

**COVERSHEET**

Meeting	Board of Directors' meeting in PUBLIC
Paper Title	Winter Resilience Plan
Date of meeting	5 <sup>th</sup> November 2020
Date paper was written	23 <sup>rd</sup> October 2020
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Presenter	Nigel Lee, Chief Operating Officer

**EXECUTIVE SUMMARY**

The Winter Resilience Plan paper describes:

- Reflect on 19/20
- Key Differences between 19/20 and 20/21
- Key Risks
- Winter 20/21 Plan Internal
  - Assumptions
  - Capacity & demand model
  - Actions
- Workforce focus

**The Board is asked to** take assurance of the detailed planning associated with winter 2020/21.

Previously considered by	Senior Leadership Committee – Operational The committee included all executives and care groups; many operational teams including clinical leads have been involved in developing the plans. Detailed work to learn lessons from 2019/20, as well as recent Covid activity has been included.
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**THE BOARD OF DIRECTORS' (Committee) ARE ASKED TO:**

<input type="checkbox"/> Approve	<input type="checkbox"/> Receive	<input type="checkbox"/> Note	<input checked="" type="checkbox"/> Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

**Link to CQC domain:**

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Effective	<input checked="" type="checkbox"/> Caring	<input checked="" type="checkbox"/> Responsive	<input checked="" type="checkbox"/> Well-led
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<p>Link to strategic objective(s)</p>	<p><i>Select the strategic objective which this paper supports</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare</li> <li><input checked="" type="checkbox"/> SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care</li> <li><input type="checkbox"/> HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities</li> <li><input type="checkbox"/> LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions</li> <li><input type="checkbox"/> OUR PEOPLE Creating a great place to work</li> </ul>
<p>Link to Board Assurance Framework risk(s)</p>	<p>BAF 1134 IF we do not work successfully in partnership, THEN our current traditional service models for both unscheduled and scheduled care will be insufficient to meet escalating demand.</p> <p>BAF 561 IF we do not have system-wide effective processes in place THEN we will not achieve national performance standards for key planned activity.</p> <p>BAF 859 IF we do not have a recruitment strategy and retention strategy along with demand-based rostering for key clinical staff THEN we cannot ensure the sustainability of services.</p> <p>BAF 1771 IF we do not have adequate resources, systems and processes in place THEN we cannot successfully manage the response to the outbreak of the COVID-19 virus effectively</p>
<p>Equality Impact Assessment</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> Stage 1 only (no negative impact identified)</li> <li><input type="radio"/> Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)</li> </ul>
<p>Freedom of Information Act (2000) status</p>	<ul style="list-style-type: none"> <li><input checked="" type="radio"/> This document is for full publication</li> <li><input type="radio"/> This document includes FOIA exempt information</li> <li><input type="radio"/> This whole document is exempt under the FOIA</li> </ul>
<p>Financial assessment</p>	<p>Financial planning has been part of the Q3 and Q4 wider plans, and has been built into the forecast outturn.</p>

# SaTH Winter Plan 2020/2021

Nigel Lee, Chief Operating Officer  
Sara Biffen, Deputy Chief Operating Officer



# Purpose

## The paper describes:

- Reflect on 19/20
- Key Differences between 19/20 and 20/21
- Key Risks
- Winter 20/21 Plan Internal
  - Assumptions
  - Capacity & demand
  - Actions
- Workforce focus

# Context

- In Winter 19/20 SaTH struggled with corridor care in ED and 12 hour breaches
- Post Covid and with new IPC, cohorting and Social distancing measures our capacity has been significantly reduced (loss of theatre sessions, 20 beds removed from plan for IPC/social distancing and diagnostic productivity losses of 25%-50%)
- Winter 20/21 with second wave COVID, Phase 3 recovery, EU exit and winter will be just (if not more) demanding
- Continued dialogue with local health & social care system as well as regional partners
- Work together with our system partners to manage the risks

# Key Risks to be managed

- **Quality:** impact on patient care as a result of ability to manage and limited capacity
- **Workforce:** ability to provide sufficient workforce (no's and skills) to meet demand & the workforce resilience
- **Demand:** predictions and modelling
- **Capacity:** insufficient capacity to meet demand
- **Performance:** unable to deliver phase 3 recovery
- **COVID and Flu:** epidemic forecast to hit and impact on demand and workforce
- **System:** capacity & timing of schemes

# Performance arrangements - Winter 20/21

- ▶ Performance management framework in place
- ▶ Weekly Recovery Tracker has been produced and will be reviewed at Restore and Recovery Steering group and Executive Team to ensure performance against plan
- ▶ Early escalation if plans off-track and mitigation actions identified
- ▶ Incident Command Centre (covering UEC/winter, Phase 3, Covid response, EU Exit)
- ▶ COVID Dashboard being produced with support from CSU
- ▶ Supported by daily site management and clear escalation plans

# Demand- 20/21 Bed model Assumptions

- Model assumes ramp up to 95% of total NEL demand levels (inc COVID) by December 20 (104.5% of A&E admission and 80% of other Non elective). Analysis shows that the other non elective admissions are not returning to the same level as A&E admissions due to COVID and this is a trend being seen nationally.
- Elective demand figures have been replaced with 20 'Green Zone' beds available to deliver Elective care
- Adjusted core beds based on 92% occupancy and social-distancing requirements of removal of 20 beds
- 52 Beds are ring fence for COVID patients – these beds are likely to have a lower occupancy level than 92% and will have unoccupied beds that can not be utilised by other patients
- COVID second wave peak shown in Nov at 75% of wave 1 peak
- Maternity and paediatric bed bases are considered ring-fenced, therefore excluded from the model
- Average NEL+1day length of stay of 6.5 days; NEL 0 LoS will not impact inpatient bed base;
- MFFD will be maintained (or improved) at 50 ; Super-stranded patients will be maintained (or improved) at 32 ; Stranded patients will be maintained (or improved) at 140
- A factor of 4% has been applied for “peak” demand in any week representing a c30 bed variation from average.
- Use of Nuffield for day case elective activity and 7 Sessions of Elective activity provided at RJAH starting at the end of October



# Capacity - Winter 20/21- Bed capacity

- Acute bed shortfall at periods through winter
- Forecast shows peak bed demand expected in week commencing 28<sup>th</sup> December 2020
- Risk remains of corridor care in ED, 12 hour breaches, reduced A&E performance.
- Potential impact on recovery of Elective Care.
- Further capacity expected to come on line by end of Dec 20 (SDEC at RSH, Refurb of MLU at PRH)
- Further work is ongoing with system partners to identify system intervention to help address the shortfall in bed capacity.

# COVID - Scenarios

**During our peak in first wave SaTH had 10% beds occupied by COVID**

**Scenario - Sustained COVID demand at 5% of beds (SaTH 37 beds)**

- Assumed that SaTH retain Trauma; Trust able to cohort suspect COVID patients in existing spaces and assumes the existing NEL demand plan includes COVID patients
- This scenario would impact our phase 3 elective recovery as this will increase demand on critical care and SaTH would need to utilise Theatre staff and would result in closure of 2 theatres.
- Continued surge - Initiate utilisation of additional theatre capacity from other system partners

**Increasing Covid demand:**

- At 10% COVID surge in October - SaTH can maintain its Cancer and Trauma services up to a COVID surge level of 10%. Beyond 10% SaTH would request critical care mutual aid from UHNM
- At 15% and beyond – Further system-wide actions involving all partners

# Capacity – SaTH Interventions / options

SaTH internal interventions	Description	Date of Effect	Impact on shortfall	Potential Implications
96% Bed Occupancy	Increase in average bed occupancy levels	Oct 2020	+24 beds	Nosocomial outbreaks from reduced space on the wards.
New SDEC unit at RSH	Emergency Care facility 7days p/w 12 hours p/d	Jan 2021	+8 beds	Additional medical workforce to expand facility to 7 days per week and increased hours. (Currently 9-5, M-F). Not able to implement in planned timescale.
MLU refurbishment at PRH	Refurbishment to create 20 beds	Jan 2021	+20 beds	Additional nursing and medical workforce required for additional beds.
PRH DSU outlying	Conversion to overnight NEL ward	Dec 2020	+23 beds	<b>Reduces elective surgical capacity. Undermines the July 2020 Phase 3 planning letter regarding urgent and 52 week breach obligations and capacity requirements. Potentially impacts NEL LoS through patient deterioration.</b>
PRH Ward 8 outlying	Conversion to overnight NEL ward	Dec 2020	+14 beds	
Remove requirement to address RTT backlog	Removal of RTT backlog from planned activity	Sept 2020	+ 20 beds (Sept – Oct)	Non- delivery of targets set out in July 2020 Phase 3 planning letter (with potential financial implications). Long waits may be detrimental to patients and increase risk of harm.

# Capacity – SaTH proposed winter schemes

Scheme	Description	Date of Effect	Cost £000	Impact
Additional emergency eye clinics	Reduces footfall in ED	Nov 20	43	30 patients per week
Flow Coordinators	Flow coordinators to support AMU	Nov 20	37	
Weekend ward clerks	7 day ward clerk service	Nov 20	320	Releases nursing time to care
Additional emergency theatre	Additional theatre in Dec and Jan	Dec 20	20	Reduces pre op and backlog to increase discharges
Junior doctors	Additional junior doctors for ward cover & ortho-geriatrician	Nov 20	206	
Therapy support	Additional support to community schemes	Nov 20	55	Improves flow and ESD
Enhanced orthopaedic ESD service	Support more patients at home	Nov 20	45	10 additional discharges per week
Total			726	

# Workforce – Impact of COVID

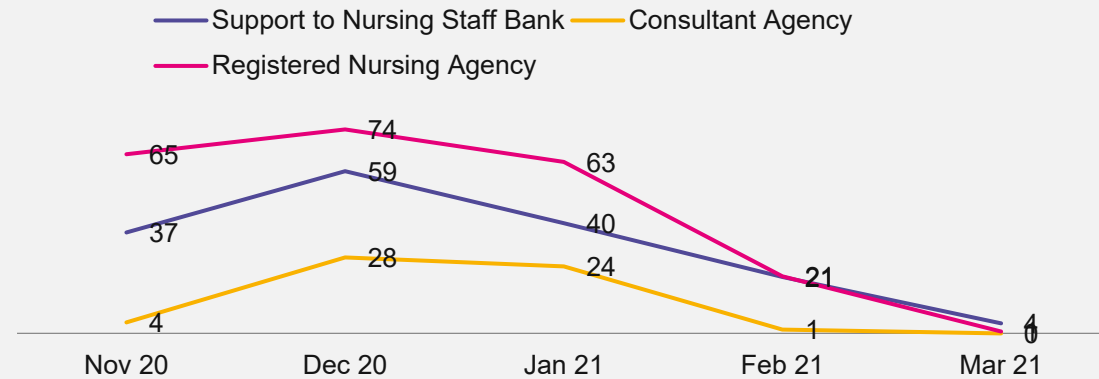
## The impact of COVID is impacting our workforce in the following ways:

- Increasing absence due to illness and a need to isolate
- Risk of staff in higher risk groups needing to be redeployed to other roles if COVID risk increases with high admissions
- Further travel restrictions prevent recruited staff from commencing creating further delays of our International Recruitment.
- There are still 45 nurses due to arrive which would further delay our ability to replace agency staff with international recruits.
- A need for staff to be moved more regularly to cover gaps across wards created by staff absence or outbreaks in departments
- Parents and carers needing time off due to potential school closures
- Reduction in service delivery capacity due to social distancing requirements
- Impact of wearing PPE for long periods.

## Streamline Recruitment Process – Key Actions

- Recruitment drive for HCA's – House keepers and ward clerks
- Staffing and rotas need to be considered early on
- Pre-employment checks undertaken electronically- more efficient and reduced COVID-19 risk.
- Overseas staff- new on boarding team to support retention
- Online induction and training sessions for managers
- Fast Track recruitment checks

## Additional Temporary Staff Required Due to COVID Sickness and Self –Isolation (WTE)



## Temporary Staffing Initiatives – Being Explored

- Bank incentive – Rewards for target number of shifts worked (prize / payment)
- Collaboration with Birmingham cluster to use rates
- Request target volume of shifts are provided by agencies ahead of winter
- Promoting bank / ward specialities by advertising and creating information packs and webpages linked to temp staffing info.
- Review day rate for bank staff
- Bank incentives already in place for some key areas ED / ITU
- Over recruitment above current budget – for some roles – ITU / HCA's
- Collaborative working with system to share resources
- Use of Bring Back Scheme

# Workforce - Health & Wellbeing / Resilience

The resilience of our people throughout winter is a significant risk particularly as we ask our staff to be adaptable and flexible in what will be a challenging period.

Key Actions to promote health and wellbeing and reliance:

- Support from Dr Helen Jones (Clinical Psychologist)
- Dr Jones will be taking some teams through a structured programme of training – help facilitate 'catch your breath' moments with our teams
- Support managers to coordinate the taking of annual leave for their teams.
- Ensuring staff have adequate training and induction when being redeployed to other areas of Trust
- Providing adequate time back for additional hours or appropriate pay for hours worked.
- Training managers in support staff during COVID pandemic including, Risk assessments, managing staff remotely, staff sickness and testing.

