

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

Board Paper No. 10/48

Report of the Director of Emergency Care and Medical Services

**WINTER PLAN 2010/11**

**RECOMMENDATION**

The NHS Board is asked to consider the following:

- Receive an update on the approach to Winter Planning 2010/11;

**1. BACKGROUND**

1.1 At a national level, the Emergency Access Delivery Team (EADT) is responsible for co-ordinating winter planning for 2010/11, led by Tim Davison, Chief Executive, NHS Lanarkshire. The national winter planning event to review winter 2009/10 and to plan for 2010/11 was held in May 2010. This was followed by a regional event, in September 2010, where Boards highlighted initiatives they were taking forward to support winter planning and to address areas of risk. There was a particular focus on managing Noro virus, the current financial challenges faced by Boards and Partner organisations, and, in particular, the interface with Local Authorities. Ensuring that patients are discharged from hospital when they are fit to do so, is of vital importance to the Board and its local authority partners. Any material change in the current position could lead to acute beds being occupied by patients who are fit for discharge and this could impact on the Board's ability to deliver services. Work with all partner authorities is continuing to ensure that this does not arise.

1.2 Boards, as in other years, are expected to have an agreed winter plan signed off by their Chief Executive by November 2010 and to ensure this is placed on the Board Web site. There is no expectation that this year Boards will provide the Scottish Government with copies of their Board Papers.

**2. NATIONAL PLANNING FOR WINTER 2010/11**

2.1 Following the review of 2008/09 by the EADT and the recommendations which were produced by Dr Dan Beckett, who led this review, all Boards, in reviewing 2009/10, were asked to complete a survey questionnaire which addressed both planning aspects of winter and identified challenges to the system. The outcomes of these audits were presented at the National meeting in May 2010 and a number of areas were identified for further development in preparing plans for 2010/11. Key areas to be addressed in winter plans include :

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- Management of Noro Virus – Winter Plans should include a clear description on the management of noro virus. At the National Meeting in May 2010 national guidance was sought in the management of noro virus. Key areas included:
  - clear and consistent advice around “cohorting” (segregating infected and potentially infected within a defined area/ward to reduce the risk of further patients/staff being infected) and efficient movement of patients including Clarification on whether full ward closures are required in all circumstances,
  - clear and consistent advice around hospital visiting policies and
  - development of a policy for Local Authorities and Private Nursing Homes regarding management of patients within their own homes.
- Health Boards should ensure that their winter planning starts early and that there is a whole system approach to Winter Planning that includes representation from Community Health Partnerships and Social Work Departments.
- Support was sought from the National Team in ensuring engagement with Local Authorities across the spectrum of Local Authority services in planning for winter. Essential that there is a shared understanding of the impact of any changes to service provision that may have an effect on another service provider.
- Integral to the winter plan should be the escalation plan and the need to ensure that this is linked to sustainable resources.
- 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
- Seasonal Flu – ensure that there are appropriate resources in place to manage demand and encourage staff vaccination.
- Integral to the Winter Plan should be the Board's Continuity Plans.

These recommendations have been addressed in the winter plan.

### 3. WINTER PLANNING ACROSS NHS GGC

- 3.1 This is now the fifth 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 during winter on a monthly basis and bi-monthly during the rest of the year.
- 3.2 In August 2010, an update report was presented to the Board setting out the lessons learned during 2009/10 including:
- The emphasis on services being open, in particular during the festive period and immediately thereafter;
  - The value of real time information sharing;
  - Having in place clear escalation and contingency plans

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- The importance of effective communication and the key role of the Communications team

3.3 The Winter Planning Group has overseen the formulation of the Winter Plan for 2010/11 taking into account the lessons learned from 2009/10 and the central advice. The escalation plan has also been revised. The Board and other agencies Continuity Plans have all recently been updated and were actually used in managing the preparations for the recent Papal Visit to Bellahouston Park on 16<sup>th</sup> September 2010.

### 4. KEY COMPONENTS OF WINTER PLANNING

4.1 As in winter 2009/10, 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 in the 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 and
- additional emergency diagnostics capacity will be established to expedite discharge where resources allow;
- Crisis Mental Health services will be available and likewise access to addiction services.

4.2 A major concern regarding winter 2010/11 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. At the Regional Event in September 2010 it was acknowledged that Easter – another 4 day holiday period – will be at the end of April 2011 and in May there are two bank holiday weekends which will result in 3 x 4 day holiday periods within a six week period. This will put significant pressure onto Acute and Out of Hours services and early planning for this will be vital.

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 and in particular the extreme weather conditions which were experienced. For the Acute Service in particular, Noro Virus was a significant challenge over the winter period.

In planning for Winter 2010/11 there is recognition of a number of key challenges and a focus on how these will be addressed :

- **Noro Virus** – last year the Board saw spikes in activity at key sites – clinical advice indicates that planning for an outbreak is essential. Work is ongoing with Infection Control to agree a protocol on how this will be managed and take into account the national guidance which is being prepared. Bed capacity will be created through the realignment of services to manage this emergency demand, in line with the Beckett Report recommendations.

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- **Capacity within acute services** – acute services are currently going through a major redesign of services which will affect the potential to create additional capacity during the winter months.

The two key areas of focus are:

- **Closure of Stobhill Hospital** – this will see **inpatient and Casualty Services transfer from Stobhill Hospital to Glasgow Royal Infirmary**. In order that we can create the appropriate environment for these services there is a significant redesign programme underway at Glasgow Royal Infirmary and The Western Infirmary. At Glasgow Royal Infirmary a substantial redesign of the Accident and Emergency and Acute Receiving departments is underway which will see the Emergency Department reconfigured and the creation of an Assessment Unit and Minor Injury area. A number of wards are also currently being upgraded. To create the bed capacity required to allow wards to transfer from Stobhill Hospital, Vascular, Urology and Renal Services will transfer from Glasgow Royal Infirmary to the Western Infirmary to redesigned ward areas. The Director of RAD is chairing cross Directorate Strategic and Operational Groups to oversee the considerable change process and to manage the risks.
  - Implementation of the Vale Vision which will see the transfer of services to the Royal Alexandra Hospital. Again there are working groups to oversee the changes and manage the risks.
- **Waiting List Targets** – management of elective demand to ensure Waiting List Targets will be met – elective activity is being reviewed to endeavour to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2010, elective activity will concentrate on day case activity and urgent patients.
  - Emergency activity continues to increase. In this last year there continues to be an increase in attenders at Emergency Departments which will need to be managed as part of the above changes in services. More positively, in line with the ASR there has been an increase in the number of patients, attending the Minor Injury Units at Stobhill and Victoria ACHs. Additional 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. Significant work around improving clinical productivity is also underway to assist with service pressures.
  - Gaps in junior doctor rotas particularly in A&E – acute services are currently reviewing how these gaps can be filled, including the concept of a doctors bank.
  - Current financial challenges – as outlined above, we will need to be aware of any changes to service provision particularly access to social care and home support packages which support our discharge planning and admission avoidance

4.4 Communication – “When you are ill, Know Where to Go” – Be Ready for Winter” campaign is currently being developed - 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. As with previous years, NHS24 will lead on the national advertising campaign and Communications colleagues are working with colleagues from NHS24 and other Boards to deliver this campaign which will include TV, radio and outdoor advertising.

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- 4.5 The Community Engagement Team will support awareness of the Winter Plan through its outreach activity, meetings with Community Councillors and via dissemination of information through its community focused distribution methods e.g., E – Bulletins.
- 4.6 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.
- 4.7 The Health Information and Technology (HI&T) Directorate is refining the information sharing system put in place in 2009/10 to ensure greater sensitivity of the system for winter 2010/11. HI&T will be responsible for sending the weekly reports to the Scottish Government during the winter reporting period which will begin in November 2010.
- 4.8 The Scottish Government Health Directorate (SGHD) is currently reviewing the need for completion of a self assessment report which we have completed and returned to them in previous years.
- 4.9 It is acknowledged that the financial position facing the Board and Partner Organisations will place significant challenges on the Divisional Directorates in coping with the additional pressures associated with winter.

### 5. KEY RISKS

As noted previously, the national Emergency Access Delivery Team (EADT) has identified the current financial challenges faced by Boards and the interface with Local Authorities ( in particular, the impact of any changes to social care and home support services that may be effected as a result of the financial targets set) as key issues for Boards to address in preparing for Winter.

In previous years specific funding to support Winter Plan initiatives was available. In preparing for the 2010/11 Winter, the current financial climate has been recognised.

### RECOMMENDATION

The NHS Board is asked to:

- Note this update on the approach to Winter Planning 2010/11;

Grant Archibald  
Director of Emergency Care & Medical Services  
18<sup>th</sup> October 2010