

Board of Directors (in Public) Item 2.2

Subject: Winter Preparedness Plan 2020/21
Date of meeting: Tuesday 29th September 2020
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Presented by: Hayley Kendall, Chief Operating Officer
Purpose of Report: For Information

BAF Reference	Impact on BAF
WC7	Nil

1. Executive Summary

This paper sets out internally focussed measures and external working being taken to support the wider health economy through the impending winter period to ensure resilience against pressures placed on services during this time.

Due to the expected operational pressures from Covid, and the requirement to segregate ward areas, the Trust is not able to provide inpatient bed capacity for the system as in previous years but still has a role to play in managing increasing demands of the healthcare system during winter. In line with the previous year the Trust will continue to lead the Physician Associates Programme, led by the Clinical Lead for Community Respiratory Services, who will support patients attending A&E across local hospitals and optimise respiratory care in the community complimented by the provision of an NWAS car providing interventions at home.

The Board of Directors is asked to note the contents of the paper and the Trust's role in managing system wide winter pressures.

2. Aims of the 2020/21 Winter Plan

- 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 of the 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

3. 2020/21 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 changing 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. Silver meetings instigated 3 times a week, with frequency of gold and bronze response to meet the challenges of winter.

The consolidation and embedding of the 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.

It is imperative to continue monitoring Estimated Date of Discharge (EDD) so that the Trust can plan effective discharges and maintain patient flow accurately and safely.

The Trusts current winter plans will see all ward areas utilised with the exception of POCCU 3 that is the allocated area for Covid positive patients.

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. As part of the Covid reset and recovery plans Cardiac/Aortic Surgery introduced seven day ward rounds which 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.

For the second and third week of January 2021 surgery will convert more operating to urgent capacity in an attempt to accommodate a higher level of urgent demand from the first two weeks of January 2021, as experienced in previous years from referring hospitals.

Additional capacity can be added as required at short notice and will be coordinated between the clinical leads and the Surgical Management Team.

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, although cohorting for Covid purposes will increase operational challenges.

5.2 Clinical Services

Due to the exceptional circumstances being operated in, due to Covid, the Trust has and will continue to engage with the Critical Care Network in the management of capacity across the system. The Trust's phase 3 recovery plan outlines the allocation of POCCU 3 for Covid positive patients and as required this capacity can be offered to the system for level 3 Covid patients when the system escalation plans are enacted. The impact of this would be the likely reduction in elective activity due to the level of consultant intensivists that would be required to manage additional critical care patients.

The utilisation of private ambulances will be utilised during the increased pressure over winter. This was of great success last year with ambulances being utilised to transfer 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 as the multi occupancy vehicle is transferring smaller number of patients due to Covid. This does carry an additional cost to the trust but is factored into recurrent reserves in the 2020/21 financial plan.

5.3 Medicine

An ACS Early Transfer Policy will be utilised again during the winter period of 2020/21 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.

Seven Physician Associates (PA's) are part of the LHCH work force in the Community Respiratory Service and have undergone intensive respiratory training led by the Clinical Lead. During the period of December 2020 to March 2021 the PA's will rotate into secondary care to support the large hospitals in Cheshire and Merseyside by being the interface between community and A&E departments thus maximising community care. This development has been made possible by the

funding secured from within the STP programme and delivers admission avoidance for respiratory patients.

Utilisation of a Respiratory NWS car was deployed 10 hours per day, seven days per week in 2019/20, but funding has not yet been identified to support this initiative for 20/21. The plan is still under discussion with external partners but due to the proven benefits this brought in the previous year the Trust is hopeful to be able to support for a few months within the newly released financial envelope.

6. Covid and Flu implications

As in previous years the Trust has a strong flu campaign that will be launched during October, slightly delayed compared to normal due to vaccines being prioritised for primary care. Each division will have a peer vaccinator along with Occupational Health providing good access to the vaccine. Every area in the Trust will be visited across all shifts to provide the maximum opportunity for staff to access a flu vaccine.

Based on information available through regional and national Covid forums winter is forecast to be a very challenging period with the presence of Covid and increased non elective activity. The Trust has a robust Covid surge plan supported by a seven point infection prevention and control strategy that will be followed throughout. Bed capacity and demand will be reviewed daily and decisions taken as required in relation to activity.

7. 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 In Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

8. Recommendations

The Board of Directors is asked to support the actions proposed within the plan providing a robust plan for the 2020/21 winter period.