

**This paper relates to  
Agenda Item 8**



**Title/Subject: NHS Forth Valley Winter Plan 2016/17**  
**Meeting: Integration Joint Board**  
**Date: 02 December 2016**  
**Submitted By: Director of Public Health and Planning**  
**Action: For Noting**

## **1. INTRODUCTION**

- 1.1. NHS Forth Valley is expected to produce a Winter Plan as part of the Scottish Government's requirements for "Preparing for Winter 2016/17".
- 1.2. Guidance and a self assessment reporting template were published by the Scottish Government on 12 August 2016 to provide direction and support to Boards and Local Authorities, including the national report "Health & Social Care Winter in Scotland 2015/16".
- 1.3. The first draft NHS Forth Valley Winter Plan 2016/17 was returned to Scottish Government (SG) colleagues at the end of August 2016 as requested.
- 1.4. The national guidance indicates that final plans require senior joint sign-off reflecting local governance arrangements and should be lodged with Scottish Government and published on line by the end of October 2016.
- 1.5. This paper outlines the content of the Winter Plan 2016/17, key milestones and progress against the key actions.
- 1.6. The Winter Plan was approved by the NHS Forth Valley Performance and Resources Committee at a meeting on 25 October 2016, and had senior sign off by the Chief Officer, Falkirk Integration Joint Board.

## **2. RECOMMENDATION**

- 2.1 The Integration Joint Board is asked to note the NHS Forth Valley Winter Plan 2016/17

### **3. BACKGROUND**

3.1. The Scottish Government has outlined the following key milestones:

- First Draft Winter Plan to be submitted by the end of August.(complete)
- Winter Plan to have senior sign off with Health and Social Care Partnerships. (complete)
- Business Continuity plans tested with partners (complete)
- Winter Plan to be formally signed off, published on the Health Board's website and submitted to Scottish Government by the end of October 2016.(complete)

3.2 Winter Planning Process

Lead contributors to the Forth Valley Winter Plan in health and social care services were identified and provided detailed contributions.

The draft Winter Plan was tested at a multiagency winter planning exercise on 4 October and following the exercise, the plan was finalised for approval and submission to Scottish Government.

### **4. NHS FORTH VALLEY WINTER PLAN 2016/17**

4.1 The NHS Forth Valley Winter Plan 2016/17 has been prepared in line with Scottish Government guidance "Preparing for Winter 2016/17".

4.2. The main focus of the Winter Plan deals with the period from November 2016 to March 2017 and in particular, detailed arrangements for the festive holiday fortnight, in December and January.

4.3. The Health Board's arrangements for managing all year round capacity and flow have been augmented to include winter planning, in order to deal with the additional pressures placed on health and social care services during the winter period. This incorporates local contingency plans and ensures formal links with the plans of key stakeholders from the Local Authorities, ambulance services, third sector, independent sector, NHS 24 and Serco.

4.4. During the winter period, it is also essential that the elective activity programme is maintained in order to minimise the impact of winter on the Treatment Time Guarantee position.

4.5. The critical areas which are covered by the Winter Plan are:

- Business continuity plans tested with partners.
- Escalation plans tested with partners.
- Safe and effective admission / discharge continue in the lead-up to and over the festive period and also in to January.

- Strategies for additional surge capacity across Health and Social Care Services.
- Whole system activity plans for winter: post-festive surge / respiratory pathway.
- Effective analysis to plan for and monitor winter capacity, activity, pressure and performance.
- Workforce capacity plans and rotas for winter/festive period by October.
- Discharges at weekends and bank holidays.
- The risk of patients being delayed on their pathway is minimised.
- Communication plans.
- Preparing effectively for norovirus.
- Delivering seasonal flu vaccination to public and staff.

4.6. The Winter Plan 2016/17 is attached at Appendix 1 and is presented with the following sections:

- Executive Summary and Introduction
- Lessons learned from 2015/16
- Analysis of activity, capacity and demand
- Improving service delivery - Initiatives in place and actions for 2016/17
- Managing the impact of infectious diseases
- Resilience
- Communications
- Resources
- Information management and performance reporting.

## 5. CONCLUSION

### **Resource Implications**

The resourcing arrangements are outlined in section 8 (Resources) of the Winter Plan 2016/17.

### **Impact on IJB Outcomes and Priorities**

The Winter Plan was prepared in conjunction with Health and Social Care Partnerships and other strategic partners, acknowledging the integrated arrangements for responding to the additional pressures experienced during the festive and winter periods.

### **Legal & Risk Implications**

Nothing to report.

### **Consultation**

The Winter Plan is consistent with the NHS Forth Valley Healthcare Strategy and the Falkirk Health and Social Care Partnership Strategic Plan.

### **Equalities Assessment**

As for Consultation.

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Approved for Submission by: Graham Foster, Director of Public Health and Planning

**Author – Janette Fraser, Head of Planning**

**Date: 31 10 16**

**List of Background Papers:**

- **Scottish Government – Preparing for Winter 2016/17**
- **Scottish Government – Health and Social Care Winter in Scotland 2015/16**



NHS Forth Valley

# Winter Plan

2016/17

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## Executive Summary

This plan sets out how NHS Forth Valley and the Board's strategic partners are preparing for the additional pressures of winter. The plan focuses on November 2016 to the end of March 2017, with a particular focus on the festive holidays and the immediate post-festive period.

Whilst winter is traditionally a busy period for health and social care services, it is also a time when there can be sudden and unpredictable increases in demand. This Winter Plan is backed up by a series of contingency plans for unexpected events, which have been tested in conjunction with partner organisations.

The Winter Plan 2016/17 has been produced in conjunction with the Falkirk Health and Social Care Partnership and the Clackmannanshire and Stirling Health and Social Care Partnership.

The Winter Plan sets out:

- **Actions that have been taken to strengthen NHS capacity across Acute, Primary, Community and Social Care Services.**
- **A balanced approach to admissions and discharges, with the aim of reducing avoidable delays, maintaining services and delivering treatment time guarantees.**
- **Plans for creating additional capacity.**
- **Plans to maintain the elective treatment programme.**
- **Arrangements to ensure staff capacity is in place over the festive period.**

As well as planning for the pressures of winter, NHS Forth Valley also works with the local population to promote initiatives that reduce ill health and ensure that individuals know the best place to seek help.

NHS Forth Valley will deliver an extensive communication plan during Autumn 2016, linked to the National campaign. This will cover a wide range of issues from supported self-care, community pharmacy and dentistry services to promoting uptake of immunisation and the Stirling Minor Injuries Unit.

Each year the Scottish Government makes additional funding available to tackle anticipated winter pressures. This year, the available funds are targeted at delayed discharges and unscheduled care, as well as joint working with Integration Joint Boards. The plan sets out how the additional funding will supplement the existing measures in our annual financial plan.





Example of advertising used in winter 2015/16



If you get **norovirus**, avoid direct contact with others until at least 48 hours after your symptoms have stopped.

2016/17 Norovirus Campaign

Don't spread it. If you get ill, stay at home.  
#NoToNorovirus [www.nhsinform.co.uk/norovirus](http://www.nhsinform.co.uk/norovirus)



**I've had my flu jab, have you?**

**Did you know?**  
Unvaccinated health care workers (HCW) are 3 times more likely to get flu than vaccinated HCW.

\* A study estimated that 18.7% of health care workers who weren't vaccinated got flu, compared with 6.5% who had received the jab. (Kuster et al. 2011)

Boris Chesepot, Senior Charge Nurse (NHS)

Protect your patients, your family, colleagues and yourself - be a flu fighter and get the flu jab. See the staff intranet for details.



**I've had my flu jab, have you?**

**Did you know?**  
The flu vaccine **CANNOT** give you the flu.

- The adult vaccine does NOT contain live flu virus therefore it can't give you the flu.
- You may get a slight temperature after vaccination, but this just shows your immune system is responding.
- Protection starts after 10 days.

Michael Gidd, Consultant (NHS)

Protect your patients, your family, colleagues and yourself - be a flu fighter and get the flu jab. See the staff intranet for details.



2016/17 Flu Campaign

# 1 Introduction

## 1.1 Background

Service arrangements for all year round capacity and flow management will be augmented to deal with the additional pressures placed on services during the winter period. Consistent with Scottish Government guidance *“Preparing for Winter 2016/17”*, NHS Forth Valley has produced this Winter Plan for 2016/17.

During the winter period a number of pressures will be prevalent which will have an impact on NHS Forth Valley’s ability to manage demand and capacity, which includes:

- Increased demand for unscheduled care.
- Higher rate of admissions to hospital.
- More patients waiting to be discharged from hospital.
- Decreased workforce resilience (festive holidays and sickness absence).
- Requirement to continue to deliver the elective programme.
- Need to provide additional health and social care capacity in acute hospital and community settings.

Health and social care integration also has a key role in enhancing service provision for the anticipated challenges during the winter period.

## 1.2 Purpose and Scope

This plan focuses on the period from November 2016 to March 2017 highlighting particular detailed arrangements for the festive holiday periods in December and January. The Winter Plan will include daily reporting to the Scottish Government Directorate for Health Workforce and Performance and internal daily reporting and performance management arrangements.

This plan represents a whole-system approach, incorporating local contingency plans and ensuring formal links with the plans of key stakeholders including the Integration Joint Boards, Local Authorities, Scottish Ambulance Service, NHS 24, the Third and Independent sectors (including Serco).

## 1.3 National Context

The Scottish Government requires all NHS Boards to address the following areas in the Winter Plan:

1. Business Continuity Plans tested with partners.
2. Escalation Plans tested with partners.
3. Safe and effective admission and discharge continues in the lead up to and over the festive period, and also in January.
4. Strategies for additional surge capacity across Health and Social Care Services.
5. Whole system activity plans for winter: post festive surge and respiratory pathway.

6. Effective Analysis to plan for and monitor winter capacity, activity, pressure and performance.
7. Workforce capacity plans and rotas for winter / festive period agreed by October.
8. Discharges at weekend and bank holidays.
9. The risk of patients being delayed on their pathway is minimised.
10. Communication Plans.
11. Preparing effectively for norovirus.
12. Delivering seasonal flu vaccination to public and staff.

## **1.4 Governance**

This Winter Plan has taken account of the national guidance and has been developed with the support of lead managers and clinicians from NHS Forth Valley and the two local Health and Social Care Partnerships, supported by the NHS Board Chief Executive's Operational Group. The final version of the winter plan will be approved by the NHS Board's Performance and Resources Committee along with senior sign off by the Chief Officers of the Falkirk and Clackmannanshire and Stirling Social Care Partnerships, on behalf of the Integration Joint Boards

## **1.5 Main Areas**

The main areas included in this plan are described in detail in the following sections:

- Lessons Learned from 2015/16.
- Analysis of Activity, Capacity and Demand.
- Improving Service Delivery - Initiatives in Place and Actions for 2016/17 (including improving discharge, preventing admissions, arrangements for the festive period, responding to surges in demand, GP Out of Hours).
- Managing the Impact of Infectious Diseases.
- Resilience.
- Communications.
- Resources.
- Information Management and Performance Reporting.

The table below provides a summary of the main actions identified for implementation during 2016/17, grouped under three critical areas:

- Actions intended to either reduce emergency admissions or facilitate discharge.
- Actions targeted specifically at the busy festive and post festive season periods.
- Actions intended to prevent unpredictable surges in demand.

GP out of hours services are a critical element of the overall approach to managing winter pressures. NHS Forth Valley has a specific Out of Hours Plan, which covers the whole of winter.

Improving Service Delivery		
Preventing Admissions and Supporting Discharge	Specific Arrangements for the Festive and Post-festive Period	Preventing and Responding to Surges in Demand
Ensure that the rapid response “Closer to Home” service in the community supporting individuals with higher needs to remain well at home alongside the 24/7 support line “Advice Line For You” (ALFY) for the public for those aged 65 and over, are publicised widely.	Additional winter capacity beds have been identified and will be made available January and February.	Review Anticipatory Care Plans and ensure that these are targeted towards our most appropriate care groups.
Implement a clinical efficiency plan aimed at reducing the length of stay and optimising day cases, seeking to achieve a 10,000 reduction in bed days a year (“Save 10,000 bed days programme”).	Plan festive and post festive rotas to ensure sufficient staff are on duty to cope with anticipated periods of high demand.	Provide intensive support for our most vulnerable respiratory patients including self-management plans, specialist review and direct access to community pharmacy prescriptions.
Refresh the discharge target by ward, matching predicted demand. This will be used to monitor performance at the morning and afternoon huddles, 7 days a week and improve timely use and accuracy of Predicted Date of Discharge.	Maintain the elective programme to minimise the impact of winter on the Treatment Time Guarantee (TTG) position.	Deliver an intensive pre-winter Norovirus awareness campaign and maintain intensive infection control arrangements as used successfully in previous years.
Continue to produce a summary across all wards to monitor performance and progress routinely in terms of accuracy of Predicted Date of Discharge and the discharge levels before noon and at weekends. This includes % discharges that are criteria led on weekends and bank holidays.	We will ensure that the Frailty Service, at FVRH, is available Monday to Friday during the predicted period of peak seasonal demand.	Deliver a comprehensive population wide seasonal influenza immunization campaign covering children, older adults, at risk groups and health and social care staff.
Ensure patients over 14 days LOS (Length of Stay) have an action plan agreed with an appropriate member of senior staff.	Continually review availability of discharge lounge to provide a service that will open over extended hours seven days a week during predicted peaks of demand.	Deliver relevant population immunization campaigns including Herpes Zoster, Pneumococcal Pneumonia and the full range of vaccine preventable diseases.
Continue to conduct ‘Point of Care’ audit two weekly to identify and reduce the numbers of people who are inappropriately receiving their care in an NHS acute hospital setting.	Additional Consultant cover at weekends over the festive and post festive period will support discharges and ensure appropriate patients are reviewed by a consultant every day.	Ensure appropriate access to community services including GP Out of Hours, extended access to GP over holidays, community pharmacy, community dental services etc.

Improving Service Delivery		
Preventing Admissions and Supporting Discharge	Specific Arrangements for the Festive and Post-festive Period	Preventing and Responding to Surges in Demand
Review multi-agency input including SAS and social work to the daily hospital huddle in order to support earlier discharge.		Prepare contingency plans for the temporary use of other clinical areas to accommodate unplanned and emergency care patients in extreme circumstances.
Review “discharge to assess” arrangements to promote early discharge and improve how services are delivered.		
Continued rollout of criteria led discharge to empower front line staff in risk based decision making.		
<b>Deliver a comprehensive communication plan advising staff and the public about the arrangements for winter 2016/17</b>		

## **2 Lessons Learned from 2015/16**

### **2.1 Health and Social Care: Winter in Scotland 2015/16**

Scotland wide lessons have been learned from winter 2015/16 that we can draw upon for winter 2016/17. In 2015/16 NHS Scotland increased capacity and carried out more activity than the previous winter. Delayed discharge performance improved and Scotland saw significant A & E waiting times performance improvements compared to previous winters. Preparing for winter, integrating health and social care, improving delayed discharge and supporting delivery of the six essential actions continue to be priorities for the Scottish Government. A summary of the main national findings from 2015/16 is provided below:

- Measures were taken to strengthen capacity by increasing the available workforce in line with expected demand.
- Increased levels of activity were delivered by the Scottish Ambulance Service hospital A & E departments and hospital inpatient services, although calls to NHS 24 core services reduced by 1.1% compared to winter 2014/15.
- Weekly emergency inpatient admissions with respiratory illness were lower than for winter 2014/15 but remained above the recent long-term average.
- Within the general community, the impact of influenza on general practice was low and below the levels expected in a normal influenza season across the whole of the 2015/16 season, although provisional data on the number of influenza hospital admissions for 2015/16 is similar to 2014/15 and higher than previous seasons.
- Delayed discharge performance improved during the winter of 2015/16. The number of bed days occupied by delayed discharge patients reduced to 46,309 by March 2016, a decrease from December 2014 of 57,187.
- The norovirus season 2015/16 was relatively low compared to the 2010-2015 seasonal average and significant effort has gone into improving norovirus outbreak prevention, preparedness, detection and management.
- A&E waiting times performance improved significantly in 2015/16 and core A & E waiting times performance in Scotland was higher compared to the rest of the UK
- Elective and cancer waiting times remained stable over winter 2015/16
- Early data on seasonal flu uptake by staff in 2015/16 was 32%, representing a decrease on 2014-15 when the uptake was 35.6% and overall recorded uptake is low and below the 50% target, although some Boards consistently achieve higher levels of uptake
- More than 2 million people across Scotland were offered the free flu vaccine.

## **2.2 Local Lessons Learned**

A review of the NHS Forth Valley Winter Plan 2015/16 was undertaken in May 2016 and highlighted a number of key actions. These included:

### **Primary Care, Health and Social Care Partnership and Community Actions**

- Roll out of Advice Line of You (ALFY) i.e. a support line for patients aged 65 and over and Closer to Home Enhanced Community Team i.e. supporting individuals to remain well at home, established in Forth Valley.
- Improvement in the provision of additional care at home packages and care home places reduced the number of patients delayed in their discharge over the winter period.
- Strathcarron Hospice increased hospice at home service provision and improved access to hospice inpatient beds.
- Weekly tactical meeting on delayed discharge to progress with addressing individual patients' requirements.
- Well planned and executed public and staff norovirus campaigns.
- Over 77% of the population aged over 65 and 76% of primary school children took up the flu vaccination, both above the national target.
- The newly established immunisation team were effective in delivering the childhood flu programme.

### **Hospital Actions**

- Frailty clinic in place Monday to Friday.
- Point of care audit established - supporting flow management and reducing delays.
- Daily hospital huddle in place to support early discharge.
- Additional beds were identified and there was a phased introduction of the additional capacity.
- Extended availability of the discharge lounge during winter 2015/16.

### **Staffing Actions**

- Staffing rotas filled as planned over the festive period and a high fill rate with the staff bank was achieved. The staff bank had a positive outcome following the recruitment campaign.
- Annual leave managed effectively over the festive season for health and social services.
- Additional weekend cover for consultants implemented over the festive period and extended hours for specific services were put in place.
- Additional community nursing and AHP capacity in place at weekends during the winter period and also over the festive period to support discharges.
- Planned reduction of training events offered during January.

### **Strategic and Operational Leadership**

- Process for escalation in place and agreed with multi-agency representation.
- Weekly monitoring reports from Information Management reviewed by Chief Executive's Operational Group.

Lessons learned and areas for further improvement are summarised below:

- Further work was required to improve predicted date of discharge planning.
- Inpatient areas did not fully achieve the targets for discharges by midday and weekend discharges.
- There was a need to embed weekend discharge and discharge before midday targets as part of all year round business as usual arrangements.
- Improvements in providing care packages and care home places should be maintained in order to reduce the numbers of patients delayed in their discharge over the winter period.
- While there were normal circulating levels of respiratory illness in the community, there were increased admissions of patients with complex respiratory conditions requiring intensive treatment and a longer length of stay in the acute hospital.
- The service experienced unpredictable peaks of activity in February and March, beyond the winter planning period.
- Need to understand the impact of ALFY and Closer 2 Home on the requirement for additional contingency beds in the future.
- A more proactive approach to criteria led discharge could improve patient flow.
- Only 50% of individuals in the under 65 “at risk” group took up the flu vaccine and the pre-school programme achieved a 65% uptake.
- Joint planning for staff flu vaccination between occupational health and immunisation team, following a pilot, to optimise uptake.

The priorities identified for winter 2016/17 were identified as:

1. Implement a consistent, standardised system wide approach to Anticipatory Care Planning in order to reduce emergency admissions and shorten lengths of stay. This is being led by a Forth Valley wide multi-disciplinary, multi-agency group.
2. Build on the opportunities associated with Health and Social Care Integration, explore whole system approaches to winter planning and delivering services during the winter period, with a specific focus on the frailty pathway, discharge to assess and reviewing the Closer to Home service. This will include:
  - Consolidate re-ablement care at home (discharge to assess), Closer to Home and ALFY services into a single pathway, to ensure that the service changes which have been implemented are connected effectively and optimise opportunities for care at home, admission avoidance and planned discharge.
  - Focus on developing pathways and services - including emphasis on integrated services at locality level.
  - Work with social care providers particularly in the independent sector to better understand patterns of demand and gaps - and to enhance access to meet anticipated peaks in demand.
  - Further joint work with acute services on avoiding unnecessary admissions and identifying discharge plans at the earliest possible stage in the pathway.
3. Place greater emphasis on extending the community based alternatives to admission to hospital.



4. Take a whole system approach to exploring discharge improvement opportunities, including pre-midday discharges; effective use of the predicted date of discharge; closer to home service and discharge to assess.
5. Unpredictable peaks in activity in February and March 2016 were experienced therefore there is a requirement to increase flexibility in adapting to changes in demand, out with the main winter period, to be considered as part of future winter planning arrangements.

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### **3 Analysis of Activity, Capacity and Demand**

NHS Forth Valley has completed a detailed analysis of activity, capacity and demand across the care system in Forth Valley. This has enabled analysis of the possible impact on care services and identification of options for managing surges in demand across the festive period, and potential increases in activity due to other issues, such as increases in respiratory illness or severe weather. The key findings are summarised below.

#### **3.1 Demographic Change**

NHS Forth Valley is anticipating increases in demand due to the changing demographics, which include a growth in the older age groups and increasing numbers of people with co-morbidities. The NHS Forth Valley Healthcare Strategy and Annual Plan seek to address this growth in demand by changing the model of care to focus care in community settings and away from acute inpatient care.

#### **3.2 Impact of Influenza and Respiratory Illness**

Although the level of activity during the winter of 2015/16 was as anticipated, the impact of influenza and respiratory illness on the acuity of patients admitted was more marked than expected. The number of available beds to cope with this impact proved insufficient requiring planned contingency beds to be fully utilised.

#### **3.3 Seasonal Variation and Impact of the Festive Break**

The Festive period and in particular the post festive period have predictable challenges, when service pressures may be at their greatest. This is particularly so in years when holidays are concentrated into two four day periods. This will be the case again in winter 2016/17.

In order to plan effectively for capacity over the festive and post-festive it is important to have a good understanding of likely demand. Whilst levels of demand can appear to vary considerably from day to day, the overall pattern of demand is reasonably consistent, with predictable maximum and minimum levels of attendances and admissions.

#### **3.4 Actual Attendances at Accident & Emergency and Minor Injuries Unit**

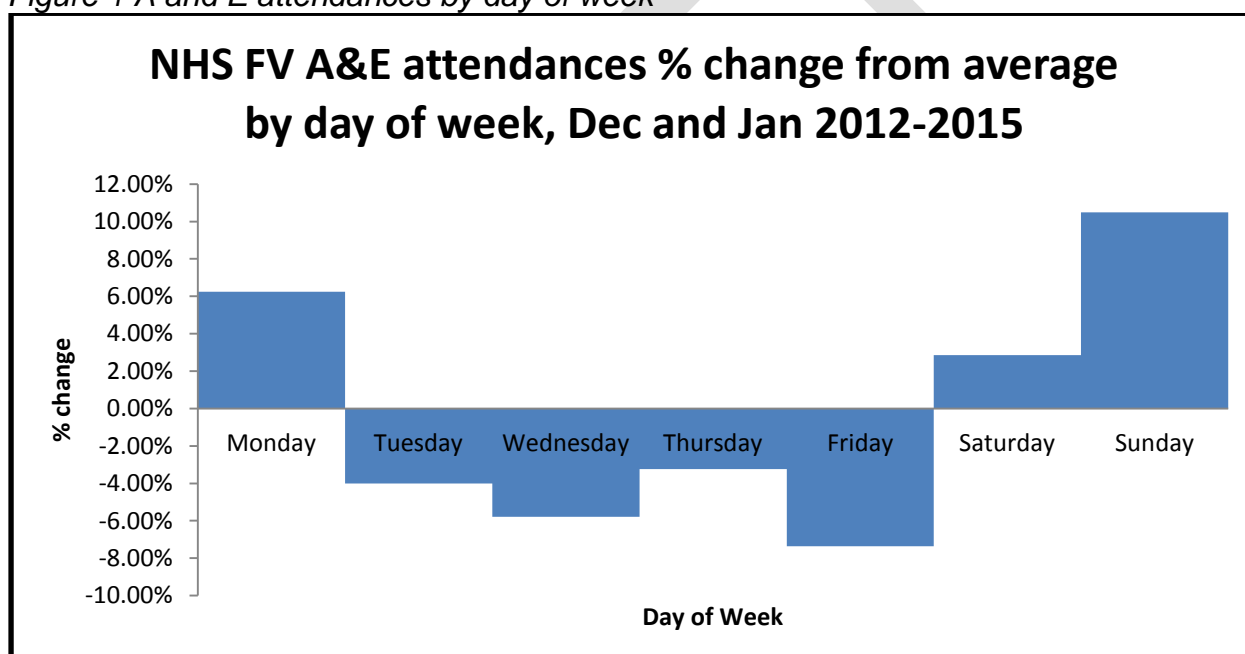
Although background demographics show an ageing and increasingly infirm population, the actual level of hospital attendances at MIU (Minor Injuries Unit) and Emergency Department in the months of December and January, between 2011/12 and 2014/15 was stable and largely predictable. However there was an increase in activity in 2015/16 with an additional 754 MIU and ED attendances (6.4%) in December/January 2015/16.

*Table 1 – ED and MIU Attendances*

NHS FV Actual ED and MIU attendances in January and December, 2011/12-2015/16					
	2011/12	2012/13	2013/14	2014/15	2015/16
Total in December and January	11589	11473	11468	11757	12511
Average total per day	187	185	185	190	201
MIU Average per day	32	31	32	32	35
ED Average per day	155	154	153	158	166

Within these data there is a clear weekly pattern allowing the prediction of the likely busy days. For both ED and for MIU the historical data shows a similar pattern with peak demand on Mondays and at weekends although interestingly ED is busy on a Sunday whereas MIU is busiest on Mondays. The distribution of demand between ED and MIU appears to remain fairly consistent, with no clear trend to favour either service on any particular day.

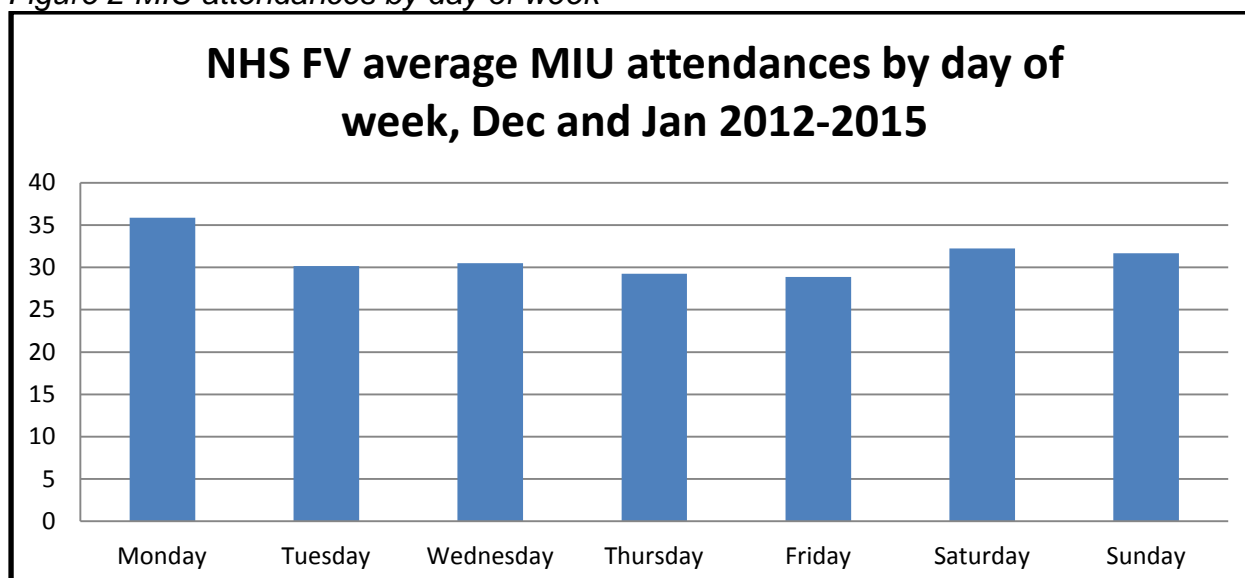
*Figure 1 A and E attendances by day of week*



The average number of ED attendances in December and January 2015/16 rose to 166 attendances per day although the actual numbers on any given day have varied considerably. The first week in January is traditionally one of the busiest weeks of the year for ED. However, the highest level in the recorded winter data was 219 attendances on 24<sup>th</sup> January 2016 followed by 214 on 12<sup>th</sup> December 2015.

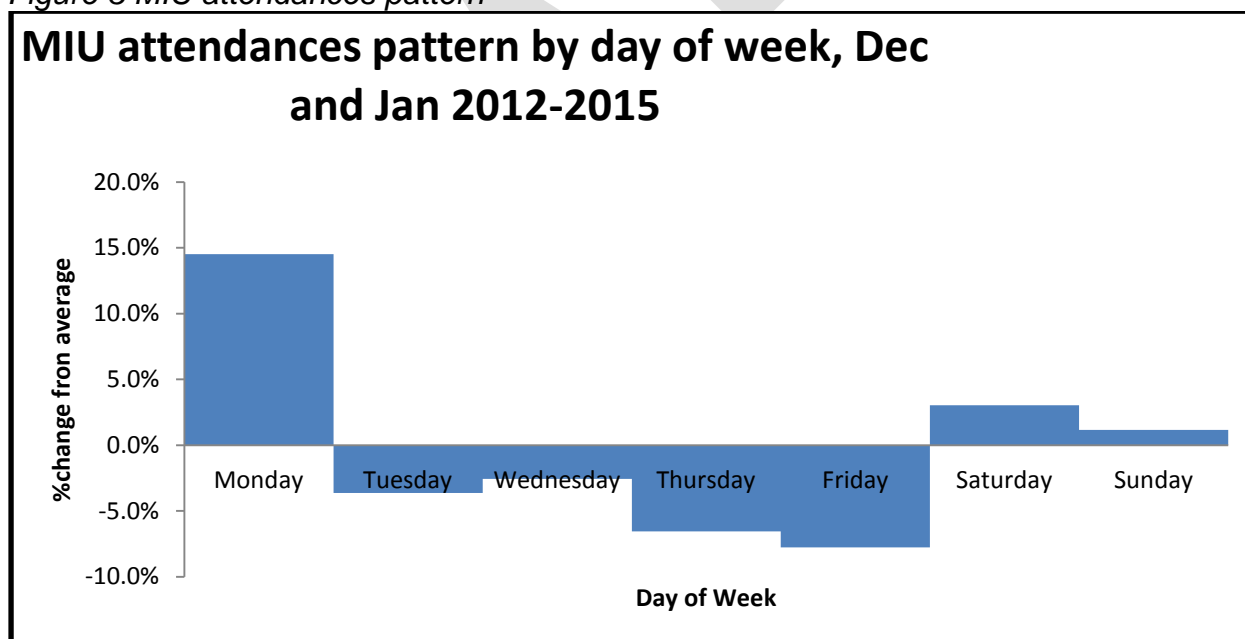
A very similar pattern was seen in MIU attendances.

Figure 2 MIU attendances by day of week



Although MIU attendances appear more stable with an average of 35 per day last winter, attendances for MIU on Mondays, is clearly the peak of demand.

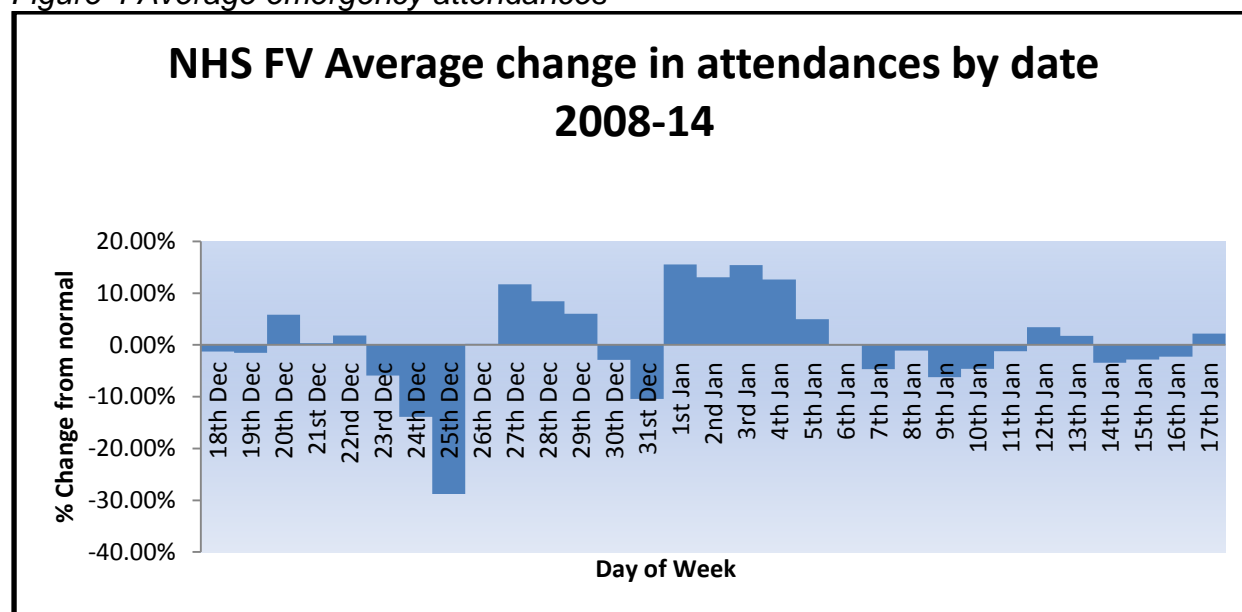
Figure 3 MIU attendances pattern



Both Christmas Day and Hogmanay tend to be the quietest days of the year in both MIU and ED. For MIU, attendances fell to the lowest levels on New Year's day.

By analysing both the typical variance from normal on each of the public holidays and other traditionally busy days over the festive period and combining this data with the analysis of typical activity by days of the week, it is possible to build a likely picture of the pattern of future demand. Whilst such a planning model cannot exclude unforeseen events such as a major outbreak or an infrastructure failure, it does assist with identifying predictable peaks of demand.

Figure 4 Average emergency attendances



In line with national analysis, data available for the Forth Valley area shows that in the first week in January, there is typically a “post-festive” period surge in A and E and MIU attendances of between 10 and 15%.

### 3.4.1 Winter weekly monitoring analysis

Since last winter, a number of key indicators have been monitored on a weekly basis to support the work to implement improvement actions.

## 3.5 Emergency Admissions Data.

By analysing data over the past three years, it is possible to show the typical weekly pattern of emergency admissions in January and December. The average daily emergency admissions in January and December from 2013-2016 were as follows:

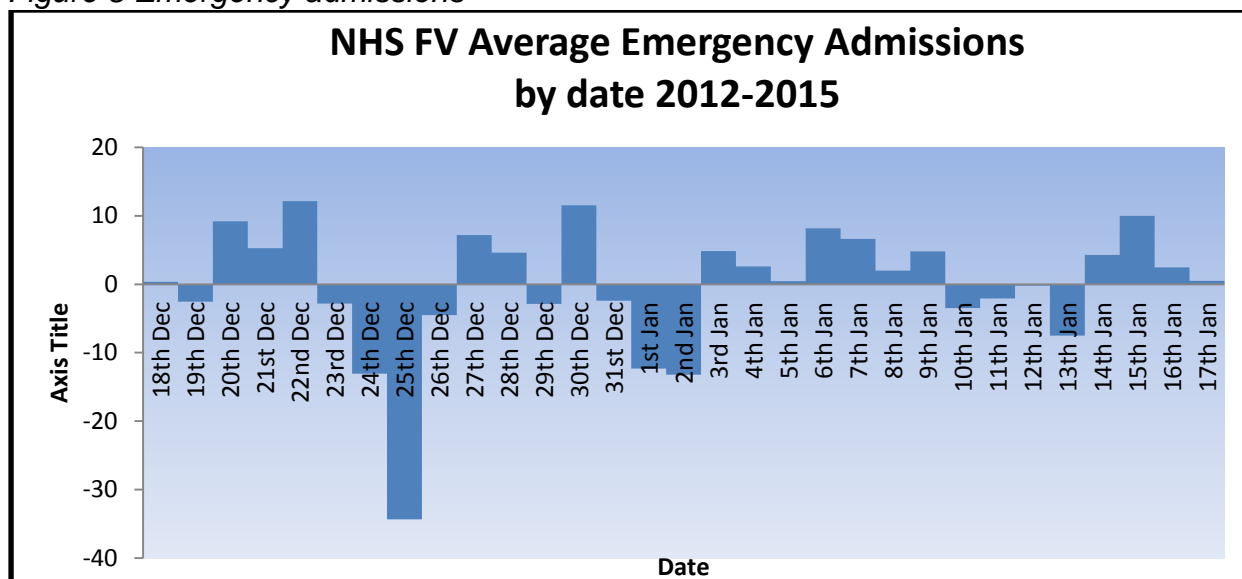
Table 2 Emergency admissions

All Emergency Admissions	
Day of week	Daily Average
Monday	105
Tuesday	88
Wednesday	91
Thursday	92
Friday	96
Saturday	71
Sunday	73
<b>Total</b>	<b>88</b>

From analysis of the data over the past three years, it is also possible to show the historical pattern of emergency admissions over the festive and post festive periods. By comparing the actual number of admissions with the expected number for that day of the week it is possible to chart the expected impact of festive holidays occurring on any particular day of the week.

The following chart uses historical data to show how emergency admissions have varied above or below expected levels for each day of the festive and post festive period over the past three years.

*Figure 5 Emergency admissions*



The chart shows that activity can vary widely over the festive period but also that sustained spells of high admissions, up to 10% above normal, are typical in January.

### **3.5.1 Day of Care Audit Analysis**

Since December 2015 a fortnightly day of care audit has been undertaken and will continue into the coming winter. Analysis of admissions and bed occupancy from this audit shows the percentage of patients who do not meet criteria to be in the acute hospital. This is supported improvement in meeting the criteria. During the year the percentage of patients that were boarders has also been reduced.

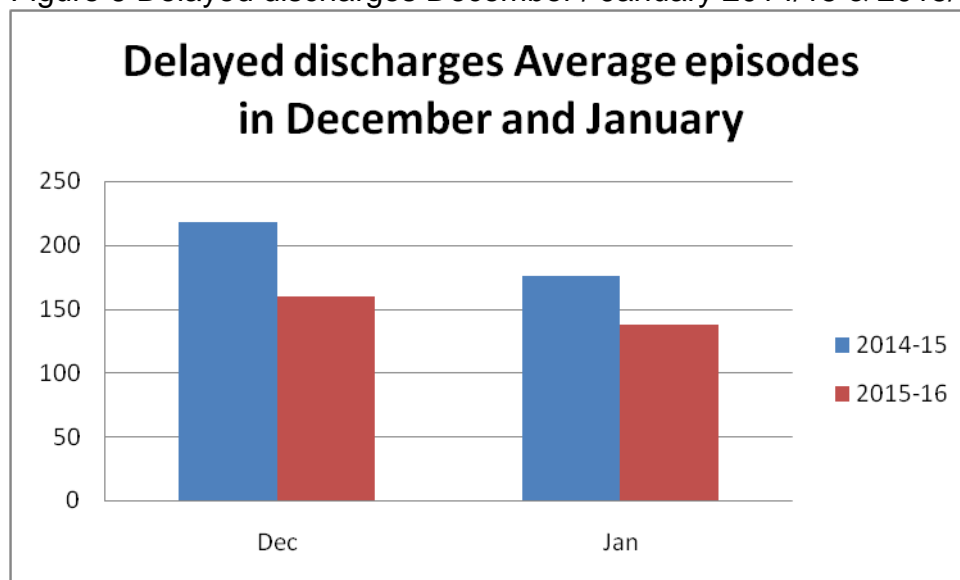
### **3.5.2 Analysis of Local Authority Capacity**

Additional social work assessments; intermediate care beds; care packages and home/night sitting services are described in the winter plan (HDL section 4). Collaboration with local authority colleagues is facilitating work to analyse the last three winters' intermediate care bed capacity, social work assessments, care packages and home/night sitting services.

### 3.5.5 Delayed Discharges over December and January in the last three years.

There was a reduction in average episodes of delayed discharge patients from winter 2014-15 to winter 2015-16, unfortunately the position as at October 2016 has deteriorated and presents a significant issue for NHS Forth Valley and the three local authorities, as we approach winter.

Figure 6 Delayed discharges December / January 2014/15 & 2015/16

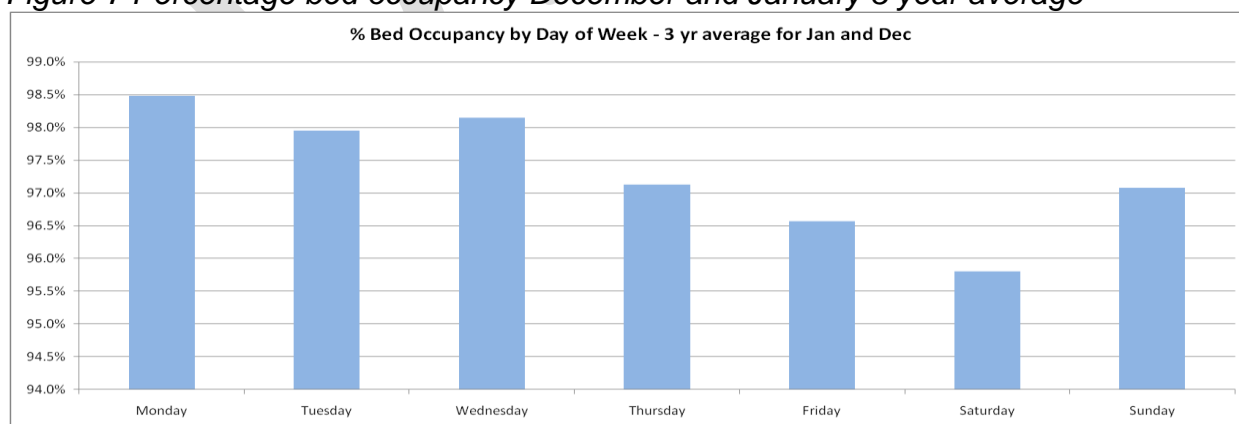


### 3.5.6 Bed Occupancy

Delayed discharges are a major contributor to bed occupancy. Patient flow from ED into downstream wards is dependent on efficient discharging of patients, working towards lowering the average length of stay and reducing the percentage occupancy.

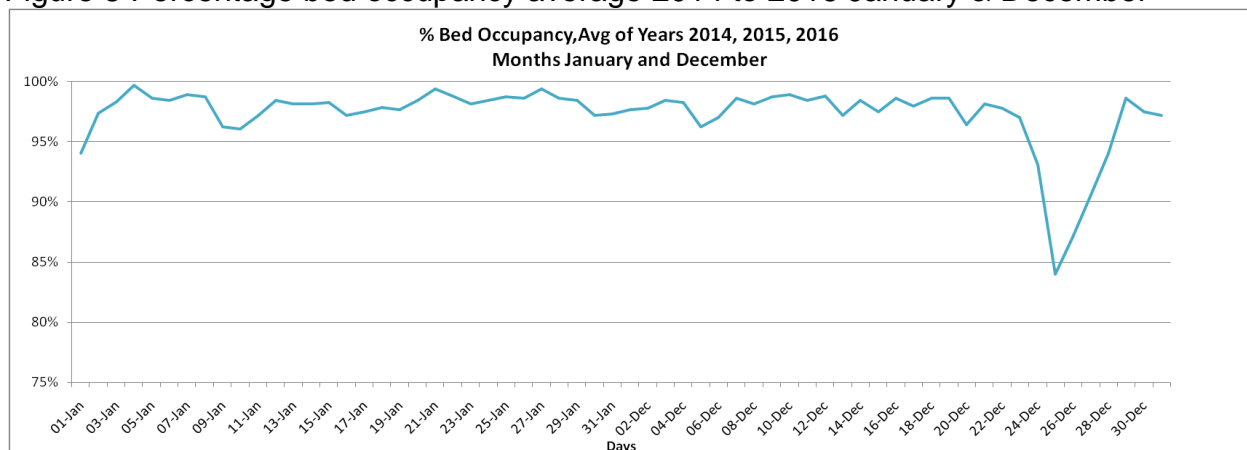
See figure below for an analysis of the last three winters' activity in the acute hospital wards (medical/surgical/W&C):

Figure 7 Percentage bed occupancy December and January 3 year average



Most days the hospital is running with a high occupancy level except for a large dip over Christmas, see below daily occupancy chart for December – January average of the last three years.

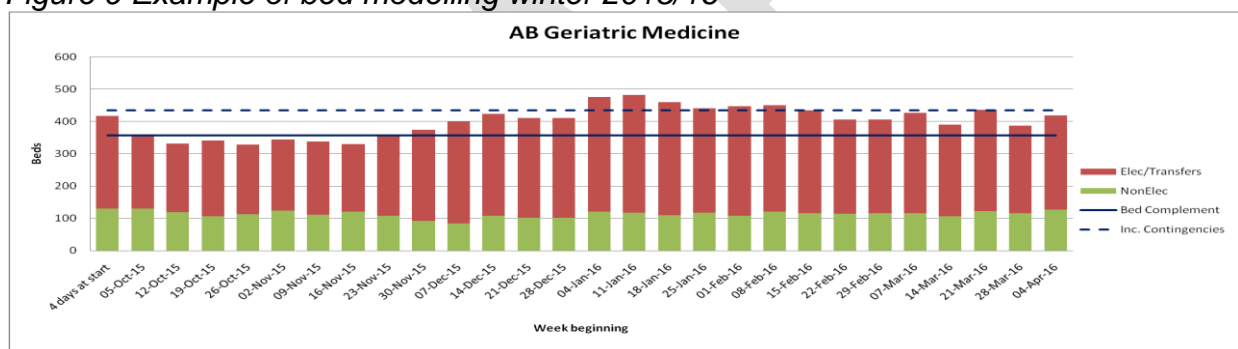
Figure 8 Percentage bed occupancy average 2014 to 2016 January & December



### 3.5.7 Bed occupancy modelling and prediction

Last winter NHS Forth Valley did comprehensive bed modelling and prediction and modelling will be repeated for this winter.

Figure 9 Example of bed modelling winter 2015/16





## **4 Improving Service Delivery - Initiatives in Place and Actions for 2016/17**

This section of the Forth Valley Winter Plan presents the main focus of winter planning for 2016/17 and also indicates how *DL (2016) 18 Preparing for Winter 2016/17* guidance from the Scottish Government will be addressed.

The key actions identified, will be delivered by health and social care services working in partnership and will involve close collaboration with the Scottish Ambulance Service, NHS 24, Social Work Services and the Third and Independent sectors. The actions are summarised under the following areas of activity:

- *Preventing admissions and supporting discharge*
- *Specific arrangements for the festive period*
- *Preventing and responding to surges in demand*
- *Specific arrangements for GP Out of Hours*

### **4.1 Preventing Admissions and Supporting Discharge**

If NHS Forth Valley maintain admission and discharge rates at normal levels over Christmas and New Year, this reduces the potential for post-festive pressures. These pressures are particularly acute in the first week in January due to the combination of increased emergency demand, urgent elective activity and clearing any post-festive backlog. The main areas that have been identified for improvement are:

- The risk of patients being delayed on their pathway.
- Discharges at weekends and bank holidays.
- Shift care to Community and Primary Care Settings.
- Safe and effective admission/discharge continues in the lead-up to and over the festive period and also in to January.

#### ***4.1.1 The risk of patients being delayed on their pathway is minimised***

Reducing patients delayed in their discharge from hospital is a key priority for NHS Forth Valley and the Scottish Government. Reducing delays not only helps patients who benefit from getting home or to a more appropriate, more homely setting as soon as possible, it is also essential to maintain flow through the hospital system.

In March 2016, 46,309 NHS Scotland bed days were occupied by patients delayed in their discharge. This was a decrease from December 2014 of 57,187. However, at October 2016, the number of bed days occupied by patients delayed in their discharge in Forth Valley has increased and is a significant challenge for NHS Forth Valley and the local authorities, as we approach winter.

## **Actions for 2016/17**

### **Minimising delayed discharges:**

- Increase the fortnightly Delayed Discharge tactical group meetings to weekly over the winter period and escalate to a daily discharge huddle when required.
- Ensure patients over 14 days LOS (Length of Stay) have an action plan agreed with an appropriate member of senior staff.
- Provide additional senior input to individuals with a hospital LOS over 4 weeks as case management team develops.
- Ensure all partners have plans and staffing in place for predictable activity levels over festive period, to avoid delayed discharges developing, and ensure enhanced activity levels through January 2017.
- Review process for Adults with Incapacity and Guardianship to minimise delays.

### **Discharge planning:**

- Continue to conduct the 'Point of Care' audit every two weeks to identify and reduce the number of people who are inappropriately receiving their care in the acute hospital, to ensure that every person is in the most appropriate place of care.
- Re-launch the Admission and Discharge Policy with clear pathways, and roles and responsibilities across health and social care services, supported by training for managers and staff.
- Ensure additional ward rounds take place in evenings and at weekends.
- Improve written information by reviewing the discharge pack for use in each hospital.
- Increase assessment capacity to ensure initial assessment is completed timeously in hospital.
- Refresh the discharge target for each ward, matching this to predicted demand and improve timely use and accuracy of Predicted Date of Discharge, including the percentage of discharges that are criteria led.
- Implement criteria led discharge to empower front-line staff in risk based decision making aligned to Institute of Healthcare Optimisation (IHO) ward based programme.
- Ensure capacity available in the Closer to Home service is focused on areas with greatest impact and flexed based on up-to-date information.
- Consider suitable patients for the provision of outpatient antibiotic treatment.

### **Care Provision:**

- Streamline access to the range of intermediate care services as an alternative to emergency admission and to enable discharge. This includes the model of discharge to assess in the community and ensuring resources are targeted to the parts of a patient's journey where they can add the most value.
- Accelerate the adoption of re-ablement with care home providers by social services.

### **Hospital Flow:**

- Complete a review of Discharge Hub arrangements and make any necessary changes to improve the efficient operation of the Hub.

- Review senior management cover arrangements to support robust hospital flow throughout the festive period.
- Implement a clinical efficiency plan to reduce the length of stay and optimise day cases, seeking to achieve a 10,000 reduction in bed days a year (“Save 10,000 bed days programme”).
- Engage staff in creating capacity, and capability to facilitate achieving the clinical efficiency plan.
- Review and compare clinical support service (diagnostics and AHP) availability from Monday to Friday with availability at weekends, to minimise weekend gaps and optimise patient flow.
- Implement a test of change over 7 days to identify, assess and discharge frailty patients at the Emergency Department. This model will be supported by social services, specialist nurses, AHPs and Elderly Care Physicians and with additional carer support available in the community, to reduce frailty admissions to the acute hospital by 50%. This will also seek to optimise care in the first 24 hours for those frailty patients who are admitted, with a focus on discharge to assess, at the earliest opportunity.

#### ***4.1.2 Discharges at Weekends and Bank Holidays***

The Scottish Government has set a target of increasing weekend discharges by 25%. If weekend and early week (including Bank Holiday) discharge rates can be increased, crowding and backlogs can be greatly reduced. Data clearly shows predictable drops in discharge rates at weekends which do not reflect patient need.

#### **Actions for 2016/17**

- Optimise allocation of AHP staffing to support rehabilitation at weekends in both acute and community to increase the number of weekend discharges.
- Provide a rapid response Closer to Home service in community to facilitate earlier discharges.
- Enhance weekend and evening cover by extending the Discharge Lounge opening hours, increasing OT (Occupational Therapy) cover through the REACH (rehabilitation and re-ablement) service and providing Community Nursing and additional carers via the Closer to Home approach.
- Agree additional Consultant cover at weekends over the festive and post festive period both to support weekend discharges and to ensure a consultant review can be provided every day for all appropriate patients.
- Implement and monitor criteria led discharge across Forth Valley to increase levels of discharges at weekends.
- Utilise weekend pharmacy services help to facilitate weekend discharges, including the out of hours on-call pharmacy service.
- Continue to admit patients at the end of life, with clear management plans, direct to Bo’ness Community Hospital and explore extending direct access for patients at the end of life to the other community hospitals.

#### ***4.1.3 Shift of Care to Community and Primary Care Settings***

As part of NHS FV Clinical Services Review, national and international best practice were considered. A key conclusion was that many patients would benefit from an NHS and Social Care System that provides more care at home or closer to home. For many patients, especially the frail and elderly, the Acute Hospital is not always the best option and should only be used when absolutely required, with care pathways focussing the majority of care in community settings.

## **Actions for 2016/17**

### **Community based services:**

- **Develop and introduce an integrated approach to frail patients who fall, in partnership with SAS and the Closer to Home Team, as part of the wider review of the falls pathway.**
- **Review partnership out of hours health and social care services, to progress work on preventing unnecessary admissions.**
- **Re-launch eligibility criteria for Social Care services and proactively review home care packages to release capacity.**
- **Review authorisation and commissioning process for home care and care home services with new model implemented by April 2017.**
- **Review of re-ablement arrangements, commencing with Clackmannanshire.**
- **Ensure up to date information is available to the public and staff ahead of winter on how to access to the 24/7 support line for the public for those aged 65 and over (Advice Line For You). Revisit marketing plan and re-launch the advice line where this is appropriate.**

### **Reducing Acute Admissions:**

- **Implement system to identify those most at risk of admissions and care co-ordination for each person to manage care across the pathway.**
- **Review Anticipatory Care Plans and ensure that these are targeted towards the most appropriate care groups, including patients with respiratory conditions.**

### **Emergency Department:**

- **Reduce attendances by people aged over 65 at the Emergency Department by improving anticipatory care and crisis prevention, including the new universal adult assessment framework and developing information sharing.**

### **Pharmacy services:**

- **Produce a detailed pharmacy winter plan to support hospitals, community and discharge.**
- **Work with Community Pharmaceutical Services to support service delivery over the winter and specifically the festive and post-festive period:**
  - **provide 'Unscheduled Care Patient Group Directive (repeat medication)' provision of emergency hormonal contraception and opiate replacement therapy**
  - **provide advice and treatment via the Minor Ailments Service;**
  - **palliative care services through a network of community pharmacies that provide advice and hold specific medicines;**
  - **support exacerbations of COPD via the PGD for provision of appropriate medication.**

- Encourage patients to attend community pharmacy first for treatment and advice for common clinical conditions by utilising 'Pharmacy First' service in community pharmacies.
- Introduce additional common conditions to the Pharmacy First bundle in quarter 4 2016/17.
- Pilot new arrangements for discharge prescriptions in surgical areas.

## **4.2 Specific Arrangements for the Festive Period**

We have focused our festive period activity on addressing the issues identified earlier in this plan and Scottish Government Winter Planning Guidance. The intention is to build on work already underway in the move towards developing seven day working for critical services. The areas in this section include:

- Workforce capacity plans and rotas for winter and festive period.
- Safe and effective admission and discharge continues in the lead-up to and over the festive period, and also in to January.

### ***4.2.1 Workforce Capacity Plans and Rotas for Winter and the Festive Period***

It is possible to predict levels of festive and post-festive demand based on previous experience. It is also possible to plan appropriate staffing levels.

Agreeing rotas and staffing levels early increases the time available to recruit and train additional staff if required. We expect that workforce capacity plans & rotas for winter/festive period will be agreed and in place by end October 2016.

## **Actions for 2016/17**

- Ensure each clinical and social care service including the Scottish Ambulance Service, Third Sector and Independent Sectors have staffing plans in place, including rotas, by end of October 2016 to ensure appropriate capacity over the festive period and during January and February 2017.
- Ensure that Estates and Facilities staff, and SERCO, have adequate staffing in place and robust, rehearsed escalation plans in place to meet demand.
- Review arrangements in Community Hospitals to ensure every bed can provide a level of rehabilitation - “every bed is a rehabilitation bed”.
- Ensure both hospital and community pharmacy plans are in place for provision of services over the winter period. All services open as normal except on the public holidays when provision is made for limited access only.
- Notify partners (Out of Hours, NHS 24, Substance misuse service etc.) via the Primary Care Contracts Team and corporate communications, of the Community Pharmacy opening arrangements on public holidays.
- Provide Community dental services over the festive period and circulate details via corporate communications.
- Review the capacity of the staff bank against the known and likely demands, and recruit additional staff as necessary, to staff planned contingency beds and address any gaps, including highly specialist areas such as ED, ITU and Theatres.
- Refresh generic staff pool for winter, optimising the matching of applicants to vacancies.
- Ensure staff annual leave is managed effectively over the festive period to minimise the impact of leave on service capacity.

### ***4.2.2 Safe and effective admissions and discharges continue in the lead-up to and over the Festive Period and also in to January***

## **Actions for 2016/17**

- Ensure daily multi-agency huddles are in place to consider the impact of patient needs, staffing needs, bed capacity and safety issues. All wards and departments are represented, including SAS and Social Care.
- Continue to deploy the system for early warning and escalation at FVRH and implement the escalation plan which includes the use of action cards to clearly define, share and train appropriate staff about the key staff roles and responsibilities involved in flow management (includes consultants, charge nurses, lead person on each ward, flow co-ordinators etc).
- Extend festive planning to cover the first three weeks of January to include the Festive Period Control Room as used successfully in winter 2015/16.
- Maintain discharge rates over festive period at normal levels and enhance staffing levels in the post-festive period to manage predictably high demand.
- Plan for discharges to take place early in the working day and aim for at least 40% discharges in place by midday, linked to effective use of Predicted Date of Discharge.

- Ensure roll out of criteria led discharge to empower front-line staff in risk-based decision making.
- Review NHS Forth Valley Boarding Policy in order to minimise the impact of boarding on inpatients and ensure patients who require to board have appropriate follow up and review.
- Extend discharge lounge opening hours during the winter period and ensure discharge hub is fully operational over the festive period.
- Complete introduction of GP fellow model providing medical input to enhanced community teams.

### **4.3 Preventing and Responding to Surges in Demand**

It is possible to identify periods of festive and post-festive demand based on previous experience. It is therefore possible to plan for increased demand for care packages, ambulance transfers, nursing home placements, social work assessments etc. based on historical data and to ensure that services are suitably prepared to provide additional activity in the post-festive surge period and all year round. The main areas covered are:

- Actions to maintain elective capacity
- Strategies for additional winter beds and surge capacity

#### **4.3.1 Actions to Enhance Elective Capacity**

##### **Actions for 2016/17**

- Maintain the elective programme in order to minimise the impact of winter on the TTG position.
- Focus on day cases, urgent cancer and urgent inpatient activity during the first two weeks in January 2017.
- Ensure that the Frailty Service at FVRH is available Monday to Friday during the predicted period of peak seasonal demand.
- Increase the fortnightly Delayed Discharge tactical group meetings to weekly over the winter period and escalate to a daily discharge huddle when required.

#### **4.3.2 Strategies for Additional Winter Beds and Surge Capacity**

Whilst it is possible to predict patterns of activity to an extent, it is also important to have access to additional contingency capacity should this be required due to unpredictable or unforeseen circumstance such as outbreaks, fire or flood.

##### **Actions for 2016/17**

- Ensure planned additional winter capacity beds are available from early January 2017 in Falkirk and Bo'ness Community Hospitals and re-profile a number of beds at Forth Valley Royal Hospital, supported by the Escalation Plan.
- Ensure rotas for early January are staffed to reflect anticipated demand

and will balance staff leave appropriately.

- Work with Strathcarron Hospice to increase the availability of hospice and hospice at home services, as successfully achieved in 2015/16.
- Ensure that additional clinical capacity used in winter 2015/16 is fully staffed from mid December until the end of February 2017.
- Ensure simple boarding criteria is in place to minimise boarding and in particular, transfers at night.

#### **4.4 Specific Arrangements for GP Out of Hours**

GP Out of Hours Services are a critical element in the overall approach to managing winter demand pressures. NHS Forth Valley has considered the recommendations from Professor Lewis Ritchie's Review of Out of Hours emergency care. NHS Forth Valley will again have a GP Out of Hours plan that covers the whole winter period (with particular emphasis on the festive period and January).

##### **Actions for 2016/17**

- Ensure that all GP Out of Hours rotas are fully staffed.
- Review demand and capacity models with a service staffing plan (medical, nursing and ancillary staff), which covers the pre festive, festive and post festive period. A structured plan for escalation will also be in place for short notice GP rota gaps.
- Ensure links are in place with NHS24.
- Support continued professional to professional referral, including working closely with SAS.
- Ensure pharmacist support and pharmacist access to doctors for professional to professional advice are available.
- Promote the use of the palliative care line.
- Work with local primary care teams to increase the times that patients can directly access primary care.
- Ensure primary care has a pro-active approach to supporting vulnerable patients through anticipatory care plans and conduct planned visits to vulnerable patients over the festive period.
- Ensure the OOH plan refers to both NHS24 communication plan and sharing of information through NHS 24/ OOH National Operational meeting, linked to GP OOH contingency plans.
- Ensure business continuity plans are in place for other potential issues with the GP Out of Hours service e.g. IT and telephony.



## 5 Managing the Impact of Infectious Diseases

The impact of influenza and respiratory illness did not have a major impact on the delivery of care services in Forth Valley and across the whole of Scotland during the winter of 2015/16. As well as these two areas of action highlighted by the Scottish Government there is a continued emphasis on the potential impact of Norovirus and the contribution of infection control in maintaining service provision during the winter months.

NHS Forth Valley has been asked, over the past year to:

- Review our infection control procedures in line with the outcomes from the Vale of Leven report.
- Update our influenza plans and processes as part of a national review process which is due to be completed in November.
- Deliver a comprehensive and expanded vaccination programme, including influenza.
- Ensure that our care arrangements for managing respiratory illness are effective.

The following areas describe how we will manage these issues in Forth Valley:

- Managing Norovirus
- Seasonal Flu
- Respiratory Care

### 5.1 Managing Norovirus

NHS Forth Valley has extensive infection control arrangements in place, which were reviewed following the publication of the Vale of Leven report. There have been no significant changes from the Health Protection Scotland (HPS) guidance published in 2014. It is recognised that ward closures would have a major impact across the service. The Public Health team provide ongoing advice to Care homes including an annual reminder before the typical norovirus season.

A range of well-tested actions are already in place, including:

- All patients with symptoms of diarrhoea and vomiting are isolated promptly and reviewed by the Infection Prevention & Control Team.
- An Integrated Care Pathway for Enteric Illness including Clostridium Difficile is available to ensure all patients with symptoms of diarrhoea and vomiting are managed appropriately.
- There is a robust ward / clinical area visit programme for the Infection Prevention & Control Team (IPCT) to ensure that the IPCT are available for all staff.
- Folders are in place in all wards providing Infection Control Information.
- Information providing useful Infection Control Information is provided on the intranet to all staff.
- The IPCT are involved in the daily hospital safety brief.
- An on call doctor (microbiologist) is available 24/7 for IPCT advice.
- Systems in place for a holding statement / advice for a norovirus outbreak.

- Closely monitored hand hygiene measures are in place for all visitors to wards and clinical areas.

### **Actions for 2016/17**

- **An annual norovirus prevention campaign for staff and public is underway alongside the seasonal flu awareness campaign as in 2015.**
- **Public Health staff undertake preventative activity and provide advice to the community including care homes.**
- **Infection Prevention and Control Team are involved in the daily hospital safety brief.**
- **The Weekly point prevalence for norovirus is circulated to key stakeholders during outbreak season by the Infection Prevention and Control Team.**
- **Infection Prevention & Control Nurses will be available 2<sup>nd</sup> and 3<sup>rd</sup> January 2017 for telephone advice via the on-call microbiologist.**
- **NHS Forth Valley will use HPS debrief tools in the event of any outbreak.**
- **Outbreak Folders, including a quick reference guide for alert organisms and conditions, in addition to other relevant material, will be distributed to clinical areas and the communications department around week 37 when the 'month to go' alert comes out.**

## **5.2 Seasonal Flu**

NHS Forth Valley will continue to review our Pandemic Influenza planning processes in conjunction with our East of Scotland Resilience Partners.

NHS Forth Valley has performed consistently well in terms of vaccination rates for identified at risk groups in national guidance, although staff vaccination rates in 2015/16 were disappointing. Given the expectation that NHS FV will deliver a significant increase in vaccinations for a range of conditions, we have invested in the establishment of an Immunisation Team. The team will augment the service provided by the Occupational Health Service for staff as well as providing the school vaccination programmes.

### **Actions for 2016/17**

- **Implement Seasonal Flu Vaccination program for all identified groups.**
- **Ensure timely submission and analysis of relevant vaccine uptake data on the following:**
  - **NHS FV staff**
  - **local authority partners' staff**
  - **Uptake from primary care on at risk groups and pre-school children**
  - **Immunisation Team school programmes.**
  - **Care home staff**
- **All GPs within Forth Valley have signed up to the DES to deliver the Seasonal flu program to over 65s those in 'at risk' groups and pre-school children.**
- **The Immunisation Team will deliver the seasonal flu vaccine to Primary**

#### **School aged children.**

- The Immunisation Team will be available to provide targeted vaccination sessions to Care Homes or other high risk settings if required.
- Aim for at least 50% of NHS Forth Valley staff to be vaccinated for Flu.
- Collaboration between Occupational Health and the Immunisation team to promote staff vaccination and encourage increased staff uptake.
- Encourage at risk individuals and unpaid carers to be vaccinated for Flu.
- Encourage pregnant women to be vaccinated for Flu by enabling midwives to offer the vaccine in clinics.
- Antiviral prescribing will be recommended on advice from Chief Medical Officer.
- HPS weekly updates are widely circulated within NHS Forth Valley.
- Participate in national pandemic influenza exercises.

The table below provides data on the flu immunisation uptake for specific groups in winter 2015/16 and the targets for uptake which have been agreed for winter 2016/17

<b>Age Group</b>	<b>Actual Uptake 2015/16</b>	<b>Uptake Target for 2016/17</b>
Under 65 at risk group	50.4% (Scot average 48%)	50%
Over 65	77% (Scot average 74.5%)	75%
NHS Staff	29.2%	50%
School Programme	76%	75%
Pre-school Programme	65%	65%

### **5.3 Respiratory Care**

NHS FV has a Respiratory Managed Clinical Network with clinical leadership, providing a focus for local developments. Respiratory Nurse Specialists, based in FVRH, provide an early supported discharge service for patients having an exacerbation of COPD and an outreach service to prevent a hospital admission. The criteria for referral to this service are included in the COPD guidelines, which are published on the intranet. Monitoring arrangements are already in place to monitor the impact on the cohort of people with respiratory conditions (to include ED (Emergency Department) attendance, emergency admission or re-admission and LOS).

## **Actions for 2016/17**

- **Respiratory pathway guidelines will be reviewed.**
- **The Respiratory service is provided Mon-Fri and during winter months with additional weekend cover when required including festive and post festive period.**
- **Patients with COPD (Chronic Obstructive Pulmonary Disease) or asthma have a written self-management plan including hand held records and can access pharmacy out of hours to be provided with steroids/ antibiotics.**
- **Patients have an Anticipatory Care Plan on KIS/EDIS/Clinical Portal Alerts.**
- **All members of the Respiratory Team give COPD education and advice in relation to winter.**
- **Prevention posters will be available in Primary Care linked to National Advertising Campaigns.**
- **Respiratory Nurse Specialists see all respiratory patients admitted to hospital. Discharge checklists are used for people with COPD and Asthma.**
- **All Asthma patients with a presentation to ED are notified to the Respiratory Nurse Specialists and appropriate follow up arrangements are made as per National Review Asthma Death guidance.**
- **Patients with severe COPD have access to community palliative services and are involved in completing anticipatory care plans with patients, specifically discussing ceilings of care, Non – Invasive Ventilation (NIV) and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR).**
- **Patients with end stage COPD are visited regularly at home by the respiratory specialist nurses and a case management approach taken.**
- **All patients identified as at risk of CO2 retention are given an Oxygen Alert Card to guide emergency administration of oxygen. The ambulance service has an electronic list of all patients holding a CO2 retention alert card.**
- **The NHS Forth Valley NIV guideline gives direct advice on managing Acute and Chronic Respiratory Failure with de-compensation.**

## 6 Resilience

NHS Forth Valley and our local partners have a range of plans in place for dealing with surges in demand and subsequent impact on capacity throughout the system. The following plans are in existence for dealing with major disruption to service provision:

- Managing Flow and Capacity in Emergency Department & Internal Escalation Plan
- NHS Forth Valley Pandemic Influenza Plan
- Major Infrastructure and Service Failure Plans
- Severe Weather Plan
- Service Level Business Continuity Plans

These plans include details of critical service provision, staff, equipment and services that can be temporarily suspended to allow resources to be targeted to essential areas.

We also have a number of multiagency continuity plans in existence with our local Forth Valley Local Resilience Partners (FVLRP) including:

- FVLRP Response and Escalation Plans (Contingency, Severe Weather etc.)
- Pandemic Influenza Response Arrangements
- Third Sector - Single Point of Contact
- Festive Period Plans which focus on requirements of major events around Christmas and New Year.

The guidance this year has identified that escalation plans and business continuity arrangements should be tested with partners. The expected outcomes from this approach are:

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

NHS Forth Valley also intend to model the impact on capacity and flow throughout the whole system and identify solutions to address surge and capacity issues on a multi-agency basis.

### Actions for 2016/17

#### **In extremis (Actions taken as per Business Continuity Plan):**

- **Additional contingency measures have been identified to maintain services in the short term should these be required “in-extremis.” For example, extended or expanded use of existing clinical areas and in extreme circumstances, suspension of non essential activity.**
- **Review surge and capacity arrangements based on the outcomes from the Local Winter Planning / Emergency Planning Exercise held on 4<sup>th</sup> October 2016 and identify further actions, on a multiagency basis, to address winter pressures.**
- **Review and develop the Pandemic Influenza planning and support mechanisms, with multiagency partners, in line with the recommendations in the Silver Swan Report.**

- Liaise with Falkirk, Stirling and Clackmannanshire Councils to ensure appropriate additional measures are in place to address surges in activity, including the festive period.
- Review regularly the effectiveness of resilience plans and response arrangements during the winter of 2016/2017

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## 7 Communications

A wide range of communications activities will be undertaken to provide advice and information to local people across Forth Valley on how to stay well this winter and highlight the range of services and support available. This will include specific work to promote local alternatives to ED such as the Minor Injuries Unit at Stirling Community Hospital and community pharmacies as well as guidance on health services available over the festive period.

All existing internal and external channels will be used to provide targeted winter health messages. Information and advice and additional work will be undertaken with local partners, including local councils to reach as wide an audience as possible. Social media will be used extensively, to provide relevant information and updates alongside a new local awareness campaign using local radio and outdoor advertising.

Promotional material will be distributed to a wide range of locations across Forth Valley including local libraries, health centres, churches and leisure centres. Information will also be shared with key stakeholders such as GPs, community councils and NHS staff, to update them on local plans and ensure they are able to direct local patients to the most appropriate service throughout the winter period.

**The main objectives of the Winter Communication Plan for 2016/17 are to:**

- Ensure the general public are aware of local health service arrangements and throughout the winter period, including the festive public holidays, and know where to turn to for health service information and advice.
- Increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local MIU, GP, pharmacy and other community services.
- Raise awareness of the flu campaign and encourage children aged between 2 and 11 years of age, people in the eligible groups and local healthcare staff to take up the offer of a free flu vaccination.
- Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are effectively promoted across Forth Valley and supported by relevant local information and advice.
- Ensure staff and independent contractors are informed about preparations for winter including arrangements for staff flu vaccinations, local winter planning, staffing and contingency arrangements and winter.
- Manage effectively the response to increased media interest over the winter period and provide reassurance that appropriate plans and contingency arrangements are in place to manage demand throughout the winter period.

### 7.1.1 Key Actions

A comprehensive awareness campaign will be undertake to provide advice and information to local people across Forth Valley on how to stay well this winter and highlight the range of services and support available. This will include the promotion of new services and support (such as the Pharmacy First scheme, ALFY advice line and

Closer2Home services) as well as local alternatives to the Emergency Department such as the Minor Injuries Unit at Stirling Community Hospital.

The campaign will include:

**Flu Campaign:**

- **Local Public Relations to support the National Flu Vaccination campaign.**
- **A new communications campaign to encourage local healthcare staff to get vaccinated against flu.**

**Norovirus Campaign:**

- **Local communications to support national norovirus campaign which aims to encourage people who are ill to stay away from hospital to help prevent D & V outbreaks.**

**Local Services:**

- **Social media, online communications and video clips to promote local services, highlight key messages and provide details of local healthcare professionals who can provide treatment and support. This will include:**
  - **a redesigned online winter zone on the NHS Forth Valley website with links to relevant national and local information and advice, including winter advice issued by local councils, voluntary organisations and Police Scotland. Reciprocal links will be arranged with partner agencies**
  - **a new winter e-bulletin which will be emailed to our Public Involvement Network, key stakeholders, PPP and PPF members and council colleagues to share with local citizen panels**
- **Targeted work will be undertaken with local partners, including local councils, schools, Forth Valley College, Stirling University and local employers to provide winter health messages, information and advice**
- **Updating key stakeholders such as GPs, community councils and NHS staff to ensure they are able to direct local patients to the most appropriate services throughout the winter period**

**Minor Injuries Unit:**

- **Local radio advertising to promote the MIU and highlight alternatives to the Emergency Department**
- **Development of new outdoor advertising including:**
  - **New vehicle livery for NHS Forth Valley's fleet of estates vehicles**
  - **New on-site signage**

**Be Health-Wise Campaign:**

- **Work with NHS 24 to link in with the national 'Be Health-Wise This Winter' campaign**
  - **Ensure national campaign resources and messages are cascaded locally across NHS Forth Valley internally and externally**
  - **Tailor and amend national messages to tie in with local Forth Valley arrangements and priorities**
  - **Arrange local 'Be Health-Wise This Winter' launch to tie in with national launch**



- Customised features and articles in local council newspapers with advice and information on how to keep well over the winter period and details of local services and alternatives to A&E – these will be distributed to all homes across the Falkirk and Clackmannanshire Council areas.
- Media briefings and interviews with key NHS spokespeople
- Information on TV screens at Forth Valley Royal Hospital and the Wall of Wellbeing, which will be projected onto the wall outside Forth Valley Royal Hospital

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## 8 Resources

The majority of resources to support services over the winter period are based on existing arrangements including core service funding augmented by elements of national funding such as Delayed Discharge, Unscheduled Care Action Plan and Integrated Care Funds.

Scottish Government announced in late August that NHS Forth Valley would receive £0.380m additional funding for Winter 2016. Locally funding of £0.628m is available to support additional services over the Winter period bringing overall availability to £1.008m.

The resources are planned to be utilised as follows:

<b><u>Description</u></b>	<b><u>£'m</u></b>
<b>Workforce Capacity</b>	<b>0.042</b>
<b>Improving Discharges</b>	<b>0.022</b>
<b>Maintain Elective Capacity</b>	<b>0.135</b>
<b>Additional Bed Capacity</b>	<b>0.757</b>
<b>Funds retained for contingency/ unforeseen events</b>	<b>0.050</b>
<b>Communications</b>	<b>0.002</b>
<b>Total</b>	<b>1.008</b>

## 9 Information Management and Performance Reporting

High quality management information is a core part of winter planning to ensure effective analysis, provide the ability to monitor winter capacity, identify and predict activity pressures and manage overall performance. Performance Management is also a critical component of the Winter Plan in order to ensure that efforts are targeted effectively and that the intended outcomes are achieved.

The Chief Executive's Operational Management Group and the Corporate Management Team will oversee delivery of the Winter Plan, reporting to the Performance and Resources Committee and the NHS Board.

In addition to the routine reporting regime in place, a suite of indicators against each measurable action is being created cross-linking to the relevant core HEAT standards and extant local KPIs which will be performance managed as described. This is underpinned by routine management information supported through the Information Management team and publication of the 'Weekly Winter Monitoring' pack. There requires to be a balance between timely management information to aid decision making on the ground and targeted performance metrics. Detailed measurement will be put in place as specific initiatives are introduced. Key actions are noted below.

### **Actions for 2016/17**

- **Monitor Predicted Discharge Dates (PDDs) comparing daily PDDs with actual discharges, each day for each acute wards, including discharges before noon and at weekends and % discharges which are criteria led on bank holidays. PDD report incorporated within the weekly monitoring report.**
- **Monitor winter activity in order to demonstrate data collection and analysis is in line with the 2016/17 national guidance.**
- **Weekly monitoring report collates key information to support analysis of winter activity and local responses, has been updated and revised.**
- **Review and update the current Bed Prediction Model and refine as required, and predict medical ward bed occupancy weekly, based on bed modelling and historical trends.**
- **Review current delayed discharge reporting to support daily decision making including information on delayed packages of care.**
- **Ensure use of emerging IHO data to inform ongoing requirements, this includes analysis of bed occupancy within medical wards, presented in the weekly monitoring report.**
- **Undertake, analyse and respond to the fortnightly "point of care" audit.**
- **Produce in collaboration with local authorities, reports for IJBs including trends and information on care packages and intermediate care beds.**
- **Link Six Essential Action reports and Scottish Government reporting to ensure consistency.**