

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

### **Item 8.4**

**Subject:** Winter Preparedness  
**Date of Meeting:** Tuesday 11<sup>th</sup> December 2018  
**Prepared by:** Tony Wilding, Director of Strategic Partnerships & COO  
**Presented by:** Tony Wilding, Director of Strategic Partnerships & COO

#### **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 NHS services during the 2018/19 winter season.

#### **2. Aims of the 2018/19 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 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. 2018/19 Internal Winter Plan Overview**

Although the Trust is not exposed to the pressures experienced within Trusts with Accident & Emergency (A&E) departments there is an increase in urgent demand and pressure on capacity during the winter months. This internal plan identifies the framework within which operational processes will be implemented during the winter months.

#### **Corporate Actions**

- 1) 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.

- 2) On the 3<sup>rd</sup> December the Trust is launching its new PAS bed module, which will give colleagues a live bed state and functionality to reserve beds etc for patients who are transferring into the Trust from high acuity areas.
- 3) 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.
- 4) 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.
- 5) Daily Consultant reviews within the Surgery Division are in place and the Medical Division started daily consultant ward rounds in September 2018. This has been pivotal in ensuring timely patient review and effective discharge at Consultant level.
- 6) 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.
- 7) 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.
- 8) Patient flow will see support from the Divisional Matrons during the winter period. The use of the admission lounge for a discharge lounge is currently under consideration by the surgical division.
- 9) 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.

## **Divisional Actions**

### **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.
- Consultant delivered ward rounds will continue five days per week for cardiac surgery and thoracic surgery.
- For the second and third week of January surgery will converted more slots to urgent patient capacity in an attempt to accommodate a higher level of urgent demand from the first two weeks of January, as experienced in previous years.
- Additional capacity on top of the previous point can be added as required at short notice and will be coordinated between the clinical leads and management team.
- The Service Line Manager for Cardiac Surgery is the main contact point for referring units with regards to expediting urgent surgical dates.

- The same day admission lounge has been implemented prior to Winter 2018/19 and thus there will be a robust system in place for patients to be admitted the morning of surgery, reducing the inpatient bed requirement, compared to the process utilised in 2017/18.

### **Clinical Services**

- Options have been drawn up to utilise private ambulances during the increased pressure over winter. These plans do carry an additional cost pressure which the division is not currently funded for and will require corporate funding if this option is implemented.
- The Hospital Co-ordinator, Discharge and Social Worker Team are reviewing processes to expedite discharge. Last year additional social worker support was agreed and the Trust was able to prioritise patients for discharge using home first' discharge packages. This will be of high benefit if a similar package can be agreed this year.
- The Therapies Team are currently scoping options to provide additional therapy support to the Respiratory patients. This may be achieved through additional bank staff usage or reallocating staff from service such as community pulmonary rehab.
- Critical Care will liaise closely with C&M Critical Care Network advising of current capacity and will be designated to provide level 3 isolation facilities if a flu or other infection outbreak occurs.

### **Medicine**

- The previously adopted ACS early transfer policy will be utilised again during the winter period. 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.
- Clearly the above can only be delivered if LHCH has spare bed capacity.
- Between Medicine and Surgery, discussions will take place with regards to early transfer of urgent cardiac cases at times of extreme pressure.
- We are currently working up the proposal and implementation plan for Very High Risk NSTEMI (2hours) and High Risk NSTEMI (24 hours) patient pathways and this will influence the plans for winter and support the early transfer of patients to LHCH.
- As part of the 1917/18 winter pressures we opened Mulberry ward as a respiratory ward for a 6 week period. We are closing Mulberry Ward in June so this is not available. We have agreed to open 7 to 8 respiratory beds in medicine on Birch Ward as part of the local health economy plans via the A&E delivery board.
- DHON for Medicine is leading a winter planning working group consisting of clinical and operational team members.
- Plans are currently being finalised for medical cover for the respiratory beds.
- The final plans are currently being implemented ahead of "Go Live" in January 2019.
- The cross divisional priorities to deliver high quality safe effective care are currently being addressed for the additional beds.

## **4. 2018/19 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:

- 1) Urgent capacity for January
- 2) A review of clinic capacity for urgent patients, i.e. COPD, rapid access chest pain clinics etc. during this period.
- 3) Review training in January.
- 4) Review leave management in January.
- 5) Ambulance pressures.

#### **4.1 January Surge Plan**

It was anticipated that the first two weeks in January will be the most challenging of the winter period based on previous historical demand and performance however in reality the pressures were seen right across quarter 4. Again for the coming winter 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 in early January. 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.

1. We have reviewed urgent capacity for January to support flow of urgent patients.
2. In line with other trusts across the region we have reviewed 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.
3. 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.
4. This winter period will be the second 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 for winter to ensure its resilience for the winter season of 2018/19. 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.