NHS
Staffordshire and Stoke-on-Trent
Integrated Care Board

DRAFT Winter Plan 22/23

As presented to UEC BOARD 19.10.22

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Scope

- This is Staffordshire and Stoke on Trent (SSOT) ICS' Winter Plan
- As an ICS SSOT are the responsible ICS for UHNM
- Given our flow we are linked with UHDB and RWT colleagues to understand their assumptions, however their acute bed plan is being managed by the Derbyshire and Black Country respectively. It is recognised that we also have large volumes of flow to Walsall and Dudley which the plan supports
    - The interdependency of the SSOT community offer is a clear interdependency and is managed through the system MDT
- The national £500m investment in Social Care will be included in the plan as the delivery mechanisms are known

Note: the Winter Plan is under continual review and detail may be subject to change through the system winter plan MDT and ratified through UEC Board.

Priority

Four key areas of focus for ICS':

1. Admission avoidance should be the highest priority in any system. Community first. Dr Jess Sokolov offers support to empower systems to make this the priority
2. Teamwork and compassionate leadership is the culture needed across ICS' to manage the challenges
3. Risk sharing across the system
4. Addressing harm as a system approach

Risk register

Risk Detail (updated 12.10.22)	Risk Type	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score
Winter Plan Workforce/Staffing Current vacancy rates, failure to recruit and increased staff sickness may result in acute impact upon the system during the winter period. Workforce constraints may dictate that the system is forced to prioritise urgent services - with a negative impact upon non-urgent and elective services Risk of destablising existing services as a result of incentives attracting staff to alternative services	Operational Clinical	**05/10/2022**	A System Workforce plan is being finalised to try and mitigate workforce issues and ensure adequate staffing for the winter period Discussions continue re an Enhanced Bank Rate of pay across all system partner organisations for RNs and HCAs Additional funding has been agreed to prioritise recruitment initiatives by system CFOs (approved by F&PC) Engagement with system partners and neighbouring systems to ensure collaborative approach to align wherever possible.	**01/12/2022**	**25 (5x5)**	**20 (4x5)**
System Escalation plan Escalation plan designed to provide assurance and cover to clinical teams in the likely event of required winter escalation due to capacity, workforce limitations. Failure to agree, in advance, to system actions in the event of escalation may lead to uncoordinated or emergency steps being taken in isolation - with ramifications for patients across all system partner organisations.	Operational Organisational Clinical	**05/10/2022**	System Medical & Nursing directors working collaboratively to agree thresholds and to finalise a System escalation plan to mitigate impacts of enhanced winter pressures.	**01/12/2022**	**16 (4x4)**	**16 (4x4)**

Risk register

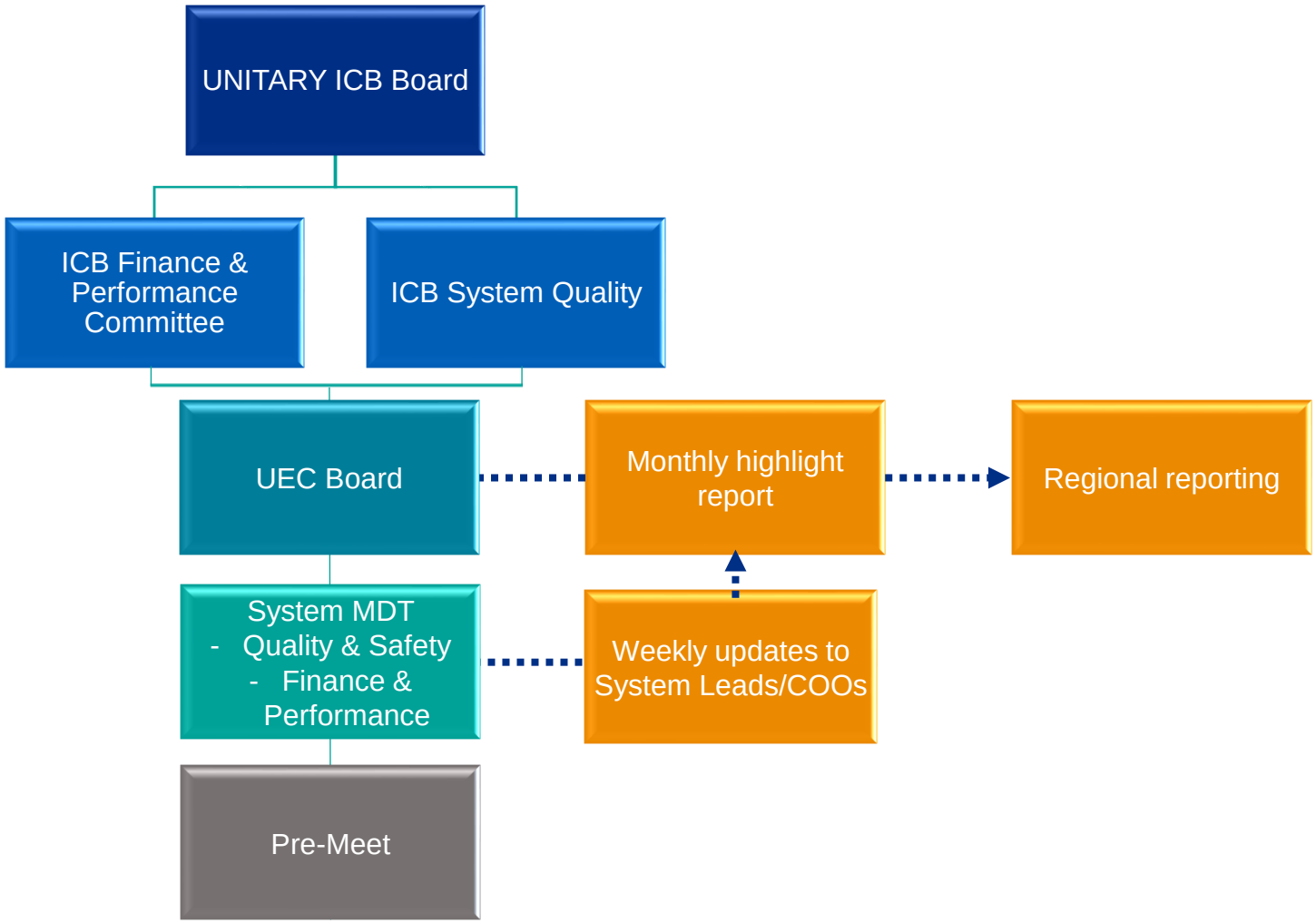
Risk Detail	Risk Type	Date of Update	Mitigations and Updates	Target date	Inherent Score	Residual Score
System Care Homes Resilience Inherent risk across system due to resilience of Care Homes across the area. Care Homes currently reporting operational issues, limiting capacity for patient admissions & impacting upon patient flow. Concurrently; Care Homes applying differing interpretation and operationalisation of Covid guidance - resulting in some CHs restricting or precluding new admissions and/or re-admissions	Operational Organisational Clinical	**11/10/2022**	Targetted work with system partners to try and ensure consistent application of Covid guidelines and to safeguard capacity within the Care Home market. Ongoing care home education work being undertaken by CRIS and other services to ensure patient flow is optimised.	**01/12/2022**	**16 (4x4)**	**16 (4x4)**
UHDB Winter Plan UHDB are currently utilising all their surge capacity and have an outstanding 110 bed deficit to mitigate. The risk is the impact to Staffordshire capacity if the Burton site and UHDB footprint demand outstrips capacity.	Operational Organisational Clinical	**12/10/2022**	UHDB are working through mitigation plans. They are active members of the system MDT and continue to update. Daily they work with the UEC ops team to ensure system is sighted on the pressure and can give early warning. 8 surge beds are available at the Burton site and will continue to be used throughout winter	**01/12/2022**	**16 (4x4)**	**12 (3x4)**
Ambulance Handover Delays Ambulance handover delays at RSUH are signgifanct and of national concern. In an attempt to support the issue, the winter plan proposals may be brought forward. The risk is that the capacity is open ahead of need and there become limited options at time of super surge need.	Operational Organisational Clinical	**12/10/2022**	The ambulance handover plan has full alignment with the winter plan where all system leads have visibility of both. Daily calls and system MDT will manage capacity and demand as a system.		**12 (3x4)**	**8 (2x4)**
Scheme de-escalation plans Arrangements for de-escalation of services by end March 2023 as winter monies end.	Operational Organisational Clinical	**19/10/2022**	Plans to be agreed for stepping down services back to pre-winter levels.		**12 (3x4)**	**8 (2x4)**

Governance and timeline

Date	Committee sign off
13th October	Clinical Senate
19th October	UEC Board
26th October	ICB System Performance Group
27th October	MPFT Trust Board
1st November	ICB F&PC
1st November	SCC Health and Care SLT
8th November	SOTCC Operational Business Meeting
8th November ?	UHDB Trust Board (board meet bi-monthly
9th November	UHNM Trust Board
10th November	North Staffordshire Combined Trust Board
17th November	**ICB Board (F&P has delegated authority to sign off, FP highlight report to ICB Board for ratification)**
24th October	**Winter 'begins'**

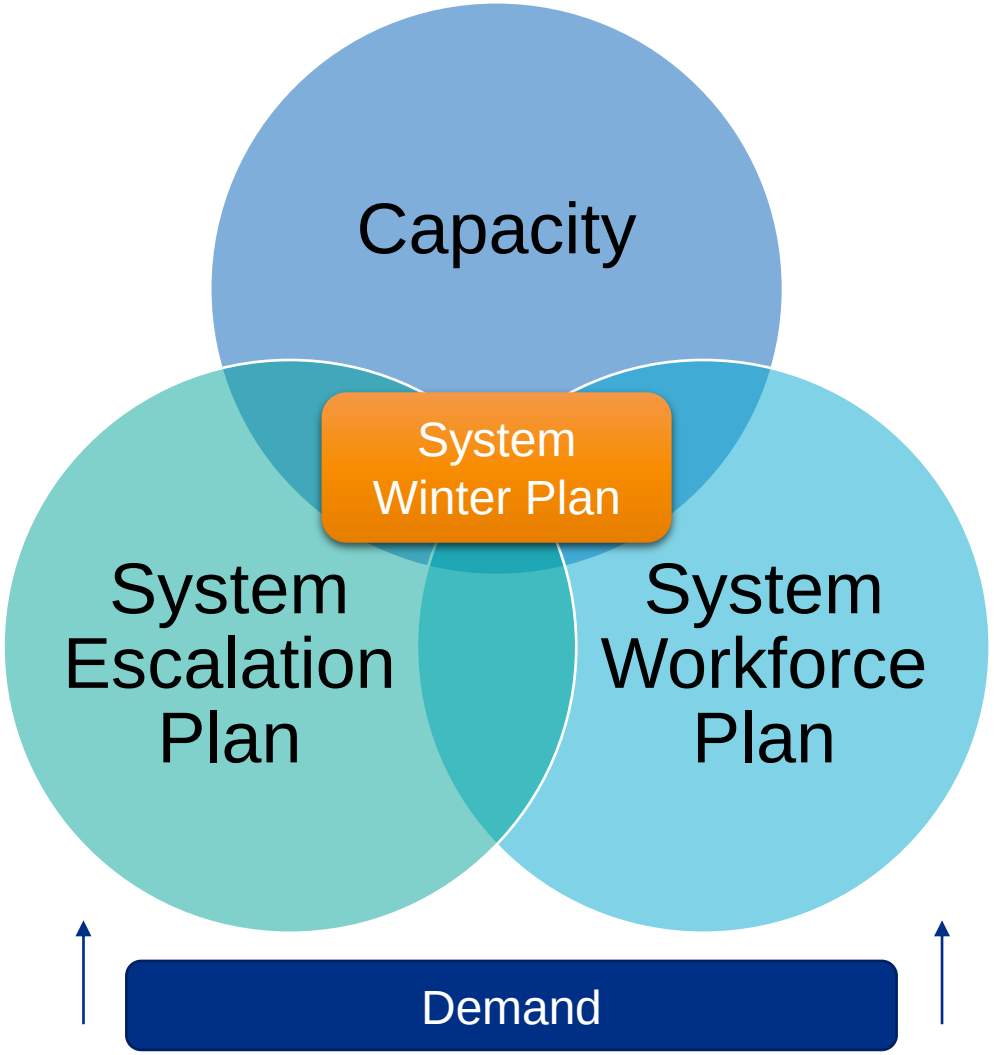
WMAS/ RWT have confirmed plan does not need separate consideration. UHNM do not need report presented by ICB and will manage internally at the 9th November meeting.
Risk – F&P after MPFT board, will be mitigated through development process and system MDT
Note the ICB is currently working through governance and the above may be subject to change

Governance structure



- ICB working through governance
- System MDT to include representation from ICB (inc. MH Lead), UHNM, MPFT, UHDB, NSCHT, Stoke LA, Staffs LA, Primary Care, ERS, Vocare, quality, workforce, comms, DOS lead, finance.

System Winter Plan Components



Capacity
Dedicated agreed priority schemes providing additionality above the baseline, either:

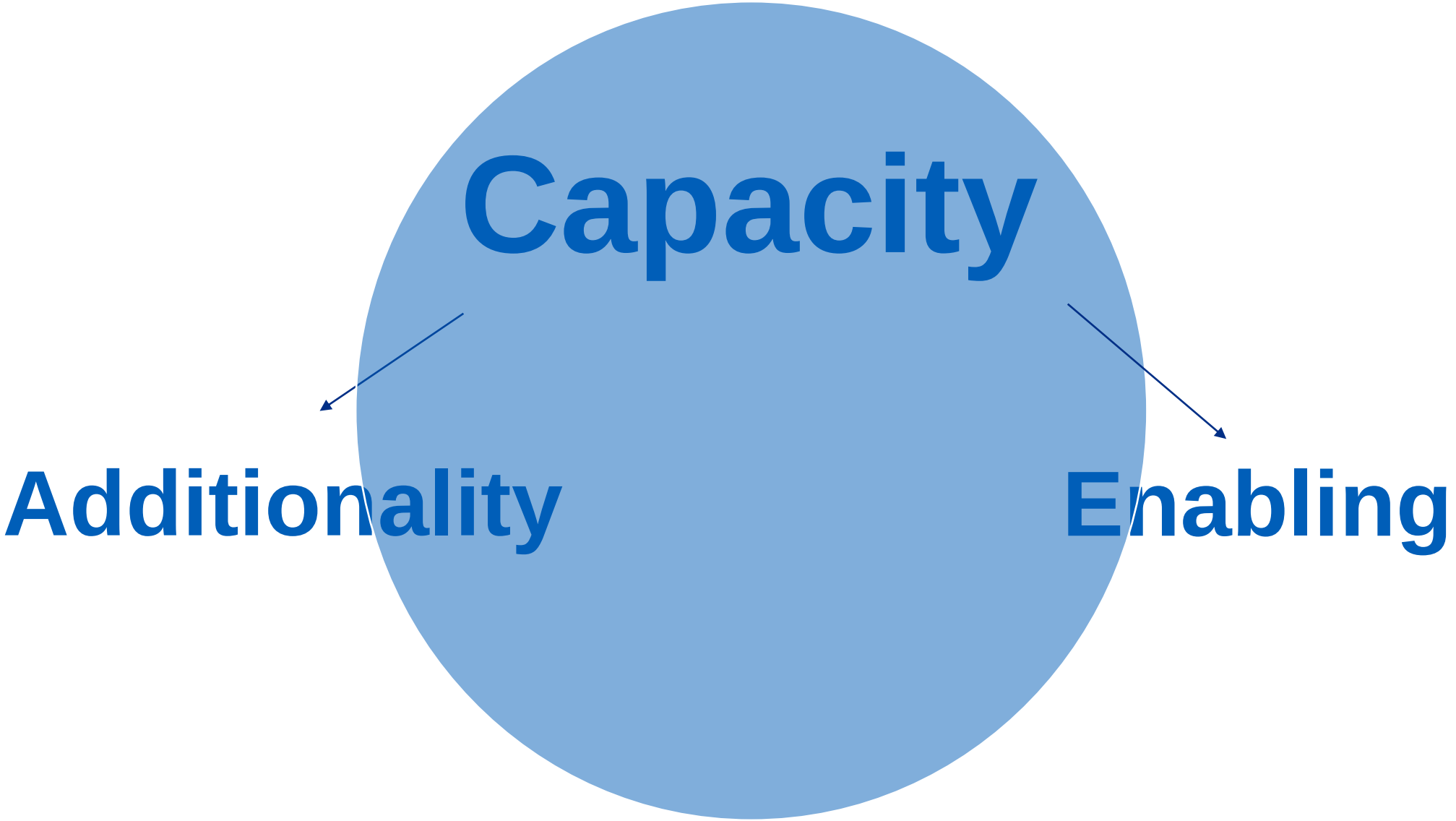
- Mitigating bed deficit
- Efficiency subsequently impacting bed base

System Escalation Plan

- Risk management and aligned triggers
- Process and protocols agreed upfront
- Support to workforce

System Workforce Plan

- Agreed workforce position to staff capacity schemes
- ICS reserves
- Winter Taskforce Proposal – escalated bank rates
- Recruitment to providers
- Retention


Capacity
Additionality
Enabling

Assumption

Bed Plan Assumptions

- Full elective programme continues as per 22/23 plan submission.
- The bed gap assumes a worst-case scenario that NEL demand, flu and Covid-19 all peak at the same time. Should we be in this position this will present complexities from an Infection, Prevention and Control perspective.
- Assumed non-elective demand levels of 2019/20 and achieve 92% occupancy
- Mitigating schemes, whilst in the early stages of development, have been converted to an equivalent bed number for the purposes of demonstrating mitigation against the bed deficit
- The residual gap is linked to the further work to be undertaken to quantify front of house gains, care home in-reach, and additional acute bed capacity, along with efficiency schemes.
- This brings the bed plan for UHNM is total gross bed gap to **178.**
- Initial view of UHDB and RWT to be sighted and fed in. Avoid duplication of system management.
- PWC bed model has been commissioned to support interactive bed modelling across Planned and Unplanned bed capacity

Indicative Bed Count

Bed Plan Assumptions

- Figures within this table are mapped to initial system assessment of unmitigated Bed Gap (178 beds)
- The trajectories for each of the Capacity Schemes are then mapped by month – with the total cumulative figure for indicative Bed Gap presented at the foot of the table as "Balance"
- Figures are intended as indicative and as an illustration of current forecast position – the PWC Bed Modelling will refine this position and present a more scientific assessment of Bed position
- Intermediate PWC model indicates a bed gap of 76.

Initial winter plan position	Lead provider	Position	NHSe funding (£M)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Core bed base		**1282**							
Planned occupancy		**1234**							
% Growth		**13.9%**							
Anticipated bed demand at peak		**1460**							
Bed gap		**-178**		**-178**	**-178**	**-178**	**-178**	**-178**	**-178**
Mitigated by									
Virtual Wards	UCCC/CRIS	30		30	30	30	30	30	30
Enhanced UCCC/CRIS	UCCC/CRIS	0		0	0	0	0	0	0
Enhanced UCCC/CRIS	UCCC/CRIS	0		0	0	0	0	0	0
System Frailty Decision Unit MDT	UHNM MPFT LA	14	£0.90	8	10	12	14	14	14
Ward 7 Escalation beds	UHNM	14		14	14	14	14	14	14
Ward 123 Escalation beds	UHNM	25		0	25	25	25	25	25
Ward 80/81 Escalation beds	UHNM	34	£2.30	-	-	-	34	34	34
D2A spot purchase	MPFT	17	£1.00	9	13	22	26	21	13
Cheadle D2A beds	MPFT	17		-	17	17	17	17	17
Therapy Enhanced Discharge	UHNM	5		-	-	5	5	-	-
Provider Of Last Resort (POLR) Capacity	MPFT	13	£1.50	0	13	13	13	13	13
UHNM Non-elective improvement programme	UHNM	13		-	5	10	13	0	0
HALO increased hours cover	WMAS	0		0	0	0	0	0	0
ERS increased capacity - system sites	ERS	0		0	0	0	0	0	0
MPFT Community LoS efficiences	MPFT	0		0	0	0	0	0	0
Additional Primary Care Capacity	Primary Care	0		0	0	0	0	0	0
Balance		4	£5.70	-118	-51	-30	13	-10	-18

Capacity

Title	Summary	Impact	Timescale	Funding Source
Virtual Wards	Introduction of a targeted 130 Virtual Ward beds	Equivalent 30 Beds	Oct onwards	NHSE Monies (£3.9m)
Enhanced UCCC/ CRIS	WMAS to be part of proactive admission avoidance MDT to reduce ambulance dispatch and conveyance	TBC	TBC	
Enhance UCCC/ CRIS - Falls	Falls Pick Up service – to provide increased capacity to attend falls related calls in the south of the county.	Reduced wait time for WMAS response. Reduced variation and gaps in service provision.	November - March	NHSE Monies (£67k North, £68k South)
Staffordshire Fire Service – Falls Response Service	Falls response service to calls in Staffordshire and Stoke for patients who have had a fall requiring no medical intervention but require being lifted.	Responses within 2 hours	November - March	NHSE Monies (£112k)
System Frailty Decision Unit MDT	Introduction of dedicated eight trolleyed space area to turnaround or navigation patients supported by acute frailty, acute therapists, community nursing, and social care. System to reconvene re staffing model post TOC	Reduction of 12 admissions per day (c14 Beds)	Oct = 8/Day Nov= 10/ Day Dec = 12/Day	NHSE Winter Monies (£0.9m)
Acute Winter Escalation Beds	Identified winter escalation capacity available for use	W7 = 14 Beds WD123 = 25beds *WD80/81 = 34beds	Oct = 39 Beds Jan = 74 Beds	UHNM Winter Monies UHNM Winter Monies *NHSE Winter Monies (£2.3m)
D2A Spot Purchase	Spot purchase of average 40 additional D2A beds across the system	Equivalent 17 Beds	October	NHSE Winter Monies (£1.014m)
Cheadle D2A	Opening of 40 additional Cheadle D2A beds	Equivalent 17 Beds	1 December	MPFT Winter Monies

Capacity

178 bed gap closed

Title	Summary	Impact	Timescale	Funding Source
Therapy Enhanced Discharge	Acute therapy bridging service designed to expedite complex discharges.UHNM/MPFT agree to holding support.	5 Beds	Dec-Jan	UHNM Winter Monies
Provider Of Last Resort (POLR) Capacity	Due to market fragility with social care we are currently over relying on Home First to bridge the gap for care packages via POLR. Increase of 1900 hours across winter to support the Home First pathway. Will go where need is between Stoke LA and County LA, MPFT will hold the ring. NOTE: County LA is mobilising an in-house Care service to take Provider of Last Resort (POLR) activity from Home First. The scheme is not due to go live until 1st April 23, but may be capable of being used earlier.	TBC	Oct onwards	NHSE Winter Monies (£1.531m)
UHNM Non-Elective Improvement Programme	Improvement work implementing new ways of working and developing internal efficiencies supported by PWC bed model	13 Beds Reduce LOS	Nov = 5 Beds Dec = 10 beds Jan = 13 beds	UHNM Winter Monies
WMAS	Extended Hospital Ambulance Liaison Officer cover at RSUH.	Reduce extended ED waits.	Nov - March	£136k ICB System Funding
ERS (Patient Transport Services)	Increase capacity across acute sites in SSOT with clear outcomes for delivery. Priority for ED and emergency portals to support admission avoidance. Will need to map in additional community capacity too.	Reduce failed discharges, support increased flow.	Oct – March 23	£600k – ICB System Funding
Primary Care	Respiratory Access Hub. 7 day access. Modelled for 22 weeks	3312 F2F appointments per week additional	Nov	£1.822m – ICB System Funding

Enabling

Title	Summary	Funding Source
Primary Care	- Seasonal Vaccination Programme - Increase 111 Direct Booking - Proactive QIF prioritisation - Community Pharmacy Provision	Funded through baseline
Vocare (111)	Increase in call handlers behind 111. Positive trajectory throughout year.	Contract baseline
UCCC/CRIS – Care Home Education	Suite of initiatives designed to educate and support Care Homes and CH staff	Contract baseline
Health Navigator	Proactive support to patients identified at risk of hospital admission	Contract baseline
Deterioration Patients Network	To support Care Homes with managing extreme frailty	
End of Life ***(Further work in discussion)***	• Palliative Care Coordination Centre (PCCC) pilot relating to provision of Dom. Care for pts at EoL utilising free Hospice at Home capacity across the county. A shared care approach has been agreed across all providers. • Proposed that pathway is extended from 2 to 12 wks – inc. Proactive management to reduce admissions of EoL pts and those with plans in place. • Associative reduction in Comm. Nursing input and admin requirements • PCCC also scoping further work at RSUH; Douglas Macmillan assessing improved access to hospice beds for UHNM pts via link to Track & Triage. • Exploring similar links/scheme with Katherine House Hospice at County hospital & St Giles hospice	
System Workforce Plan	Campaigns to support reservists pool increasing and people hub transition into capacity schemes	£120,425 – ICB System Funding
Communication plan	In development	

Enabling

Title	Summary	Funding Source
Mental Health	• Urgent Care model for Crisis Care/All Age Access to support anticipated increased demand due to associated winter pressures (cost of living/economic crisis, COVID, health inequalities, etc.) • VCSE contracts in place including Crisis houses • Emotional support helpline available during evenings & weekends • Increased access to Rapid MH support through community lounges in Stoke and ARRS practitioners linked to primary care. • Procurement of an out of hours service working alongside CRHT focused on hospital avoidance - provision will go live in October, expected to support 30 services users per week outside of core working hours. • Targeted partnership working with LAs relating to MFFD patients & care packages/placements	NHSE Mental Health Winter monies
	Discharge pathway expansion for adults and older adults including dementia • Temporary expansion of discharge pathway to support early discharge into the community with additional resource (October 2022 - March 2023): - Mental Health Nurses - Financial Wellbeing advisor - Housing officer - Additional recovery workers **Unplanned Care - Mental Health - Adult and Older Adults** • Additional Support workers to support unplanned activity in Community Teams **Financial Wellbeing support for service users in crisis** • Financial wellbeing advisor to support (October 2022 - March 2023) **Other** • Warm Places - Working in partnership with Borough councils to create warm places to support vulnerable groups and prevent the escalation to clinical teams	NHSE Mental Health Winter monies £191,911

System Escalation Plan

Note: this is continually evolving, updates may be available following paper submission dates.

Why do we need System Escalation Policy

- Experience over last 2 years is that system can become rapidly stressed, developing effectively unmitigated risks
- System Clinical Care & Risk group was formed in early 2022 but engagement and effectiveness was variable. Harm reviews now overseen via CNO forum.
- ICS is already experiencing unacceptable ambulance delays
- Clearly it would be preferable to be acting proactively to reduce risks and we should push the work around ambulance handover delays and discharge pathways
- Severe workforce challenges – evidence that even core services are struggling – potential for staff to move, thereby moving the issue rather than providing a solution
- To ensure that an action in one part of the system does not impact adversely on another part of the system – system solutions vs individual solutions
- Assurance that all patients are in receipt of some level of care, and prioritized by available support to the individual, at that time

Where are the potential harm in UEC pathway

- Ambulance delays - "The patients in the urgent care pathway who are at highest risk of preventable harm are those for whom a high priority 999 emergency call has been received, but no ambulance resource is available for dispatch." *Keith Willett 2017*

- Delayed Discharges – potential of patients to decompensate and impact on patient flow/ED

- Emergency Departments - “Outcomes for patients waiting for more than 5 hours in ED are measurably worse than patients with shorter stays” *Jones S, Moulton C, Swift S, et al - Association between delays to patient admission from the emergency department and all-cause 30-day mortality -Emergency Medicine Journal 2022;**39:**168-173.*

Principles

- System Escalation policy is activated when there are extreme patient safety risks within the system – need a criteria which supports the identification of patient safety risks at each stage of the process

- It needs to be additional to current ‘Hospital Full’ protocols

- The escalation plan is intended to minimize and mitigate risk by sharing risks across system.

  This includes:
  - Pre-hospital care
  - Emergency department
  - Inpatient care
  - Social care
  - Primary & Community care

Process

- System has to agree on:
  - the most challenged element of patient flow
  - when to trigger the Escalation Process
  - the subsequent required actions – who, what, when, how?
  - how actions are monitored
  - how the impact of those actions is shared with the system, reviewed and amended as required

- The agreed plan needs to be owned by each partner organization

- The plan needs to be pre-approved and understood by all system partners

- Agreement that the plan can be triggered by any System Partner

- Prior agreement for standing down the process and how this will be enacted

- Process for reviewing the enacted plan and implement learning within the Escalation Process post the event, including addressing the root cause

Response

- Actions will depend on the system status and the pressure points at that time

- Interventions will need to be agreed by senior decision makers, and through delegated authority out of hours

- Will need to be:
  - timely and proportionate to need
  - coordinated and monitored, with the ability to flex in response to changes
  - captured in real time to improve the use of resources and serve as a log for audit and learning purposes

- Needs to be balanced within the identified resources and reduce the chances of negative impacts on other parts of the system

- Most actions will look to improve flow and support:
  - In-patient risk parity across providers
  - Mutual aid
  - Flexibility of the discharge criteria

System Workforce plan

Introduction and Context

- This document sets out the workforce plan to support delivery of the 2022/23 Winter schemes across SSOT.
- The plan outlines the approach taken by the system; additional workforce numbers required to support each scheme; actions being taken to supply the additional workforce including provider and system level activities and escalated bank rates proposal; workforce risks.
- Workforce supply is the biggest challenge in Staffordshire & Stoke on Trent; with Nursing vacancies at 13%, sickness approx. 6% (Covid -19 rates currently rising), and turnover has increased in the previous 3 months (particularly in UHNM).
- A collaborative, innovative approach to workforce supply has therefore been adopted to reach untapped pools and provide attractive offers to incentivise staff.

Workforce Planning Approach

- The ICS People Function team has taken responsibility as ICS lead in workforce planning and assurance of additional workforce to support Winter Schemes.
- ICS Workforce Leads work in collaboration with NHS, Local Authority, Social Care, Independent providers and ICB to leads to understand the workforce required to deliver the schemes, explore alternative workforce models and skill mix required, and availability of current workforce to determine any gaps.
- Regular communication and involvement of partners through Delivery Groups ensures that plans for workforce scheme activity are monitored and reviewed regularly.
- Providers continue assess and review their workforce models and additional capacity required for anticipated scenarios and surge.
- Providers are modelling their workforce internally, utilising a range of roles and skills across the schemes, adopting flexible workforce models which respond to demand accordingly. Providers have plans in place to deliver the additional capacity utilising their internal available workforce through skill mix, redeployment and additional hours.

Additional Workforce Numbers

Below outlines the additional workforce required to support each of the schemes as at 03.10.2022. Providers may adjust workforce requirements in line with ongoing testing and modelling

Scheme	Provider	Summary/Impact	Total WTE	Registered Workforce (WTE)	Unregistered workforce (WTE)	Comments
Virtual Wards	UHNM / MPFT /UHDB	Equivalent 30 Beds	80.4	1 ACP, 7.4 Matron 8 B7, 18 B6, 2 B5,	13.2 Nurse Associate 4 Telehealth B4 12.8 HCSW B3 4 Admin	
Acute Winter Escalation Beds	UHNM	W7 = 14 Beds W123 = 25 Beds W80/W81 = 34 Total 73 beds	131.86	1 Matron, 3 B7, 6 B6, 47.55 B5.	65.31 HCA B2 3 Discharge Facilitators B3 3 Ward clerks B2 3 Housekeepers B2	
Cheadle D2A	MPFT	Equivalent 17 Beds	64	1 B7, 4 B6, 22 B5	37 HCA B2	
POLR	Staffordshire	Care Provider market support, In-house provision in development	TBC			April 2023
POLR	Stoke	Care Provider market support, In-house provision	30		30 WTE Care Support workers	Students, New to Care, Come back to Care
System Frailty Decision Unit MDT	UHNM / MPFT	Reduction of 12 admissions per day (c14 Beds)	8.48	2.24 RGN B5	4 Social Care Assessor 2.24 HCA B2	
D2A Spot Purchase – SRP	UHDB	Equivalent 17 Beds	36.33	16.33 B5	16 HCSW B3 3 Admin/Domestic	
		Total	**351.07**			

Risks and mitigation

The main risks associated with the supply of workforce in the short and medium term currently include:

- Sickness, turnover, vacancies, pensions changes, agreement on bank rates, availability of registered workforce
- In order to mitigate against the risks, provider and leads implementing a number of actions including targeted recruitment campaigns, retention activities, introduction of completive escalation rates, flexible working offers, Improvement work implementing new ways of working and developing internal efficiencies
- Workforce activities and schemes are outlined in the following slides:

Winter 2022/23 Schemes – Current Workforce Actions (detailed workforce plan in development via Provider Engagement)

Vaccination programme	Virtual Wards	Escalation Beds	Care Homes	Home Care
• Supply staff from People Hub to VC, TVT, CYP and PCN/CPs • Training and compliance via ICS People Team • Lead employer workforce assurance	• ICS Led recruitment Campaign • MLCSU campaign design by 11th Sept • ICS People Team to advertise by 12th Sept	• Build on 2021/22 campaign • ICS led Recruitment Campaign • Conversion of existing Hub staff • Largescale training delivery & induction	• Incentives for existing staff TBC • Step up Care Reserves recruitment • Conversion of existing Hub staff • Largescale training delivery and induction	• Incentives for existing staff TBC • Step up Care Reserves recruitment • Conversion of existing Hub staff • Largescale training delivery and induction

Winter 2022/23 Workforce Schemes in Development:

Risks: System staff turnover/sickness/vacancies, Agency Cap (30% reduction in year), staff burn out, cost of living for community workers and increased operational pressures due to COVID/Flu/Elective Recovery

ICS Reserves

- Workforce Cell stood up
- Builds on existing plans / campaigns
- ICB staff onboard by October 2022

- Further recruitment:
- NHS & LA Corporate Staff
- Students & Seasonal workers
- Care Reserves
- General Reserves – live advert
- **Imperative that recruitment commences in September to achieve staff in post.**

- Pastoral & training activities will be offered to ensure that staff are ready, trained and services support them.

Winter Taskforce Proposal – Escalated Bank Rates

- System CPO led programme being developed
- System consistent rate proposed for high risk/priority areas
- Nursing AND HSCWs
- Offered to Internal Trust and System bank
- Proposal to CPOs, CFOs & CEOs early September
- Recruitment campaign in Sep
- Will also address agency reduction target – e.g. block book bank not agency
- **Imperative that recruitment commences in September to achieve staff in post.**

Recruitment to Providers

- Workforce planning being carried out to understand WF impacts of internal Provider schemes
- Imperative to plan for
- - Internal NHS Provider recruitment via mutually beneficial methodology for all staff groups
- Nursing, HCAs, Therapies and SC will be required
- - Plan for System recruitment events/engagement
- Workforce plan and plan recruitment for LA schemes/ ICS Team support
- **Imperative that recruitment commences in September to achieve training/ staff in post.**

Retention

- System CPO led programme
- HEE investment directed to support high risk/priority areas to support Flexible Working
- Retire and Return Hub at System level; create
- System wide products delivered following initial research shows that staff would like to work flexibly
- System Health and Wellbeing Offer

- **STAFF REDEPLOYMENT:**
- Imperative that advance notice is given to staff being asked to move to new services/Providers to support Winter both from HWB and operational planning perspectives

Escalated bank rates – context & rationale

Senior Workforce and Nursing leads have explored the case for change, risks/mitigations regarding alignment of and increase to system bank rates.

Case for Change

- Workforce supply is the biggest challenge in Staffordshire & Stoke on Trent; with Nursing vacancies at 13%, sickness approx. 6% (Covid -19 rates currently rising), and turnover has increased in the previous 3 months (particularly in UHNM)
- SSOT have failed to meet the monthly target for increased workforce based outlined in the Operational Plan for 22-23 (700WTE staff increase required from April 22- April 23). Current position of SSOT at month 6 is -142WTE
- SSOT Winter Workforce plan (which is additional activity to that outlined in the operating plan) states that we will require an approx. 270 additional roles (awaiting final confirmation of WTE for two schemes)
- Consistent escalation rate ensures Trusts are not poaching staff from each other
- In light of current domestic financial pressures, an increase in rates will incentivise staff to take up bank shifts
- Support achievement of reduced Agency spend target (currently on track to exceed the target post November 2022)
- By closing the gap between bank and agency rates and publicising our intention to reduce agency spend; we may encourage agency workers to join banks.
- Risk of current staff being demotivated due to an increase in bank rate is already present due to prevalence of agency booking and their rates.

Rationale for recommended rate:

- Offering 5% (inflation) on the current escalated rate is not a significant enough incentive for NHS staff at this time.
- Offering a rate which more closely the aligns to agency rates is more likely to incentivise colleagues
- Closer alignment to UHDB rate of £24.54
- Risk that this will set a precedent for future bank rates, however it is recognised that the risk of workforce shortages will remain for a number of years, the system must be cognisant of the fact that additional funding may be required by Trusts in future years to finance escalated rates. This would however support the shift from agency reliance.
- Proposal that regular review and monitoring of the impact during this period to ascertain impact

Escalated Bank Rates – current and proposed agreement

	UHNM	MPFT	NSCHT	Agency
Current escalated rates (Registered - £14.92, basic Unregistered £10.90)	Registered - £21 Unregistered – N/A	Registered - £18.44 Unregistered - £11.85	N/A	£28 RN
Application	All registered Nursing bands, not applied to HCAs currently, apply a higher rate to Critical Care in extremis	Only in Inpatient MH and Community Physical Health. Escalated rates applied as required throughout the year in areas of need - RN & HCA	Will not apply an escalated rate as routine, however have agreed the principle of an escalated rate cap	Varied rates are in place, agency nurses do have their shifts cancelled
Working Group recommendation (Senior Workforce and Nursing Leads)	Max £24, likely to agree £23 in times of escalation. If system funds the difference as this competes with agency. Propose £26 Critical Care.	Supportive of £23-24, £12-13 for HCA. If system funds the difference as this competes with agency	In agreement with the principle of having a capped rate which will only be applied in extremis	
Investment required – based on 12 months	£1-1.5m (based on last years usage) TBC	£727,730 (based on past 12 months usage – all inpatient shifts / day rate)	N/A	
Agreed next steps	Taking to Execs next Tues	Taking to Execs next Tues	Clear position articulated above. To update CPO	

N.B. It is proposed that the escalated rate is applied when system COOs deem this necessary. Therefore the escalated rate may potentially need to be funded for longer period.

APPENDICES

BED MODELLING

PWC System Bed Modelling

In order to better understand the System bed position (and to model prospective impacts, initiatives and schemes), PWC have been commissioned to undertake the development of a System-wide Demand and Capacity analysis tool, to inform Winter Planning and manage winter pressures on a live basis as winter progresses.

Key deliverables include:

- Production of a system-wide capacity overview. Including D2A pathways, home care and simple discharges
- Understanding the size of the Trust bed gap for both elective and non-elective pathways, including a breakdown of the bed gap by division
- Identifying areas of improvement through LoS analysis of different cohorts (e.g. long vs. short stayers) and comparing performance quartiles
- Development of a demand forecast for trust services, based upon how population needs change in the future
- Receiving of a developed model that can support further future work.

The model will be refined to enable assessment & analysis of escalation and de-escalation actions & impact upon bed availability/gap

The model will be developed such that it allows recalibration in advance of, during and post Winter to enable assessment of initiatives and actions

PWC System Bed Modelling

Current progress:

- PWC continue to make progress with modelling – all Winter Plan schemes, expected bed impacts and current trajectories will factor into PWC outputs
- Data is inclusive of Elective activity plans and wider system activity (i.e. UHDB/QHB data)
- Bed modelling Working & Steering Groups are in place to ensure adherence to timeframes and to gauge and shape outputs
- Work in progress outputs have been shared with System partners to illustrate expected position
- Initial output identifying System bed gap and forecasts is expect week commencing 17 October
- PWC model includes longer term modelling and forecasting which will be handed over to the ICB for future use once the project is completed.

FINANCE

NHSE funded schemes – trajectory

NHSE return

Initial submission detail	Receiving organisation	Additional beds/ Expected Impact	Cost (Revenue) (£'000)	Spend (£'000)					
				Oct	Nov	Dec	Jan	Feb	Mar
Spot purchase of 40 beds, equivalent to 17 acute beds due to existing beds remaining occupied from last winter. Workforce provided by Care Home.	MPFT	17	1,014	78	117	220	262	220	117
Ward 80/81 - 34 beds, low acuity	UHNM	34	2,300			350	650	650	650
System Frailty Decision Unit	UHNM/MPFT	14	900	150	150	150	150	150	150
6 months outsourcing of POLR to create additional capacity and flow through Homefirst Pathway 1 during winter. Workforce provided by Dom Care provider.	MPFT		1,531	255	255	255	255	255	256
TOTAL		**65**	**5,745**	**483**	**522**	**975**	**1,317**	**1,275**	**1,173**

ICB System Funded Schemes

Title	Summary	Impact	Timescale	Funding Source
WMAS	Extended Hospital Ambulance Liaison Officer cover at RSUH.	Reduce extended ED waits and improve hospital flow	3 FTE added to make total 5 FTE. 6 months.	£136k
ERS (Patient Transport Services)	Increase capacity across acute sites in SSOT with clear outcomes for delivery. Priority for ED and emergency portals to support admission avoidance. Will support additional D2A community capacity being stood up.	Support admission avoidance through FDU, reduce failed discharges, support increased flow.	Oct – March 23	£600k
Primary Care	Respiratory Access Hub. 7 day access. Accepting referrals from practices, 111 and UCCC. Significant push from Region to provide capacity. Will support Primary Care capacity and UEC Flow, will be aligned to Acute Respiratory Infection mandate.	3312 additional f2f appointments per week Modelled for 22 weeks	Nov – March 23	£1.822m
System Workforce Plan	Campaigns to support reservists pool increasing and people hub transition into capacity schemes. Mitigation against workforce risk, applicable to support full UEC system. Does not include implications of escalated bank rates.	Mitigation of significant workforce risks/gaps.		£120,425
			TOTAL	**£2,678,425**

Funding agreed 04.10.22 - CFOs, SGP, SLT and F&P agreement

MONITORING

Monitoring

Refer to governance structure

- Weekly escalation report will articulate the position of the plan vs actual
    - System targets will be included e.g. MPFT Community Av LOS
- Daily System Leader calls
- Ambulance handover plan aligned

COMMUNICATION PLAN

Staffordshire and Stoke-on-Trent Integrated Care System

Supporting operational resilience in urgent & emergency care ahead of winter – a summary of the communications strategy

2022-2023

Objectives

1. Reduce the number of people presenting to our urgent and emergency care services with conditions that could have been prevented, symptoms that could have been alleviated through self care or people who could have been seen and treated by a service closer to the community
2. Promote key national campaigns and public health messages of staying well, keeping healthy and use of NHS111

Objective 1

- Using nationally recognised approach

[Guide to campaign planning: OASIS - GCS (civilservice.gov.uk)]

Action plan – objective 1

Why	What (key message)	When	How	Who
Reduce the number of women 20-44 attending ED and WIC/MIUs with UTI symptoms	Keep hydrated Wipe front to back Take paracetamol Visit your local pharmacy Link to: Urinary tract infections (UTIs) - NHS (www.nhs.uk)	October – November 2022	Re-brand paid for advertising campaign from TWB to ICS Re-issue the UTI campaign material to ICS partners	CSU
Reduce the number of under 18s being taken to ED, MIC and MIU with tonsillitis symptoms	Key messages from Tonsillitis - NHS (www.nhs.uk)	December – January 2023	Social media toolkit using GCS campaign approach, including audience testing	
Reduce the number of under 18s being taken to ED, MIC and MIU with tonsillitis symptoms	Key messages from Tonsillitis - NHS (www.nhs.uk)	December – January 2023	Social media toolkit using GCS campaign approach, including audience testing	
Increase the number of people using self care to prevent exacerbation of symptoms and escalation into ED, MIU and WIC	Ensuring your medicine cabinet is stocked up to alleviate symptoms early and prevent them getting worse	October	Issue news release on the change in season, arrival of the cold weather, colds and Flu (pharmacy spokesperson)	CSU media team

Action plan – objective 1

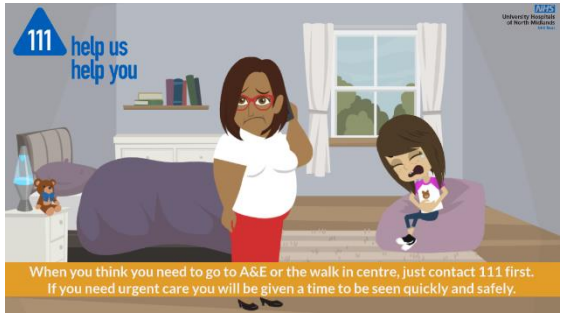
Why	What (key message)	When	How	Who
Reduce the number of older people falling and attending ED	Avoid a trip to accident and emergency departments with your older relative, here are some top tips • Strengthening legs can help prevent falls – stand on one leg, move from sitting to standing – slowly! • Ask their doctor to review any medication to make sure they are taking the right dose • Buy new slippers or shoes that fit properly • Get their eyes checked every year #ThinkFalls Link to: https://www.mpft.nhs.uk/services/falls-prevention-service	When cold weather is forecast (adding messages about avoiding slips, trips and falls)	Target younger relatives with falls awareness toolkit on social media	ICS
Reduce isolation and loneliness leading to attendance at ED	TBC	TBC	Seek information from councils' and voluntary sector on work to combat isolation and promoting be-friending	TBC

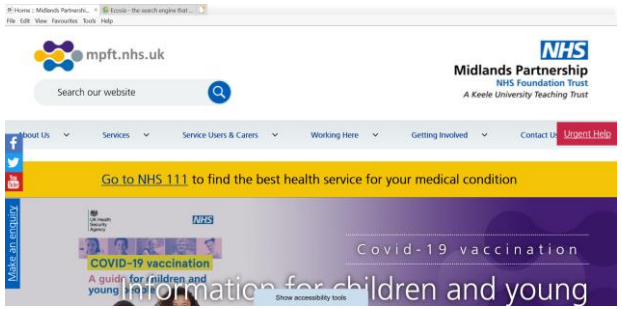
Action plan – objective 1

Why	What (key message)	When	How	Who
Build trust and confidence in alternative services	The local NHS and councils are preparing for winter	When capacity plan goes through first public Board	Media release	CSU media team
	You will be looked after in different ways to prevent you going to hospital and helping get back home as soon as you are well enough NHS and local councils are investing in health and care services (£5.7m from NHS England, plus £1m for ambulance handovers)	Drip fed at regular intervals after capacity plan goes through first Board Re-issue media releases/content during peaks in demand	Media releases profiling each element of the capacity plan Potential for video/audio content	CSU media team
Recruit workforce to deliver surge capacity	Job opportunities available at Haywood and Cheadle hospitals	October	Digital recruitment campaign	MPFT
Reduce the number of people accessing healthcare for reasons associated with cost of living (including access to energy)	Signposting people to existing national and local advice and support web area with a home page and sections on money and debt, energy bills, food and essentials, staying warm and staying well.	October – March 2023	Social posts, messages to partners and stories shared through local media are highlighting the range of advice and support that's available to help people, both from Staffordshire County Council and from partners in our local communities.	Staffordshire County Council
Reduce the number of people using ambulances to take them to ED	If NHS111 says you need to go to ED, you don't need an ambulance to take you – ask a friend or family member	TBC	TBC	UHNM

Objective 2

- Adapting national campaign materials, building o
  local
- Social media campaign (toolkit issued to all members of the Staffordshire and Stoke-on-Trent ICS)
- Partnership media releases





Action plan – objective 2

Why	What (key message)	When	How	Who
Increase the number of people contacting NHS111 prior to attending ED, WIC and MIUs (online and via app)	Get medical help anytime – online, on the NHS app Get medical help - NHS 111 NHS App and your NHS account - NHS (www.nhs.uk)	November – January 2023	Re-brand last year's NHS111 toolkit (from TWB – ICB) ICS partners to issue social media posts between Fridays and Mondays every weekend until end of January 2023 ICS partners to add alert bar to website (if technically possible) between Fridays and Mondays every weekend until end of January 2023	CSU to re-brand and ICS partners to share
	Contact NHS111 before setting off to the ED	TBC	Briefing to volunteer drivers	In partnership with Healthwatch
	UHNM's partnership with the pharmacy in Morrisons – if you haven't contacted NHS111 first, you will be asked to use a kiosk and you may be re-directed. Cut out the middle person and the wait, go straight to NHS111	TBC	Media release	UHNM
Achieve Flu vaccine target amongst eligible groups, ensuring no one is excluded	As per national campaign	October - December	Issuing of national campaign resources (when available). Internal comms to staff	ICS partners
Ensure take up of COVID booster amongst eligible groups, ensuring no one is excluded	As per national campaign	October - December	Using national materials from Campaign Resource Centre	ICS partners

P A U S E – during periods of high demand

Problem

- Is there a theme in attendances? What are the presentations that can be diverted?

Audience

- To help us target our communications and ensure our graphics resonate, who is attending? Age, gender, ethnicity…?

Understanding the audience

- What will influence their decision to go somewhere else? What do you know about why they came?

Symptoms and self care

- Use NHS.uk to describe symptoms and self care

Exacerbations and escalation

- What to look for and where to go if it gets worse