

Trauma and Theatres Centre

Theatres and Anaesthetics Directorate

- **Maximising capacity**

As a support function to trauma pathways and surgical specialties the operational priority of the Theatres Directorates at JCUH and FHN is to maintain robust staffing (medical and non-medical) throughout the winter period. The Pain Directorates provide elective services but also an acute pain service to inpatients, which is the identified priority. All theatres will be running throughout the winter period and the new emergency sessions will be available from January 2015.

- **Maximising staff availability (including Christmas / New Year arrangements)**

Medical staffing has become a constraint, due to long term sickness and vacancies. This has been managed with the use of IPA to cover sickness absence where necessary. Some flexibility in medical workforce is offered by military (NVSP) consultants; however we anticipate a number of deployments in coming months. Non-medical staffing is managed with a large and flexible workforce, with an emphasis on skilling the team to take on different roles (scrub, anaesthesia, recovery) in the smaller team at FHN. Rosters are in place for Christmas and New Year and sufficient levels of emergency cover will be in place. Specific staffing risks are sickness, currently high which is managed robustly (both short term and long term) as per Policy, and vacancies (a constraint on both sites), managed by ongoing recruitment efforts. Staffing plans are included in directorate business continuity plans. Staff shortages (both medical and non-medical) will be mitigated by:

- **Managing surge**

Surge plans are included in directorate business continuity plans. Surges in demand will be managed by: Increasing staff availability, utilising vacant theatre capacity e.g. weekends (constrained by staffing) (e.g. if surge in trauma workload) redeploying equipment such as ventilators, monitors and expertise (e.g. if surge in respiratory illness)

- **Business continuity arrangements**

Business continuity plans are in place. Staff are familiar with what is expected of them. These include prioritised recovery time objectives for each service element, response checklists, and resource requirements. Key dependencies are business continuity of blood bank, sterile services, radiology, pharmacy, critical care and wards, domestic services and portering.

- **Key risks / challenges**

The challenges are around staffing, as above, patient flow, and prioritisation of available capacity when there is insufficient to meet demand (and maximising utilisation of what capacity there is).

Patient flow challenges arise when patients cannot be transferred back to a ward or to critical care post-operatively, or when the operation cannot begin as there is no certainty of the appropriate level bed afterwards. Whilst physical capacity is a constraint, theatre staffs have the skills to manage patients post-recovery including those awaiting a critical care bed. This can impact on timing of subsequent patients going into theatre. A&T are represented at the daily bed management meetings and work closely with critical care to minimise the impact.

Demand and capacity is managed through robust processes to cancel/re-allocate lists and to request/ staff additional lists. There is close working and trouble-shooting between theatres management team, performance team, waiting list managers and directorate managers to prioritise demands and ensure that all available capacity is utilised, with monthly theatre efficiency meetings, waiting list managers' meetings needed, and daily communication channels for operational details.

Trauma and Orthopaedic Directorate

- **Maximising capacity**

Delivery of 18 weeks continues to be problematic for the Orthopaedic Directorate. In order to ensure patient cancellations are kept to a minimum and the planned elective programme continues, work has been outsourced to the Independent Sector. Contracts have been established with the Woodlands Hospital and appropriately selected patients will be identified and their surgery will be undertaken there in a planned way. In addition to this and in order to improve the backlog position, as much elective work as possible will be carried out in the identified orthopaedic beds within the Trust. All beds are fully staffed.

Senior manager presence on both hospital sites will be crucial to minimising elective cancellations. Ring fenced beds will be one of the criteria used to assess the number of elective admissions that can be carried out on both hospital sites. Access targets will be dependent on the robustness of the overall trust winter plan to provide additional medical bed capacity. Patient care & safety will continue to be monitored as normal with all appropriate governance targets adhered to.

Discharge planning will continue & is robustly managed within the division, the discharge planning workshops action plans are in place and implemented in full.

- **Maximising staff availability (including Christmas / New Year arrangements)**

All rotas have been or are in the process of being agreed at present with robust holiday cover. Minimal nursing annual leave is granted over this period and all out patient departments have minimum numbers absent. All on call arrangements are secured and back up plans in place in case of sickness absence over this period.

- **Managing surge**

Increases in non-elective activity will be mitigated by ensuring two additional elective theatre lists which might otherwise be fallow, being allocated to Trauma patients awaiting surgery.

- **Business continuity arrangements**

All business continuity plans will continue and there are processes in place to deal with staff absence due to sickness, weather etc.

- **Key risks / challenges**

The key challenge for the directorate will be the loss of the elective programme through cancellation due to surge in the rest of the trust and waiting times in Accident & Emergency, both being particularly due to patient flow/bed availability. We are unable to fully mitigate the risk if the elective programme is delayed or suspended for a prolonged period over the winter months.

Accident and Emergency Directorate

- **Maximising capacity**

Within the Accident & Emergency department recruitment continues to utilise the funds for winter pressures from the CCG. In addition job plan reviews of the medical team has resulted in increased consultant support at weekends and at FHN. The CCG have funded a GP to be based in A&E at JCUH and this is supported within the team. Additional staff have been rostered at peak periods to ensure flow through the department.

- **Maximising staff availability (including Christmas / New Year arrangements)**

All rotas have been or are in the process of being agreed at present with robust holiday cover. Minimal nursing annual leave is granted over this period. All on call arrangements are secured and back up plans in place in case of sickness absence over this period.

- **Managing surge**

Surges in Accident & Emergency activity will be mitigated by the Accident & emergency escalation plan.

- **Business continuity arrangements**

All business continuity plans will continue and there are processes in place to deal with staff absence due to sickness, weather etc.

- **Key risks / challenges**

The key risk for the directorate is the failure of the 4 hour A&E waiting time target and increased ambulance hand over delays. The on-going pressures with flow out of the department to both critical care and the bed base will increase this risk