NHS GG&C Winter Plan – Response to Request for Additional Detail

1. Strengthening capacity for winter - single page summary

We think the plans need to have a single page summary to sit alongside them, setting out your planned levels of increased capacity with quantified numbers, and indications of spend on winter. These would be written so that the interested reader would easily be able to understand the content. This should set out how much money you are spending on strengthening the particular capacity (£), by how much the particular capacity will increase (staff/beds/etc), and the intended impact (reduce admissions; reduce length of stay; see/treat increased demand).

Response

Addressing demand at the 'front door'	
Building capacity within A&E and Acute Assessment Units to respond to demand at critical times	**Potential Spend £574,200**
Medical capacity	£178,000
Nursing	£109,700
Physiotherapy/Occupational Therapy	£43,000
Gynaecology Receiving /Early Pregnancy	£61,500
Point of care Testing: Rapid diagnosis of Flu Symptoms at the 'Front Door'	£182,000
Improving Management of patients within hospital – Patient Flow	
Ensuring that once admitted to hospital, patients are admitted to an inpatient bed quickly and receive the appropriate medical care.	**Potential Spend £675,800**
Clinical nurse co-ordinators within 'Flow Hubs', who have oversight of admissions, discharges and bed availability, to prioritise and direct patient movement	£283,300
"Boarding Teams" – multi disciplinary teams comprising Doctors, Nurses and AHPs to care for patients out with specialty based wards.	£392,500
Safe Discharge without delays, reducing length of stay	
Ensuring when patients are fit to leave, their discharge proceeds without delay.	**Potential Spend £531,200**
Additional Physiotherapy and Occupational Therapy to provide capacity for assessment & treatments across 7 days in medical and orthopaedic wards, expediting decisions on discharge.	£79,200
Additional Consultant ward rounds at weekends – senior clinical decision-making	£42,100
Discharge Lounge facilities for patients waiting on transport and new initiatives such as the "breakfast club" to allow patients who are ready to leave first thing to be supported & prioritised.	£62,900
Additional Festive Public holiday staffing	£6,000
Children's services: RSV/Bronchiolitis nurse led discharge pathway	£22,000
Extended hours in Pharmacy over evenings/weekends	£199,000
Additional Ambulance transport to support discharge & transfer	£120,000

across sites		
Managing higher patient numbers		
Expansion of core capacity to accommodate additional patient numbers.		**Potential Spend £3,208,000**
Beds in QUEH/GGH	56	
Beds in RAH	26	
Beds in GRI	32	
Beds in IRH	20	
Beds in VoL	12	
Total Beds	**146**	£2,449,000
Medical HDU/Critical Care		£115,000
Royal Hospital for Children (beds)	13	£129,400
Nursing for flexible deployment		£110,600
Radiology Imaging/Diagnostic Capacity		£244,000
Facilities – Portering/Domestics etc		£160,000
Care Outside Hospital		
Additional provision to strengthen services in the community, reduce hospital admissions and enable early discharge		**Potential Spend £785,000**
New initiative: "72 hour Supported Time Out" beds within Care Homes		£110,000
Additional Intermediate Care beds (15)		£315,000
Extension of Community Respiratory Service to 7 days		£60,000
Expand Community Capacity		£300,000
TOTAL POTENTIAL SPEND		**£5,774,200**

The above actions have been costed at circa £6m. However, due to the current allocation of £2.1m, we continue to refine the actions in order to prioritise against available funds.

We continue to work with our partners to identify any additional internal funds, and to discuss the potential for additional finds with the Scottish Government.

2. Surge Capacity

(a) I would be grateful if you could confirm the figures in the table below that we have taken from the winter plans.

Response

Health Board Medical Beds	*AcuteSurge beds as per Plans*
NHS Ayrshire & Arran	15
NHS Borders	14
NHS Dumfries & Galloway	TBC
NHS Fife	34-42

NHS Forth Valley	TBC
NHS Grampian	56
NHS Greater Glasgow & Clyde	**146**
NHS Highland	TBC
NHS Lanarkshire	37
NHS Lothian	TBC
NHS Tayside	16
NHS Orkney	TBC
NHS Shetland	TBC
NHS Western Isles	TBC

(b) Could you please also provide us with a management information summary on actions in hand to plan the staffing the surge beds, to ensure patients are effectively discharged from these beds.

Response

Central to effective planning for winter surge capacity, is to begin early and ensure reasonable lead-in times.

Each of the Sector Management teams are progressing plans to ensure appropriate staffing is in place for additional winter wards. In general the approach is to utilize a mix of experienced staff from existing wards to build the core team then complete the required establishment with bank staff. The aim is to ensure that the balance of experienced and temporary staff on short term wards is on par with our core wards.

To reduce the reliance on short term staff, we have recruited to vacancies in the knowledge that this will provide additional capacity during the winter and can be absorbed into recurrent budgets as established posts become vacant due to natural turn-over.

The recruitment of over 450 newly qualified nurses in the autumn ensured that our base establishment is strengthened. New processes introduced this year combined the appointment process with enrolment on the Nurse Bank, making it a single action. This strengthened the pool of additional bank capacity from which we will draw on throughout the year.

Medical staffing for surge wards will be led by the core consultant teams and integrated with middle tier support. The Board Medical Bank are working with Sectors to identify Staffing requirements and are running local recruitment events to target doctors who are available for 3 or 4 month locum slots (i.e Out of programme Doctors; Individuals relocation etc) This will provide stability for these wards over the peak winter period.

Actions to ensure effective discharge are identified in the table below:

- Daily Dynamic Discharge – All Sectors have established DDD working groups to ensure compliance with DDD which are aligned to the Exemplar Ward processes. We have undertaken a number of IT improvements to help the ward teams, creating Electronic

weekend handover which is targeted to safely track patient tasks and expedite discharges over the weekend and during the out of hours period. We are also promoting the uptake of Criteria Lead Discharges, Discharge Lounge utilisation and overall compliance with Estimated Dates of Discharge to improve the end to end process.
• AHP capacity to expedite assessment, treatment and discharge planning - Reduce avoidable delays in the patient journey ensuring appropriate care and discharge planning; facilitate 7 day discharge.
• Boarding teams - Strengthen continuity of care and senior decision-making for patients who at times of peak pressure cannot be accommodated in a specialty ward appropriate to their condition.
• Extended Pharmacy cover - Enable provision of Pharmacy support outside of regular working hours to facilitate early discharge.
• Intermediate Care Beds - Additional Surge Capacity commissioned on block and spot purchasing basis (15 beds within Glasgow City HSCP)
• Red Cross Ambulance Transport - HSCP commissioned to support additional discharges
• **Delayed Discharge** – This issue continues to be a priority for HSCPs with processes to systematically review and expedite delays. Anticipatory structures aim to ensure that potential areas of need, particularly in respect of the adults with incapacity (AWI) are best met and delays minimised**.** Identification and targeting of homecare clients who lack capacity and promotion of Powers of Attorney is part of this process. Access to TrakCare allows early identification of patients known to Social Services. Learning has been pooled across HSCPs to identify best practice which includes: - Access to digitised AHP record/ assessment through Clinical Portal/TrakCare/EMIS - Access to dashboards re inpatients. - Electronic referrals - reducing time between referral sent to and received by hospital team. - Accurate reports that provide managers with statistical data to support core tasks such as allocation and managing staff resources. - Improvements in care pathways with SAS to increase number of patients not conveyed to hospital - Engagement with OOH services to identify better pathways that manage risk, including NHS24 and SAS - Better anticipatory care planning & eKIS – more robust use of escalation plans with GP involvement - Making sure care at home prioritise hospital discharge. Investment in this service and focus on recruitment and retention to sustain performance - Availability of beds for under 65s with complex needs – with a view to explore joint commissioning - Dedicated MHO (define) input re delayed discharges - Additional resources to manage increased demand such as District Nursing, rehabilitation equipment and aids and adaptions