

Cover Sheet

Trust Management Executive Meeting: Thursday 26 March 2026

TME2026.112

Title: Learning from Winter Event

Status: For Information

History: N/A

Board Lead: Chief Operating Officer

Author: [REDACTED] Chief Operating Officer

Confidential: No

Strategic Pillar: Patients, People, Partnerships, Performance

Executive Summary

The Chief Operating Officer and QI Team ran an internal Winter lessons learned event on Friday 27 February 2026. The event took place on the Nuffield Orthopaedic site, face to face and had good attendance.

Recommendations

1. The Trust Management Executive is asked to:
 - Note the report
 - Note the COO will be using the lessons learned for other seasonal holidays and Winter 2026/27



Learning from Winter Event 27th February 2026

Summary



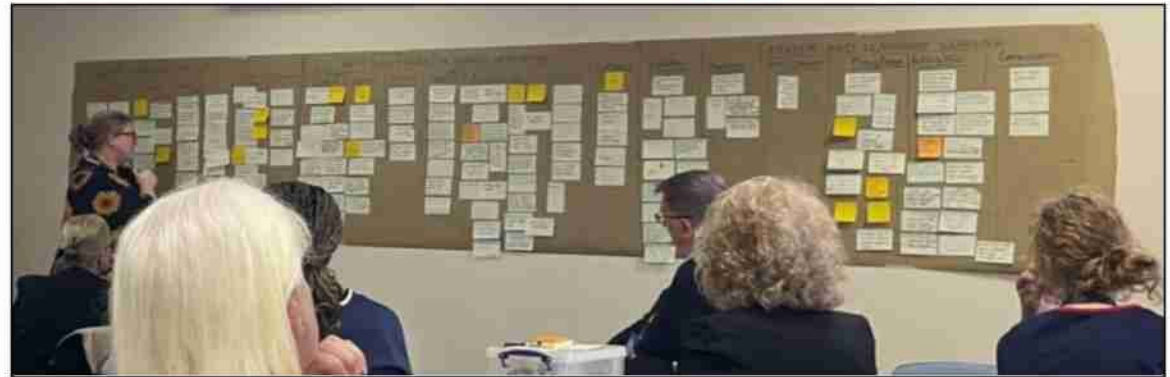
[Redacted]
Interim Head of Quality Improvement

[Redacted]
Portfolio and QI Team Lead – UEC and Standard Work

[Redacted]
Chief Operating Officer



The Event





“What Worked Well”

Team Working / Staffing

- Good Partnership Working / Joined Up Working “Growing Stronger Together”
- Team Working – great day to day communication
- Barriers moved across teams (use of day case as transfer lounge to support flow)
- Flexibility in working together transferring patients across sites
- Daily wellbeing checks
- **Good connection and escalation between staff – Whole system OUH and external communication***
- **Agile responses to asks for help and agile use of staffing resource across whole site to maximise patient safety***
- Medical team outreach worked well with weekend outlier teams have shown positive improvement
- MDT control and oversight in “emergency” situations (e.g. Level 7 Fire and OCC lift)

Transfers / Flow

- **“Your next patient” frees early capacity and supports daily planning and reduced corridor care**
- Use of CAPMAN for flow
- Use of Discharge Lounge – opening earlier, flow
- Corporate Nursing team assisting with flow
- **██████████s daily outlier email***
- More patients utilising day case capacity

Emergency Department

- **24/7 Consultant cover in ED**
- Use of SDEC
- **Focus on 12-hour length of stay – led to improved staff and patient experience as well as improved handover times**
- Strong SCAS handover
- 4hr performance remained strong – **proud to be 5th nationally!**
- Admission Avoidance

** Red highlighted items - highest outcome of dot voting = “we must absolutely repeat next winter”*

“What Worked Well”

(Continued)



Oxford University Hospitals
NHS Foundation Trust

Trustwide and Planning

- **Clear chain of command and roles using silver gold – teams working well together**
- Gold Rota over winter, with corporate support daily allowed for good communication, effective decision making and cross divisional working
- Weekend Silver support
- Early winter planning and winter messages to the Board
- Winter flow preparatory work provided the ability to escalate any blockers as there was a structured plan
- Intelligent capacity planning to support elective activity at beginning of the week
- Winter flow meetings have been helpful
- Better use of resources across all wards
- **Bed closures over winter providing escalation capacity**
- **Flu Vaccination Programme for our staff and patients – fantastic example of teamwork**

Childrens

- Weekly planning of Children's capacity
- Working closely with Oxfordshire Community children's service in escalation calls
- **Bleep cover for children's beds**
- 11am elective planning calls

Activity / Service

- Additional lists (Trauma / Gen Surgery)
- **SEU – Reintroduction of second core trainee overnight to increase medical cover***
- **Additional weekend theatre capacity***
- **Cross site working***
- Actions and expedited response linked to Norovirus outbreaks
- SSIP Winter beds
- Video telemetry
- Medical outliers with protected beds on a Sunday night
- **12-hour focus in MAU – pre ‘winter’***
- Less time in OPEL 4
- Minimal elective cancellations or extra capacity needing to be opened

** Red highlighted items - highest outcome of dot voting = “we must absolutely repeat next winter”*



“What Didn’t Work / Or Worked Less Well”

Operational, Trustwide and Planning

- Surge Planning
- Some escalations not always going through Silver / Gold structure – led to mixed messaging
- Not all staff being aware of what Silver/Gold means across the wider organisation
- Weekend Silver not equitable across the organisation and to question the value added by Duty Managers at weekend versus in-week
- Long time to mobilise ‘crisis’ meetings and appropriate stakeholders to make difficult decisions (e.g. theatre capacity)
- Winter flow meetings – cost of human resources, could have provided time for other tasks, time, cost
- Lack of feedback of benefits of the winter flow meetings to the staff on the calls
- Plans are not always fed back to the operational team – Duty Manager of the day is not always aware of the divisional agreed actions
- “Your next patient” is not widely adopted and embedded
- Inefficiencies where Corporate Nurses did not have patients to move – so felt like wasted time
- “Our divisions can divide us” – elective vs urgent activity prioritisation

Operational, Trustwide and Planning (Cont.)

- Good decisions need to be made when under pressure
- “Hamster Wheel” – same failings, same result, same attitude and same culture
- Avoid phrases that all in the room know – “we need more beds”, “Consultant ward rounds”, “Nothing to add”
- Too many cogs that don't always intersect at the right point

Transport

- Transport for UEC and renal dialysis
- Transport at weekends
- EMED
- Admission avoidance at times was not effective – “Call before you convey”
- Inappropriate conveying of patients by ambulance – “*how can we stop this?*”
- Admission avoidance and redirection for ambulatory cohort
- Stretcher allocation
- Family not taking family members home



“What Didn’t Work / Or Worked Less Well”

(Continued)

Activity

- Medically Optimised for Discharge patients – numbers remain static and too high
- Going at risk for elective – stop everyone making the decision
- Overflow of SEU patients in Gynae – impact on elective activity
- When JR adult services are under pressure, the other sites can feel their pressures aren’t represented – No OPEL status for Churchill
- Significant pressure on emergency general surgery linked to increased attendances – impact on other services
- Need to streamline process for patients from JR to NOC – need to improve length of time between referral and acceptance
- Inequity between workload pressures
- Flow through OCC
- Radiology delays and requests
- Increase in falls
- Medical outliers excessive on SSIP
- Challenge ourselves at day 6 – weekend
- Use of Orthopaedic Geratologists support

Urgent Care

- Mental Health response and barriers to timely review
- Mental health provision for children and adults
- Specialty care barriers / flow – *“Not our problem, ED to sort”*
- JR to Horton transfers
- SDECs great – more routes for activity, but multiple specialties competing for capacity
- Specialty patients being sent to ED
- Delays waiting for specialty review – “Too busy”, “In Theatre” – no ownership or consequence
- Specialty use of ED for holding beds
- Front door challenges
- UEC flow and resourcing – better engagement of different teams needed



“What Didn’t Work / Or Worked Less Well”

(Continued)

Workforce

- 7-day therapists
- Cross cover in Phlebotomy
- Didn't overrecruit for Children's nurses
- Children's temporary staffing
- Impact on staff when patients are in the corridor
- Porters not being optimised as a resource
- Better access to senior decisions makers needed
- Sickness levels

Estate

- Critical Care lifts out of use – short notice communication – better planning
- Not the right estate for mental health patients
- Lack of space in key areas – impact on patients' journey
- Estates issues – leaks, temperatures, electrics, Wi-Fi
- CDU needs more space / Medical Day care
- Estates work not planned with enough notice and communication

Beds / Capacity

- Not optimising our bed capacity across all sites – limited medical capacity
- Inaccurate bed state – need the forecast demand and bed usage in the day
- Right patient in the right bed – decisions are being made too quickly without planning, so patients are not in the right place
- Poor patient experience for outliers, longer LOS, lack of expertise / resource disparity
- Cancellation process not robust organisationally
- Need to look at unlocking the use of beds across other sites

Childrens

- Children's and Young People plan – October preparation
- Insufficient children's capacity over winter months, which overwhelmed Children's ED
- Children's flow fragmented
- Paediatric flow challenges and decision making
- PICU needs an immediate deep dive
- Transfer Children to the Horton more regularly

System and Leadership Learning

Workforce

- Use of staff in an agile way works – when it goes badly it is very destructive
- Improved policy needed regarding maternity leave
- Recruit for winter for children in advance of winter
- Resilience of NHSP for Children's not there
- Staffing Children vs beds
- What can we do organisationally to support staff to feel more comfortable to move wards?
- Workforce fragility can impact productivity and team spirit
- Learn about flow – staff, patient, organisation
- Reassurance, motivation and relationship are what staff need
- How can we ensure the ops team are aware of any staffing options to manage out of hours?
- Staff sickness up to 7.38% in January – need to manage sickness levels
- Good shape makes it “too easy” to take a day off sick – phoning the manager is not in the policy
- Needs to be a lower threshold to call in sick
- Adult nurses don't want to work in Children's – too scared to go
- Staff available vs demand and ability to deliver with added winter pressure
- Feel like every day pushing same things, lots of priorities (boulder up the hill - Sisyphus) only to not move forward or even go backwards

Place / System

- Oxfordshire Place communication values and expectations – accountability
- More patients being seen could be treated in community – linked to 10-year plan
- GP Sessions to local medical committee for Oxford City
- Pathway right at Ambulance, GP and SDEC to direct to pathways – not just ED
- Need for joined up thinking System Wide
- System Winter Planning Meeting was late – need to resolve as not proactive – need for system winter de-brief
- Escalations to system colleagues need to be more responsive
- D2A good – bed-based rehabilitation not so good
- More admission avoidance
- Move of patients from acute care to primary care – out of hospital
- Good problem solving with Oxford Health when in OPEL 4 – well led, engaged and productive

Transport

- SCAS – Kidlington / Bicester to go to HGH



System and Leadership Learning (Continued)

Activity / Flow

- Works better when people observe the structured escalation process – avoid too many “cooks”
- Step-down beds is a blockage
- Need plans across Divisions that can be enacted out of hours
- How do we use Ops team oversight to help solve some of the ‘wicked’ problems
- Need to come to the Ops meetings with measurable plans and responses to actions that must come back
- Reactive approach rather than proactive approach at present
- Inclusivity – impact of clinical on other services – results in no decisions impacting patients and staff
- Decision making under pressure - needs flexibility, calmness and delivery of decision really matters
- Visibility and same approach given to triage areas as well as ED (e.g. with 12-hour target) has been helpful
- Visibility of decision and impacting broader OUH – feeling part of ‘team’ through lack of awareness – done in isolation
- Push and pull helps flow
- Bronze, Silver, Gold command and control structure so important
- Shouldn’t need to declare OPEL 4 to get system response
- At times there can be significant duplication
- Lack of therapy over weekends for Children's and Adults
- Smaller sites like NOC and Churchill less visible – “4 hospitals, 1 Trust”

Communication

- Talk to people face to face
- No respect for people who are not working – ring on teams needs to stop
- System and regional communication
- Communication overall is improved

Planning

- Trigger points for escalation plans that cross divisions – enable earlier planning
- Winter flow meetings
- Often stuck in a cycle that needs breaking – e.g. insufficient theatre capacity impacts upon beds, triage, ED
- Longer term plans required
- Potential for better sharing of winter plans with services



“Even Better If....”

Priorities we must take forward together

- **SDEC / EAU for Children**
- **Capacity / Activity**
 - Dashboard for Beds – including Children
 - Agile Bed Capacity – seasonal demands, staffed beds on some sites
 - Phase the 12-hour LOS down to 4 hours
- **Improved Planning**
 - Intelligent capacity planning and winter surge beds across 7 days a week
 - Wider Planning including non-clinical services at earlier point
 - Services to patients and staff – e.g. facilities staff, estates
 - Clear plans made in advance that can be enacted on the day – transparency of sharing through ops meetings, with defined and specific actions (with action owner to provide feedback loop)
- **Reviewing responses when moving to OPEL 3**
- **Refine Gold/Silver/Bronze roles**
 - Publicise across the organisation
- **Vaccination Programme**
 - Requires improved funding to increase number of vaccinators, communications, share success and data
- **Nurse Led Transfer / Discharge** – reduces barriers and delays
- **Transport** - reliable and transparent
- **Workforce**
 - Sickness absence monitoring that supports both staff and managers across all staff groups
 - Spend time working in other environments to start thinking differently
 - Equity across staffing groups – consider training outside of winter months
 - More cross divisional working – working better together