

Greater Glasgow and Clyde NHS Board

NHS Board Meeting

Board Paper No. 10/36

Report by the Director of Emergency Care & Medical Services

## WINTER PLAN 2010/11 - PROGRESS REPORT

### Recommendation:

Board members are asked to:

- Receive an update on Winter Planning for 2010/11, which includes reference to lessons learned from 2009/10.

### 1 Purpose of the paper

The purpose of this paper is to provide a summary of lessons learned in 2009/10, to provide an update on issues raised nationally and to set out the work underway in developing the winter plan for 2010/11 and the key timelines.

### 2 Background

The 2009/10 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 2010/11 Winter Plan.

### 3 Overview of 2009/10 Winter Plan

As presented in the February 2010 Board Paper, the plans put in place for Winter 2009/10 overall worked effectively. December 2009 and January 2010 proved to be extremely busy and challenging months for all services with the severe weather conditions impacting on services considerably.

Pressures on acute services continued throughout March and April 2010 due to increasing emergency demand. Since beginning of 2010 there has been a significant increase in both presentations to A&E and admissions compared with the same time period last year. During this period we saw an overall 11% increase in the number of attenders at A&E and a 43% increase in orthopaedic related A&E attenders with one site seeing a 75% increase. Over the same period we saw a 43% an 18% increase in orthopaedic related admissions. Capacity was a key challenge during this period as a result of a number of ward closures due to norovirus and the loss of beds due to redesign and the implementation of the Health Acquired Infection (HAI) guidelines. This year we have been reporting weekly on Winter Pressures to the Scottish Government's Performance Management Unit for 26 weeks.

### 4 Lessons learned from 2009/10

The lessons learned from 2008/09 to guide winter planning for 2009/10 are as follows:

#### **4.1 Communication**

Good working relationships between partners and regular Board wide Winter Planning meetings ensured clear communication across the system with people knowing who to contact when necessary.

Working closely with colleagues, the Communications Directorate played a key role in liaising with the Scottish Government's Performance Management Unit and Press Health Communications Desk to keep them updated on emerging issues. They provided regular updates to the media and also ensured that the general public were made aware of how to access healthcare services, particularly during the extended festive period. This work was undertaken in collaboration with the national team to ensure a more corporate approach Scotland-wide. As in previous years, a booklet was produced and circulated widely. The main aim of this work was to encourage people where appropriate to contact NHS24 or their local pharmacy in the first instance. The key message was "Stay Well this Winter" and adverts were placed in both national and local papers, in some Local Authority Updates/Bulletins and on the NHS Greater Glasgow & Clyde website and Health News – all of these were well received.

It has been agreed that this dual approach to communication is vital in planning for winter 2010/11.

#### **4.2 Information Sharing**

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 was acknowledged that this information was extremely beneficial, in particular to the Acute and Out of Hours services.

#### **4.3 Escalation Plan / Senior Decision-making Rota**

As with previous year's 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.

#### **4.4 Occupational Health**

Uptake of the Flu Vaccination by staff improved significantly in 2009/10 on the previous year and this was also backed up by the vaccination of front line staff for H1N1.

#### **4.5 Public Holidays**

As in 2008/09, 2009/10 saw a return to the 4 day holiday period. 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.

2010/11 will be a 4 day festive holiday period and discussions are taking place at a local level to consider how this can be addressed for 2010/11.

#### **4.6 Innovation**

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 :

- 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;

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- b) the introduction of additional cleaning teams to support environmental cleans worked very well – this allowed a much quicker turnaround of bed availability;
- c) the introduction of additional pharmacy services within the hospital worked very well and this allowed more timely discharge of patients in the evenings and weekends;
- d) the introduction of a Sunday evening emergency dental service worked very well 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. A proposal has been developed to consider extending this service to cover weekends throughout the year;

We are currently assessing the value of the winter planning initiatives, including those that did not work so well, and also considering other initiatives it would be useful to introduce for 2010/11. Key to this is identifying the resources necessary to allow introduction of these additional services / initiatives. In considering proposals for 2010/11, learning from other Boards across Scotland will also be taken into account.

## 5 PROGRESS TO DATE

Since the update report to the Board in February 2010, the Winter Planning Group and Executive Group have continued to meet to progress the winter planning process for 2010/11. 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 2010 at the Beardmore Hotel.

### 5.1 Winter Planning Events

**National Winter Planning event** was held on 15<sup>th</sup> June 2010, 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 very well attended by representatives from Greater Glasgow & Clyde and other Health Boards across Scotland. The key focus of this event was to :

- Share the learning from 2009/10 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 2010 identified the following as areas for further guidance and discussion from the national team to assist in preparing winter plans for 2010/11 :

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- Collaboration and Engagement :
  - Norovirus – guidance sought nationally which provides clear and consistent advice around management of inpatients. Sets out a policy for Local Authorities and Private Nursing Homes regarding patient management which would avoid admission to hospital. Provides clear and consistent advice around hospital visiting policies.
  - Consider how we can work with community services and GP OOH services to creatively develop alternative solutions to A&E attendance.
- Partnership working with Local Authorities – how can we improve on this to ensure we are able to access homecare packages and nursing home places to support early discharge from hospital or to prevent an emergency admission. We need to consider how we 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.
- Capacity Planning – the need to ensure that we have considered the workforce requirements for the winter period and that we are using the various information systems to allow us to plan our services to ensure that there is capacity available to cope with the increased emergency activity during the winter period.

**Acute Winter Planning event** was held on 20<sup>th</sup> July 2010 at the Beardmore Hotel and this was chaired by Grant Archibald. The focus of this session was to consider the learning from the National Event. Each of the Sectors were asked to describe any changes in service configuration over the last year and any planned in the forthcoming months and to describe outline plans for managing the winter demand. This was a useful, interactive session and the outcomes of this will be incorporated into the Board Winter Plan. It was recognised this year that there were particular challenges associated with managing the winter activity. In particular :

- ❖ the reduction in bed availability across each of the sites due to the implementation of the HAI guidance and redesign of services through the acceleration of the Acute Services Review i.e. Closure of Stobhill Hospital and transfer of services to Glasgow Royal Infirmary; the centralisation of Vascular, Urology and Renal Services for North Glasgow at the Western Infirmary.
- ❖ The financial challenges set for both the Board and Local Authorities. Access to funding to implement winter initiatives and access to homecare packages, social work assessments and nursing home places were highlighted as key areas of concern which will potentially impact on our discharging planning process.

### 5.2 Preparation for the Regional Event

As last year, it is expected that Boards will be represented at this event. Boards are expected to share their draft winter plans at the event with finalised Winter Plans being submitted to Boards for formal approval in November 2010.

In preparation locally, a Winter Planning meeting will be held at end of August 2010 to ensure all partners have in place their winter planning processes for 2010/11. Following the regional event amendments will be made as appropriate and the winter plan will be considered by both the Winter Planning Group and Executive Group before submission to Board in November 2010 for formal approval.

## 6 Recommendation

The NHS Board is asked to:

- Receive an update on Winter Planning for 2010/11, which includes reference to lessons learned from 2009/10.

Grant Archibald  
Director Emergency Care & Medical Services  
July 2010