Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 10 September 2025

TB2025.84

Title:	**Winter Preparedness Plan, including system approach**

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

Board Leads:	**Chief Operating Officer and SRO for Urgent care**
Author:	**Lisa Glynn, Director of Clinical Services**
	Louise Johnson, Deputy Director Urgent and Emergency Care
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, and key actions include implementing NHS England's Delivery plan for recovering urgent and emergency care 2024 update which includes the 10 High-impact interventions for emergency care recovery (four applicable to acute Trusts), capacity planning, system wide collaboration and supporting our workforce.

   1.1 Implement and continue to develop the **10 High-Impact Urgent and Emergency Care Interventions**, four for acute Trusts - Extend Same Day Emergency Care (SDEC) services to 12hrs/day, 7 days/week to treat suitable patients without admission, expand acute frailty pathways at the front door to avoid unnecessary admissions of patients with frailty and improve bed productivity and flow.

   1.2 **Robust Surge Capacity Planning** to ensure sufficient bed capacity throughout winter. Additional funded winter beds will be opened with safe staffing plans ahead of peaks, assessment spaces maximised and Infection Prevention and Control (IP&C) measures adhered to. Surge protocols reviewed and tested to ensure beds and critical supplies meet increasing demand.

   1.3 **System-Wide Collaboration** and close coordination with Oxfordshire system partners (community health, social care, primary care, mental health) to manage demand and discharge. Expand and maximise Urgent Community Response teams, Single Point of Access (SPA) and virtual wards to care for more patients at home, reducing ED attendances. Improve discharge processes by working with social services and care providers to support patients ready to leave hospital, freeing up beds faster.

   1.4 **Supporting our workforce** to maintain resilient staffing throughout winter by robust rostering (with seven-day senior cover), managed leave over holiday periods and staff wellbeing initiatives. Staff Winter Vaccination Programme aimed at exceeding last year's uptake. Provide rest and support so teams stay healthy and effective.

2. The plan aligns with national targets set out in the Urgent and Emergency Care Plan 2025/26, aiming to achieve 78% of A&E patients seen within 4 hours, eliminate ambulance handover delays over 45 minutes, and reduce long ED waits over 12 hours.

3. OUH will protect essential services (including elective care where possible) by activating additional winter beds, by flexible bed stock management, streamlining hospital processes, reducing length of stay and supporting our workforce's wellbeing and resilience (e.g. through vaccination drives and adequate staffing levels).

4. By integrating lessons from last winter's successes (flexible approach to capacity throughout the year, improved discharge processes, minimised ambulance delays, increased elective activity) and best practices from across the NHS, this plan provides a comprehensive, multi-faceted approach to ensure high-quality urgent care for patients during winter 2025/26.

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 in line with our operating plan submission. The winter plan also pays particular attention to the Out-Patient and diagnostics elements of elective pathways to ensure that elective activity is prioritised and protected over this period.

Work has been undertaken to further assess the risks associated with this plan and provide further mitigations where possible and oversight. Internally OUH will work to refresh our 'surge' capacity plans. At system and 'place' OUH has raised the deteriorating Medically Optimised levels of patients and this has been raised with partners.

Recommendations

Trust board is asked to approve this winter preparedness plan with associated assurance statement (Appendix one) as required by NHS England by 30 September 2025.

The Trust Board is asked to note that this plan will be submitted to Urgent and Emergency Care Board to form part of the overall ICB Winter Plan for Oxfordshire.

Oxford University Hospitals
NHS Foundation Trust

Winter Plan 2025-26

Lisa Glynn

Executive Summary

Oxford University Hospitals (OUH) faces another challenging winter in 2025/26, with urgent and emergency care demand at record highs and seasonal pressures (flu, COVID-19, severe weather) expected to test capacity. This Winter Plan outlines how OUH will maintain **patient safety and flow** from October 2025 through March 2026 as we encounter these challenges. Key actions include implementing NHS England's Urgent Care Recovery measures – such as maximizing **Same Day Emergency Care (SDEC)** availability and strengthening frailty services – to manage increased patient flow, expanding **staffing and bed capacity** through robust surge plans, and enhancing **system-wide collaboration** with community partners to safely speed up discharges and prevent avoidable admissions**.**

The plan aligns with national targets set out in the **Urgent and Emergency Care Plan 2025/26**, aiming to achieve **78% of A&E patients seen within 4 hours**, eliminate ambulance handover delays over 45 minutes, and reduce long ED stays over 12 hours. OUH will protect essential services (including elective care where possible) by activating additional winter beds, streamlining hospital processes, and supporting our **workforce's wellbeing and resilience** (e.g. through vaccination drives and adequate staffing levels). By integrating lessons from last winter's successes (flexible approach to capacity throughout the year, improved discharge processes, minimized ambulance delays) and best practices across the NHS, this plan provides a comprehensive, multi-faceted approach to ensure **high-quality urgent care** for patients during winter 2025/26.

Oxford University Hospitals
NHS Foundation Trust

Winter 2025/26

High-Impact UEC Interventions

Implement the NHS “10 high-impact” interventions for emergency care recovery. **Extend Same Day Emergency Care (SDEC) services to 12hrs/day, 7 days/week** to treat suitable patients without admission, and expand **acute frailty pathways** at the front door to avoid unnecessary admissions of patients with frailty. Improve efficiency in Emergency Departments

Robust Surge Capacity Planning

Ensure sufficient **bed capacity** throughout winter. Open additional winter beds with safe staffing plans ahead of peaks, maximise assessment spaces and adhere to Infection Prevention and Control (IP&C) measures. Test surge protocols to ensure beds and critical supplies meet increasing demand

System-Wide Collaboration

Coordinate closely with Oxfordshire system partners – community health, social care, primary care, mental health – to manage demand and discharge. Expand Urgent Community Response teams and virtual wards to care for more patients at home, reducing ED attendances. Improve discharge processes by working with social services and care providers to support patients ready to leave hospital, freeing up beds faster.

Supporting our workforce

Maintain resilient staffing throughout winter by **robust rostering** (with seven-day senior cover), managed leave over holiday periods and staff wellbeing initiatives. **Staff Winter Vaccination Programme** aimed at exceeding last year's uptake. Provide rest and support so teams stay healthy and effective.

Introduction and context

Winter Demand and Challenges

The winter of 2023/24 demonstrated how severe pressures can impact patient care and staff experience: OUH faced unprecedented demand for urgent care along with industrial action by staff, high rates of flu, COVID-19, and other seasonal illnesses affecting both patients and workforce. These factors, coupled with the increasing complexity of patients (many needing community support on discharge), led to slower flow through the hospitals – emergency departments (ED) saw increasing average length of stay and inpatient beds remained occupied by many patients who were medically well but awaiting discharge support. As a result, there was some disruption to planned (elective)care, and non-traditional spaces had to be used for patient care at times.

However, mitigation efforts last winter showed promising results. Initiatives to improve discharge processes last winter had a positive impact by reducing “days away from home” for patients once they were medically optimized for discharge. Urgent and Emergency Care (UEC) performance improved in early 2024 and by 2025 OUH exceeded its plan for the 4-hour A&E target and kept 12-hour ED waits close to target levels. In fact, OUH was one of the best-performing peer trusts in minimizing long hospital stays (over 21 days). Ambulance handovers were managed well despite the challenges. Additional unfunded capacity was not required in winter 2024/25 despite very high rates of influenza and the planned, funded winter beds alongside improved flow in departments meant that ***ambulance crews were rarely kept waiting excessively*** **to offload patients**. These learnings inform our plan for 2025/26 (where OUH did not enter OPEL 4 over winter): we aim to build on successful strategies and lessons learnt from previous winter’s while addressing persistent and emerging challenges.

Planning Approach

OUH's Winter Plan 2025/26 has been developed in alignment with national guidance and a system-wide approach, including the learning from last year. A key reference point is NHS England's Urgent and emergency care plan 2025/26, which sets clear expectations for every local system to ensure this winter is better than the last. **Seven priority objectives** were identified nationally that will have the biggest impact on UEC this winter, including faster ambulance response times, reduced ED waits, and quicker discharges. To deliver on these objectives, local systems must work collectively across all sectors – acute hospitals, ambulance services, primary care, community health, mental health, and social care – rather than each part acting in isolation. OUH's plan is therefore aligned to the Oxfordshire Integrated Improvement Programme 2025/26.

- **High-Impact Interventions:** Implement evidence-based improvements in emergency care pathways. For acute trusts, this includes leading on interventions 1–4 of the national UEC Recovery Plan such as SDEC and acute frailty services.
- **Operational & Surge Planning:** Rigorously plan for capacity, ensuring hospitals can safely expand bed numbers and services during peaks, and stress-test these plans.
- **System Working:** Strengthen collaboration across the health and care system, with clear roles for ICBs, community providers, mental health and ambulance services to support admission avoidance and timely discharge.
- **Supporting the Workforce:** Take care of staff and maintain staffing levels, since resilient services depend on a healthy, well-supported workforce.

Urgent and Emergency Care plan 2025/26

‘Delivering the ask for 2025/26’

- ✓Reduce demand for UEC services & increase acute care in the community
- ✓Ambulance handovers
- ✓ED length of stay (4- and 12-hour performance)
- ✓Paediatric flow in ED
- ✓Improving flow through hospitals
- ✓Mental Health
- ✓System approach to improving discharge

Oxford University Hospitals
NHS Foundation Trust

Update on high impact intervention's (1-4 for acute Trusts)

1. Same Day Emergency Care

- OUH and OH and SDEC exceeds National requirement for minimum of 12 hour daily operating seven days per week. This will be maintained over the holiday period.
- Increase engagement with Primary Care to encourage referrals to SDECs
- Support H@H caseload for ambulatory patients, inc COPAT

2. Frailty

- OUH Frailty team is fully recruited to for Winter 2025 with Consultant Geriatrician Clinical Lead, SpR and Specialist Nurse.
- Currently funded by CQUIN, business case for ongoing delivery in progress .
- Patients with frailty transferred to 'right bed, first time', using clinical frailty score.

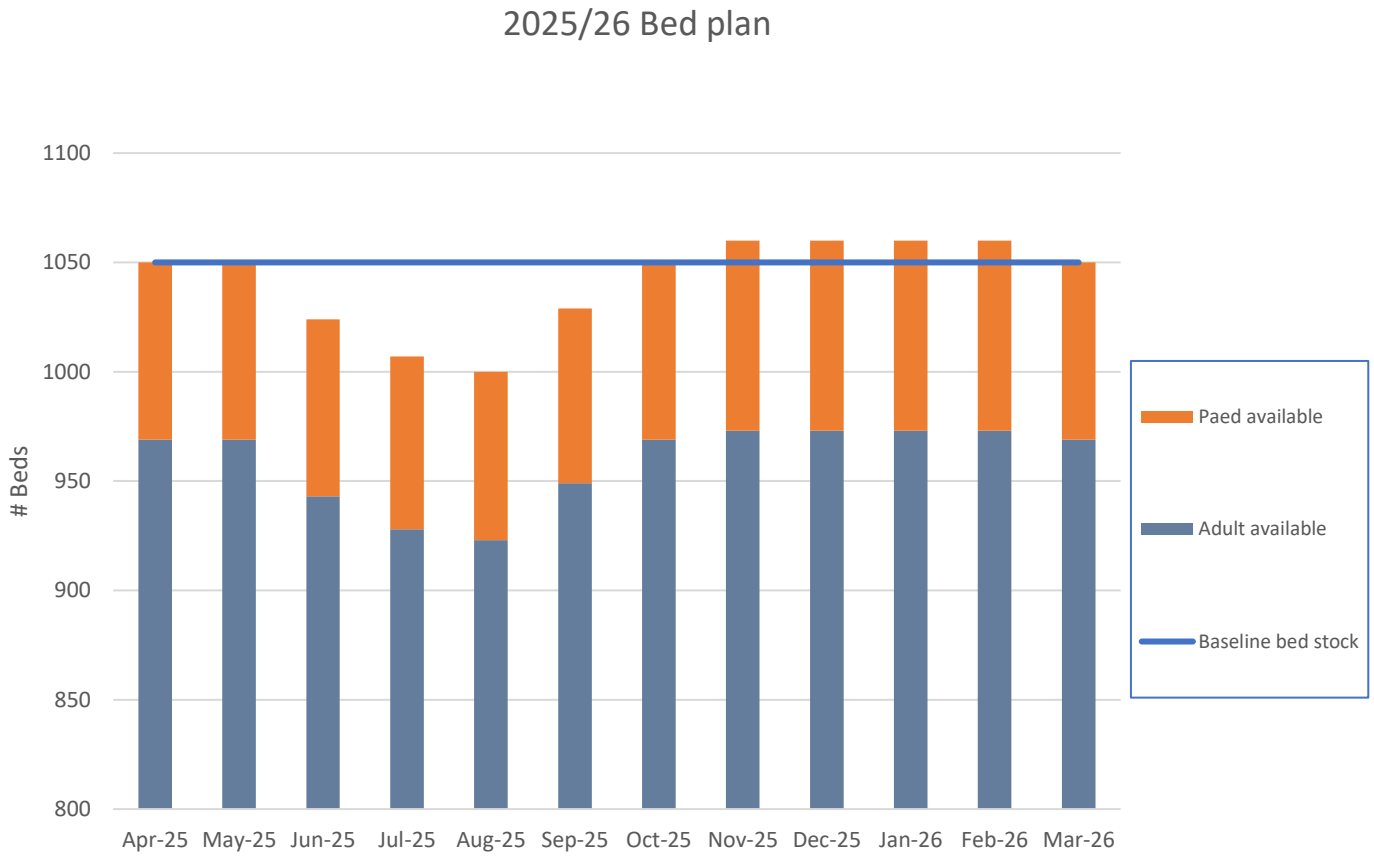
3 & 4 Inpatient Flow, length of stay and bed productivity

- Working across the NHS and local authority partners to reduce average length of discharge delay in line with the Better Care Fund (BCF).
- Identify people at the earliest point during their hospital admission as to who will require support to return home.
- Set local performance targets for pathway 1, 2 and 3 patients, ensuring patients are discharged as soon as possible to appropriate rehabilitation, reablement or recovery support, based on the "Home First" principle
- Assess people's needs in their own home, following discharge.
- Weekend multi-disciplinary medical outlier team to expedite weekend flow – funding dependant
- Review Cardiac TDA pathway and requirement for further financial support – Has gone to BPG w/c 11/08
- Trust wide roll out of 'Your Next Patient'
- Monitor compliance following trust wide roll out of the OUH Inpatient Board Round Policy in all adult wards (acute and non acute) and adopt within Children's inpatient areas (first wards started).
- MADE for adult patients and pilot of MADE for Children's.

Oxford University Hospitals
NHS Foundation Trust

Capacity plan

- Learning from the success of last years flexible approach to capacity, a similar approach was taken this year with beds being flexed down in a staggered way over the summer months with a gradual re-opening plan through autumn with the funded winter beds opening in November.
- There were **NO** additional beds opened last winter and the flexible approach to capacity in part contributed to this as the gradual reopening of beds helped managed increasing demand.
- The Winter Surge Capacity plan has been updated in light of estates changes. Lack of JR surge capacity is a concern as a result of this.

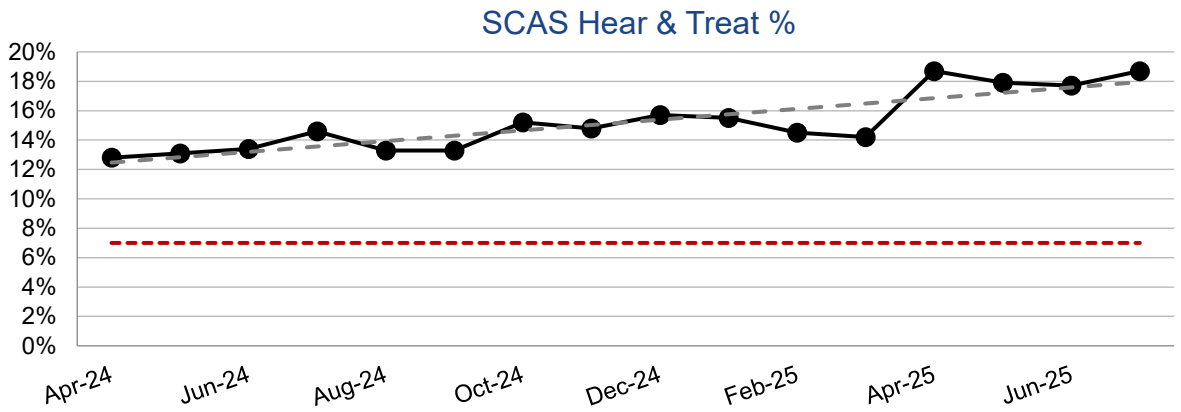


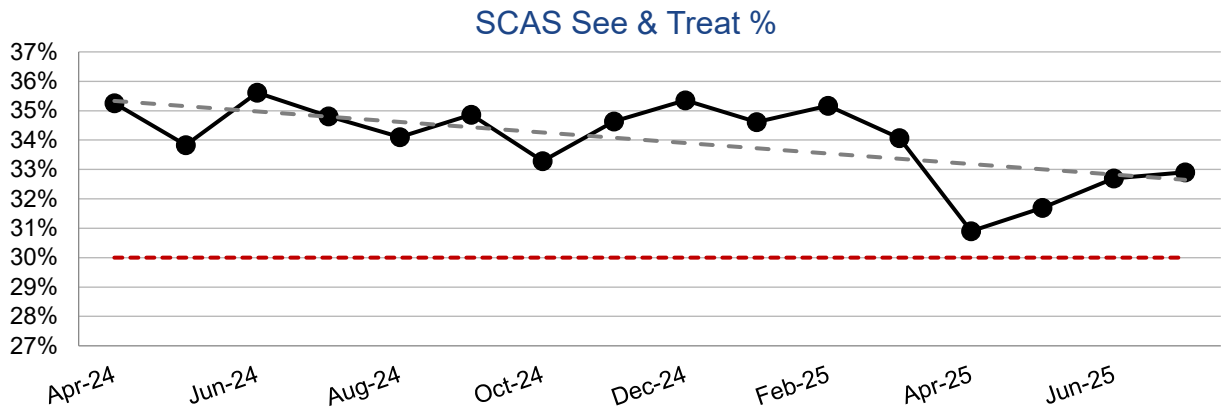
System working

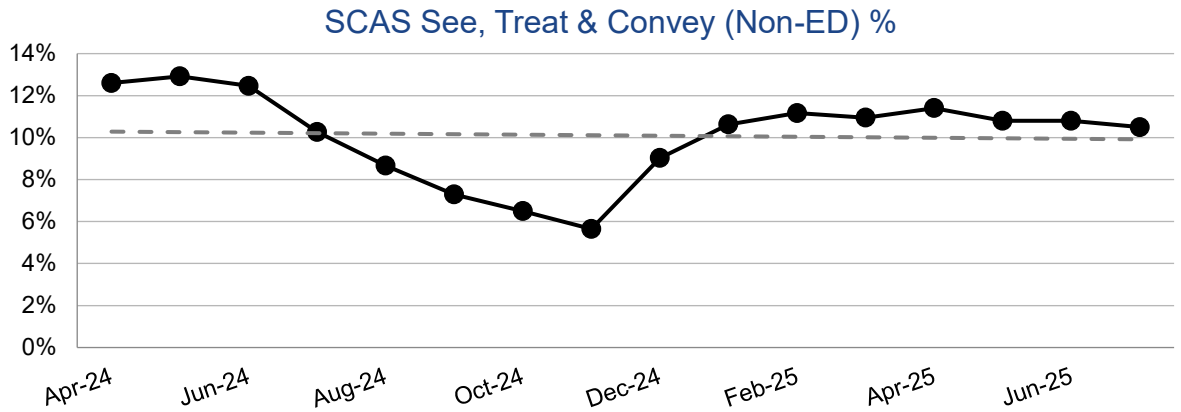
- **Reducing demand in the community**
- Oxford Health community vaccination programme
- Preventative intervention in home care and care homes to reduce demand
- **Increasing the number of patients receiving acute care in the community**
- Increased utilisation of alternative pathways by SCAS
- Increase system collaboration to increase referrals to SPA from SCAS ‘stack’.

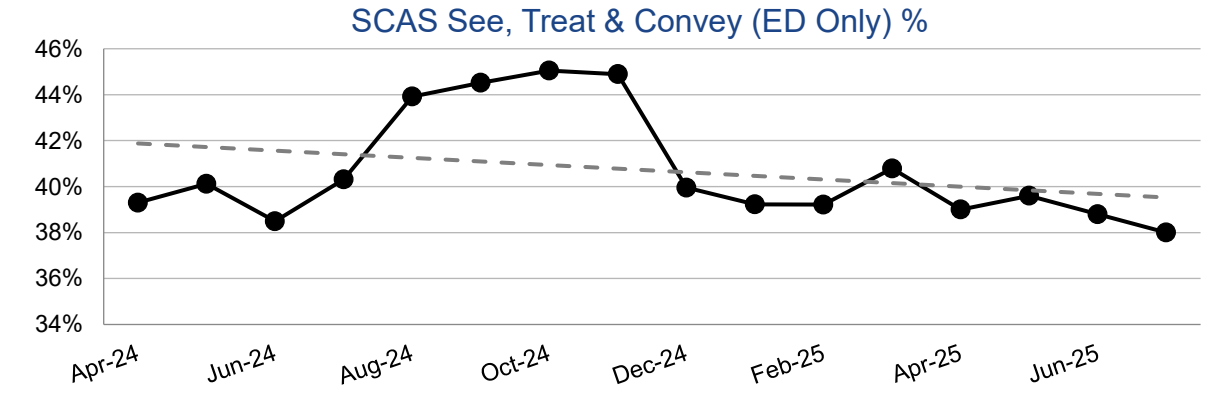
  Currently 2hrs per day resourced enabling average of 4 calls per session to alternative pathway. Plan for winter to incrementally increase to 12hrs per day. Timeline and target number of calls yet to be confirmed.
- SPA, community SDEC and MIU attendances
- Call B4 convey - Reducing care home conveyance, response strategy with SCAS
- Integration of SPA and OOHrs for carers and care homes
- Hear & Treat, See & Treat and conveyance rate monitoring – please see next slide.

SCAS See & Treat, Hear & Treat and conveyance rates





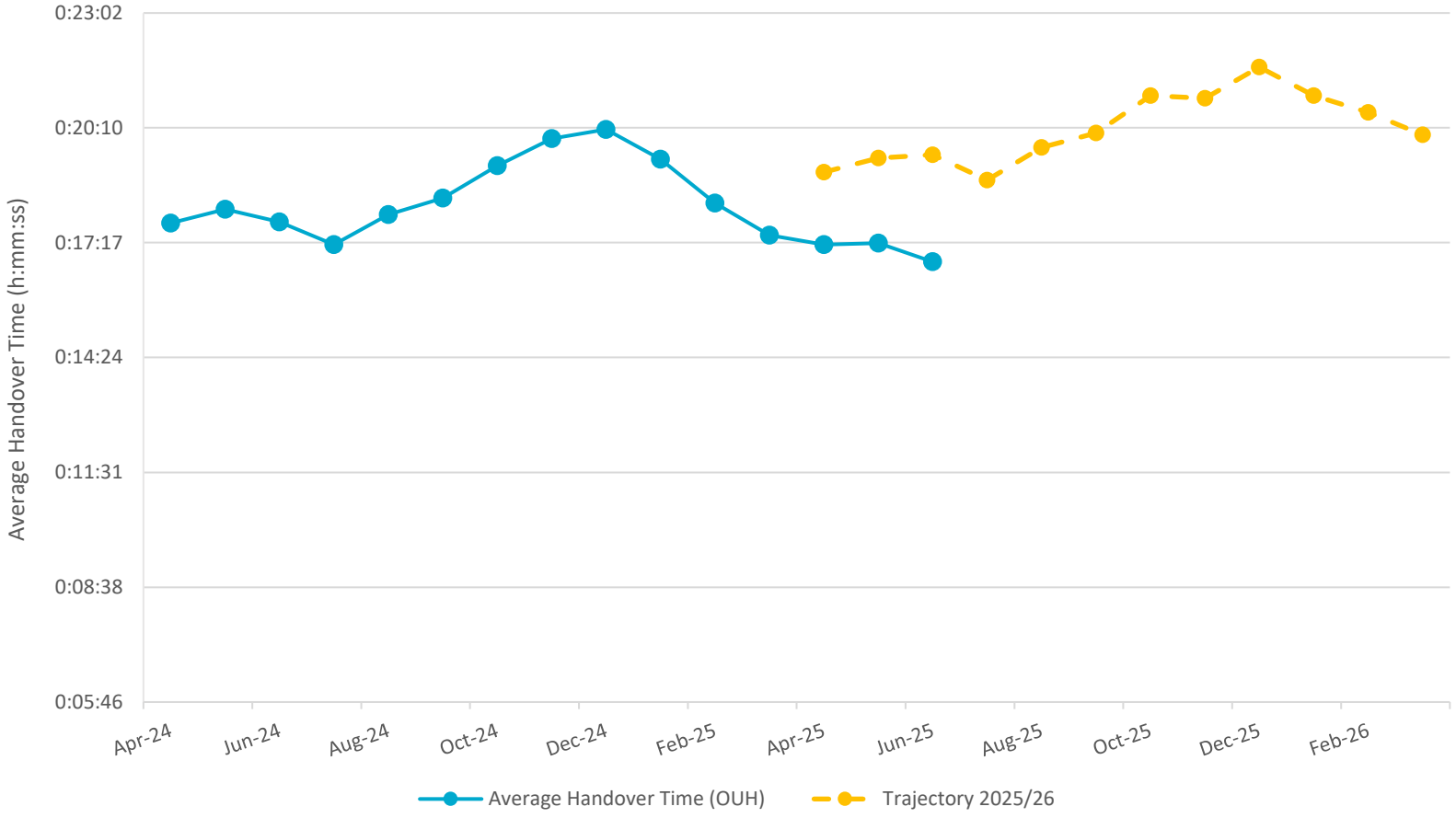




The red doted line on the top two graphs indicates that SCAS is exceeding its target for Hear & Treat and See and Treat rates. Conveyances to ED on a downward trajectory and lower than the same period last year (July 2024 vs July 2025)

Oxford University Hospitals
NHS Foundation Trust

Ambulance handovers

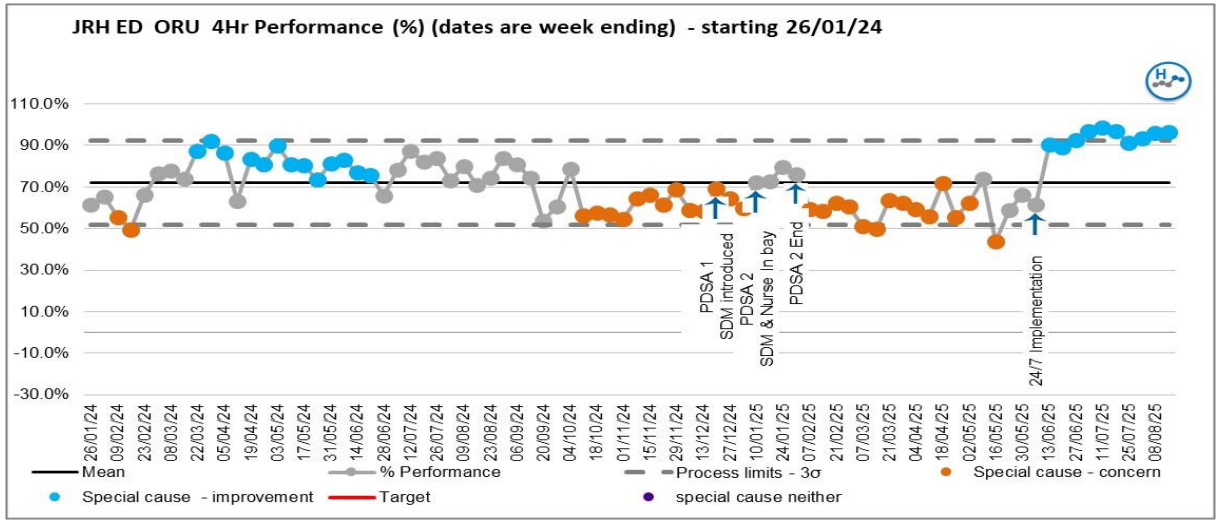


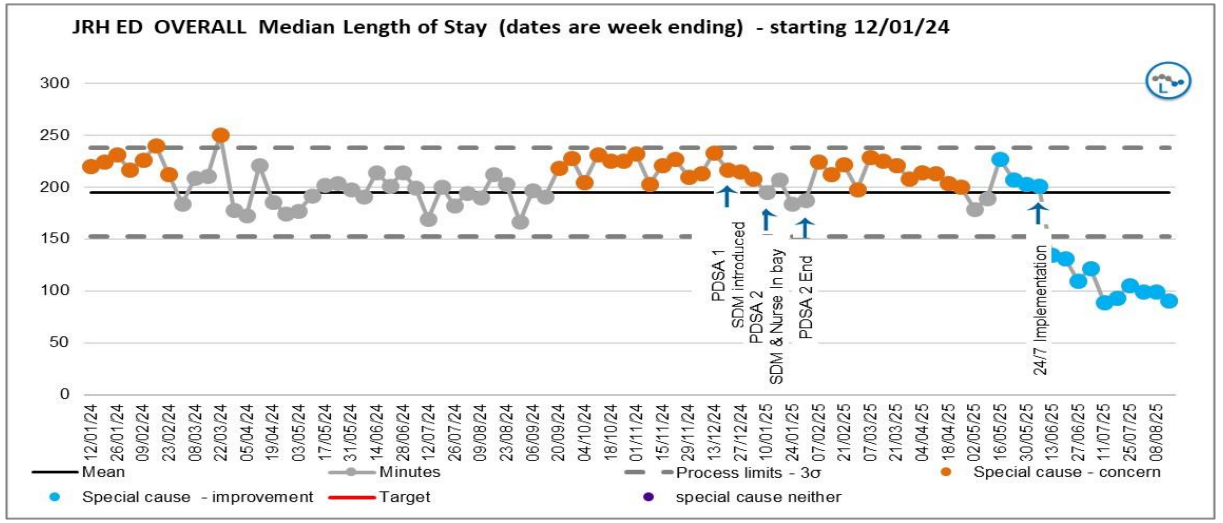
- **OUH is under trajectory for average ambulance handover time.**
- There are minimal 45- and 60-minute handover breaches from SCAS to OUH. Any that occur result in real time investigation for identification of learning.
- SCAS continuing to work with system partners to reduce conveyances and maximise conveyance avoidance opportunities.
- This winter our ED's will continue to prioritise handover nurse staffing to ensure prompt release of crews.
- Collaborative improvement work continues with OUH and SCAS to improve timely compliance with dual verification.
- Escalations continue to request improvements to the ambulance handover data collection process.
- Maintain, and continue to foster positive working relationships between ambulance colleagues and OUH staff and always prioritising patient safety

Emergency Department Performance and improvement update - Adults

- Rapid Assessment and Treatment (SDM & SDEC)

- Testing commenced RCEM Initial Assessment Model (Dec 24 to Mar 25), collaborative project inc. Consultants, Nursing, Patient Safety Representative and the Divisional, Information and Quality Improvement Teams.
- Estate change in ORU to ED SDEC and introduction of Specialist Registrar or above covering 24/7, providing earlier access to Senior Decision Maker (SDM) in Patient's pathway.
- Wider project planned from Apr 25, patients being streamed according to their needs and staff flexibly allocated to support, commenced 24/7 on 3 Jun 25.
- UCC streaming key component, supported internally and with OxCity, with Manor Surgery Branch site embedded in OUH in Aug 25.
- Team continue to drive improvement of current process with focus being applied to timely assessments and reducing overnight capacity of the SDEC.

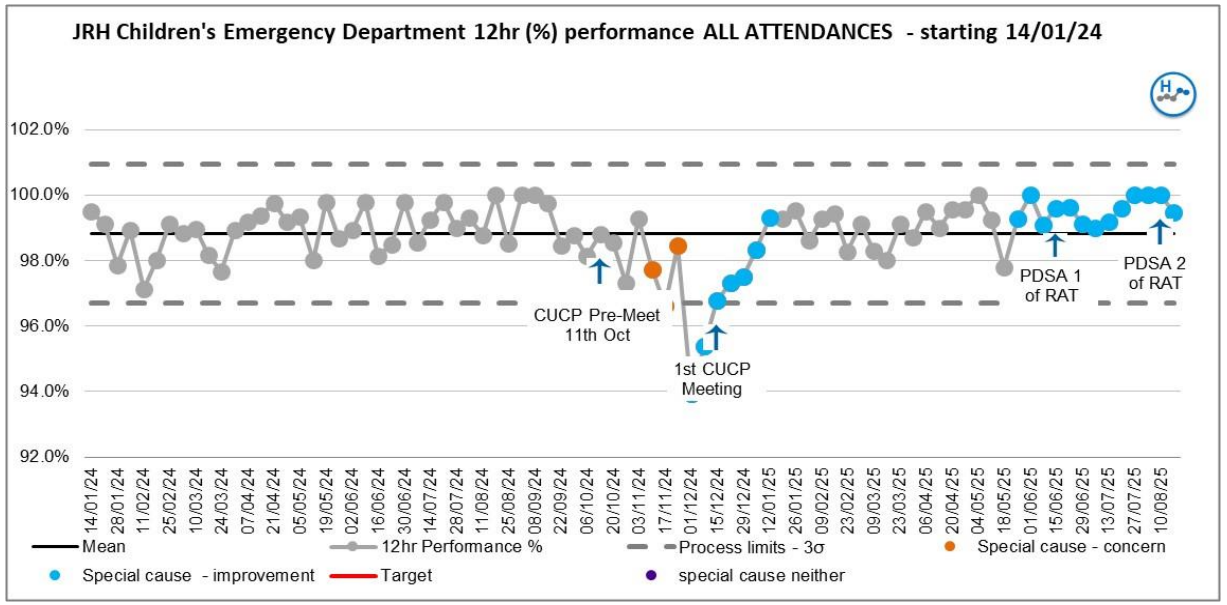


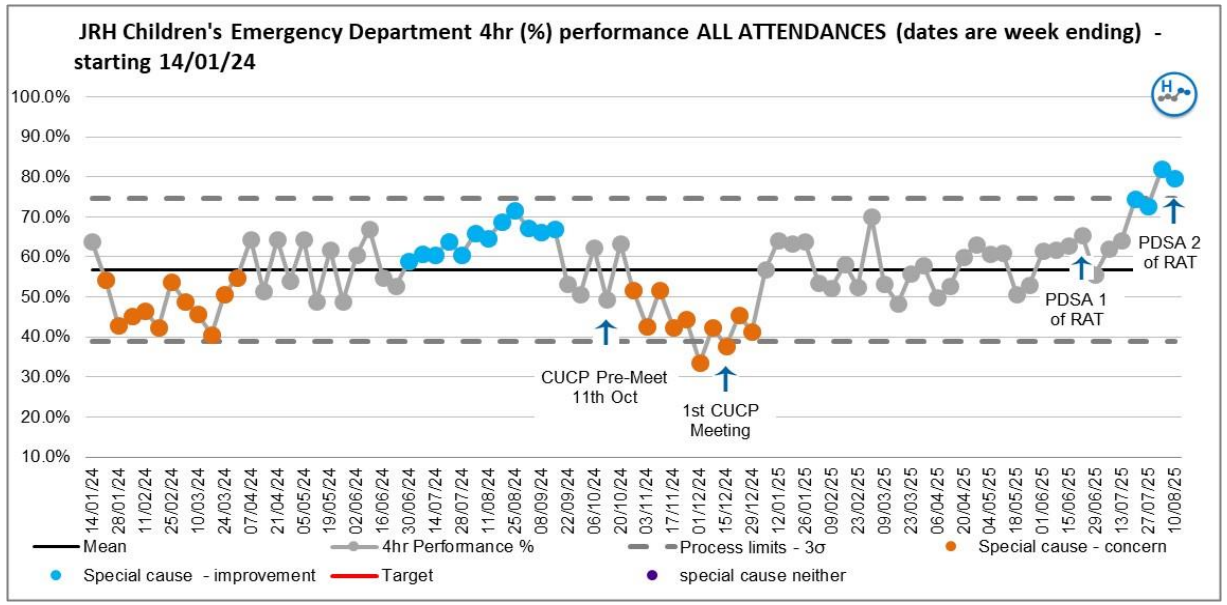


Emergency Department Performance and improvement update – Children's

- Paediatric ED

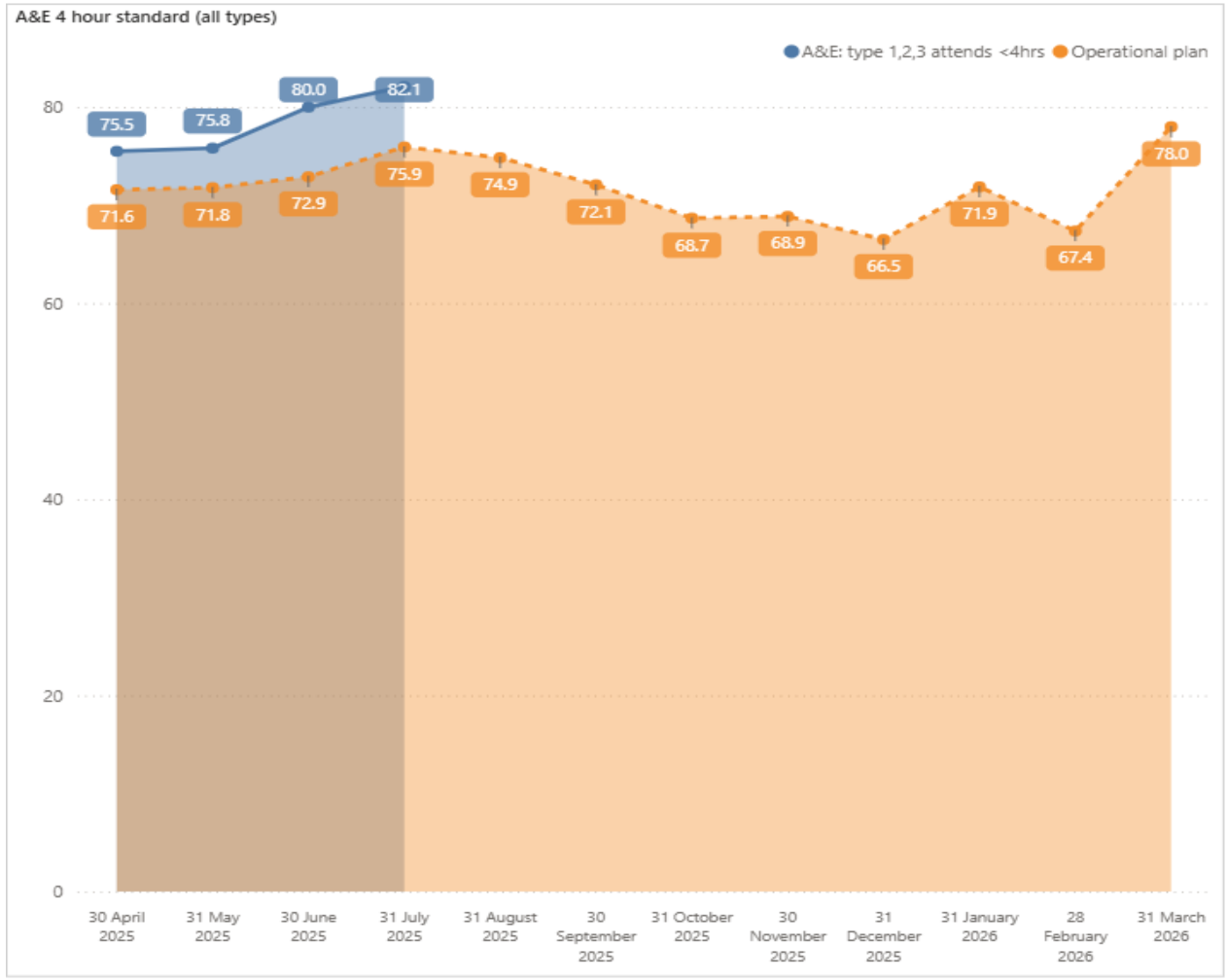
- Project group established Dec 24, with Divisional Representation from NOTSSCaN and MRC.
- Two main workstreams established, Paediatric Discharge Delays and Children's ED Front Door.
- Paediatric Discharge Delays commenced Mar 25 focusing on reducing delays in processing and issuing of TTOs, along with identifying opportunities for improving patient flow and timely discharges from CHOX wards.
- Children's ED Front Door commenced June 25, building on learning from Adults Rapid Assessment and Treatment workstream. Testing of introduction of Paediatric Emergency Consultant earlier in the patient's pathway to assess and prepare treatment plans for all Paediatric patients streamed to ED.

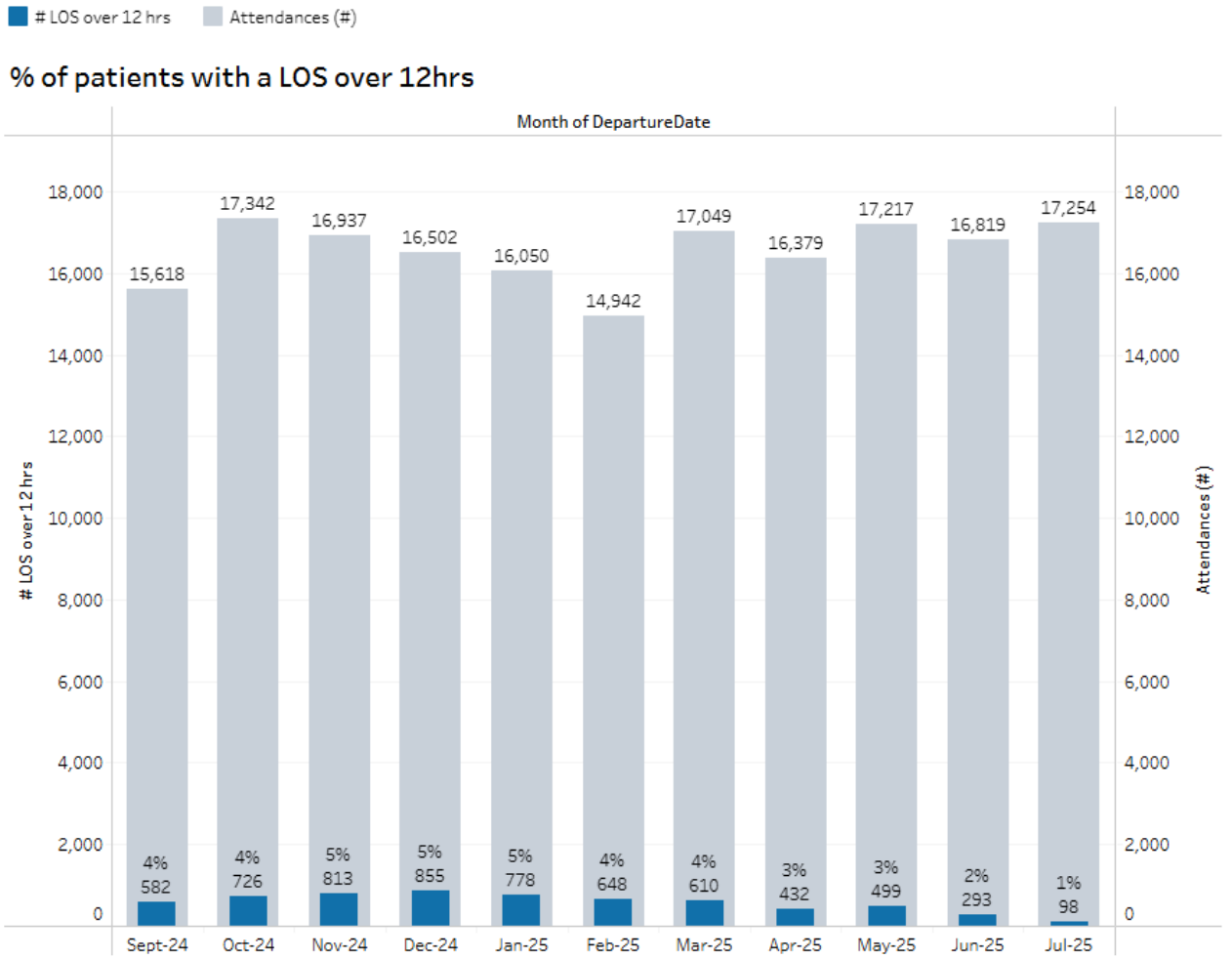




Oxford University Hospitals
NHS Foundation Trust

4 and 12-hour total length of stay



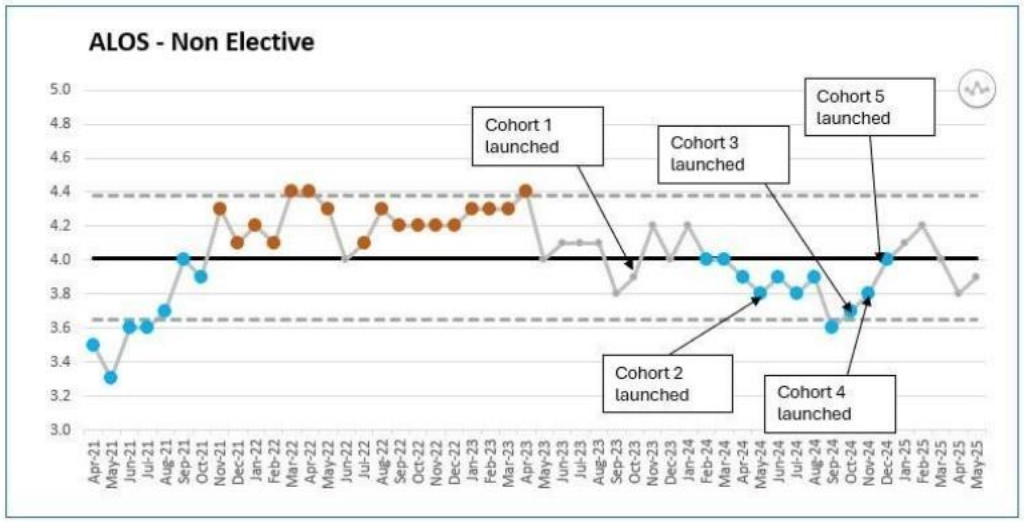


Improving flow in hospital

Oxford University Hospitals NHS Foundation Trust

Length of stay

The re-launch of the **Adult Inpatient Board Round Policy** has been completed in readiness for Winter 2025/26. The Policy has been updated and extended to non-acute areas, hospices and Children's inpatient areas.



Extended length of stay (<21days) reduction initiatives designed for winter optimising alternatives and providing improved data quality. Weekly length of stay activities which also support Board Round metrics.

Hospital Flow

- Maintain BAU for Transfer of Care Hub, meeting 7/7.
- Increased DLN and ToC admin support at weekends and bank holidays over winter.
- Dedicated DLN for JR ED and EAU for winter
- Pilot new process for DLN, FIT, duty S/W and Discharge Coordinator.
- Weekly Multi Agency Discharge Events (MADE) through winter
- Pilot Children's MADE September 2025
- Your Next Patient Guidelines reviewed and updated, aim to embed as BAU for JR site
- New Surgical transfer (SEU to Churchill) SOP (July 2025) SEU transfers.docx

Community beds

- Flexible Admission Criteria set against key Opel triggers (tested February 2025).
- Increased medical cover at weekends and bank holidays to support admissions and discharges
- New structure for patient FLOW meetings tested over summer to optimise community capacity
- Step down process to be reviewed ahead of winter (OSRU to generic bed).

Oxford University Hospitals
NHS Foundation Trust

Children's inc. Paediatric Critical Care

NOTTSCAN WINTER PLAN 2025_26		Funded Beds	Oct-23	1st Nov to 23rd Dec	24th Dec to 1st Jan	2nd Jan to End Feb	Mar-24
CHILDREN'S	Toms	16	16 beds open	20 beds open 4 additional Winter beds (Nov to Feb)	12 beds	20 beds open 4 additional Winter beds (Nov to Feb)	16 beds open
	Robins	14	14 beds open	14 beds open	8 beds open.	14 beds open	14 beds open
	Melanie's	12	12 beds open	12 beds open	12 beds open	12 beds open	12 beds open
	Kamran's	9	9 beds open	9 beds open	7 beds open	9 beds open	9 beds open
	Bell-Drayson	18	18 beds open	20 beds open 2 additional winter beds (Nov to Feb)	20 beds open 2 additional winter beds (Nov to Feb)	20 beds open 2 additional winter beds (Nov to Feb)	18 beds open
	Horton Children's	14	12 beds open	12 beds open	8 beds open	12 beds open	12 beds open
	Children's Day Unit	16	Open to 16 beds	Open to 16 beds	8 beds for urgent patients.	Open to 16 beds	Open to 16 beds
	Paediatric Critical Care	17	Open to 9 PHDU & 8 PITU. Flexing between HDU/ITU to meet demand 2 Elective bookings per day 24/7 retrieval continues.	Open to 9 PHDU & 8 PITU. Flexing between HDU/ITU to meet demand 2 Elective booking per day 24/7 retrieval continues.	Open to 9 PHDU & 8 PITU. Flexing between HDU/ITU to meet demand 2 Elective bookings per day 24/7 retrieval continues.	Open to 9 PHDU & 8 PITU. Flexing between HDU/ITU to meet demand 2 Elective bookings per day 24/7 retrieval continues.	Open to 9 PHDU & 8 PITU. Flexing between HDU/ITU to meet demand 2 Elective bookings per day 24/7 retrieval continues.
	Neonatal Unit	47	Normal operating capacity maintained	Normal operating capacity maintained	Normal operating capacity maintained	Normal operating capacity maintained	Normal operating capacity maintained
	Children's CDU	5	Open 24/7	Open 24/7	Open 24/7	Open 24/7	Open 24/7

Children's surge capacity plan

- There are 6 additional winter beds funded for winter on Tom's ward (4) and Bellhouse Drayson Ward (2). PCC is on track to deliver 17 funded beds.
- Robins TDA area to be utilised after this if additional inpatient capacity is required. Beyond this Children's Day Case Ward noting the impact on day case activity.
- Children's Critical Care surge for consideration - older children to adult critical care areas where appropriate and safe to do so, Theatre recovery for electives requiring HDU level care where staffing allows, Robins TDA area with additional staffing for HDU level patients.

Mental Health

Improving access to mental health crisis care in the community

- Provision of 24/7 crisis team through redesign of existing services (merger of night team and street triage)
- New 24/7 police 136 and health professionals' advice line, reducing avoidable 136 / ED attendance
- Expansion of crisis team capacity across Oxfordshire
- All age, 24/7 mental health text service “SUNRISE”
- Further refine opportunities for diversion from the Emergency Departments, including review of crisis alternatives such as safe havens.

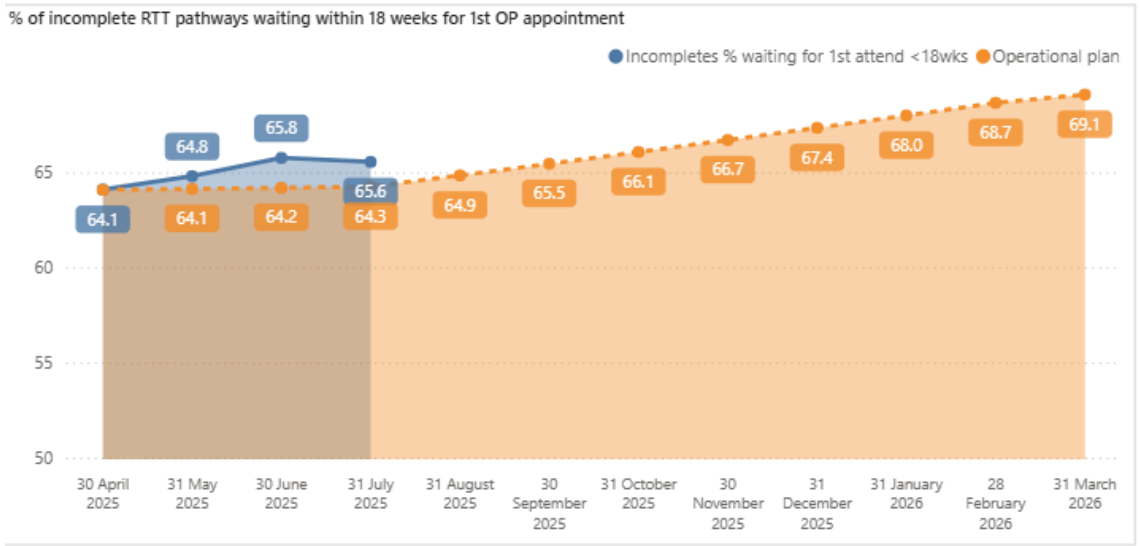
Flow in hospitals and ED

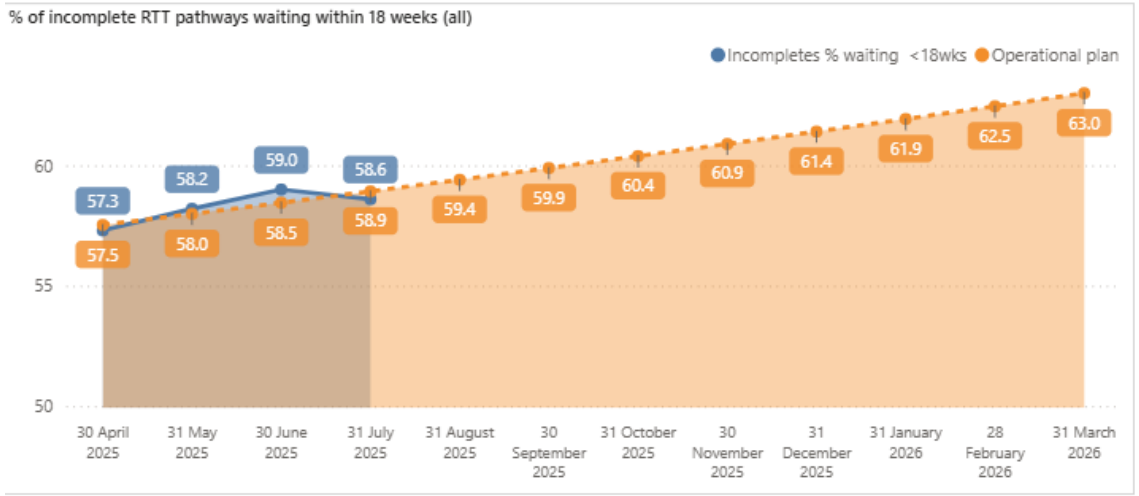
- Targeted length of stay reduction work for mental health inpatient beds.
- Patients with mental health illness remain in ED’s where appropriate to do so with rapid escalation when needed.

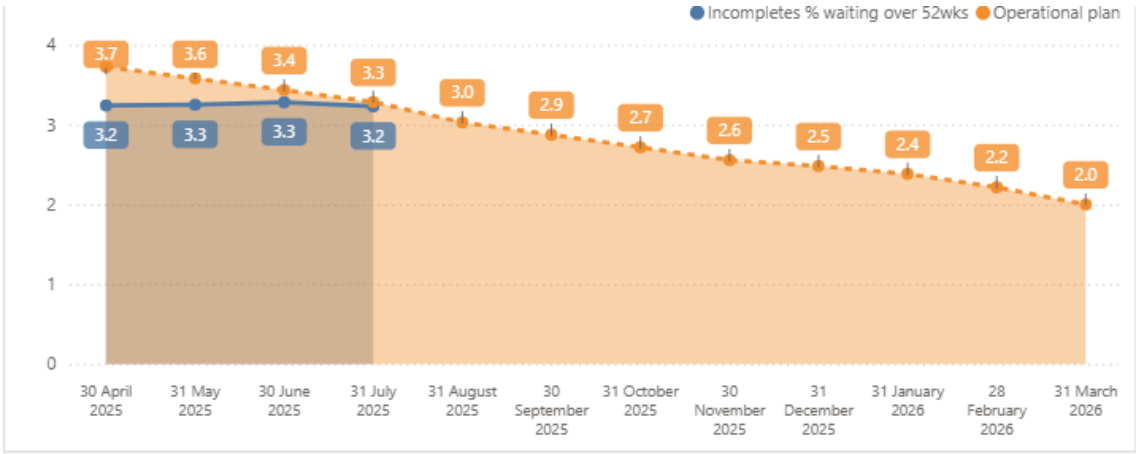
Electives

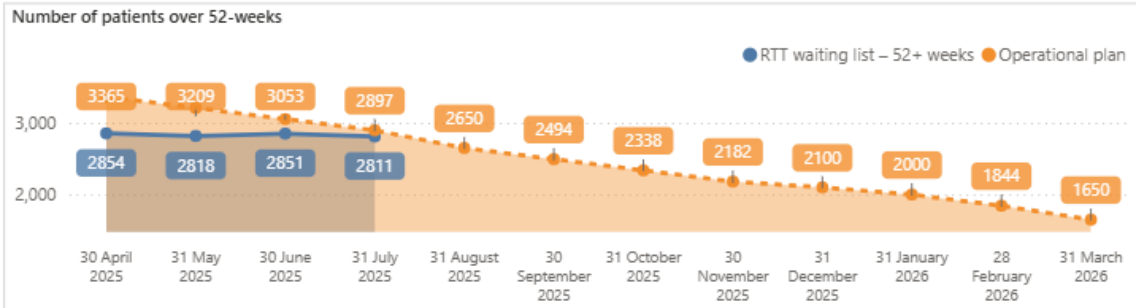
Oxford University Hospitals NHS Foundation Trust

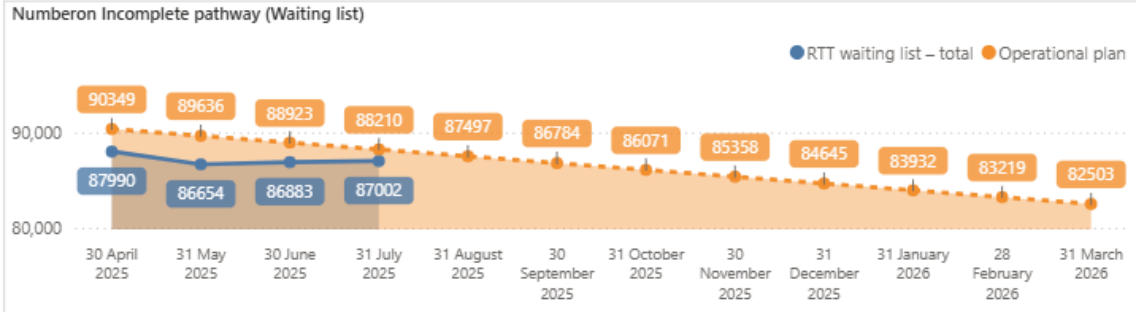
Core deliverables – actuals vs plan











Elective Recovery

Oxford University Hospitals NHS Foundation Trust

Elective Performance and Recovery of Long Waits must remain a focus over winter as sufficient capacity to maintain elective activity has been built into delivery as part of business planning. It is acknowledged that many patients whilst on our waiting list may require urgent and emergency care. Capacity for elective recovery needs to be protected as far as possible across theatres, wards and critical care.

Non-Admitted (Outpatients)

Advice & Guidance – continued boarding services to eRS system

New Routine Appointments seen by November

Follow-up Appointments Routine seen by January

Explore converting appropriate daycases to outpatient settings

Diagnostics (DM01)

Maximise one-stop cancer pathways and CDC capacity

Continuation of additional capacity via Funding Allocation - Audiology and Endoscopy as well as Radiology modalities

Prioritise delivering Routine Non-Admitted goal (left)

Optimise POA scheduling with the support of digital HSQs

Elective Plans

H2 Cancer & 52-weeks

Admitted (Theatres)

Run 96% in term time and at least 89% in peak holidays season

Strict escalation & cancellation approval for cancers and 52-weeks

Review all booked cases/lists excluding cancer, P2, Planned due and RTT long waits – potential to release baseline capacity

Review of overnight procedures to daycase + pre-hab/post-care

Validation & Governance

Continue Patient Engagement & Validation and Sprint schemes

Application of the National Interim Choice guidance in full

Mutual Aid where patients confirm willingness

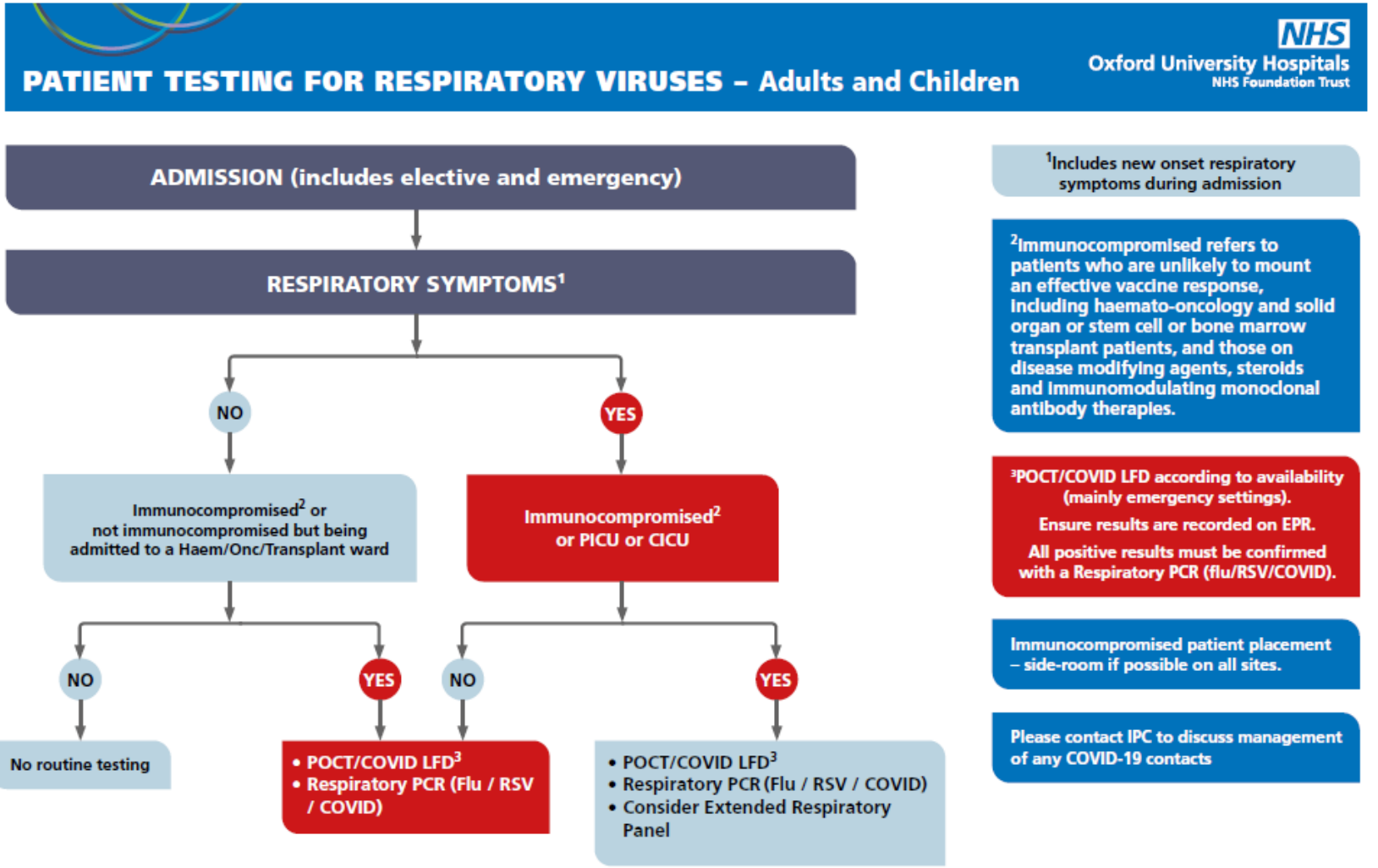
Escalation of next step delays via relevant forums along with RCA deep dive and harm reviews for learning

Infection Prevention and Control

- **POCT for SARS-CoV-2, RSV and Influenza in JR adult and Paed EDs, EAU, AAU, Horton ED/EAU, BellDray CDU** will be available during winter virus season to facilitate rapid patient triage. With LumiraDX technology has potential to roll out further, for example H@H.
- **SARS-CoV-2 lateral flow** (according to availability) **and Respiratory PCR** (SARS-CoV-2 (Covid-19), RSV, Influenza A&B) to stay in place for all patients with new onset respiratory symptoms
- **Side-room isolation or cohort isolation** for COVID-19, RSV, influenza (adult and children)
- Side-room placement for all immunocompromised patients if possible
- Follow Trust 5-day isolation guidance for patients with COVID-19, isolation to be extended if immunocompromised.
- Local control and management plans for PPE stock and flow
- Staff to ensure that they are wearing correct PPE when caring for patients with suspected or confirmed respiratory virus infection
- **Prioritise 5E/F, Juniper and Bellhouse-Drayson wards** for admitting and cohorting respiratory virus positive patients
- **Window opening** programme (as during COVID-19)
- Follow staff guidance testing and isolation for COVID-19
- IPC may advise the wearing of Type IIR surgical masks in certain or all clinical areas depending on the prevalence of respiratory infections for certain periods of time
- IPC team to continue 7-day week working to support the operational teams with IPC decisions
- **Winter Staff Vaccination** – offering Flu only this year. Re-instatement of Combined Winter Vaccination team and 'Peer to Peer' programme, thus increasing capacity to vaccinate. Offering ward -based vaccination and drop- in clinics across all sites.

Oxford University Hospitals
NHS Foundation Trust

Patient Testing for Respiratory Viruses



Patients Testing COVID-19 Positive

PATIENTS testing COVID-19 positive including RELEASE FROM ISOLATION – Adults and Children

NHS
Oxford University Hospitals
NHS Foundation Trust

Admit to COVID-19 cohort bay or side-room in general ward or speciality area.
CONSIDER postponing emergency/elective surgery.

Immunocompromised*

NO

Minimum 5 days isolation. Release after 5 days if clinically improved and free of fever for 48 hours.

No testing required. Maximum 10 days isolation.

YES

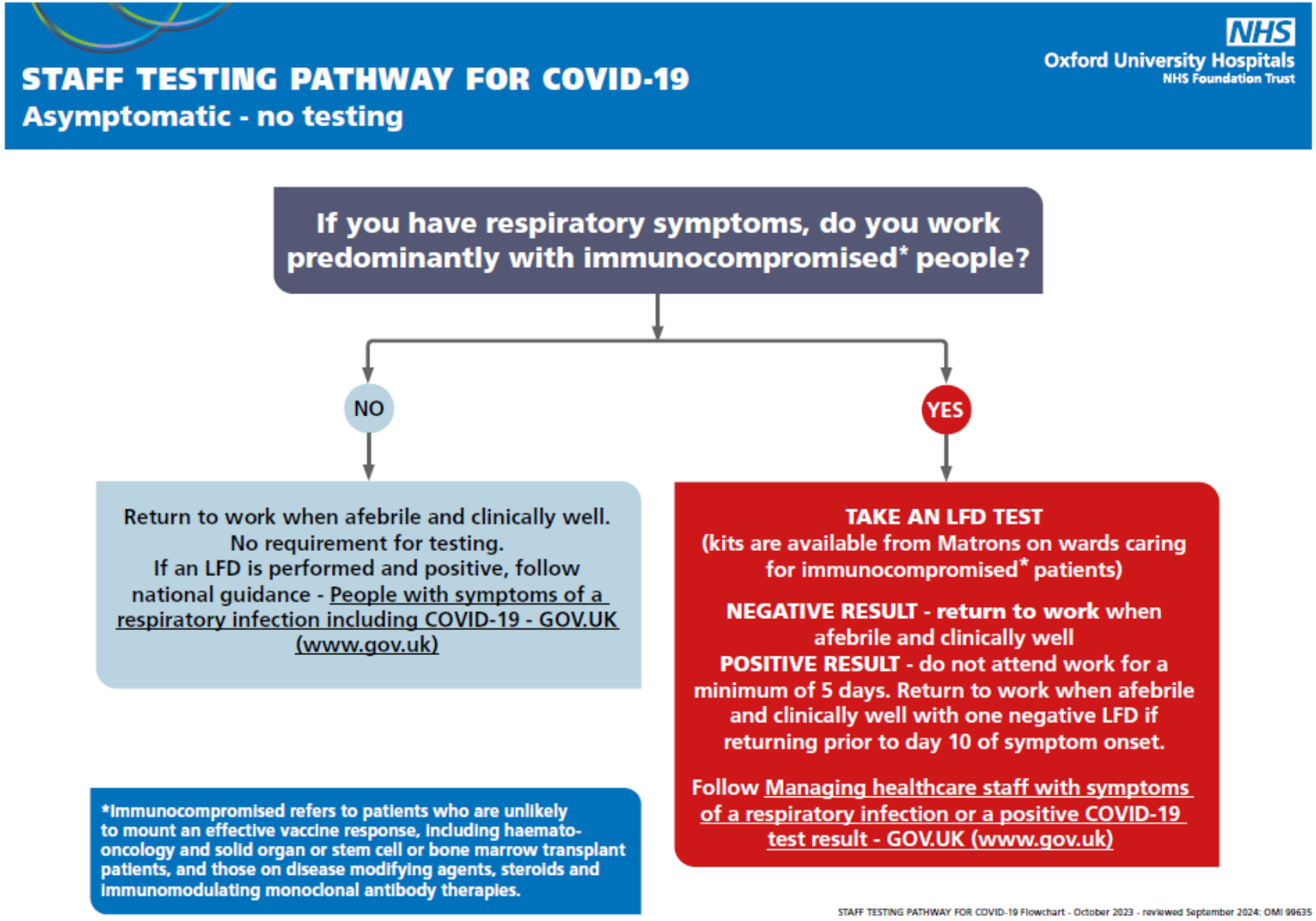
Minimum 5 days isolation. Require one negative LFD and clinically improved and free of fever for 48 hours prior to release from isolation - if LFD positive, repeat every 48-72 hours

Ensure LFD results are recorded on EPR to ensure patients are triaged for potential treatment.

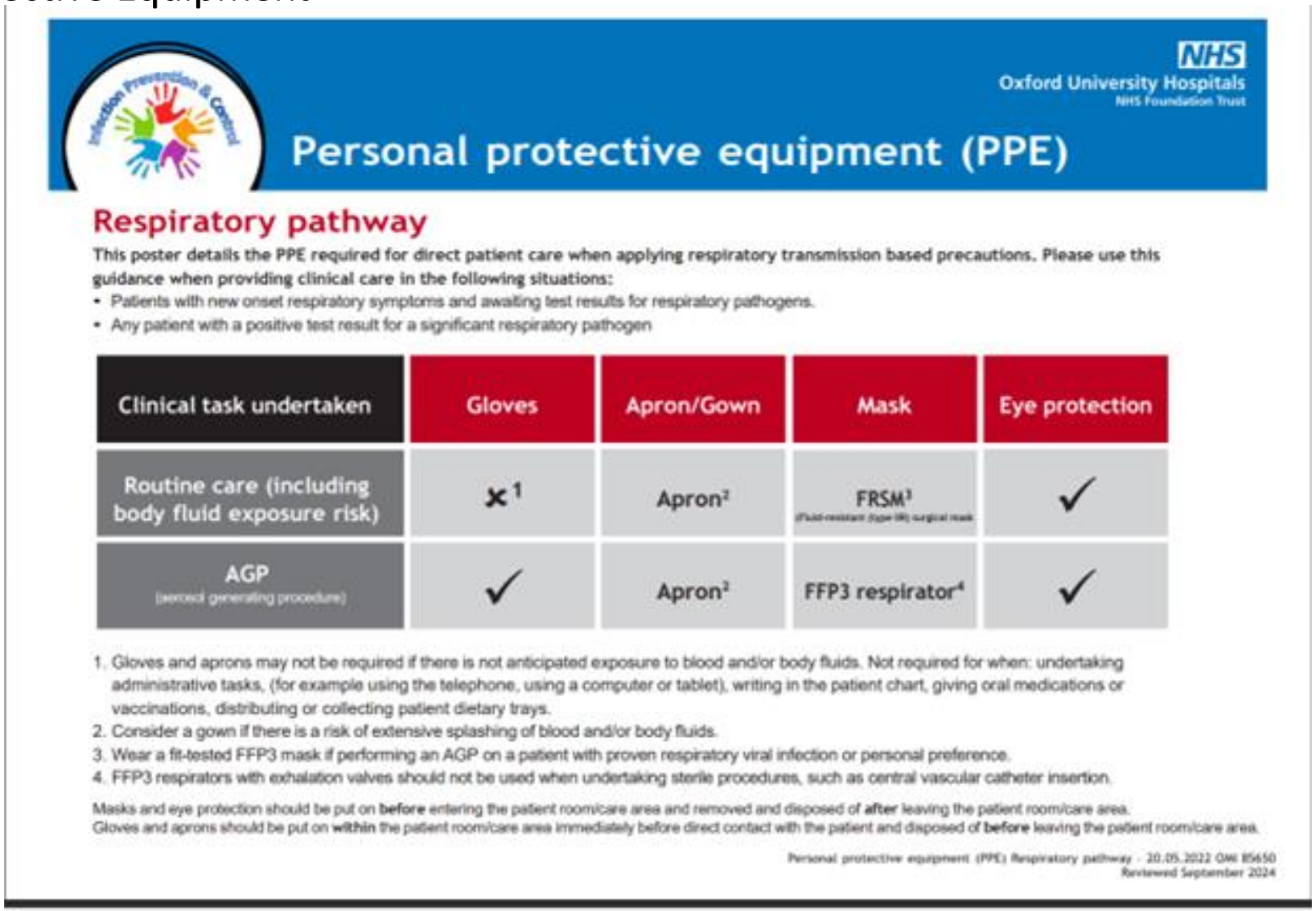
*Immunocompromised refers to patients who are unlikely to mount an effective vaccine response, including haemato-oncology and solid organ or stem cell or bone marrow transplant patients, and those on disease modifying agents, steroids and immunomodulating monoclonal antibody therapies.

Oxford University Hospitals
NHS Foundation Trust

Staff Testing Pathway for COVID-19



Personal Protective Equipment



NHS
Oxford University Hospitals
NHS Foundation Trust

Personal protective equipment (PPE)

Respiratory pathway

This poster details the PPE required for direct patient care when applying respiratory transmission based precautions. Please use this guidance when providing clinical care in the following situations:

- Patients with new onset respiratory symptoms and awaiting test results for respiratory pathogens.
- Any patient with a positive test result for a significant respiratory pathogen

Clinical task undertaken	Gloves	Apron/Gown	Mask	Eye protection
Routine care (including body fluid exposure risk)	✗[1]	Apron[2]	FRSM[3]	✓
AGP (aerosol generating procedure)	✓	Apron[2]	FFP3 respirator[4]	✓

1. Gloves and aprons may not be required if there is not anticipated exposure to blood and/or body fluids. Not required for when: undertaking administrative tasks, (for example using the telephone, using a computer or tablet), writing in the patient chart, giving oral medications or vaccinations, distributing or collecting patient dietary trays.
2. Consider a gown if there is a risk of extensive splashing of blood and/or body fluids.
3. Wear a fit-tested FFP3 mask if performing an AGP on a patient with proven respiratory viral infection or personal preference.
4. FFP3 respirators with exhalation valves should not be used when undertaking sterile procedures, such as central vascular catheter insertion.

Masks and eye protection should be put on **before** entering the patient room/care area and removed and disposed of **after** leaving the patient room/care area.
Gloves and aprons should be put on **within** the patient room/care area immediately before direct contact with the patient and disposed of **before** leaving the patient room/care area.

Personal protective equipment (PPE): Respiratory pathway - 20.05.2022 OWI 85650
Reviewed September 2024

Supporting Your Wellbeing

The Wellbeing Team work alongside the Centre for Occupational Health and Wellbeing who deal with all workplace health concerns for Trust staff: occupationalhealthjr@ouh.nhs.uk

Scan the QR code to view the full Guide to Health and Wellbeing

Wellbeing Champions promote the wellbeing support available to colleagues. Details on posters in your area

Mental Health First Aiders are listed by division on the **Growing Stronger Together intranet pages**

Wellbeing Check-ins are available for all team members with their line manager or 'nominated other individual'

For queries, please contact **wellbeing@ouh.nhs.uk**

GROWING STRONGER TOGETHER

Rest | Reflect | Recover

SIX Dimensions of Wellbeing

Social Wellbeing

Staff Networks

BAME, LGBT+, Women's, Disability and Accessibility, Young Apprentices and Sustainability Networks
culture@ouh.nhs.uk

Chaplaincy

Spiritual and pastoral support
01865 857921
chaplaincy@ouh.nhs.uk

Emotional and Psychological Wellbeing

Care First

Free, confidential advice and counselling 24/7
0800 174 319

Staff Support Service

Psychologically informed individual and team interventions.
Search 'Staff Support Service' on the Intranet.

Financial Wellbeing

A range of initiatives to support staff with the cost of living.
Search 'Cost of Living' on the Intranet.

Environmental Wellbeing

Oxford Hospitals Charity

Small grants available for improving staff areas
ouhcharitysupport@ouh.nhs.uk

Occupational and Intellectual Wellbeing

Personal development, including coaching, to support your professional development
culture@ouh.nhs.uk

Physical Wellbeing

Here for Health

Support for a range of lifestyle areas
01865 221429 hereforhealth@ouh.nhs.uk

Oxford University Hospitals
NHS Foundation Trust

Supporting our People – Winter 2025/26

- NHS England » Winter workforce preparedness
- Aim to fully recruit to all maternity leave and vacancies to increase resilience in staffing levels and minimise temporary workforce usage.
- Corporate nursing team assistance to support patient flow.
- Ensure all staff have access to health and wellbeing conversations and encourage them to access support to address their needs and concerns.
- Use team huddles to check in with each other
- Managers should support staff to take up of flu vaccination.
- Robust rostering and planning for annual leave to maintain senior cover across seven days over winter, including Christmas, New Year and bank holiday periods.
- E-Roster KPIs will be monitored weekly and maintained to target.
- Temporary staffing and NHSP pay rates will be managed against plan.

Risks to delivery

- System capacity and support for admission avoidance and effective discharge flow rate. (See relevant sections of Oxon UEC Risk Register – August 2025 for further details and mitigations)
- Building works for level 1 redevelopment at JR during most challenged winter period. Actively monitored through project group.
- Given the requirement to deliver 65wks in-month, reducing PCC bookings to 50% (2 rather than 4 per day) is the lowest we are able to go. Last winter 2 electives per day were planned for PCC with a number cancelled on the day due to no PCC capacity.
- Requirement to treat 65-week patients in-month from October and subsequent inability to prioritise day cases in January.
- NOTSSCaN cap at 26 medical outliers total (14 on JR site) before impact to elective delivery
- Estate: New location for PCCU restricts ability to flex up/surge capacity for adults and children with risk to elective activity during challenged periods. A review of options was considered as part of the OCCU Safety Group. In addition, PCCU move limits additional inpatient capacity options. Focus on patients ready to step out of the units will be essential.
- Workforce: no additional recruitment has taken place this year over and above our funded establishments for nurse staffing. Robust establishment reviews have reduced nursing staffing in some cases.
- Financial position and ability to fund additional capacity

Appendices

Appendix 1 - Board Assurance Statement - NHS Trust Aug 2025.docx
Appendix 2 - Equality Impact Assessment.docx
Appendix 3 – Divisional Winter Plans
NOTSSCaN Winter Plan 2025/26
SUWON Winter Plan 2025/26
MRC Winter Plan Action Tracker 2025/26
CSS tbc

Appendix 4 -
Oxfordshire UEC Integrated Improvement Programme Winter 2025/26

Oxford University Hospitals
NHS Foundation Trust

Thank you

Any questions…?