

Board of Directors (in Public)

Item 2.2

Subject: Winter Preparedness 2023/24
Date of meeting: Wednesday 27th September 2023
Presented by: Jonathan Mathews, Chief Operating Officer
Purpose of Report: To Note

| BAF Reference | Impact on BAF |
|---------------|---|
| BAF 2 | There is a small risk that providing capacity to system partners during the winter period will affect the recovery of elective waiting times at the Trust but the options to provide mutual aid are in line with prioritising urgent and cancer patients across a system. |

| Level of assurance (please tick one) | | | |
|--|---|--------------------------|---|
| To be used when the content of the report provides evidence of assurance | | | |
| <input checked="" type="checkbox"/> | Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice | <input type="checkbox"/> | Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness |
| | | <input type="checkbox"/> | Low assurance Evidence indicates poor effectiveness of controls |

1. Executive Summary

Planning for winter this year is more challenging than previous years due to the change in demands on healthcare services which have accumulated following the Covid-19 pandemic. The system is experiencing particular high levels of non-elective demands alongside ambitious elective recovery plans. The continuation of medical industrial action has added an additional layer of uncertainty.

The leadership team has been engaged with system partners to collaborative proposals for services as the region approaches winter, as well as ensuring internal readiness for the challenges ahead. The paper sets out schemes implemented in previous years and the plan to do so again this year. However, unlike in past years it is unlikely that any non-recurrent funding will be made available to support initiatives for the winter of 2023/24.

The Board of Directors is asked to note the contents of the paper and the Trust's role and proposed support to the workstreams.

2. Aims of the 2023/24 Winter Plan

Each year the Trust undergoes a process of reviewing the internal readiness for the winter period as well as engaging with Cheshire and Merseyside system partners to align programmes of work that focus on admission avoidance particularly in respiratory services and patient flow between hospital sites. Overall, the aims of the Trust's Winter Plan are:

- 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 and support admission avoidance across CVD services
- To support the delivery of the wider health economy's winter plans for all areas that the Trust serves with healthcare partners and commissioning bodies
- To respond to any transitional requirements from reset and recovery to winter surges of respiratory virus/ gastrointestinal tract within the hospital
- To ensure that there is a robust flu campaign programme

3. 2023/24 Internal Winter Plan

Although the Trust is not exposed to the pressures experienced within Accident and Emergency Departments (A&E), historically the Trust has seen increases in non-elective admissions and increased pressures on patient flow and capacity. In recent years the Trust has reconfigured its bed base to provide a safe pathway for patients from admission to discharge in response to IPC (infection prevention and control) requirements. Throughout the winter period changes may need to be made to meet the varying demands of patient presentation and this will be monitored through the Trust's Gold Command structure. The Trust is in a good position with early planning to ensure a seamless transition into the winter period.

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. Internal command and control systems can be implemented when appropriate.

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, this will be in the form of a revised and enhanced bed state automatically populated from the Trust IT systems. Daily senior nurse meetings consider staffing, skill mix, dependency of patients, discharges, delayed discharges and planned occupancy.

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. Such moves are coordinated by the senior nursing team during working hours and supported by a Band 7 clinical manager on each weekend to support flow and support clinical teams providing increased resilience in times of pressure.

Daily consultant ward rounds occur within the Surgery and Medicine Divisions. This is pivotal in ensuring timely patient review and effective discharge at consultant level. The medical cover is supported by a seven-day ANP service.

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. 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.

The LHCH operational management team form part of the Local System Management Group and will attend the twice weekly meetings to report the hospital position and identify opportunities to support the wider system.

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. Seven-day ward rounds are embedded in Cardiac/Aortic Surgery and will ensure senior decision making across the full week with the aim of facilitating improved flow through surgical beds. Thoracic Surgery has long standing six-day ward rounds that will continue to aid improved flow and quality.

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 welcomed by referring units. Where possible the division will look to accommodate urgent transfers into the surgical bed base as soon as possible in a view to support the referring Trusts with patient flow and releasing capacity for emergency admissions in other units.

The surgical bed capacity will be flexed as required to ensure that bed capacity is available to meet the increase in demand for urgent patients as and when required, and where possible patients will be transferred over early prior to their urgent cardiac procedure to assist with relieving bed pressures across the region.

One of the systemwide pressures will be the challenge of continuing to provide elective and cancer services. In previous years the division has supported mutual aid requests to support the system in the continuation of key services in times of increased pressure. Any requests for mutual aid will be considered and discussed by the senior leadership team.

5.2 Clinical Services

The Clinical Services Division will continue to engage with the critical care network and will review requests to provide additional support where appropriate. Funding has been secured to continue the critical care ambulance which will be hosted by LHCH but provide an additional transport option across the system.

5.3 Medicine

The ACS (acute coronary syndrome) Early Transfer Policy will be continue throughout the winter period, this approach will see patients awaiting intervention transferred to LHCH as soon as possible after referral. All early transfers must be discussed and accepted by the on-call Cardiologist but will be transferred ahead of their planned intervention. The earlier transfer of patients to the LHCH will release inpatient capacity at Acute Trusts thus supporting flow across the system.

The creation of an ACS Dashboard will enable the operational management team to accurately review and understand demand and patient waits in real time. Work is on-going to allow partner Trusts sight of this dashboard.

Private ambulances will be utilised during the increased pressure over winter to facilitate the transfer of inpatients from referring units to LHCH for procedures as well as being utilised for expediting discharges. The private ambulances are also being utilised to transfer ACS cases to LHCH from referring Trusts.

As in previous years it is anticipated that the Knowsley Community Rapid Response Service will experience an increase in demand. In order to manage the increase a clinician of the day roster has been put in place to support the team in triaging referrals, managing patient queries and providing urgent clinic appointments.

An optimisation clinic has also been introduced to the Knowsley Respiratory service to identify patients who frequently access services to ensure their medication and treatment plan is optimised with the hope this will prevent avoidable hospital admissions.

The delivery of the Respiratory Virtual Ward will continue over the winter months. The team are engaged with local networks and have adopted an adaptable approach to the delivery of the service to ensure needs can be met. The team is currently in discussed with LUHFT colleagues to combine on-call cover and increase virtual bed availability.

6. COVID and Flu Implications

As in previous years the Trust has a strong flu campaign that will be launched in late September as per national guidance to bring forward the launch date. Each division will have a peer vaccinator in each area along with Occupational Health providing good access to vaccination. Every area in the Trust will be visited across all shifts to provide the maximum opportunity for staff to access a flu and covid vaccine.

The covid Autumn booster campaign will run concurrently with the flu campaign, with all LHCH staff being offered both jabs in the Tockman clinic. Tockman will offer the vaccination for a period of four weeks to allow staff to access to the campaign.

LHCH will offer the booster vaccination to all staff which poses a small financial risk as the £7 tariff may not be received by the Trust for non-patient facing staff who receive the vaccine.

7. Economic Overview

In previous years the Trust has successfully secured funding for winter schemes that included the Swiss nurse role and the NNAS respiratory car but at present there are no regional funding streams to support winter pressures in this financial year. The Swiss nurse model is recurrently funded and forms part of the standard service offer.

8. 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 the Cheshire and Merseyside Hospital Cell to ensure partnership working is maximised to support the wider healthcare system.

9. Recommendations

The Board of Directors is asked to support the actions proposed within the plan providing a robust plan for the 2023/24 winter period.