

Winter plan

Public Trust Board Meeting: Wednesday 08 November 2023

TB2023.102

Title: Winter Preparedness Plan, including system approach

Status: For Discussion

History: Annual update to Trust Board

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Confidential: No

Key Purpose: Strategy, Assurance, Performance.

Executive Summary- Winter Plan

1. Winter challenges go beyond our Emergency Departments and Ambulance Services, and recovery requires all types of providers to work together to provide joined up care for our patients. System roles and responsibilities have been determined within the '*Delivering operational resilience across the NHS this winter*' letter¹ from NHS England, to enable collaborative working and to deliver resilience. There are four key areas of focus outlined within this:
 - High Impact Interventions
 - Operational and surge planning
 - System working
 - Supporting our workforce
2. To continue to deliver on the UEC Recovery Plan by ensuring the **10 high-impact interventions** are in place, acute providers are asked to lead the delivery of high-impact interventions 1-4.
 - 2.1. Reduce variation in **Same Day Emergency Care (SDEC)** provision by providing guidance on a variety of SDEC services for at least 12hours per day, 7 days per week.
 - 2.2. Reducing variation in **acute frailty service** provision. Improve the recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
 - 2.3. Reduce variation in **inpatient care and length of stay** for key integrated urgent care pathways by implementing in-hospital efficiencies and bring forward discharge processes. Sustain improvements in ambulance handover times and continue to progress work for Clinical Pathways.
 - 2.4. **Bed productivity and flow:** Bed profile designed for 2023/24 with additional escalation beds funded with substantive staffing, Improvement trajectory for 4hr performance with underpinning OUHFT UEC Recovery Programme, Transfer of Care Hub maturity and wider development to reduce delays and maximise access to community rehabilitation, provide protected capacity for elective recovery.
3. Elective and cancer recovery plans for the second half of the year sit alongside the Winter Plan. The Trust's clinical activity plan focusses on maintaining and protecting elective capacity on the Churchill, NOC, West Wing and Children's hospitals as far as possible. The plan also pays particular attention to the Out-Patient and diagnostics elements of elective pathways.
4. The Infection Prevention and Control plan is aimed at minimising the impact as much as possible of infectious illnesses and to protect our staff through the Flu and Covid vaccination programme.

5. Robust rostering and annual leave planning to maintain senior cover seven days per week over winter, including Christmas and New Year periods, underpins the resilience within the plan.
6. Oxfordshire's health, social care and voluntary sector partners, are working together to improve care pathways to achieve the national metric for increasing the number of patients going home.

Recommendations

- 4 The Trust Board is asked to approve the winter plan.

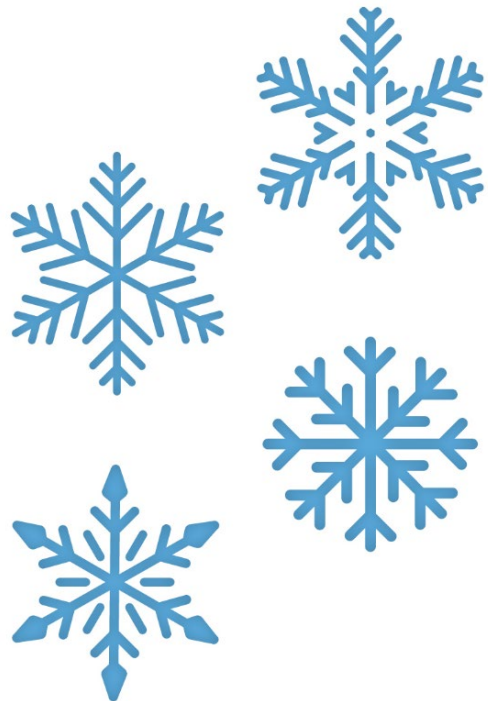
1. <https://www.england.nhs.uk/long-read/working-together-to-deliver-a-resilient-winter-system-roles-and-responsibilities/#:~:text=Facilitate%20partnership%20working%20%E2%80%93%20ensuring%20that,account%20for%20delivery%20of%20their>



Oxford University Hospitals
NHS Foundation Trust

Winter Plan 2023/24

Sara Randall



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Executive Summary

Over the course of the previous winter, we experienced some of the most challenging periods in health care with high rates of infectious illnesses, industrial action for a number of staff groups and capacity constraints due to challenges in discharging patients requiring further support in the community. This impacted patient flow within the hospital resulting in long length of stay within the Emergency Departments, non-inpatient areas extended to accommodate patients overnight and cancellations for patients waiting for planned care.

Urgent Care performance has improved over the summer, and we aim to sustain and improve further on this over this winter. However winter challenges go beyond our Emergency Departments and Ambulance Services and recovery requires all types of providers to work together to provide joined up care for our patients. System roles and responsibilities have been determined within the 'Delivering operational resilience across the NHS this winter' letter from NHS England (see appendix for link), to enable collaborative working and to deliver resilience this winter. The delivery plan for recovering Urgent and Emergency Care (UEC) Services underpins the OUHFT Winter Plan and comprises of the four areas of focus for Acute Trusts:

1. Reducing variation in **Same Day Emergency Care** access and for ICB partners to consider a variety of SDEC settings. OUHFT SDEC services maintained over holiday periods.
2. Reducing variation in **Acute Frailty** service provision by improving access, assessment, management and data collection of these services aligning to CEQUIN05.
3. Reducing variation in **inpatient care and length of stay**. Shared learning across OUH, with Quality Improvement supported programmes. Reducing length of staying with pre-emptive discharge planning.
4. Maximizing **bed productivity and patient flow** with a profile of beds for the year. Pre-planned and funded additional capacity for winter escalation, surge capacity and de-escalation of beds. UEC Recovery Program to support improved performance against UEC metrics. Sustain performance on 12-hour total length of stay in OUHFT Emergency Departments. Further development of community pathways and maturity of Transfer of Care Hub to facilitate a higher percentage of patients being discharged home and reduced length of stay once medically optimised for discharge.

In addition....

The ICB will be leading on six additional high impact interventions. This involves working toward; increasing the volume and consistency of referrals to **Urgent Community Response**, provide same day assessment for patients experiencing **Acute Respiratory Illness** via ARI Hubs, improve coordination with **Single Point of Access**, maximize accessibility and avoid hospital admission via **Transfer of Care Hubs**, improve and standardize service provision across **Hospital at Home** services and lastly to improve access and quality by examining **Intermediate Care demand and capacity**.

Elective Recovery must remain a focus over winter and capacity to maintain planned care has been built into this plan. It is acknowledged that many patients whilst on our waiting list will require urgent and emergency care. Capacity for elective recovery needs to be protected as far as possible across theatres, wards and critical care.

Our People There will be a requirement for robust rostering over winter, particularly across the festive season to give resilience in times of short notice absence. Senior cover should be delivered across seven days for all departments and services that are open during this time. With this in mind, it is also important that all our staff have the opportunity for some rest and recuperation over this period and spend time with family and friends. Staff health and wellbeing is a paramount importance, and all staff are strongly encouraged to have their Flu and Covid vaccinations that we are delivering via a 'peer to peer' approach from registered professionals, not just registered nurses.

1. Same Day Emergency Care (SDEC): reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.

Area	October 2023	November until 22nd December	23rd December to 1st January	2nd January 2024 to 29th February	March 2024
AAU	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30
Rowan Ambulatory Unit	09:00-19:00 Monday – Friday Closed at weekends	09:00-19:00 Monday - Friday Closed at weekends	09:00-19:00 Monday - Friday Closed weekends and Bank Holidays	09:00-19:00 Monday - Friday Closed at weekends	09:00-19:00 Monday - Friday Closed at Weekends and bank Holidays
SEU <i>Adhere to Take Divert SOP at all times</i>	SEU Triage 24/7 service with increased capacity on 6C	24/7 service	24/7 service	24/7 service	24/7 service
GPRU	7am - 11pm 7 days per week Maximise ENT / OMFS / Plastics ambulatory pathways	7am - 11pm Maximise ENT / OMFS / Plastics ambulatory pathways	7am - 11pm Maximise ENT / OMFS / Plastics ambulatory pathways	7am - 11pm Maximise ENT / OMFS / Plastics ambulatory pathways	7am - 11pm Maximise ENT / OMFS / Plastics ambulatory pathways
Vascular Triage	8am-4pm seven days per week	8am-4pm seven days per week	8am-4pm seven days per week	8am-4pm seven days per week	8am-4pm seven days per week
Eye Casualty	08:00-16:30 (15:30 at weekends)	08:00-16:30 (15:30 at weekends)	08:00-16:30 (15:30 at w/e's and BH's) CLOSED Christmas Day	08:00-16:30 (15:30 at weekends)	08:00-16:30 (15:30 at weekends)
Gynae Triage	24/7	24/7	24/7	24/7	24/7
Urology Triage	24/7	24/7	24/7	24/7	24/7
Onc & Haem Triage	07:30 – 20:00 seven days per week, covered by the Wards OOH	07:30 – 20:00 seven days per week, covered by the Wards OOH	07:30 – 20:00 seven days per week, covered by the Wards OOH	07:30 – 20:00 seven days per week, covered by the Wards OOH	07:30 – 20:00 seven days per week, covered by the Wards OOH

Service provision across the county to be aligned following self-assessment which is underway.

OUH SDEC provision maintained over Christmas and New Year Period

***2. Frailty:** Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.*

- **Frailty Steering Group established from September with the remit of:**
 - Establishing a **Frailty MDT** to support early assessment of frail elderly patients in the ED and AAU.
 - Improve assessment and further management of frail elderly patients by creating and implementing a system of **Comprehensive Geriatric Assessment (CGA)**.
 - Develop and collect **metrics** to measure the impact of the Frailty MDT on patient care and outcomes.
 - Development of a **Frailty Pathway**
 - Cognitive Screening QI project
 - **Deliver CQUIN05:** Identification and response to frailty in emergency departments (30% of patients aged 65 and over attending A&E or same-day emergency care (SDEC) receiving a clinical frailty assessment and appropriate follow up). See appendix for further details

3. Inpatient flow and length of stay: *reducing variation in inpatient care and length of stay for key integrated urgent and emergency care (iUEC) pathways / conditions / cohorts by implementing in-hospital efficiencies and bring forward discharge processes for pathway 0 patients.*

- Delivering improvements in ambulance handover times
 - Prioritise RN support for SCAS handover area
 - Prompt escalation of handover delays
 - Daily review of >30min and > 60min handover delays to identify learning.

- Several inpatient flow initiatives supported by QI methodology
 - Discharge Lounge Utilisation
 - Pre noon discharge
 - Board Round Relaunch to a number of pilot sites
 - Extended Length of Stay reduction
 - Clinical Pathway Groups established. Patients requiring admission moved from the emergency departments in a timely way with speciality in-reach.

4. Community bed productivity and flow: Reducing variation in inpatient care and length of stay by maximising therapeutic interventions to reduce deconditioning and bringing forward discharge processes.

- Bed profile determined for 2023/24 with flexing of capacity up and down throughout the year. This includes additional capacity on JR and Horton sites for Winter for both adults and children, with further 'surge' capacity identified if required. See figure 1
- Protected capacity for elective recovery.
- Improvement trajectory for 4hr performance with underpinning UEC Recovery Programme. See figure 2.
- Sustain performance for 12hr total length of stay in ED over winter with escalation framework.

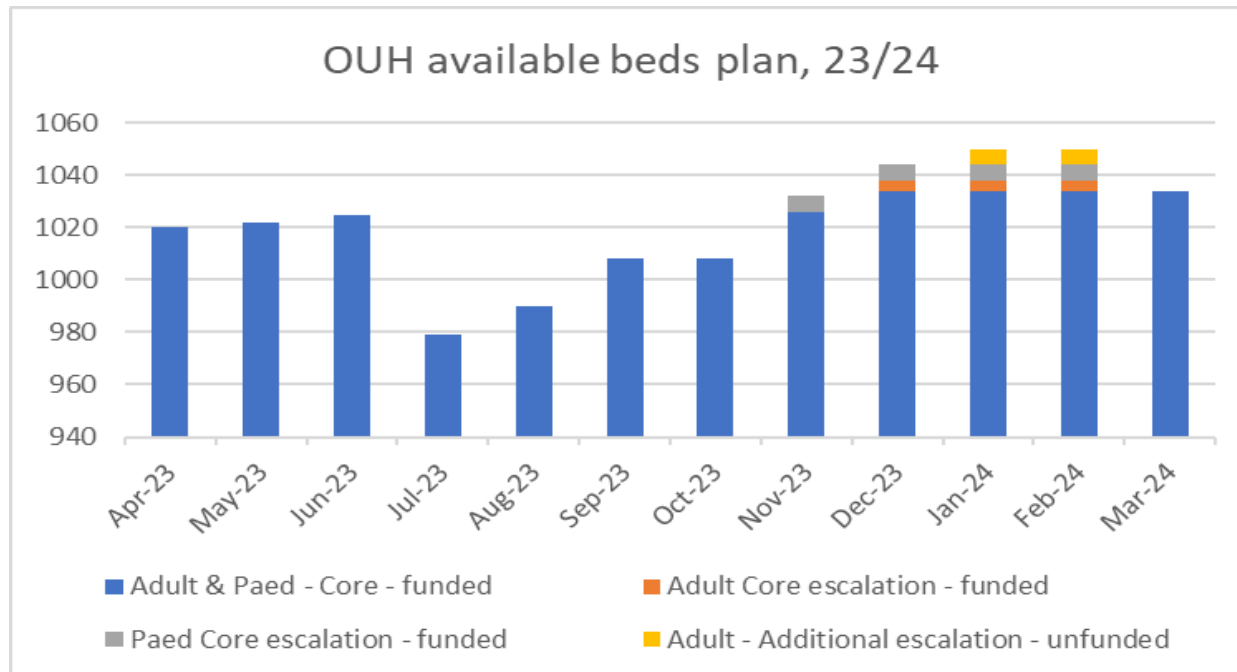


Figure 1: Bed profile 2023/24

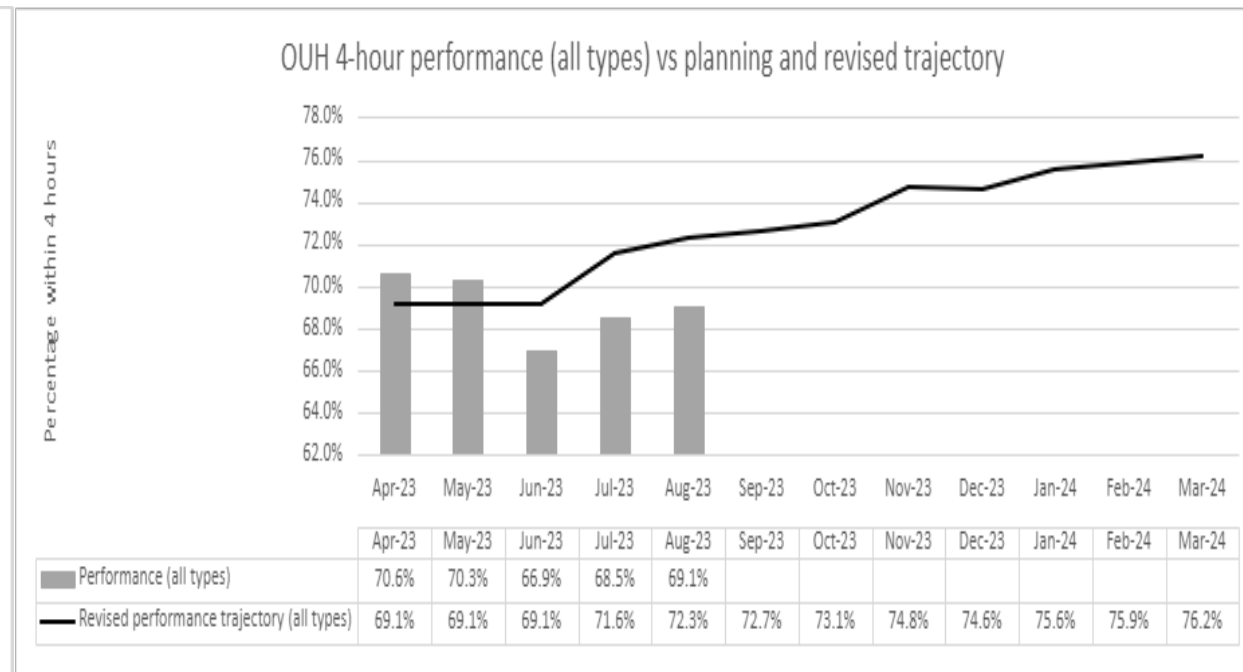


Figure 2: OUHFT 4-hour performance Type 1 revised trajectory

4. *Community Bed Productivity and Flow cont.*

- New national operational escalation framework published. Local implementation plan being designed.
- Reducing variation in discharge process by aligning discharge teams across all bed bases in Oxfordshire. Streamlining and standardising documentation and referral forms to reduce repetition, workload and improve communication with system partners.
- Discharge improvement metrics:
 - a. 10% reduction in the number of patients who no longer meet the criteria to reside.
 - b. 93% of people discharged to normal places of residence, by implementing **Discharge to Assess** across Oxfordshire by December 2023
- **Transfer of Care Hub** maturity across Oxfordshire, with discharge plans pre-empting medical optimisation. Arrangements in place for early referral of patients in OUHFT, OHFT Community beds, Short Stay Hub beds and for Oxfordshire residents in out-of-county hospitals. Due to expand to accepting referrals for patients in OHFT Mental Health wards.
- Development of patient information leaflet to use across all bed bases in Oxfordshire setting expectations for discharge.
- Revised Choice Policy.
- **HomeFirst** availability within 24 hours of referral.
- **Community Hospital** availability within 24 hours of referral.
- Several **Multi Agency Discharge Events** run prior to periods of Industrial Action now BAU. Continue to re-evaluate this process going forwards for future events.
- Autumn: Multi Agency Flow and Discharge Workshop

High-impact interventions 5-10 – Integrated Care Boards

For further details please see Oxfordshire Urgent and Emergency Care (UEC) Integrated Improvement Plan – Preparing for Winter (see appendix for link to document)

Urgent Community Response: Increase volume and consistency of referrals to improve patient care, ease pressure on ambulance services and avoid transfer to hospital.

Acute respiratory infection Hubs: To provide same day assessment to release capacity in Emergency Departments and GP surgery

Single Point of Access: Coordination of whole system management of patients in the right setting.

Care Transfer HUBS: Have standard operating procedure to maximise access to community hospital beds and avoid people being readmitted.

Hospital at Home: Improve the level of care to prevent admission to hospital

Intermediate Care demand and capacity: To improve access and quality of intermediate care and community therapy.

Children's Services – pending further review (PICU)

Area	October 2022	November until 24 th Dec	26 th Dec to 1 st Jan	2 nd January 2023 until 28 th February	March 2023
Children's Inpatient Wards	Fully open to 79 inpatient beds across JR & HGH sites	Robins & Toms –4 additional beds for winter. Elective activity managed against winter pressure demand Bellhouse Drayson – 2 additional beds for winter. 85 beds	Flex down to 67 inpatient beds across JR & HGH sites (BHD remain at 22)	Robins & Toms - 4 additional beds for winter. Elective activity managed against winter pressure demand. Bellhouse Drayson – Remain at 22 to support emergency respiratory admissions 81 beds	Robins & Toms - Revert to normal elective plans Bellhouse Drayson – Return to 18 beds 77 beds
Children's Day Unit	Open to 16 beds	Open to 16	8 beds open for urgent patients	Open to 16	Open to 16
PICU/ PHDU	Open to 9 PHDU and 8 PICU beds, flexing between areas to meet demand. 2 Electives booked per day 24/7 retrieval continues Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 1 Elective booked per day 24/7 retrieval continues Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 2 Electives booked per day 24/7 retrieval continues Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 2 Electives booked per day 24/7 retrieval continues Old CDU used for surge capacity	Flex down to 9 PHDU beds & 8 PITU beds 2 Electives booked per day 24/7 retrieval continues Old CDU used for surge capacity
Children's CDU	Open 24/7	Open 24/7	Open 24/7	Open 24/7	Open 24/7

Approach to H2 elective and cancer recovery plans – Outpatients & Diagnostics

- All patients in the 65-week cohort requiring a first outpatient appointment to be seen by 31st October 2023, in line with national requirements (ref: [NHS England » Elective care 2023/24 priorities](#)), supported by specialty-levels schedules agreed at the beginning of the financial year
- Outpatients Assurance completed and presented to Trust Board on 13th September which identified the following areas of focus:
 1. Validation tool to allow a full report on rate of validation and the enablement of admin and clinical cohort work lists
 2. Scheduling all first appointments to be seen by end of October unless evidence supports limited conversion before treatment (clinical genetics, gastroenterology etc.)
 3. Confirmation of reallocation of ERF schemes to support services who have requested mutual aid via DMAS
 4. Reduce follow-up activity further and increase Patient Initiated Follow-Up (PIFU) as a prioritisation via the Outpatient Steering Group
 5. Reduce DNAs further by assessing performance at specialty level and increase uptake of digital communication via the NHS App.
- Impact of validation solution will enable clear quantification of the rate of validation (currently unclear) and allow categorisation of digital validation to be applied to EPR improving value of administrative validation.
- Patient engagement using Digital Portals (Dr Doctor and Ufonia) to be delivered by 31st October starting in September '23. Benefits include: DNA (1% improvement) / Discharge rate to GP (13% removals of eligible patients – circa 2,000 pathways)
- Patient Choice: Significant proportion of long waiters are classified as Choice. BOB Access Policy to be revised to include all or part guidance to actively monitor patient choice for 12-week intervals post clinical review.
- Focus across all specialties to reduce follow-ups by a minimum of 15% (national ambition = 25%) through the use of PIFU and focussed work with high volume follow-up specialties
- Maximise use of Community Diagnostic Centre (CDC) capacity
- Recovery plans in place for DM01 modalities:
 - Audiology - Options appraisal completed with a recommendation to transfer a cohort of clinically appropriate patients to Another Qualified Provider (AQP). Discussions are being held with commissioners
 - Cardiology - Continues to improve. All vacancies now filled. Service provision of echocardiography via Community Diagnostic Centre (CDC) in place.
 - Clinical Neurophysiology - Continues to improve due to improved staffing levels. Technicians to be fully trained to conduct EMGs. Business case to convert insourced capacity to recurrent capacity is planned for evaluation in September.
 - Respiratory Sleep studies - Continues to improve. CDC optimally used and is being considered for further expansion to accelerate recovery.

Infection Prevention and Control

- **POCT for RSV and Influenza in EDs** to be activated during winter virus season (as last year) to facilitate rapid patient triage
- **SARS-CoV-2 lateral flow and PCR** to stay in place for all symptomatic patients
- Laboratory plan to make **4-plex testing** (SARS-CoV, RSV, flu A&B) more widely available
- **Side-room isolation or cohort isolation** for COVID-19, RSV, influenza (adult and children)
- Greater **visibility of side room** rational on EPR
- **Prioritise 5E/F** for co-horting respiratory virus positive patients
- **Window opening** programme (as during COVID)
- IPC may advise the wearing of masks in certain or all clinical areas depending on the prevalence of respiratory infection for certain periods of time
- IPC team looking at possibility of 6-day working
- **'Peer to Peer'** vaccination for all registered professionals for staff vaccination Covid & Influenza

Workforce

- Robust rostering and planning for annual leave to maintain senior cover across seven days over winter, including Christmas and New Year period.
- E-Roster KPIs for nursing and midwifery will be monitored weekly and maintained to target.
- NHSP Flexible Pool, and safe staffing processes for nursing and midwifery will be managed BAU.
- There is currently a review of nursing break glass rates and specialist rates, any changes will be in place by early December, BAU till then.
- Additional bed capacity approved and funded for winter to recruit substantively to these posts.
- Staff Vaccination program of peer-to-peer vaccination for all registered professionals for influenza and Covid-19

Identified risks to delivery of priorities through Winter

- The number of emergency attendances and admissions at the John Radcliffe Hospital and Horton Hospital are higher than those contained within the bed model, impacting on bed occupancy, flow and elective activity
- Delivery of full Discharge to Assess model for Oxfordshire dependant on successful Workforce Consultation with OCC
- Staffing poses a significant risk to delivery across both urgent and emergency care, and elective and cancer recovery programmes – sustainable staffing of bed capacity, vacancies, additional sessions
- Further periods of combined Industrial Action for consultants and junior staff may be higher than that forecast, and/or the number of staff taking strike action increases
- Increased levels of COVID-19 incidence / increased levels of incidence of flu / combination of both
- Poor uptake of both 'Flu and COVID-19 vaccines
- Maintaining SDEC services due to bed capacity constraints
- Sufficient theatre capacity to respond to increases in trauma and emergency general surgery demand

Appendix and supporting documents

- NHS England Working together to deliver a resilient winter. Available at: <https://www.england.nhs.uk/long-read/working-together-to-deliver-a-resilient-winter-system-roles-and-responsibilities/#:~:text=Facilitate%20partnership%20working%20%E2%80%93%20ensuring%20that,account%20for%20delivery%20of%20their>
- CQUIN05 available at: <https://www.england.nhs.uk/wp-content/uploads/2022/12/CQUIN-scheme-for-2023-24-indicator-specifications-version-1.1.pdf>
- Oxfordshire UEC Winter Plan - [HOSC Winter Preparedness September 2023.pptx](#)
- Divisional Winter Plans
 - [SUWON Winterplan 2023-24.xlsx](#)
 - [MRC Winter Pressure 23-24 Action Tracker \(003\) \(002\).xlsx](#)
 - [NOTSSCaN Winter Plan 2023 24 \(1\).xlsx](#)
 - [CSS winter Plan 2023.xlsx](#)