

## **Council of Governors (in Public)**

### **Item 8.4**

**Subject:** 2019/20 Winter Planning  
**Date of meeting:** Tuesday 3<sup>rd</sup> December 2019  
**Prepared by:** Hayley Kendall, Chief Operating Officer  
**Presented by:** Hayley Kendall, Chief Operating Officer

#### **1. Executive Summary**

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

The LHCH Winter Plan offering for the health economy will take the form of additional cardiology inpatient beds for patients potentially in heart failure where LHCH has a strong support team in place. In addition all urgent surgical and medical transfers will be expedited through the clinical teams to alleviate bed pressures for referring hospitals. A new yet significant development for this winter period is the introduction of Physician Associates, 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.

The paper requests the Board to approve the proposed winter plan and note the support being provided to the system wide health economy.

#### **2. Aims of the 2019/20 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.
- To support the delivery of the wider health economy's winter plans for all of the areas that the Trust serves.

### **3. 2019/20 Internal Winter Plan**

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

### **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.

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. Daily Senior Nurse Meetings consider staffing, skill mix, dependency of patients, discharges, delayed discharges and planned occupancy. There is now an ANP presence across the ward areas every evening and weekend. In addition there is a Band 7 manager on each weekend to support flow and support clinical teams which will provide increased resilience in times of winter pressures.

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 weekday consultant ward rounds 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. 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 to ensure expectations are managed.

Utilisation of the Birch Ward Lounge and the Rowan Suite will be considered and utilised as required. If a unplanned surge occurs within the Critical Care Network, LHCH would review internal capacity, if exceeded inclusive of the four corner bed capacity then extra capacity and workforce support would come from Theatres.

Patient flow will see support from the Divisional Matrons during these periods of uncertain surge demand, 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. Consultant delivered ward rounds will continue five days per week for Cardiac Surgery and six days for Thoracic Surgery.

For the second and third week of January 2020 surgery will convert more operating capacity to urgent patient capacity in an attempt to accommodate a higher level of urgent demand from the first two weeks of January 2020, 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.

Aspen Suite will be utilised for those patients being admitted the morning of surgery, reducing the inpatient bed requirement. Capacity in Aspen Suite can also be utilised for improving patient flow by expediting discharges across the organisation.

### **5.2 Clinical Services**

In previous years the national and regional Critical Care Networks has given instructions to reduce planned elective major cardiac cases to create bed capacity for the region. The impact should be reduced by the higher level of urgent cases for the second and third week of January 2020, as long as the urgent case demand is there. It should be noted that in previous years when this has occurred the available bed capacity has not been utilised by the other units and thus LHCH will manage the internal situation in line with what is occurring across the health economy.

The option 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. This does carry an additional cost to the trust but is factored into recurrent reserves in the 2019/20 financial plan.

### **5.3 Medicine**

The previously adopted ACS Early Transfer Policy will be utilised again during the winter period of 2019/20. All early transfers must be discussed and accepted by the on-call Cardiologist. This includes the allocation of urgent capacity to match the expected demand. This can be delivered if LHCH has spare bed capacity with urgent surgical patients being transferred over earlier.

Between the Medicine and Surgical Divisions, discussions will take place with regards to early transfer of urgent cardiac cases at times of pressure and accommodated as required.

Very High Risk NSTEMI (2 hours) and High Risk NSTEMI (24 hours) patient pathways have been introduced as a pilot which supports the early transfer of patients to LHCH.

In 2018/19 there was less of a need for respiratory support and as a result the division is providing six beds for the increased utilisation of cardiology patients, potentially those in heart failure. The organisation has a robust provision of specialist nurses and consultants available to manage this complex group of patients thus releasing capacity across the health economy.

The workforce changes planned within the Cath Lab (October 2019) will support the organisation during periods of high demand with standard working hours up to 8pm on weekdays.

#### **5.4 Community**

Seven Physician Associates (PA's) are now part of the LHCH work force in the Community Respiratory Service and have undergone intensive respiratory training led by the Clinical Lead. The new programme commenced in June 2019 with six months training in the primary care setting. During July 2019 the role of the PA's has developed to now identify high intensity users of A&E to optimise respiratory care prior to the winter period for this group of patients.

During the period December 2019 to March 2020 the PA's will rotate into secondary care to support University Hospital Aintree, Royal Liverpool University Hospital, The Countess of Chester Hospital and Whiston Hospital to support the interface between community and A&E departments maximising community care. This development has been made possible by the funding secured from within the STP programme.

Utilisation of a Respiratory NWS car deployed 10 hours per day, seven days per week is planned utilising £50,000 of STP funding available. The detailed plan is under discussion and may require a combination of role support from within LHCH and additional funding.

Throughout this period the PA's will be based in A&E Departments to identify patients suitable for early supportive discharge.

#### **6. Financial Summary**

The paper outlines a number of key developments to support LHCH's response to winter pressures and additional steps that the Trust will take to support system wide pressure. The developments outlined in the paper are over and above the recurrent cost base and thus there are a number of financial implications in delivering the actions outlined. The table below details the additional cost to the Trust and source of funding:

<b>Development</b>	<b>£</b>	<b>Funding Source</b>
Private ambulance for expediting discharges and early transfers	23,000	LHCH Reserves
NWAS Car	50,000	STP
Physician Associates	289,000	STP
<b>Total</b>	<b>£372,000</b>	

## **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 will continue to react as required to support the health system.

## **8. Recommendations**

The Board of Directors are asked to support the actions proposed within the plan providing a robust plan for the 2019/20 winter period.