

## **WINTER PLAN 2013/14**

### **Recommendation**

The NHS Board is asked to consider the following:

- note current planning regarding unscheduled care
- note the additional planning in place for Winter 2013/14.

#### **1. Background**

In April 2013 the Scottish Government launched the Unscheduled Care Programme designed to ensure that 95% of patients should be admitted or discharged from an Emergency Department within four hours of their attendance. The NHS Board's performance against this target is reported at each Board meeting.

NHS Boards were required to prepare a Local Unscheduled Care Plans (LUCAP). In preparing the LUCAP there was a requirement to demonstrate a detailed review of winter (2012/13) and provide a clear description of the plans which would be put in place to achieve the 95% target, and further work towards achievement of the 98% guarantee. Whilst the LUCAP provides a description of the strategic direction for the management of unscheduled care, there is also a requirement to prepare a detailed Winter Plan.

The National Winter Planning Event was held on Friday 27th September 2013, where Boards discussed key risks/ challenges for winter 2013/14, and shared initiatives they were taking forward to support winter planning and to address areas of risk. National guidance on the preparation of winter plans was issued on 26th September included a self assessment checklist which is currently under review.

This covers key issues such as

- Resilience
- Unscheduled / Elective care
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Management information
- Out of Hours
- Governance
- Integration of Key Partners / Services

#### **2. Unscheduled Care Plan**

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 reviews of systems elsewhere, and a system wide review of the pattern and volume of admissions and attendances. This information was used to inform the LUCAP.

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) which, although static in 2012/13, compared to the previous year, showed an ongoing cumulative growth

- 3% increase in the number of emergency admissions in 2012/13, in addition to a 2% increase the previous year
- average length of stay for medical services and medicine for the elderly is above the national average
- 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

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 MAUs 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

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
- additional medical staff to ensure senior decision making

A number of issues are also being addressed through service redesign and improvement. These include:

- 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

Each Partnership continues to work on Reshaping Care for Older People and this includes further development of support to care homes, new alternatives to admission, such as "step up" and "step down" beds, and a range of local projects with third sector partners.

### **3. Winter Plan**

It is recognised at both a local and national level that all year planning is required for unscheduled care. 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 partner agency has their own detailed local plans.

In planning for Winter 2013/14 there is recognition of a number of key challenges and a focus on how these will be addressed:

- Elective Activity - the scheduling of elective activity is being reviewed to create additional capacity to accommodate emergency demand in particular during the first two weeks in January 2014

- Noro Virus - the NHS Board has clear policies and procedures for the management of norovirus, including providing guidance to care homes to help keep patients in those homes should they acquire norovirus
- Capacity within acute services - locations for additional in-patient beds have been identified and arrangements put in place to secure additional staff. These will be opened as part of a phased implementation. In addition, areas have been identified for an escalation response if required
- Staffing - staffing rotas will be in place by November 2013 to ensure that staffing matches projected demand
- Additional services will be put in place by key support services like Pharmacy, Radiology, Facilities and Transport
- Managing in severe weather - contingency plans are in place across all agencies should this situation arise, including access to suitable vehicles

Work with partners has focussed on escalation. An 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 updated. This includes reference to senior decision making and will be backed up by an on-call rota for each of the major partner organisations. 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 NHS GG&C OOHs triage for NHS 24 and reducing elective activity to allow for increased emergency work.

Examples of good joint working / escalation include:

- NHS GG&C will work closely with NHS 24 to ensure a clear, shared understanding of NHS 24'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 NHS 24's capacity - this is supported through the GP OOH 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 NHS GG&C to identify local issues and pressure points and bring forward local level solutions, particularly with regard to delayed discharges, out of hours services and vulnerable people
- An escalation plan is in place with community rehabilitation teams to manage increased demand

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns. A Winter Planning Booklet is produced providing information on service availability over the festive period including pharmacy opening hours. This actively uses the Know Who To Turn To logo which signposts alternatives to attendance at A&E.

The team is liaising with Local Authorities to ensure their staff are aware of the festive season arrangements and can share this in their daily contacts with people at high risk of admission, such as those who use home care services.

Staff immunisation against flu this has started in all agencies and the programme for vaccination of vulnerable groups including children, by GPs, has been set in place