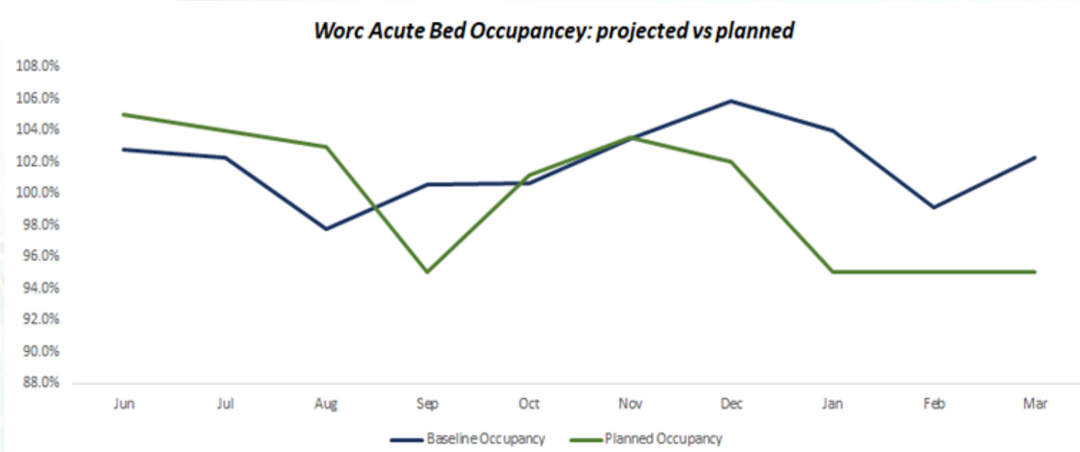
Worcestershire Acute Hospitals NHS Trust

Demand and Capacity

Demand & Capacity, Worcestershire Acute Trust

- The modelling shows that there should be sufficient capacity within WAHT to meet winter demand, subject to delivery of improvement schemes and utilisation of TES spaces.

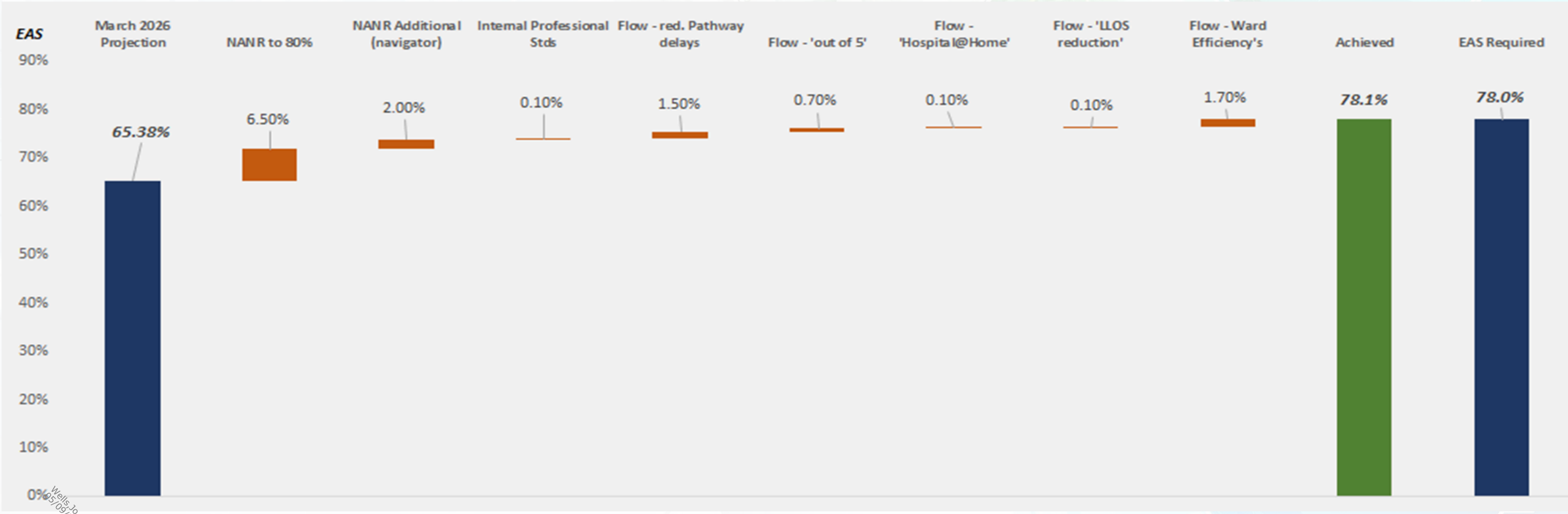


Baseline	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Emergency Admissions	2,982	3,264	3,103	3,100	3,206	3,201	3,394	3,325	2,845	3,263
AVG LOS (Em)	7.32	6.98	6.98	6.98	6.98	6.98	6.98	6.98	6.98	6.98
Bed Days (EM)	22,153	22,783	21,659	21,638	22,378	22,343	23,690	23,209	19,858	22,776
Unmet ED Demand (17 per day)	515	527	527	510	527	510	527	527	476	527
Unmet Bed Day demand (2.5 LOS)	1288	1318	1318	1275	1318	1275	1318	1318	1190	1318
Non Elective beds required	781	777	741	764	764	787	807	791	752	777
Elective beds required	52	52	52	52	52	52	52	52	52	52
Beds Required	833	829	793	816	816	839	859	843	804	829
Beds Available	811	811	811	811	811	811	811	811	811	811
Baseline Occupancy	102.8%	102.3%	97.8%	100.6%	100.7%	103.5%	105.9%	104.0%	99.1%	102.2%

Winter Focus

Final	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Beds Required	852	843	835	770	794	824	811	765	746	746
Beds Available	811	811	811	811	785	795	795	805	785	785
Planned Occupancy	105%	104%	103%	95%	101%	104%	102%	95%	95%	95%

Plan for achievement of EAS



Winter Schemes 25/26

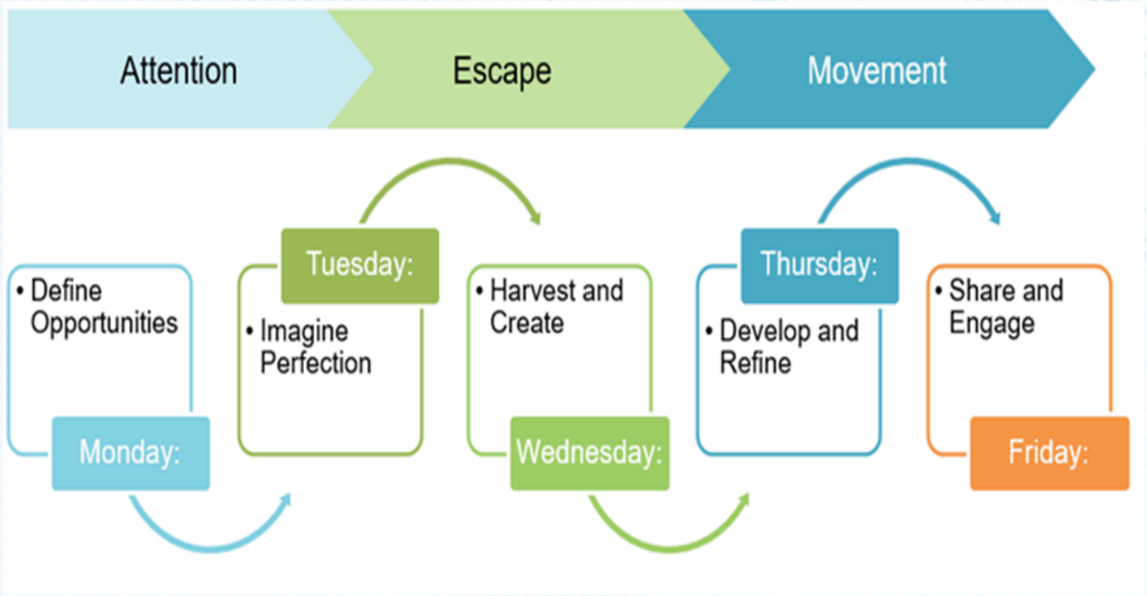
Approach to Winter

Worcestershire Acute Hospitals NHS Trust

- Work with colleagues to collate scheme ideas for Winter based on last years learning
- Establish UEC recovery board and workstreams
- Develop a 30 60 90 Plan, with accompany metrics and dashboards
- Full improvement team support for programme
- Key clinical leadership involvement to encourage service level involvement in transformational work and Winter scheme development

3P on Flow 5-day improvement event Production, Preparation and Process

Between 60-70 colleagues from across all disciplines came together every day to discuss the barriers to flow, take part in idea generation sessions and create an improved future vision



Worcestershire Urgent Care Delivery Committee - Emergency Care Delivery

NHS Worcestershire Acute Hospitals NHS Trust

UEC Recovery Board – Chris Douglas SRO

Areas of Focus

Unplanned Care Acute Operational Management and Oversight

- **Lead – Wendy Joberns-Harris**

Acute Operational Management and Oversight

Responsibility for 30/60/90-day performance improvement plan

PDSA focus on in-ED and associated systems and processes

Areas of Focus

Flow and Discharge

- **Leads - Jo Whitehouse, Donna Macklin, Stacey Waldron & Amy Read**

Patient Transport improvements
System wide discharge redesign
Effective board rounds
Flow rounds - focus on Pharmacy
DRD relaunch and implementation
GIRFT Acute care standards – adoption and implementation (Ed Mitchell)
LLOS
Whiteboard to sunrise PDSA
CLD process review and testing

Areas of Focus

Phase 1: Effective Internal Streaming

- **Leads - Heather Reading, Ross Hodson, Sabina Moolla and Khaled Abuelenain**

Establish clear criteria for appropriate assessment in all unplanned care assessment areas

Enhance visibility and 24/7 access to a fully comprehensive directory of acute services, showing live capacity to effectively stream patients to the right care the first time

Areas of Focus

Eliminating Unnecessary bed moves

- **Leads Name – Caroline Lister, Tracey Baldwin & Rachel Harris, Donna Macklin**

Establish SOP for bed moves, define roles & responsibilities
Trust wide Reset (MADE)
Effective and Efficient Site Management
Role of the capacity and flow teams
Bed management system – Realtime bed capacity (Sunrise)
Bed modelling

Tier 1 actions and winter planning focus

WAHT 3P on Flow event held 2025 to prioritise improvement focus across the Trust.

Schemes 2025/26

Scheme	Description	Outputs
Alternative Pathways	• Hear and Treat model from Single Point of Access • Extend MSDEC opening hours until midnight - stream until 2000 and reconfiguration of assessment spaces • Virtual Fracture Clinics • Plaster Technician Pilot	• Virtual fracture clinic pilot to continue – 60% of in-person attendances have converted to virtual • Plaster technician working in ED has reduced re-attendances to department – this will continue with a review of hours over Winter to support increased need between 4 & 8pm.
Surgical Pathway	• Reconfiguration of trauma beds • Protected fractured neck of femur provision • Direct streaming from ED on referral	• Surgical Assessment space review underway to increase offload capability to support general surgical activity increase • Speedier transfer of surgical patients cross site and streaming direct to SAU
Stroke Pathway	• Reconfiguration of beds • Outreach services	• Increased stroke bed provision • Reduced delay for beds in ED for stroke and neurology • care closer to home for patients
Reduce Length of Stay	• Home by 5 programme • LOS • Criteria Led Discharge	• Hospital at Home • Virtual Ward – COPD, increase utilisation to 85% • Criteria Led Discharge to support weekend planning
Operational Resilience As we approach the winter period, Worcestershire Acute Hospitals NHS Trust is implementing a comprehensive support plan to ensure operational resilience and patient safety across all sites via our EPRR team	• Increased performance real time data dashboard for use divisionally, driving earlier escalation • GIRFT Metrics to ensure timely review • Evening handover process enhanced • Additional weekend management support • Action Cards updated Urgent Care presence on shop floor throughout and in person capacity meetings • 24/7 EPRR On-Call Service: Starting in October, EPRR will provide round-the-clock on-call support, including medical staffing assistance during weekends and festive periods. • Split Shift Coverage: On-call managers will operate split shifts to maintain on-site presence from 08:00 to 21:00 daily	• Dashboards and real time access in place • Move towards GIRFT metrics to replace IPS with accountability structure - Face-to-Face Engagement: engagement and decision-making. • Virtual handover meetings will continue to support on-call teams and ensure seamless shift transitions • Clear accountability by team to release capacity • Response is in line with changing demand over Winter Period • Escalations externally are clear and inter-organisation working optimal

Schemes 2025/26

Scheme	Description	Outputs
Delivery of 30, 60 90 day operational plan	Winter Actions have been combined as part of the UEC Recovery Plan and it is from this single plan we will work towards delivery of mitigations within a structured programme that focuses on collaborative inter-divisional schemes to improve performance outcomes and reduce overall crowding • *IT enhancement to support streaming* • *Co-location of services* • *Evening/Overnight provision* • *Pre-ED streaming* • *Emergency Department resource and rota review and configuration to coincide with a shift in presentation over Winter months (evidence demonstrates 8-11pm core Nov – March)* • *Board round best practice review* • *Internl profession standards relaunch and rebranding to deliver GIRFT recommendations* Workstreams are in place focussing on Discharge, Streaming and Flow – each workstream has clinical leadership and a clear reporting structure that feeds into an Executive led UEC Recovery Committee (held fortnightly)	• Redesigned pathways leading to an improved front door performance and timely discharge • Retain navigator, which has demonstrated success – releasing waiting room capacity for ambulatory offload capacity. • Zero tolerance to GP expected and breaches in Primary Care stream. Tender for GP provision • Pitstop process preventing ED arrivals • Focus on rota provision to enable elimination of cumulative queue to maintain performance overnight • Recruitment of senior clinic posts to support increased leadership presence during evening/overnight • Streaming of Primary Care patients to increase by 10%, releasing waiting room capacity and ensuring full achievement of EAS in this patient group – positive impact on None-Admitted/None Referred • Heralded patients streamed directly to SDEC's/Assessment spaces – improving performance in the unheralded attendances • Use of electronic solutions to provide information at a glance on which to make streaming decisions. Improvement target 10%. • Launch of GIRFT standards
Implementation of ECIST recommendations	• ECIST recommendation for Frailty. • ECIST recommendations arising from Pathway 2 review, system-wide delivery plan and approach	Reduce discharge delays and enhance/review ward level and system wide process

Worcestershire Acute Trust
AREAS OF FOCUS 25/26

Worcestershire Acute Hospitals NHS Trust

Area of Focus
Care at Home
- Hospital at Home
- Virtual Ward – COPD, increase utilisation to 85%
- OPAT integration, review with uplift in service provision to support earlier discharge for Winter
- Investment in Pharmacy to support OPAT
- Virtual Fracture clinic
- Trauma pathway hospital at home

Area of Focus
Future Model of Emergency Care
- Single Point of Access- Enhanced electronic provision to support admission/attendance avoidance
- Frailty SDEC and access via Pitstop
- Hear and Treat model from Single Point of Access
- Extend MSDEC opening hours until midnight - stream until 2000
- Introduction of GIRFT professional standards to improve response to pathways
- Review Diagnostic pathways

Area of Focus
Operational Resilience
- Evening handover process reviewed – operational rigour to enhance evening shift start
- Additional weekend management support
- Split shifts process to support resilience
- Action Cards updated
- Urgent Care presence on shop floor throughout
- Identified Winter Director

Area of Focus
Emergency Care
- WHICH document electronic tool implementation to navigate pathways and support streaming
- Front door streamer in both ED's – move to fully fledged navigator (pilot demonstrated 40% improved streaming for surgery)
- Relocation of Primary Care alongside SDEC, to support streaming from ED
- Progress chaser provision at night
- Pitstop streaming before ED – both sites
- Additional Middle Grade – both sites

Area of Focus
Discharge and Recovery
- Transfer Team in place to support timely moves
- Ward focussed OCT provision to support timely transfer
- Criteria Led Discharge
- Out by 5 Days – Orthopaedics – GIM/Frailty
- Implementation of ECIST recommendations for Frailty

System-Wide Schemes/Support

-Primary Care increase in appointment availability
-Virtual Ward
-Hospital at Home
-Community bed optimisation programme
-Urgent community response
-Discharge to assess operating model
-Mental health focus on optimising the use of Crisis Assessment Suite to prevent delays in ED
-System Frailty Schemes:
- Launch of digital RESPECT
- Co-location of GP in single point of access to promote home first
- Increase Call before Convey
- MDT with Geriatric Input
- Hospital at Home in-reach
- Implementation of frailty reactive care pathway

NHS
Worcestershire Acute Hospitals NHS Trust

INFECTION PREVENTION CONTROL

Winter Vaccination Plan

Worcestershire Acute Hospitals NHS Trust

All Trusts have committed to achieving at least the 5% improvement on last years flu vaccination.

- Programme run Oct – Mar with Trusts aiming to deliver most of the vaccinations by December.
- Plans regarding whether delivering Covid as well as the flu vaccination and public vaccinations varies by Trust.
- Peer vaccinators (IPC, Nurses, Occ Health and Ward sisters) in place. Vaccination clinics, ward visits, entrance pop ups, remote site visits, attendance at group meetings and weekend vaccinations will be in place.
- Digital data collection (inc for consent) is either in place or being explored.
- Flu champions and myth busting/ communication campaign to encourage staff to have the vaccine.
- Frontline health and social care staff will be offered the seasonal flu vaccine with a 40-45% uptake target; this is based on performance from last year. All three Hospital Trusts will offer in-house vaccination to staff, with a mix of front door vaccination, floor walking, clinics and remote sites to maximise opportunistic vaccination. For Healthcare workers in other settings vaccination can be obtained via primary care and pharmacies and this will be signposted across the system.
- Incentives for having the flu vaccination being explored – biscuits/vouchers

Winter Infection Prevention & Control Plan

- Real time and/or daily Sitreps data monitored and proactive closures, cohorting and early step downs from isolation occurring.
- Outbreak policies including major outbreaks have been reviewed and policies are in date.
- Direct relationships with microbiologists are in place for rapid communications.
- Weekend and on call staffing is in place.
- Predictive analytics is in place.
- The process for ordering and distributing PPE is in place, and mechanisms for communicating this to Wards is effective.
- Move to 4-plex testing from Oct 2025 (SWFT)

- Areas of concern
  - Physical side-room capacity to support the isolation strategy,
  - Impact of paediatric infection rates and RSV.

Respiratory Virus Winter Management Plan

Worcestershire Acute Hospitals NHS Trust has developed a comprehensive Respiratory Virus Winter Management Plan* to prepare for and manage increased cases of respiratory viral infections during the winter season. This plan aims to support patient safety, operational flow, and minimize infection spread within the hospital through evidence-based infection prevention and control measures.

Key components of the plan include:

- Seasonal respiratory virus challenges including influenza, COVID-19, and RSV.
- Core infection control principles focusing on airborne and droplet transmission.
- Clearly defined roles and responsibilities across leadership and operational teams.
- Patient screening and testing protocols using LFD and PCR tests.
- Patient placement and escalation framework with daily reviews.
- PPE and masking policies based on risk assessments.
- Isolation periods and contact management tailored to patient susceptibility.
- Divisional winter management plans for all hospital divisions.
- Implementation, monitoring, and review by IPC and capacity teams.

**An event is planned for 23rd September 2025 with Divisions, to test and operationalise the plan.*