North West Anglia
NHS Foundation Trust

NWAngliaFT Winter Plan 2021/22



Winter Plan 2021/22

North West Anglia NHS Foundation Trust

The plan outlines the approach the Trust will take to prepare for winter to support emergency and elective activity

The plan has been developed in consultation with staff, ensuring lessons learnt from winter 2020/2021 and the experience gained through the COVID pandemic, are reflected in our approach.

The Trusts winter plan will form part of a wider system plan with input from all provider partners and the North ICB that will be submitted to NHS England/NHS Improvement (NHSE/I). The Trusts plan is expected to be presented to the Board in a draft format in September 2021 and sent to NHSE/I at the end of October 2021.

It is important to note that this will remain a live document, to adapt to changing pressures across the winter. It is intended to address issues across all patient pathways (i.e. Emergency, elective, women and children's, diagnostics and outpatients). The Trust will work towards sign off of a final winter plan by end October 2021.

The plan contains the context, our current understanding of what the issues will be across winter, and the proposed actions to address these issues

Context

Introduction

This coming winter is likely to be difficult due to a number of key issues. These are difficulty in recruiting staff, a tired workforce and a limited response from supporting organisations due to similar staffing issues. Along with this the Trust expects to see a surge in winter activity of more complex patients, which is likely to be greater than usual, due to patients returning to the NHS care. This will be compounded by the possibility of a further COVID wave.

The Trust has adapted its operating model to protect its staff and patients during the pandemic. The impact of these changes will become more significant as the Trust sees an increased level of activity, particularly through the winter period as occupancy levels increase in line with usual seasonal variation.

Changes to support Covid care include:

- Separation of ED into Red and Green (R/G) pathways to ensure IPC compliance;
- R/G wards to manage positive and negative Covid patients;
- Maintain surge ITU capacity in excess of baseline levels
- Separation of diagnostic activity;
- Routine swabbing to support inpatient ward management;
- Implementation of staffing models to minimise cross over between R/G patients to reduce risk of nosocomial transmission.

The Trust will model a number of assumptions for winter over the coming weeks, including updated bed modelling across all sites. This information will further inform development of our plan and support decision making in terms of those areas most critical for investment

Winter assumptions

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- If bed occupancy is over 90% there will be pressure on the Emergency Department causing a risk to ED exit block.
- Occupancy above 92% will lead to greater risks of patients for admission waiting in the department over 6 hours. The average bed occupancy has been 94% over the four years prior to COVID.
- If there is no specific lockdown measures, and with no mandatory mask wearing or social distancing measures, winter will likely lead to an increase incidence of airborne communicable diseases, which could lead to a rise in cases of flu, COVID and RSV. Lack of prior year exposure to RSV could increase the risk of paediatric admissions.
- There is a risk of coronavirus variants emerging and spreading in the community that are more transmissible, and more likely to lead to hospitalisation, particularly in unvaccinated or clinically vulnerable groups (including children).
- Universities, schools and care homes are key points of transmission for many of the respiratory viruses.
- Non-elective care has a greater bed pressure load on the hospital than elective care.
- There will be a strong focus on vaccinating staff for Covid and Flu. Protecting health staff against sickness will be important as increased staff sickness puts additional strain on services and places a risk to patient delay and patient safety
- As more government supports are withdrawn, economic harm caused by the pandemic, is likely to lead to widening poverty and health inequalities, and will have a disproportionately high impact on the health of people living in areas of deprivation
- Internal winter funding available to £1.5M will be spent to support admission avoidance, improved patient flow, improved discharge and overarching support to the operational teams

Plan overview

NWAngliaFT will work with local providers, local authorities and regional teams to review their plans to ensure alignment of services across all providers, building on what we have learnt during the pandemic to transform the delivery of services, accelerate the restoration of elective and cancer care and manage the increasing demand on mental health services. Transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments (ED), improve timely admission to hospital for ED patients and reduce length of stay. Working collaboratively across systems to deliver on these priorities.

NHS England have said the following 4 points MUST be addressed/included within the winter planning :

1. Ensure those who do not meet the ‘reasons to reside’ criteria are discharged promptly. All systems are asked to improve performance on timely and safe discharge, as well as taking further steps that will improve the position on 14+ and 21+ day length of stay.

2. Flu vaccination programme

3. Maximise community pathways of care for ambulance services referral, as a safe alternative to conveyance to Emergency Departments

4. To minimise the effects of emergency department crowding, continue to develop NHS 111 as the first point of triage for urgent care services in your locality, with the ability to book patients into the full range of local urgent care services, including urgent treatment centres, same day emergency care

Resilience Improvement

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Since last winter the Trust has taken a number of steps to improve resilience. These include:

- Revised senior management structure to strengthen operational capacity and coordination.
- Clarification of the roles within the senior medical, nursing and service managers for managing winter pressures to be in line with best practice.
- Reviewed and updated the related policies and procedures relating to bed and site management along with ensuring on-call requirements meet the needs set out within the NHS England EPRR (Emergency Preparedness Resilience and Response) core standards.
- Revised operational policies and procedures for patient flow, discharge, length of stay, bed management, escalation, and capacity in the hospital out of hours and at weekends.
- Used IT and live performance dashboards in real time to support bed and site management and decision making, ensuring forecasting drives planning assumptions
- Improved management of surges in demand with EEAST/EMAS and other partners through working more collaboratively.
- The use of revised and clear concise action cards to inform decision making at Operational, Tactical and Strategic levels related to OPEL escalation.
- Invested in the estate to facilitate better patient flow and escalation.
- Collaboratively working with Peterborough and Cambridgeshire CCG and other partners with working emphasises of:
    - Accessible and responsive primary care to avoid admissions
    - Effective patient transport to enable timely discharge
    - Community Services especially rehabilitation and rapid response to avoid admissions.
    - Embedding early supported discharge processes commenced during Covid 19
    - System wide working- reducing perceived or actual barriers to safe timely care provision

Current Issues

Bed Modelling

In order to understand actions we could take to support a reduced bed occupancy and therefore better staff experience and patient care, an external agency was used to undertake a comprehensive bed modelling assessment for NWAFT. There are a number of opportunities outlined in the following slides that will be implemented across the winter period. Without further actions to improve the current position it is likely that we will be approximately 70-90 beds deficit from delivering the expected bed occupancy. The headline opportunities identified are:

- Increased use of HH for elective work – 10 beds impact
- Increased use of SDEC to reduce admissions/LoS – 41 beds
- Reduction in LoS for some pathways supported by external organisations – 81 to 96 beds
- Reallocation of medical / surgical beds for winter 2021/22 – 12 beds

The first three are the focus of the spend to support increase in winter capacity.

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Key planning assumptions: current adult bed capacity

PCH wards	Funded beds	Available beds
Medical Assessment	27	
Medical Short Stay	31	
B11 (stroke)	34	
Haem/Onc (medicine)	20	
B1 (isolation)	14	
Cardiac (medicine)	29	
A3 (medicine)	34	
A8 (medicine)	35	
A9 (medicine)	34	-9 from Oct
A10 (medicine)	36	
B6 (medicine)	35	
B12 (medicine)	35	
B14 (medicine)	34	
Surgical Assessment	7	
A2 (surgery)	35	
A4 (surgery)	35	
A15 (surgery)	12	
B5 (trauma)	35	
B7 (trauma)	32	
Women's Health	12	+8
Total from October	**566 557**	**+8**

HH wards	Funded beds	Available beds
Acute Assessment	21	
Medical Short Stay	30	
Apple (stroke)	25	
Cherry (medicine)	25	+5
Plum (medicine)	29	
Pear (medicine)	18	+12
Walnut (medicine)	30	
Bay (surgery)	30	
Birch (orthopaedics)	25	+5
Daisy (surgery)	21	
Aspen (escalation/isolation)	0	+7
Poplar (escalation/isolation)	0	?
Total	**254**	**+29**

Bed Occupancy opportunities: in-hospital length of stay

Analysis of baseline activity data suggests that there are opportunities to offset demand for acute adult inpatient beds at NWAFT through:

- Increased ambulatory emergency care and reduction in associated overnight stays
- Increased day surgery and reduction in associated overnight stays
- Right-sizing of the acute bed base and reduced unnecessary ward moves and outliers

Pre-Covid, up to 64 occupied beds could be released across the Trust by fully optimising these in-hospital pathways.

Top clinical conditions and procedures ranked by size of opportunity can be found in supporting information.

Opportunity	PCH	HH
Right-sizing the acute bed base	9 beds	3-4 beds
Ambulatory emergency care pathways	28-29 beds	13 beds
Elective surgery	4 beds	6 beds
In-hospital total	**41- 42 beds**	**22-23 beds**

While these opportunities focus on high-volume routine/typical pathways and patients, there will be some overlap with the frail/older patients with more complex needs which are addressed on the next page.

Bed Occupancy opportunities: system-wide pathways

- Analysis of baseline activity data suggests that there are opportunities to offset demand for acute adult inpatient beds at NWAFT through standardisation of acute hospital lengths of stay for:
  - Patients with dementia/delirium co-morbidities
  - Patients receiving palliative care
  - Patients discharged to new care home placements
  - Other patients aged 75+
  - Pre-Covid, up to 96 beds could be released across the Trust by fully optimising these system-wide pathways.

Opportunity	PCH	HH
Mental health needs	14-17 beds	7-9 beds
End-of-life care needs	4-5 beds	1-2 beds
Delayed care home transfers	18 beds	5 beds
Other age-related needs	20-27 beds	9-14 beds
In-hospital total	**57-67 beds**	**24-29 beds**

These opportunities focus on reducing hospital stays extended for non-acute/medical reasons and will therefore include some stranded patients, those who are medically fit, and delayed transfers of care.

Key planning assumptions: elective activity recovery scenarios

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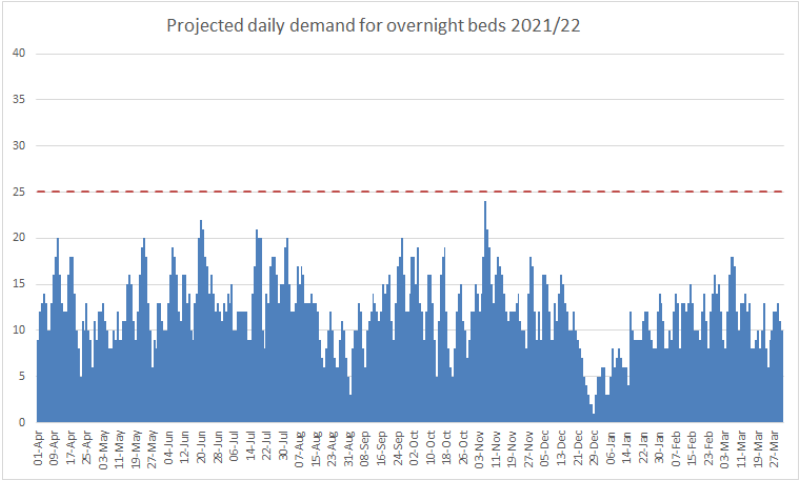
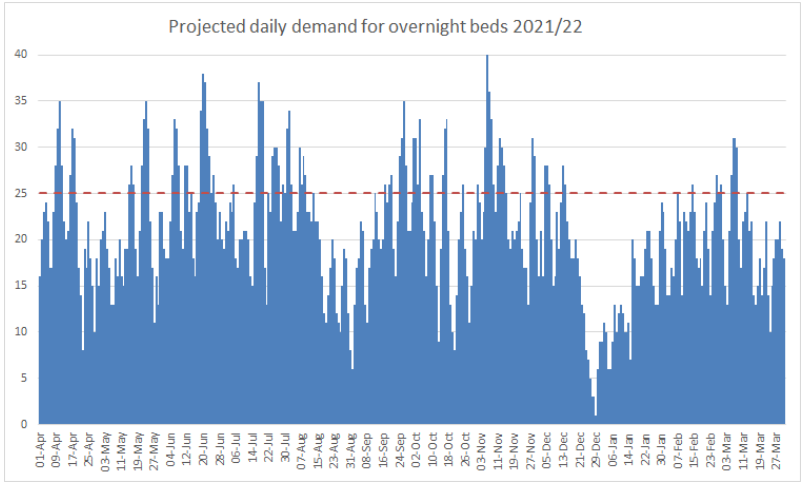
- The modelling assumes a return to pre-Covid levels of elective inpatient admission, as well as allowing for additional non-recurrent activity while waiting list backlogs are addressed.
- The charts opposite illustrate potential levels of bed occupancy for elective orthopaedics at HH based on Apr-Jun 2021 (top) and a return to pre-Covid occupancy (bottom).
- The daily variation in the bottom chart is probably exaggerated because it combines pre-Covid PCH and HH orthopaedics; consolidation onto HH plus LoS opportunities will mean that the 25-30 beds available on Birch is the optimum capacity required and would accommodate more than 100% of pre-Covid activity
- Equivalent analysis for general surgery indicates that 21 beds on Daisy would also accommodate more than 100% of pre-Covid activity.





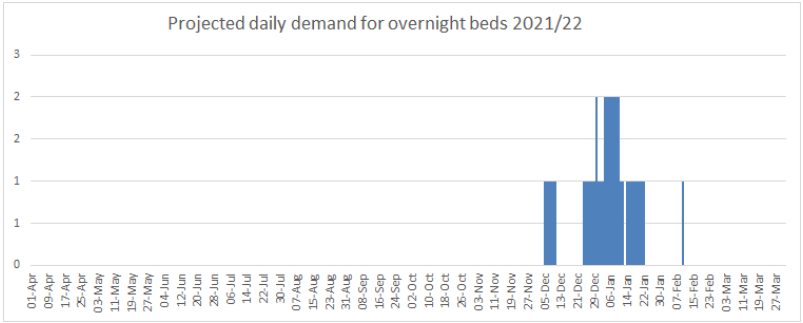
Key planning assumptions Sept 2021: infectious respiratory disease scenarios

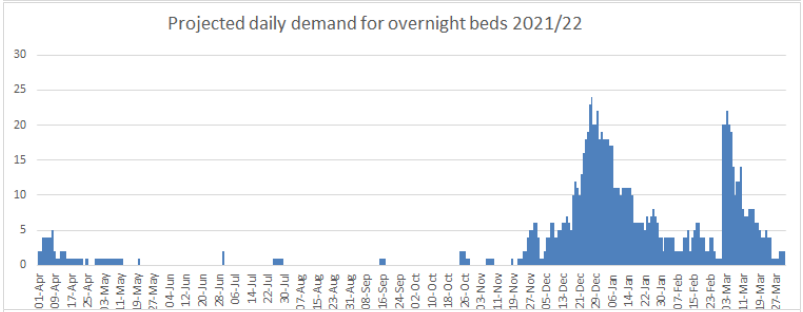
- Three infectious respiratory diseases have been considered: RSV, influenza and Covid-19, using projections from The Academy of Medical Sciences.

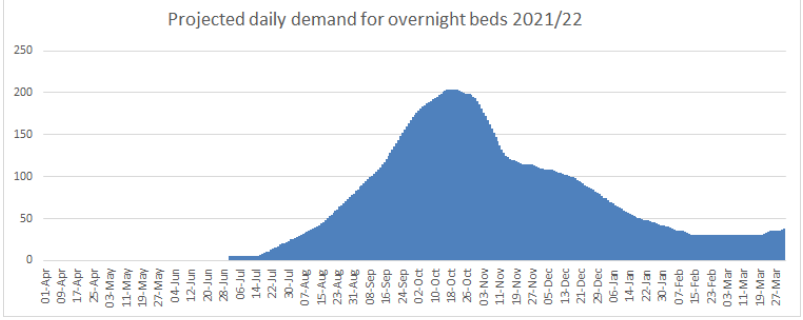
- RSV is expected to be 40% above normal levels among the general population and mostly affects children, so the projected impact on adult beds is 1-2 beds (top chart opposite).

- Influenza is expected to be 2.2 times normal levels, which would result in an additional peak of 24 beds (middle chart opposite).

- The scale and timing of another Covid-19 peak is uncertain, and could occupy anywhere between 50 and 200 beds at NWAFT between now and the end of the year. Our analysis suggests that the current trajectory is 4-6 weeks behind the AMS projections, and that it is too early to tell whether the peak has already been reached or is still to come.







Planned Winter Schemes

Scheme summary

- we need to support attendance avoidance as much as possible, with redirection and navigation of those who do arrive to the right service first time
- We need to extend some of our alternative services to take flow from ED
- We will need to focus on reducing the Inpatient length of stay
- We will manage an increase in respiratory infections (COVID/Flu/Others) as well as an increased demand for critical care
- We expect to see ongoing challenges across all staffing groups