

AGENDA ITEM

14

Title/Subject: Winter Planning
Meeting: Integration Joint Board
Date: 1 December 2017
Submitted By: Head of Planning
Action: For Noting

1. INTRODUCTION

- 1.1. A Forth Valley Health and Social Care Winter Plan must be published, as part of the Government's requirements for "Preparing for Winter 2017-18". The Plan was prepared by NHS Forth Valley in close collaboration with the two Health and Social care Partnerships and the Scottish Ambulance Service.

The Forth Valley Health and Social Care Winter Plan was submitted to the Scottish Government on 31 October and the IJB is asked to note the plan.

The Plan summarises the routine actions required to manage demand and capacity all year round and the additional actions associated with demand and capacity over the winter period, in addition to specific actions for winter and the festive season.

The Winter Plan is underpinned by a detailed multi-agency action plan, festive period primary care out of hours arrangements, flu and norovirus plans and a detailed plan describing the availability of services and how to access them over the festive period. The Winter plan is also supported by detailed service resilience and contingency plans.

2. RECOMMENDATION

The Falkirk Integration Joint Board is asked to:

- 2.1. note the development of the Winter Plan and the ongoing discussions regarding the contingency plans including winter beds and the potential to increase capacity for discharge to assess model
- 2.2. note the funding of £0.271m from Scottish government outlined in section 4.8 for the Forth Valley area and that NHS Forth Valley Board has committed to provide additional funding to contribute towards the cost of winter contingency beds
- 2.3. request the Chief Officer and Chief Finance Officer finalise the priorities and contingencies with the Leadership Team and senior NHS colleagues and bring a full report to the next board.

3. BACKGROUND

- 3.1. Guidance and a self assessment reporting template were published by the Scottish Government on 11 August 2017 to provide direction and support to Boards and Local Authorities, including the national report “Health & Social Care: Winter in Scotland 2016-17.”
- 3.2. The first draft NHS Forth Valley Winter Plan 2017-18 was submitted to Scottish Government (SG) colleagues at the end of August 2017 as requested.
- 3.3. The national guidance indicated that final plans required senior joint sign-off reflecting local governance arrangements and should be lodged with Scottish Government and published on line by the end of October 2017. Progress with preparing the Winter Plan has been noted at the two Integration Joint Board meetings in October by way of the Chief Officers’ reports and the IJBs are asked to note the final Winter Plan at their meetings in December.
- 3.4. This paper outlines the process for preparing the Winter Plan 2017-18, key milestones and progress against the key actions.

4. WINTER PLAN 2017/18

- 4.1. 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 (in progress)
 - Business Continuity plans tested with partners (November)
 - Winter Plan to be formally signed off, published on the Board’s website and submitted to Scottish Government by the end of October 2017 (complete).
- 4.2. **Winter Planning Process**
 - Lead contributors to the Forth Valley Winter Plan in health and social care services were identified and provided detailed contributions
 - The Winter Plan will be tested at an East of Scotland Local resilience Partnership exercise in November and detailed plans will be updated thereafter if required. A joint resilience workshop with the Integration Joint Boards is being planned for the early New Year.
- 4.3. **Overview of Content**

The NHS Forth Valley Winter Plan 2017-18 has been prepared in line with Scottish Government guidance “Preparing for Winter 2017-18”.

The main focus of the Winter Plan deals with the period from November 2017 to March 2018 and in particular, detailed arrangements for the festive holiday fortnight, in December and January.

4.4 The Forth Valley health and social care 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, independent sector, NHS 24 and Serco.

4.5 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.

4.6 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 continues 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.

The Winter Plan 2017-18 is presented with the following sections:

- Executive Summary and Introduction
- Lessons learned from 2016-17
- Analysis of activity, capacity and demand
- Improving service delivery - initiatives in place and actions for 2017-18
- Managing the impact of infectious diseases
- Resilience
- Communications
- Resources
- Information management and performance reporting

4.7 A multi-agency working group has continued to meet to progress with implementing specific winter plan actions. Discussion are ongoing regarding the capacity and demand for community based care, to support people at home or in care homes in order to reduce hospital admissions and enable discharges. There is potential to increase capacity for discharge to assess to support more people to be discharged home with a reablement package of support. This could reduce the number of people being transferred to the community hospital and increase capacity for those not

medically fit for discharge. The potential use of contingency beds in the community hospitals and the thresholds, at which the contingency beds may be used, will be finalised with senior officers from the HSCP and NHS Forth Valley once the analysis of capacity and demand in the community is concluded.

4.8 **Finance**

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.

4.9. A Forth Valley wide allocation of £0.271m has been made by Scottish Government to support winter arrangements. This will be put towards the priority areas identified by health and social care including supporting staff groups to enable discharges, supporting community based care and to enable short term bridging arrangements for patients in the community or discharged home, who are awaiting new or enhanced care packages.

4.10. NHS Forth Valley has committed to provide additional funding to put towards the cost of winter contingency beds for a maximum time period, from January to the end of March 2018, or earlier if appropriate.

5. **CONCLUSIONS**

5.1 Winter Planning arrangements will be monitored closely through established operational management structures.

Resource Implications

These are noted in section 4.8 and will be agreed in discussion with the Chief Officer, Chief Finance Officer and the Leadership team.

Impact on IJB Outcomes and Priorities

The winter plan provides a system wide response to the additional service requirements and challenges of the winter period.

Legal & Risk Implications

Not relevant

Consultation

Consultation is not necessary as the winter plan builds upon and enhances existing operational service arrangements, for the winter period.

Equalities Assessment

The IJB will be a public body, for the purposes of the Equality Act 2010. Officers must ensure that equalities implications have been considered and that an equalities impact assessment is completed, where appropriate.

Approved for submission by: Patricia Cassidy, Chief Officer

Author – Janette Fraser, Head of Planning, NHS Forth Valley

Date: 23 November 2017

List of Background Papers:

Forth Valley Health and Social Care Winter Plan 2017-18

Preparing for Winter 201-18 – Scottish Government DL (2017) 19



Forth Valley Health and Social Care

Winter Plan

2017-18

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Executive Summary

Planning for peaks in demand is required all year round and the peaks traditionally experienced in the winter are now experienced in other seasons by all health and social care systems. Therefore, contingency arrangements and effective management of unscheduled and planned care activity is required within and out with the winter period. This plan sets out how the health and social care partners in the Forth Valley area are preparing for the additional peaks in demand all year round. In addition, there are specific actions which are required in the winter period to ensure that the care of people is not affected by the additional public holidays over the festive period and to ensure that we are well prepared for the flu virus and respiratory conditions which are more prevalent in the winter period.

It is the responsibility of the Integration Joint Boards for the Falkirk Health and Social Care Partnership and the Clackmannanshire and Stirling Health and Social Care Partnership, along with the NHS Forth Valley Board, to ensure that robust arrangements are in place for the winter, including the festive period. This is essential in order to ensure that inappropriate admissions to the acute hospital are avoided and that patients are discharged home or closer to home, in a safe and timely manner, with the appropriate health and social care support. Operational responsibility for delivering the winter arrangements sits with the relevant operational leads, including the Chief Officers for the two Health and Social Care Partnerships, the NHS General Managers and the Lead Officers within the Local Authority Social Care Services. The Unscheduled Care Programme Board brings together the operational leads and other key stakeholders.

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. Therefore, this Winter Plan is supported by a series of contingency plans for unexpected events, which have been tested in conjunction with partner organisations and can be instituted at any time, not just during the winter.

The Winter Plan 2017-18 has been produced by NHS Forth Valley Health and the Health and Social Care Partnerships, in Falkirk and in Clackmannanshire and Stirling.

The Winter Plan sets out in summary:

- **Actions to strengthen 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.**

In addition to planning for the pressures of winter, the health and social care partners also work with the local population to promote initiatives that reduce ill health and ensure that individuals know the best place to seek health advice and treatment.

Communications activities also will be undertaken, linked to the national NHS 'Be Healthwise This Winter' campaign. This will cover a wide range of issues including local pharmacy services, GP opening times and self-care for common winter ailments.

Examples from Winter Communications Campaign 2016-17



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 2017-18*”, the Forth Valley health and social care partners have produced this Winter Plan for 2017-18.

During the winter period, a number of pressures will be prevalent which will have an impact on our ability to manage demand and capacity, although these pressures can also be experienced at other times of the year. These include:

- Increased demand for unscheduled care.
- Higher rate of admissions to hospital.
- More patients waiting to be discharged from hospital and requiring subsequent care packages to support discharge.
- 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.

1.2 Purpose and Scope

This plan focuses on the period from November 2017 to March 2018 highlighting in particular, arrangements for the festive holiday periods in December and January. However, it should also be noted that many of the arrangements described in this plan to deal with peaks in demand and associated capacity are applicable all year round and are also outlined in the Forth Valley Local Delivery Plan 2017-18.

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, NHS Board, 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 Health and Social Care Partnerships, supported by the Forth Valley Unscheduled Care Programme Board. The final version of the winter plan will be approved by joint sign off reflecting local governance arrangements.

1.5 Main Areas

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

- Lessons Learned from 2016-17.
- Analysis of Activity, Capacity and Demand.
- Improving Service Delivery - Initiatives in Place and Actions for 2017-18 (including improving discharge, preventing admissions, arrangements for the festive period, responding to surges in demand, Primary Care 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 2017-18, 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.

Primary Care Out of Hours services are a critical element of the overall approach to managing winter pressures. Interim changes to the Forth Valley Primary Care Out of Hours service were put in place in the summer of 2017, whilst a review of Out of Hours arrangements and development of future arrangements are progressed. Primary Care Out of Hours planning will include the winter period.

Improving Service Delivery		
Preventing Admissions and Supporting Discharge	Specific Arrangements for the Festive and Post-festive Period	Preventing and Responding to Surges in Demand
6 Essential Actions project management approach and embedding changes in practice.	Ensure all partners have staffing plans in place by October 2017 to ensure appropriate capacity over the festive period.	Ensure multi-agency huddles are in place to consider the impact of patients needs, staffing, bed capacity and safety issues.
Evaluate the Discharge to Assess Pilot in Falkirk. The services will be continued on an interim basis with an external provider until March 2018, when it is anticipated that this will be mainstreamed in Falkirk.	Ensure sufficient service provision is planned for health and social care services during the festive period, and particularly the 2 4-day breaks.	Maintain the elective programme to minimise the impact of winter but also focus on day cases, urgent cancer and urgent inpatient activity during the first 2 weeks in January.
Reinforce clinical decision making to optimise the flow of patients including criteria led discharge.	Ensure annual leave is managed effectively across health and social care staff to minimise the impact of leave on capacity.	Continue to deploy the system for early warning and escalation at Forth Valley Royal Hospital.
Introduce neighbourhood model of care in Rural Stirling.	Review the capacity of the staff bank against known and likely demands.	Finalise Out of Hours Primary Care winter arrangements to ensure people can access out of hours care.
Optimising referrals to the Enhanced Community Team and use of the ALFY helpline.	Refresh generic staff pool for winter.	Provide information for patients on where and how to seek help, including alternatives to the Emergency Department.
Continue to undertake the fortnightly Day of Care Survey to inform continued improvements in referrals, transfer and discharge and a reduction in patients in acute inpatient beds who do not require acute care, whilst extending the survey to the community hospitals on a monthly basis.	Ensure hospital and community pharmacies have plans in place for the provision of services over the winter period and clear arrangements for public holidays are communicated widely.	Arrangements for the planned use of contingency beds, with weekly monitoring of bed use in place and clear plans to cease use of contingency beds by 31 March.
Deliver a comprehensive communication plan advising staff and the public about the arrangements for winter 2017-18		

2 Lessons Learned from 2016-17

2.1 Health and Social Care: Winter in Scotland 2016-17

Scotland wide lessons have been learned from winter 2016-17 that we can draw upon for winter 2017-18. A summary of the main national findings from 2016-17 is provided below:

- A & E attendances in winter 2016-17 were similar to the previous winter and provisional statistics show that emergency inpatient discharges were down by 3.6%.
- A new emergency response model was introduced in November 2016 by Scottish Ambulance Service to ensure patients get the right clinical resource the first time every time. Demand has remained stable though the acuity has altered with less calls being triaged as immediately life threatening.
- Calls to NHS24 decreased compared to the previous winter though increased in March 2017.
- Within the general community the impact of flu and respiratory conditions was low on general practice and below levels expected in a normal season though hospital admissions remained similar to the 2 previous winters.
- Weekly emergency inpatient admissions with respiratory illness were above the recent long-term average.
- The norovirus season was relatively low compared to the 2010-2015 season average.
- During winter 2016-17 the number of bed days occupied by delayed discharge patients reduced from 48,104 in October 2016 to 41,493 in March 2017.
- Winter temperatures were slightly above the 30 year average.
- Provisional data on seasonal flu uptake in staff in 2016-17 was 35.8% compared to 32% in 2015-16 and 35.6% in 2014-15.
- More than 2 million people across Scotland were offered the free flu vaccine. For eligible groups, flu vaccination uptake varied as below against the targets:

Eligible Groups	Uptake	Target
65 and over	72.8%	75%
Under 65 at risk	44.9%	75%
Pregnant women (without risk factors)	49.3%	75%
Pregnant women (with risk factors)	58%	75%
2-5 year olds not yet at school - GP practice vaccine	59%	65%
Schoolchildren 5-11 vaccinated at school	73%	75%

2.2 Local Lessons Learned

A review of the NHS Forth Valley Winter Plan 2016-17 was undertaken in May 2017 and highlighted a number of key actions and learning points. These included:

Planning

- Winter Plan agreed and shared widely.
- Winter plan exercise undertaken on 4th October 2017 with input from partners including social care services and the winter plan exercise action plan was agreed and implemented.
- NHS Forth Valley Major Emergency Plan tested pre and post winter with 2 exercises and included participation of key partners. The Plan was extensively updated over the winter period.
- The Operational Unscheduled Care Group took an active role in planning, monitoring and reviewing winter activity, capacity and issues and exception reporting to the Chief Executive's Operational Group.
- The Unscheduled Care Programme Board has been established, with representation from health and social care. The Programme Board has identified a need to give greater clarity around the specific impact and benefits of the unscheduled care initiatives currently supported, to ensure best value and optimum impact of initiatives, agree improvement trajectories and take the opportunity to further design initiatives to achieve best results.

Capacity and Flow

- Effective site management, management of flow and real time monitoring of activity (attendance, occupancy, utilisation etc), as described in the Board's 6 Essential Actions updates.
- Clear escalation plan, including action cards for key roles, are in place and reviewed regularly.
- Periods of high pressure were experienced due to the scale and complexity of demand, particularly during February 2017, resulting in performance on certain dates which was below the ED target level.
- Huddles are in place in key areas and at specific intervals during the day and week to review capacity and ensure effective discharge arrangements are in place, with appropriate health and social care participation.
- Clear site management arrangements.
- Escalation plans in place.
- Real time monitoring of key data on demand, capacity, activity and flow.
- Importance of a wide range of activities and initiative to support patient flow, and in particular discharges, which are complementary and continuous review and redesign of initiatives to maximise the impact and benefit of each.

Festive Period and January

- The actions which were put in place to admit and discharge patients over the festive holiday period were effective and there were no specific issues experienced in the first week in January.

- Additional capacity was in place across health and social care services for the post-festive period including additional contingency beds in 2 community hospitals and additional social care support to facilitate discharge.

Contingency Arrangements

- Effective actions included the provision of additional contingency beds, staffed as and when required and effective arrangements with community and social care services to support patients through integrated discharge planning and after discharge home.

Discharge from Hospital

- A discharge to assess pilot took place in the Falkirk Health and Social Care Partnership, supporting patients to return home direct from ED and also more timely discharge from acute wards with the provision of additional targeted packages of care.
- Alternative models to support discharge are also in place in the Clackmannanshire and Stirling Partnership area.
- Approaches to enablement and rehabilitation in the community, supported effective discharges.
- Monitoring of discharges, including predicted discharges and discharge at weekends is in place alongside operational arrangements to support discharge planning and effective discharging.
- Further progress with enabling a greater number of criteria-led discharges at the weekend to improve the flow of patients across 7 days.
- Monitoring of Predicted Date of Discharge but an increased rate of Predicted Date of Discharge could have further improved patient flow.
- Discharge lounge, discharge hub and transport hub.

Planned Care Programme

- Planned care activity plans for the winter period were not affected adversely by post-festive emergency activity and the plans to deal with additional emergency demand were implemented effectively.

Information

- Real time data used for capacity planning.
- Weekly winter monitoring activity reports complemented the “real time” data used for managing capacity, demand and flow.
- Admission and bed use modelling predictions were used.
- Fortnightly day of care inpatient audit achieved and ongoing.
- Additional reporting to SGHD in February on ED performance.

Workforce

- Workforce plans were in place and implemented effectively and no specific workforce challenges were experienced over the festive period as a result.
- Additional capacity was planned and implemented to support increased demand e.g. staffing for contingency wards, social care staff and community staffing over festive period.

Norovirus

- Effective plans in place based on the relevant norovirus guidance.
- Only one ward closed due to norovirus for this period.

Seasonal Flu

- Vaccination of school pupils rolled out to relevant age groups throughout Forth Valley, delivered by the NHS Forth Valley Immunisation Team.
- Immunisation of at risk patients and those over 65 provided by GP practices.
- Staff vaccination programme led by the Occupational Health Department with out-reach vaccination sessions across NHS Forth Valley premises and drop in vaccination provided at Forth Valley Royal Hospital, which resulted in an increased uptake of over 10% compared to the previous year.
- Continue with the implementation of a consistent, standardised system wide approach to Anticipatory Care Planning. This is being led by a Forth Valley wide multi-disciplinary, multi-agency group.

Communication

- Strong coverage in local and social media of alternatives to A&E and service arrangements over the festive period.
- Good collaborative working across the partnership areas, including local councils to help share key messages.
- Local activities to promote the national flu vaccination campaign, including staff flu programme.
- Social media, online communications and video clips were used to promote local services, highlight key messages and provide details of local healthcare professionals who can provide treatment and support.
- Redesigned winter zone on the NHS Forth Valley website with links to relevant national and local information and advice.
- Local radio advertising to promote the MIU and highlight alternatives to the Emergency Department including new vehicle livery for NHS Forth Valley's vehicle fleet and new on-site signage at Stirling Community Hospital.
- Local 'Be Health-Wise This Winter' launch aligned to the national launch.
- Information on TV screens at Forth Valley Royal Hospital and projected onto the Wall of Wellbeing, outside Forth Valley Royal Hospital.

Many of the processes and activities are now embedded in all year round approaches to the management of unscheduled care, with the additional focus during the winter period on increasing capacity, including workforce, the flu programme and communicating with patients and public.

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 Frailty on bed occupancy

Although the level of activity during the winter of 2016-17 was as anticipated, the impact of general frailty 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 enacted. Planned conversion of Day Medicine into a 'Winter ward' and additional capacity in Falkirk and Stirling were 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 2017-18.

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

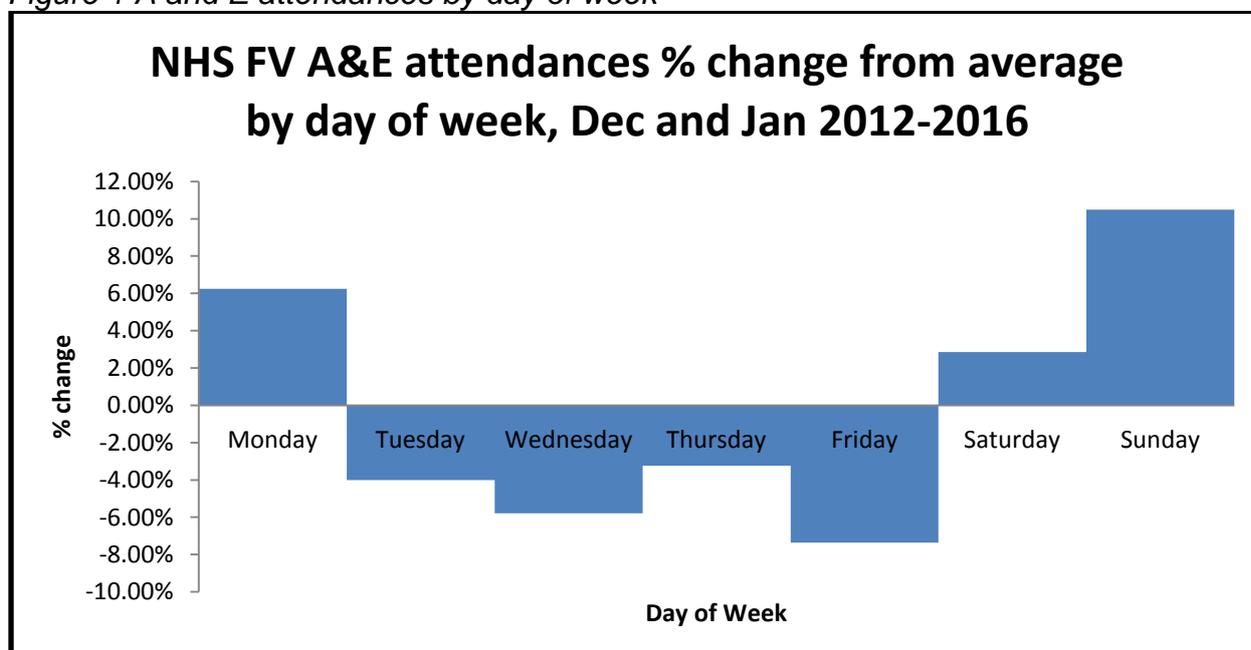
Although background demographics show an ageing and increasingly infirm population, the actual level of hospital attendances at MIU (Minor Injuries Unit) and Emergency Department in the months of December and January, between 2011-12 and 2014-15 was stable and largely predictable. However there was an increase in activity in 2015-16 (6.4%) which continued into December/January 2016-17.

Table 1 – ED and MIU Attendances

NHS FV Actual ED and MIU attendances in January and December, 2011-12 to 2015-16					
	2012-13	2013-14	2014-15	2015-16	2016-17
Total in December and January	11473	11468	11757	12511	12367
Average total per day	185	185	190	201	199
MIU Average per day	31	32	32	35	34
ED Average per day	154	153	158	166	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 presented in last year’s plan 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



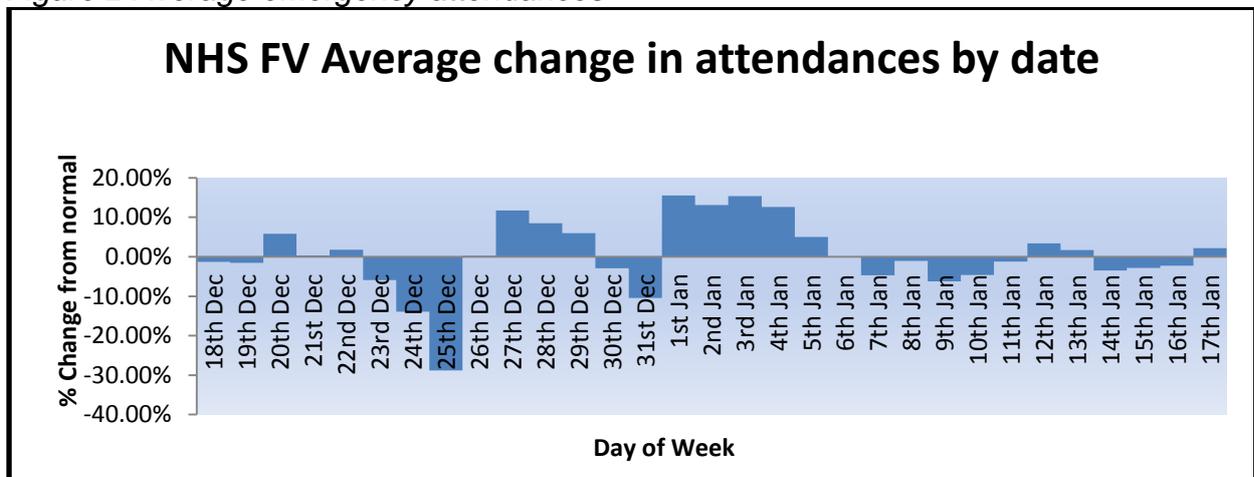
The average number of ED attendances in December and January 2016-17 rose to 166 attendances per day although the actual numbers on any given day have varied considerably. The first week in January is traditionally one of busiest weeks of the year for ED. Although MIU attendances appear more stable with an average of 34 per day last winter, attendances for MIU on Mondays, is clearly the peak of demand.

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 Years’ 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 2 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 ED and MIU attendances of between 10 and 15%.

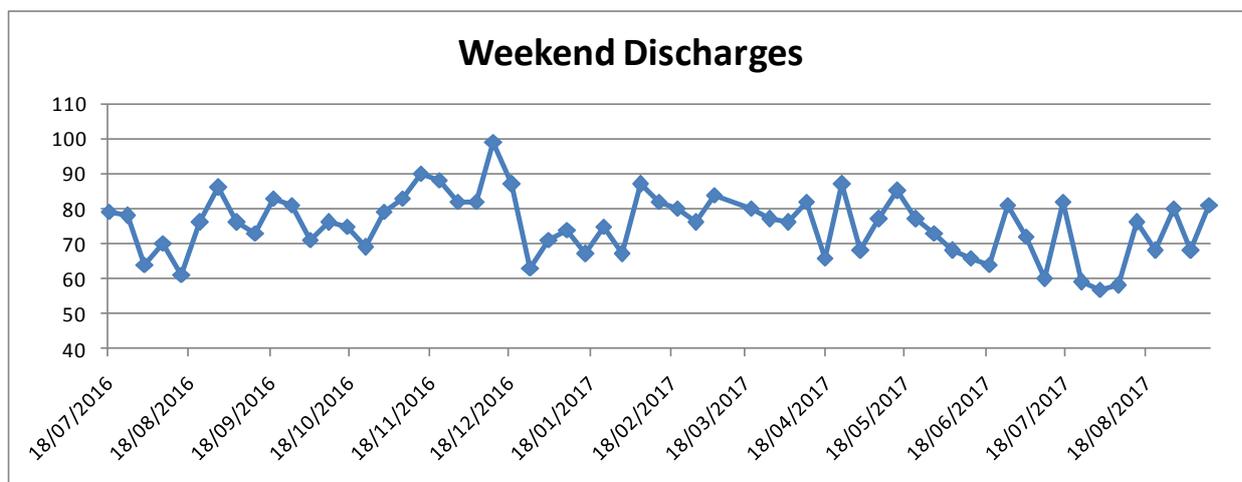
3.4.1 Winter weekly monitoring analysis

Since winter 2015-16, a number of key indicators are monitored on a weekly basis, all year round, to inform operational management and local work to implement improvement actions. These have been added to over time and the current weekly monitoring report comprises the following information.

- Boarding: Total Numbers
- Discharges before 12pm and through Discharge Lounge, by Ward
- Distribution of Attendances at Emergency Department, Admissions, and Time to First Assessment
- Cancelled Operations
- Percentage Occupancy and Available Beds, by Ward
- Delayed Discharges by Council Area
- Predicted Date of Discharge vs. Actual Date of Discharge, by Ward
- Weekly trend of difference between Predicted Date of Discharge and Actual Date of Discharge, by Ward
- Opening and Attendances at Frailty Clinic
- CAU/ AAU Front Door Ward Stays over 24 hours, Numbers per Day of Week
- Emergency Services Access

For example, the chart below highlights an increase in weekend discharges during the winter months compared with the summer months.

Figure 3 Weekend Discharges



Further work to review and augment the weekly data set will be undertaken before December.

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	Average For Day
Monday	105
Tuesday	88
Wednesday	91
Thursday	92
Friday	96
Saturday	71
Sunday	73

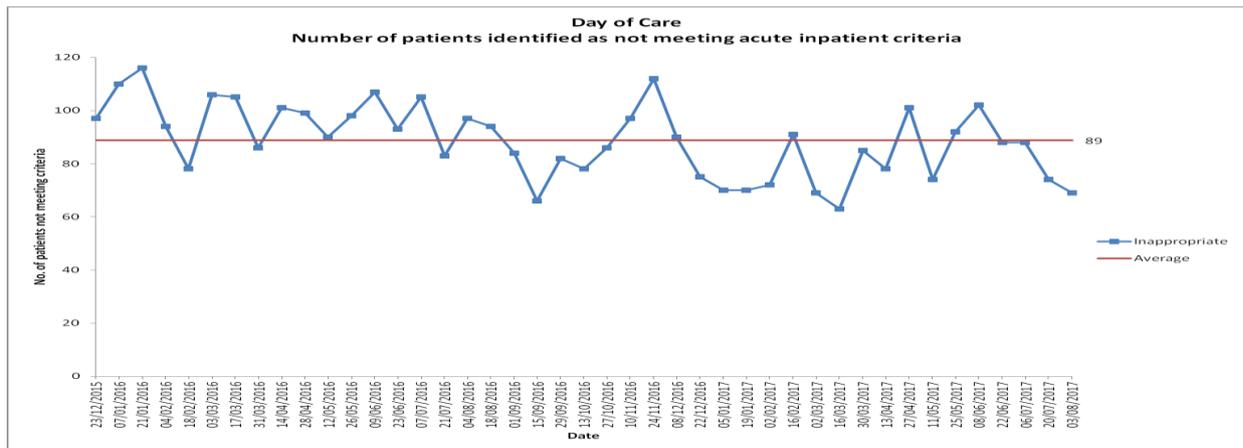
From analysis of the data over the past three years, it is also possible to show the historical pattern of emergency admissions over the festive and post festive periods. By comparing the actual number of admissions with the expected number for that day of the week it is possible to chart the expected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

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

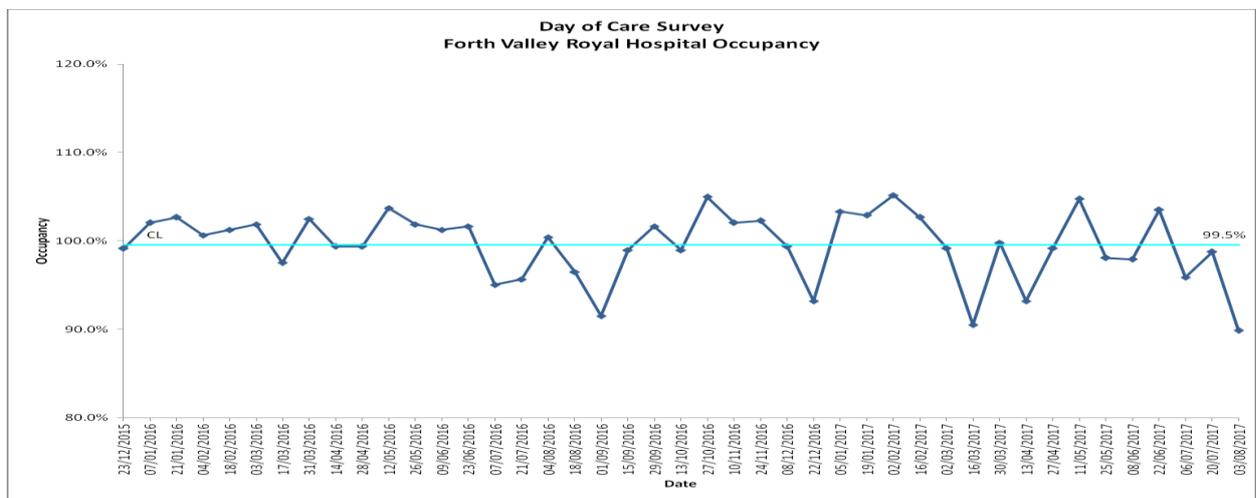
hospital. Over time the number of patients who do not meet the criteria has been reducing, see figure 4 below.

Figure 4 Day of Care Survey – Number of patients not meeting acute hospital criteria



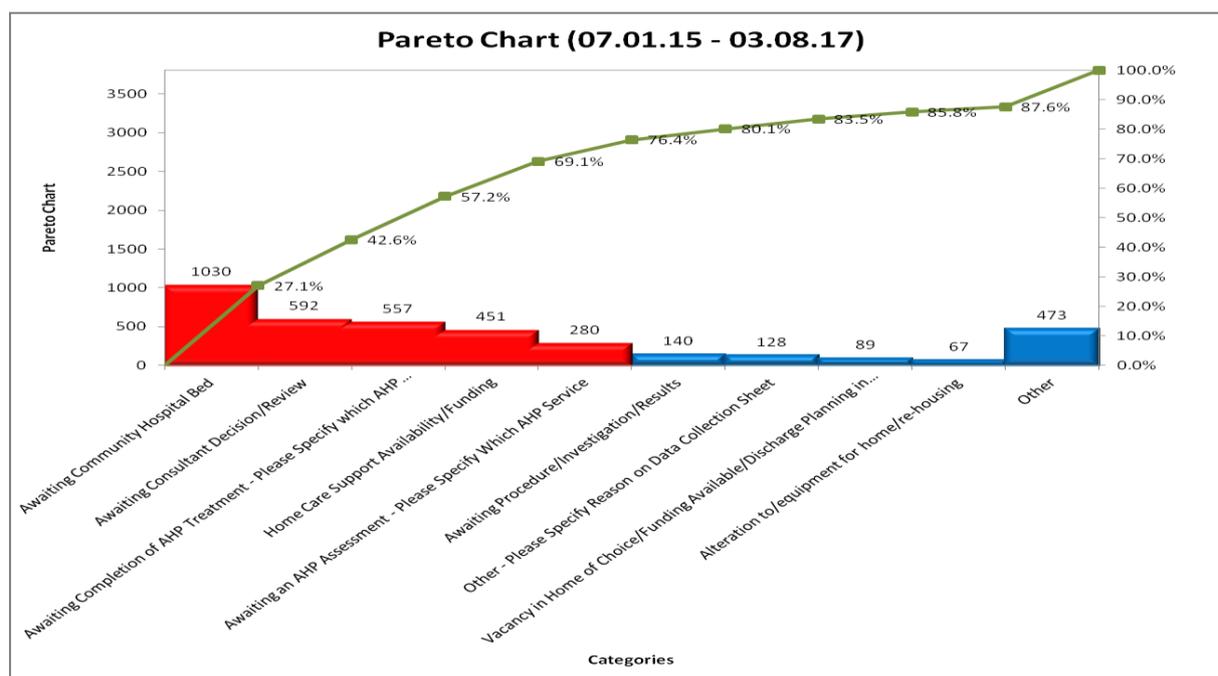
Bed occupancy in the acute hospital remains persistently at or close to capacity, highlighting the need for contingency beds over winter.

Figure 5 Day of Care Survey - Occupancy



The following pareto chart highlights the top five reasons for delays in red, which account for 76% of delays.

Figure 6 Day of Care Survey – top 5 reasons for delay



Analysis of admissions and bed occupancy from the surveys has enabled targeted improvements to be made. Actions taken in Forth Valley in response to the Day of Care Survey include:

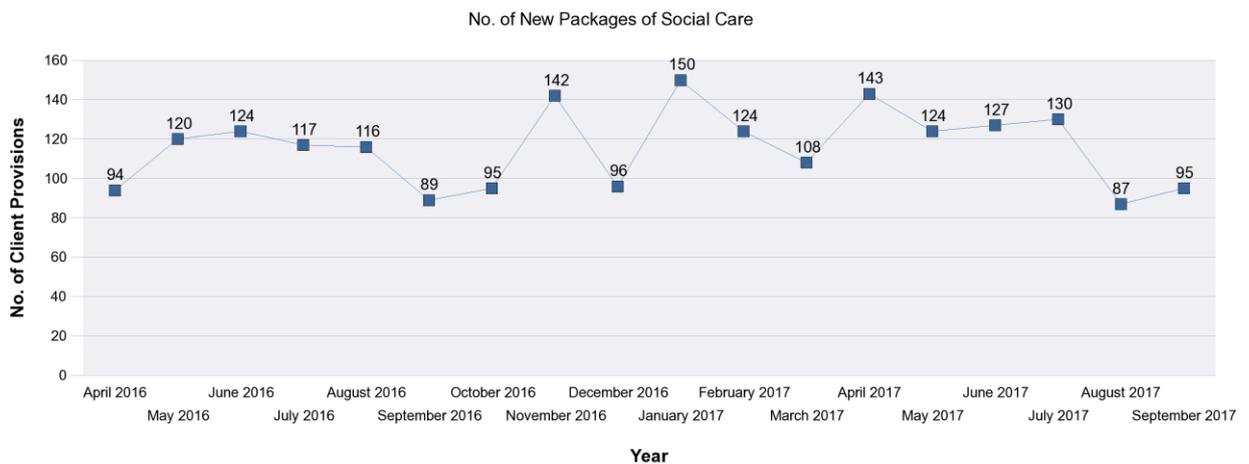
- Discharge planning workshops provided.
- Standard Operating Procedures were developed for the following referrals:
 - Ageing & Health
 - Community hospital
 - Package of care
 - Physiotherapy
 - Occupational Therapy
 - Dietetics
- Clearer criteria for referral and transfer agreed.
- Improved communication arrangements in place.
- Daily ward huddles now in place 7 days a week to help identify suitable patients.
- AHP 'Ready to Go' test of change carried out.
- Learning from the Acute Day of Care Survey being applied in the Community hospitals to create a greater understanding of systems and any potential barriers to patient flow.

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 Preparing for Winter (DL (2017) 19) 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.

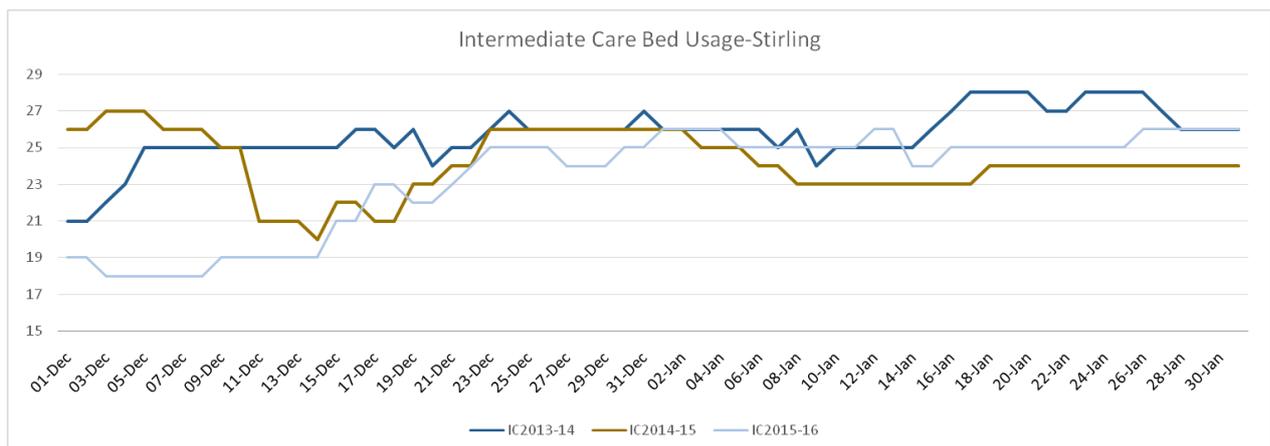
To date we have information from Stirling Council which shows the number of new packages of social care over the last year.

Figure 7 New Packages of Social Care per month – Stirling



The following figure shows the daily variation in intermediate care bed usage during December and January over three years.

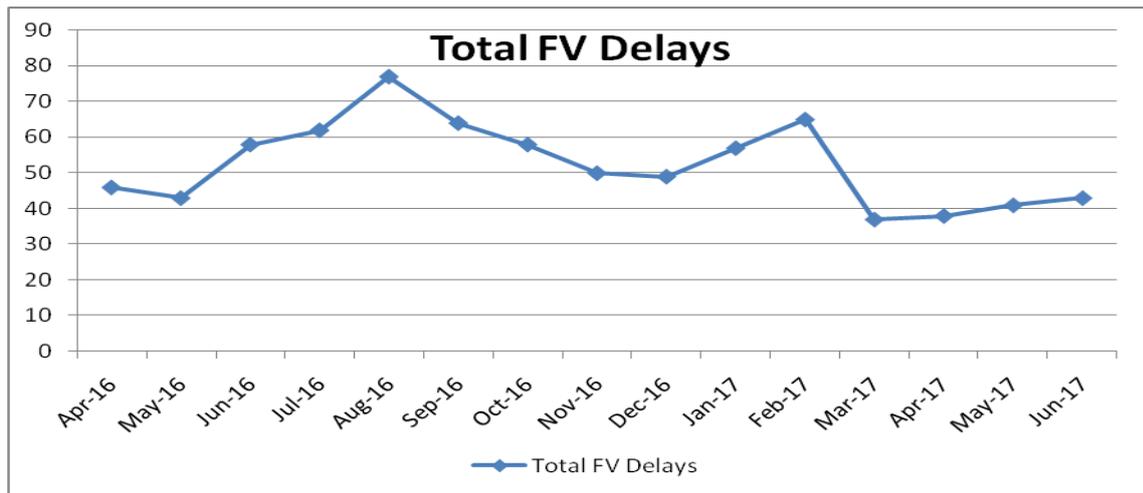
Figure 8 – Intermediate Care Bed Usage – Stirling



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

There was a reduction in average episodes of delayed discharge patients during winter 2016-17 compared with previous winters. Ministerial objectives and reduction target setting alongside the introduction of 'Discharge to Assess' in Falkirk council helped reduce the delays waiting for home care packages. Figure 9 shows Delayed Discharges trend during the last year.

Figure 9 – Delayed Discharges FV Total



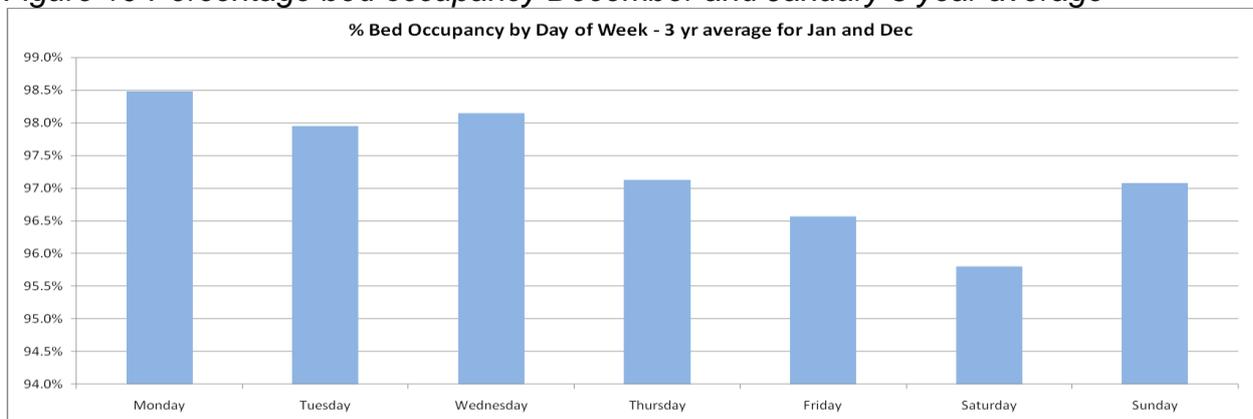
Discharges are constrained by the availability of a range of community based options including intermediate care beds, step up : step down care and care homes as well as care package availability in the community at a person's home.

3.5.4 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 10 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. Winter contingency beds need to be created each year to add additional capacity. Bed modelling helps predict the size of the contingency capacity required.

3.5.5 Bed occupancy modelling and prediction

Last winter NHS Forth Valley did comprehensive bed modelling and prediction and modelling has been repeated for this winter. Bed requirements by specialty are predicted for 1 year ahead, based on 2 years' historical data from TOPAS. Predictions are also based on the current waiting list and a requirement to achieve a maximum 12 week waiting time for 95% patients. The predictions are calculated using the Gooroo planning tool for elective and non-elective inpatients and aggregated into specialty groupings based on ward and specialty associations. Predictions are compared to current bed complements, excluding any contingency beds for each specialty grouping and this gives a bed shortfall for a grouping i.e. maximum bed requirement minus the bed complement.

Figure 11 Example of bed modelling winter 2017-18

Graphs of Modelled Bed Requirements by Specialty Grouping - 2017/18

Wards:

FVRH: All
 Bo'ness: BH1
 Clacks: CCH1
 FCH: U1, U2, U3, U4
 SCH: W1, W3, W4

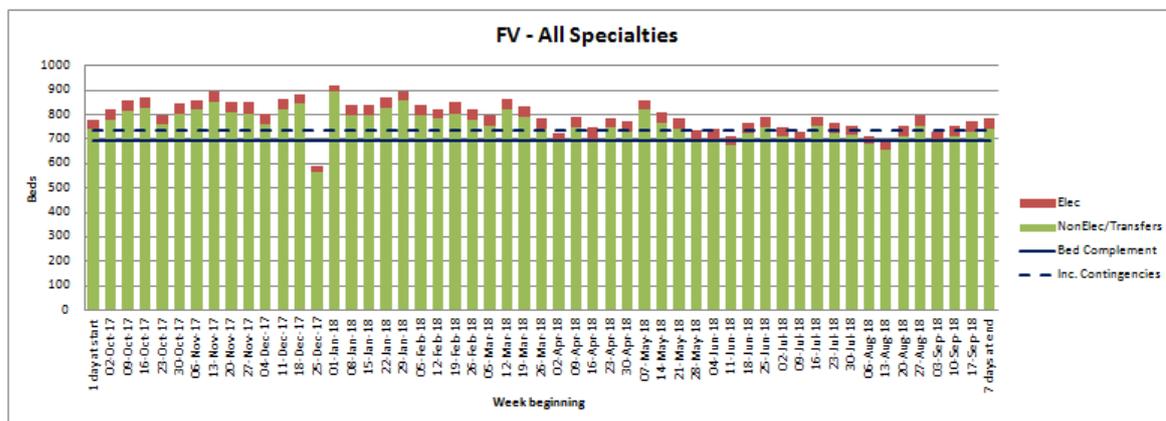
Use Drop Down
 (Does not work on older Windows)

Specialty Grouping:

FV - All Specialties

Max Bed Shortfall (exc. Contingencies):

228.0 Beds



3.5.6 *Unscheduled Care Programme Board*

The purpose of the Unscheduled Care (USC) Programme Board is to

- Oversee system wide activities, initiatives, actions and performance around unscheduled care.
- Seek to streamline approaches and activity across the system where possible.
- Co-ordinate action to ensure delivery of targets.
- Ensure appropriate escalation to enable swift decision making if any significant redesign is required.

The membership of the Unscheduled Care Programme Board consists of:-

- Medical Director (Chair)
- General Manager – Medicine
- General Manager – Community Services
- Chief Officer for Falkirk IJB
- Chief Officer for Clackmannanshire and Stirling IJB
- Head of Planning
- Head of Performance and Governance/Deputy
- General Practitioner
- Lead Nurse – Community Services
- Associate Medical Director - Medicine
- Senior Nurse - Medicine
- Head of Efficiency, Improvement and Innovation
- Information Analysts

Key initial priority areas for focus include:

- Activities to support Partnership Unscheduled Care Objectives
 - ED 4 hr wait
 - Unplanned admissions (include attendance)
 - Unplanned bed days
 - Delayed Discharges
 - End of Life Care
- 6 Essential Actions and Building Blocks
- Delayed Discharge
- IHO activity

4 Improving Service Delivery - Initiatives in Place and Actions for 2017-18

This section of the Forth Valley Health and Social Care Winter Plan presents the main focus of planning for peaks in demand and activity, including the winter planning period for 2017-18 and also indicates how *DL (2017) 19 Preparing for Winter 2017-18* 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*

In order to learn fully from our experiences this winter, and to prepare for winter 2018-19, it is proposed to hold a winter plan debrief session in April 2018 with key stakeholders.

4.1 Preventing Admissions and Supporting Discharge

If admission and discharge rates are maintained 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 build-up. 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.
- Optimising care in Community and Primary Care Settings.
- Safe and effective admission/discharge continues in the lead-up to and over the festive period and also into January.

The majority of the actions summarised below are included in the Forth Valley Local Delivery Plan 2017-18 and the two Health and Social Care Partnership Delivery Plans.

4.1.1 Supporting Discharge

Reducing the numbers of patients delayed in their discharge from hospital and their length of stay of in hospital, is a key priority for health and social care in 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 health and social care system.

In March 2017, 41,493 NHS Scotland bed days were occupied by patients delayed in their discharge. This was a decrease from October 2016 when the figure was 48,104. However, as at October 2017 compared to March 2017, the number of bed days occupied by patients delayed in their discharge in Forth Valley has increased and continues to present a challenge for health and social care partners, as we approach winter.

Actions for 2017-18

- **Weekly winter flow teleconference involving Executives, Chief Officers and Senior Managers, to provide leadership and direction to optimise capacity and flow.**
- **Weekly handover meeting each Thursday from the Unscheduled Care Team to the Weekend Team to ensure continuity of capacity and flow arrangements.**
- **Delayed Discharge meetings include social care representation and through effective partnership working the group will escalate complex cases. The social care representatives will also strengthen links with the three adjacent local authorities (North Lanarkshire, Fife and West Lothian) in order to expedite discharge arrangements for patients resident out with Forth Valley.**
- **Development and implementation of the frailty pathway and comprehensive geriatric assessment process. Establish a consistent approach to frailty screening and comprehensive geriatric assessment at the front door to ensure the most appropriate route for patients i.e. admission, discharge, discharge to assess.**
- **Review and redesign of intermediate care and re-ablement pathways, and commissioning of homecare services.**
- **Introduction of GP Fellows into Enhanced Community Team (Closer to Home) Service to further support and develop prevention of admission pathways.**
- **Clearer focus on and improvements in Adults With Incapacity and Guardianship process.**
- **Ongoing implementation of Anticipatory Care Planning and Falls prevention strategies.**
- **Renewed focus on the 6 Essential Actions for Unscheduled Care through development of a robust project management approach and embedding changes in practice. This includes the appointment of a dedicated Project Manager.**
- **Working towards the 40% target for patients able to be discharged by 12 noon, in order to improve the flow of patients through the acute hospital.**
- **Improved use of the Forth Valley Royal Hospital discharge hub, which is in place over 7 days, in order to facilitate the discharge of patients.**
- **Maximise the benefit of the HEPMA prescribing system in supporting pre-noon discharges and improving the flow of unscheduled care patients ready for discharge.**
- **Focus on increasing the number of discharges which take place at weekends in order to improve patient flow over 7 days. This is supported by weekend planning meetings in most ward areas and designated Senior Charge Nurses with the remit of aiding patient flow, with additional targeted work in areas where there is scope for further improvement.**

- Following evaluation of the pilot, mainstream the discharge to assess model in Falkirk, if the evaluation demonstrates a positive impact on reducing unscheduled admissions and increasing the volume of early discharges. The service will be continued on an interim basis with an external provider until March 2018, when it is anticipated that the mainstreaming of this service in Falkirk would be achieved.
- Reinforce clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners, to ensure patient flow is optimised across extended hours and weekends. Examples include the development of criteria led discharge.
- Continue to undertake the fortnightly day of care acute survey to identify patients who are potentially delayed in accessing the most appropriate place of care or discharge home and use the results for continuous improvement, to ensure that no inpatients have a length of stay greater than 28 days. Extend the day of care survey to the community hospitals on a monthly basis.
- Make further progress with reducing the number of delayed discharges and the bed days associated with delayed discharges, in the period prior to the festive holiday.
- Once the report on the review of discharge planning processes is finalised, we will take account of the recommendations and incorporate any learning from the report, which is not already included in the Winter Plan, into further improving discharge planning processes.

4.1.2 Preventing Admissions

Actions for 2017-18

- Refer unwell patients to the Enhanced Community Team (Closer to Home).
- Optimise use of the Advice Line for You (ALFY) for people aged over 65.
- Implement and use a single consistent Anticipatory Care Plan for patients with complex or multiple long term conditions and those with palliative or end of life needs, enabling more effective planning ahead.
- Work towards the introduction of a neighbourhood model of care in rural Stirlingshire.
- Reduce the number of uninjured fallers conveyed by Scottish Ambulance Service to Forth Valley A&E, by increasing the uptake of community based services. Provide awareness sessions for SAS staff on existing/updated pathway, explore the options for a single point of contact, review patient journeys and demonstrate alternatives to hospital admission. Measures being used are the number of SAS staff who have received awareness sessions, the number of referrals to other community services from the SAS and the number of conveyances / admissions avoided.
- The Scottish Ambulance Service has Specialist Paramedics available in Forth Valley. They have enhanced capabilities in urgent and emergency care and can assess and treat patients with acute and long-term conditions or injuries, including, where possible, discharging patients at home. A further specialist paramedic resource is in place in Killin which works very closely with the local GP practice.

4.1.3 Improving Patient Flow

Actions for 2017-18

- Standard Operating procedures and criteria are in place for pathways including referrals to Community Hospitals, REACH, Short term assessment etc.
- Implement the recommendations from the Institute of Health Optimisation (IHO) programme in FVRH wards to reduce the length of stay. NHS Forth Valley is one of three national pilots working with the IHO to help reduce delays for patients. The aim of the programme is to even out the peaks and troughs in the demand for and use of hospital beds.
- Intermediate care services have been established in both Health and Social Care Partnership areas and clear pathways support referral and awareness of how to access these. Use of the referral pathways and facilities should be optimised.
- The range of rehabilitation and re-ablement options for patients has been extended, particularly access at weekends. For example, rehabilitation is now available across 3 community hospitals and all wards to facilitate greater flexibility of bed use, whilst step down beds are available in the Stirling and Clackmannanshire areas. Re-ablement /intermediate bed capacity is available in two areas.
- Continue to work on reducing the average length of stay and decreasing the reliance on contingency beds and review the use of the beds in the inpatient bed base.

4.1.4 Emergency Department Effectiveness

Actions for 2017-18

- The “Six Essential Actions” Action Plan will be refreshed, covering a range of unscheduled care actions including actions associated with A and E Performance, and a project management approach will be taken to embed changes in practice.
- The Health and Social Care Partnerships will work towards achieving and maintaining performance in respect of the target to see, treat and discharge or transfer ED and Minor Injury patients within 4 hours.
- The Board promotes the web based Know Who To Turn To information which aims to ensure that the range of alternatives to ED are well understood and communicated widely, supported by external communications and media initiatives. Information on where to attend with eye problems has been included on the web site. We will continue to promote and reinforce the use of the Minor Injuries Unit in Stirling.

- **Adapt the video for the public which explains how to present at the right place for the right condition and is customisable to the local area, and ensure this is promoted widely.**
- **The Pharmacy First initiative is in place across Forth Valley. This allows patients access to treatment for UTI's, Skin Conditions, Impetigo, Bacterial Conjunctivitis, Vaginal thrush and Skin Infections from a community pharmacy.**
- **Review and redesign the Forth Valley Primary Care Out of Hours Service in line with the recommendations of the National Review of Primary Care OOH Services (Ritchie Review) and to address continuing challenges in providing sufficient medical cover. (see section 4.4)**
- **Work is progressing with the SAS to smooth the arrival times for GP referrals.**
- **A model is being implemented across front-door areas allowing for patients from ED and GP referrals to be allocated to either ambulatory (CAU) or inpatient (AAU) assessment areas directly.**
- **Work has taken place within the ED to ensure specific pathways are in place for orthopaedics and mental health, which has helped to improve the flow of patients with these conditions.**
- **A dedicated 24 hour flow call handling number is in place with Senior Clinical Nurse support to ensure patients in ED and the Assessment Units are discharged or transferred promptly to their next stage of care. This supports flow across the front door and within the wider FVRH site.**
- **Information is provided on capacity and flow to support the clinical teams including real time information on patient status and electronic 2 hourly reporting, providing a clear picture in ED on presentations, wait for first assessment, downstream bed availability and community hospital bed availability.**

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 which are also described in the NHS Forth Valley LDP and Health and Social Care Partnership Delivery Plans and in the 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. This then enables health and social care in Forth Valley to plan appropriate staffing levels.

Agreeing rotas and staffing levels for health and social care services early increases the time to ensure that allocation of holidays is managed optimally to maintain adequate cover at peak time and if necessary, to recruit and train any additional staff. We expect that workforce capacity plans & rotas for the winter/festive period will be agreed and in place by the end October 2016 in all relevant departments across health and social care and that departments will liaise regarding mutual arrangements.

Actions for 2017-18

- **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 2017 to ensure appropriate capacity over the festive period and during January and February 2018. This must include sufficient service provision in health and social care to maintain discharges at a suitable level during the festive period, particularly over the two 4-day “breaks”. For example in Falkirk the in-house home care service are reviewing staff capacity and working with staff to make changes in their availability to assist with responding to the increased demand anticipated.**
- **The three Local Authorities will ensure that their social care services plan their staffing resources during the predicted periods of high demand, alongside the NHS workforce, to meet additional requirements for assessment and social care.**
- **Ensure health and social care staff annual leave is managed effectively over the festive period to minimise the impact of leave on service capacity. All services must be committed to staffing rotas appropriately to ensure that a shortfall in one area does not impact on the ability of another service to function or impinge on any service’s ability to provide appropriate care.**
- **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. Recruitment commenced in October.
- Refresh generic staff pool for winter, optimising the matching of applicants to vacancies.

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 2017-18

- 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 2016-17.
- Maintain discharge rates over the festive period at normal levels and enhance staffing levels in the post-festive period to manage predictably high demand.
- Ensure Social Care can respond to increased demand for community based care during the peak winter period.
- 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 and communication of this to relevant services.
- Ensure roll out of criteria led discharge to empower front-line staff in risk-based decision making.
- Apply NHS Forth Valley policy in order to minimise the impact of boarding on inpatients and ensure patients who require to board have appropriate follow up and review, including timely ward rounds. A Boarding Team has been established to focus on resolving challenges around boarding and weekend discharges.
- Extend discharge lounge opening hours during the winter period and ensure discharge hub is fully operational over the festive period.

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 Sustain Elective Capacity*

Actions for 2017-18

- **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 2018.**
- **Ensure that the Frailty Service at FVRH is available Monday to Friday during the predicted period of peak seasonal demand.**

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 2017-18

- **Finalise arrangements, following a review of hospital, intermediate and care home bed capacity, to access additional contingency beds in Forth Valley Royal Hospital and in the Community Hospitals. The community hospital contingency beds will be accessed for a fixed time period, between January 2018 and March 2018. A clear process will be in place to monitor the use of contingency beds, devolved to the Chief Executive's Operational Group and to ensure that community hospital contingency beds are closed by 31 March.**
- **Ensure rotas for early January, for health and social care staff, are arranged to reflect anticipated demand and balance staff leave appropriately.**
- **Arrangements are being planned to have community reablement contingency beds in Falkirk over the festive period and the first week in January.**
- **Work with Strathcarron Hospice to increase the availability of hospice and hospice at home services, as successfully achieved in previous winters.**
- **Ensure that boarding criteria is used to minimise boarding and in particular, transfers at night.**

4.4 Specific Arrangements for Primary Care Out of Hours

Primary Care Out of Hours Services are a critical element in the overall approach to managing winter demand pressures. However this must be seen in the context of the medical staff recruitment challenges currently being faced by the out of hours service locally and nationally, which has necessitated the implementation of interim arrangements in order to continue to provide safe care. The out of hours primary care arrangements are currently being reviewed, taking into consideration the need to maintain safe, sustainable and affordable care for patients and this is in the context of the need to make progress with implementing the national out of hours service recommendations (Pulling Together; transforming urgent care for the people of Scotland).

NHS24 transitioned to a new IT system on 24th October. This has been piloted successfully in Ayrshire and Arran and will now be rolled out across the whole of Scotland. Considerable planning has gone into this over the last 2 years and the new system will provide clearer clinical information and more effective triage of calls.

Arrangements are in place across Forth Valley to ensure that local people can continue to access primary care out of hours services throughout the winter period.

Actions for 2017-18

- **Progress with appointing a replacement Clinical Lead for the Out of Hours Service (complete).**
- **Review demand and capacity models, with the preparation of an Out of Hours 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 rota gaps.**
- **Support continued professional to professional referral, including working closely with Scottish Ambulance Services.**
- **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 the local primary care teams to ensure that appropriate patients can directly access GP practices, particularly in the festive fortnight and early January.**
- **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 business continuity plans are in place for other potential issues with the Primary Care 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 2016-17. 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.

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.
- Outbreak folders are in place in all wards providing Infection Control Information relating to outbreaks including norovirus.
- 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 2017-18

- As part of the annual norovirus campaign close monitoring of national norovirus surveillance rates will ensure NHS Forth will have timely notice of the start of the norovirus season.
- Norovirus awareness sessions to all ward staff will commence 4-6 weeks prior to the anticipated season start.
- Cover for the new year bank holiday by IPCT staff (via the on-call microbiologist) will ensure the necessary support to ward staff in the event of an outbreak.

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. In addition, the Staff Flu Immunisation Programme for winter 2016-17 was the most successful to date, with staff vaccination rates 14% higher than the previous year. This was achieved with the support the Immunisation Team were able to offer the Occupational Health Services, who together achieved this noted improvement in performance. The Immunisation Team also supported successfully all of the different vaccination programmes.

Given the pressure and volume of work that is ongoing for both the Occupational Health Service and Immunisation Team, it is important that the available limited resource is used effectively and efficiently

The table below provides data on the flu immunisation uptake for specific groups in winter 2016-17 and the national targets for uptake which have been agreed for winter 2017-18.

Age Group	Actual Uptake 2016-17	Uptake Target for 2017-18	Scottish Average Uptake
Under 65 at risk group	49%	50%	44.9%
Over 65	76.5%	75%	72.8%
NHS Staff	43.7%	50%	34.7%
School Programme	75.9%	75%	73%
Pre-school Programme	57.7%	65%	52.2%

However, given the expectation of an increased prevalence of flu this winter, based on the experience in the Southern hemisphere in 2017, a local target of 60% for staff immunisation has been proposed.

Actions for 2017-18

- **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 60% of NHS Forth Valley staff to be vaccinated for Flu.**
- **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.**

5.3 Respiratory Care

NHS Forth Valley has a Respiratory 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).

NHS Forth Valley has a specific plan of care for infants under 3 years of age who are admitted to Children's Ward with symptoms of respiratory illness. Strict infection control measures are in place.

Actions for 2017-18

For Infants Under 3 years of age a range of actions are in place:

- **Near patient testing for RSV to identify status.**
- **Strict source isolation procedures and cubicle nursing/cohort nursing.**
- **Early identification of vulnerable infants i.e. cardiac conditions, pre term. These infants are place on a planned immunisation programme.**
- **Prompt discharge when clinically well.**

For adults the following actions are in place:

- **NHS Forth Valley has a relatively robust COPD and respiratory conditions service provided by the respiratory consultants, respiratory nurse specialists, a respiratory inpatient ward and allied healthcare professionals. The respiratory team provide early supported discharge for patients admitted with an exacerbation.**
- **Outreach home visits help to prevent a hospital admission.**
- **A programme of Pulmonary Rehabilitation is in place.**
- **The Multidisciplinary team also has palliative care meetings, with input from the Strathcarron Hospice Community Nursing service.**
- **Appropriate COPD patients have hand held records and can access local pharmacies to be provided with antibiotics and steroids if they have an exacerbation of their condition.**
- **Self management is supported in Forth Valley and this has included the provision of telehealth care equipment in patients' homes, to both promote self management and help to prevent hospital admissions.**
- **The Forth Valley early supported discharge and outreach service is provided 5 days a week, Monday to Friday, although the respiratory nurses work additional hours in the winter at weekends, on an informal basis.**

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 Plan
- Major Emergency Plan
- Ad-hoc Arrangements with 4x4 Vehicle Provision (Severe Weather)

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.
- Third Sector - Single Point of Contact via Local Authority activation
- Festive Period Plans which focus on requirements of major events around Christmas and New Year
- MOU – with British Red Cross

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.*

Some of the issues were addressed following the Major Incident Standby on 21st August 2017, which tested call-out and internal processes.

NHS Forth Valley also intends 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 2017-18

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.”**
- **Review surge and capacity arrangements based on the outcomes from the Local Winter Planning / Emergency Planning Exercise and identify further actions, on a multiagency basis, to address winter pressures. Some of the internal issues were addressed by recent Major Incident Standby on 21st August 2017 which tested call-out and internal processes.**
- **East of Scotland Regional Resilience Partnership are holding a multiagency exercise on 15 November 2017 to test our preparedness for winter.**
- **A workshop for the two Health and Social Care Partnerships is also planned for November.**
- **Review and develop the Pandemic Influenza planning and support mechanisms, with multiagency partners.**
- **Continue effective partnership working 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 2017-18.**

7 Communications

The Key communications aims 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 services including MIU, GP, pharmacy (pharmacy first), ALFY line and opticians.
- 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 promoted effectively across Forth Valley and supported by relevant local information and advice.
- Ensure staff are informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients.
- 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.

7.1 Key Actions

A wide range of communication 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:

Actions for 2017-18

- **Promotion of Pharmacy First scheme which has recently been extended to cover a wider range of common health conditions.**
- **Arrange media briefings and interviews with key NHS spokespeople.**
- **Provide winter health information for TV screens at Forth Valley Royal Hospital.**
- **Develop and pilot information for use on GP TV screens.**
- **Local Public Relations to support the launch of the national flu vaccination campaign.**
- **Targeted messages to encourage local healthcare staff to get vaccinated against flu – including flu myths and key facts.**
- **Local communications to support the national norovirus campaign which aims to encourage people who are ill to stay away from hospital.**
- **Use of social media, web updates and video clips to promote local services, and highlight key winter health messages including:-**
 - **an online winter zone with links to relevant national and local health information and advice, including winter advice issued by local**

- councils, voluntary organisations and Police Scotland.**
- **a dedicated 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 with local partners, including local councils, schools, Forth Valley College, Stirling University and local employers to provide winter health messages, information and advice. This will include distributing information to health visitors, district nurses, care home and social care staff.**
- **Local radio advertising to promote the MIU and highlight alternatives to the Emergency Department.**
- **Ongoing use of outdoor advertising to raise awareness of MIU:**
 - **Vehicle livery for NHS Forth Valley's fleet of estates vehicles.**
 - **On-site signage (FVRH and SCH).**
 - **Possible use of other in-house resources including lift doors at FVRH.**
- **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.**
- **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.**
- **Provide articles for local council newspapers with advice and information on how to keep well over the winter period and details of local services.**

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.

An allocation of £271,000 has been made by Scottish Government to support winter arrangements in the Forth Valley area. This will be put towards the priority areas identified by health and social care including supporting staff groups to enable discharges, supporting community based care and to enable short term bridging arrangements for patients in the community or discharged home, who awaiting new or enhanced care packages.

In addition, NHS Forth Valley has identified the need to contribute to resourcing winter contingency beds for a fixed time period, from January to March 2018.

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 Unscheduled Care Programme Board will oversee delivery of the Winter Plan, reporting to the Performance and Resources Committee and the NHS Board and with performance reporting to the two Integration Joint Boards.

In addition to the routine reporting regime in place, a suite of indicators against each measurable action cross-links to the relevant core HEAT standards and extant local KPIs, which are performance managed. 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 2017-18

- **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 2017-18 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 Day of Care Survey and 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.**