan in 2023/24; however, there was less volatility in monthly levels compared to the previous year
- NEWS2 scores indicate seasonal rise in acuity. Winter 2023/24 had a lower peak but longer period of elevation than previous winters
- Bed occupancy has remained well above 92% (circa 95%) throughout the last few years, averaging close to 96% on weekdays
- MSFT was higher in Q1-Q2 than in Q3-Q4 in 2023/24; contrary to usual trends, with greater discharge focus since Sep-23
- Elective and daycase activity increased through winter, with lower levels of Industrial Action contributing to this rise. Activity levels increased in Nov-23 following the opening of the Newark theatre as part of the Targeted Investment Fund (we also had no Industrial Action in Nov-23).

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Lessons Learned from 2023/24 (2/2)

What worked well

- **Bedded schemes opened as planned** with wrap around services. In some instances, we had to mobilise the schemes early due to demand pressures
- Flexible **use of medical and surgical day case overnight and during weekends** supported overall patient flow
- **Surge and escalation plans** (including full capacity protocol [FCP]) when enacted **supported de-escalation**. Further work in 2024/25 to ensure soft facilities management team have equipment needed in all areas open during surge e.g. hostess, overbed tables and dishwashing facilities
- Some **smaller schemes** such as weekend MRI inpatient reporting **were successful**
- Extending **weekend trauma operating lists** supported our response to increased trauma demand **preventing patients waiting in beds for surgery**
- **Orthogeriatric scheme** (reserve scheme) was supported at the end of winter period utilising slippage in other schemes with **very positive clinical feedback**
- **Clinician feedback very positive regarding surgical** (day case use and trauma lists), **medical** (frailty rapid access and Orthogeriatric junior doctors) **and paediatric schemes** (CAU increased hours and increase paediatric bed base) with strong desire to repeat approach in 2024/25

Areas for improvement

- Capital works for **new discharge lounge** meant that this new area was **not available over the winter period**. The new discharge lounge is now open with 24/7 staffing model being trialled
- **Additional Ashmere rehab beds became challenging to fill** adhering to the admission criteria. We curtailed scheme early and reinvested funds to maintain Mansfield Community Hospital (MCH) bedded capacity. The opening of additional **Lindhurst beds** mitigated this
- Some of our people chose to work **additional hours** over and above contract, including clinical bank shifts and overtime. Look to agree 2024/25 schemes early to support recruitment to support wellbeing of existing staff
- **A&E attendance surge** (12% growth) was beyond levels forecasted and was challenging to respond to. System work undertaken by the System Analytical Intelligence Unit to understand the drivers for elevated urgent care demand
- We were required to **curtail elective orthopaedic operating for 5-6 weeks** to release capacity for NEL demand. Preference is to maintain year-round elective operating
- **Consistency in surge and escalation actions across the ICS** e.g. protecting elective operating.

Bed Model: 2024/25 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. Consider 96% bed occupancy scenario as mitigation
- **Capacity:** Operational view of core capacity based on beds that were consistently open in 2023/24. Beds that flex up and down in line with demand considered as escalation beds and not part of core bed stock. Note: as in 2023/24 there is no provision for a decant ward due to no physical space being available; deep cleaning will be facilitated through a rolling bay by bay programme.
- **Demand Assumptions:** 2023/24 outturn adjusted as follows for the adult bed model:
  - 3% growth in elective and non-elective activity on 2023/24 actuals; currently tracking circa 7% growth year to date for non-elective activity
  - Winter orthopaedic demand maintained during December and January
  - Medically Safe for Transfer (MSFT) during April to August 2024 adjusted down to reflect reductions in MSFT since September 2023
  - December and January demand increased to reflect 2023/24 mild influenza season
  - A&E bed waiters capped at 30-minutes from decision to admit. Balance of A&E bed wait added to Urgent and Emergency Care demand
  - Where day case length of stay exceeds 16 hours, demand included in inpatient bed model.

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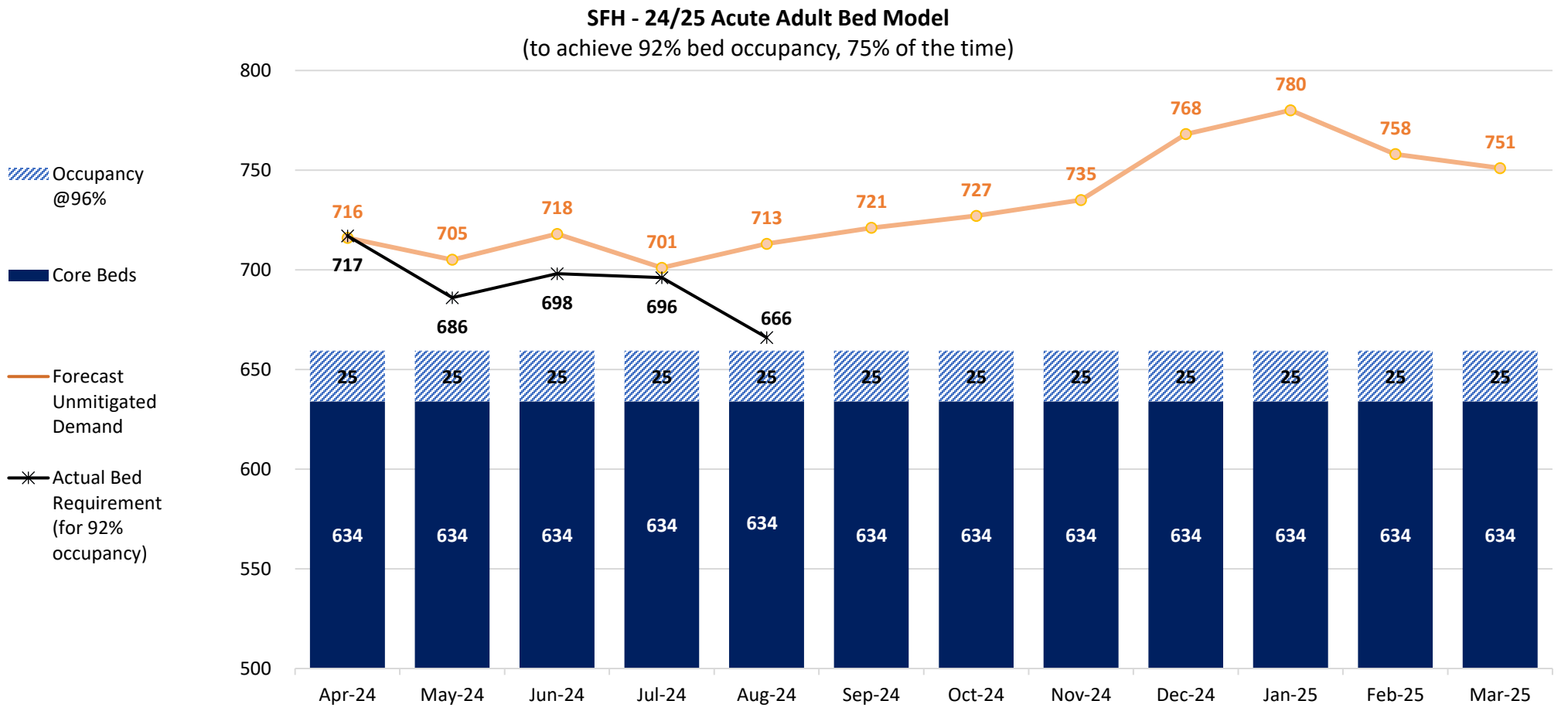
Adult Bed Model: 2024/25 Pre-Mitigated Chart

Significant bed gaps exist to meet forecast unmitigated demand at both 92% and 96% bed occupancy based on the use of our 'core' bed base without any mitigations.



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Bed Gaps @92% occupancy	-82	-71	-84	-67	-79	-87	-93	-101	-134	-146	-124	-117
Bed Gaps @ 96% occupancy	-57	-46	-59	-42	-54	-62	-68	-76	-109	-121	-99	-92

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Bed Model: Paediatric and Critical Care

Occupied beds in paediatrics, NICU and CCU is projected on the basis that **2024/25 is a repeat of 2023/24**

2024/25 year to date actuals broadly in line with forecast with no significant capacity concerns to escalate.

		2024									2025		
Month		Apr	August	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Paeds (Ward 25)	Forecast (23/24 repeat)	17	22	18	21	18	21	24	26	26	26	26	26
	24/25 Actual	23	22	21	22	17							
	Difference	+6	0	+3	+1	-1							
NICU	Forecast (23/24 repeat)	13	13	13	13	12	15	16	14	14	15	14	15
	24/25 Actual	11	13	13	13	12							
	Difference	-2	0	0	0	0							
Critical Care Unit	Forecast (23/24 repeat)	11	10	11	12	12	10	11	9	12	12	10	10
	24/25 Actual	14	13	14	12	13							
	Difference	+3	+3	+3	0	+1							

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Bed Model: Day case

- This table shows the capacity requirements in each of the three day case wards. It is based on the 75th percentile of demand at midday
- Only patients with a length of stay of 0-16 hours are included within the analysis
- There are no specific capacity concerns to escalate.

		2024									2025		
Month		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Day Case Unit	Forecast (23/24 repeat)	23	28	26	28	27	25	26	27	25	25	23	24
	24/25 Actual	25	26	22	26	23							
	Difference	+2	-2	-4	-2	-4							
Medical Day Case Unit	Forecast (23/24 repeat)	4	5	3	4	5	4	4	8	5	4	4	5
	24/25 Actual	2	3	3	4	3							
	Difference	-2	-2	0	0	-2							
Minster	Forecast (23/24 repeat)	10	10	14	11	12	13	11	12	11	15	13	12
	24/25 Actual	10	9	8	10	8							
	Difference	0	-1	-6	-1	-4							

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Winter Risks

IF

- Physical space is insufficient to meet demand
- Unable to provide sufficient medical, nursing or support services staff to meet demand
- Unable to maintain a resilient workforce
- Insufficient equipment to meet demand
- Insufficient system capacity to maintain system flow and the timely transfer of medically safe patients (including impact of any decommissioning discussions)
- Experience an influenza pandemic or significant norovirus or CRE outbreak (or any other infectious disease)
- Experience any significant issues with the fabric of our buildings or other infrastructure e.g. ICT

THEN

May not deliver resilient services over winter

RESULTING IN

- Adverse impact on patient safety
- Inability to deliver appropriate services to our patients (particularly on elective pathways)
- Adversely impact on our reputation causing undesirable media coverage and a loss in confidence from the population we serve
- Reduced staff morale, resilience and retention
- Lack of compliance with national performance standards or local planning commitments causing undesirable regulatory action

Existing dashboards, systems and process exist to identify when the risk items are triggering a live issue.

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Prevent and Manage Infection

- SFH has in place a series of guidance and policies that are followed throughout the year to avoid, manage and contain infections including any cases of Diarrhoea and Vomiting (D&V), Influenza and Norovirus

Influenza vaccination plan

- Led by Occupational Health, based on previous seasons
- No CQUIN target for 2024/25. Internal target set at 75% based on average uptake over the last 5 years
- Strong and innovative Communication strategy which will be responsive to the progress with uptake
- Trained teams of peer vaccinators
- Drop-in 'grab a jab' pop-up flu clinics in high traffic staff areas
- Incentives include hot drink 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 vaccination plan

- NHS England have included NHS frontline staff in the 2024 eligible cohorts
- Bookings can be made via the NHS booking website from 23-Sep
- SFH staff can access Covid-19 vaccination via their GP or participating pharmacies
- We are exploring hosting the system mobile vaccination unit at King's Mill Hospital and Newark Hospital. The mobile vaccination unit can deliver Influenza, Covid-19 and MMR vaccines

RSV vaccination plan

- As set out in the UK Health Security Agency (UKHSA) and NHS England bipartite letter, RSV vaccinations programmes will be implemented from Sep-24. The older adults programme has been commissioned via Community Pharmacies. SFH are delivering the vaccine for pregnant women at 28-weeks gestation and above (at King's Mill and Newark hospitals).

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Communications

SFH will work with system partners to deploy consistent messaging over winter

The focus will be on Influenza and Covid-19 vaccination campaigns and supporting people to get the help they need at the right time, in the right place. Educating the public about which services are most appropriate for their needs will empower the public to keep well this winter, and support a reduction in pressure on services

SFH communications will:

- Draw on national and system-produced material wherever possible
- Mobilise our system and place partners to support our activity
- Be bold and proactive in how we communicate pressures – encourage and support understanding of operational pressures among all audiences
- Support Team SFH colleagues' wellbeing and show we CARE (our values).

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Approach to Identifying Mitigating Schemes

- Winter reserve for 2024/25 is £2,364,200. Apr-24 spend of £87,400. Balance for winter 2024/25 is £2,276,800
- Winter scheme log and scoring matrix created and agreed
- Long list of winter schemes created. 51 schemes/ideas submitted which were a blend between bedded and non-bedded schemes
- The Winter Planning Group (with outputs reviewed by the Divisional Leadership Team meeting):
  - Reviewed list based on scheme score (against the winter planning principles)
  - Shortlisted 22 schemes. The cost of some schemes was risk adjusted to reflect confidence in spend (as schemes all costed based on full shift fill at agency cost). Where possible the risk adjustment was based on 2023/24 actual spend profile. The risk adjusted cost of the 22 schemes is £2.273m (unadjusted £2.797m). Using the risk adjusted cost there is presently a small surplus of £3.5k against the winter reserve balance
  - Archived 15 schemes either at the request of the submitting division or because the schemes could be explored as ERF initiatives
- A further 14 schemes remain in reserve, and we will select from these schemes should there be slippage or external funding secured
- Quality Impact Assessments (QIAs) are being completed on shortlisted schemes.

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Elective Activity over Winter 2024/25 (1/2)

- 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 2023/24 it was necessary to reconfigure the surgical bed base and transfer elective orthopaedic beds to Medicine in the peak of winter (from Christmas to end of January). This was enacted in a planned manner with all appropriate elective orthopaedic activity transferring to Newark. Unsuitable or time-critical patients remained at King's Mill Hospital (KMH) and were managed through isolation or nursing-barriers on the Surgical Day Case Unit, or in side-rooms or cubicles on Ward 12
- Whilst it is a last resort action, we have allocated winter reserve funds to enable similar reconfiguration to take place in the peak of winter 2024/25 so that additional beds can be released to care for medical patients for a short period of time. To do this we will proactively:
  - Increase medical staffing between Christmas and the end of January. Should this resource not be required it will be stood down
  - Increase nursing staff to enable the overnight and weekend opening of surgical day case to the full 18 beds to ensure sufficient capacity for Orthopaedic Trauma
- The detail of the operational plan is being created based on lessons learned from 2023/24 (and to reflect increased activity levels at Newark in 2024/25).

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Elective Activity over Winter 2024/25 (2/2)

Risks

- Orthopaedics 52-week wait backlog is currently off trajectory, and any curtailments will be a further risk to compliance
- Increases year-to-date in Newark estate usage means that the uplift in Newark orthopaedic activity seen last January will be very challenging and unlikely to be facilitated this winter

Financial Implications

- Reduced elective operating will result in lower Elective Recovery Fund (ERF) income generation through the affected period. It is hard to quantify what this might be as the equivalent period last year saw suppressed activity due to Industrial Action
- Changes to the patient case mix is expected (due to less inpatient and greater day case operating); this will further adversely affect ERF income generation.

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Winter Mitigations: Shortlisted Bed Schemes (1/2)

- Limited options as entire bed base frequently mobilised as part of Full Capacity Protocol (FCP)
- Proposal for continuous and planned use of escalation beds over winter (full 6-month period):
  - Stroke – 6 beds
  - Lindhurst – 5 beds
- Proposal does not include planned opening of EAU beyond 46 beds (40 core beds plus 6 escalation beds recently substantivised).

  A further 6 beds on EAU (taking ward to 52 beds) could be mobilised as part of our Full Capacity Protocol (FCP) following the completion of flooring works
- Proposal includes overnight and weekend use of medical and surgical day case units:
  - Acute Frailty Unit is planned to be located on medical day case over winter
  - Surgical day case unit will provide additional capacity (up to 18 overnight beds) of surgical emergency patients due to increased prevalence of medical outliers over winter.

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Winter Mitigations: Shortlisted Bed Schemes (2/2)

Scheme	Beds	Timeframe	Risk Adjusted Cost
Stroke escalation beds	6	Oct-24 to Mar-25	£307k
Lindhurst escalation beds	5	Oct-24 to Mar-25	£213k
Surgical day case overnight use (impact risk adjusted due to overnight element)	8	Oct-24 to Mar-25	£208k
Medical day case overnight and weekend use (impact risk adjusted as above)	5	Nov-24 to Mar-25	£210k
Additional soft facilities management for extra beds	-	Oct-24 to Mar-25	£50k
Peak Total Beds: 24 adult beds			
		Total Spend (on bed schemes)	**£988k**

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Winter Mitigations: Shortlisted Flow Schemes (1/2)

Scheme	Impact (on beds)	Timeframe	Risk Adjusted Cost
Reduce demand on our services			
Complex endoscopy pathway improvements	1	Oct-24 to Mar-25	£10k
Cardiology afternoon PCI (to allow morning PPM insertion)	1	Oct-24 to Mar-25	£67k
Bridging of care packages for complex QDS (during Christmas and early New Year period only)	2.6	End of Dec-24 to early Jan-25	£12k
Improve our processes/ways of working			
Orthogeriatric Resident Doctors	1	Oct-24 to Mar-25	£52k
Frailty SDEC	9	Oct-24 to Mar-25	£195k
Strategic enhancements in staffing			
Discharge Coordinator on SSU	1	Nov-24 to Mar-25	£28k
Additional portering	2	Oct-24 to Mar-25	£27k
Peak Impact on beds: 17.6			
		Sub Total Spend	**£391k**

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Winter Mitigations: Shortlisted Flow Schemes (2/2)

Scheme	Impact (on beds)	Timeframe	Risk Adjusted Cost
Increase our capacity			
Additional weekend Consultant on SSU	0.5	Oct-24 to Mar-25	£64k
Doubling respiratory Physicians at weekends	N/A In place last year	Dec-24 to Feb-25	£23k
Expansion of surgical SDEC	3	Oct-24 to Mar-25	£320k
Weekend Trauma Theatre Operating Lists	1.5	Nov-24 to Feb-25	£102k
Children Assessment Unit (CAU) operational hours	N/A In place last year	Nov-24 to Mar-25	£220k
Medical staffing increase to cover medical patients in surgical bed base (by reconfiguring elective orthopaedics)	11	Christmas to end of Jan-25	£166k
Peak Impact on beds: 16			
		Sub Total Spend	**£895k**
		Total Spend (on flow schemes)	**£1,286k**

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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 primarily 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
Administrative	2.7
Unregistered Nurse	16.7
Registered Nurse	19.8
Medical Staff	17.8
Physiotherapy	4
Total	**61**

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Winter Mitigations: Reserve schemes

Strategic enhancements in staffing

- Sunday Medical Matron
- Healthcare Assistant for Ward 31 (to support increased ward acuity)
- Speech and Language Therapy front door and outreach service
- Radiology – CT Imaging Assistants – nightshift and ED flow; CT ED reporting; MRI reporting at weekends and bank holidays
- Pharmacy – Discharge Pharmacist; increased dispensary assistants; extended cover on EAU

Reduce demand on our services

- Specialist nurses front door facing to avoid admissions (e.g. asthma) - *Our nursing team is presently exploring the use of existing specialist nurses over the winter period which may mitigate this scheme*
- Speciality Clinician in reach for Gastroenterology in ED to mitigate demand
- Extend Virtual wards.

Total cost of reserve schemes	£894k

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Adult Bed Model: 2024/25 Capacity Mitigations

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Capacity Mitigations	**6**	**6**	**6**	**6**	**6**	**6**	**25**	**30**	**30**	**30**	**30**	**30**
Seasonal use of escalation beds	6	6	6	6	6	6	17	17	17	17	17	17
- Ward 53/54 Stroke							6	6	6	6	6	6
- Lindhurst MCH							5	5	5	5	5	5
- EAU (to 46 beds)	6	6	6	6	6	6	6	6	6	6	6	6
Overnight/weekend use of day case							8	13	13	13	13	13

- Bed model assumes season use of EAU over winter to 46. Use of EAU to maximum capacity of 52 would be considered under the Full Capacity Protocol (FCP).

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Adult Bed Model: 2024/25 Demand Mitigations

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Demand Mitigations	**7**	**12**	**18**	**21**	**21**	**21**	**22**	**27**	**30**	**50**	**36**	**35**
Opening discharge Lounge	1	6	12	12	12	12	12	12	12	12	12	12
Surgical SDEC	4	4	4	4	4	4	5	6	7	7	7	7
Frailty SDEC (excluding impact captured in medical day case)							3	5	7	9	9	9
Orthogeriatic Resident Doctors							1	1	1	1	1	1
Additional weekend Consultant on SSU							0.5	0.5	0.5	0.5	0.5	0.5
Additional weekend trauma lists								1.5	1.5	1.5	1.5	
Discharge Co-ordinator on SSU								1	1	1	1	1
Additional portering							2	2	2	2	2	2
Complex Endoscopy							1	1	1	1	1	1
Cardiology afternoon PCI							1	1	1	1	1	1
Bridging care packages for complex QDS										2.6		
Reconfiguring elective orthopaedics										11		
Ashmere bed reduction (additional pressure)							-12	-12	-12	-12	-12	-12
Length of stay improvements and NC developments	2	2	2	4	4	4	6	6	6	8	8	8
System mitigations: (1) P1 D2A referrals and (2) P2 LOS				1	1	1	2	2	2	4	4	4

Note: The last two rows in the above table are mitigations as per the 2024/25 ICS service delivery plans.

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Winter Plan Area

Anticipate & Assess | Prevent | Prepare | Respond & Recover

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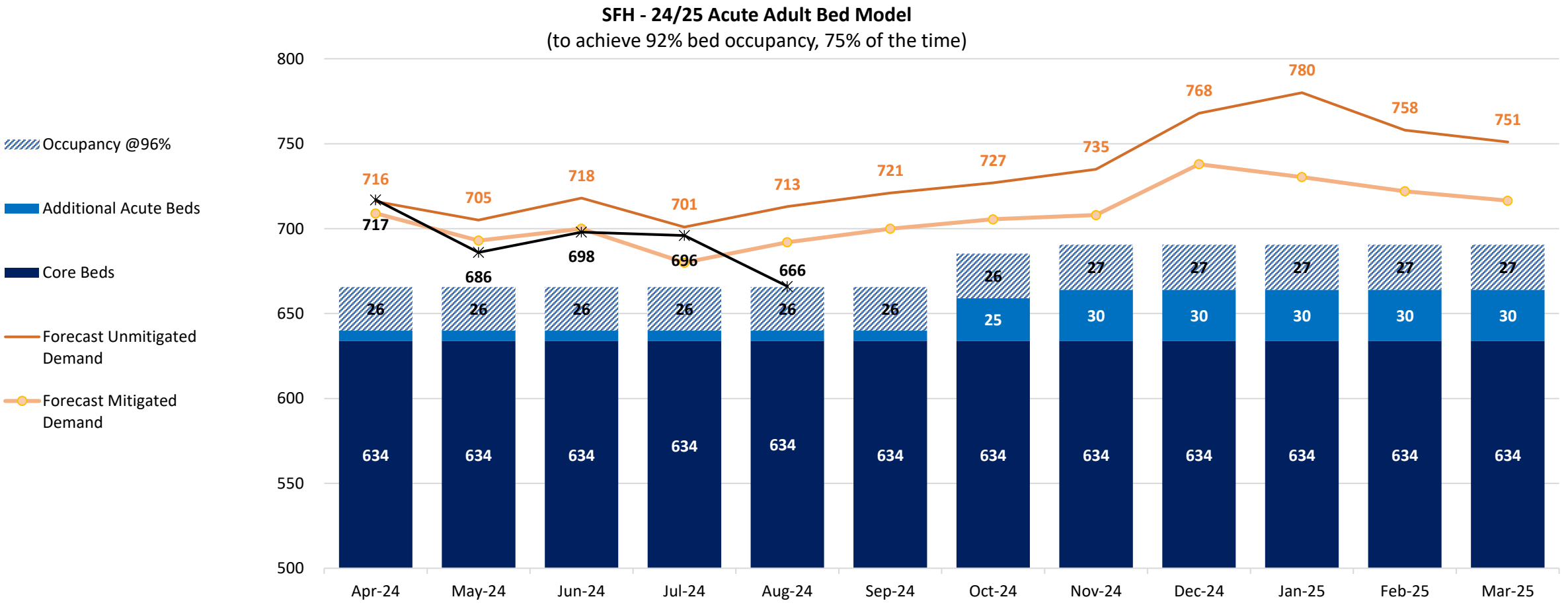
Adult Bed Model: 2024/25 Chart with Mitigations



	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
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

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Winter Plan Area			
Anticipate & Assess	Prevent	Prepare	Respond & Recover

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Key Areas of System Focus

- Nottingham and Nottinghamshire Integrated Care System are overseeing the system winter plan
- Initial drafts of provider ‘plans on a page’ have been shared with review sessions in August and September
- 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.

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Winter Plan Area			
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NHS Sherwood Forest Hospitals NHS Foundation Trust

Existing Interventions that Support Maintaining Quality of Care

- Enhanced Emergency Department staffing to support increased attendance demand including paediatric Registered Nurses 24/7
- Extended Newark opening hours from Oct-24
- Phase one launch of surgical SDEC in Apr-24
- Enhanced staffing in our Hospital Out Of Hours team
- Re-introduction of Discharge Coordinators across many of our base wards in 2024/25 quarter one
- Our new discharge lounge opened in Apr-24 with current 24/7 offer (since May-24) supporting ward transfers and transport waits from our Emergency Department

Please note that several of the above initiatives are not yet substantively funded.

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Winter Plan Area			
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NHS Sherwood Forest Hospitals NHS Foundation Trust

Staff Wellbeing

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

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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.

Concluding Remarks

- This document summarises the key components to our 2024/25 winter plan and is the cumulation of work undertaken by Divisional and Corporate colleagues over the summer period
- Winter mitigations have been presented that fit within the winter reserve. This should be regarded as our ‘best offer’. Back-up schemes are in place for any underspend or should further funds become available e.g. from external bids. Our plans may continue to evolve over the coming weeks/months
- The proposed schemes together with exceptional actions (bed occupancy of 96%) leave us with a peak bed gap of 47 beds in Dec-24 (from an unmitigated peak of 121 in Jan-25). 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 Full Capacity Protocol actions
- Specific Christmas and New Year plans will be developed in Nov-24
- Trust Board is requested to approve the 2024/25 Winter Plan. Further work will continue to operationalise and monitor the plan. Following Trust Board approval in Oct-24, an update to the Council of Governors will take place in Nov-24.