

Board of Directors (Public)

Item 3.5

Board Report

Subject: Winter Preparedness Report 2015/16
Date of meeting: 20th October 2015
Prepared by: Joan Mathews, Head of Nursing- Corporate/Helen Martin, Risk, Safety and Emergency Planning Lead
Presented by: Tony Wilding, Chief Operating Officer

Data Quality Rating	BAF Ref	Impact on BAF Risk Rating
Bronze	3	None

1. Executive Summary

This plan sets out the actions LHCH is taking to ensure it is resilient to the pressure placed upon its services during the winter season for 2015-2016. The Trust is not exposed to the pressures experienced within A&E departments however; we do normally see a change to patient flow and capacity during the winter months.

This document will set out the framework within which operational processes during 2015-2016 winter months will be implemented.

This plan will focus on resilience for:

- Staffing including skill mix
- Co-ordination of patient admission, flow and discharge
- Influenza vaccine programme
- Ebola
- MERS CoV awareness
- Safety of the site during weather/temperature changes
- Senior on-call
- Communications

The winter months for 2014-2015 were milder and wetter compared to the previous winter months. Temperatures mainly were above average, with a continued decreased incidence of influenza within the population.

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 was also affected with A&E departments seeing a backlog of ambulances due to increased demand.

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

2. Aims of the Plan

- To ensure patients receive uninterrupted safe plans of care while ensuring they receive treatment in a timely and appropriate way.
- Identify specific seasonal pressures with confirmed mitigation to ensure impact on service delivery is minimised.
- Work with other health and social care partners to maintain services that may impact on the wider health economy.

3. Staffing and Capacity

The Heads of Nursing have modelled the workforce for the bed base within their areas. Potential to increase bed capacity comes from:

- Birch increase by 2 beds
- POCCU increase by 4 beds (Level 2)
- Cedar increase by 4 beds-These are due to open as part of the additional capacity requirements.

It should be noted that due to recent refurbishments on SAU and Cherry ward, the side room capacity is reduced by four beds. This may impact should side rooms be required for isolation purposes, however, the Trust has a high proportion of single rooms.

Staffing would come from within the existing bed base model or the use of the existing workforce outside of these areas, with bank and agency to back fill were appropriate.

The Trust has worked 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.

Daily bed meetings consider staffing, skill mix, dependency of patients, discharges, delayed discharges and planned occupancy. During the winter months these meetings become more flexible with meetings occurring very frequently to ensure continuation of services.

During periods of sustained high levels of activity, situation reporting is instigated to the Heads of Divisions.

More frequent board rounds and ward rounds will be initiated also during prolonged periods of high capacity and acuity. It is imperative to continue services that an estimated date of discharge (EDD) is adhered to wherever necessary so the Trust can plan effective discharge and maintain its 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.

Patient flow will see support from the Care Support Team and the discharge lounge will be operational during the winter period. While the discharge lounge is 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 be the case for ambulance discharges and any discharge summaries needed also.

4. Influenza Programme

The programme will commence at the beginning of October, although there continues to be little influenza activity the Trust continues to strive to reach the national target of 75% of its entire front line staff.

Elm ward is the designated cohort ward for flu patients.

5. Ebola

Public Health England have advised the risk of importing the virus into the UK is low and because of surveillance and measures introduced the risk of onward transmission within the UK is now very low to negligible.

6. Middle East Respiratory Syndrome coronavirus (MERS-CoV)

Public Health England have issued an alert advising healthcare organisations of the risk of UK residents returning to the UK from the Middle East. At present the risk is low however has the potential to increase and as such 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 Public Health England. 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.

7. 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 receives 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. See the detail of the forecast for more information.

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

or snow. See the detail of the forecast for more information.

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

This initiative will be closely monitored by the Estates Manager.

8. 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 will be refreshed and re-circulated to the on call managers and Executives by the End of November 2015.

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

9. Issues

A programme of fit testing is required to ensure staff are protected in the event that PPE is required. Extra resources may be required to ensure all identified staff are fit tested to the new M3 face mask following the training programme.

10. Conclusion

The Trust has prepared its programme of vaccination and winter preparedness for ensuring its resilience for the winter season of 2015-2016. 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.

11. Recommendations

That the Board of Directors note the plans in place for winter preparedness for the 2015/16 winter season.