

Board of Directors (in Public) Item 2.6

Subject: Winter Preparedness
Date of meeting: 31st October 2017
Prepared by: Helen Martin, Risk, Safety and Emergency Planning Lead
Presented by: Tony Wilding, Director of Strategic Partnerships & Chief Operating Officer

BAF Ref	Impact on BAF
None	None

1. Executive Summary

This paper sets out our internal focused measures and the measures being undertaken to support the local healthcare economy to ensure resilience against pressures placed on services during the 2017/18 winter season.

2. Aims of the 2017/18 Winter Plan

- To ensure patients receive uninterrupted safe plans of care while ensuring they obtain treatment in a timely and appropriate way.
- Identify specific seasonal pressures with confirmed mitigation to ensure impact on services is minimal.
- Work with other health and social care partners to maintain services that may impact on the wider health economy.
- To support the delivery of the wider health economy's winter plans for all of the areas that the Trust serves.

3. 2017/18 Internal Winter Plan

Although the Trust is not exposed to the pressures experienced within Accident & Emergency (A&E) departments there is usually an increase to patient flow and capacity demands during the winter months. The internal plan identifies the framework within which operational processes will be implemented during the winter months.

This plan will focus on resilience for:

- Staffing including skill mix
 - Senior nurse cover at weekends
 - On-call Manager - second on-call
 - On-call Executive - second on-call
 - Senior on-call
- Co-ordination of patient admission, flow and discharge within the Trust
- Influenza vaccine programme

- Middle East Respiratory Syndrome-Coronavirus (MERS-CoV) awareness
- Safety of the site during weather/temperature changes
- Communications.

The winter months for 2016/17 saw average temperatures and a minor flu outbreak in January / February 2017, necessitating the hospitalisation of patients to the regions critical care areas.

A number of patients were treated with flu symptoms and several patients had confirmed cases of flu during February 2017. These patients were confined to Cherry Ward as they mainly consisted of CF patients.

Across the region there was increased demand placed upon A&E departments. A&E waiting times were seen to be increasing with extra demand placed upon the service. North West Ambulance Service (NWAS) was also affected with A&E departments seeing a backlog of ambulances due to increased capacity.

While there has been no request so far, consideration should be given to the escalation by Critical Care networks for the requirement of the for use of critical care beds within Liverpool Heart & Chest Hospital (LHCH) should the region become under pressure due to the winter season. This requirement will be managed on an as required basis with emergency meetings being held should the need arise.

3.1 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.

Situation reporting on bed occupancy will be instigated as necessary to ensure all senior managers are informed of any bed/staff pressures as they arise. Daily Senior Nurse Meetings consider staffing, skill mix, dependency of patients, discharges, delayed discharges and planned occupancy. During the winter months these meetings become more flexible and occur more frequently to ensure continuity of services.

To allow for safe quality care, substantive staff have moved wards within their own speciality to support colleagues at times of high acuity this will continue through the winter months. The Trust has invested in non-registered care support which has been effective in providing patients with extra care needs to be met on a shift by shift basis.

Daily Consultant reviews have occurred within the Surgery Division with commitment from Consultants within Medicine to follow. This has been pivotal in ensuring timely patient review and effective discharge at Consultant level.

It is imperative to continue monitoring Estimated Date of Discharge (EDD) so the Trust can plan effective discharges and maintain patient flow accurately and safely. It may become necessary through these unplanned surges that patients are made aware that they may have to vacate their beds by a specific timeframe wherever this is considered appropriate in order to allow continuation of a safe service. These communications will also be held with the patient's families or carer's.

The Trust works closely with the critical care network and if unplanned surge within the critical care setting was required, support would come from within the LHCH theatre workforce.

Patient flow will see support from the Divisional Matrons and the discharge lounge will be operational during the winter period. While the discharge lounge is only operational during 8am -

8pm weekdays, consideration to increasing this capacity would be given during periods of unprecedented demand.

During these periods of uncertain surge demand, communication within the clinical teams is essential to ensure timely discharge can occur. Take home medications should 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.

3.2 Influenza Programme

The programme commenced mid-September, although there continues to be little influenza activity the Trust at present, there is a continued drive to reach the national target of 70% of its entire front line staff. Elm Ward is the designated cohort ward for flu patients.

3.3 Middle East Respiratory Syndrome (MERS-CoV)

Between 2012 and 21st July 2017, 2,040 laboratory-confirmed cases of MERS-CoV infection were reported to WHO, 82% of whom were reported by the Kingdom of Saudi Arabia. In total, cases have been reported from 27 countries in the Middle East, North Africa, Europe, the United States of America, and Asia. Males above the age of 60 with underlying conditions, such as diabetes, hypertension and renal failure, are at a higher risk of severe disease, including death.

In 2015, Public Health England (PHE) issued an alert advising healthcare organisations of the risk of UK residents returning to the UK from the Middle East; this has been updated for 2017. At present the risk is low however has the potential to increase and as such PHE have offered advice regarding the importance of obtaining travel history from patients presenting with an unexplained severe febrile illness. If such a patient has returned from the Middle East, advice should be sought from local infection specialists and if the patient is assessed as a possible MERS-CoV case, testing can be arranged through PHE. This presents a very low risk to the organisation however the Clinical Lead for ITU, Intensivists and the Medical Director have been made aware of its potential via the alert process.

3.4 Site Safety - Weather Warnings

The Trust is signed up to the national weather warning systems; the Estates Manager, Emergency Planning Lead and the Communication Department receive all alerts. LHCH will continue with the same provider used last year for the gritting service.



Immediate treatment will be given to the site when:

RED: Frost, Ice and / or Snow are forecast to occur.

ORANGE: Road Surface Temperatures (RSTs) are forecast to be +0.5°C or below (including DRY roads below 0.0°C) - there is still a risk of frost, ice or snow.

YELLOW: RSTs are forecast to be between +0.6°C and +1.9°C - there is a lower risk of frost, ice or snow.

GREEN: RSTs are forecast to be +2°C or higher.

This initiative will be closely monitored by the Estates Manager.

3.5 On Call Teams - Communications

Internal communications during the winter months will be:

Predictive – on-call managers should be advised of any upcoming capacity concerns and difficulties following each bed meeting were appropriate, this will enable the correct decision to be made and any escalation to the Executive Lead. On call packs have been refreshed and re-circulated to all on-call managers and Executives.

The Communication Team will ensure all adverse weather information is circulated by Global communications.

3.6 Other considerations

Fit testing - A programme of fit testing has been conducted to ensure staff are protected in the event that Personal Protective Equipment (PPE) is required. This is a continuing initiative within the Trust.

National Threat Level - with the recent apparent increase in terrorism activity nationally, the Trust has responded by increasing the visibility and number of security patrols on the site. Security staff have received targeted training in Argus (anti-terrorism) and staff have been made aware of security issues by increased communications.

4. 2017/18 External Winter Plan

The external plan identifies the external focused measures that will be implemented during the winter months to support the local health economy; these include:

- Urgent capacity for the first two weeks in January; NHS England expect the first two weeks to be 'Perfect Weeks'.
- Clinic capacity for urgent patients, i.e. COPD, rapid access chest pain clinics etc.
- Additional and flexible capacity.
- Review training in January.
- Review leave management in January.
- Ambulance pressures.
- Discharge lounge.

4.1 January Surge Plan

It is anticipated that the first two weeks in January will be the most challenging of the winter period based on previous historical demand and performance; it is expected that during this time NHS England (NHSE) will be looking for the Trust to operate in line with the 'Perfect Week' initiative. This initiative is where there is full focus given to ensuring maximum patient flow through hospitals and the wider health economy to mitigate the expected surge in urgent demand. To support this initiative the Trust will be delivering the following actions:

- As part of our plans we are looking for the Divisions to review urgent capacity for the first two weeks in January to ensure that urgent patients can be prioritised into our available capacity to minimise the number of patients waiting in other trusts to access our service. This will include reviewing the proportion of capacity that is allocated for operations and interventions.
- We are also reviewing clinic capacity for urgent patients during this period, i.e. COPD, rapid access chest pain clinics etc. to ensure that sufficient capacity is available for patients to access these services in a the timely manner.

- As part of our planned response to the winter pressures we will be enhancing reporting of our bed capacity from 1st December 2017 through to the end of February 2018. During this period we will be looking to have four bed reports per day at 6am, 11am, 4pm and 9pm to ensure we have accurate and timely information of the bed pressures within the Trust. This will also support the information that we will have to provide to the local economy regarding the pressures faced within our Trust.
- Whilst the Christmas period is traditionally a quieter period for us, we need to review our bed capacity and be clear what additional or flexible capacity could be provided to support delivery of the local health economy's winter plan. In the past we have delivered this support by enacting the early transfer protocol where we have brought patients over from other trusts to free up bed capacity within the system. We also need to be clear, if requested, of what other support could be offered whilst ensuring the safe delivery of patient care at all times.
- In line with other trusts across the region we need to review training planned during January with a view of only allowing essential training to be carried out; all other training should be cancelled to ensure staff availability over this period.
- As well as reviewing the training we need to review leave management arrangements for January with leave being restricted to ensure good level of staff are available to deal with the expected pressures.
- Another area for review ahead of the January period is our approach to dealing with ambulance pressures for patients requiring transport to other hospitals, health care environments or patients' homes. At times of high pressure there tend to be delays within this service and we need to take a pragmatic view as to whether we should employ the services of a private ambulance company to support the timely discharge of our patients.
- Another area of focus should be the maximisation of the use of the discharge lounge over the busy winter period; the use of the facility needs to be encouraged to ensure best possible flow is achieved through our bed space.
- This winter period will be the first winter we have run our enhanced 7-day ACS Transfer Service which commenced in February 2017; this clearly will assist patient flow across the system and free up beds in referring hospitals.

5. Conclusion

The Trust has prepared its programme of vaccination and winter preparedness to ensure its resilience for the winter season of 2017/18. There are many unknowns in terms of extreme weather conditions, surge capacity and the implications of seasonal ill-health on the wider health economy.

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.

6. Recommendations

Accept the plan for winter preparedness 2017/18.