

**Board Meeting**  
**Tuesday 18 August 2015**

**CHIEF OFFICER, ACUTE SERVICES AND  
DIRECTOR OF PLANNING & POLICY**

**Board Paper No: 15/41**

## **WINTER PLANNING FOR 2015/16**

### **Recommendation:**

The Board is asked to note:-

- progress on developing the Winter Plan for 2015/16.

### **Background and purpose**

The purpose of this paper is to inform the Board on our planning for winter 2015/16. Attachments to this paper are as follows:-

- Letter from Cabinet Secretary on Unscheduled Care Performance (Appendix 1)
- Draft Scottish Government guidance on winter planning (Appendix 2)
- NHS Greater Glasgow and Clyde Winter Plan 2014/15 (Appendix 3)

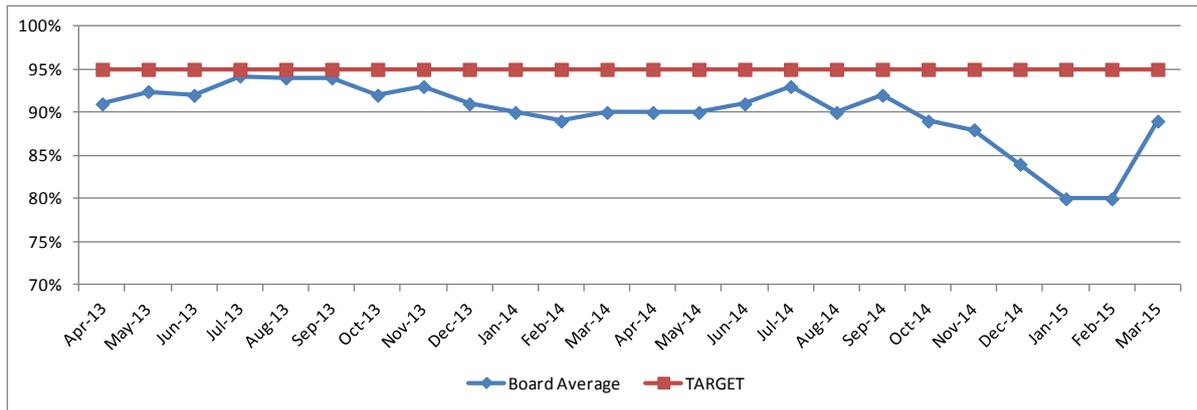
Detailed planning is now underway across our system to ensure that we are prepared for the pressures on services we can anticipate this winter.

- The Acute Division operational and planning teams are working within the new sector arrangements to analyse the key challenges and develop action plans to address them.
- The Chief Officer of the Division is now the Boards overall lead for winter planning, leading the Acute Division's preparation and working across the system to ensure there is a joined up approach;
- Integrated Joint Boards have the lead for strategic planning for unscheduled care and will be critical partners in planning the operational arrangements for acute services as well as planning for the delivery of community health and social care services.

### **Performance in 2014/15**

The HEAT standard in place during 2014/15 was that 95% of patients should be admitted or discharged within four hours. The difficulties experienced by NHS Greater Glasgow & Clyde in meeting this target were mirrored across Scotland, and the UK, and we continue to be challenged in meeting this target in 2015/16 although recent performance in NHS GG&C has improved significantly.

The graph on page 2 shows performance against the 4 hour target from April 2013 to March 2015. The Minor Injuries Units (MIU) continued to perform at 100%, and the only other Hospital site that consistently performed in excess of 95% was the Royal Hospital for Sick Children (RHSC).



**Emergency Attendances (2014/15)** - whilst the establishment of Medical Assessment Units at the Royal Alexandra Hospital, Glasgow Royal Infirmary and the Western Infirmary diverted attendances from the Emergency Departments (ED) as planned, attendances at EDs and MIUs continued to increase last year, up 1.2% overall. The pattern of attendances across sites varied, with the most significant variance seen at the RHSC (6.7%) and Clyde sites (RAH 3.3%, IRH 3.2%, Vale of Leven Hospital 5.%) where attendances increased significantly, and at the Western Infirmary where the overall numbers increased marginally but the number of patients attending the MAU (6.5%) rose significantly.

**Emergency Admissions (2014/15)** - a comparison of the last 2 years activity shows an increase in emergency admissions (5.4%). In line with emergency attendances (above), significant increases in emergency admissions were experienced at the RAH (3.3%) and the RHSC (7.3%).

### **Reflecting on the actions put in place in 2014/15**

A detailed review of the 2014/15 plan is currently underway to assess the effectiveness of the measures introduced, with a view to building on those that were shown to have a positive impact in our response to winter pressures, to identify those measures that could be improved upon, and to agree new areas of focus in addressing the challenges for 2015/16.

### **Areas of focus**

This section outlines the key areas of focus for improvement.

- Detailed review in each new Sector of 2014/15 performance to identify key challenges and action to address them;
- Engagement with SAS
- Rapidly identify elements of the RAH development programme which can be rolled out across the Acute Division.
- Identifying action to reduce lengths of stay to reduce pressure on beds;
- Work with IJBs to
  - Deliver further improvements in delayed discharge;
  - Ensure the required community health and social care service are in place to support flows through the unscheduled care system
- In September meet with GP Sub Committee to discuss the primary care contribution to the plan.

## **Whole system engagement**

A number of discussions are planned to support the required whole system approach:-

- Discussion at our whole system planning group which brings together Partnerships and the Acute Division Chief Officers and planning teams
- Session with all IJB Chairs and Chief Officers;
- Consideration by each IJB;
- High level discussions with the SAS; and
- Meeting with GP Sub Committee in September.

## **Financial issues**

In 2014/15, as in previous years, Scottish Government provided a level of non-recurring funding to assist with the winter plan and the Board also made a significant allocation. The Board will work with the Scottish Government to identify levels of investment this year, and to identify its own investment provision.

## **Conclusion**

This paper has set out for the Board the programme of work to plan for winter 2015/16 in the context of wider planning for unscheduled care. We will complete a full winter plan for submission to the Board in October 2015 and submit this to Scottish Government thereafter.

**Grant R Archibald**  
**Chief Officer**  
**Acute Services**  
**NHS Greater Glasgow & Clyde**

**Catriona Renfrew**  
**Director of Planning & Policy**  
**NHS Greater Glasgow & Clyde**

**10 August 2015**

Cabinet Secretary for Health, Wellbeing and Sport  
Shona Robison MSP

T: 0300 244 4000  
E: scottish.ministers@scotland.gsi.gov.uk



NHS Health Board Chairs



14 July 2015

Dear Chairmen

### Unscheduled Care Performance over the last 4 weeks

Sustainability of unscheduled care performance is often compared in seasons with the summer months usually the least variable. With this in mind, I am writing to highlight the Health Board by Health Board Unscheduled Care Performance over the most recent 4 weeks. I am pleased that a number of Health Boards continue to deliver consistently at or above the 98% standard to the benefit of their populations, with increasing numbers performing above or around the 95% interim target. Well done and thanks to all staff who contributed to this improvement.

However, there are a few Health Boards/Sites whose performance remains too variable and still have patients waiting too long – see table below.

#### Core 4 Hour Performance, Most recent 4 weeks to 05-July 2015 (rounded)

	Most recent 4 weeks to 05-07-15	2014 Equivalent
NHS AYRSHIRE & ARRAN	93%	97%
NHS BORDERS	97%	96%
NHS DUMFRIES & GALLOWAY	97%	98%
NHS FIFE	96%	95%
NHS FORTH VALLEY**	91%	92%
NHS GRAMPIAN	94%	95%
NHS GREATER GLASGOW & CLYDE*	91%	91%
NHS HIGHLAND	96%	95%
NHS LANARKSHIRE	94%	91%
NHS Lothian	95%	96%
NHS ORKNEY	99%	98%
NHS SHETLAND	96%	97%
NHS TAYSIDE	98%	99%
NHS WESTERN ISLES	99%	98%
NHS SCOTLAND	94%	94%

	98% or above
	Between 95% and 98%
	Between 93% and 95%
	Between 90% and 93%
	90% or less

\* Number of weeks less than 90%

It is also important to note that this is the current summer performance and it is imperative that Health Boards and IJBs put in the required “groundwork” now to ensure that performance is maintained and improved as we approach the autumn and through to winter.

Our draft winter guidance has just been circulated and I would ask that you ensure that the guidance, alongside your own Health Board/IJB review of last winter and your team’s initial plans for the coming winter are considered at each Health Board/IJB meeting. With this in mind, can you lead an early joint winter preparation meeting with your CE and IJB Chair(s) and CO(s).

As we approached the festive period in Dec 2014, there were significantly more delayed discharge patients in the system than at the same point in Dec 2013.

The table below highlights the HB specific position in Oct 13 compared to Oct 14. This highlights that there were 318 less beds available in the system in Oct last year compared to the previous year which more than negated the fact that HBs were reporting 148 more medical beds between quarter ending Sept 2014 and Dec 2014.

**Total number of delayed discharges, any duration (inc. Code 9s)**

	Oct-13	Oct-14	% Change
<b>Scotland</b>	<b>1,062</b>	<b>1,380</b>	<b>29.9%</b>
Ayrshire & Arran	58	78	34.5%
Borders	8	13	62.5%
Dumfries & Galloway	19	38	100.0%
Fife	86	106	23.3%
Forth Valley	62	64	3.2%
Grampian	153	237	54.9%
Greater Glasgow & Clyde	222	247	11.3%
Highland	68	117	72.1%
Lanarkshire	90	125	38.9%
Lothian	191	243	27.2%
Orkney	0	3	n/a
Shetland	2	10	400.0%
Tayside	84	72	-14.3%
Western Isles	19	27	42.1%

Source: ISD Scotland

Although the level of delayed discharge did not increase further over the winter period last year, as is the norm, it is essential that this year, your delayed discharge profile over the coming months, as a minimum, at least matches the Oct 13 position above. It is imperative that safe & effective admission/discharge continues in the lead-up to and over festive period continuing into January.

To facilitate, this health and social care workforce capacity plans & rotas for the winter/festive period need to be established now i.e. whole system activity plans for winter/post-festive surge activity levels. An essential linked requirement is to ensure elective pressures are minimised in advance of winter . The level of elective patient cancelations last

winter was more significant than in previous years. The anxiety and disruption this causes patients and the additional premium costs HBs have to incur to ensure any cancelled patients are rightly treated as soon as possible, means that your winter plans must ensure this does not occur again this winter.

We look forward to reviewing your draft winter plans in August, as previously communicated and seeing your board approved winter plans by October 2015.



**SHONA ROBISON**

CC: IJB Chairs

**FIRST DRAFT****NATIONAL UNSCHEDULED CARE PROGRAMME:  
PREPARING FOR WINTER 2015/16**

1. Winter planning continues to play an integral role in the Scottish Government's National Unscheduled Care Programme and you should ensure that your NHS Board is fully prepared for this winter in order to minimise any potential disruption to NHS services, patients and carers. Boards must be satisfied that winter plans will provide safe and effective care for patients and that effective levels of capacity and funding are in place to support service delivery and expected activity levels. This guidance should be read in conjunction with the national review of last winter.
2. The continuing shift in patterns of disease to long term conditions, growing numbers of older people with multiple conditions and complex needs, and the financial environment present challenges to NHSScotland and its partners. Joint working and resourcing will be crucial in putting outcomes for people at the centre of all our work - helping to avoid unnecessary admissions and ensuring that patients are discharged from acute settings as soon as they are ready.
3. Unscheduled and elective care performance in Scotland compares favourably with international comparators. Robust planning and analysis should facilitate NHS Boards to pursue further sustainable improvement through the 95% interim target towards the 98% 4 hour Emergency Access Standard, to maintain the Treatment Time Guarantee (TTG), and to meet the zero delayed discharge target over the winter period.
4. Boards will need to take a balanced approach to the effective planning and scheduling of elective and unscheduled care, particularly in light of predicted emergency activity over the festive period and any surge in respiratory and circulatory admissions over the winter – particularly in the first weeks of January when respiratory and circulatory admissions can increase. Support to understand each site capacity and demand is available through the unscheduled care 6 Essential Actions Improvement programme and, in particular, developing the Basic Buildings Blocks model (Essential Action 2) will provide a baseline of the whole system and enable robust planning. The focus of the whole system patient flow programme and Guided Patient Flow Assessment will also contribute to this overall picture.
5. NHS Boards should effectively forward plan to ensure cancer patients who have a MDT, diagnostic or treatment target date occurring over the festive period are not delayed and that 31 day and 62 day cancer waiting times are not adversely impacted.
6. NHS Boards should monitor any changes in the cohorts of admitted patients and their care requirements (including respiratory, circulatory and ICU) over the festive period. Primary care and community services should be engaged in minimising transfers of care through use of anticipatory care planning. A directory of

services and alternatives to admissions should be available and any additional capacity in these areas highlighted.

7. Robust analysis should be undertaken to plan capacity and demand levels for this winter. Recent years activity levels and improvements in flow should be taken into account as part of this process. Trends over three to five years should be considered. We also expect NHS Boards' winter planning to address variation in demand. This planning will need to be explicit on the additional capacity planned for winter including capacity in staffed medical beds and intermediate care beds. Ensuring that deliverable plans for workforce capacity over the winter period are agreed by October will be an important milestone. It is important that this capacity is in place before the risk of boarding medical patients in surgical wards increases and the appropriate indicators of potential surge are monitored on a daily basis. Analysis should include triggers for whole system escalation process to prevent access block.

8. Sustainably achieving safe and effective patient flow is critical to maintaining performance as a standard operating model and across the winter period. Utilising the improved communication and leadership of Flow, Safety Huddles should focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge. Review of support services such as portering, cleaning, pharmacy and transport should be undertaken to ensure capacity is aligned to demand, not just within hours, but also across 7 days and out of hours periods.

9. This guidance takes into account the findings of local and national reviews from last winter. It highlights the critical areas that should be covered in this year's local winter plans, as detailed below. It is expected that the local indicators, underpinning each critical area, are included in relevant local management processes to achieve the outcomes described. Indicators should also align with the 6 Essential Action Improvement Programme. Winter plans should set out the geographies and frequency of the local indicators being monitored and provide further detail on how these indicators might be developed, where applicable.

i) Safe & effective admission/discharge continues in the lead-up and over festive period and also in to January

*Outcome: Emergency and elective patients are safely and effectively admitted and discharged over the Christmas – New Year holiday period. Over this period the numbers of patients receiving elective treatment reduces. NHS Boards should minimise the risk of boarding medical patients in surgical wards. This will help ensure that patients do not have unnecessary stays in hospital; and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.*

*Local indicator(s) : the daily and cumulative balance of admissions/discharges over the festive period; levels of boarding medical patients in surgical wards; delayed discharge; community hospital bed occupancy; number of SW assessments including variances from planned levels.*

ii) Workforce capacity plans & rotas for winter / festive period

*Outcome: NHS 24; GP OOH; SAS emergency/PTS; and Hospital rotas as well as levels of community capacity (including community nursing/AHP/intermediate care/SW assessment/home care/care home) for the winter/festive period are agreed in October to underpin safe and effective admission and discharge of emergency and elective patients.*

*Local indicator(s) : Workforce capacity plans & rotas for winter / festive period agreed by October; effective local escalation of any deviation from plan and actions to address these.*

iii) Whole system activity plans for winter : post-festive surge / respiratory pathway

*Outcome: The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. The hospital models will include flows between front doors, receiving units, and downstream wards.*

*Local indicator(s) : daily number of cancelled elective procedures; daily number of elective and emergency admissions and discharges; number of respiratory admissions and variation from plan.*

iv) Strategies for additional winter beds and surge capacity

*Outcome: The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans are for additional staffed medical beds and additional intermediate bed capacity for winter is agreed in October. The planned dates for introduction of additional staffed medical beds and intermediate beds in the community are agreed and the capacity is operational before the expected surge in admissions.*

*Local indicator(s) : planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds; planned number of additional intermediate beds in the community and the planned date of introduction of these beds; levels of boarding.*

v) The risk of patients being delayed on their pathway is minimised

*Outcome: Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital.*

*Local indicator(s) : distributions of attendances / admissions; distribution of time to assessment; distribution of time between decision to transfer/discharge and actual time; % of discharges before noon; % of discharges through discharge lounge; % of discharges that are criteria led; levels of boarding medical patients in surgical wards.*

vi) Discharges at weekend & bank holiday

*Outcome: Patients are discharged at weekend and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital.*

*Local indicator(s) : % of discharges that are criteria led on weekend and bank holidays; daily number of elective and emergency admissions and discharges.*

vii) Escalation plans tested with partners

*Outcome: Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.*

*Local indicator(s): attendance profile by day of week and time of day managed against available capacity; locally identified indicators of pressure i.e.% occupancy of ED, utilisation of trolley/cubicle; % patients waiting for admission over 2, 4 hours – all indicators should be locally agreed and monitored*

viii) Business continuity plans tested with partners

*Outcome: The board has business continuity management arrangements in place to manage and mitigate all key disruptive risks including the impact of severe weather.*

*Local indicator(s) : progress against any actions from the testing of business continuity plans.*

ix) Preparing effectively for norovirus

*Outcome: The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised. HPS Annual Guidance produce guidance on norovirus.*

*Local indicator(s) : number of wards closed to norovirus; application of HPS norovirus guidance.*

x) Delivering seasonal flu vaccination to staff and public

*Outcome: The risk of staff spreading influenza infection to patients is minimised.*

*Local indicator(s) : % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.*

## xi) Communication plans

*Outcome: The public and patients are kept informed of winter pressures, their impact on services, and the actions being taken.*

*Local indicator(s) : daily record of communications activity; early and wide promotion of winter plan*

10. The self-assessment checklists, appended at Annex A, have been reviewed and provide further detail to support the development of local winter plans. Local reviews of last winter will be shared across NHS Boards to help support and strengthen this year's winter planning. These checklists should be used by governance groups to assess the quality of your Board's winter preparations and to ascertain where further action might be required. There is no requirement for these checklists to be submitted to the Scottish Government, however, Executive Leads should regularly review progress.

11. The National Unscheduled Care Event will be held on 17<sup>th</sup> September, venue (tbc) and will include sessions on a range of initiatives designed to support NHS Boards to effectively prepare for winter.

12. NHS Boards are asked to submit a progress report on their local winter planning arrangements for this year, by the end of August at the latest. This should cover the actions being taken on the priorities and outcomes described above. At the same time NHS Boards should also lodge their draft local plan with Scottish Government. This is a shadow year for IJBs, which provides opportunities for building on the whole system planning approach of recent years. IJBs and Chief Officers (where appointed) should be fully involved in the planning process and should ensure that effective joint communication processes are in place. Data sets and information around capacity planning should be aligned to support a common understanding of capacity requirements across an integrated system. The Scottish Government will share local plans with partners to help support this strategic planning process.

13. If you have not already done so you will wish to ensure that plans have been formally signed-off and published on your Board's website by the end of October 2015 at the latest, again at this point the final plan should be lodged with Scottish Government. Planned actions should ensure safe and effective care for patients and support sustained performance, at the required standard, over the winter period.

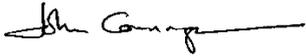
14. I recognise the tremendous commitment made by the workforce in meeting the challenges of winter and I would be grateful if you could pass on my appreciation of their dedication and valued contribution.

15. I would be grateful if you could arrange for this letter and the associated checklists to be circulated to your respective colleagues including:

1. NHS Board Unscheduled Care Leads
2. NHS Board Business Continuity Managers
3. NHS Board Emergency Planning Officers

4. NHS Board Infection Control Managers
5. NHS Board Medical Directors
6. NHS Nursing Directors
7. Public Health Directors
8. Consultants in Dental Public Health
9. Directors of Social Work
10. Integration Joint Board Chief Officers (where appointed)

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Connaghan', with a long horizontal flourish extending to the right.

**JOHN CONNAGHAN**

Director for Health Workforce & Performance



# **WINTER PLAN**

**2014/15**

## INTRODUCTION

This Winter Plan provides an overview of the plans of each of the partner agencies across Greater Glasgow and Clyde to ensure preparedness for 2014/15. It is recognised at both a local and national level that Winter Planning is now all year planning and not just aligned to the months November to March. 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 Agency have their own detailed local plans.

The principles outlined in the document below highlight the actions required to manage surges in demand across the system as per the escalation plans for each agency.

Guidance from The Scottish Government Health Directorate (SGHD) has stated that all plans:

- Should be on a single system basis and should demonstrate inter-agency working across all partners.
- Reflect appropriate planning of services within primary care/community to support reducing demand on A&E and the GP Out of Hours service
- 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;
- Plans take cognisance of winter planning in neighbouring NHS Boards
- Reflect appropriate planning of services with Local Authorities across the spectrum of services delivered
- Clearly outline how Noro Virus will be managed
- Link clearly to Continuity Plans - agree and test escalation plans and ensure they are appropriately resourced
- 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;
- Agree staff rotas for the festive period in November to match projected peaks in demand;
- Ensure Consultants are available to discharge patients over weekends and the festive holiday period;
- Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period;
- Utilise rapid response teams of multi-disciplinary professionals to facilitate discharge;
- Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.

In planning for Winter 2014/15 there is recognition of a number of key challenges and a focus on how these will be addressed:

- Elective activity has been and will continue to be reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2015, elective activity will significantly focus on day case activity and emergency Cancers.
- Noro Virus –An Infection Control Policy on Management of noro virus has been developed with Infection Control. This clearly identifies how noro virus shall be managed and maps to the national guidance which has been prepared. Bed capacity will be created through the realignment of services to manage this emergency demand and on two sites key wards with a

number of single rooms have been identified that will allow patients with Noro Virus to be managed in one area.

- Capacity within acute services – additional surge capacity has been identified and detailed plans worked up on how this will be implemented across the winter months.
- The number of patients waiting to be discharged to an alternative setting is a significant risk to the NHS and this is discussed at regular meetings with partnership and social care colleagues and detailed action plans and trajectories put in place.
- Gaps in junior/middle grade doctor rotas particularly in A&E – rotas have been developed to bridge any gaps. Additional A&E Consultants have been employed and access to senior decision makers into the extended working day has been agreed.
- Current financial challenges – across all agencies this is a significant issue in planning for winter - we will need to be aware of any changes to service provision particularly access to social care and home support packages which support discharge planning and admission avoidance
- Managing in severe weather – four years ago this caused particular issues both in terms of access into and out of the hospitals. The severe temperatures affected theatre equipment and in particular SAS ambulances where the hydraulic fluid froze rendering the hoists immobile. This year plans have addressed these issues e.g. SAS have arranged for Snow tyres to be fitted to ambulances and now have access to number of 4 wheel vehicles. GPOOH have a number of 4 wheel drive vehicles as do the British Red Cross who are working with Acute and SAS to support managing patient discharges home from A&E and receiving and medical assessment units and also supporting the SOS Bus in Glasgow City Centre.

The Board unscheduled care plan sets out the principles for managing emergency presentations and the following Winter Plan further enhances these and addresses all of the above. This is supported locally by separate detailed plans for each Organisation/Sector.

## 1 **Unscheduled Care Plan**

- 1.1 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 review of systems elsewhere and a system wide review of the pattern and volume of admissions and attendances. This information was used to further develop the LUCAP.
- 1.2 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 )
  - The 3% increase in the number of emergency admissions in 2013/14 in addition to a 3% increase the previous year
  - The average length of stay for medical services and medicine for the elderly is above the national average
  - The 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

- 1.3 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 Medical Assessment Units 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
- 1.4 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 – the opening of “Step Up” and “Step Down” beds which will support admissions avoidance and early discharge
  - Additional medical staff to ensure senior decision making
- 1.5 A number of issues are also being addressed through service redesign and improvement. This includes
- 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

## 2 Winter Plan

As per advice from Scottish Government the following areas have been considered in developing GGC's Board Winter Plan.

### 2.1 Agree and test escalation policies for management of in-patient capacity across the whole system

The escalation plan, setting out the response of each of the organizations 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 organizations. 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

NHSGGC OOHs triage for NHS24 and reducing elective activity to allow for increased emergency work.

There are no community hospitals in the GGC area but our Continuing Care and Rehabilitation sites are monitored as part of routine bed management to ensure capacity is fully utilised. Also as part of UCC planning CHCP's are opening additional "Step Up" and "Step Down" beds to assist in admission avoidance.

Examples of good joint working/escalation include:

- NHSGG&C will work closely with NHS24 to ensure a clear, shared understanding of NHS24'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 NHS24's capacity – this is supported through the GPOOH 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 NHSGGC to identify local issues and pressure points and bring forward local level solutions, particularly with regard to delayed discharges, out of hour's services and vulnerable people.
- The Board has in place across GGC a Single Discharge Team which links in with each of the partner agencies through the localities to manage discharge planning – this has improved access to services and the joint working is supporting earlier discharge from hospital to reduce length of stay.
- Other initiatives which support discharge planning/ supporting patients within the community include :
  - Staff on wards have direct access to ordering/ re-establishing Care Packages to enable early discharge and similarly have direct access to Equipment – this supports 7 day per week discharging
  - Additional staff are being appointed to provide an inreach service to hospital from the community
  - Elderly care assessment nurses can order home care at the weekend in Glasgow City Council
  - GP Services ensure they stay open until 6.00 p.m. on days prior to public holidays and open appointment systems during days following public holidays
  - Access to community pharmacy services is well advertised and we continue to highlight the Minor Ailment Service which is seeing a year on year increase in usage.
  - Home Today and Support Workers have been introduced to each of the hospitals to focus on discharges and earlier in the day discharge.
  - Additional weekend Consultant cover will be in place to ensure access to senior decision makers over this period.

- Additional community support is being provided in the out of hours period to maintain and improve rapid response times;
  - Increased overnight care at home capacity will be available
  - Additional District Nursing/Rehab and Social Work capacity will be available to support Anticipatory Care Planning.
  - An escalation plan is in place within supported discharge teams to manage increased demand,
- CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where appropriate and to support patients discharge by managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.
  - CH(C)Ps have liaised with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.

**2.2 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. This should specifically take into account the surge in activity in the first week of January.**

Detailed analysis has been undertaken to map activity during the months November to February which has allowed a capacity plan to be prepared based on average activity and peaks in demand.

GGC currently has a number of performance metrics in place to monitor the local unscheduled care system on a daily, weekly and monthly basis which assists in identifying areas of pressure. These measures will continue to be used to monitor the unscheduled care system across Greater Glasgow and Clyde.

On an ongoing basis, a number of tools will be used to reflect trend activity in as many parts of the health care system as possible so that the most comprehensive overview may be given, including primary care information, attendance at A&E departments and emergency admissions to hospital. In addition information from spotter GP practices is available.

The data indicators include the following:

- A&E attendances data
- Out of hours activity
- Emergency admissions
- Mid-day bed state

These indicators will be compiled into daily reports providing hospital specific detail, and made available to health service planning staff both online in SharePoint, and emailed in electronic format. HI&T will be responsible for sending the weekly reports to the Scottish Government during the winter reporting period.

NHS GGC is currently undergoing significant redesign of services on key sites as part of the implementation of the Acute Services Review Strategy. Capacity planning has been undertaken to determine both emergency and elective activity during the winter period. During the winter period, to manage peaks in activity, elective capacity will be reviewed to create additional capacity to manage the increased emergency demand; and in particular during the first two weeks in January 2015. As activity warrants, beds which are normally closed at weekends will be opened. A key focus will be on discharge planning and the ability to support early discharge from hospital to free up capacity and also working with community services to look at supporting patients at home. Additional surge capacity has been identified which is currently being opened/could be opened in extremis.

To support reducing attenders at A&E and potential admissions, community partners will work with acute services through, for example:

- Community teams will provide rapid response for vulnerable older people at risk of hospital readmission over the Winter period
- GPs will identify patients at risk of admission via local systems including using SPARRA data and endeavour to put care plans in place to support these individuals over the winter period.
- Ensuring availability of additional support if required to care homes
- Ensuring District Nurse staffing levels are sufficient over periods of peak activity
- Ensuring information on District Nursing OOH bases, telephone/mobile phone /fax numbers are available for NHS GGC GP OOHs
- Ensuring supply of emergency equipment from EQUIPU to all District Nursing OOHs bases.
- Ensuring supply of syringe drivers in District Nursing OOH bases.
- Ensuring supply of essential pharmacy, wound dressings, continence products etc in all District Nursing OOH Bases.
- Joint initiative with Local Authority, Scottish Ambulance Service and British Red Cross (BRC) to provide a “City Centre Ambulatory Service” (SOS Bus) in Glasgow and a similar service in Paisley Town Centre - key focus is alcohol related incidents.
- Joint initiative with British Red Cross to provide a transport service that supports discharging elderly patients from A&E and Receiving wards – this has been a particularly well received initiative as BRC not only transport the patients home but see them settled and ensure they have basic essentials, and, if necessary, can wait for relatives/carers to arrive.
- Joint initiative with Community Partners to provide Step Up and Step Down facilities to support admission avoidance
- Rapid access to Day Hospitals for older people
- Comprehensive Geriatric assessment in the community and in hospital
- Providing a more flexible range of responses to patients requiring emergency assessment. These may include rapid access to urgent medical clinics, provision of rapid access specialist advice to GPs by email/phone
- Deployment of specialist advice for patients at home with secondary and primary care teams working together.
- Extension of Virtual Fracture Clinics across sites
- Extended use of Same Day Assessment Units for surgical specialties

**2.3 Agree staff rotas in November for the fortnight in which the two festive holiday periods occur to match projected peaks in demand. These rotas should include services that support the management of inpatient pathways, (e.g.) diagnostics, pharmacy, phlebotomy, AHPs**

Workforce planning and management is core to the successful delivery of the Winter Plan. This will involve managing staff sickness, which historically is greater during the winter months, and the management of annual leave and study leave. All action plans aim to support management of absence through the winter months.

- Rotas have been reviewed and consultant medical staff identified. These will be reviewed in line with changing demand and pressures on acute services.
- Rotas across all disciplines have been reviewed to ensure staffed appropriately to meet demand.
- Review of previous years has shown that staff flexibility is crucial over the winter pressure period. CH(C)Ps and the Acute Division have considered how they will address staffing issues and are working to achieve the 4% sickness absence target set by the SGHD.
- Ensuring that all staff are encouraged by line managers and Occupational Health to increase uptake of the flu vaccinations.
- CH(C)Ps will ensure that a sufficient number of staff are available in the community to prevent admission to hospital where possible and to support patients on discharge by appropriately managing staffing levels and prioritisation of workload. Business Continuity Plans for CH(C)Ps are now in place and ensuring staff availability is a priority for action in these plans.
- CH(C)P's are liaising with Directors of Social Work in the nine Local Authorities to identify areas for joint planning of staffing and workload, ensure clear information on out of hours contacts is held and to encourage staff to remind patients to organise their repeat prescriptions in advance of the festive period.
- GP OOH and NHS24 Staff Rotas have been circulated and are in the process of being filled – the GPOOH rota compliance this year is challenging and all endeavours are being made to fill the gaps.
- Community Pharmacy – pharmacies which will be open over the festive period have been identified and are included in the Winter Booklet and on the NHS web site
- Dental Services – rotas for emergency dental services have been agreed

**2.4 Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes (e.g.) multi-disciplinary board rounds. This will support the proactive management of discharge and ensuring there are no delays in patient pathways. Ensure that appropriate medical staff are available, and that AHP rotas are structured, to facilitate the discharging of patients throughout weekends and the fortnight in which the two festive holiday periods occur in order to maximise capacity.**

Key to effective Discharge Planning is a joint approach to this with partners across Acute and Community Care including: Scottish Ambulance Service; CHPs; and Local Authority partners– across the spectrum of services including Social Work Assessment; access to nursing home and residential care; access to home support services. In Greater Glasgow & Clyde we have 9 Local Authority partners and winter plans are agreed through the CHP local planning process – detail of these plans are available locally but will include the following:

- Leave is planned in hospital/social work to ensure appropriate cover to manage anticipated peaks in activity in January.
- Plans in place to respond to early notification to social work teams regarding anticipated increase in assessment and discharge activity to release beds.
- Equipment - local stock is available for discharge teams
- Resourced escalation plan in place for home care services.
- Prior to festive period social work are committed to minimising the number of delays in discharges and ensure appropriate packages of support are available.
- Local Authorities plans to manage winter pressures, include gritting arrangements to maintain access to hospitals, health centres and key community services.

Estimated Date of Discharge policy is in place across all ward areas along with Criteria Led Discharge in many wards. Twice daily ward rounds in key areas will continue to take place to ensure patients are discharged as early as possible. Criteria led discharges will continue to be developed. Discharge Team have a festive plan in place to ensure maximization of discharges over the holiday period which is supported by dedicated discharge ward rounds from Consultants. Additional AHP, Pharmacy and support services will be available. Direct access to homecare services is in place for wards in Glasgow City Council and via supported discharge teams elsewhere. Additional ambulance transport will be available at key times to support discharges.

Electronic white boards are in place to assist wards with real time monitoring of discharge

Work is ongoing across all areas to reduce boarding. Where there are surges in demand there is in place “The Capacity and Patient Flow Policy” to manage this. The policy is underpinned by a boarding/decant policy for main wards of the hospitals and for assessment areas.

The development of the acute assessment model of care and extended opening of these facilities will help to reduce the number of “inpatient admissions” through managing and discharging a number of these patients directly. It is planned to increase the number of acute ambulatory care options available to clinicians

## 2.5 **Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**

The Communications team support the organisation’s preparations for winter through the local and national winter campaigns. A Winter Planning Booklet has been produced providing information on service availability over the festive period including pharmacy opening hours. The Winter campaign is led nationally by NHS24 and the campaigns have already begun with a focus on managing cold and flu symptoms and the need to remember to ensure repeat prescriptions are filled. GGC actively uses the Know Who To Turn To logo which sign posts alternatives to attendance at A&E. Communication will go out to General Practitioners reminding them of the need to ensure services are open until 6.00 p.m. on Christmas and New Year’s Eve and advice is being given to patients that GP practices are open on the Friday following Christmas and New Year holidays.

Social media such as twitter is also used to encourage people to prepare for winter

The team is liaising with Local Authorities to ensure their staff are aware of the festive season arrangements and are highlighting this in their daily contacts with specific groups, such as users of home care services. Media briefings will be prepared with the Acute Division (including GPOOHs) and Partnerships for local and national media highlighting the Board's plans for managing winter pressures as appropriate.

Communications will also manage all winter media enquiries, ensuring these are reported to the Scottish Government via the normal weekly reporting process and more urgently if necessary. The team will participate in a national group led by NHS24 which is planning this year's national publicity campaign. This group is a sub-group of the national Out-of-Hours Peak Planning Group.

Communication between partner agencies is crucial in managing the winter demand and there are clear contact details outlined within the Escalation Plan. Supporting communication is the weekly report which the HI&T team will send not only to the Scottish Government but to a wide distribution of key individuals. At the same time local communication processes are in place and winter will continue to be the focus in local and senior management and clinical group meetings.

## **2.6 Effectively Prepare For and Implement Noro virus Outbreak Control Measures**

A Policy has been developed with Infection Control identifying clearly how noro virus shall be managed and this is linked into the national guidance. The Escalation plan has been reviewed following the SEHSD Noro Virus Summit and no changes required. On two GGC sites a Noro Virus Ward, with a high number of single rooms, has been identified to manage patients presenting at A&E who require admission.

## **2.7 Seasonal Flu, Staff Protection and Outbreak Resourcing**

Staff immunisation across all agencies has begun across all areas, as has the programme for vaccination of vulnerable groups.

## **2.8 Continuity Plans**

In recognizing the need to prepare for all possible scenarios, a system-wide contingency plan including criteria which will necessitate its activation has been developed. This will involve use of all information available, including utilising spotter practices, Simul8, System Watch, information from NHS24 and all hospital systems.

There will be across the area an on call system at executive level covering the extended festive period from before Christmas until after New Year. This will enable expeditious decisions to be taken at senior level in all areas of the organisation, should this be necessary, and will allow the early activation of contingency plans where necessary. Planning for the Commonwealth Games held in the Summer this year has ensured that all continuity plans across agencies have been reviewed and discussed jointly.

## 2.9 Resource Consequences

As outlined above, the current financial climate brings significant challenges in managing additional demand over the winter period. The Scottish Government, through Unscheduled Care, have made available resources to support initiatives that will enable Boards to work towards achieving 95% compliance –this includes funding of the following :

- Extension of opening of medical assessment units
- Additional Pharmacy, AHP and Facilities support
- Additional Consultant presence across the 7 day period
- Discharge Planning – additional Home Today Nurses to support early discharge
- Extension of Minor Injury Service at Western Infirmary
- Community initiatives to support admission avoidance and discharge

Should the Escalation Plan require to be enacted, the plan will require to be reviewed to consider resource requirements and how this will best be deployed.