

Greater Glasgow & Clyde NHS Board

NHS Board Meeting

Board Paper No. 11/48

Report of the Director of Emergency Care and Medical Services

APPROVAL OF WINTER PLAN PROCESS 2011/12

RECOMMENDATION

The NHS Board is asked to consider the following:

- Receive an update on and approve the approach to Winter Planning 2011/12;

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 2010/11 and to plan for 2010/11 was held in May 2011. This was followed by a regional event, in September 2011, where Boards presented on key risks/ challenges for winter 2011/12 and highlighted initiatives they were taking forward to support winter planning and to address areas of risk.

Key areas or risk included :

- managing Noro virus - the Health Improvement Agency are predicting there will be a high incidence of Noro virus during the 2011/12 winter period. Predictions from Greater Glasgow and Clyde Infection Control are indicating that this year incidence of Noro virus will be three times higher than those of 2 years ago, and even more significantly greater than that during 2010/11 which was considered to be a year of very low incidence;
- the current financial challenges faced by Boards and Partner organisations;
- redesign of services and reconfigured capacity;
- managing in severe weather, 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. The Change Fund Initiatives have been developed to support early discharge of elderly patients from hospital and the impact of these will be material in ensuring available acute bed capacity during the peaks of winter activity. Work with all partner authorities is continuing to monitor this.

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- 1.2 Boards, as in other years, are expected to have an agreed winter plan signed off by their Chief Executive by November 2011 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 Winter Plan Board Papers.

2. NATIONAL PLANNING FOR WINTER 2011/12

- 2.1 As with the process last year, all Boards, in reviewing 2010/11, 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 2011 and a number of areas were identified for further development in preparing plans for 2011/12 which were discussed at the Regional Event in September 2011. The August Winter Planning Board paper set the context of both these reviews and the planning process for Winter 2011/12. The Scottish Government have now provided Boards with Guidance on preparation of Winter Plans 2011/12 and have identified seven key areas which Boards are required to address within their plans :

Efficient Utilisation of Capacity & Optimisation of Patient Flow - Priority Actions

1	Agree and test escalation policies.
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.
3	Agree staff rotas for the festive period in November to match projected peaks in demand.
4	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.
5	Ensure Consultants are available to discharge patients over weekends and the festive holiday period.
6	Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period.
7	Utilise Rapid Response Teams of multi-disciplinary professionals to facilitate discharge.
8	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.

These recommendations are being addressed in the winter plan.

3. WINTER PLANNING ACROSS NHS GGC

- 3.1 This is now the sixth 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 2011, an update report was presented to the Board setting out the lessons learned during 2010/11 and outlining the way forward for 2011/12. The Winter Planning Group has overseen the formulation of the Winter Plan for 2011/12 taking into account the lessons

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learned from 2010/11 and the central advice. The escalation plan is also being revised. The Board and other agencies' Continuity Plans have all been updated recently.

4. KEY COMPONENTS OF WINTER PLANNING

4.1 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; escalation plans will detail management of services within exceptional circumstances;
- Crisis Mental Health services will be available throughout the festive period and in particular those patients deemed at risk will be reviewed and additional support provided. Similar arrangements will be in place for access to addiction services.

4.2 As with previous years, a major concern regarding winter 2011/12 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. Discussions are ongoing nationally with GPs to review the practice of closure over the 4 day holiday periods. Whilst outcomes of these discussions will not be effected this Winter it is hoped that in future years alternative ways of working can be identified.

4.3 Winter 2010/11 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. In planning for Winter 2011/12 there is recognition of the challenges identified in 1.1 above and the following describes some of the initiatives to manage these which will be outlined in the winter plans :

- Noro Virus - clinical advice indicates that planning for a severe outbreak is essential. Through Infection Control a protocol on the management of Noro virus has been developed and agreed both locally and nationally and this will be implemented as required. Bed capacity will be created through the realignment of services to manage this emergency demand, as outlined in the Escalation Plans.

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- Capacity within acute services - acute services are currently progressing through a major redesign of services which will affect the potential to create additional capacity during the winter months. To manage winter pressures the key focus will be on :
 - ensuring that, through robust discharge planning processes, all areas are achieving their required length of stay.
 - Close working with Local Authority colleagues to manage delayed discharges and a key focus on the delivery of the Change Fund initiatives to ensure early discharge/admission avoidance for patients over the age of 65 years.
 - As with previous years, surges in demand are anticipated and detailed escalation plans are being developed for each of the sectors describing how such demand will be managed. This includes identification of
 - additional capacity through (a) re-alignment of beds and/or additional capacity;
 - staff re-alignment and management responsibilities during these periods
 - elective demand - national guidance has indicated that elective activity post New Year should not begin until Monday 16th January 2012. Plans have been reviewed to ensure that management of elective demand allows flexibility to create additional capacity and at the same time achieve the Waiting Times target. In particular during the first two weeks in January 2012, 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 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. CH(C)Ps will focus on management of at risk patients and those with chronic diseases to manage these patients at home and endeavour to avoid admissions to hospital.

4.4 **Communication** - "Know Who to Turn To" - 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 are leading 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.

4.5 **Escalation Plan** - 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.

Managing systems in Severe Weather was extremely challenging last year and escalation/continuity plans will ensure that consideration has been given in particular to access

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to and from sites and staff travel to their workplace. Clear communication process will be outlined both inter agency and internally to ensure consistency of approach to messages being given.

- 4.7 **Information** - The Health Information and Technology (HI&T) Directorate is refining the information sharing system put in place in 2010/11 to ensure greater sensitivity of the system for winter 2011/12. HI&T will be responsible for sending the weekly reports to the Scottish Government during the winter reporting period which will begin in November 2011. Arrangements are being finalised for daily reporting to the Minister as is a system for reporting to ad hoc information requests.
- 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 Current financial challenges - 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. 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. In previous years specific funding to support Winter Plan initiatives was available. In preparing for the 2011/12 Winter, the current financial climate has been recognised.

RECOMMENDATION

The NHS Board is asked to:

- Approve this approach to Winter Planning 2011/12;

Grant Archibald
Director Emergency Care and Medical Services
10th October 2011