

**Title/Subject:** Forth Valley Winter Plan

**Meeting:** Integration Joint Board

**Date:** 6<sup>th</sup> November, 2015

**Submitted By:** Director of Public Health and Strategic Planning

**Action:** For Noting

## **1. INTRODUCTION**

- 1.1 NHS Forth Valley is required to produce a Winter Plan as part of the National Unscheduled Care Programme. Guidance and a self assessment reporting template were published by the Scottish Government on 6 August 2015 to provide direction and support to Boards. Further guidance was received on 18<sup>th</sup> September and 1<sup>st</sup> October 2015.
- 1.2 The Forth Valley Winter Plan has been developed jointly by a Forth Valley wide working group with representatives (see Appendix 1) from NHS Forth Valley, Falkirk Council and organisations who have a direct role in delivering care.
- 1.3 As requested by the Scottish Government (SG), to illustrate progress, the first outline draft plan was returned to the SG by end August 2015. The SG also requires the Final Plan to be approved by the NHS Board and agreed by Integration Joint Boards. In addition, the Winter Plan also requires to be tested through a multiagency exercise, returned to Scottish Government and posted on NHS Forth Valleys public web site by the end October 2015.

## **2. RECOMMENDATION**

- 2.1 The Integration Joint Board is asked to discuss and note the Forth Valley Winter Plan for 2015/16 noting the requirement for NHS Board approval.

## **3. BACKGROUND**

### **Winter Planning Process**

- 3.1 A multi-agency Winter Planning Steering Group was established to support the development of the Winter Plan 2015/16. Lead contributors to the plan were identified and participated in the Steering Group. The draft Winter Plan was tested at a winter planning exercise on 9 October and following the exercise, the plan was finalised for approval and submission to Scottish Government.

- 3.2 The NHS Forth Valley Winter Plan 2015/16 has been prepared in line with Scottish Government guidance “National Unscheduled Care Programme: Preparing for Winter”. The main focus of the Winter Plan deals with the period from November 2015 to March 2016 and in particular, detailed arrangements for the festive holiday fortnight, in December and the predicted post festive surge in January.
- 3.3 The 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 services during the winter period. This incorporates local contingency plans and ensures formal links with the plans of key stakeholders from the Local Authorities, Scottish Ambulance Service, Third and Independent Sector, NHS 24 and SERCO.
- 3.4 During the winter period, it is also essential that elective activity meets the relevant access targets.

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

**Author - Robert Stevenson, Senior Planning Manager, NHS FV**

**Date: 08/10/2015**

#### **List of Background Papers**

1. **Appendix 1 Forth Valley Winter Planning Group**
2. **Appendix 2 Forth Valley Winter Plan 2015/16 (to follow)**

## Appendix 1 Forth Valley Winter Planning Group

Name	Designation
Robert Stevenson (RS)	Senior Planning Manager (Chair)
Deirdre Anderson (DA)	Service Manager, Medicine
Gail Bell (GB)	Senior Midwife/Deputy Head of Midwifery
James Cassidy (JC)	Service Manager, Community Health Partnership
Deirdre Cilliers	Adult Care Head, Falkirk Council
Leslie Cruickshank (LC)	GP (Clinical Lead, Falkirk)
Antony Devine (AD)	Area Service Manager
Val De Souza	Head of Social Services, Stirling-Clackmannanshire Council
Simon Dryburgh (SD)	Assistant Director of Finance
Amanda Forbes (AF)	Clinical Service Manager (Orthopaedics)
Mark Hamilton (MH)	Senior Planning Manager
Anna Lamont (AL)	GP (Forth Valley Out of Hours Specialist Lead )
Olwyn Lamont (OL)	Lead Respiratory Nurse Specialist
Karen McKay (KM)	Linen and Transport Manager
Tracey McKigan (TMc)	Interim Chief Officer, Falkirk Health & Social Care
Trisha Miller (TM)	Lead Nurse (Infection Control)
Henry Prempeh (HP)	Consultant in Public Health Medicine
Richard Reynolds (RR)	Head of Ambulance Services (Forth Valley)
Alison Richmond-Ferns (ARF)	Associate Director of HR
Diane Sharp (DS)	District Nursing Team Leader (Stirling)
Shiona Strachan	Chief Officer, Health & Social Care, Stirling/Clackmannanshire
Irene Warnock	Head of Nursing in Community
Scott Williams (SW)	GP (Clinical Lead, Stirling)
Paul Woolman (PW)	Information Service Manager

Forth Valley

**Winter Plan**

2015/ 2016

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## Executive Summary

This plan sets out what NHS Forth Valley and our partners, are doing to prepare for the additional pressures during winter. The plan focuses on November 2015 to the end of March 2016, 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.

The Winter Plan sets out:-

### **Actions that have been taken to strengthen NHS capacity across Acute, Primary and Community Services.**

Examples of Actions in Plan for 2015/16

- All partners will have plans in place for predicted activity over the festive period (to prevent backlog developing) and enhanced activity levels through January 2016.
- We will work to ensure that all GP Out of Hours rotas are fully staffed.
- We will consider alternative uses for all existing assets that could increase our emergency capacity during surges in demand.
- We will ensure that SERCO, our soft FM partner, has robust and rehearsed escalation plans in place to meet demand.
- We have reviewed the arrangements in Community Hospitals and will staff to ensure every bed can provide a level of rehabilitation, “every bed is a rehab bed”.
- Transport arrangements will ensure that patients’ discharge plans focus on use of the Scottish Ambulance Service (SAS), independent providers and the existing NHS FV transport fleet.
- A pharmacy-first service in the community will encourage patients to attend pharmacy first for advice and treatment of common clinical conditions.

### **A balanced approach to admissions and discharges, with the aim of reducing avoidable delays, maintaining services and delivering treatment time guarantees.**

This involves capacity planning and close working with health and social care partners and care closer to home, in line with the Scottish Government’s 2020 vision. A key element of this is providing services to support patients before they become unwell or present as an emergency. This will involve prevention services, primary care and anticipatory care planning.

## Examples of Actions in Plan for 2015/16

- Establish a 24/7 support line “Advice Line For You” (ALFY) for those aged 65 and over.
- In conjunction with ALFY, establish an enhanced community team “Closer to Home” (C2H) supporting individuals with higher needs to remain well at home and reduce avoidable ED attendances and hospital admissions.
- We will ensure that the Frailty Clinic, piloted at FVRH, is available Monday to Friday during the predicted period of peak seasonal demand.
- We will conduct a regular “Point of Care” audit to identify and reduce the numbers of people who are inappropriately receiving their care in an acute hospital setting.
- We will deliver a robust public awareness campaign for norovirus and ensure that effective control measures are continually in place at all NHS clinical sites.
- We will deliver a population wide influenza vaccination campaign achieving high uptake amongst adults aged 65 and over, at risk groups, pre-school and primary school children, and health and social care staff.

### **Plans for creating additional capacity.**

When additional pressures occur it will not always be possible to manage these within routine resources and so the plan sets out a number of pre-planned responses to increase capacity when required. These measures cover a range of possible scenarios from bringing on additional winter capacity beds to substantial re-organisation of services providing short-term emergency capacity in an extreme situation.

## Examples of Actions in Plan for 2015/16

- Additional winter capacity beds have been identified and are prepared for utilisation during surges in activity.
- We have identified additional contingency measures to maintain services in the short term should these be required “in-extremis” (for example short-term use of existing clinical areas).
- We have detailed contingency plans that are well tested and exercised to cover a range of contingencies including severe weather and major infrastructure failures.
- Additional Local Authority short stay assessment beds in Falkirk and rural Stirlingshire are being commissioned for contingency purposes.
- We will implement a structured early warning system as successfully used at Hairmyres Hospital.
- We will work with Strathcarron Hospice to increase the availability of hospice and hospice at home services (as successfully achieved in 2014/15).
- We will ensure that additional clinical capacity, used in winter 2014/15, is fully staffed from the festive period until the end of February 2016.



### **Increase elective capacity ahead of December.**

As well as providing for the anticipated increase in unscheduled and emergency care over the winter months the NHS must also maintain our capacity to provide routine and elective services. These services can range from pre planned elective surgery to renal dialysis services and specialist cancer care. The Winter Plan sets out how NHS Forth Valley will work to ensure elective capacity is maximised ahead of predicted increases in emergency demand. This ensures both planned and unplanned needs can be met.

Examples of Actions in Plan for 2015/16

- **Elective activity will be profiled over the winter to minimise the risk of TTG breaches during the festive and post festive period.**
- **Elective services will focus on day cases, urgent cancer and urgent in patient activity during the first two weeks of January 2016.**
- **We will have simple boarding criteria in place to minimise boarding and prevent transfers at night.**
- **We will develop a plan to implement and monitor criteria-led discharge to increase discharges at weekends.**

### **Ensure staff capacity is in place over the festive period.**

The festive holidays and especially the post festive period can be particularly challenging due to the need to balance staff holidays and care needs with the needs of the service. The Winter Plan sets out how NHS Forth Valley is thinking ahead to ensure we have sufficient staff capacity at busy periods and enough additional staff are available when unpredictable pressures occur.

Examples of Actions in Plan for 2015/16

- **We will request that “safe-base” arrangements are in place for the drunk and incapable during predictable festive celebrations.**
- **We have extended our festive planning to cover the first three weeks of January and to include the Festive Period Control Room (as used in winter 2014/15).**
- **We will ensure rotas for early January are staffed to reflect anticipated demand.**
- **We will review the capacity of our staff bank to ensure we have sufficient staff for times of extra demand.**
- **We will agree additional consultant cover on Saturdays and Sundays over the festive and post-festive period to support weekend discharges.**
- **We will staff the discharge lounge seven days a week over the festive and post festive period.**

As well as planning for the pressures of winter, NHS Forth Valley also work with our 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 in Autumn 2015 linked to the National “Be Health-Wise this Winter” 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 available additional funding to tackle anticipated winter pressures. This year the available funds are targeted at delayed discharges and unscheduled care as well as joint working with the new Integration Joint Boards. The plan sets out in detail how the additional funding will be used to supplement the existing measures in our annual financial plan.



# 1 Introduction

## 1.1 Background

NHS Forth Valley's management arrangements for all year round capacity and flow management, have been augmented to include winter resilience planning to deal with the additional pressures placed on services during the winter period. Consistent with Scottish Government guidance "*National Unscheduled Care Program: Preparing for Winter*" (2015) NHS Forth Valley has subsequently produced this Winter Plan for 2015-2016.

As with previous years during the winter period, it is expected that a number of pressures will be prevalent which will 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 meet Treatment Time Guarantees
- Need to provide additional health and social care capacity in acute hospital and community settings.

Health and social care integration also provides an opportunity to enhance service provision during the winter months and the role of Integrated Joint Boards (IJBs) will become increasingly important in this process.

## 1.2 Purpose and Scope

This plan focuses on the period from November 2015 to March 2016 highlighting particular detailed arrangements for the festive holiday periods in December and January. Furthermore the Winter Plan will be supported by 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 from the 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 six areas in the Winter Plan:

1. Safe & effective admission / discharge continues in the lead-up to **and** over the festive period and also in to January
2. Workforce capacity plans & rotas for winter / festive period agreed by October
3. Whole system activity plans for winter: post festive surge

4. Strategies for additional winter beds and surge capacity
5. The risk of patients being delayed on their pathway is minimised
6. Discharges at weekend & bank holiday

Further guidance was published, along with additional non-recurrent winter funding, asking NHS Boards to target the following priorities:

- Enhanced Festive Period Staffing
- Increase Weekend Discharges by at least 25%
- Infrastructure to Support Optimum Transfer of Patient Care (between Wards and Departments and Home)

These additional priorities are expected to complement use of the 2015/16 £30m Delayed Discharge allocations by IJBs and HBs across Social, Primary and Hospital Care in Partnership to optimise winter resilience.

## **1.4 Governance**

This Winter Plan has been developed as per national guidance through the work of a multi-agency local Winter Plan Steering Group and supported by the NHS Board Chief Executives Operational Group. Due to the timing of meetings, the NHS Board gave delegated authority to the Boards Performance and Resources Committee to formally approve the Winter Plan. The plan will also be endorsed by the local Integration Joint Boards for Forth Valley, Falkirk IJB and the Clackmannanshire and Stirling IJB.

The plan will be published on the NHS Board website after formal approval by the Performance and Resources Committee and submitted to Scottish Government by end October 2015.

## **1.5 Main Areas**

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

- Lessons Learned from 2014 / 2015
- Analysis of Activity, Capacity and Demand
- Improving Service Delivery - Initiatives in Place and Actions for 2015/2016 (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
- Information Management and Performance Reporting
- Resources

The table below provides a summary of the main actions identified for implementation during 2015/16, 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
Provide rapid response "Closer to Home" service in the community supporting individuals with higher needs to remain well at home.	Additional winter capacity beds (36) have been identified and will be made available January/ February. Falkirk Ward 5, Stirling Ward 1 and Stirling Ward 5.	Review Anticipatory Care Plans and ensure that these are targeted towards our most appropriate care groups.
Establish a 24/7 support line "Advice Line For You" (ALFY) for the public for those aged 65 and over.	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.
Conduct 'Point of Care' audit two weekly based on NHS Borders model to identify and reduce the numbers of people who are inappropriately receiving their care in an NHS acute hospital setting.	Increase elective activity pre-festive period to enhance capacity to cope with post festive surge. Manage elective activity in the post festive surge to free capacity for unplanned activity whilst maintaining TTG.	Deliver an intensive pre-winter Norovirus awareness campaign and maintain intensive infection control arrangements as used successfully in previous years.
Review multi-agency input including SAS and social work to the daily hospital huddle in order to support earlier discharge.	We will ensure that the Frailty Clinic, piloted 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.
Review "discharge to assess" arrangements to promote early discharge and improve how services are delivered.	Extend availability of discharge lounge to provide a service that will open until 20:00 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.
Rollout criteria led discharge to empower front line staff in risk based decision making.	Additional Consultant cover at weekends over the festive and post festive period to 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.
Transport arrangements will be finalised to ensure patient discharge plans focus on the use of SAS, independent providers and the existing NHS fleet.	Provide admin support for production of Immediate Discharge Letter, pharmacy script and transport and directly employ Nursing Auxiliaries to support discharge especially food prep at home.	Prepare contingency plans for the temporary use of other clinical areas to accommodate unplanned and emergency care patients in extreme circumstances.
<b>Deliver a comprehensive communication plan advising staff and the public about the arrangements for winter 2015/16</b>		

## **2 Lessons Learned from 2014 / 2015**

### **2.1 Health and Social Care: Winter in Scotland 2014/15**

Scotland wide, lessons have been learned from winter 2014/2015 that we can draw upon for winter 2015/2016. In 2014/15 there were increases in activity and increasing demands on capacity within the NHS in Scotland due to increased rates of influenza and respiratory illness. These two factors impacted on the ability of local systems to meet targets for 4-hour discharge from our Emergency Departments, Delayed Discharge and Time to Treatment Guarantees. A summary of the main findings from 2014/15 is provided below:

- Measures were taken to strengthen capacity, by increasing the available workforce in line with expected demand, increasing acute medical beds temporarily, and making more intermediate care places available.
- There was a rise in calls to NHS24 (up 17 per cent on 2013/14), an increase in Scottish Ambulance Service Category A-C calls (up 3.8 per cent on 2013/14) and a higher rate of A&E presentations (up 0.5 per cent on 2013/14),
- Higher levels of cancelled elective activity impacted adversely on inpatient and day case treatment times.
- The highest number of hospital admissions as a result of respiratory illness in a decade (up 22.5 per cent on 2013/14).
- Substantial and prolonged increase in influenza admissions (with 2014/15 levels of the previous three years combined).
- Norovirus incidence was comparable with seasonal averages but less of a factor in terms of winter pressures during 2014/15.
- Delayed discharge bed days increased through Winter 2014/15 with December accounting for 55,000 days (up on around 40,000 in December 2012 and 45,000 in December 2013).
- While better in Scotland than in other areas of the UK, waiting times were significantly impacted in Winter 2014/15, particularly in January and February 2015. The impact was more severe than the previous two winters and the position was not recovered across Scotland until May 2015.
- Seasonal ‘flu’ vaccination up-take by NHS staff improved on the previous year but remained below the target level of 50 per cent across Scotland.

### **2.2 Local Lessons Learned**

Towards the end of November 2014 services in Forth Valley were experiencing higher levels of emergency activity than anticipated which resulted in the service coming under increasing pressure with insufficient capacity in the system to cope with demand. This was the experience across the whole of the UK at this time resulting in some NHS



systems evoking major contingency arrangements to cope with the increased demand resulting in the suspension of routine activity. The main issues were:

- The majority of actions in the Winter Plan 2014/15 were implemented in full. For the two, four day breaks activity was actually lower, apart from one day, than previous similar four day breaks. Services found the winter period challenging due to the sustained increase in activity experienced across the full 2014/15 winter.
- There were a significant number of breaches of the four hour A&E target indicating a need to improve patient flow in the system and ensure people ended up at the appropriate part of the system.
- Although influenza vaccination rates for staff in FV were typically above the Scottish average (preschool, carers and those over 65), recorded rates for staff (39%) and primary schoolchildren (62%) were lower.
- Additional inpatient contingency capacity in Falkirk Community Hospital (21 winter beds) was brought into use from 04 January 2015 and remained open for the rest of the winter.
- As winter issues became prolonged the following additional steps were introduced:
  - Third Sector capacity was increased for example Strathcarron Hospice agreed to relaxing their patient criteria making available additional inpatient and hospice at home capacity.
  - The specialist community nursing team for complex care extended its role to provide care packages to all patients during January 2015.
  - Additional staff were recruited from the community nurse bank.
- Additional communications plan activity highlighted access into the emergency care service and use of alternatives such as minor injuries services and use of NHS 24.

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

We have completed a detailed analysis of activity, capacity and demand across the care system in Forth Valley. This has allowed us to analyse the possible impact on care services and identify 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 summarized below.

#### **3.1 Demographic Change**

We are anticipating annual rises in demand of almost 4% each year until 2020 based on the increase in attendances over the past 7 years. However there are differences in the actual annual rise in first attendances, with a range covering 0.3% to 5.8% from 2007 to 2014. Since 2013/14 to 2014/15 this rate of increase has been almost 3%.

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

Although the level of activity during the winter of 2014 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 utilized.

In 2014/15, pressures from respiratory illness were the highest seen in the last ten years. Compared to the same period in 2013/14, there was a 22.5 per cent increase, with high levels sustained for many weeks. Provisional data for 2014/15 show an increase, compared with previous seasons, in number of hospital admissions with any diagnosis of influenza. The levels were sustained over many weeks in the January and February of the 2014/15 season and this is in contrast to the more pronounced peak, but less sustained activity, seen in 2010/11. The number of hospital admissions with any diagnosis of influenza in 2014/15, were higher than the previous three years combined.

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

The Festive period and in particular the post festive period are predictable “pinch-points” 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 in winter 2015/16.

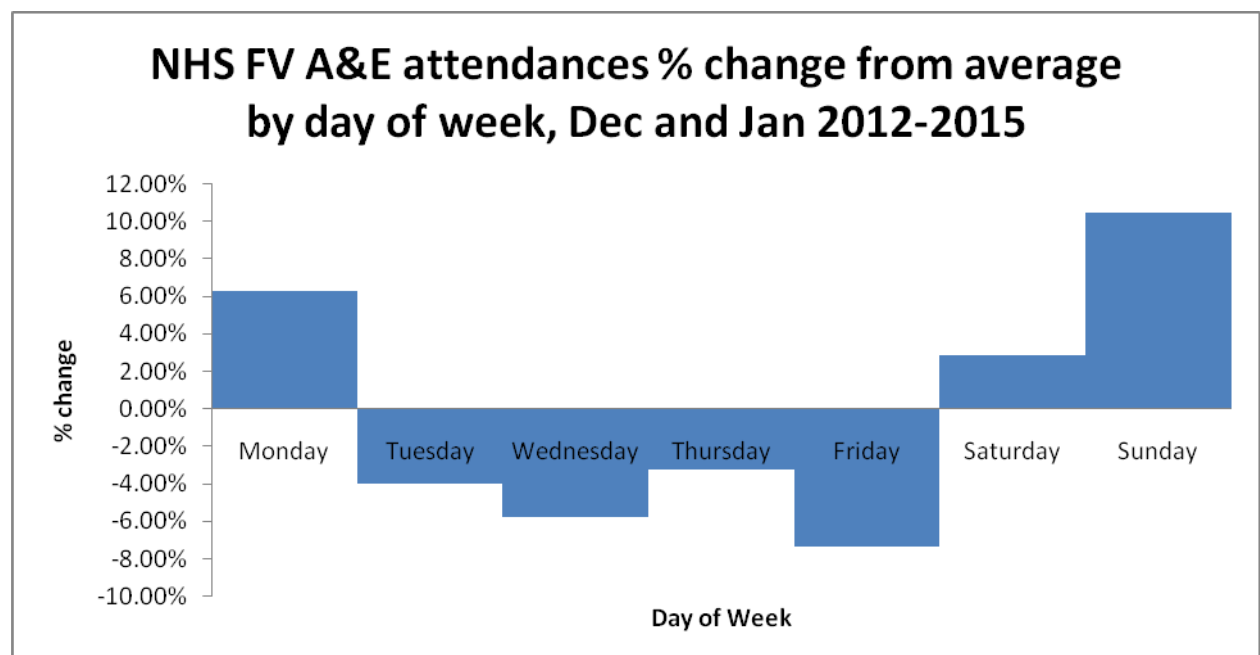
In order to plan effectively for capacity over the festive and post-festive it is important to have a good understanding of likely demand. Whilst levels of demand can appear to vary considerably from day to day the overall pattern of demand is fairly consistent with predictable maximum and minimum levels 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 and A&E over the past four years has remained stable and largely predictable.

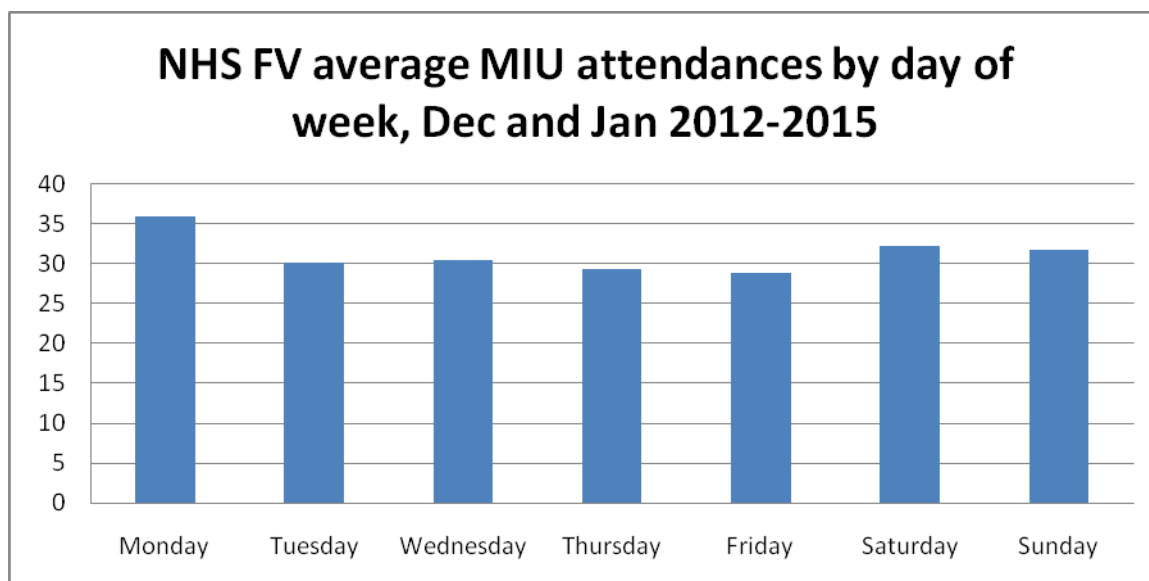
NHS FV Actual A&E and MIU attendances in January and December, 2011/12-2014/15				
Total in December and January	11589	11473	11468	11757
Average total per day	187	185	185	190
MIU Average per day	32	31	32	32
A&E Average per day	155	154	153	158

Within these data there is a clear weekly pattern allowing the prediction of the likely busy days. For both A&E 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 A&E and MIU appears to remain fairly consistent with no clear trend to favour either service on any particular day.

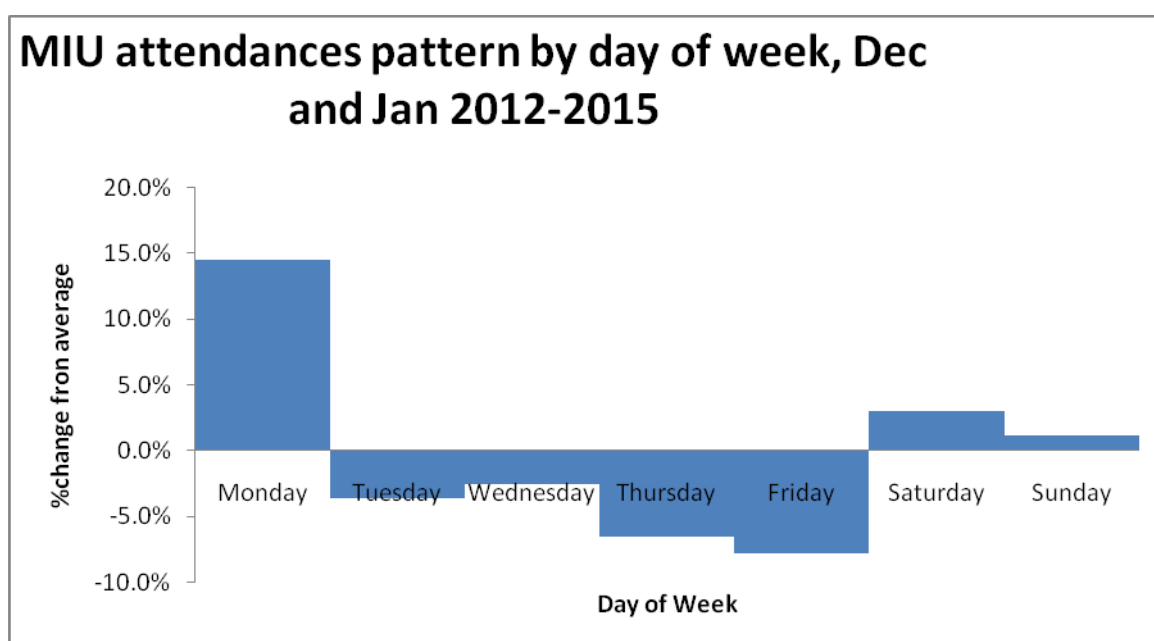


The average number of A&E attendances in December and January has remained fairly stable at 155 attendances per day although the actual numbers on any given day have varied considerably. January 01 is traditionally one of the busiest days of the year for A&E. The highest level in the recorded data was 208 attendances on 01 January 2014 compared with 203 and 190 on the same days in 2013 and 2015 respectively. In 2015 there was an unusual peak of 207 attendances on January 3<sup>rd</sup> which would appear to reflect the timing of the holiday period that year. January 3<sup>rd</sup> 2015 was a Saturday immediately following two days of public holiday.

A very similar pattern can be seen in MIU attendances.



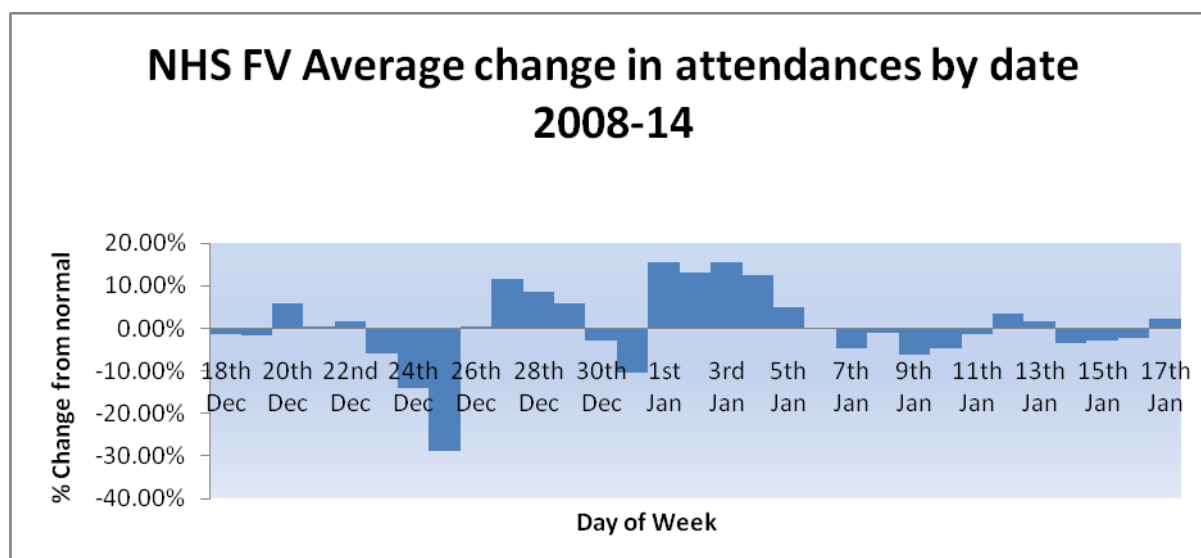
Although MIU attendances appear more stable with an average of 32 per day, for MIU Monday is clearly the peak of demand.



Both Christmas Day and Hogmanay tend to be the quietest days of the year in both MIU and A&E. For MIU, attendances have fallen to single figures on Christmas Day in each of the last two years although in these years Christmas was a Thursday and a Wednesday.

For A&E any number of attendances below 130 would be seen as unusually quiet with the lowest recorded numbers in the last four years being 112 on Hogmanay 2014 and both Christmas Eve and Christmas Day 2013 with 113 attendances each 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 these 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.



By combining the known pattern of demand by days of the week (Monday, Tuesday etc.) with the usual increase or decrease on typical holidays and events over the festive period a model can be built to give a predicted total number of attendances across the festive and post festive period.

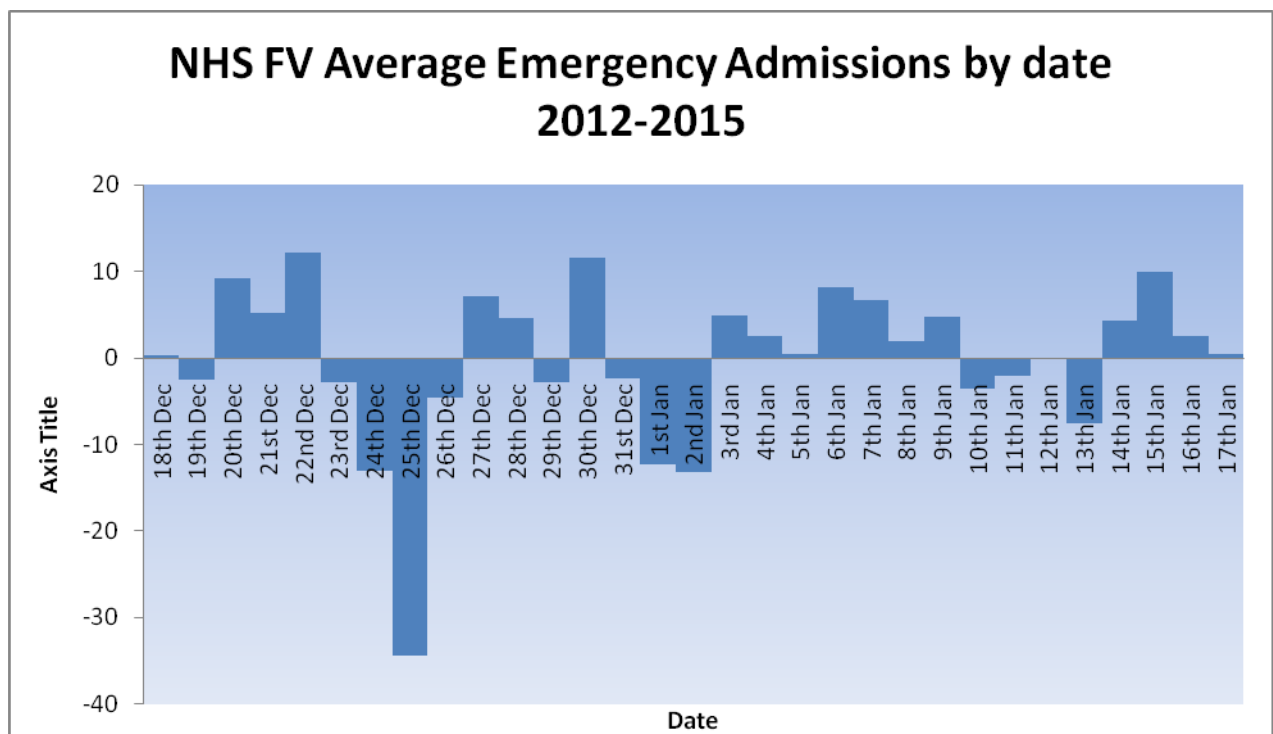
In line with national analysis, data available for the Forth Valley area shows that there is typically a “post-festive” period surge in activity for emergency care and admissions.

### 3.5 Emergency Admissions Data.

By analysing data over the past three years it is possible to predict the typical weekly pattern of emergency admissions in January and December. The average daily emergency admissions in January and December from 2012-2015 were as follows: -

All Emergency Admissions	
Day of week	Daily Average
Mondays	102
Tuesdays	82
Wednesdays	87
Thursdays	89
Fridays	96
Saturdays	69
Sundays	69
Total	85

From analysis of the data over the past three years, it is also possible to establish the typical 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.



By combining the historical data on admissions by date above with the data on predicted number of emergency admissions by day of the week a prediction model can be constructed to plan for peaks in demand around the festive period.

## 4 Improving Service Delivery - Initiatives in Place and Actions for 2015/2016

This section of the Forth Valley Winter Plan presents the main focus of winter planning for 2015/16 and also indicates how *DL (2015) 20 National Unscheduled Care Programme: Preparing for Winter 2015/16* 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 we maintain admission and discharge rates at normal levels over Christmas and New Year we reduce the potential for post-festive pressures. These pressures are particularly acute in the immediate post-festive period due to the combination of increased emergency demand, restarting 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 is minimised
- Discharges at weekend & bank holiday
- Shift of Care to Community and Primary Care Settings
- Safe & 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 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 June 2015, 45,356 NHS Scotland bed days were occupied by patients delayed in their discharge. In Winter 2014, there were 27% more Delayed Discharge patients than in 2013.

#### **Actions for 2015/16**

- **A 'Point of Care' audit will be conducted every two weeks, based on NHS Borders' model, to identify and reduce the numbers of people who are inappropriately receiving their care in an acute hospital setting to ensure that every person is in the most appropriate place of care.**
- **Review multiagency input, including SAS and Social Work, into the daily**

hospital 'Huddle'.

- Increase the fortnightly Delayed Discharge tactical group meetings to weekly over the winter period and escalate to a daily discharge huddle when required.
- Additional Ward rounds will be in place in evenings and at weekends.
- Any patients over 2 week LOS have will have an action plan agreed with an appropriate member of senior staff.
- Additional senior input will be provided to individuals with a hospital LOS over 4 weeks as case management team develops.
- All partners have in place plans for predictable activity levels over festive period (to avoid delayed discharges developing) and enhanced activity levels through January 2016.
- The Choice Policy (step 1, step 2, step 3) will be reviewed and an action plan implemented to ensure that patients are cared for in the most appropriate place of care.
- Transport arrangements will be finalised to ensure patients discharge plans focus on use of SAS, independent providers and the use of existing NHS FV transport fleet.
- We will complete a review of Discharge Hub arrangements and make any necessary changes to improve the efficient operation of the Hub.
- 'Discharge to Assess' arrangements will be reviewed to promote early discharge and improve how the service is delivered.
- Refresh the clinically sensitive discharge target by ward, matching predicted demand. This will be used to monitor performance at the morning and afternoon huddles, 7 days a week.
- We will ensure roll out of criteria led discharge to empower front-line staff in risk based decision making.

#### ***4.1.2 Discharges at weekends & 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 2015/16**

- AHP staffing has been augmented at weekends in both acute and community to increase the number of weekend discharges.
- We will provide a rapid response "Closer to Home" (C2H) service in community to facilitate earlier discharges.
- Enhanced weekend cover will extend the Discharge Lounge opening hours, enhance OT cover through the REACH service and provide Community Nursing and additional carers via the C2H approach.
- We will 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.
- We will develop a plan to implement and monitor criteria led discharge across FV to increase levels of discharges at weekends.



- We will review the provision of radiology services at weekends to identify and reduce avoidable delays.
- Weekend pharmacy services help to facilitate weekend discharges, including the out of hours on-call pharmacy service.
- We will develop a plan to implement and monitor criteria-led discharge across Forth Valley, which will also help us to increase weekend discharges.
- We will develop a plan to operate the Discharge Lounge at FVRH until 8:00pm, seven days per week over the festive and post festive period.
- Additional local authority short stay assessment beds in Falkirk (14 beds) and in rural Stirlingshire (five beds) are being commissioned for contingency purposes.

#### ***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 was considered. A key conclusion was that many patients would clearly benefit from an NHS and Social Care System that provides the right care, in the right place, at the right time. For many patients, especially the elderly and infirm, the Acute Hospital is not always the best option and should only be used when absolutely required.

#### **Actions for 2015/16**

- Establish a 24/7 support line for the public for those aged 65 and over (Advice Line For You).
- Review the potential to implement a 24/7 co-ordination point for professionals (GPs, SAS, social care etc) to find co-ordinated support for/actions required to help individuals remain well at home.
- In conjunction with ALFY establish an enhanced community team “Closer to Home”( C2H ) supporting individuals with higher needs in a co-ordinated way to remain well at home, minimising social crisis and reducing avoidable ED attendance and hospital admission.
- C2H Team will follow up vulnerable clients post ED attendance and discharge (those over 65 with a SPARRA risk score >40%).
- We will develop and introduce an integrated approach to “un-injured fallers” in partnership with SAS and the C2H Team.
- Community Pharmaceutical Services will support service delivery over the winter and specifically the festive and post-festive period:
  - Community pharmacy will provide ‘Unscheduled Care Patient Group Directive (repeat medication)’ provision of emergency hormonal contraception and opiate replacement therapy and;
  - provide advice and treatment via the Minor Ailments Service and;
  - palliative care services through a network of community pharmacies that provide advice and hold specific medicines and
  - support exacerbations of COPD via the PGD for provision of appropriate medication.
- A 'Pharmacy First' service in community pharmacies will encourage patients to attend community pharmacy first for treatment and advice for common clinical conditions.

- We will review Anticipatory Care Plans and ensure that these are targeted towards our most appropriate care groups.
- We will review historical requirements for packages of care and plan with local partners for predicted demand.
- We will ensure capacity for discharge to District Nursing and Reach Team is maintained over the festive period and through January 2016.

## **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 & rotas for winter/festive period.
- Safe & effective admission/discharge continues in the lead-up to and over the festive period and also in to January

### **4.2.1 Workforce capacity plans & 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 2015.

### **Actions for 2015/16**

- Each clinical and social care service including the Scottish Ambulance Service, Third Sector and Independent Sectors will have staffing plans in place, including rotas, by end of October 2015 to ensure appropriate capacity over the festive period and during January and February 2016.
- We will ensure that our Estates and Facilities staff and SERCO our soft FM partner have adequate staffing in place and robust and rehearsed escalation plans in place to meet demand.
- We have reviewed arrangements in Community Hospitals to ensure every bed can provide a level of rehabilitation. "Every bed is a rehab bed".
- 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. Exceptions to normal opening times will be notified to the public during our winter communications campaign.
- Community Pharmacy opening on public holidays will be notified to partners (Out of Hours, NHS 24, Substance misuse service etc.) via the Primary Care Contracts Team and corporate communications.
- Community dental services will be provided over the festive period and details will be circulated 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).

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

##### **Actions for 2015/16**

- Safety briefings take place daily at 08.30 am.
- Daily huddles are in place to consider the impact of patient needs, staff needs, bed capacity and safety issues. All wards and departments are represented.
- We will introduce a structured system for early warning and escalation at FVRH (as used at Hairmyres Hospital).
- Daily discharge meetings are in place.
- We will introduce an escalation plan which includes the use action cards to clearly define, share and educate appropriate staff about the key staff roles involved in flow management (across consultants, charge nurses, lead person on each ward, flow co-ordinators etc).
- We have extended our festive planning to cover the first three weeks of January to include the Festive Period Control Room as used successfully in winter 2015.
- Within the acute sector, pharmacy department opening information and service levels will be provided directly to wards and clinics in the lead up to the festive period.
- We will maintain discharge rates over festive period at normal levels and enhance staffing levels in the post-festive period to manage predictably high demand.
- We will plan for discharges to take place early in the working day and aim for at least 40% discharges in place by midday.
- We will ensure roll out of criteria led discharge to empower front-line staff in risk based decision making.

#### **4.3 Preventing and responding to surges in demand**

It is possible to predict levels of festive and post-festive demand based on previous experience. It is therefore possible to predict required levels of care packages, ambulance transfers, nursing home placements, social work assessments etc. in the post-festive surge period and all year round. The main areas covered are:

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

#### **4.3.1 Actions to enhance elective capacity**

##### **Actions for 2015/16**

- Elective activity will be profiled over the winter to minimise the risk of TTG breaches during the festive and post festive period.
- Elective services will focus on day cases, urgent cancer and urgent inpatient activity during the first two weeks in January 2016.
- We will ensure that the Frailty Clinic, piloted at FVRH, is available Monday to Friday during the predicted period of peak seasonal demand.
- All partners have in place plans for predictable activity levels over festive period (to avoid backlog developing) and enhanced activity levels through January 2016.
- Increase the fortnightly Delayed Discharge tactical group meetings to weekly over the winter period and escalate to a daily discharge huddle when required.
- Information management systems are being developed to monitor and predict activity (See Section 7)

#### **4.3.2 Strategies for additional winter beds and surge capacity**

Whilst it is possible to predict patterns of activity 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 2015/16**

- Ensure planned additional winter capacity beds (36) are available from early January 2016.
- We have identified additional capacity needed to reduce waiting times in preparation for the post festive surge.
- We will ensure rotas for early January are staffed to reflect anticipated demand and will balance staff leave appropriately.
- Additional local authority short stay assessment beds in Falkirk (14 beds) and in rural Stirlingshire (five beds) are being commissioned for contingency purposes. These contingency beds will offer step-up and step-down options.
- We will work with Strathcarron Hospice to increase the availability of hospice and hospice at home services as successfully achieved in 2014/15.
- We will ensure that additional clinical capacity used in winter 2014/15 is fully staffed from mid December until the end of February 2016.
- We will have simple boarding criteria in place to minimise boarding and especially transfers at night.
- Provide admin support for production of Immediate Discharge Letter,

**pharmacy script and transport and directly employ Nursing Auxiliaries to support discharge especially food prep at home.**

#### **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. We have considered the preliminary recommendations from Professor Lewis Ritchie's Review. We will have a GP OOHs plan that covers the whole winter period (with particular emphasis on the festive period and January).

##### **Actions for 2015/16**

- **We will work to ensure that all GP Out of Hours rotas are fully staffed.**
- **We have reviewed demand and capacity models and developed a service staffing plan (medical, nursing and ancillary staff), which covers the pre festive, festive and post festive period. A structured plan for escalation is also in place for short notice GP rota gaps.**
- **We have reinforced existing protocols between services (MIU, ED, mental health).**
- **We will support professional to professional referral (including working closely with SAS).**
- **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 will increase the times that patients can directly access primary care.**
- **We have ensured primary care has a pro-active approach to supporting vulnerable patients through anticipatory care plans and will conduct planned visits to vulnerable patients over the festive period.**
- **We will deliver a communications plan, which highlights the availability of and appropriate use of services.**
- **The OOH plan refers to both NHS24 communication plan and sharing of information through NHS 24/ OOH National Operational meeting.**
- **Business continuity plans are in place for other potential issues with the Out of Hours service e.g. IT and telephony.**

## 5 Managing the Impact of Infectious Diseases

The impact of influenza and respiratory illness had a major impact on the delivery of care services in Forth Valley and across the whole of Scotland during the winter of 2014/15. 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.

We have 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 have been 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. We recognise that ward closures would have a major impact across the service. Therefore, 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 2015/16**

- **An annual norovirus prevention campaign for staff and public is underway alongside the seasonal flu awareness campaign as in 2014.**
- **IPCT are involved in daily hospital safety brief.**
- **The Weekly point prevalence for norovirus is circulated to key stakeholders during outbreak season.**
- **Infection Prevention & Control Nurses will be available 3<sup>rd</sup> & 4<sup>th</sup> January 2016 for telephone advice via the on-call microbiologist.**
- **NHS Forth Valley will use HPS debrief tools in the event of any outbreak.**
- **During incidents / outbreaks of norovirus within NHS Forth Valley Hospital settings, the IPCT will communicate closely with Public Health team.**
- **IPCT will ensure the regular norovirus information tweets from Health Protection Scotland are re-tweeted.**
- **Outbreak Folders and relevant material will be distributed to clinical areas around week 37 when the 'month to go' alert comes out.**
- **A new quick reference guide for alert organisms and conditions will be placed in the outbreak folder.**
- **Following a local pilot, our outbreak guides use quick reference pictures and pictograms to assist staff in speedily following correct procedures.**

## **5.2 Seasonal Flu**

We have recently reviewed our Pandemic Influenza planning processes in conjunction with our East of Scotland Resilience Partners. We are updating our local plans and process based on the outcomes from Exercise Silver Swan held on 1 September 2015.

NHS Forth Valley has consistently performed well in terms of vaccination rates for identified groups in national guidance. Given the expectation that NHS FV is expected to deliver a significant increase in vaccinations for a range of conditions, we have invested in the establishment of an immunisation team.

## **Actions for 2015/2016**

- **Implement Seasonal Flu Vaccination program for all identified groups.**
- **Participate in the national Pandemic Influenza Exercise Silver Swan, Health and Social Care Event and the Excess Death Event.**
- **Review and update our Pandemic Influenza plans and processes based on the outcomes from exercise Silver Swan, Excess Deaths and incident leads session.**
- **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.**
- **A new Immunisation Team will deliver the seasonal flu vaccine to Primary School aged children.**
- **The new Immunisation Team will be available to provide targeted vaccination sessions to Care Homes or other high risk settings if required.**

- Undertake a trial to increase accessibility of the Flu vaccine to staff within departments in FVRH.
- Aim for at least 50% of NHS Forth Valley staff to be vaccinated for Flu.
- Encourage all health and social care staff to be vaccinated for Flu.
- Antiviral prescribing will be recommended on advice from Chief Medical Officer
- HPS weekly updates are widely circulated within NHS Forth Valley.

### 5.3 Respiratory Care

NHS FV has a well-developed Respiratory MCN with a lead clinical and nurse who provide 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 attendance, emergency admission or re-admission and LOS).

#### Actions for 2015/16

- Respiratory pathway guidelines are under review.
- The service is provided Mon-Fri and during winter months with additional weekend cover when required including festive and post festive period.
- Patients with COPD or asthma have a written self-management plan and relevant patients have a hand held record, which allows them access to 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.
- Prevention posters will be available in Primary Care. We will link in with 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 known to the respiratory team have access to community palliative services for specialist palliative care 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 available on the intranet also gives direct advice on managing Acute and Chronic Respiratory Failure with decompensation (raised CO2 and acidosis).**

## **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. However, one of the main learning points from last year's unprecedented levels of activity was that previous exercise programmes had not taken these potential levels of into account.

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 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.*

We 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.

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

- **We have identified additional contingency measures to maintain services in the short term should these be required “in-extremis.” For example, extended expanded use of existing clinical areas and in extreme circumstances suspension of non essential activity.**

## **Actions for 2015/16**

- **We have reviewed our surge and capacity arrangements based on the outcomes from our Local Winter Planning Exercise held on 9<sup>th</sup> October 2015 and identified further actions, on a multiagency basis, to address winter pressures.**
- **We will review and develop our pandemic influenza planning and support mechanisms based on the outcomes from Exercise Silver Swan – to take account of outcomes following national session scheduled for 12 November.**
- **With the LRP we are developing a more integrated approach for escalation of service response across the whole care system.**
- **We regularly review the effectiveness of resilience plans and response arrangements for the winter of 2015/2016.**
- **We will ensure that Serco has a robust and well rehearsed escalation plan in place for FVRH.**
- **We will ensure that the NHS Forth Valley Estates and Facilities Department has a robust and well rehearsed escalation plan in place including measures to support primary care and community services.**
- **The FVLRP group will implement a work program to ensure multiagency processes in place.**
- **We will liaise with the Emergency Planning Officers across Falkirk, Stirling and Clackmannanshire to request that “safe bases” are established for the drunk and incapable during the organised festive celebrations.**

## 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 A&E 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.

We will use all existing internal and external channels 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.

### **Key aims:**

- 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, and pharmacy services
- Raise awareness of the 2015/16 flu campaign which includes children aged between 2 and 11 years of age, and encourage local people in the eligible groups 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
- Effectively manage 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

A high profile awareness campaign 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 a wide range of actions to promote local alternatives to A&E such as the Minor Injuries Unit at Stirling Community Hospital and community pharmacies as well as information and advice on where to turn to for health services and support over the festive period.

#### **Actions for 2015/16**

- **Existing internal and external communication channels will 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, online communications and video clips will be used throughout the period to promote local services and provide details of local healthcare professionals who can provide treatment and support.**
- **A new local awareness campaign using local radio and outdoor advertising will promote the MIU and encourage people from across Forth Valley to make use of this facility during the festive break and throughout the winter period.**
- **A dedicated communication plan will support the roll-out of the ALFY nursing support line across Forth Valley from the beginning of December 2015.**
- **A Local radio advertising campaign in run up to festive period will highlight alternatives to the Emergency Department.**
- **Ongoing use of social media, online communications and video clips will promote local services and provide details of local healthcare professionals who can provide treatment and support.**
- **The distribution of new promotional material to healthcare and other facilities including local libraries, churches and leisure centres will encourage greater use of the MIU by local people across Forth Valley.**
- **Information will 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 services throughout the winter period.**
- **A new high-profile Winter Zone will be created 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.**

- **We will work with NHS 24 to link in with the national ‘Be Health-Wise This Winter’ campaign. This will**
  - **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 in November 2015.**
- **We will provide customised features 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.**
- **We will provide media briefings and interviews with key NHS spokespeople.**
- **There will be feature articles and public information in the winter issue of NHS Forth Valley community health news.**
- **We will provide information on TV screens at Forth Valley Royal Hospital, council owned information screens and the Wall of Wellbeing, which will be projected onto the wall outside Forth Valley Royal Hospital.**
- **A major flu vaccination campaign will see 24,000 primary school pupils across Forth Valley invited for vaccination between September and December 2015 (local media, promotional resources, social media and direct communication with parents).**
- **Local PR will support the yearly HPS national norovirus campaign, which aims to encourage visitors who are unwell to stay away from hospital to help prevent D&V outbreaks.**
- **Our Communications plan will include education and support for the public to encourage self directed planning to help individuals and their families to be more prepared –the aim of this service is to provide support and signposting to help people to remain well at home where ever possible.**

## 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, LUCAP (Local Unscheduled Care Action Plan) and Integrated Care Funds.

In early October 2016, SGHD confirmed NHS Forth Valley would receive £0.318m additional funding for winter 2015. Funds of £0.628m had already been approved in the local Financial Plan providing total additional resources of £0.946m.

These resources are planned to be utilised as follows:

<b><u>Description</u></b>	<b><u>£'m</u></b>
<b>Workforce Capacity</b>	<b>0.038</b>
<b>Improving Discharges</b>	<b>0.111</b>
<b>Enhance Elective Capacity</b>	<b>0.135</b>
<b>Additional Winter Beds</b>	<b>0.458</b>
<b>Funds retained for contingency/ unforeseen events</b>	<b>0.200</b>
<b>Communications</b>	<b>0.004</b>
<b>Total</b>	<b>0.946</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 our efforts are clearly targeted and that the intended outcomes are achieved. Delivery of the Winter Plan will be overseen by the Chief Executive's weekly Operational Management Group and the Corporate Management Team, reporting upwards to the Performance and Resources Committee and the Board.

In addition to the routine reporting regime in place, a suite of indicators against each measurable action is being created cross linking to 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 IM team and the development 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. Some key additional actions are noted below.

### **Actions for 2015/2016**

- **Monitor Predicted Discharge Dates (PDDs) comparing daily PDDs with actual discharges, each day for each acute wards**
- **Review the current Bed Prediction model and refine as required**
- **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**