

Board of Directors (in Public)

Item 2.3

Subject: Winter Preparedness 2022/23
Date of meeting: Tuesday 27th September 2022
Presented by: Jonathan Mathews, Chief Operating Officer
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 2	There is a small risk that providing capacity to system partners during the winter period will affect the recovery of elective waiting times at the Trust but the options to provide mutual aid are in line with prioritising urgent and cancer patients across a system.

Level of assurance (please tick one) <i>To be used when the content of the report provides evidence of assurance</i>			
<input checked="" type="checkbox"/> Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/> Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/> Low assurance Evidence indicates poor effectiveness of controls	

1. Executive Summary

Planning for winter this year is challenging due to the change in demands on healthcare services following the Covid-19 pandemic and in particular the high levels of non-elective demands being experienced across all healthcare organisations.

The leadership team has been engaged with system partners to offer mutual aid options and collaborative proposals for services as the region approaches winter, as well as ensuring internal readiness for the challenges ahead. The paper sets out schemes implemented in previous years and the plan to do so again this year subject to securing non-recurrent funding.

The Board of Directors is asked to note the contents of the paper and the Trust's role and support to the workstreams proposed.

2. Aims of the 2022/23 Winter Plan

Each year the Trust undergoes a process of reviewing the internal readiness for the winter period as well as engaging with Cheshire and Merseyside system partners to align programmes of work that

focus on admission avoidance particularly in respiratory services. Overall, the aims of the Trust's Winter Plan are:

- To ensure patients receive uninterrupted safe plans of care whilst ensuring they obtain treatment in a timely and appropriate way
- Identify specific seasonal pressures with confirmed mitigation to ensure the impact on services is minimal
- Work with other health and social care partners to maintain services that impact on the health economy and support admission avoidance across CVD services
- To support the delivery of the wider health economy's winter plans for all areas that the Trust serves with healthcare partners and commissioning bodies
- To respond to any transitional requirements from reset and recovery to winter surges of respiratory virus/ gastrointestinal tract within the hospital
- To ensure that there is a robust flu campaign programme

3. 2022/23 Internal Winter Plan

Although the Trust is not exposed to the pressures experienced within Accident and Emergency Departments (A&E) historically the Trust has seen increases in non-elective admissions and increased pressures on patient flow and capacity. In addition, with the pressures of Covid the Trust has reconfigured its bed base to provide a safe pathway for patients from admission to discharge. Throughout the winter period changes may need to be revisited to meet the varying demands of patient presentation and this will be monitored through the Trust's Gold Command structure. The Trust is in a good position with early planning to ensure a seamless transition into the winter period.

4. Staffing and Capacity

Each day there is a daily bed and staffing meeting; during times of increased pressure these will be increased as necessary to ensure patient flow continues and beds are available for patients when needed. Internal command and control systems can be implemented when appropriate.

Situation reporting on bed occupancy will be instigated as necessary to ensure all senior managers are informed of any bed and staff pressures as they arise, this will be in the form of a revised and enhanced bed state automatically populated from the Trust IT systems. Daily senior nurse meetings consider staffing, skill mix, dependency of patients, discharges, delayed discharges and planned occupancy.

The consolidation and embedding of the Advanced Nurse Practitioner (ANP) programme has been a great development and will enhance care across ward areas seven days per week, continuing through the winter also supported by a Band 7 manager on each weekend to support flow and support clinical teams providing increased resilience in times of pressure.

To allow for safe quality care, substantive staff move wards within their own speciality and cross divisionally to support colleagues at times of high acuity, this will continue through the winter months. Daily consultant ward rounds now occur within the Surgery and Medicine Divisions. This is pivotal in ensuring timely patient review and effective discharge at consultant level.

Patient flow will see support from the divisional matrons, communication within the clinical teams is essential to ensure timely discharge can occur. Take home medications will be prepared following every ward round when a decision to discharge has been made. This should also be the case for ambulance discharges and any discharge summaries required to expedite the time of discharge.

As in previous years non-essential training and leave will be managed carefully during the winter periods to ensure that LHCH has sufficient staff to react to surges in demand across the health economy.

5. Divisional Actions

5.1 Surgery

Prior to the Christmas period the division will ensure that urgent patient operating capacity during the Christmas holidays is maximised to reduce the number of inpatients awaiting surgery across the health economy. Cardiac/Aortic Surgery seven-day ward rounds have been in place for some time and these will ensure senior decision making across seven days with the aim of facilitating improved flow through surgical beds. Thoracic Surgery has long standing six-day ward rounds that will continue to aid improved flow and quality.

The Service Line Manager for Cardiac Surgery is the main contact point for referring units with regards to expediting urgent surgical dates which has been received well by referring units in previous years. Where possible the division will look to accommodate urgent transfers into the surgical bed base as soon as possible in a view to support the referring Trusts with patient flow and releasing capacity for emergency admissions in other units.

The surgical bed capacity will be flexed as required to ensure that bed capacity is available to meet the increase in demand for urgent patients as and when required, and where possible patients will be transferred over early prior to their urgent cardiac procedure to assist with relieving bed pressures across the region.

5.2 Clinical Services

One of the system-wide pressures will be the challenge of continuing to provide elective services and mitigate the impact of reduced bed capacity. In light of this the division has engaged with system partners to explore the option of introducing critical care mutual aid to a local DGH for Orthopaedic patients through the winter period. The implications for the Trust is that capacity being provided to another Trust may mean impacted capacity for cardiac or thoracic surgery for the winter months, but does focus on ensuring system wide focus on protecting elective services and equality in access to services for patients.

5.3 Medicine

An Acute Coronary Syndrome (ACS) Early Transfer Policy will be utilised again during the winter period which will see patients awaiting intervention transferred to LHCH as soon as possible after referral. Building on the successes of the respiratory admission avoidance specialist cardiology nurses will be able to fast track local A&Es patients to be transferred quicker. All early transfers must be discussed and accepted by the on-call Cardiologist, however building stronger relationships with two large referring units will facilitate early transfers and release of inpatient capacity at DGHs.

A component of the Liverpool Cardiology Partnership programme between LHCH & LUHFT is to review the specialist nursing workforce across all 3 sites and potentially replicate the cardiology nurse Emergency Department (ED) in-each model at RLUH on the Aintree site, ensuring rapid competent decision making within ED and improving referral & transfer to LHCH time.

Private ambulances will be utilised during the increased pressure over winter to facilitate the transfer of inpatients from referring units to LHCH for procedures as well as being utilised for expediting discharges. The one added complexity for this winter is that the private ambulances are also being utilised to transfer ACS cases to LHCH from referring Trusts.

The funding to extend the Respiratory Virtual Ward has been agreed until 31st December 2022. This will allow the current model to continue into the winter months with the view that further funding may become available for 2023 and beyond. The onboarding of patients to the virtual ward will be supported by the Swiss Nurse and Early Supported Discharge (ESD) team.

The deployment of a Respiratory North West Ambulance Service (NWAS) car has been utilised in previous winters to support admission avoidance. The respiratory team, NWAS colleagues and the commissioners are currently reviewing the viability of a new model which will increase the reach of the initiative. The new proposal will allow paramedic teams to access telephone advice from the respiratory specialist but also maintain the ability for the respiratory team to attend if required.

There is also an intention to introduce a frequent exacerbation clinic that will identify patients who frequently use Knowsley Community Respiratory Service (KCRS) rapid response or attend Whiston ED for a review. It is hoped that by proactively monitoring these patients and optimisation medications that admissions can be avoided.

6. COVID and Flu Implications

As in previous years the Trust has a strong flu campaign that will be launched early October. Each division will have a peer vaccinator in each area along with Occupational Health providing good access to vaccination. Every area in the Trust will be visited across all shifts to provide the maximum opportunity for staff to access a flu vaccine.

The covid Autumn booster campaign will run concurrently with the flu campaign, with all LHCH staff being offered both jabs in the vaccination centre. The vaccination centre will be open for a period of four weeks to allow staff to access to the vaccinations. Following the four week period, a clinical area will be identified where vaccinations can take place for staff who wish to receive the covid booster.

7. Economic Overview

In previous years the Trust has successfully secured funding for winter schemes that included the Swiss nurse role and the NWAS respiratory car but at present there are no regional funding streams to support winter pressures in this financial year. The Trust has a small amount of in year funds to support winter schemes and these will be prioritised in readiness for implementation from November.

8. Conclusion

The Trust has prepared its winter plan based on experiences from previous years and up to date knowledge of the regional pressures. With established command and control processes, LHCH will manage expected and unexpected situations as and when they occur, by ensuring good communications, detailed reporting of staffing, skill mix and capacity and ensure appropriate and timely escalation to the Executive Lead as appropriate. LHCH representatives engage with the Liverpool system wide winter plans and the Cheshire and Merseyside Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

9. Recommendations

The Board of Directors is asked to support the actions proposed within the plan providing a robust plan for the 2022/23 winter period.