Item No: 14

Meeting Date: **Wednesday 7th November 2018**

Glasgow City
Integration Joint Board

Report By: **Susanne Millar, Chief Officer, Strategy and Operations / Chief Social Work Officer**

Contact: **Stephen Fitzpatrick, Assistant Chief Officer (Older People and South Operations)**

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WINTER PLANNING 2018/19

Purpose of Report:	To update the Integration Joint Board on the Winter Planning arrangements for 2018/19.

Background/Engagement:	Guidance has been issued by Scottish Government to Health Boards and IJBs on winter planning for 2018/19. Draft plans have to be submitted by the end of September and finalised plans by the end of October 2018. The HSCP's draft plan is being prepared in conjunction with the health board and other HSCPs.

Recommendations:	The Integration Joint Board is asked to: a) note the winter planning guidance attached (Appendix 1); b) note the draft Greater Glasgow & Clyde plan attached (Appendix 2) as submitted to Scottish Government; and c) note the further work underway with other HSCPs to finalise the winter plan by the end of October 2018.

Relevance to Integration Joint Board Strategic Plan:

Unscheduled care and winter planning are a key element of the HSCP's Strategic Plan.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Relates to a number of outcomes, including: delivery of high quality public services, provision of strong resilient communities where people take responsibility for their health, and best value.

Personnel:	The implementation of the winter plan might have personnel implications in that staff rotas and leave might be affected should additional capacity be needed over the winter period.

Carers:	Closely linked to supporting the HSCP's draft carer's strategy.

Provider Organisations:	1. Full engagement with Cordia to support demand throughout winter period; 2. Care home providers across Intermediate Care and purchased services with potential for increased provision; and 3. Close working with provider organisations to deliver anticipatory programmes to reduce demand on unscheduled care activity.

Equalities:	In preparing the winter plan the equalities implications will need to be taken into account particularly to ensure adequate access is available to a range of services to support people over the festive period and the winter as a whole.

Financial:	The financial implications of the winter plan will need to be assessed, including the resources required by the Partnership to support the actions in the draft plan.

Legal:	None

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	There are risks that the IJB's performance in certain areas e.g. delayed discharges might be adversely affected depending on the additional pressures in the system over the winter period. All efforts will need to be made to minimise the potential risks over the winter period.

Implications for Glasgow City Council:	Additional capacity within step up / step down beds might need to be purchased as part of the winter plan. The details of this are yet to be confirmed.

Implications for NHS Greater Glasgow & Clyde:	None at this stage.

1. Purpose

1.1 The purpose of this report is to update the Integration Joint Board on winter planning arrangements for 2018/19.

2. Background

2.1 The Scottish Government issued guidance in August 2018 on the winter planning requirements for 2018/19 (Appendix 1). The purpose of the guidance is to build on experience from previous winters and to ensure that the health and social care system is prepared for the additional pressures that arise during the winter period. Plans are to be prepared in conjunction with the NHS Board, acute services and other HSCPs.

2.2 Draft plans were required by the end of September and final plans by the end of October.

2.3 Of particular note in the guidance attached is that the Cabinet Secretary is seeking assurance that appropriate levels of staffing are in place to facilitate consistent discharge rates across weekends and holiday periods. Specifically plans should include utilising the additional resources made available to:

- set local improvement trajectories for weekend discharges rates and earlier in the day discharges; and,
- adequate festive staffing cover to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, Allied Health Professionals, auxiliary and domestic staff.

3. Greater Glasgow & Clyde Draft Winter Plan 2018/19

3.1 The draft Greater Glasgow & Clyde winter plan as submitted to the Scottish Government is attached (Appendix 2). The draft plan is a result of collaborative working between HSCPs, the acute division and the NHS Board to learn the lessons from previous winter plans and take a whole systems approach to managing the additional demands on all services that arise over the winter months.

3.2 The draft plan recognises that winter presents an opportunity to test new ways of working to better manage demand in community settings. A range of proposals to either mitigate potential additional demand on acute hospitals services and / or support people better in the community have been identified, and will be developed further for the final plan and in time to be introduced before winter. These include:

- a *'How are you?*' service proactively focused on patients in the community who may be at risk of admission due to a chronic long term condition and / or have multi morbidity;
- actions to better support the wellbeing of staff working over the winter period and help support reducing absence levels;
- 7 day working to support improving weekend discharges and discharges earlier in the day;
- quick access to diagnostics for GPs with a view to preventing referrals to acute assessment units;
- actions to reduce presentations to A&E or GP referral to acute assessment units by better use of currently available services / interventions e.g. GP to consultant geriatrician advice, urgent referrals to day hospitals;
- provision of IV anti-biotics and fluids to patients at home or in community settings to prevention of admissions and / or reduce stays in hospital;
- '72 hour supported breathing space' service for patients who currently are admitted but don't need acute care; and,
- GP to senior clinician referral management scheme to GPs can easily access consultant advice with a view to managing patients in primary care.

3.3 The Scottish Government has made available an additional £2.09m to support winter planning arrangements. The details of how these additional resources and existing resources will be deployed will be included in the final winter plan to be submitted by the end of October.

4. Glasgow City HSCP Winter Plan

4.1 In addition to the GG&C wide programme of work outlined in the draft winter plan attached and the actions in 4.2 above, the HSCP is taking forward some specific actions in response to previous years' experience of performance in the City. These additional actions include:

- the need to maintain and improve our current performance on delayed discharges (performance reports available at: https://glasgowcity.hscp.scot/performance)
- provision of additional intermediate care capacity to support increased discharges at weekends and potential additional surge in demand for acute hospital care;
- additional transport support from Red Cross to support discharge process;
- reducing avoidable admissions to hospital, by increasing community respiratory service provision including weekend cover;
- potential expansion of the care home liaison nurse service to provide additional support to care homes over the winter period;
- ensuring community nursing and other services staffing levels are sufficient over periods of peak activity; and
- a proactive flu vaccination programme to improve uptake in all staff groups in the HSCP.

4.2 Work is underway to finalise the details of these measures and the estimated impacts.

5. Recommendations

5.1 The Integration Joint Board is asked to:

a) note the winter planning guidance attached (Appendix 1);
b) note the draft Greater Glasgow & Clyde plan attached (Appendix 2) as submitted to Scottish Government; and,
c) note the further work underway with other HSCPs to finalise the winter plan by the end of October 2018.

Cabinet Secretary for Health and Sport
Jeane Freeman MSP

Scottish Government
Riaghaltas na h-Alba
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To:

1. Chief Executive, NHS Greater Glasgow & Clyde
2. Chief Officers, Greater Glasgow & Clyde HSCPs

Cc:

1. Chair, NHS Greater Glasgow & Clyde
2. Chairs, Greater Glasgow & Clyde HSCPs

31 August 2018

Preparing for Winter 2018/19

There is significant engagement with NHS Boards and Health & Social Care Partnerships on the planning and actions that need to be taken to ensure patient safety and early improvements in A&E, cancer, mental health, outpatient, inpatient/day case, and delayed discharge performance and progress must be maintained over this winter period.

Of particular importance will be the implementation of recommendations set out in the public holiday review and the priorities that local systems have identified through their review of last winter which are included as an appendix. Sir Lewis Ritchie's review highlighted that if weekend discharge rates were at the same rate as Monday to Friday there would be up to 300 empty beds available on a Monday morning across our Scottish Hospitals. I want an assurance from both NHS Chief Executives and Chief Officers that the appropriate levels of staffing are in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods. This will require sufficient senior medical and other clinical staff cover to allow appropriate decision making and social work teams to pick up referrals and assessments. This should include pharmacist cover to ensure that patient discharge is not delayed due to prescription waits. It will also require Health and Social Care Partnerships to incentivise independent and voluntary sector providers to arrange immediate packages of care, rather than waiting until the end of the period.

I expect Health Board Medical and Nurse Directors to provide an immediate leadership steer to staff and set and monitor specific weekend and earlier in the day discharge trajectories to secure weekday discharge levels at the weekend by the end of November.

Your Health Board and Integration Joint Board will receive an allocation of £2,099,719 which should be specifically targeted to deliver:

- Demanding local improvement trajectories for weekend discharges rates to be agreed by the end of November.
- Earlier in the day discharges, against local improvement trajectories.
- Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHPs, auxiliary and domestic staff.

An immediate allocation of 60% of the total will provided to Health Boards in the first instance. The remaining 40% will be allocated once satisfactory evidence of planning around the above priorities has been provided through your draft winter plans. Final allocations are expected to be made no later than the beginning of November. This funding is specific to winter and should not be used to off-set spending on day to day routine activity. NHS 24 and the Scottish Ambulance Service will also receive an allocation of £300,000 each as part of this year's overall winter funding commitment and we expect you to work with them to optimise integrated service provision.

Health Boards will be expected to evidence that System Watch has been used to develop detailed demand and capacity projections to inform their planning assumptions. Health Boards are expected to have agreements in place with local authorities around gritting and other weather related priorities to minimise adverse impact on services.

Winter plans should include detailed treatment of the priorities outlined in this letter and should demonstrate clear alignment between hospital and social care. Draft plans should be lodged with the Scottish Government at Winter_Planning_Team_Mailbox@gov.scot by no later than 30 September and final plans published by the end of October.

When final plans are published I expect Health Board Chief Executives, IJB Chief Officers and both Chairs to submit a joint letter to Alan Hunter, Director for Health Performance & Delivery, confirming that plans have been reviewed and that they are collectively satisfied that plans are fit for purpose.

Feedback from local systems suggests that winter planning should focus on the additional impacts, challenges and resources that will be required to sustain all year round planning arrangements through the winter period. The winter guidance checklist which supplements this letter supports the strategic priorities for improvement identified by local systems and highlights other areas where additionality should be considered. This checklist is not exhaustive and local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

The Scottish Government will continue to engage with you over the coming months and throughout winter. There will be an opportunity to discuss winter planning at the national unscheduled care event on 13th September and at Chair's and Chief Executive Meetings.

Kind regards

JEANE FREEMAN

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www.gov.scot

Appendix: Priorities for improvement identified in local reviews of last winter

- Develop effective forecasts for unscheduled and elective winter demand and plan capacity accordingly.
- Ensure rotas over the festive period include continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge.
- Develop flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required.
- Test escalation plans with all partners to respond to variations in predictive forecasts on an hourly, daily and weekly basis.
- Hold meetings (as necessary) with all local partners to consider and act on key metrics and analysis.
- Develop and test robust business continuity management arrangements across local health and social care systems.
- Develop and implement plans to significantly increase staff flu vaccination across local health and social care systems.

Appendix 2

Greater Glasgow and Clyde NHS Board

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Winter Planning Team

Winter_Planning_Team_Mailbox@gov.scot

Date: 2nd October 2018
Our Ref: JG/LL085

Enquiries to: Jane Grant
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Dear Colleagues

Winter Planning 2018/19

Please find enclosed the draft Winter Plan for NHS Greater Glasgow and Clyde. The plan is the product of continuing joint work between the Acute Division and the six Health and Social Care Partnerships, under the remit of the Unscheduled Care Steering Group. It builds on learning from the challenges of last winter and will benefit from a range of collaborative initiatives to improvement in governance, processes, and patient pathways across the Acute Division and Health and Social Care Partnerships.

Our analysis of demand takes into account the difficulties of last winter and the pressures that have continued through the summer months, with particularly high rates of A&E attendances. Last winter, the Board received £2.19million for winter pressures, £2.37million for 6 Essential Actions and £8.0 million for winter beds and acute strategy. Although not all directly targeted for winter additionality a significant proportion was used to support staffing and capacity. Whilst our plan includes initiatives developed to prevent admission and to reduce delays that were not present this time last year, a concern will be our ability to provide a similar level of 'additionality' in service provision within the allocated financial envelope.

We note that this year's allocation to the Board is £2.1m which is significantly less than last year's spend and this will be challenging given the need to ensure appropriate distribution of the funding between Acute and the Health and Social Care Partnerships.

Our plan acknowledges the emphasis given on improving discharge rates at weekends and pre Noon, noting the requirement to agree a trajectory by the end of November. We are considering a 5% improvement and are assessing the impact that this may have.

The Winter Plan will be received by the NHS Greater Glasgow and Clyde Board meeting on the 15th October 2018. Subsequent to agreement, the final plan will be forwarded to you by the end of October, accompanied by the joint letter reflecting sign up from the Health Board's Chief Executive, Integrated Joint Board Chief Officers, and Chairs.

Yours sincerely

Jane Grant
Chief Executive
NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde
Draft Winter Plan
2018/19

Winter Plan 2018/19

Executive Summary

1. Preparation for winter is captured in the Board's Winter Plan. This document is designed to provide assurance to the Board and the Scottish Government that effective arrangements are in place to respond to the projected level of demand over the winter months.

2. The Cabinet Secretary wrote to NHS Boards and Integrated Joint Boards on the 31 August calling for submission of approved Winter Plans by the 30 October 2018, with a high level outline plan to be submitted by the 2 October 2018.

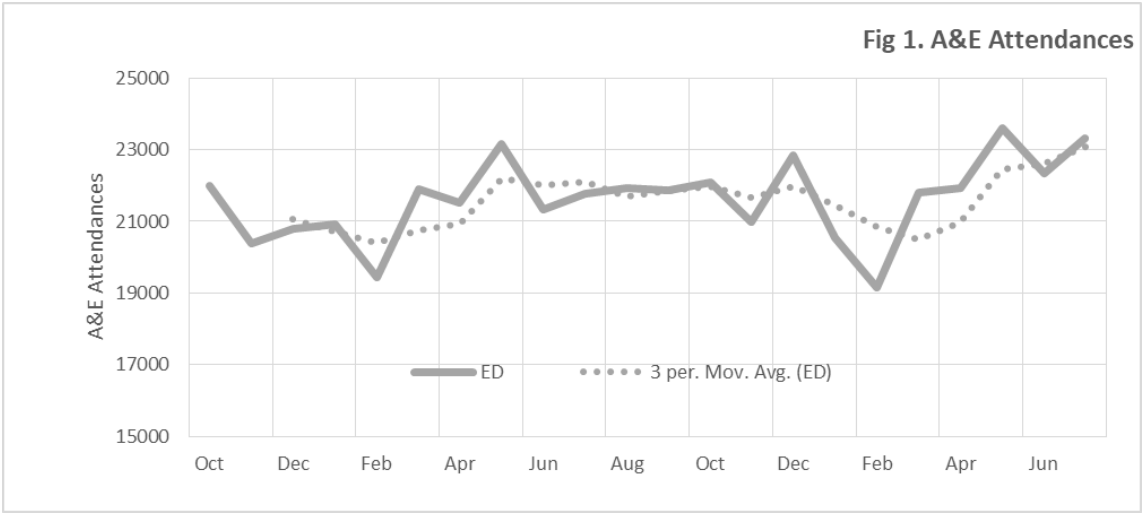
3. The preparations have drawn on lessons learnt from last winter, a continued focus on unscheduled care, the Board's corporate objectives to deliver the Emergency Care A&E standard and to achieve a 10% reduction in emergency admissions through a whole system programme of improvement. There has also been a focus on improving discharge rates earlier in the day and at weekends.

4. Our services were significantly challenged last winter with an early surge in demand in December, the severe weather conditions of the 'Beast from the East' and late presentation of high rates of Flu in March. Demand over the summer months, particularly within A&E and the assessment units has been high with attendances rates sustained at increased levels compared to last year. Total ED presentations are up by nearly 5% on last year.

5. This plan recognises that additional acute bed capacity and measures in community and primary care will be required to deliver care during the winter period. Effective delivery of Unscheduled Care within the established performance parameters will require robust governance, effective processes and integrated responses from across primary, community and acute services.

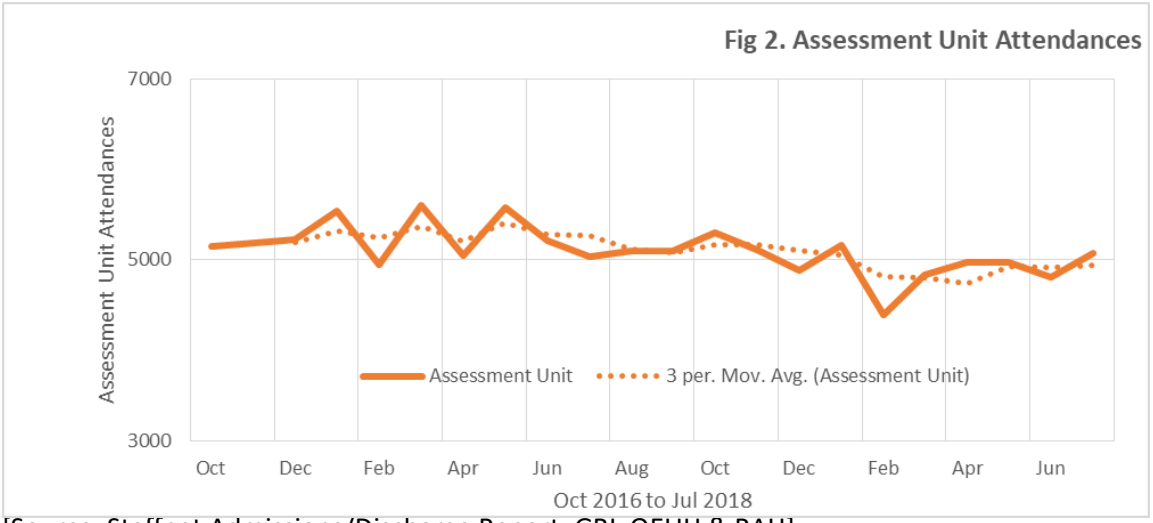
Background Activity and Performance

6. Unscheduled care activity has increased in NHSGGC since last year.
The trend of monthly A&E attendances from Oct 2016 to Jul 2018 shows variation around a mean of 21,600 per month but with an upwards profile during this year. Experience this summer has seen peak attendances with increases of 8% and 7% from the mean in May and July respectively.



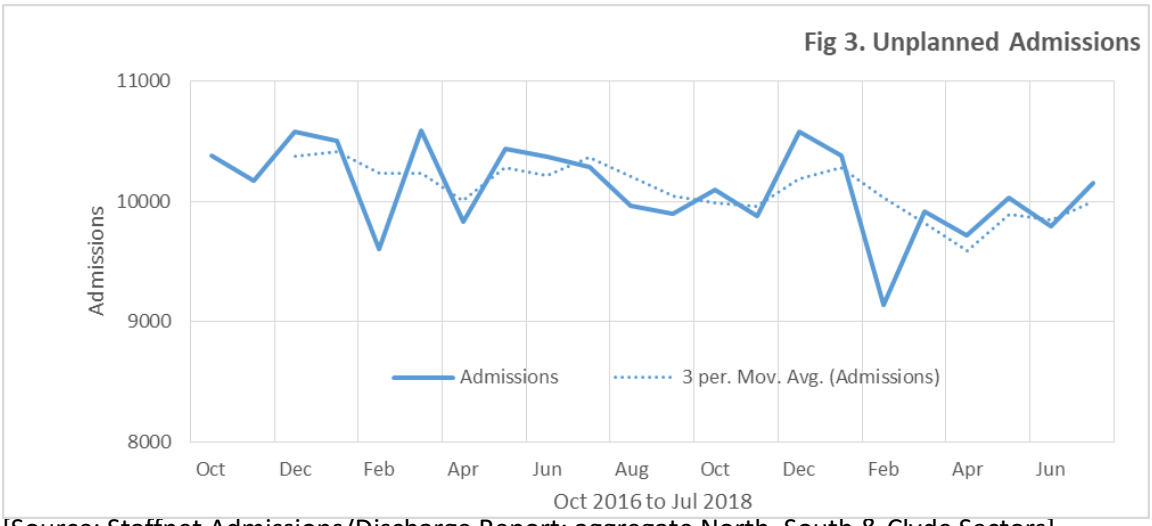
[Source: ISD ED Attendances]

7. Attendances to the Assessment Units across each of the three main sites have a monthly mean of 5102.



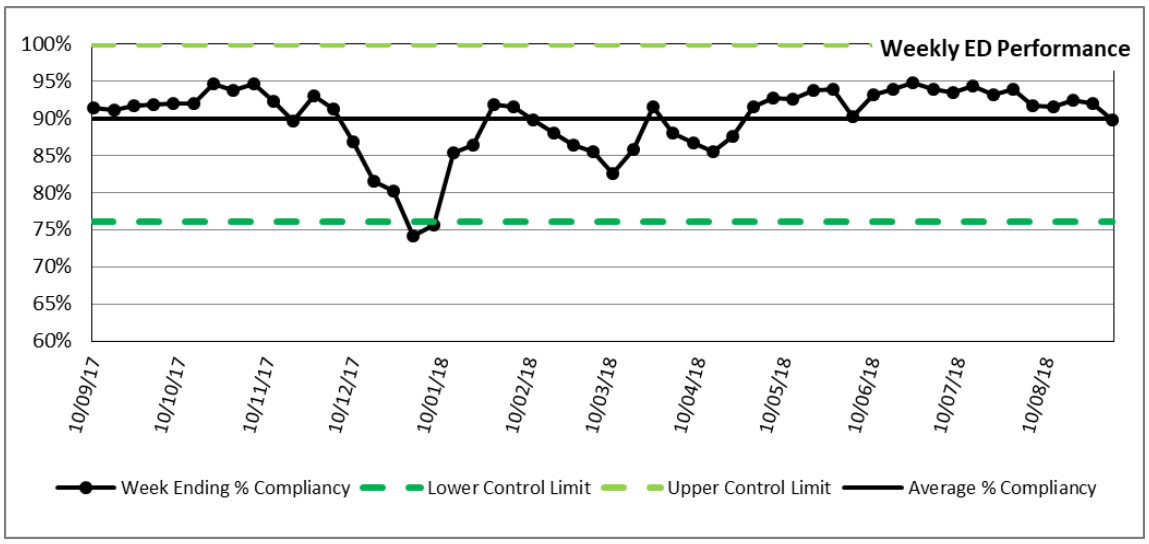
[Source: Staffnet Admissions/Discharge Report; GRI, QEUH & RAH]

8. Combined Unplanned Admissions across the North, South and Clyde Sectors have a monthly mean of 10,103 over the 22 month period. The seasonal increase during the December and January period is 4% over the mean over both years.



[Source: Staffnet Admissions/Discharge Report; aggregate North, South & Clyde Sectors]

9. Over the summer months, NHSGGC has maintained a weekly performance level against the 4 hour target of 90% or more. Performance on different sites has been more variable, particularly on a day to day basis.



Projected Demand Analysis – Surge Capacity

10. Paragraphs 5 to 7 describe the monthly trend in demand between October 2016 and July 2018. Our experience is that monthly admissions during December and January increased by 4% over the mean for the period.

11. During the 2017/18 winter months, an additional 124 acute beds over the base capacity were funded across the North, South and Clyde sectors. This was based on modelling work which considered monthly trend analysis with projections based on 2%, 5% and 8% increases. The additional capacity which was funded would have allowed for a 5% modelled increase.

12. Utilising a similar methodology indicates the following additional bed capacity estimates for given periods.

Additional Bed estimates

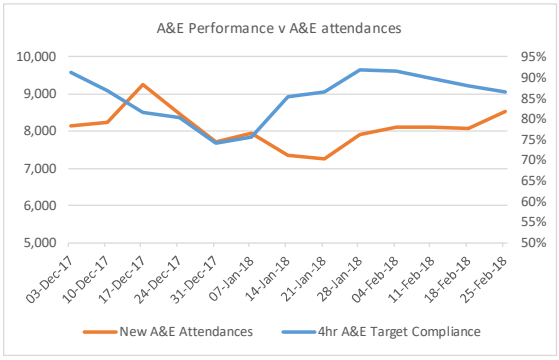
Surge	DEC 16 – FEB 17	JUN 17 – AUG 17	DEC 17 – FEB 18	JUN 18 – AUG 18
2%	37 to 47	34 to 45	38 to 47	36 to 44
5%	93 to 116	86 to 113	95 to 118	89 to 110
8%	149 to 186	137 to 180	152 to 189	142 to 177

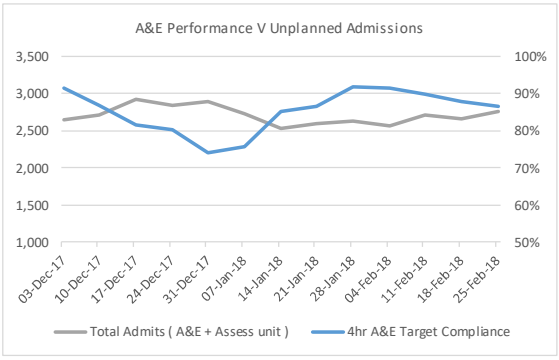
This modelling would indicate a need for approximately 115 additional acute beds to meet an average demand rise of 4-5%. Additional capacity will be identified in each of the Sectors to address this.

13. In recent years the volume of Boarded patients effectively doubles during the Winter Period. Delayed Discharges have recently increased and will be an area of focus for this winter.

Average Weekly Figures	DEC 16 – FEB 17	JUN 17 – AUG 17	DEC 17 – FEB 18	JUN 18 – AUG 18
Boarding	266	138	288	138
Delayed Discharges	117	98	89	129

14. Analysis of weekly trends from last winter indicates the extent to which the resilience of our 'System' is supported by the winter short term step up in capacity. The 2017/18 plan provided for the step up to be enacted from January. Our experience was of an early surge in December. A&E Performance started to dip as attendances increased reaching a peak of 16% above the mean for the period (Week ending 17 Dec). At the same time, admissions surged to 9% above the mean.





15. Additional winter bed surge capacity will be required this winter and this capacity should be in place by December. It is recognised that building the resilience to address demand will require a coordinated approach across primary community and acute. Throughout this year and based on analysis of demand and lessons from last winter, a cross system programme of work has been

developed. The aim was to address variation in process and pathways across NHSGGC and develop common approaches to managing demand before and after hospital admission.

16. A cross system Winter Planning workshop facilitated by the Health Improvement Scotland Improvement Hub took place on the 20 September focusing on identifying actions which reduce demand to the Acute Assessment Units. These proposed actions include but are not limited to:

    - Stratification of demand utilising the principles of *Realistic Medicine* to avoid over treatment and unnecessary admission
    - Improvement in utilisation of alternatives to admission
    - Improved communication between GP and hospital based consultants
    - The right care at the right level at time of presentation
    - Development of 72 hour supported community care "breathing space" for people who don't need acute care
    - A 'How are you service?' targeted at patients at risk of admission

    An outline plan for development of these actions for possible implementation in early winter was produced from the event and will be progressed during October.

Resilience Preparedness

17. Business continuity plans take account of the critical activities of NHSGGC and HSCPs. They include analysis of the effects of disruption and the actual risks of disruption, and are based on risk assessed worst case scenarios. Plans prioritise activities, assess the risks and identify how they will be supported and maintained during service disruption. Business Impact analysis has been completed for each critical service to identify minimum staffing levels to maintain service delivery.

18. The HSCP and Acute Business Continuity Plan framework has been developed to ensure coordination and consistency across sectors. Each plan has an escalation process, with roles and responsibilities identified through relevant action cards. These plans focus on recovery time objectives set for a return to normal operation. GP Practices and Pharmacy continuity plans include a 'buddy system' should there be any failure in their ability to deliver essential services.

19. Plans have been tested in recent months with the severe weather and updated from lessons learned. Internal exercises to validate plans are run by individual services to ensure fitness for purpose. A further cross system table top exercise to test Escalation Plans is scheduled for early November.

20. Business continuity arrangements within NHSGGC are networked effectively with Local and Regional Resilience Partnerships and will contribute to the West of Scotland Regional Resilience Mass Fatalities Group work plan.

21. NHSGGC leads are meeting in October with Local Authority and Funeral Director representatives to agree a contingency plan which will include cross city transport to maximise mortuary space where needed.

Staffing

22. Staffing rotas for the Winter Period and specifically the Festive Public Holidays are being finalised and will be confirmed by the end of October. Annual leave is actively managed all year

including over the winter period, with leave in key services managed according to the demand projections and clinical priorities. There is an absence management process in place and this is applied as business as usual.

23. The Staff Banks and Recruitment service provide both pro-active and reactive activity to help mitigate risks as a result of winter demands and pressures across NHSGGC . This year, recruitment of over 450 substantive newly qualified nurses to start in October has been undertaken, all of whom will be registered on to the Bank at the time of starting. Band 2 Healthcare Support Worker recruitment is underway with the aim to recruit approximately 150 - 200 individuals. Closer working with the Universities has led to a change of process, signing student nurses to the bank prior to the winter period, enabling more responsive support at key periods. Retirees have also been targeted during August and September to promote bank opportunities.

24. A key pressure area is in the Clyde Sector. Owing to the level of demand and an increased number of vacancies, a targeted recruitment campaign will take place for substantive and bank staff, this will include action from the NHSGGC Employability team and local engagement with job centres and workforce employability programmes for Healthcare Support Worker posts.

25. Fill rates will be reported on a daily basis to support shift monitoring, with staff linked into the 'Huddle' reports each morning. Dedicated resource and actions for fill priorities will be confirmed with each sector.

26. The review of the Adverse Weather Policy is underway and will be published shortly. HSCPs are also working with Councils in respect of local authority employed staff. The HR Connect site is in place and is updated regularly throughout winter for both bank workers and services. In extreme weather and other high demand situations this will include instructions and guidance for bank staff. Bank workers will be alerted to updates on the website through e-mail and text to ensure regular viewing of this.

Unscheduled Care/Elective Care Preparedness

Clinically Focussed and Empowered Management

27. From November, management teams will step up to enhanced winter cover arrangements. Each Sector has empowered and clinically engaged local site management with a duty manager of the day focused on managing and coordinating services across the hospital system focused on delivering safe high quality care. There are management cover arrangements at weekends and Public Holidays; a senior manager on call overnight and weekends with enhanced nursing also in place in evenings and weekends. These arrangements are mirrored in each HSCP with locality management structures to ensure systems for dialogue and escalation across the whole system.

28. System wide Director level communication and coordination is in place with daily Chief Operating Officer calls between Acute and IJB Chief Officers.

29. A focus over the summer months within the hospital management structures has been to review and revise arrangements for Consultant in Charge, Flow Hubs and Escalation Policies. The review has enabled us to create visual representation of the core processes undertaken across the hospital system. We have created a model of the Daily Demand and Capacity Cycle to illustrate the various stages and coordination of processes that currently enable us to establish the status

of the hospital and estimate the anticipated demand and capacity requirements. In addition we have developed our local escalation policies to ensure that they reflect the required levels of decision making and associated actions to maintain and improve patient flow. During the winter months there will be a focus on increased ward rounds and earlier clinically appropriate discharge from hospital

30. The NHSGGC 6 Essential Actions Programme reflects the following key priorities and work has been progressed across all of the following areas in collaboration with Acute and HSCPs:

    - High volume Admissions – we have identified the highest volume patient conditions resulting in attendance and admission within each HSCP. Subgroups have been formed to focus on a specific condition with the ambition to reduce attendance, admission and hasten discharges.

    - Frequent attendance - HSCPs are undertaking a review of frequent attendees to Accident and Emergency Departments. This data has been shared with GP Practices and Cluster Quality Leads (CQLs) to initiate action and additional meetings held between GGC UCC Programme Manager and Glasgow City to ensure there is planned action to reduce these. Additionally the HSCPs are promoting the "know who to turn to" campaign, to divert patients away from ED.

    - Daily Dynamic Discharge – All Sectors have established DDD working groups to ensure compliance with DDD and 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.

    - Day of Care Survey – NHSGGC completed the National Day of Care Survey in April this year and Sector Action Plans have been progressed to act on the recommendations made in each of the hospital specific reports. We will also participate in the next national DoCS scheduled in GGC for 25/10/2018. On the 02/09/2018, the QEUH conducted an additional mini DoCS to analyse differences between weekend and weekday inpatients - to understand and measure patient discharge status and the impact this might have on Monday flow and ED performance. Action planning is underway utilising the findings.

    - Improving Ambulance Turnaround Times – At a system level, we have an established forum with the Scottish Ambulance Service to resolve issues such as delayed turnarounds and address other priorities. At a sector level work is ongoing to improve performance and the "safe to sit" programme is being piloted at the RAH aimed at reducing delays caused when waiting for trollies. Both GRI and QEUH have conducted visual audits of turnaround times and have identified action plans to address any potential delays in the handover process.

Optimising Patient Flow

31. The proposed uplift in winter surge bed capacity will be complemented by additional measures by the Acute Sector and HSCPs to:

    - Reduce the length of stay and expedite discharge and improve time of day of discharge
    - Maximise the turnover of HSCP intermediate care beds
    - Reduce admissions into hospital
    - Provide alternatives to hospital admission
    - Increase in pharmacy support focussed on discharge planning, only prescribing and ordering to meet clinical need and stock management on wards

32. Reducing length of stay and expediting discharge will be enabled by the actions described above in the sections relating to Clinically Focused and Empowered Management (Consultant in Charge, Flow Hubs and Escalation Policies) as well as the continued focus on the principles of the 'Six Essential Actions' and Daily Dynamic Discharge activities.

33. Our plan envisages a trajectory to improve discharge rates as follows:

Element	Current average	Improvement	Target	By When
Discharge Pre Noon	18%	5%	23%	December
Weekend Discharge	19%	5%	24%	December
Delayed Discharge	129	Return to Winter 17/18 levels	89	December

[Figures based on weekly average over period Jun-Aug 2018]

34. Throughout this year, the HSCPs have worked together to develop a joint action plan reflecting agreed actions common across all 6 partnerships. The objective is to reduce activity by 10% for Attendances, Admissions and Occupied Bed Days. The plan is complemented by individual HSCP plans which focus on local needs with initiatives to address them.

    The plan is made up of a combination of detailed activity in relation to particular clinical conditions as well as a range of enabling activity, designed to impact across a number of clinical pathways. Work on these streams will continue throughout the winter and add value on a phased basis.

    The following sections describe the areas of work that can be expected to have impact over this winter.

    - **COPD Pathway** – One of several high volume pathways, COPD has been targeted for attention in recognition of a lower proportion of patients being discharged within 24 hours across NHS GG&C than other Boards. The COPD24 pathway will introduce a Multi-Disciplinary Team approach to managing patients within the first 24 hours of presentation. The pathway is supported by a digital dashboard enabling identification of COPD patients and information to be shared digitally across care providers. Care bundles for Admission and Discharge are being finalised for use across all sites and services. Based on the successful

Glasgow City community respiratory service, an agreed service model is being developed to secure similar outcomes in each HSCP.

- **Reducing admissions from Care Homes** – The Red Bag scheme is being progressively rolled out across the NHS GG&C with wide scale adoption by late October. The red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. This is a simple process for supporting communication and information sharing across care homes and acute services at times of unscheduled care. Evaluation will be facilitated with the Care Home's dashboard tool introduced earlier this year which identifies and enables monitoring of admissions to hospital from Care Homes. HSCPs are also working closely with care homes, GPs and others to improve clinical support to residents and reduce admissions to hospital

- **Frailty** – HSCPs have agreed a single approach to identify people with frailty in the community and review current service delivery to develop new pathways and ways of working to support people with a frailty diagnosis to live at home or homely setting as independently as they can.

  Permission has been granted to adopt the Rockwood et al Dalhousie University Clinical Frailty Scale; West Dunbartonshire HSCP is an early adopter of this tool. The tool itself is easy to apply and provides a common language across services in describing and understanding the person's level of frailty. Going forward it is anticipated that the Frailty score will determine the requirement for engagement in Anticipatory Care Planning and population of the Key Information Summary.

- **Anticipatory Care Plans (ACP)** – HSCPs have confirmed a standardised approach should be implemented with robust monitoring to track improvement. A well-completed Key Information Summary covers enough useful information to achieve the goals of an ACP. HSCPs are encouraging full use of KIS functionality within EMIS as a practical proxy for an ACP, acknowledging the function of the ACP as a patient held record but noting the 32 pages can be difficult to ensure widespread use. The approach is to target at those with the most fragile health needs and therefore most likely end up being seen by OOH or admitted to hospital. This includes, but is not limited to:

  - Housebound patients
  - Dementia patients
  - Nursing home patients
  - Patients with fragile significant conditions such as severe COPD, bronchiectasis, CF, MND and MS

- **Delayed Discharge** – 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 and a seminar is scheduled for mid October to focus on questions such as:

  - 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 input re delayed discharges
- Additional resources to manage increased demand such as District Nursing, rehabilitation equipment and aids and adaptions

Out of Hours Preparedness

35. The Out of Hours Winter Preparations have been developed having incorporated the lessons learned from the review of last year.

36. There has been considerable work done on a Board wide review of Health and Social Care Out of Hours Services which takes into account local lessons and the recommendations of the Ritchie Report. Actions which will be taken forward this winter include additional pharmacists in Out of Hours services, which also host CPN telephone support.

37. Capacity across the interface between NHS24 and GP Out of Hours has been reviewed with proposals such as formalising lead responsibility for triaging calls with NHS24 being developed. There has been a detailed review of demand, utilising resources such as System Watch which has informed winter capacity planning. Work is also progressing on processes to manage demand more effectively with a cross system work stream focused on 'Redirection'.

38. Rostering of Out of Hour's services is informed by predicted levels of demand. High Risk shifts are highlighted with additional staff identified. All rosters are reviewed at regular intervals to manage any additional issues. During the winter months, these reviews will be conducted more frequently to enable mitigation of risks and ensure resilience.

Preparation for & Implementation of Norovirus Outbreak Control Measures

39. The Board's standard operating procedure is available via the Infection Prevention & Control Team icon on all desk tops. This includes an 'Outbreak' procedure with resources/guidance and the escalation plan for acute care. There is close working with local Infection Prevention and Control staff (LIPC) and all receiving units to ensure policy and procedure are up to date.

40. Communication processes within our hospitals are in place with daily position of bed closures including external issues such as nursing home closures. Board Directors receive a daily email which is cascaded through appropriate forum such as the daily 'huddles'.

41. The Press office is included in this communication and attend any outbreak control meeting where it is decided if information requires to be given to the wider public. The Health Protection Team are also represented at this meeting and can issue information to GPs and nursing homes.

42. Cover over the Public Holidays will be in place with on call microbiology and LIPC nurses to review closed wards over weekends and festive periods to facilitate prompt opening of closed wards.

Seasonal Flu, Staff Protection & Outbreak Resourcing

43. Last year, 15,500 staff received the flu vaccine equating to a rate of roughly 40%. The ambition for 2018/19 is to achieve a rate of 60%.

44. Led by the Occupational Health team with close support from the Public Health Protection Unit, the 2018/19 campaign has been launched with communication media updated and a dedicated web page in place with all the relevant information for staff. Peer immunisation is recognised as being highly effective and will be a central feature of this year's campaign. To date we have a higher uptake of volunteers to support delivery and have active support by Clinical leads to encourage uptake. Large onsite drop in clinics are planned from the beginning of October to further facilitate access.

45. Outside of hospital, the Public Health Protection Unit will support Primary Care on diagnosis, anti-viral treatment and flu immunisation. Care homes are also supported to promote vaccination and encourage uptake in residents and staff. Routine surveillance, utilising the Health Protection Scotland weekly reports is embedded into daily practice. Local outbreaks in locations such as schools, prisons and care homes are actively managed to minimise the spread and potential impact on secondary care.

46. Last year, Point of Care Testing was introduced across sites contributing to the rapid identification of patients on admission, allowing appropriate management. Plans are being finalised to build on our experience targeting services where impact was most apparent.

47. The table below summarises the flu vaccine-uptake rates in NHSGGC last flu season (2017/18) a significant proportion of the vulnerable population in NHSGGC remained unprotected from the risks and complications of influenza last season. Those practices that achieved a good flu vaccine uptake are encouraged to continue the work this season.

Eligible Groups	Average Uptake Rate	Range	National Uptake Target
65 yrs and over	73.9%	55.3 - 89.1%	75%
< 65 yrs & 'at risk'	45.6%	24.2 – 68.5%	75%
Children 2 – 5 yrs	54.7%	10.2 – 93.1%	65%
Pregnant Women (not in another clinical risk group)	54.2%	14.29 – 100%	

Communications

48. All year round, NHSGGC promotes "Know Who To Turn To" messages on our corporate social media platforms. We will continue this throughout the winter period with specific messaging for out of hours and the holiday season. We will supplement this with the following activity:

    - For the first time, a regional approach is being promoted to winter communications with a West of Scotland on air and online radio campaign planned for the January-February period across the NHSGGC, Forth Valley, Ayrshire and Arran and Lanarkshire areas. Each board is making a contribution to the campaign which is also being supported financially by NHS 24. The key messages for the campaign will be to 'Meet the experts' and encourage people to make use of the local 'experts' within minor injuries units, pharmacies and mental health for speedy access.

    - This radio campaign will be backed by a suite of Meet the Experts videos to be published on NHSGGC's social media channels which already have a proven record in promoting alternatives to ED. The videos cover minor injuries, mental health, pharmacies and self-care.

    - A social media Countdown to Christmas campaign will encourage people to be prepared for the holiday period. We will also support the NHS 24 Be Health Wise campaign through our social media channels and website.

    - A special winter edition of Health News, our digital magazine, will be published in November to 30,000 subscribers with key messages about winter health and self care, accessing services over the holiday period and flu vaccination messages. This will be promoted also via Facebook and twitter (combined direct audience of a further 30,000 followers).

    - A winter booklet on accessing services over the holiday season will be produced in print and online. Approximately 80,000 copies are distributed to GP surgeries, dentists, pharmacies and opticians and the online version is published on our website and via social media. The online version is also shared with our health and social care partnerships and NHS 24 to promote on their websites. The publication of the booklet will be accompanied by a media release.

    - We will support the national flu campaign with local press releases and case studies. We will work with the Board's Immunisation Programme Manager to deliver a staff campaign to increase uptake of the flu vaccination programme amongst healthcare workers. This is launching in October. (We have shared our staff campaign with comms teams across Scotland and have already had interest of other boards seeking to use our campaign with their staff).

    - A proactive media statement will be issued to all media before the holiday period signalling that we expect to be busy and asking people only to attend ED if it is an emergency. This worked well last year and created a better opportunity to set the media tone rather than reactive statements responding to variation in performance.

    - Our communication escalation plan will allow us to respond to service pressures and support colleagues in managing demand; our social media channels allow us to rapidly respond to emergency situations and we can issue urgent messages to the public, to GPs, to staff to respond to situations as they emerge if necessary.

Conclusions

49. This Winter Plan has been developed under the oversight of the Unscheduled Care Steering Group with cross system ownership from across the Acute Division and HSCPs.

50. This plan reflects the progressive improvement in governance, processes, and patient pathways across the Acute Division and HSCPs. The aim is to deliver safe, effective care across all our services for patients requiring emergency healthcare, whilst maintaining planned care.