Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Public Trust Board Meeting: Wednesday 28 September 2022

TB2022.071

Title:	**Winter Planning Update - Quarter 4 Plan**

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

Board Leads:	**Sara Randall, Chief Operating Officer**
	Sam Foster, Chief Nursing Officer and SRO for Urgent care
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Confidential:	**No**
Key Purpose:	Strategy, Assurance, Performance.

Executive Summary- Winter Plan

The Quarter 4 Plan has been developed in line with the core objectives published by NHS England and the core priorities for Oxford University Hospitals NHS Foundation Trust (OUHFT). The Quarter 4 Plan describes how the Trust will work towards an increase in capacity and operational resilience in urgent and emergency care ahead of winter by responding to the eight core objectives and actions as set out in the 'Next Steps' letter from NHS England, August 2022. In addition, the Plan encompasses the priorities outlined in the Trust's People's Plan and puts our people at the heart of what we do. This is an iterative plan that will continue to evolve both within the Trust and across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS).

Key highlights for each of the eight priority areas within the plan are as follows:

- ***Prevention*** *– Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and 'Flu vaccination programme.*

- ***Increase capacity outside acute trusts***, *including the scaling up of additional roles in primary care and releasing annual funding to support mental health through winter. Collaborative working with Oxford Health NHS Foundation Trust (OHFT) with admission avoidance work within Mental Health and pathways for Children and Young People. OUHFT innovations for winter with applications to the Better Care Fund.*

- ***Response times and ambulance handover delays*** *– A Trust Wide improvement workshop following Quality Improvement methodology to minimise handover delays with short, medium, and longer-term priorities.*

- ***Reducing crowding in A&E departments and target long waits in ED*** *A Trust wide Quality Improvement project will begin in September to review the 12-hour total length of stay standard and develop local plans. Supporting patients to go directly home and improve patient flow out of the hospital.*

- ***Reduce hospital occupancy*** *– Using forecasting models to inform where we need to bridge the gap, admission avoidance initiatives and reducing length of stay. Promotion of voluntary sector services.*

- ***Ensure timely discharge*** *– Sharing learning across BOB to achieve the 100 Day Challenge, 21-day length of stay reduction and building resilience within our discharge teams.*

- ***Elective and Cancer Care*** *– Reduce long waits for patients across elective and cancer pathways through closer alignment of services, recognition of co-dependencies and awareness of risks.*

- ***Our People** - Support our staff with a Winter Wellbeing Campaign and Oxford Hospitals Charity support*

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.

The main projects to improve capacity are as follows:

- Avoid conveyance to the Emergency Department (ED) with 'Call Before You Convey'. This is a focussed piece of work with care homes to ensure that patients are streamed appropriately and to increase referrals to the Urgent Community Response (UCR) service from South Central Ambulance Service (SCAS).

- Increase virtual ward capacity to reduce the number of people who need to be admitted and/or enable patients to return home sooner.

- Cross-system work on reducing ambulance handovers, sharing patient risk across the system and enabling crews to turnaround vehicles more rapidly.

- Increase the number of patients on a discharge to assess pathway from both the Emergency Department and Emergency Assessment Unit through full optimisation of the Frailty Intervention Service and embedding CARE Team working with the UCR service.

- Increase pathway zero discharges across seven days for those patients who do not require any additional support in their home environment.

The Quarter 4 Plan recognises the risks in relation to capacity and operational resilience in urgent and emergency care through the final quarter of the financial year, and the internal and external co-dependencies across the local health and social care system.

Recommendations

The Trust Board is asked to approve the Q4 Plan.

Executive Summary

National guidance published on 12 August 2022 outlined 8 core system objectives to underpin operational resilience in urgent and emergency care (UEC) ahead of Winter 2022/23:

Slide 3: Prepare for variants of COVID-19 and respiratory challenges
Slide 4: Respiratory Illness Management Plan
Slide 5: Increase capacity outside acute Trusts
Slide 6: Integrated Improvement Programme and Winter Surge Plan - Oxfordshire
Slide 8: Target Category 2 response times and ambulance handover delays
Slide 9: Reduce crowding in Accident & Emergency Departments and target the longest waits in Emergency Departments
Slide 10: Reduce hospital bed occupancy to <90%
Slide 11: Ensure timely discharge
o Increase resilience in NHS11 and 999 services – *(excluded from OUH plan)*
o Provide better support for people at home – *(excluded from OUH plan)*

Six key metrics to be used to monitor performance in each system:
➢ 111 call abandonment
➢ Mean 999 call answering times
➢ Category 2 ambulance response times
➢ Average hours lost to ambulance handover delays per day
➢ Adult general and acute type 1 bed occupancy (adjusted for void beds)
➢ Percentage of beds occupied by patients who no longer meet the criteria to reside

UEC Assurance Framework published with self-assessment undertaken by Integrated Care Boards
Key metrics to be used to monitor performance in each acute Trust:
➢ 15 minute ambulance handovers – 65%
➢ 30 minute ambulance handovers – 95%
➢ 60 minute ambulance handovers – 100%
➢ 4 hour Urgent Care Standard – 95%
➢ 12 hour total stay within the Emergency Departments - <2%
➢ 21 day length of stay – 12%
➢ Reduce variance of Pathway 0 discharges between weekdays and weekends
➢ Adult general and acute type 1 bed occupancy (adjusted for void beds) - <90%
➢ Monitoring of beds occupied by patients who no longer meet the criteria to reside

Performance against this plan will be monitored via the Quality Improvement Programme and via the Trust Wide Urgent Care Group. In addition, a separate paper will be written to inform the Trust Board of the achievements of this plan in Spring 2023.

Objective 1: Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme

Infection Prevention and Control Winter Respiratory Illness	
Influenza	• Joint Committee on Vaccination and Immunisation modelling 2021 is still relevant, reduced immunity could lead to 20-30% additional flu activity and 50% worst case scenario. • Many under 5 years who have never encountered 'flu. • 'Flu variants that are circulating are a good match for the 2022/23 vaccine strain. • Australia had an early season with a large spike, but this was in the context of declining vaccination rates and increased testing. Over half of their 'flu hospitalisations were in <16-year-olds, but they have low vaccine uptake in this group. • **Winter vaccination group chaired by Deputy Chief Medical Officer and Deputy Chief Nursing Officer established (staff and patient group programme)** • **Flu vaccination planned to commence October 2022, via a 'peer to peer' approach as in previous years.**
COVID-19	• Modelling of Covid-19 impact on hospital admissions and bed occupancy only extends out about 4 weeks • In the Southwest it is predicted that numbers will plateau at a lower level than after the Delta peak • United Kingdom Health Security Agency not aware of any longer-term predictions on Covid-19 case numbers or hospital data – there is considerable uncertainty, particularly around emergence of new variants • **Need to ensure that staff have easy access to the COVID-19 booster vaccine**
RSV	• RSV has started this summer in under 5-year-olds so we might see a more spread distribution of cases compared to the usual December peak • Not yet seen a return to RSV transmission in older adults

Respiratory Illness Management Plan

- Review side room usage

- Dedicated cohort ward(s)

- Use well ventilated areas for patients with respiratory illnesses

- Embed knowledge of Standard Infection and Prevention Control Precautions

- Consistent, daily review of numbers of patients with respiratory illness presenting to our Same Day Emergency Care (SDEC) areas and ward outbreaks, to inform future management

- Point of care testing for 'Flu

- Debrief/lessons learnt event in the Autumn to examine previous management approaches

Objective 2: Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter

Area	Plan
Mental Health Capacity	• Extend capacity in 'Safehavens' and Crisis beds • Medical Support Worker and in-house phlebotomy within Oxford Health Foundation Trust (OHFT) for adults with Eating Disorders • Additional Children and Adolescent Mental Health Services (CAMHS) Crisis Liaison Role • Extend skill set and expertise to liaison role at OUHFT • Increase Emergency Department Psychiatric Service (EDPS) staffing at night
Children's Mental Health Capacity	• Additional CAMHS Crisis Liaison Role • Eating disorder assessment and admission pathways for 16–25-year-olds being identified in collaboration with OHFT avoiding Emergency Department (ED) assessment and admission
Oxford PLACE level winter plan	• See slides 6 and 7 outlining system surge plan to minimise the system risk to delivery of Urgent and Emergency Care • System / national communications campaign to be included
Partnership working	• Homelessness complex care Multi-Disciplinary Team (MDT), support, database, step-up / crisis beds for admission avoidance, reduced conveyance and improved discharge pathways
Innovations for winter – Better Care Fund (BCF) applications from OUHFT	• Admission avoidance for patients with Multiple Sclerosis • Increase coverage of Admission and Discharge Leads across seven days within Medicine • Enhance Discharge Liaison Nurse Team including focus on out of area delays. • *Pending applications in Pharmacy, Radiology, Specialist Pharmacy within Oncology, Ambulatory Pathway within Plastics Trauma, Discharge Peer Review, Weekend Discharge Team, Telemed Discharge Follow Up at The Churchill and Alcohol Care Team*

Integrated Improvement Programme and Winter Surge Plan Oxfordshire

Priorities

Demand and capacity	Aligning demand and Capacity Increase bed and virtual ward capacity
Timely discharge	100-day challenge
Improving Ambulance performance	Reducing 15-, 30- and 60-minute ambulance handover delays and overall hours/minutes lost to the ambulance service
Reducing hospital admission	Increasing the number of people t alternative pathways to hospital admission
Preparing for Covid and resp illness	Covid and flu vaccination Programme
Communications	Deliver help us help you campaign.

Integrated Improvement Programme and Winter Surge Plan Oxfordshire

Keeping people safe at home

- Promoting independence - Active Oxfordshire
- Anticipatory care- planning people care with them
- Enhanced monitoring with GP and community team

Assessing people in their own home when they require it

- Assessment within 2hrs in their own home
- Referrals from 999 crews, NHS 111, GP's and other health care professionals in their own home
- Continued assessment and treatment by hospital @ Home teams with consultant medical supervision from OUHFT
- Accessing Same Day Emergency Care units when further diagnostics are required.

Reducing ambulance handovers and length of stay in Emergency Departments

- Supporting handovers from ambulance crews across all assessment units
- Reducing length of stay in Emergency to support people returning to their own home with support from H@H/Care teams

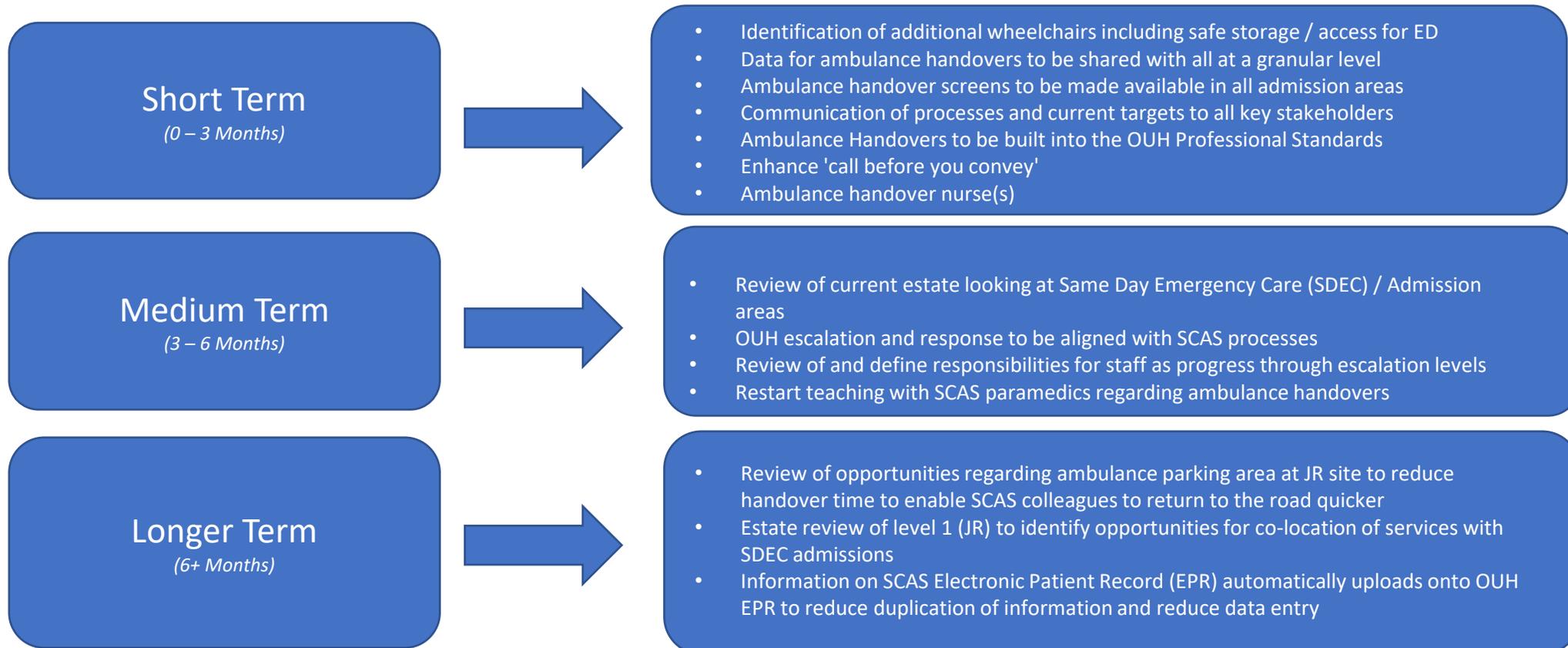**Demand and capacity**
Modelling carried out within OUHFT and the additional beds required within the community what is required to

Patient recovery and flow
Increasing the number of people returning home.
Reducing LOS across beds in Oxfordshire

Objective 4: Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged Trusts

Following a Trust Wide improvement workshop held in May; short, medium and longer-term priorities have been identified. Separate workstreams are in place, agreed activities have commenced which are owned by a business change manager from either the OUHFT and / or South-Central Ambulance Service (SCAS)

Short Term
(0 – 3 Months)

- Identification of additional wheelchairs including safe storage / access for ED
- Data for ambulance handovers to be shared with all at a granular level
- Ambulance handover screens to be made available in all admission areas
- Communication of processes and current targets to all key stakeholders
- Ambulance Handovers to be built into the OUH Professional Standards
- Enhance 'call before you convey'
- Ambulance handover nurse(s)

Medium Term
(3 – 6 Months)

- Review of current estate looking at Same Day Emergency Care (SDEC) / Admission areas
- OUH escalation and response to be aligned with SCAS processes
- Review of and define responsibilities for staff as progress through escalation levels
- Restart teaching with SCAS paramedics regarding ambulance handovers

Longer Term
(6+ Months)

- Review of opportunities regarding ambulance parking area at JR site to reduce handover time to enable SCAS colleagues to return to the road quicker
- Estate review of level 1 (JR) to identify opportunities for co-location of services with SDEC admissions
- Information on SCAS Electronic Patient Record (EPR) automatically uploads onto OUH EPR to reduce duplication of information and reduce data entry

Objective 5: Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of Same Day Emergency Care (SDEC) and acute frailty services

- Trust wide Quality Improvement project to commence in September; multidisciplinary workshop planned for mid-October to review the **12-hour total length of stay standard** to develop local plans by following the principles contained within the Quality Improvement framework

- Maximise the opportunity to **Discharge to Assess from Level 1** to fall within the scope of the 12-hour Total Length of Stay Task & Finish Group

- **Enhance site team cover during peak times to optimise flow from Level 1**

- **Improve the utilisation of the Transfer Lounge** with specific focus on utilisation across 7 days, optimising discharges earlier in the day and support lower than average uptake areas. **Horton Discharge Lounge** planned to open in the Autumn.

- Development of **'Full ED / Hospital Protocols'** to commence in September

- **Opel framework reviewed** with revised triggers reflective of post covid challenges and new metrics (12 hr total length of stay)

- Condition focussed Quality Improvement project informed by **Regional Lightfoot forecasting** to reduce attendances and avoid admissions

- **OUHFT SDEC services:**

Area	October 2022	November until 23rd December	24th Dec to 1st Jan	2nd January 2023 to 28th February	March 2023
AAU	07:30am – 11:00pm Mon-Fri Weekends & BH's 07:30-21:30	Weekends & BH's 07:30-21:30 07:30am – 11:00pm daily	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
SEU	SEU Triage on 6C due to AVSU works Finalise draft SEU divert take SOP	24/7 service Implement new SEU Divert Take SOP	24/7 service	24/7 service	24/7 service
GPRU	7am - 11pm 7 days per week Maximise ENT / OMFS ambulatory pathways	7am - 11pm Maximise ENT / OMFS ambulatory pathways	7am - 11pm Maximise ENT / OMFS ambulatory pathways	7am - 11pm Maximise ENT / OMFS ambulatory pathways	7am - 11pm Maximise ENT / OMFS 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
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

Objective 6: Reduce hospital occupancy, through increasing capacity by the equivalent nationally of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.   Occupancy to reduce to <90% adjusting for void beds

Forecast (Elective + Non elective) beds	833	836	869	888	888	948	897	999	956	932	942	944
Ward capacity 22/23	987	987	987	987	987	987	987	987	987	987	987	987
Forecast utilisation 22/23	84.4%	84.7%	88.0%	90.0%	90.0%	96.0%	90.9%	101.2%	96.8%	94.5%	95.4%	95.6%
A. Additional beds to achieve 90% occupancy (bed gap)	-55	-52	-20	-0	0	60	9	110	67	44	54	55

Actual beds used 22/23	918	939	937	925	907	-	-	-	-	-	-	-
Actual utilisation 22/23	93.0%	95.1%	94.9%	93.7%	91.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Bridging the gap:
- Additional winter capacity (**funding dependant**):

Site	Speciality	Number of additional beds
JR	Trauma	10
JR	Specialist Surgery	4
	6C	20
HGH	F Ward	9
HGH	CCU/Oak Ward	8
CH		10
NOC		7
OUHFT TOTAL		**68 Adult beds (+4 Childrens beds)**
OCC	Nursing Home Beds	45
	Designated Beds	14
Oxfordshire Total		**127**

- Admission avoidance BCF bids in Plastics, Neurology & Alcohol Care Team, and some elective surgery services
- Length of Stay reduction BCF bids in Pharmacy, Radiology, Discharge services, and acute medical wards
- Examining Pathway 0 discharges across 7 days targeting outlying areas
- Promoting Voluntary sector services, AgeUK in HomeFirst MDT screening process and optimising British Red Cross support

Objective 7: Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100-day challenge'

The 100 Day Challenge was launched on 23 June 2022 to deliver against 10 best practice initiatives that have been identified that demonstrably improve flow. The aim is to improve the current position around discharge and ensure that we are in the best possible position ahead of winter. 100 days comes to an end on 30 September when we are expected to have a full understanding of the 10 interventions and associated support, and infrastructure in place to sustain this approach.

Additional timely discharge initiatives:

Non-emergency PTS - Additional settling in crew early morning

BCF dependent - Reinforce Discharge Liaison Nurse team, enable a DLN to focus on out of area delays, MRC discharge bids Admission and Discharge Coordinator roles 12hrs per, seven days per week.

Transfer Lounge Utilisation across seven days and from 8am. Focus Ward areas identified with lower-than-average uptake. Horton Transfer Lounge to open in the Autumn.

21-day LoS reduction work this winter focusing on Patients waiting for Community Hospital placement, Intravenous Therapy and the number of uncoded patients.

Transfer of Care Hub start date planned for January 2023

No	100 Day Challenge Initiative	OUHFT
1	Identify patients needing complex discharge support early	
2	Ensure multidisciplinary engagement in early discharge plan	
3	Set expected data of discharge (EDD), and discharge within 48 hours of admission	
4	Ensuring consistency of process, personnel, and documentation in ward rounds	
5	Apply seven-day working to enable discharge of patients during weekends	
6	Treat delayed discharge as a potential harm event	
7	Streamline operation of Transfer of Care Hubs	
8	Develop demand/capacity modelling for local and community systems	
9	Manage workforce capacity in community and social care settings to better match predicted patterns in demand for care and any surges	
10	Revise intermediate care strategies to optimise recovery and rehabilitation	

Elective and Cancer Care Plans – in development

Key deliverables by March 2023:
- Reduction in RTT long waiting patients to zero >104 weeks and zero >78 weeks
- Reduction in the number of patients on the cancer PTL who are waiting over 104 days and over 62 days to 25 and 120 respectively

Approach to H2 elective and cancer recovery plans:
- Maximise all potential opportunities within the **Outpatient and Cancer Improvement Programmes**
- **Recommended** prioritisation approach to use of theatre capacity across Q3 and Q4, categorised as follows – 1) emergencies, 2) cancers, 3) lapsed P2's and 4) 78 week waits
- Theatre requirements based on assessment of business-as-usual demand and volume of backlog reduction across each category to meet the March 2023 deliverables

Risks:
- Anaesthetist recruitment lower than expected
- Sickness increases to levels seen in Q1 or higher
- Bed availability / critical care bed capacity
- Uptake of additional sessions cover lower due to pay rates
- Industrial action across a range of staff groups
- Estates work that may be planned during Q4
- Implementation of Surginet affecting activity levels lower than modelled
- Cover for additional 7 elective lists at weekends at the Churchill
- Increase in COVID-19 across staff and patients
- High rate of incidence of Flu across staff and patients
- Combination of COVID-19 and Flu across staff and patients
- Ability to protect NOC and Churchill sites to undertake elective activity
- Under-performance of ERF schemes

Mitigations:
- Implementation of robust 6-4-2 model across all theatre complexes
- Promote uptake of COVID-19 and Flu vaccination programmes
- Implement best practice discharge planning across all sites
- Profile elective critical care cases in line with specialty winter plans
- Pay-rate review across BOB
- Reduce theatre session requirements across half terms and Christmas holiday period
- Reduction of 6 theatre session p/wk at the NOC
- Specialty review of level of list backfill required
- Mutual aid requests to BOB and Region for high risk specialties

Combined weekly theatre capacity requirements

	Baseline	NEL	Cancer	Obs	Paeds	P2	78	LA	Flexi lists	Cardio
WW0	40	7	2	0	8	8	13	2	0	
WW1	37	13	7	0	8	3	6	0	0	
JR1	25.5	12.5	0	5	0	5.5	2.5	0		
JR2	32	29	1	0	0	2	0	0	0	14
NOC	36	6	7	0	0	3	19	1	0	
CH	57	5	42	0	0	7	3	0		
HG	21	3.5	0	0	4.5	6	4	1	2	
Avic	1	0	0	0	0	0	1	0		
Manor	3.5	0	3	0	0	0	0.5	0		
Fosecote		0	0	0	0	2	0	0		
Totals	**253**	**76**	**62**	**5**	**20.5**	**36.5**	**49**	**4**	**2**	

Significant dates	W/C	Worst case	Best Estimate	Best Case	100% utilisation / removal 6 flexi lists / holiday reduction			Theatre demand, removal 6 flexi lists / no backfill		
					Worst case gap to baseline	Best estimate gap to baseline	Best case gap to baseline	Worst case gap to baseline	Best estimate gap to baseline	Best case gap to baseline
	03-Oct	220	234	240	-29	-15	-9	-8	6	12
	10-Oct	219	233	239	-30	-16	-10	-9	5	11
	17-Oct	219	233	239	-30	-16	-10	-9	5	11
Half Term	24-Oct	195	209	215	-22	-8	-2	-33	-19	-13
	31-Oct	219	233	239	-30	-16	-10	-12	2	8
	07-Nov	216	230	236	-33	-19	-13	-15	-1	5
	14-Nov	215	229	235	-34	-20	-14	-16	-2	4
	21-Nov	216	230	236	-33	-19	-13	-15	-1	5
	28-Nov	220	234	240	-29	-15	-9	-11	3	9
	05-Dec	201	218	226	-48	-32	-23	-14	-13	-5
	12-Dec	201	218	226	-48	-32	-23	-14	-13	-5
	19-Dec	201	218	226	-48	-32	-23	-14	-13	-5
Christmas Holidays	26-Dec	178	195	203	-23	-6	2	-36	-36	-28
	02-Jan	181	198	206	-68	-51	-43	-47	-30	-22
	09-Jan	218	235	243	-31	-15	-6	-10	7	15
	16-Jan	219	236	244	-30	-14	-5	-9	8	16
	23-Jan	218	235	243	-31	-15	-6	-10	7	15
	30-Jan	219	236	244	-30	-14	-5	-12	4	13
	06-Feb	204	221	229	-45	-29	-20	-27	-11	-2
Half Term	13-Feb	184	200	209	-33	-16	-8	-47	-31	-22
	20-Feb	203	220	228	-46	-30	-21	-28	-12	-3
	27-Feb	204	231	242	-45	-19	-8	-27	-1	10
	06-Mar	218	245	256	-31	-5	7	-10	17	28
	13-Mar	213	239	250	-36	-10	1	-15	12	23
	20-Mar	213	240	251	-36	-9	2	-14	12	23
	27-Mar	211	237	248	-38	-12	-1	-17	9	20

Childrens Services

Area	October 2022	November until 23rd	26th Dec to 1st Jan	2nd January 2023 until 28th February	March 2023
Children's Inpatient Wards	**Fully open to 77 inpatient beds across JR & HGH sites**	**Robins & Toms** - Manage elective activity against winter pressure demand **Bellhouse Drayson** – Flex up to 22 to support emergency respiratory admissions **81 beds**	**Flex down to 68 inpatient beds across JR & HGH sites (BHD remain at 22)**	**Robins & Toms** - Manage elective activity against winter pressure demand **Bellhouse Drayson** – Flex up to 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	Closed Bank holidays, 8 beds open otherwise	Open to 16	Open to 16
PICU/ PHDU	Open to 9 PHDU Open to 8 PITU 3 Electives booked per day 24/7 retrieval in place from 1/9/22 Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 2 Electives to be booked per day 24/7 retrieval in place from 1/9/22 Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 2 Electives to be booked per day 24/7 retrieval in place from 1/9/22 Old CDU used for surge capacity	Flex up to meet demand, 10 beds maximum 2 Electives to be booked per day 24/7 retrieval in place from 1/9/22 Old CDU used for surge capacity	Flex down to 9 PHDU beds & 8 PITU beds 3 Electives booked per day 24/7 retrieval in place from 1/9/22 until 31/3/23 Old CDU used for surge capacity
Children's CDU	Open 24/7	Open 24/7	Open 24/7	Open 24/7	Open 24/7

Our People

The health and wellbeing of our workforce is crucial which is why it is important to target interventions in managing demand this winter. These are some of the initiatives the Trust will undertake to support its workforce needs:

- Undertaking a number of deep dives in key areas to review the workforce in the context of capacity / demand and financial restraints

- Completing work on budget alignment to ensure clear visibility of **vacancies and establishments**

- Reviewing **apprenticeship opportunities** where appropriate

- **Overseas recruitment** (recruited to over 200 nurses by December 2022; on-boarding large numbers in the Summer to allow more nurses to become registered before Quarter 4)

- Seeking to broaden the number of agencies the Trust works with, therefore **increasing the pool of temporary staffing options**

- Running a **Winter Wellbeing Campaign** to highlight all the key wellbeing services on offer to staff over winter

- Working with the **Oxford Hospitals Charity** to look at wellbeing packs on offer in staffrooms

- **Electronic rostering** Key Performance Indicators, (KPIs) including Annual Leave use and unused contracted hours are reported to Trust Board on all nursing inpatient rosters every month. These KPI's are reviewed each month by the Divisional Directors of Nursing and their teams, and any KPIs out of range are areas for focussed improvement. The Trust is thereby assured that annual leave and contracted hours are utilised effectively to support service demand across the financial year and temporary staffing requirements are managed efficiently

- Fully implement **Medirota** across all specialities

- Staffing levels reviewed three times per day at **Trust Safe Staffing** meeting and mitigated where possible with temporary redeployment and allocation of NHSP Flexible Pool staff

- **Reduction in high-cost premium**, reduced agency spend and use of enhanced bank rates. Chief Nursing Officer and Directors of Nursing formulating more rigorous ways of managing enhanced bank rate escalation and senior sign off process.

- Supporting our staff to attend National and Regional conferences in relation to **Winter Preparedness and Resilience**

- **OUH Winter Communications** plan will align to the Oxfordshire system communications plan (yet to be finalised)

Identified risks to delivery of priorities across Quarter 4

- 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 flow and elective activity

- The numbers of discharges required do not recover from that seen through Quarter 1 and Quarter 2, particularly for those patients requiring Pathway 1 support – creating further demand and capacity imbalance

- OUH Better Care Fund bids / national bed applications are declined impacting upon opening additional bed capacity

- 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, pay rates

- Industrial action across a range of staff groups poses a risk at this stage

- 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

- Mutual aid requests not supported within BOB and from Region impacting on ability to bridge the theatre demand and capacity gap to deliver elective and cancer priorities

- Adverse financial position throughout H2 impacting on ability to support additional capacity

- Workforce gaps across Reablement and Domicilliary Care providers do not improve, or worsen through the remainder of the year

Appendices

- Further detail can be found regarding divisional specific plans on each individual Divisional Winter Plans – links below:

 NOTSSCaN Winter (Q4) Plan 2022-3.docx

Copy of SUWON Q4 winter Plan.xlsx

- Oxfordshire System Winter Communications Plan

Link to be inserted here