EMBARGOED UNTIL DATE OF MEETING

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

Board Paper No. 09/52

Report of the Director of Acute Services Strategy Implementation and Planning

WINTER PLAN 2009/10

RECOMMENDATION

The NHS Board is asked to:

- Receive an update on the approach to Winter Planning 2009/10;
- Approve the Winter Plan for 2009/10 attached as Appendix 1.

1. BACKGROUND

1.1 At a national level, the Emergency Access Delivery Team (EADT) is responsible for co-ordinating winter planning for 2009/10, led by Tim Davison, Chief Executive, NHS Lanarkshire. The national winter planning event to review winter 2008/09 and to plan for 2009/10 was held in May 2009. This was followed by a regional event in September 2009 where Boards highlighted initiatives they were taking forward to support winter planning and to address areas of risk. There was a particular focus on Flu Planning at both of these events and the need to ensure that both winter and flu planning are aligned.

1.2 Boards, as in other years, are expected this year to have an agreed winter plan (which is clearly aligned with flu planning) signed off by their Chief Executive.

2. NATIONAL PLANNING FO WINTER 2009/10

2.1 Because of concerns about how well NHS Scotland had coped with winter 2008/09, a major review was commissioned by EADT, led by Dr Daniel Beckett, formerly a Consultant in Medicine at Edinburgh Royal Infirmary and now at NHS Forth Valley. Dr Beckett visited Boards across Scotland during the review where he met with key individuals to consider how well they had coped with winter 2008/09, to consider where the key pressure points had been and to identify areas of good practice which could be shared across health boards.

At the national event in May 2009, a summary of the review and a series of recommendations were presented – these are summarised below:

- Health Boards should ensure that their winter planning starts early and that the process includes Community Health Partnerships and Social Work Departments. There should be a clear relationship between the winter plan and pandemic flu plan;
- Integral to the winter plan should be the escalation plan;
- System Watch should be used systematically to support predictions of unscheduled activity and for planning elective activity over the winter period;
- Daily bed meetings should take place and occur twice daily during the winter period;
- More accurate modelling should be undertaken over the festive period to plan elective capacity and optimise the use of bed capacity;
- Medical Directors should ensure that appropriate numbers of consultant medical staff are available to deal with predicted activity;
- Health Boards should aim to eliminate boarding;
- Boards should ensure Improved level of discharges over the winter period.

2.3 To note, the report highlighted a significant number of good practice examples from Greater Glasgow and Clyde and acknowledged that it was the only Board which had a whole system approach to winter planning.

2.4 These recommendations have been addressed in the attached winter plan.

3. WINTER PLANNING ACROSS NHS GGC

3.1 This is now the fourth year that NHSGGC has progressed winter planning as a single system approach. The membership of the Winter Planning Group includes senior representation from all partner agencies. The Group meet all year round – through winter on a monthly basis and bi-monthly during the rest of the year. The Executive Group, which comprises senior colleagues from the key organisations involved in winter planning, also continues to meet throughout the year.

3.2 In August 2009, an update report was presented to Board setting out the lessons learned during 2008/09 including:

- The importance of effective communication and the key role of the Communications team;
- The emphasis on services being open, in particular during the festive period;
- The value of real time information sharing;
- Having in place clear escalation and contingency plans.

3.3 The Winter Planning Group has overseen the formulation of the Winter Plan for 2009/10 taking into account the lessons learned from 2008/09 and the need to ensure this is aligned with Pandemic Flu planning and plans. The escalation plan has also been revised. Representatives from both the Winter Planning and Flu Planning groups have met to discuss and agree how the processes will be aligned and managed throughout the winter period. It was agreed that Winter Planning is within the spectrum of winter and flu planning and, if flu numbers significantly increase, the planning for winter would be absorbed within flu planning.

4. KEY COMPONENTS OF WINTER PLANNING

4.1 As in winter 2008/09, the winter plan has been developed on a partnership basis with all partners working together to ensure a joined-up approach to the overall plan. The key components as set out in the attached winter plan are as follows:

- NHS24 and NHS GGC Out of Hours services have profiled their staffing arrangements based on previous experience and predictive software indications;
- The Scottish Ambulance Service will increase resources to meet predicted demand at peak times;
- CH(C)Ps are liaising with Social Work Departments around availability of social care staff and will work with the Rehabilitation and Assessment Directorate to ensure links are in place to provide rapid response services for vulnerable older people;
- The Acute Division will ensure timeous bed management and discharge planning;
- Additional emergency diagnostics capacity will be established to expedite discharge;
- Crisis Mental Health services will be available and likewise access to addiction services.

4.2 A major concern regarding winter 2009/10 relates to the two 4 day holiday periods during the festive period. Last year, GP surgeries remained open until 6.00 p.m. on the days prior to the holiday and kept free appointments in the days following the holidays. This was extremely helpful in reducing demand to the GP Out of Hours Service and A&E and will be in place again this year.

4.3 Winter 2009/10 was extremely challenging for all agencies , particularly NHS24, SAS, GP OOH and Acute Services due to huge spikes of activity over the winter period. In planning for Winter 2009/10 there is recognition of a number of key challenges and a focus on how these will be addressed :

- Flu Pandemic – the Board is building into winter plans how this will be managed if sectors are affected at different times;
- RTT Targets – management of elective demand to ensure RTT Targets will be met – elective activity is being reviewed to endeavour to create additional capacity in January 2010 to manage the increased emergency demand;
- Noro Virus – last year the Board did not see a significant outbreak – clinical advice indicates that an outbreak should be planned for this year. Work is ongoing with Infection Control to agree how services will manage these groups of patients. Bed capacity will be created through the opening of additional beds and realignment of services to manage this emergency demand
- Emergency activity continues to increase. In this last year there has been a 2.3% increase in attenders at A&E and a 3% increase in emergency admissions. Both of these are continuing to rise. Additional consultant ward rounds will be undertaken to support discharge planning to free up beds. Clinical Rotas are being flexed to allow additional staffing to be available in A&E at peak times of demand. As above, additional emergency bed capacity will be available.
- Gaps in junior doctor rotas particularly in A&E – acute services are currently reviewing how these gaps can be filled.

4.4 The information booklet (service directory) is in draft and a poster is being developed outlining service availability and advice to patients which will be made widely available. Work is underway with communications colleagues in co-terminous Local Authority areas to exploit publicity opportunities. This will include features in Council magazines. It has been agreed that NHS24 will fund this year's national advertising campaign. Communications colleagues are working with colleagues from NHS24 and other Boards to deliver this campaign which will include TV, radio and outdoor advertising.

4.5 The Community Engagement Team will support awareness of the Winter Plan through its outreach activity, meetings with Community Councilors and via dissemination of information through its community focused distribution methods e.g., E – Bulletins.

4.6 Based on feedback from winter 2008/09, there will be wide publicity to encourage uptake of the flu vaccination for staff as a preventative measure and already there is positive feedback about availability in 2009/10.

4.7 The escalation plan setting out the response of each of the key organisations during the winter period and particularly during the festive period, with clear triggers for each status, has been revised and is being finalised. This includes reference to senior decision making and will be backed up by an on-call rota which will be developed by each major partner organisation.

4.8 The Health Information and Technology (HI&T) Directorate is refining the information sharing system put in place in 2008/09 to ensure greater sensitivity of the system for winter 2009/10 and to allow colleagues to monitor flu like activity.

4.9 A self assessment has been carried out under the criteria laid down by the Scottish Government Health Directorate (SGHD). This is currently being revised and will be submitted on 23rd October 2009.

4.10 It is acknowledged that the financial position facing the Board will place significant challenges on the organisational entities in coping with the additional pressures associated with winter.

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