Recommendation:

Board members are asked to:

- Receive an update on Winter Planning for 2011/12.

1 Purpose of the paper

The purpose of this paper is to provide a progress report on the planning for winter 2011/12 and to provide an update on issues raised nationally and key timelines.

2 Background

The 2010/11 Winter Plan for NHS Greater Glasgow & Clyde was developed on a single system basis with all partners in the delivery of key services involved. The system wide Winter Planning Group and Executive Group (with representation at senior level from across the key organisations) ensured a co-ordinated approach to the planning and delivery of services and this is being further developed in progressing with the 2011/12 Winter Plan.

3 Overview of 2010/11 Winter Plan

As presented in the February 2011 Board Paper, the plans put in place for Winter 2010/11 overall worked effectively. December 2010 and January 2011 proved to be exceptionally busy and challenging months pan-Scotland with the prolonged severe weather conditions from the end of November 2010 impacting on services considerably, followed in late December and early January by a sustained period of service demand significantly greater than seasonal norms and predicted levels. Pressures on acute services continued throughout February, March and April 2011 due to increasing emergency demand.

4 Planning for Winter 2011/12

Since the update report to the Board in February 2011, the Winter Planning Group and Executive Group have continued to meet to progress the winter planning process for 2011/12. As part of the review nationally of the winter planning process, all Boards were asked to complete a survey questionnaire on the effectiveness of winter plans and the outcomes of this were presented at the National Winter Planning event held in June 2011 at the Beardmore Hotel.
The main focus of the winter contingency plan deals with the period November 2011 to March 2012 and in particular details arrangements for the festive holiday period 23rd December 2011 to 3rd January 2012. In planning for winter 2011/12 the plan will incorporate the lessons learned from 2010/11 along with guidance and outcomes from the National and Regional Winter Planning events.

The winter plan has 7 key areas that describe the contribution that each Partner Agency will make to deliver an efficient and effective winter plan. These are:

- Primary Care/General Practice
- Primary Care Out of Hours/NHS24
- Acute Services
- Local Authorities
- Scottish Ambulance Service
- Whole System Monitoring, Reporting and Escalation
- Communication

Detailed plans will be developed separately by each Agency and a summary of these will be incorporated into the Board wide winter plan. The Board Winter Planning Group will continue to monitor this at the monthly planning meetings.

The main action areas are summarised below:

### 4.1 Communication

The winter plan requires an extensive communication plan for both staff and the wider public. This is to ensure awareness of individual and collective roles and responsibilities, guidance to the public on the actions they should take to "keep well" and how to access services when required.

It has been agreed that the Board will develop its communication plan for 2011/12 building upon the well established processes utilised in previous years, including a local service winter booklet.

### 4.2 Information Sharing

The plan and its ongoing implementation should be informed by a process of information capture, monitoring and reporting linked to an escalation policy that in turn will release additional capacity into the system if required. The priority will be to maximise and make best use of existing capacity with the release of additional capacity being kept to a minimum and only accessed with the agreement of an Executive Director.

During winter period 2010/11, through the Health Information and Technology Directorate, work was undertaken to ensure that information, both proactive and real time, was shared with all partners and the weekly Information Reports returned to the Scottish Government's Performance Management Unit. It has been agreed that this approach will be maintained in planning for winter 2011/12.
4.3 Escalation Plan / Senior Decision-making Rota

The plan should set out proactive measures as well as contingency measures that will be put in place as part of an agreed escalation policy.

As in previous years an Escalation Plan and Senior Decision-making Rota were produced to detail the specific pathways of communication and how/when to move to the next stage. Contact details were available for a Director across each of the principal partners on each day of the extended festive period. This was again extremely beneficial particularly during the period of severe weather when escalation plans were enacted by various agencies and a similar process will be adopted in planning for winter 2011/12.

4.4 Occupational Health

As in previous years, encouraging staff uptake of the Flu Vaccination is a key priority. The Planning programme for flu vaccination is well underway. To improve public uptake, this year we will be implementing a proactive information programme where staff at outpatient clinics will be discussing with patients the benefits of the flu vaccination.

4.5 Public Holidays

The plan will outline the measures to be put in place to manage the 4 day public holiday.

In 2010/11, to address anticipated pressures, GP surgeries kept appointments free on the three days immediately following the public holidays and this was extremely helpful in managing the demand. It has been agreed that this arrangement should be implemented in planning for winter 2011/12.

4.6 Innovation

The plan will outline a range of measures to be put in place to address some of the issues that might occur over and above normal planning process in regard to service delivery during the winter period.

The following provides a brief summary of some of the winter initiatives which were enacted and supported us in managing the demand within the system and it is intended to incorporate these into planning for winter 2011/12:

a) additional discharge and transfer ambulances were introduced and these worked well, particularly in the evening and weekends, in supporting transfer of patients to other hospital sites or discharging patients home;
b) the introduction of additional cleaning teams to support environmental cleans enabled a much quicker turnaround of bed availability;
c) the introduction of additional pharmacy services within the hospital worked well and this allowed more timely discharge of patients in the evenings and weekends;
d) the introduction of a Sunday evening emergency dental service was successful and due to the ongoing demand this service is now continuing;
e) the minor ailment service and urgent provision of repeat medication by the Community Pharmacy services proved extremely useful over the festive period;
f) Close working between Pharmacy and Addictions Service, particularly around Methadone prescribing, proved extremely beneficial during the festive holiday period in avoiding presentations to either the GP Out of Hours Service or A&E;

g) the arrangements put in place in terms of crisis services and liaison psychiatry worked well and this was extremely valuable in managing the At Risk patients who would otherwise have required to be seen by either the GP OOH service or at A&E;

h) Addiction services proactively contacted their at risk patients over the period and thus reduced the need for contact with other services. They were also available to OOH doctors to discuss complex cases if required. Again this was extremely helpful in avoiding attendance at A&E/admission to hospital;

i) The Scottish Ambulance Service established a medical/first aid post within the city centre during the festive period – this has been extremely beneficial in managing minor illnesses/injuries and preventing people from attending A&E.

5 Winter Planning Events

5.1 National Winter Planning event was held on 20th June 2011, at the Beardmore Hotel. The Performance Management Unit hosted this event which was chaired by Tim Davison, Chief Executive, Lanarkshire Health Board. The event was attended by representatives from Greater Glasgow & Clyde and other Health Boards across Scotland. Greater Glasgow & Clyde were invited to present a Review of Winter 2010/11. The key focus of this event was to:

- Share the learning from 2010/11 winter planning experience and celebrate areas of success;
- Explore emergent issues and outline how further improvement to winter planning can be made;
- Ensure that arrangements are streamlined across the whole health community, including escalation systems;
- Explore the process and work on reducing A&E attendances;
- Consider the improvement journey in regard of the maximum 4 hour wait and further opportunities to ensure sustained performance.

Boards were afforded the opportunity to discuss the key winter pressure areas and in planning for the regional event in September 2011 identified the following as areas for further improvement and discussion:

- Partnership working with Local Authorities -
  - How Boards improve on this to ensure they are able to access homecare packages and nursing home places to support early discharge from hospital or to prevent an emergency admission. The Change Fund programme should support this process.
  - Stronger engagement with local authorities housing and adaptation services and road departments - Boards need to consider how they can improve communication between partners and ensure that there is a shared understanding of the risks associated with any decision making by one service that may impact on another service.
董事会文件

2011年8月

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5.2 冬季2011/12时间表

早于2011年9月 - SGHD将发布冬季指导草案。
13日9月 2011年 - 西部地区规划冬季研讨会 - 与去年一样，董事会预计将分享他们的冬季计划草案。
早于2011年10月 - 最终冬季指导发布。
迟于2011年10月 - 苏格兰卫生服务局签署冬季计划。

在本地准备时，将举行冬季规划会议，以确保所有合作伙伴在2011/12年期间具有冬季规划流程。随后将根据区域事件的修正进行考虑，并在11月由冬季规划小组和执行小组审议，之后提交给董事会正式批准。

6 推荐

 NHS委员会被要求:

- 接收2011/12年冬季规划的更新。