

# **WINTER PLAN**

**2014/15**

## INTRODUCTION

This Winter Plan provides an overview of the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for 2014/15. It is recognised at both a local and national level that Winter Planning is now all year planning and not just aligned to the months November to March. The winter plan is the escalation plan that enhances and supports the Board Local Unscheduled Care Plan. To further support the Winter Plan there is a System wide Escalation Plan and each Agency have their own detailed local plans.

The principles outlined in the document below highlight the actions required to manage surges in demand across the system as per the escalation plans for each agency.

Guidance from The Scottish Government Health Directorate (SGHD) has stated that all plans:

- Should be on a single system basis and should demonstrate inter-agency working across all partners.
- Reflect appropriate planning of services within primary care/community to support reducing demand on A&E and the GP Out of Hours service
- Undertake detailed analysis and planning to effectively schedule elective activity (both short and medium term) based on forecast emergency and elective demand, to optimise whole systems business continuity;
- Plans take cognisance of winter planning in neighbouring NHS Boards
- Reflect appropriate planning of services with Local Authorities across the spectrum of services delivered
- Clearly outline how Noro Virus will be managed
- Link clearly to Continuity Plans - agree and test escalation plans and ensure they are appropriately resourced
- Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes to proactively manage discharge at regular intervals throughout the day;
- Agree staff rotas for the festive period in November to match projected peaks in demand;
- Ensure Consultants are available to discharge patients over weekends and the festive holiday period;
- Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period;
- Utilise rapid response teams of multi-disciplinary professionals to facilitate discharge;
- Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.

In planning for Winter 2014/15 there is recognition of a number of key challenges and a focus on how these will be addressed:

- Elective activity has been and will continue to be reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2015, elective activity will significantly focus on day case activity and emergency Cancers.
- Noro Virus –An Infection Control Policy on Management of noro virus has been developed with Infection Control. This clearly identifies how noro virus shall be managed and maps to the national guidance which has been prepared. Bed capacity will be created through the realignment of services to manage this emergency demand and on two sites key wards with a

number of single rooms have been identified that will allow patients with Noro Virus to be managed in one area.

- Capacity within acute services – additional surge capacity has been identified and detailed plans worked up on how this will be implemented across the winter months.
- The number of patients waiting to be discharged to an alternative setting is a significant risk to the NHS and this is discussed at regular meetings with partnership and social care colleagues and detailed action plans and trajectories put in place.
- Gaps in junior/middle grade doctor rotas particularly in A&E – rotas have been developed to bridge any gaps. Additional A&E Consultants have been employed and access to senior decision makers into the extended working day has been agreed.
- Current financial challenges – across all agencies this is a significant issue in planning for winter - we will need to be aware of any changes to service provision particularly access to social care and home support packages which support discharge planning and admission avoidance
- Managing in severe weather – four years ago this caused particular issues both in terms of access into and out of the hospitals. The severe temperatures affected theatre equipment and in particular SAS ambulances where the hydraulic fluid froze rendering the hoists immobile. This year plans have addressed these issues e.g. SAS have arranged for Snow tyres to be fitted to ambulances and now have access to number of 4 wheel vehicles. GPOOH have a number of 4 wheel drive vehicles as do the British Red Cross who are working with Acute and SAS to support managing patient discharges home from A&E and receiving and medical assessment units and also supporting the SOS Bus in Glasgow City Centre.

The Board unscheduled care plan sets out the principles for managing emergency presentations and the following Winter Plan further enhances these and addresses all of the above. This is supported locally by separate detailed plans for each Organisation/Sector.

## 1 **Unscheduled Care Plan**

- 1.1 Following the service pressures over last winter a review of that experience was undertaken including feedback from front line staff on the lessons learned, learning from review of systems elsewhere and a system wide review of the pattern and volume of admissions and attendances. This information was used to further develop the LUCAP.
- 1.2 The review showed that the challenges to delivering consistently high levels of unscheduled care performance are :
  - The rate of attendance at Emergency Departments ( ED ), Medical Assessment Units ( MAU ) and Minor Injury Units ( MIU )
  - The 3% increase in the number of emergency admissions in 2013/14 in addition to a 3% increase the previous year
  - The average length of stay for medical services and medicine for the elderly is above the national average
  - The number of acute bed days occupied by patients who were agreed to be fit for discharge but were waiting for discharge arrangements to be made for them to receive social care

- 1.3 The changes needed to overcome these challenges are to develop a system that
- minimises the time patients spend in hospital
  - promotes alternatives to hospital attendance and admission that have the confidence of clinicians and service users
  - has a consistent system of assessment and admission in EDs and Medical Assessment Units with senior decision makers in attendance
  - has consistent patient flows across services, sites and days of the week
  - matches capacity to demand across health and social care
  - has much stronger incentives for Local Authorities to prioritise rapid discharge from hospital
  - establishes more integrated services and patient pathways between primary and secondary care
- 1.4 The LUCAP contains a series of actions to address these issues and resources additional to those already invested as part of Reshaping Older People's care have been made available to provide
- Additional Allied Health Professionals to provide services at weekends
  - Extended opening of assessment areas and minor injury units
  - Additional community services – the opening of “Step Up” and “Step Down” beds which will support admissions avoidance and early discharge
  - Additional medical staff to ensure senior decision making
- 1.5 A number of issues are also being addressed through service redesign and improvement. This includes
- ensuring early discharge planning , including early involvement of social work .
  - ensuring patients do not wait for specialist opinions
  - reviewing the way staff are deployed during the week to ensure this matches expected activity
  - maximising the use of alternatives to emergency attendance and admission such as rapid access to older people's day hospital, urgent out-patient appointments and immediate Consultant opinion

## 2 Winter Plan

As per advice from Scottish Government the following areas have been considered in developing GGC's Board Winter Plan.

### 2.1 Agree and test escalation policies for management of in-patient capacity across the whole system

The escalation plan, setting out the response of each of the organizations during the winter period and, particularly during the festive period, with clear triggers for each status, has been revised and updated. This includes reference to senior decision making and will be backed up by an on-call rota for each of the major partner organizations. If there is evidence of the system reaching or exceeding capacity, an escalation plan will be activated which will involve : identifying/opening further capacity, managing demand in conjunction with GPs, increasing

NHSGGC OOHs triage for NHS24 and reducing elective activity to allow for increased emergency work.

There are no community hospitals in the GGC area but our Continuing Care and Rehabilitation sites are monitored as part of routine bed management to ensure capacity is fully utilised. Also as part of UCC planning CHCP's are opening additional "Step Up" and "Step Down" beds to assist in admission avoidance.

Examples of good joint working/escalation include:

- NHSGG&C will work closely with NHS24 to ensure a clear, shared understanding of NHS24's capacity to respond to varying levels of demand over the winter period. This will also involve agreement around escalation plans for handling demand for access which exceeds NHS24's capacity – this is supported through the GPOOH service.
- Mental Health Crisis Service - this will provide 24 hour 7 day week services which will assess patients for admission and discharge. These services will be in place over the festive period. The Crisis Teams will provide public holiday cover during the festive period and will receive referrals from Primary Care, Liaison Psychiatry and Acute services.
- The Scottish Ambulance Service will work with NHSGGC to identify local issues and pressure points and bring forward local level solutions, particularly with regard to delayed discharges, out of hour's services and vulnerable people.
- The Board has in place across GGC a Single Discharge Team which links in with each of the partner agencies through the localities to manage discharge planning – this has improved access to services and the joint working is supporting earlier discharge from hospital to reduce length of stay.
- Other initiatives which support discharge planning/ supporting patients within the community include :
  - Staff on wards have direct access to ordering/ re-establishing Care Packages to enable early discharge and similarly have direct access to Equipment – this supports 7 day per week discharging
  - Additional staff are being appointed to provide an inreach service to hospital from the community
  - Elderly care assessment nurses can order home care at the weekend in Glasgow City Council
  - GP Services ensure they stay open until 6.00 p.m. on days prior to public holidays and open appointment systems during days following public holidays
  - Access to community pharmacy services is well advertised and we continue to highlight the Minor Ailment Service which is seeing a year on year increase in usage.
  - Home Today and Support Workers have been introduced to each of the hospitals to focus on discharges and earlier in the day discharge.
  - Additional weekend Consultant cover will be in place to ensure access to senior decision makers over this period.

- Additional community support is being provided in the out of hours period to maintain and improve rapid response times;
  - Increased overnight care at home capacity will be available
  - Additional District Nursing/Rehab and Social Work capacity will be available to support Anticipatory Care Planning.
  - An escalation plan is in place within supported discharge teams to manage increased demand,
- CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where appropriate and to support patients discharge by managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.
  - CH(C)Ps have liaised with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.

**2.2 Undertake detailed analysis and planning to effectively schedule elective activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This should specifically take into account the surge in activity in the first week of January.**

Detailed analysis has been undertaken to map activity during the months November to February which has allowed a capacity plan to be prepared based on average activity and peaks in demand.

GGC currently has a number of performance metrics in place to monitor the local unscheduled care system on a daily, weekly and monthly basis which assists in identifying areas of pressure. These measures will continue to be used to monitor the unscheduled care system across Greater Glasgow and Clyde.

On an ongoing basis, a number of tools will be used to reflect trend activity in as many parts of the health care system as possible so that the most comprehensive overview may be given, including primary care information, attendance at A&E departments and emergency admissions to hospital. In addition information from spotter GP practices is available.

The data indicators include the following:

- A&E attendances data
- Out of hours activity
- Emergency admissions
- Mid-day bed state

These indicators will be compiled into daily reports providing hospital specific detail, and made available to health service planning staff both online in SharePoint, and emailed in electronic format. HI&T will be responsible for sending the weekly reports to the Scottish Government during the winter reporting period.

NHS GGC is currently undergoing significant redesign of services on key sites as part of the implementation of the Acute Services Review Strategy. Capacity planning has been undertaken to determine both emergency and elective activity during the winter period. During the winter period, to manage peaks in activity, elective capacity will be reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2015. As activity warrants, beds which are normally closed at weekends will be opened. A key focus will be on discharge planning and the ability to support early discharge from hospital to free up capacity and also working with community services to look at supporting patients at home. Additional surge capacity has been identified which is currently being opened/could be opened in extremis.

To support reducing attenders at A&E and potential admissions, community partners will work with acute services through, for example:

- Community teams will provide rapid response for vulnerable older people at risk of hospital readmission over the Winter period
- GPs will identify patients at risk of admission via local systems including using SPARRA data and endeavour to put care plans in place to support these individuals over the winter period.
- Ensuring availability of additional support if required to care homes
- Ensuring District Nurse staffing levels are sufficient over periods of peak activity
- Ensuring information on District Nursing OOH bases, telephone/mobile phone /fax numbers are available for NHS GGC GP OOHs
- Ensuring supply of emergency equipment from EQUIPU to all District Nursing OOHs bases.
- Ensuring supply of syringe drivers in District Nursing OOH bases.
- Ensuring supply of essential pharmacy, wound dressings, continence products etc in all District Nursing OOH Bases.
- Joint initiative with Local Authority, Scottish Ambulance Service and British Red Cross (BRC) to provide a “City Centre Ambulatory Service” (SOS Bus) in Glasgow and a similar service in Paisley Town Centre - key focus is alcohol related incidents.
- Joint initiative with British Red Cross to provide a transport service that supports discharging elderly patients from A&E and Receiving wards – this has been a particularly well received initiative as BRC not only transport the patients home but see them settled and ensure they have basic essentials, and, if necessary, can wait for relatives/carers to arrive.
- Joint initiative with Community Partners to provide Step Up and Step Down facilities to support admission avoidance
- Rapid access to Day Hospitals for older people
- Comprehensive Geriatric assessment in the community and in hospital
- Providing a more flexible range of responses to patients requiring emergency assessment. These may include rapid access to urgent medical clinics, provision of rapid access specialist advice to GPs by email/phone
- Deployment of specialist advice for patients at home with secondary and primary care teams working together.
- Extension of Virtual Fracture Clinics across sites
- Extended use of Same Day Assessment Units for surgical specialties

**2.3 Agree staff rotas in November for the fortnight in which the two festive holiday periods occur to match projected peaks in demand. These rotas should include services that support the management of inpatient pathways, (e.g.) diagnostics, pharmacy, phlebotomy, AHPs**

Workforce planning and management is core to the successful delivery of the Winter Plan. This will involve managing staff sickness, which historically is greater during the winter months, and the management of annual leave and study leave. All action plans aim to support management of absence through the winter months.

- Rotas have been reviewed and consultant medical staff identified. These will be reviewed in line with changing demand and pressures on acute services.
- Rotas across all disciplines have been reviewed to ensure staffed appropriately to meet demand.
- Review of previous years has shown that staff flexibility is crucial over the winter pressure period. CH(C)Ps and the Acute Division have considered how they will address staffing issues and are working to achieve the 4% sickness absence target set by the SGHD.
- Ensuring that all staff are encouraged by line managers and Occupational Health to increase uptake of the flu vaccinations.
- CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where possible and to support patients on discharge by appropriately managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.
- CH(C)P's are liaising with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.
- GP OOH and NHS24 Staff Rotas have been circulated and are in the process of being filled – the GPOOH rota compliance this year is challenging and all endeavours are being made to fill the gaps.
- Community Pharmacy – pharmacies which will be open over the festive period have been identified and are included in the Winter Booklet and on the NHS web site
- Dental Services – rotas for emergency dental services have been agreed

**2.4 Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes (e.g.) multi-disciplinary board rounds. This will support the proactive management of discharge and ensuring there are no delays in patient pathways. Ensure that appropriate medical staff are available, and that AHP rotas are structured, to facilitate the discharging of patients throughout weekends and the fortnight in which the two festive holiday periods occur in order to maximise capacity.**

Key to effective Discharge Planning is a joint approach to this with partners across Acute and Community Care including: Scottish Ambulance Service; CHPs; and Local Authority partners– across the spectrum of services including Social Work Assessment; access to nursing home and residential care; access to home support services. In Greater Glasgow & Clyde we have 9 Local Authority partners and winter plans are agreed through the CHP local planning process – detail of these plans are available locally but will include the following:

- Leave is planned in hospital/social work to ensure appropriate cover to manage anticipated peaks in activity in January.
- Plans in place to respond to early notification to social work teams regarding anticipated increase in assessment and discharge activity to release beds.
- Equipment - local stock is available for discharge teams
- Resourced escalation plan in place for home care services.
- Prior to festive period social work are committed to minimising the number of delays in discharges and ensure appropriate packages of support are available.
- Local Authorities plans to manage winter pressures, include gritting arrangements to maintain access to hospitals, health centres and key community services.

Estimated Date of Discharge policy is in place across all ward areas along with Criteria Led Discharge in many wards. Twice daily ward rounds in key areas will continue to take place to ensure patients are discharged as early as possible. Criteria led discharges will continue to be developed. Discharge Team have a festive plan in place to ensure maximization of discharges over the holiday period which is supported by dedicated discharge ward rounds from Consultants. Additional AHP, Pharmacy and support services will be available. Direct access to homecare services is in place for wards in Glasgow City Council and via supported discharge teams elsewhere. Additional ambulance transport will be available at key times to support discharges.

Electronic white boards are in place to assist wards with real time monitoring of discharge

Work is ongoing across all areas to reduce boarding. Where there are surges in demand there is in place “The Capacity and Patient Flow Policy” to manage this. The policy is underpinned by a boarding/decant policy for main wards of the hospitals and for assessment areas.

The development of the acute assessment model of care and extended opening of these facilities will help to reduce the number of “inpatient admissions” through managing and discharging a number of these patients directly. It is planned to increase the number of acute ambulatory care options available to clinicians

## 2.5 **Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**

The Communications team support the organisation’s preparations for winter through the local and national winter campaigns. A Winter Planning Booklet has been produced providing information on service availability over the festive period including pharmacy opening hours. The Winter campaign is led nationally by NHS24 and the campaigns have already begun with a focus on managing cold and flu symptoms and the need to remember to ensure repeat prescriptions are filled. GGC actively uses the Know Who To Turn To logo which sign posts alternatives to attendance at A&E. Communication will go out to General Practitioners reminding them of the need to ensure services are open until 6.00 p.m. on Christmas and New Year’s Eve and advice is being given to patients that GP practices are open on the Friday following Christmas and New Year holidays.

Social media such as twitter is also used to encourage people to prepare for winter

The team is liaising with Local Authorities to ensure their staff are aware of the festive season arrangements and are highlighting this in their daily contacts with specific groups, such as users of home care services. Media briefings will be prepared with the Acute Division (including GPOOHs) and Partnerships for local and national media highlighting the Board's plans for managing winter pressures as appropriate.

Communications will also manage all winter media enquiries, ensuring these are reported to the Scottish Government via the normal weekly reporting process and more urgently if necessary. The team will participate in a national group led by NHS24 which is planning this year's national publicity campaign. This group is a sub-group of the national Out-of-Hours Peak Planning Group.

Communication between partner agencies is crucial in managing the winter demand and there are clear contact details outlined within the Escalation Plan. Supporting communication is the weekly report which the HI&T team will send not only to the Scottish Government but to a wide distribution of key individuals. At the same time local communication processes are in place and winter will continue to be the focus in local and senior management and clinical group meetings.

## **2.6 Effectively Prepare For and Implement Noro virus Outbreak Control Measures**

A Policy has been developed with Infection Control identifying clearly how noro virus shall be managed and this is linked into the national guidance. The Escalation plan has been reviewed following the SEHSD Noro Virus Summit and no changes required. On two GGC sites a Noro Virus Ward, with a high number of single rooms, has been identified to manage patients presenting at A&E who require admission.

## **2.7 Seasonal Flu, Staff Protection and Outbreak Resourcing**

Staff immunisation across all agencies has begun across all areas, as has the programme for vaccination of vulnerable groups.

## **2.8 Continuity Plans**

In recognizing the need to prepare for all possible scenarios, a system-wide contingency plan including criteria which will necessitate its activation has been developed. This will involve use of all information available, including utilising spotter practices, Simul8, System Watch, information from NHS24 and all hospital systems.

There will be across the area an on call system at executive level covering the extended festive period from before Christmas until after New Year. This will enable expeditious decisions to be taken at senior level in all areas of the organisation, should this be necessary, and will allow the early activation of contingency plans where necessary. Planning for the Commonwealth Games held in the Summer this year has ensured that all continuity plans across agencies have been reviewed and discussed jointly.

## 2.9 Resource Consequences

As outlined above, the current financial climate brings significant challenges in managing additional demand over the winter period. The Scottish Government, through Unscheduled Care, have made available resources to support initiatives that will enable Boards to work towards achieving 95% compliance –this includes funding of the following :

- Extension of opening of medical assessment units
- Additional Pharmacy, AHP and Facilities support
- Additional Consultant presence across the 7 day period
- Discharge Planning – additional Home Today Nurses to support early discharge
- Extension of Minor Injury Service at Western Infirmary
- Community initiatives to support admission avoidance and discharge

Should the Escalation Plan require to be enacted, the plan will require to be reviewed to consider resource requirements and how this will best be deployed.