

## Council of Governors (Public)

### Item 7.4

**Subject:** Winter Planning  
**Date of meeting:** 5<sup>th</sup> December 2016  
**Prepared by:** Helen Martin, Risk, Safety and Emergency Planning Lead  
**Presented by:** Tony Wilding, Chief Operating Officer

#### 1. Executive Summary

This plan sets out the actions LHCH is taking to ensure it is resilient to the pressure placed upon its service during the winter season for 2016-2017. The Trust is not exposed to the pressures experienced within Accident & Emergency (A&E) departments however; there is usually an increase to patient flow and capacity during the winter months.

This document will set out the framework within which operational processes during 2016-2017 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
- Middle East Respiratory Syndrome (MERS CoV) awareness
- Safety of the site during weather/temperature changes
- Senior on-call
- Communications

The winter months for 2015-2016 saw temperatures mainly about average, with a flu outbreak in January/ February 2016, necessitating the hospitalisation of patients to the regions critical care areas, placing the units under some pressures. A number of patients were treated with flu symptoms and several patients had confirmed cases of flu during February 2016. These patients were cohorted onto Elm Ward as per the Flu Plan.

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 of the requirement for use of critical care beds within 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.

## **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 services is minimal.
- 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 capacity comes from within:

- Cedar increase by 4 beds

It should be noted that due to recent refurbishments on Mulberry and Cherry ward, the side room capacity is reduced by four. This may impact should side rooms be required for isolation purposes.

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 LHCH theatre workforce.

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 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.

## Industrial Action

The Junior Drs industrial action has been suspended for October, November and December. The British Medical Association (BMA) have removed the threat of further industrial action in the short term and hope to return to the negotiating table with the Government over the newly introduced contract.

## 4. 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 75% of the entire front line staff which coincides with the national CQUIN target.

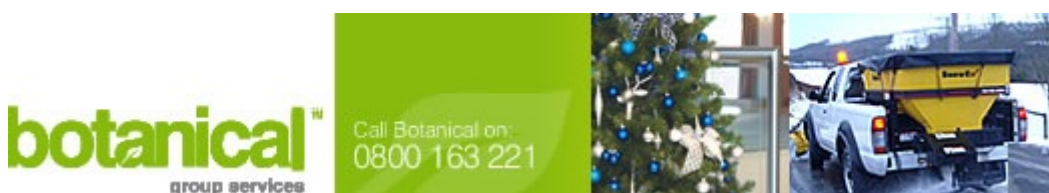
Elm ward is the designated cohort ward for flu patients.

## 5. Middle East Respiratory Syndrome (MERS-CoV)

In 2015, Public Health England 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 2016. 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.

## 6. 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.

## **7. 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 2016.

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

## **8. Issues**

A programme of fit testing has been conducted to ensure staff are protected in the event that PPE is required. While this has increased the numbers of staff fit tested in each area, there is still work to do to in this area. The Emergency Planning Group is monitoring this issue.

## **9. Conclusion**

The Trust has prepared its programme of vaccination and winter preparedness for ensuring its resilience for the winter season of 2016-2017. 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.

## **10. Recommendations**

Accept the plan for winter preparedness 2016-2017