NHS
Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 10 November 2021

TB2021.89

Title:	**Winter Preparedness Plan**

Status:	**For Discussion**
History:	**Annual update to Trust Board**

Board Leads:	**Sara Randall, Chief Operating Officer**
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Confidential:	**No**
Key Purpose:	Strategy, Assurance, Performance.

Executive Summary- Winter Plan

1. Ensure the best possible care, safety, and experience for all of our patients and service users. We have taken the approach that the system's surge planning should be governed by four key principles:
   1.1 ***Prevention*** *- Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.*

   1.2 ***Assessing people in the most appropriate setting*** *The provision of suitable and safe alternatives to hospital attendance to be utilised or enhanced.*

   1.3 ***Maintaining people in their own home****- The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow.*

   1.4 ***Reducing LOS****- supporting people going directly home, or to a discharge to assess bed or rehabilitation bed*

   1.5 ***Maintaining Elective Care*** *– Aiming to ensure continuation of our core elective programme*

   1.6 *Our focus is to develop* ***integrated care*** *across Oxfordshire to meet increase demand and reducing delays to people in bed-based care*

   1.7 ***Safely manage*** *and protect patients from Flu and COVID-19 across all settings*

   1.8 **Protect, look after and support our staff,** looking after staff wellbeing, supporting vulnerable staff and protecting staff from COVID-19 and flu

   1.9 *Work with patients and staff to ensure the* ***best possible safety, care and experience for all.***

2. Oxfordshire's health, social care and voluntary sector partners, are working together to improving care pathways to achieve the national metric for increasing the number of patients going home.

3. The OUHFT clinical activity plan focussed on maintaining elective capacity on the Churchill, NOC, West Wing and Children's hospitals.

4. The main projects to improve capacity are as follows.
   4.1 Development of a Single Point of Access (SPA) to take referrals 24/7 from NHS 111, 999, GP's and Health Care Professionals to provide further triage to Urgent Community Response (UCR) and Same Day Emergency Care (SDEC).

   4.2 Increasing the capacity for virtual assessments to reduce the number of people who need to travel to an assessment area.

4.3 Cross-system work on reducing ambulance handovers i.e., minimise patient safety risks and enable crews to turnaround vehicles more rapidly

4.4 Flu vaccination and Covid vaccination and booster programme

4.5 Improving access to Mental health services

4.6 Supporting patients to manage their own conditions at home

Recommendations

5 The Trust Board is asked to approve the winter plan.

Oxford University Hospital NHS Urgent and Emergency Care Winter plan

NHS
South Central Ambulance Service
NHS Foundation Trust

NHS
Oxford Health
NHS Foundation Trust

OXFORDSHIRE COUNTY COUNCIL

NHS
Oxfordshire
Clinical Commissioning Group

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Oxford University Hospitals
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Approach

We have taken the approach that the system's surge planning should be governed by four key principles.

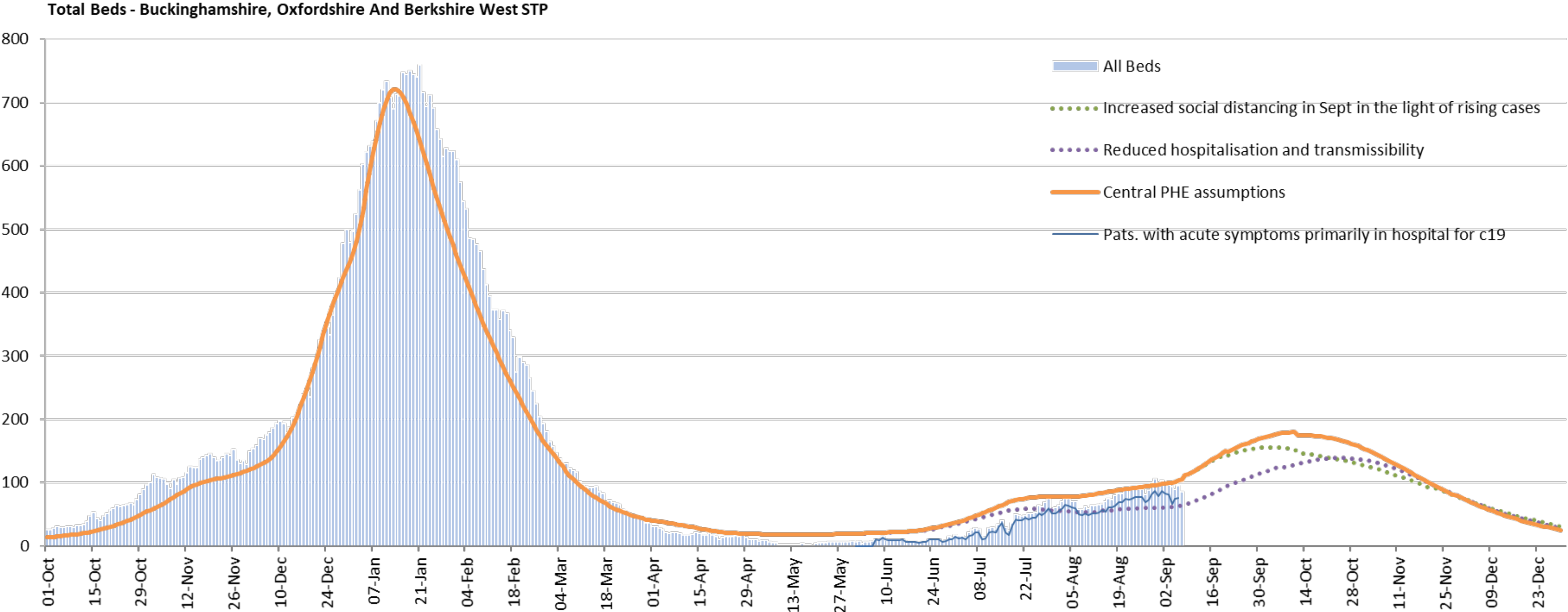
- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Assessing people in the most appropriate setting** The provision of suitable and safe alternatives to hospital attendance to be utilised or enhanced.
- **Maintaining people in their own home**- The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow.
- **Reducing LOS**- supporting people going directly home, or to a discharge to asses bed or rehabilitation bed
- **Maintaining Elective Care** – Aiming to ensure continuation of our core elective programme

Our focus is to develop integrated care across Oxfordshire to meet increase demand and reducing delays to people in bed based care

Urgent and Emergency Care Pressures

- Assuming ongoing surges of Covid present peak forecast in mid October
- Increased flu and viral presentations in Children & Young People and amongst the wider population from August
- Negative impact on staff wellbeing with potential for increasing levels of sickness absence if demand levels are sustained into the Autumn combined with circulating infections in local communities.
- Ongoing and increasing pressures across sectors of acute mental health presentations –adults and children
- Unknown impact of long Covid in the community. For Long Covid we have estimated we will have a cohort of some 1300-1600 in the community and have included post Covid readmissions in our Secondary Care bed occupancy forecast.

Covid Actuals & Current Draft Forecasting (September 2021)



Assurance and monitoring Urgent and Emergency Care

Tactical monitoring

- Daily situation report seven days a week
- Issues of escalation from bed based care and system partners through daily system calls

Example triggers for Escalation

- Number of patients in the Emergency Departments and any issues with capacity to see more

- Intensive care capacity covid and non-covid

- Specific performance or quality concerns e.g.
    - Ambulance handover delays,
    - Significant bed closures due to workforce
    - Capacity issues

Workforce Urgent and Emergency Care

- We have an understanding of workforce pressures and opportunities to enable the most effective deployment of workforce resource. With the anticipated large numbers of COVID-19 patients, this will allow us to support staff, maximise availability and remove routine burdens or non-business essential work to facilitate and contribute to a safer, more sustainable workforce system-wide.
- Efforts are under way to improve the resilience of the workforce due to the demands over last 6 months. Like in other systems staff are tired and trying to “recover” from First and Second Wave of COVID.
- Access to key worker (and their families) testing has helped us to keep absence due to self isolation to a minimum; however, closures of schools and childcare impact are considered significant risks.
- Close working with primary care and all partners creating MDTs in support of Care Homes.
- Each organisation regularly review the updates on the mental wellbeing of the workforce and discuss best practice

Key issues in Urgent and Emergency Care

Emergency Departments (ED's)

- Oxfordshire has seen an increase in peoples level of needs, presenting to both the John Radcliffe and Horton General Hospital ED's.

- Increase in attendances since 2019, additionally both Emergency Departments (ED) are seeing an increase in the attendances and level of need in the evening.

System issues

- Workforce constraints across all disciplines. The Oxfordshire system works well together but further integration will improve care for individuals and reduce duplication in assessments.

- There is an increase in children and young people presenting with eating disorders to community and hospital teams

- Increase in the number of patients presenting both in the community and ED's in Mental Health crisis

OUH Demand & Capacity modelling - Assumptions

Demand modelling	Capacity
• JR and Horton Emergency Department attendances increased in number and acuity since 2019	• Main focus is on increasing the number of people who are assessed in their own home or the most suitable clinical setting . • The objective is to reduce those attending an ED who could be more appropriately assessed in a different setting • Maintaining the ED's for those who benefit the most from an acute assessment within an ED
• Increasing bed capacity and protecting elective's	• Further capacity is expected to be created as Trauma transfer back to the trauma building on the JR site. • HGH site has already opened additional capacity, further work is underway to see if further additional capacity can be opened. • Churchill and NOC sites are protected for elective activity
• The actual demand for covid, non-covid and viral pneumonitis remains unclear	• Surge plans are in place for both Covid and viral pneumonitis across children and adult services. • These plans are reviewed weekly/monthly to reassess demand versus capacity

NHS England and NHS Improvement UEC 10 step plan

1. Supporting 999 and 111 services
2. Supporting primary care and community health services to help manage the demand for UEC services.
3. Supporting greater use of Urgent Treatment Centres (UTCs)
4. Increasing support for Children and Young People
5. Using communications to support the public to choose services wisely
6. Improving in-hospital flow and discharge (system wide)
7. Supporting adult and children's mental health needs
8. Reviewing Infection Prevention and Control (IPC) measures to ensure a proportionate response
9. Reviewing staff COVID isolation rules
10. Ensuring a sustainable workforce

1. Supporting 999 and 111 services

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
1.1 Further develop NHS 111 pathways to so patients are assessed in the most appropriate setting (OUHFT and OHFT)	Clinical Pathway development for high volume pathways to Urgent Community Response (UCR) Same Day Emergency Care(SDEC) units and Minor Injury Unt's (MIU)	• 2-4 referrals per month to UCR and SDEC despite pathways being added to the DOS	Rockford frailty score to be implemented into NHS 111 Work with the DOS lead to establish other high volume pathways for UCR and SDEC	N/A	Implemented frailty scoring in NHS 111 Increase referrals to UCR and SDEC by 100% per pathway
1.2 Development of one adult Single Point of Access (SPA) (OHFT day to day running with medical cover from OHFT/OUHFT)	Single Point of Access (SPA) to take referrals from NHS 111, 999, GP's and Health Care professionals to provide further triage to Urgent Community Response (UCR) and Same Day Emergency Care (SDEC). Reduce attendances of people to ED to the most appropriate setting.	• 20 patients > 65yrs per day are admitted via the Emergency Department (ED) and go on to have a length of stay under 2 days. The majority of these could be safely assessed in their own home preventing an ED attendance/short hospital admission • In adults > 65yrs, 9 of the top 15 diagnoses currently admitted following ED attendance would meet the criteria for 2 hour UCR (e.g. Falls).	Develop SPA digital system, and workforce (admin and medical) to triage referrals to the most appropriate setting e.g. UCR, SDEC, MIU or ED	Urgent Community Response (UCR) business case Mapping to be carried out to establish if further investment is required from Better Care Fund)	50% Reduction in low acuity attendances of NEWS2 for those >65yrs
1.3 Reduce all 30 minute ambulance handover delays (OUHFT)	Cross-system work on reducing hospital handovers i.e. minimise patient safety risks and enable crews to turnaround vehicles more rapidly	• Increase in ambulance conveyances from 12:00- 21:00hrs • Ambulances unable to handover within 15 mins due to an overcrowded ED and more than 7-12 ambulances arriving within a few minutes	Additional triage by SPA to increase the number of referrals to UCR and reduce the number of ambulance conveyances to Hospital Develop a larger Ambulance handover team within the ED	Dependant on 1.2	Zero ambulance handover delays over 60 mins 80% reduction of ambulance delays over 30mins
1.5 Increase the number of patients who can be transferred home in the evening to avoid an overnight stay. (OUHFT)	Extended hours of the settling in service will provide continuous cover from 18:00 until 08:00 Mon-Fri excluding BHs	• Patients over 65yrs are more likely to be admitted if they arrive in the ED 18:00-21:00hrs. • A settling in service in the patients own home will provide confidence to teams to discharge home after 17:00hrs	PTS have already established the costs and potential workforce	Better care Fund (BCF)	4 additional discharges across the JR and HGH ED/EAU from 18:00-22:00hrs

2. Supporting primary care and community health services to help manage the demand for UEC services.

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
2.1 Pilot an integrated approach across one PCN, acute teams and community teams to care for patients in their own home (Primary Care, OUHFT and OHFT)	Initially focus on anticipatory care with support from UCR and acute physicians	• 999 is called instead of referring to UCR and supporting the patient in their own home • Inpatients with complex discharge planning have ah extended LOS	Pilot project in Bicester PCN To support people remaining in their own home or to return home at the earliest opportunity	Urgent Community Response business case	Reduce attendance and frequent attenders to ED Reducing LOS for this cohort of patients from Bicester PCN
2.2 Maximise the use of community pharmacies as part of integrated care pathways by supporting all providers in Oxfordshire	Optimising referrals from NHS 111, 999, CAS, UTC and ED to manage low acuity referrals	• People with low acuity are attending an ED who do not require any secondary care but could have contact a community pharmacy	OCCG lead working with Oxfordshire Pharmacists to agree this programme	National funding	Support NHS 111 referrals directly to pharmacists
2.3 Expand Urgent Community Response (UCR) to cover 24/7 (OHFT and medical support from OHFT/OUHFT)	Increase referrals from Primary Care, 999, NHS 111 and acute assessment areas to Urgent Community Response Develop integrated approach to hospital @ Home, reablement service and Urgent Community Response	• Low referral rate from NHS 111 and 999 to UCR • 12noon – 12 midnight show increasing peak arrivals for the > 65 group (4-8 patients per hour) • Adults > 65yrs arriving after 21:00hrs are twice as likely to be admitted to an acute hospital bed and stay longer • 20 patients > 65 per day are admitted and go on to have a length of stay under 2 days	Expand UCR to 08:00- 02:00hrs in the first instance 7 days a week Profile UCR/SPA on the DOS to include more pathways	Urgent Community Response Business case	Increase the number of referrals from NHS 111, 999, acute assessment areas and Primary Care

3. Supporting greater use of Urgent Treatment Centre's- SDEC and MIU's

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
3.1 Develop options for Urgent treatment Centres on the JR and HGH sites	Develop a triage area (UTC) for all those who walk in to an ED to ensure that only patients requiring an ED assessment are in the ED	• People with minor injuries/illness are booked into MIU's, self care or attend a UTC	Develop UTC model to at the HGH and JR sites	ICS funding	Increase number of people triaged and seen in MIU, SDEC and UTC's

4. Increasing support for Children and Young People

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
4.1 Integrated programme between acute paediatricians and community children's nursing team (OUHFT and OHFT)	To develop acute hospital at home community service for children and young people within Oxfordshire. This will take a phased approach with phase one supporting the Viral Pneumonitis surge	• Children remain in hospital for an additional 24hrs to check feeding and I.V. antibiotics	To refer children for hospital at home to reduce LOS by 24hrs especially for those who have had Viral Pneumonitis	Better care Funding (BCF)	Increase in referrals from children's hospital, Primary care and ED to CCN team

5. Using communications to support the public to choose services wisely

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
5.1 Oxfordshire Communication plan	Focus on how to get the best from GP services, Sign posting, videos of how to access Urgent and Emergency Care	• People continue to walk in to ED without contacting NHS 111 on line or via telephone	Advertising the flu ad covid vaccination programme to accessing primary care and self care	Better care Funding (BCF)	Delivery of each aspect of the programme

6. Improving in-hospital flow and discharge (system wide)

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
6.1 Reducing admissions and LOS in ED (OUHFT)	Expand the staffing level of the Frailty Intervention Team (FIT) to allow more rapid and wider assessment of patients presenting to ED/EAU at the JR	• To reduce LOS in ED ad assessment areas • Poor patient experience	Increase the WTE and increase the service into the evening 7/7	Better care Fund (BCF)	Reduces conversion to admission in ED - Improved LOS in ED - Shorter LOS for patients who are admitted to EAU as they have a more detailed plan for recovery
6.2 Reduction of LOS in ED/EAU and reduce risk of admission (OUHFT)	Increase the pharmacy staffing on EAU Mondays to Fridays to provide additional cover 4-7pm and at weekend	• Medicine reconciliation not completed before medical review and discharge • Adds to LOS in ED and Assessment unit	To support the medical emergency presentations by reviewing patients and ensuring prompt supply of time critical medicines and discharge prescriptions	Better care Fund (BCF)	To reduce tablet burden in elderly patients who are at risk of falls. This will aim to reduce future falls, and keep patients well at home. This will have further benefits of reducing pill burden in the community.
6.3 ED standards (OHFT)	Reduce the number of patients within the ED's	• Patients in both ED's are there for more then 12hrs • Patients wait more than 1hr after they have been assessed as no longer required to be in an ED	Develop processes to implement the following; 1. Review proportion of patients residing in ED for more than 12-hours. 2.. All patients who have a time stamp for the criteria to proceed leave the ED within 1hr	None required	2% reduction in LOS over 12hrs Waiting for national metrics for assessment within 15mins, average time in ED, clinical criteria to proceed and percentage of patients with a LOS over 12hrs
6.4 Discharge to Assess beds (OUHFT and OCC)	Implement a discharge to Assess model in short stay HUB beds	• Above the national average of people going to long term placement	Procure beds in a Nursing Home where the D2A process can be implemented	Oxfordshire County Council (OCC)	To reduce the number of MOFD patient in OUHFT and the percentage of people going to long term placement

7. Supporting adult and children's mental health needs

Workstream	Change	Evidence for change	Programme of work	Funding source	Deliverables
7.2 Early identification of children with eating disorders	Education programme across Oxfordshire Pathway development via school nurse and primary care	• Increase in the number and LOS of children and YP who are admitted with an eating disorder	Early recognition of CYP with eating disorders through education with school nurses, primary care and supporting self referrals Guidelines for criteria for admission and inpatient MDT management	No funding required to date	Reduce the number of children and YP who require secondary care admission for an eating disorder

8. Reviewing Infection Prevention and Control (IPC) measures to ensure a proportionate response

Workstream	Deliverables
Continue universal level 1 PPE for all patient contacts, unless level 2 indicated, in line with government guidelines. Continue to triage all acute patients according to symptoms of possible COVID-19, with correct patient placement. All visitors and out-patients to be given a face mask if they arrive on site without a face covering Continue to test all patients for admission with lateral flow and PCR	Prevent Covid transmission risk to patients and staff
Continue to review IPC measures to ensure the continued prevention of spread of infection	Prevent patients acquiring hospital acquired infections

9. Reviewing staff COVID isolation rules

Workstream	Deliverables
COVID-19 absences due to Test & Trace and Self-Isolation in England had been steadily rising from the beginning of June 2021. Guidance for NHS and social care staff was issued 19 July 2021 to address this and has been further updated in August 2021. Each system partner is complaint with the national guidance.	Minimise avoidable staff absences

10. Ensuring a sustainable workforce

Workstream	Deliverables
Work with the local Domiciliary and Care Home market to develop a response to workforce shortages Fully support and engage with staff on local offers. Continue recruitment across all services. Review new staffing models/ skill mix.	Minimise avoidable staff absences