

# AGENDA ITEM

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**Title/Subject:** Preparation of the Forth Valley Health and Social Care Winter Plan 2018-19  
**Meeting:** Integration Joint Board  
**Date:** 5 October 2018  
**Submitted By:** Medical Director, NHS Forth Valley  
**Action:** For Decision

## 1. INTRODUCTION

- 1.1 NHS Forth Valley, Falkirk IJB and Clackmannanshire and Stirling IJB are expected to produce a Health and Social Care Winter Plan as part of the Scottish Government's requirements for "Preparing for Winter 2018-19". The aim is to provide assurance that the partner organisations have collaborated to produce effective plans.

## 2. RECOMMENDATION

The IJB is asked to:

- 2.1. note the process for developing the Forth Valley Health and Social Care Winter Plan 2018 -19
- 2.2. delegate approval of the Winter Plan to the Chief Officer and Chair to allow for submission to the Scottish Government by the end of October 2018
- 2.3. note that a joint letter will be sent from the NHS CE, IJB Chief Officers and Chairs of the NHS Board and IJB's with the submission.

## 3. BACKGROUND

- 3.1 Guidance and a self assessment reporting template were published by the Scottish Government on 31 August 2018 to provide direction and support to Boards and Integration Authorities. The letter is attached in Appendix 1 and advises that the Health Board and Integration Joint Boards in Forth Valley will receive an allocation of £509,419 which should be specifically targeted to deliver:
- demanding local improvement trajectories for weekend discharges rates to be agreed by the end of November
  - earlier in the day discharges, against local improvement trajectories
  - adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHPs, auxiliary and domestic staff.
- 3.2 The first draft of Forth Valley Winter Plan 2018-19 must be submitted to Scottish Government by 30 September. The final Plan must be returned to Scottish

Government colleagues by the end of October 2018. This must be accompanied by a joint letter from the NHS Board Chief Executive, IJB Chief Officers and Chairs of the NHS Board and IJBs, confirming that plans have been reviewed and that they are collectively satisfied that plans are fit for purpose.

- 3.3 This paper outlines the process for preparing the Winter Plan 2018-19 and the key actions which will be included in the Plan.

#### **4. PREPARATION OF THE WINTER PLAN**

- 4.1 The Forth Valley Health and Social Care Winter Plan 2018-19 is being prepared in line with the Scottish Government letter "Preparing for Winter 2018-19". The main focus of the Winter Plan deals with the period from November 2018 to March 2019 and with specific reference to the detailed arrangements for the festive holiday fortnight in December and January.
- 4.2 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.
- 4.3 A Winter Plan Working Group is meeting regularly to ensure services are prepared fully for the winter period and the Winter Plan summarises the additional actions required to deal with the winter period across all relevant services. Membership of this group includes the Unscheduled Care Leads, Service Managers for Social Care Services, representatives from nursing and AHPs, Information Services, Human Resources, Communications and the Scottish Ambulance Service. The working group is chaired by the Medical Director and reports to the Unscheduled Care Programme Board.
- 4.4 During the winter period, it is also essential that the elective activity programme is maintained in order to minimise the impact of winter on the Treatment Time Guarantee position. The areas which are covered by the Winter Plan are:
- Business Continuity and Escalation plan
  - Safe and effective admission / discharge
  - Discharges at weekends and bank holidays and early in the day discharge
  - Strategies for additional surge capacity across Health and Social Care Services
  - Minimising the risk of patients being delayed on their pathway
  - Whole system activity plans for winter
  - Effective analysis to plan for and monitor winter capacity, activity, pressure and performance
  - Workforce capacity plans and rotas for winter and the festive period.
  - Communication plans
  - Preparing effectively for norovirus and seasonal flu
  - Delivering seasonal flu vaccination to public and staff.

- 4.5 In preparing the Winter Plan, there are a number of key areas where local actions are being put in place:
- **Flu vaccination for staff** - in order to improve the uptake rates by staff a number of options are being considered including improving awareness of the benefits of vaccination, potential incentives and better access to mobile immunisation in wards and departments.
  - **Weekend Discharges** – put in place actions to improve the rate of discharges at weekends to ensure that the rates are closer to those Monday to Friday, in order to improve flow across the whole week. It is expected that weekend discharges will be monitored and a trajectory put in place to secure weekday discharge levels at the weekend by the end of November.
  - **Earlier in the Day Discharges** – set and monitor specific earlier in the day discharge trajectories.
  - **Golden Hour** – implement protected time each morning for clinical teams to review inpatients and put in place clear discharge plans, from November to February.
  - **Elective Activity** – Boards are expected to maintain improvements in cancer, mental health, outpatient and inpatient/day case activity over the winter period.
  - **Capacity and Flow** – Capacity planning for the whole system is being taken forward by the Winter Plan Working Group to ensure that health and social care services continue to plan and deliver care this winter in an integrated way. This includes contingency arrangements for accessing additional social care packages, intermediate care beds and contingency acute and community hospital beds. Potential contingency hospital beds for winter have been identified and a phased plan for introducing then closing these beds is being prepared, alongside finalised bed use prediction data. Arrangements for weekly service manager capacity meetings across the health and social care system are being put in place along with frequent unscheduled care team flow meetings during the working day.
  - **Winter Weather** – existing contingency arrangements are in place to respond to adverse weather conditions and updated arrangements for accessing 4x4 vehicles are being finalised.

## 5. CONCLUSIONS

- 5.1 The development of the Winter Plan is an annual process and supports the delivery of care and reflects the additional steps and actions that partners put in place to manage the challenges during this time.

### **Resource Implications**

An allocation of £509,419 has been made from Scottish Government to support the additional impact of winter in the Forth Valley area. This is in addition to resources

allocated to deliver programs already approved for example Flu Vaccination, Discharge, Waiting time Guarantees etc.

The full allocation is dependent of the submission of a final Winter Plan by the end of October 2018.

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

This paper supports delivery of the IJB priorities around discharge and continued delivery of services and care during the winter period.

### **Legal & Risk Implications**

The contingent risks remain the same as in previous years including the impact on the continued delivery of services, impact of severe weather, recruitment of additional staff, ability to manage surges in demand.

### **Consultation**

Formal consultation is not required however discussion is underway with the main partners on development of the Winter Plan.

### **Equalities Assessment**

The Winter Plan is expected to meet existing requirements under the Equality Act 2010.

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Approved for Submission by: Patricia Cassidy, Chief Officer

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

**Date:** 25 September 2018

**List of Background Papers:**  
n/a

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To:

1. Chief Executive, NHS Forth Valley
2. Chief Officers, Forth Valley HSCPs

Cc:

1. Chair, NHS Forth Valley
2. Chairs, Forth Valley HSCPs

31 August 2018

## Preparing for Winter 2018/19

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

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

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

Your Health Board and Integration Joint Board will receive an allocation of £509,419 which should be specifically targeted to deliver:

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

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

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

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

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

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

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

Kind regards

## JEANE FREEMAN

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

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

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