Recommendations:

The NHS Board is asked to:

- Receive an update on Winter Planning 2007/08, including progress on developing the contingency/escalation plan and the decision making process.

1. BACKGROUND

1.1 This year, winter planning has been carried out on a single system basis across NHS Greater Glasgow and Clyde (NHS GGC) for the first time. It is being co-ordinated at national level by the Unscheduled Care Collaborative.

1.2 It was made clear that plans should demonstrate inter-agency working across all partners and that winter demand and capacity issues should be fully factored into plans.

1.3 The NHS Greater Glasgow and Clyde (NHSGGC), plan demonstrates involvement at all levels with partners, including Primary Care, The Community Health (and Care) Partnerships (CH(C)Ps), NHS24, Glasgow Emergency Medical Service (GEMS), Clyde Primary Care Emergency Service, Scottish Ambulance Service, the Acute Division, Oral Health, Mental Health Partnership, Public Health, Occupational Health and Addiction Services.

1.4 A self assessment of each Boards’ plans was carried out and submitted to the Scottish Government Health Department (SGHD) in September 2007. Initial feedback provided an entirely positive response with some of the innovations of the Board being used as examples of good practice. It was acknowledged that partnership working is continuing to develop and improve and that significant work was being undertaken to increase uptake of flu vaccination amongst staff. The SGHD also welcomed NHSGGC’s identification and quantification of significant year on year initiatives and system changes which could impact on demand or service capacity. It was also noted that there was a high level of co-operation across the organisation with those involved including mental health and addiction services.

1.5 The NHSGGC plan was signed off by the Board Chief Executive at the end of October 2007.
2. **WINTER PLANNING GROUP**

2.1 The Winter Plan Group continues to meet monthly with the Executive Group convening as necessary between larger meetings. The monthly meetings will continue until January 2008 and a review meeting to learn lessons from 2007/08 is scheduled for April 2008. The Executive Group will meet as often as required.

2.2 Having finalised the plan, the main work of the Executive Group has been to formulate the contingency and escalation procedures which are detailed below.

3. **DEVELOPMENT OF THE CONTINGENCY/ESCALATION AND DECISION MAKING ARRANGEMENTS**

3.1 In finalising the Winter Plan, the two main outstanding areas of development were the Contingency/Escalation Plan and a senior decision making process.

3.2 The Contingency/Escalation Plan aims to provide a protocol for contingency and escalation based on a “traffic light” system which defines a partner organisation’s status. This will then inform a protocol which sees all partners communicating as defined in the plan. This should ensure that all partners are fully appraised of the current situation across the organisation and are able to be proactive in their response. A copy of the Contingency/Escalation Plan is attached as Appendix A.

3.3 A senior decision making process is being established which will identify, at a Director and/or other senior manager level, who is on call at any time out of hours for each main partner, i.e. Acute, CH(C)Ps, NHS24, GEMS, Clyde PCES, Scottish Ambulance Service and Communications. The rotas will for each of the organisations cover the extended festive period from 17 December 2007 to 6 January 2008.

3.4 A protocol has been developed for the sharing of information between partners, both retrospectively and as near “real time” as possible. This has been developed by the Health Information and Technology Directorate and will involve, over the extended festive period, daily (and more often if required but not at weekends or on public holidays) updates being collated and distributed to provide data on bed availability, flu spotter practices, call volumes at NHS24/GEMS, public health information regarding potential outbreaks. This will be available to all partners and will be accessed via the intranet in a shared folder which has been created for this purpose.

3.5 Discussions are also ongoing with Lanarkshire Health Board to ensure early warnings are given of any ward/hospital closures which may have cross boundary implications.

4. **COMMUNICATIONS**

4.1 The winter service directory booklet is now complete and has been distributed to health centres, GP surgeries, pharmacies and social work facilities during December. It is also being used by the Community Engagement team, working with NHS24, in a series of sessions at shopping centres aimed at providing information and advice to the public.
4.2 Posters have also been produced, reinforcing the winter message and encouraging the public to contact NHS24 in the first instance. These are being displayed throughout GP surgeries and pharmacies.

4.3 A new dedicated winter zone has been created on the NHSGGC website which contains useful information and advice regarding preparing for winter, flu vaccination, keeping warm and well and sensible drinking. It includes a link to the NHS24 website as well as providing access to the winter service directory booklet.

4.4 The national Communications strategy continues with phase two launching at the beginning of December. This included a National Government launch of how the NHS is prepared for winter and NHSGGC will complement this with a local press release.

4.5 The NHSGGC Communications Directorate has drawn up a detailed media schedule for winter which ensures opportunities are maximised for NHSGGC to play into the national campaign and dovetail this with local media releases.

4.6 Work continues with communications colleagues in co-terminous local authority areas and involves winter preparations features in Council magazines and providing access to the winter service directory booklet on Council websites.

5. TAKING IT FORWARD

5.1 The NHSGGC Winter Plan 2007/08 was signed off by the Board Chief Executive at the end of October.

5.2 Monthly meetings of the group will continue until January 2008 and beyond if necessary, with a review meeting scheduled for April 2008 to assess the effectiveness of this year’s plan and what lessons we can learn for the future.

5.3 The Executive Group will continue to meet to fine tune the escalation plan and decision making process.

5.4 The Executive Group will continue to closely monitor and oversee the day to day application of the Plan.

Recommendations:
The NHS Board is asked to:

- Receive an update on Winter Planning 2007/08, including progress on developing the contingency/escalation plan and the decision making process.
Appendix A

**CONTINGENCY PLANS/DECISION MAKING RESPONSIBILITY**

All major partners involved in Winter Planning have put contingency plans in place which include escalation stages and trigger points. This is a summary of those plans.

**NHS24**

This plan is based on identifying their four states, based on pre-determined triggers as follows:

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Business as usual</td>
<td></td>
</tr>
<tr>
<td>AMBER</td>
<td>High volume of calls. In a “call back” situation. Peak volume management in operation</td>
<td></td>
</tr>
<tr>
<td>RED</td>
<td>Unsustainable. Action required – monitor situation for 30 minutes then contact Associate Director of Operations and Nursing on-call. Escalate as necessary as per escalation plan.</td>
<td>Janice Houston</td>
</tr>
<tr>
<td>FLASHING RED</td>
<td>Compromising clinical safety and requiring operation of a restricted service. Notify partners and engage telephone conference protocol.</td>
<td></td>
</tr>
<tr>
<td>MAJOR INCIDENT</td>
<td>Refer to Major Incident Policy</td>
<td></td>
</tr>
</tbody>
</table>
GEMS

These plans identify the status relating to waiting times at Primary Care Emergency Centres in Greater Glasgow and Clyde:

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>&lt;30 minutes wait – normal service</td>
<td></td>
</tr>
<tr>
<td>AMBER</td>
<td>&gt;30 minutes wait – Clinicians informed so that throughput can be increased</td>
<td></td>
</tr>
<tr>
<td>RED</td>
<td>&gt;1 hour wait – Clinicians informed and use of back-up considered. If agreed, back-up doctor(s) brought in, dependent on space availability.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If this step fails to reduce waiting time to &lt;1 hour, patients directed to other PCECs at triage (either by NHS24 or GEMS triage) or be offered transport between PCECs.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If waiting times continue to increase, despite above measures, senior manager on call is contacted.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Contact will be made with NHS24 to determine trends in patient contacts. If predicted levels likely to remain high, patients will be asked to attend PCEC later in day as currently busy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If sites continue to remain busy, a list of doctors is available to attend PCECs at short notice and this will be utilised</td>
<td></td>
</tr>
<tr>
<td>FLASHING RED</td>
<td>If sites continue to remain overloaded, Senior Manager will contact adjacent A&amp;E department to negotiate transfer of patients in each direction.</td>
<td>Norrie Gaw</td>
</tr>
</tbody>
</table>

Norrie Gaw
HOME VISITS

GEMS status will also be determined by their ability to deal with home visit requests:

- If volume of requests is greater than expected or priority 1/2 calls exceed expectations, re-triage will be carried out by GEMS GP advisor. This decision will be made by Team Leader. Calls “inappropriately” given high priority will be downgraded and carried out later in the day. Advice or PCEC attendance may be offered as an alternative to home visit. Team Leader will discuss this with Senior Manager.

- Visiting capacity can be increased by use of back-up doctors and drivers and use of PTS vehicles using doctors from sites as home visiting doctors. Decision taken by Senior Manager.

- Patient transport vehicles can be used as home visiting vehicles with doctors from PCECs used as home visiting doctors. Decision taken by Senior Manager.

- Doctors available at short notice with own cars and mobile phones if necessary to reduce queue. Decision taken by Senior Manager.

- If still unable to cope with home visit demands for priority 1/2 despite above measures, ambulance service will be alerted to take priority calls to A&E. Decision taken by Senior Manager.
### CLYDE PRIMARY CARE EMERGENCY SERVICE

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Normal service – appointments available.</td>
<td></td>
</tr>
<tr>
<td>AMBER</td>
<td>Appointments becoming full – few appointments within 4 hours - Clinicians informed so that throughput can be increased - patients offered appointments at quieter PCEC</td>
<td></td>
</tr>
<tr>
<td>RED</td>
<td>No appointments within 4 hours at one centre – hub staff instructed not to appoint to this centre and direct patients to most appropriate centres</td>
<td>Lawrence Bidwell</td>
</tr>
<tr>
<td>FLASHING</td>
<td>No appointments at any centre within 4 hours; time stratification of calls will be breached. Re- triage patients and, where possible, give home care advice. If necessary, consider options such as home visits or bringing the extra doctor into the centre. To be discussed with Senior Manager. Hub staff to escalate to OOH managers</td>
<td></td>
</tr>
</tbody>
</table>

### HOME VISITS

If home visits greater than expected, or priority 1 or 2 hour calls exceed expectations, re- triage will be carried out by advice doctor. Calls re-assessed with longer time stratification will be downgraded and carried out later in day. If appropriate, advice or PCEC attendance may be offered as an alternative to home visits.

If still unable to cope with home visit demand a further doctor will be made available to carry out home visits. To be discussed with Senior Manager.

If still unable to cope with home visit demands for priority 1/2 despite above measures, ambulance service will be alerted to take priority calls to A&E. Decision taken by Senior Manager. Hub staff to escalate to OOH managers.
PRIMARY CARE/CH(C)Ps

Primary Care and CH(C)Ps have identified their contingency/escalation plans for GPs:

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>Business as usual. Meeting routine access targets e.g. 48 hrs, 24hr urgent, AHP and nursing planned care and clinics&lt;br&gt;Flu incidence – normal seasonal rate (50–600/100k population)</td>
<td></td>
</tr>
<tr>
<td>AMBER</td>
<td>20% increase in demand for appointments, 20% less available appointments, 20% increase in triage calls and call-backs.&lt;br&gt;20% increase in house calls.&lt;br&gt;Flu - seasonal rates increased (600-1000/100k population)</td>
<td>Terry Findlay</td>
</tr>
<tr>
<td>RED</td>
<td>Unable to meet access targets. Reprioritise routine work to deal with urgent/emergency only&lt;br&gt; &gt;40% appointments double booked.&lt;br&gt; &gt;40% house visits re-arranged to next day.&lt;br&gt; <strong>TIMESCALE - Periodic (less than one day) and/or limited part of GCC area.</strong>&lt;br&gt;Flu - seasonal rates exceptional (&gt;1000/100k population)</td>
<td></td>
</tr>
<tr>
<td>FLASHING RED</td>
<td>As for Red, unable to meet routine (non-urgent) access targets.&lt;br&gt; Reprioritise routine work to deal with urgent/emergency only.&lt;br&gt; Call for locums, other area support dependent on area affected.&lt;br&gt; <strong>TIMESCALE – Sustained and/or across all GCC area.</strong></td>
<td></td>
</tr>
</tbody>
</table>
**ACUTE**

The acute division escalation plan is focussed on capacity/demand and waiting times at Accident and Emergency Departments:

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>Escalation – In Hours</th>
<th>Out-of-Hours</th>
</tr>
</thead>
</table>
| GREEN           | • A&E activity at predicted levels  
• Minimum number of patients waiting over 4 hours at A&Es  
• Capacity meets predicted demand. Beds available in assessment/receiving ward  
• All elective activity accommodated  
• Boarders identified  
• Discharges predicted to meet demand | Routine               | Routine        |
| AMBER           | • A&E activity greater than predicted on 1 or 2 sites  
• A&E waiting time greater than 4 hours on 1 or 2 sites  
• Capacity issues at 1 or 2 sites.  
• All elective activity accommodated  
• Boarders not identified 1 or 2 sites  
• Discharges below predicted levels 1 or 2 sites | CSMs  
GMs  
Senior Bed Manager | Routine |
| RED             | • A&E activity greater than predicted at 3 or 4 sites  
• A&E waiting time greater than 4 hours, 3 or 4 sites  
• Capacity issues at 3 or 4 sites  
• All elective activity accommodated  
• Boarders not identified 3 or 4 sites  
• Discharges below predicted level 3 or 4 sites | CSMs  
GMs  
Senior Bed Manager  
Director RAD and  
EC&MSD | OOH  
On Call GM |
| FLASHING RED    | • A&E activity greater than predicted all sites.  
• A&E waiting time greater than 4 hours all sites  
• Capacity - no beds available city wide  
• May need to consider elective cancellation (any number)  
• No Boarders identified  
• Discharges below predicted level | CSMs  
GMs  
Senior Bed Manager  
Director RAD and  
EC&MSD | OOH  
On Call GM  
On Call Exec |
| INTERNAL INCIDENT | If, in very exceptional circumstances, the actions at Flashing Red status above do not resolve the emergency pressures and they are of such a severe nature that the Division is unable to maintain emergency services, a major internal and external alert would be initiated. | CSMs  
GMs  
Senior Bed Manager  
Director RAD and  
EC&MSD | OOH  
On Call GM  
On Call Exec |
The action to be taken by partner organisations to communicate their status is as follows:

<table>
<thead>
<tr>
<th>STATUS</th>
<th>DEFINITION/ACTION</th>
<th>LEAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>GREEN</td>
<td>All Partners - Business as usual – no action necessary</td>
<td>On call Sen. Mgr.</td>
</tr>
<tr>
<td>AMBER</td>
<td>SAS</td>
<td>Inform Acute if likely to be delay in response times</td>
</tr>
<tr>
<td></td>
<td>NHS24</td>
<td>Inform GEMS and Clyde hubs if out of hours</td>
</tr>
<tr>
<td></td>
<td>GEMS</td>
<td>No action</td>
</tr>
<tr>
<td></td>
<td>CLYDE PCES</td>
<td>No action</td>
</tr>
<tr>
<td></td>
<td>CH(C)P/GPs</td>
<td>Inform Acute Division</td>
</tr>
<tr>
<td></td>
<td>ACUTE</td>
<td>Inform GEMS/Clyde hubs</td>
</tr>
<tr>
<td>RED</td>
<td>SAS</td>
<td>Inform Acute Division and GEMS/Clyde hubs if response times affected</td>
</tr>
<tr>
<td></td>
<td>NHS24</td>
<td>If sustained &gt;30mins, inform GEMS/Clyde hubs and Acute Division</td>
</tr>
<tr>
<td></td>
<td>GEMS</td>
<td>Inform NHS24 and Acute Division</td>
</tr>
<tr>
<td></td>
<td>CLYDE PCES</td>
<td>Inform Acute Division</td>
</tr>
<tr>
<td></td>
<td>CH(C)P/GPs</td>
<td>Inform Acute Division and GEMS/Clyde hubs if still in red status at 1800h</td>
</tr>
<tr>
<td></td>
<td>ACUTE</td>
<td>Inform GEMS/Clyde hubs and SAS</td>
</tr>
<tr>
<td>FLASHING RED</td>
<td>SAS</td>
<td>Inform Acute Division, GEMS/Clyde hubs and NHS24</td>
</tr>
<tr>
<td></td>
<td>NHS24</td>
<td>Inform GEMS/Clyde hubs and Acute Division</td>
</tr>
<tr>
<td></td>
<td>GEMS</td>
<td>Inform Acute Division, SAS and Communications</td>
</tr>
<tr>
<td></td>
<td>CLYDE PCES</td>
<td>Inform Acute Division, SAS and Communications</td>
</tr>
<tr>
<td></td>
<td>CH(C)Ps/GPs</td>
<td>Inform Acute Division and GEMS/Clyde hubs if still in flashing red status at 1800h and Communications</td>
</tr>
<tr>
<td></td>
<td>ACUTE</td>
<td>Inform NHS24/GEMS/Clyde hubs, SAS, Lanarkshire Control Centre and Communications</td>
</tr>
</tbody>
</table>

Colleagues from each of the organisations have committed to communication with each other to alert partners to the current situation. This will be in addition to the daily Reports which will be posted by Hi&T on the intranet. The Communications Directorate has a separate plan which is detailed overleaf.
Winter communications contingencies

NHS 24 and NHSGGC Communications reps have come together to plan how the two boards would respond to significant systems failures within both organisations (defined as flashing red status with NHSGGC’s contingency plan).

A number of scenarios were discussed and the suggested communication responses of the two organisations set out as follows.

**Scenario 1: NHS 24 systems failure/telephony failure**

In this scenario, the lead agency is NHS 24.

- NHS 24 would co-ordinate national and regional media response.
- NHS 24 would brief Scottish Government Communications (amongst others) to agree lines.
- NHSGGC would assist by publicising the availability of PCECs locally, including local radio/website and via A&E staff.

**Scenario 2: NHS system overloaded due to significant increase in community illness (all parts)**

In this scenario, Scottish Government and NHSScotland are lead agencies.

- Scottish Government and NHSScotland would co-ordinate national and regional media response
- NHS 24 would provide self-care advice via website
- NHS GGC would support with local messages tailored to local media and update info on Board websites
Scenario 3: One of NHSGGC’s A&E departments is continuing to experience high levels of demand despite efforts to deal with emergencies and experiencing significant four-hour breaches

In this scenario, NHSGGC is the lead agency.

- NHSGGC would liaise with Scottish Government and co-ordinate national and local media response as appropriate.
- A range of responses are available which would depend on severity of situation. These might include:
  - radio public announcements about using alternative to the particular A&E e.g. NHS 24, PCECs, and alternative A&E departments
  - appeal to GPs to delay sending GP triaged emergencies to hospital,
  - media release
  - full-scale press conference
  - website updates
  - customised road signs on approach roads to hospitals (this approach is already used by other emergency services)
  - messages via key public transport hubs eg bus and train stations
  - messages to TOA and other taxi companies to encourage drivers to take patients to other A&Es

Scenario 4: PCEC becomes overloaded and cannot cope with increased demands on service*

In this scenario, NHSGGC is lead agency.

- NHSGGC would liaise with Scottish Government and co-ordinate national and local media response as appropriate.
- A range of responses are available which would depend on severity of situation. These might include:
  - radio public announcements about using alternative to the particular A&E e.g. NHS 24, alternative PCECs
  - media release
  - full-scale press conference
  - website updates.

* It should be noted that these issues will arise out-of-hours and this needs to be borne in mind when considering how response will be agreed with Scottish Government.