

# **Agenda Item**

**16**

**Title/Subject:** Winter Plan  
**Meeting:** Integration Joint Board  
**Date:** 6 December 2019  
**Submitted By:** Chief Executive, NHS Forth Valley  
**Action:** For Noting

## 1. INTRODUCTION

- 1.1 The Winter Plan, at appendix 1, sets out how health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20.

## 2. RECOMMENDATION

The Integration Joint Board (IJB) is asked to:

- 2.1 note that approval of the plan is required from NHS Board and Integration Joint Board Chairs, the NHS Board Chief Executive and the Chief Officers prior to submission.

## 3. BACKGROUND

- 3.1 Guidance and a self assessment reporting template were published by the Scottish Government in September 2019 to provide direction and support to NHS Boards and Local Authorities.
- 3.2 In addition the funding allocation to the Health Board and Integration Joint Boards was advised which should be specifically targeted on:
- **Reducing attendances** wherever possible by managing care closer to home, preferably at home
  - **Managing/Avoiding admission** wherever possible with services developed to provide care at home across 7 days
  - **Reducing Length of Stay**
  - **Focus on flow through acute care**
  - **Workforce**

- 3.3 Table 1 sets out how the Forth Valley funding allocation will support these key Scottish Government themes.

**Table 1:** Funding Allocations

Funding Proposal	Reducing attendances	Managing / Avoiding admission	Reducing Length of Stay	Focus on flow through acute care	Workforce	Funding
Influenza near patient testing analyser #		x	x	x		£78,336 analyser Up to £73,089 for staff
Influenza vaccine uptake in secondary care	x	x	x	x	x	£2,800
Specialist Musculoskeletal Physiotherapy in emergency department		x	x	x		£15,000
Extend Intravenous Outpatient Antibiotic Therapy service		x	x	x		£45,000
Community Nursing Enhanced Community Team	x	x	x	x		£64,000
Cardiology advanced care		x	x	x		£6,536
Respiratory 7 day service for Chronic Obstructive Pulmonary Disease patients	x	x	x	x		£30,000
AHP rehabilitation support workers for Ageing & Health		x	x	x		£32,255
Middle grade medical cover to ensure that patients boarded outwith their specialty have appropriate clinical and medical support			x	x	x	£177,000
Intermediate Care beds : Ludgate House (3 beds) and Summerford House (6 beds /AHP rehabilitation support)		x	x	x		£100,000
Frailty at front door ~		x	x	x		£51,949
<b>TOTAL with all “near patient testing” staff funded</b>						<b>£675,965</b>
<b>TOTAL without “near patient testing staff funded”</b>						<b>£602,876</b>

# the staffing costs associated with influenza near testing are under review, following assessment of the service model and therefore this is a provisional figure.

~ staffing costs for AHP included but final cost for nursing staff to be provided.

- 3.4 Following a Winter Plan Launch Event in August, a Winter Plan Steering Group was established, supported by a Winter Working Group. A process to identify potential priorities for Winter 2019-20 and associated benefits was agreed. The Winter Steering Group is supported by a Working Group with input from Planning, Unscheduled Care Improvement Team and an operational managers. The Steering Group and Working Group will continue to meet throughout winter in order to continuously adapt arrangements in response to the additional demands of the winter period.

#### **4. KEY ASPECTS OF THE WINTER PLAN**

- 4.1 The main focus of the Winter Plan deals with the period from November 2019 to March 2020 and with specific reference to the detailed arrangements for the festive holiday fortnight, in December and January.
- 4.2 Contingency arrangements and effective management of unscheduled and planned care activity is required within and out with the winter period. The Plan sets out how health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20. 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, the Plan is supported by enhanced services for winter and 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.
- 4.3 The Plan refers to specific actions that 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, Norovirus and respiratory conditions, which are more prevalent in the winter period.
- 4.4 It is the joint responsibility of the Integration Joint Boards for Falkirk and Clackmannanshire and Stirling, 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
  - patients are discharged home or closer to home, in a safe and timely manner, with the appropriate health and social care support.
- 4.5 Responsibility for delivering the winter arrangements sits with the NHS Executive and operational leads. The Unscheduled Care Programme Board, chaired by the Medical Director, brings together the operational leads notably the Chief Officers, the Director of Acute Services and other key stakeholders supported by the Winter Steering and Operational Groups to deliver the agreed winter arrangements set out within this Plan.

- 4.6 The Winter Plan sets out:
- Actions to strengthen capacity across Social Care, Primary and Community Care and Acute 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.
- 4.7 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.
- 4.8 A first draft of the Plan was submitted to the Scottish Government in September. Following feedback on the draft plan, partnerships were asked to develop delayed discharge plans. Additional funding was also announced with winter funding to Forth Valley noted as £521,184. The NHS Board intends to meet the total costs set out in the plan.

## **5. CONCLUSION**

In conclusion, the winter plan sets out the arrangements which have been put in place in response to the additional pressures experienced in the winter period.

### **Resource Implications**

Scottish Government has allocated £521,184 to Forth Valley for winter 2019-20.

Last winter a funding allocation of £509,419 was received. However, in winter 2018-19 the additional associated expenditure exceeded this allocation from Scottish Government and was in the region of £1.26m.

In order to respond to the additional impact of winter on health and social services and also continue to maintain and improve performance across key indicators, the level of funding allocated for winter 2019-20 to date indicates a shortfall.

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

This Plan will support the maintenance of capacity and flow of patients through the system, along with associated targets. It focuses on all the partnership local outcomes but particularly, Self Management, Safe and Experience.

**Legal & Risk Implications**

Winter is associated with increased demand, impacting on capacity and flow across the health and social care system. Actions are embedded within the Plan to mitigate risks where possible. The Winter Steering Group and Working Group will continue to meet throughout winter in order to continuously adapt arrangements in response to the additional demands of the winter period.

Note the financial risk previously highlighted.

**Consultation**

The Winter Plan 2019-20 has been produced in collaboration with many stakeholders. Membership is detailed in Appendix 1 of the Plan.

**Equality and Human Rights Impact Assessment**

This is not required for the report.

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Approved for submission by: Patricia Cassidy, Chief Officer

**Authors:**

Mrs Janette Fraser, Head of Planning

**Date:** 28 November 2019

**List of Background Papers:**

# Forth Valley - Winter Plan

## 2019 - 2020

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## Executive Summary

The health and social care system experiences peaks in other seasons, not just the winter months. 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 health and social care partners, notably the three Local Authorities, Scottish Ambulance Services (SAS), NHS24 and NHS Forth Valley in collaboration with the Integration Authorities and third sector in the Forth Valley area are preparing for the additional peaks in demand all year round and specifically for winter 2019-20. 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 enhanced services for winter and 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 plan also refers to specific actions that 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 joint responsibility of the Integration Joint Boards for Falkirk and Clackmannanshire and Stirling, 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. Responsibility for delivering the winter arrangements sits with the Executive and operational leads. The Unscheduled Care Programme Board, chaired by the Medical Director, brings together the operational leads notably the Chief Officers, the Director of Acute Services and other key stakeholders supported by the Winter Steering and Operational Groups to deliver the agreed winter arrangements set out within this Plan.

The Winter Plan 2019-20 has been produced in collaboration with many stakeholders and the membership of the Winter Planning Steering Group is set out in Appendix 1.

The Winter Plan sets out in summary:

- Actions to strengthen capacity across Social Care, Primary and Community Care and Acute 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 are and will continue to be undertaken locally and these are 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 such as colds and coughs.



## Examples from Winter Communications Campaign

2018-19

### Summary of Key Actions for Winter 2019-20

<b>Discharges</b>	<p>Identifying priority patients for discharge every day in every ward.</p> <p>Daily dynamic discharge.</p> <p>Discharge hub.</p> <p>Home First test of change (Falkirk HSCP).</p>
<b>Community Care Services</b>	<p>Enhanced community based nursing and AHP services and enhanced access to social care packages.</p> <p>Festive arrangements for Primary Care Services e.g. repeat prescriptions</p>
<b>Winter Contingency Arrangements</b>	<p>Winter Contingency arrangements for additional community hospital and intermediate care capacity – open additional beds in Ludgate House and Summerfield House (AHP resource).</p> <p>Falkirk Community Hospital is a secondary contingency resource, funding to be identified.</p>
<b>Workforce</b>	<p>Winter staffing plans across health and social care for winter and for the festive period, including out of hours rotas to support escalation arrangements.</p>
<b>Festive Plan</b>	<p>Forth Valley wide comprehensive Health and Social Care Festive Plan.</p>
<b>Coordinating Capacity and Flow</b>	<p>Enhanced existing huddles and system wide meetings for the winter period including Winter Red Alert Service Manager meeting, when necessary.</p> <p>Fast track AHP services.</p> <p>Control Room established with live access to capacity, demand and flow data and access to Systemwatch information.</p>
<b>Emergency Department</b>	<p>Additional ED Capacity for winter.</p>

<b>Point of Care Testing</b>	Point of care testing for flu and updated flu protocol and pathway.
<b>Respiratory Care</b>	Enhanced arrangements for winter including winter extension of community based support to 7 days.
<b>Frailty at the Front Door</b>	Enhanced frailty at the front door provision.
<b>Adverse Weather</b>	Enhanced arrangements for accessing 4x4 vehicles for staff and patient transport, including those owned by staff.

## 1 Introduction

### 1.1 Background

Service arrangements for all year round capacity and flow management are being augmented to deal with the additional pressures placed on services during the winter period. Consistent with the Cabinet Secretary's letter *"Preparing for Winter 2019-20"*, the Forth Valley health and social care partners have produced this Winter Plan for 2019-20.

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, including increased ED presentations
- Higher rate of admissions to hospital and higher lengths of stay due to increases in acuity
- 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 at a time when demand and LOS is increasing (e.g. acuity of presentations)
- Need to provide additional health and social care capacity in acute hospital and community settings to respond reliably and consistently to increased presentations at e.g. ED and in Acute Assessment Units

The Cabinet Secretary's letter identifies a number of requirements, which are to be included in Winter Plans, namely:

- **Reducing attendances** wherever possible by managing care closer to home, preferably at home.  
With services focussed on assessment and care closer to home. e.g.
  - Managing long term conditions to avoid unnecessary exacerbation

- Step up facilities for assessment, reablement and rehabilitation
- Minor illness, injury and ambulatory care services
- Professional to professional referral services
- Redirection and effective sign-posting to minimise unnecessary activity in ED
- Supporting Out of Hours services to minimise pressure on them and to avoid closures of OOH centres, maintain home visits by OOH
- **Managing / Avoiding admission** wherever possible.  
With services developed to provide care at home across 7 days, e.g.
  - Rapid response teams
  - Hospital at home services or virtual community wards
  - Specialty review at rapid access clinics
  - Simple and single point of access for social care
  - Assess to admit
  - Improving opportunities to speed up admission for those patients who most require hospital care
- **Reducing Length of Stay**
  - Reduction in delayed discharges
  - Reduction in cause of delays highlighted in Day of Care Surveys
  - Discharge to assess
  - Access to intermediate care services
  - Provide rehabilitation at home or in the community rather than hospital
- **Focus on flow through acute care**
  - Local improvement trajectories for weekend discharge rates to be agreed by the end of November
  - Earlier in the day discharges, against local improvement trajectories
  - Safe-guarding of the minor flow stream by allocating sufficient protected capacity to enable 100% compliance to be achieved
  - Improving flow through ED across both admitted and non-admitted pathways to reduce time in department and optimise flow
- **Workforce**
  - It is essential that the appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods
  - This will require sufficient senior medical and other clinical staff cover to facilitate decision-making, social work teams to undertake assessments and pharmacists to prepare timely discharge medications
  - In addition, adequate festive staffing cover across acute, primary and social care setting, including:
    - Pharmacists (acute and community)
    - AHPs
    - Social Care Staff
    - Senior Decision Makers
    - Porters
  - NHS24 and SAS to maintain flow across Health & Social Care boundaries

NHS Boards and Councils are asked to consider measures to incentivise independent and voluntary sector providers to arrange immediate packages of care, during the whole festive period.

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

- Resilience
- Unscheduled / Elective Care
- Out of Hours
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Key Partners / Services

## 1.2 Purpose and Scope

This Plan focuses on the period from November 2019 to March 2020 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, which are the focus of the Unscheduled Care Programme Board whose membership includes Chief Officers and/or their deputies.

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

## 1.3 Governance

This Plan takes 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. A Winter Steering Group has been established, with representation from senior clinical and managerial leads with representation from across the whole health and care system. Each member has operational management and/or leadership roles for aspects of the winter plan. The Winter Steering Group is supported by a working group.

These arrangements, alongside progress made with delivering the areas of change and improvement are summarised in this plan. The arrangements will be monitored throughout the winter period, in order to respond in a timely way to variations as necessary. Therefore the Steering Group will continue to meet monthly during the winter period. Escalation arrangements are in place, with daily or more frequent teleconferences scheduled as appropriate.

Notably the Chairs of the NHS Board and Integration Joint Boards, the NHS Board Chief Executive and the Chief Officers have approved this Plan in line with the national guidance.

## 1.4 Main Areas

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

- Lessons Learned from 2018-19
- Analysis of Activity, Capacity and Demand
- Improving Service Delivery - Initiatives in Place and Actions for 2019-20 (including improving discharge, preventing admissions, elective care flow and 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

## 2 Lessons Learned from 2018-19

A winter debrief was undertaken in February 2019 with input from a wide range of stakeholders and a summary of the learning from winter 2018-19 was prepared and submitted to the Scottish Government in April 2019. The winter debrief highlighted a number of key actions and learning points.

### 2.1 Top five Areas for Learning for 2019-20

1. Importance of engaging service and clinical leads at the earliest opportunity in order to ensure that the winter plan and associated actions are owned and delivered, and that clear prioritisation is in place for optimising the use of resources. In response we have established a system wide Steering Group and set out a clear process for identifying actions to improve capacity and flow, including establishing the expected benefits of each action and a process for prioritising and resourcing these.
2. Engage with 3<sup>rd</sup> sector providers at the earliest opportunity in order to take advantage of additional support for winter.
3. Continue to target winter resources towards discharges, including those at weekends and public holidays, with a continued focus on actions to reduce the impact of delayed discharges. In response, the Plan identifies actions to deliver improvements in discharge.
4. Review underway to inform the use of all acute (emergency and elective) beds (exc. mental health, gynaecology, obstetrics and paediatrics) at Forth Valley Royal Hospital in order to optimise capacity and flow, all year round.
5. Continue to explore every opportunity to increase flu vaccination uptake and ensure that changes in the delivery of vaccination services in Primary Care do not have a negative impact in uptake by adults. GPs practices will continue to provide flu



immunisation for older adults and vulnerable groups this winter, in order to maintain the access and uptake, whilst the future delivery model is determined.

Many of the processes and activities identified above and in the sections below, have been incorporated in the 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 raising awareness (being prepared for winter) with patients and the wider public.

## 2.2 Co-ordination

- Working group met monthly from August with representation from key health and social care service leads, including SAS
- Dynamic action plan updated and refreshed continuously
- Clear ownership of winter actions by service leads
- Aligned specific winter actions to existing programmes of work relating to unscheduled care and the winter plan enhanced as part of all year round arrangements
- Agreed process for prioritising allocation of winter funding
- Importance of winter plan ownership by service leads

## 2.3 Improving Discharge

- Weekend Discharge target and trajectory agreed with winter plan leads
- Monitoring put in place throughout the weekly winter report
- Winter funding targeted at areas for improvement over 7 days e.g. enhanced respiratory nursing team, weekend physiotherapy enhancement, discharge to assess and care at home, Red Cross discharge service, Hospice at Home, contingency beds
- Discharge hub enhanced and focus on delayed discharges, with dedicated senior leadership
- Resilience over Public Holidays' recommendations implemented
- During January to March, the weekend discharge target met or exceeded on 65% of weekends and on the remaining 35% of weekends, weekend discharges were below the target

## 2.4 Demand and Capacity

- Detailed data and analysis of demand and capacity were used to inform the winter plan, agree key actions and to prioritise allocation of resources i.e. the national allocation and local resources
- These were also aligned to the health and social care partnership unscheduled care datasets and the data used to inform the work of the Unscheduled Care Programme Board and Six Essential Actions Programme
- Monitoring is in place using existing datasets and the winter weekly monitoring report
- Improved access to real time information for operational leads



- Review of existing data sources and data sets to ensure these continue to provide the information required to plan for winter and to manage activity throughout the winter period

## 2.5 Elective Care

- Plans were in place to maximise elective activity and protect day surgery capacity and FV delivery significant improvement in relation to waiting times targets during the winter period
- Whilst winter contingency beds were identified and opened during peak periods, boarding of unscheduled care patients in elective wards continued throughout winter
- Review continues to determine use of all acute inpatient beds (see reference above)

## 2.6 Escalation Plans

- Escalation plans were refreshed for winter
- Winter plan exercise tested the plan and further improvements and additions made following the exercise
- All partners clear about their responsibilities
- Review timing of exercise to ensure sufficient time for updating winter arrangements

## 2.7 Norovirus and Seasonal Influenza

- Plans agreed for influenza and norovirus in acute and community settings
- Near patient testing for flu at the front door implemented
- Continue to review and revise plans for influenza and norovirus to meet requirements from best evidence and intelligence

## 2.8 Flu Vaccination

- Uptake consistent with previous years' performance
- Vaccination nurses worked in partnership with Occupational Health to offer greater flexibility for staff vaccination
- Vaccination FAQs prepared
- Communications campaign
- Opportunities to incentivise staff were explored but could not be delivered
- Continue to explore every opportunity to increase uptake and ensure that changes in the delivery of vaccination services in Primary Care do not have a negative impact in uptake by adults

### 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. In addition, the Emergency Department (ED) has experienced increased demand from adults and pre-5 groups. The NHS Forth Valley Healthcare Strategy and Annual Operational Plan (AOP) 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. During last winter, Stirling Community Hospital was replaced with the Stirling Health and Care Village, which offers a new model of care for NHS patients with on site registered social work Intermediate Beds, to support a 'right care, right place' model of care. There is intended to improve delayed discharge trends, admission to care homes and the need for additional contingency beds.

#### 3.2 Impact of Frailty on bed occupancy

Services in NHS Forth Valley continue to experience the impact of an increasing level of general frailty in the local population. The Winter Plan notes a number of actions which seek to improve the experience of care of people with frailty, by providing care in the 'right place'. However last winter, the impact of frailty and other unscheduled admissions, meant that around 40 planned contingency beds were required in the peak winter period.

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

In order to plan effectively for capacity over the festive and post-festive period 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 frail 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, since 2015-16 attendances in the winter period over 2018-19 have risen by 10.7% to 13,860.

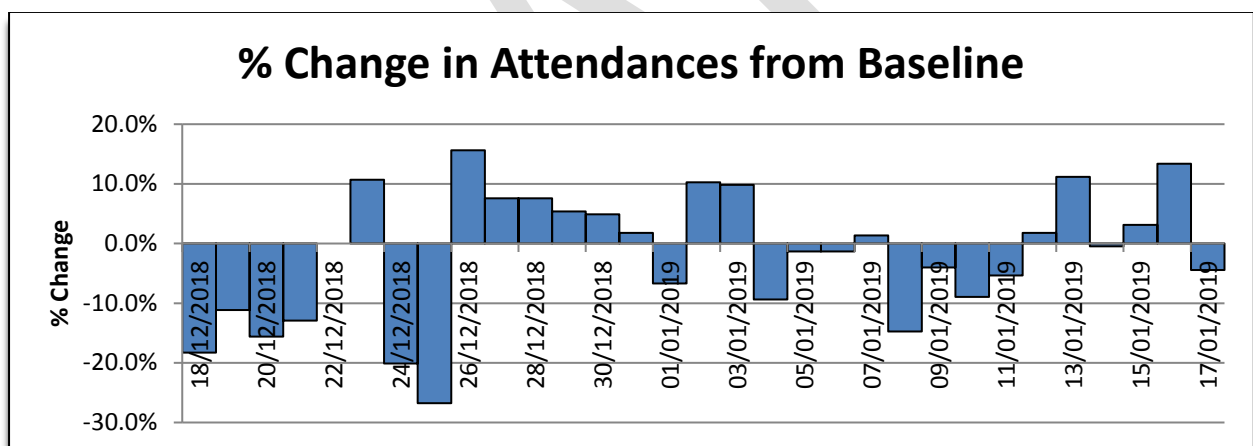
Table 1 – ED and MIU Attendances

ED and MIU Attendances	2015-16	2016-17	2017-18	2018-19
Total in December and January	12,511	12,367	13,290	13,860
Average total per day	202	199	214	224
MIU Average per day	36	34	45	48
ED Average per day	166	165	169	176

The average number of ED attendances in December and January 2018-19 rose to 224 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. MIU attendances also increased with an average of 48 per day last winter. This was consistent with the experiences in the rest of Scotland, with increased ED attendances in younger and middle aged adults.

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.

Figure 1 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%. Christmas Day (-25%) and New Years day (-5%), typically show a marked decrease in activity.

### 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. Most of these have been replaced by separate individual reports.

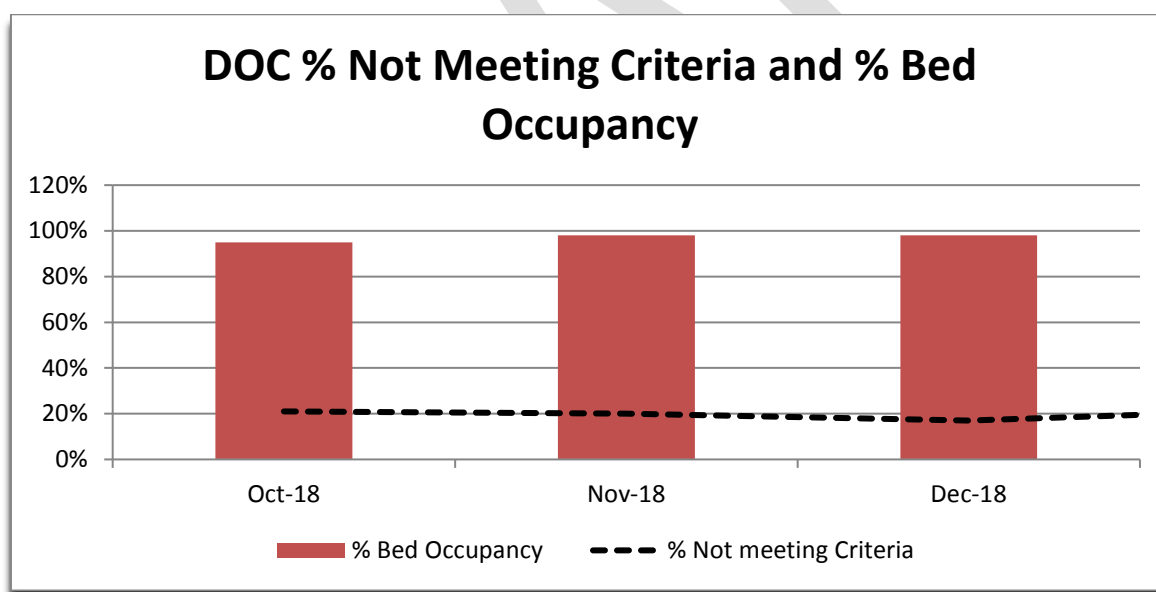
Over the summer of 2019-20 an operations room (Ops Room) was opened. The Ops Room visually tracks and reports on attendance and flow from the Front Door to discharge. The introduction of the ED Dashboard and TrakCare patient activity screens allows the monitoring of admissions, discharges and bed availability. It is now possible to identify situations where intervention is required prospectively, working to achieve compliance against the Emergency Access 4 Hour Standard as well as manage emergency admissions, bed occupancy and availability, establishing how best to deploy resources.

### 3.5 Hospital Admissions Data

#### 3.5.1 Day of Care Audit Analysis

Since December 2015 a fortnightly day of care audit has been undertaken and will continue (now monthly) into the coming winter. In addition, since the start of 2018 a community hospital Day of Care Audit has been carried out. Analysis of admissions from this audit shows the percentage of patients who do not meet criteria to be in the acute hospital against the Bed Occupancy observed at the time of audit.

*Figure 2 Day of Care Survey – % of patients not meeting acute hospital criteria and FVRH bed occupancy*

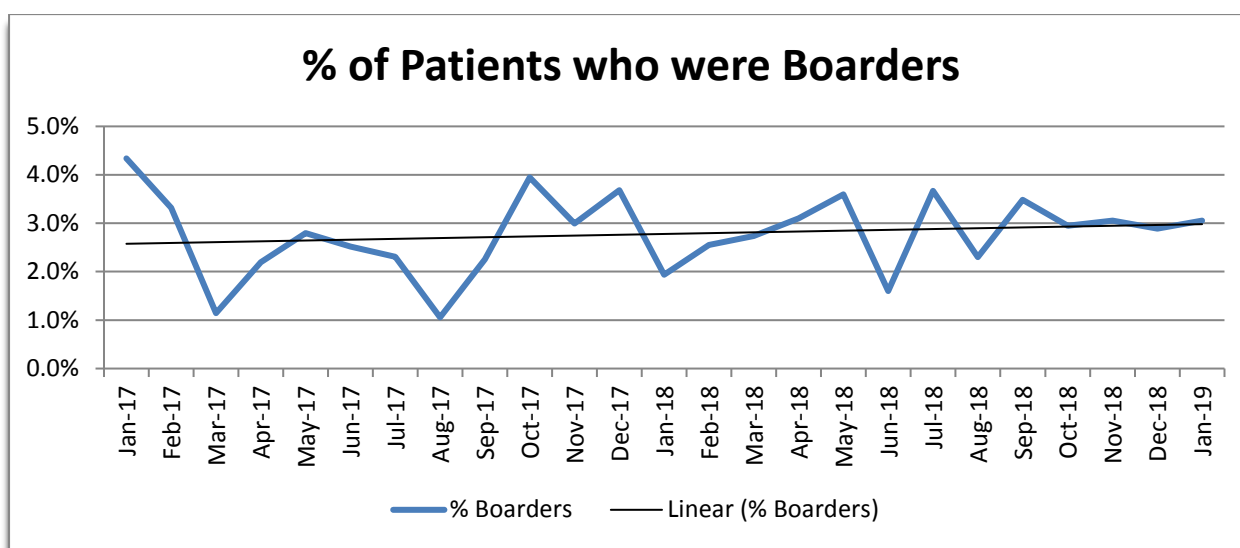


Bed occupancy in the acute hospital remains persistently at or over 95%, highlighting the need for contingency beds most of the time. This has a significant impact on the NHS Board across a number of measures including person centred safe and cost effective care. Overspend in the set aside budget is predominately a result of over capacity on the Forth Valley Royal Hospital site.

Over capacity results in 'boarding' of patients goes against our 'right care' right place' model of care and has consequences notably in length of stay and staffing costs.

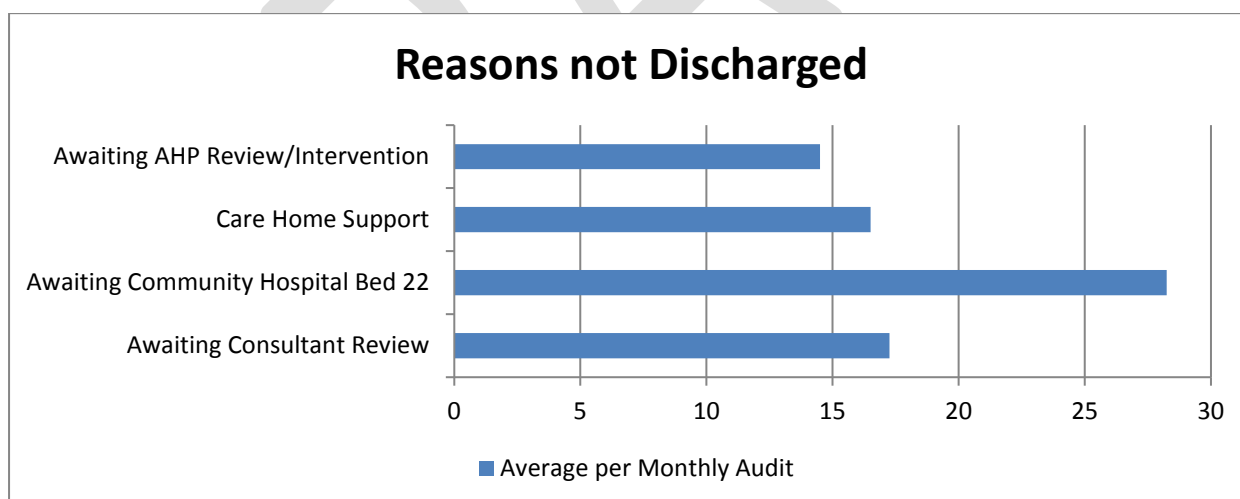
During the winter of 2018-19 the number of patients boarded increased to 3.1% from 1.9% the previous year

Figure 3. Percentage of patients who were boarded outwith their admission specialty



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

Figure 4 Day of Care Survey – top 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:

- Introduction of regular review by senior multidisciplinary team of patients with 14 day or more length of stay

- Weekly multi-agency review of delayed patient discharges in both acute and community settings
- Standard Operating Procedures in place for following referrals with clearer criteria including for transfer:
  - Ageing & Health
  - Community hospital
  - Stirling Health and Care Village (rehabilitation units)
  - Package of care
  - Physiotherapy
  - Occupational Therapy
  - Dietetics
- Development of an integrated discharge service across Partnerships with Local Authorities included in daily face-to-face and/or virtual meetings
- Daily Dynamic Discharge Board Rounds/Huddles on all Surgical, Medical and Ageing & Health wards on acute site and twice weekly Board Huddles in community hospitals
- AHP 'Ready to Go' test of change carried out

Day of Care surveys in Community Hospitals being developed in line with the National Day of Care surveys to create a greater understanding of systems and any potential barriers to patient flow.

### *3.5.2 Delayed Discharges over December and January in the last three years*

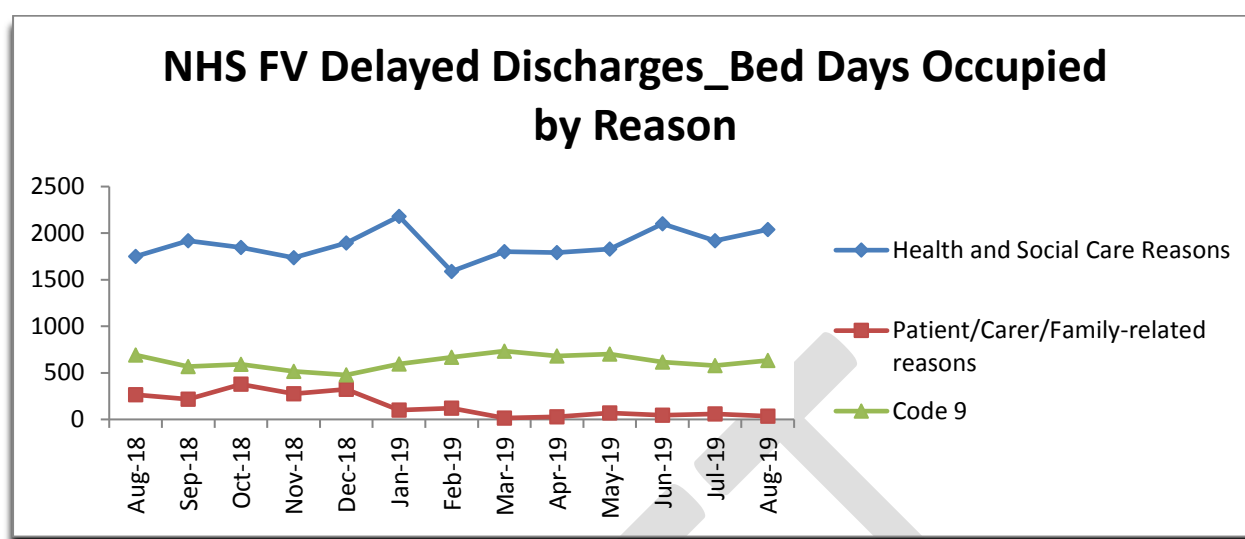
At the census point taken in January 2019 there were 58 delayed discharges recorded for the whole of Forth Valley. This is consistent with the monthly average for the calendar year 2019 to date. The average number for 2017-18 per month was 54 risen from 45 2016-17.

Occupied Bed Days attributed to delayed discharges have risen from a monthly average of 809 in winter 2017-18 to 1609 2018-19. The monthly average as at the census point August 2019 is 1528 bed days. This has a significant impact on capacity and flow, particularly on the acute site, for both unscheduled and planned elective care.

However, there are a number of initiatives, which are underway designed with the purpose of preventing patients becoming delayed in their discharge.

- Review of patients with Length of stay over 14days in 4 wards in FVRH. This allows a senior discussion around any barriers to discharge with HSCPs colleagues
- Home 1st test of change in 3 wards in FVRH - Falkirk HSCP social care staff are present in FVRH and attend Daily Delayed Discharge meetings, providing early sight of patients ready for discharge with a home 1st approach
- Dynamic Daily Discharge meetings on all wards in FVRH
- Development of an Integrated Discharge Service to include health and social care teams, AHPs and SAS. Ongoing work and development of Day of Care Surveys, will be shared and discussed with our health staff and social care teams operating in the HSCPs

Figure 5 – Delayed Discharges FV Total Bed Days Occupied



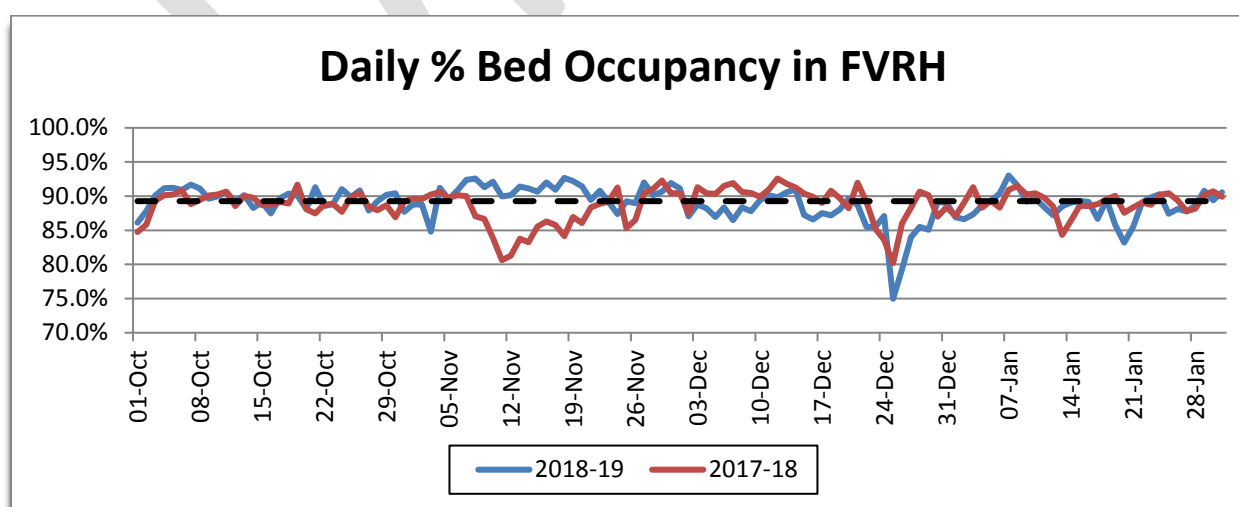
Discharges are constrained by the availability of a range of community based options including intermediate care beds, step up: step down, care and care homes as well as care package availability in the community at a person's home.

### 3.5.3 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 activity in the acute hospital wards (medical/surgical/W&C) over the last 2 winter periods:

Figure 6 Percentage bed occupancy last 2 years



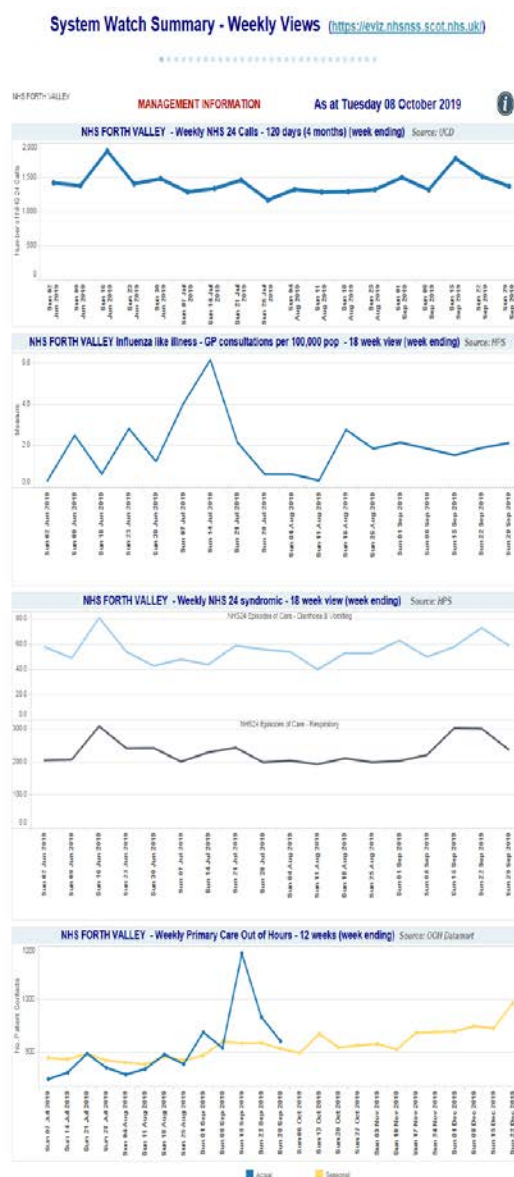


Most days the hospital is running with a high occupancy level, often in excess of 95% except for a large dip over Christmas. Winter contingency beds need to be created each year to add additional capacity. Bed modelling helps predict the size of the contingency capacity required.

### 3.5.4 Systemwatch

Systemwatch is being used this winter, and a sample of the report which will be provided weekly is below. This will provide a weekly summary of trends from the weekly Systemwatch dashboard and will be sent to operational managers. In addition, it is intended to display relevant Systemwatch information on the screens in the acute hospital control centre and to present this at appropriate site and flow meetings.

Figure 7 Systemwatch weekly summary report

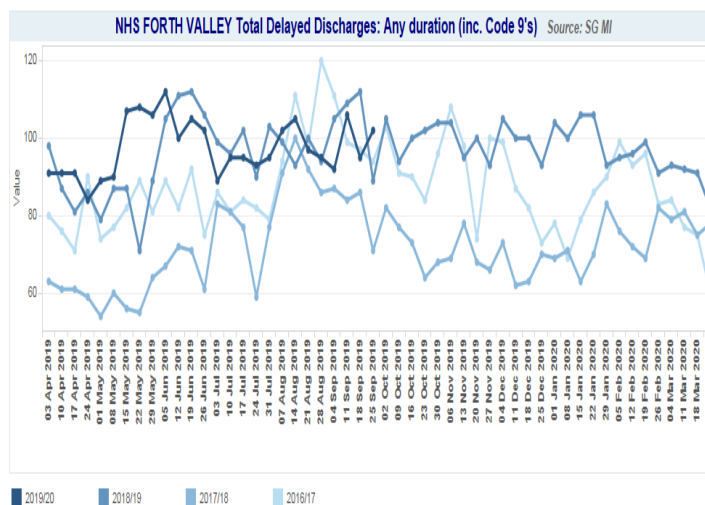
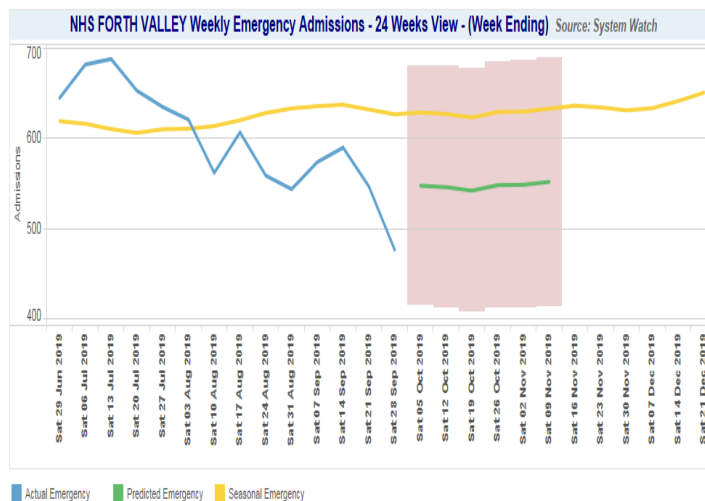
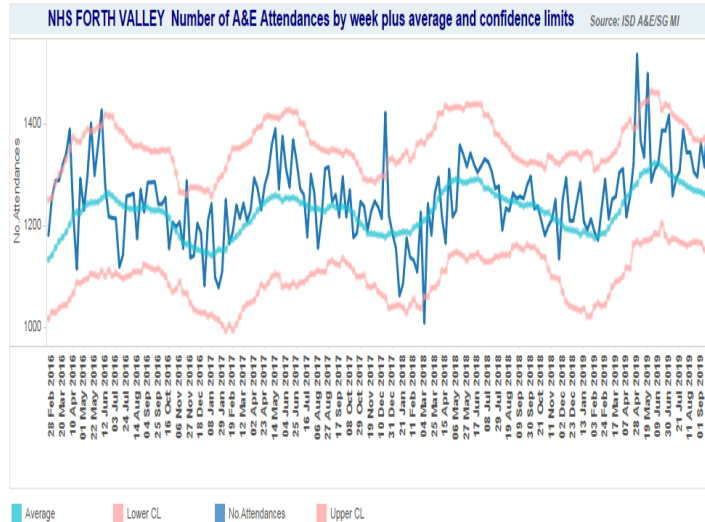




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(<https://eviz.nhsnss.scot.nhs.uk/>)

As at Tuesday 08 October 2019



### *3.5.5 Winter Flu*

Information from Systemwatch and other data sources will be accessed in order to identify if levels of influenza in Primary Care and other care settings locally and nationally are indicating a potential or actual increase above normal levels, which may require a response from partners.

### *3.5.6 Unscheduled Care Programme Board*

The Winter Plan Steering Group reports to the Unscheduled Care (USC) Programme Board. The Programme Board reports to the Senior Leadership Team chaired by the NHS Chief Executive.

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## 4 Improving Service Delivery - Initiatives in Place and Actions for 2018-19

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 2019-20 and also indicates how the Cabinet Secretary's letter '*Preparing for Winter 2019-20*' 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 and the Third and Independent sectors. A Winter Plan Steering Group is in place, chaired by the Acute Services Director and reporting to the Unscheduled Care Programme Board. A Winter Working Group supports the Steering Group. The Steering Group has a dynamic winter action plan which is being reviewed and updated frequently in the period leading to and during winter. This Winter Plan identifies the main themes and key actions in the dynamic action plan.

The actions for Winter 2019-20 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

As with last winter, in order to learn fully from our experiences this winter, and to prepare for winter 2020-21, it is proposed to hold a winter plan debrief session and produce a winter report early in 2020.

### 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 reviewed regularly by the Unscheduled Care Programme Board.

#### 4.1.1 Supporting Discharge

Reducing the numbers of patients delayed in their discharge from hospital and their length of stay 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.

#### **What we are doing**

<b>Coordinating Capacity and Flow</b>	Multiple daily capacity huddles involving senior leaders and the duty manager take place, treating the winter period as a red alert every day, supported by escalation to a daily senior leaders' check in teleconference, from December.
<b>Coordinating Capacity and Flow</b>	As part of the Daily Dynamic Discharge (DDD) Check, Chase and Challenge Forth Valley are now working with the discharge service, health and social care colleagues and AHP who now attend the daily MDT board round to support discharge.
<b>Coordinating Capacity and Flow</b>	Continue with the monthly day of care audits in both acute and community hospital setting to identify patients who are potentially delayed in accessing the most appropriate place of care and use the results for improvement with health and social care colleagues working within each of the Partnerships.
<b>Coordinating Capacity and Flow</b>	New template for daily huddle meetings has been developed. The template is populated with information pulled from Trakcare such as planned discharge date and responding to delayed discharges. This will allow the huddle meeting to be more focused on patient safety.
<b>Coordinating Capacity and Flow</b>	Flexibility with the discharge lounge over winter, to open earlier in the day or later in the day if required.
<b>Coordinating Capacity and Flow</b>	Development of an integrated discharge service to include: NHS and social care teams from each of the Partnerships, 3 <sup>rd</sup> sector, and transport colleagues.
<b>Coordinating Capacity and Flow</b>	Delayed Discharge meetings to include health and care staff working in each of the partnerships, this way of working is intended to escalate complex cases.
<b>Coordinating Capacity and Flow</b>	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 NHS and social care staff from each of the Partnerships.

<b>Coordinating Capacity and Flow</b>	Every downstream ward has a board round Monday – Friday at 9am. Further consideration is being given to add a golden hour to these rounds. The golden hour has potential to add targeted senior decision maker to the board rounds.
<b>Coordinating Capacity and Flow</b>	Reinforce clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners, and staff (NHS and social care) working within each of the Partnerships) to ensure patient flow is optimised across extended hours and weekends.
<b>Coordinating Capacity and Flow</b>	Arrangements for accessing social care packages at the weekend, through the Discharge Hub are in place in order to improve weekend discharge rates.
<b>Coordinating Capacity and Flow</b>	Optimising use of the FVRH discharge hub, which is in place over 7 days, in order to facilitate the discharge of patients.
<b>Coordinating Capacity and Flow</b>	SAS liaison officer also provides support in FVRH to enable early discharge. Any expected changes in demand should be understood as soon as possible to enable the SAS to redirect resources appropriately.
<b>Coordinating Capacity and Flow</b>	Wards will optimise transfers to community hospitals earlier in the day to support flow.
<b>Coordinating Capacity and Flow</b>	Review of patients with a length of stay greater than 14 days in all downstream wards in FVRH. This allows a senior discussion around any barriers to discharge with social care staff from each of the Partnerships.
<b>Coordinating Capacity and Flow</b>	Home 1 <sup>st</sup> test of change in designated wards in FVRH is underway. Health and social care staff from the Falkirk Partnership are present in FVRH and attend Daily Dynamic Discharge meetings, providing early sight of patients ready for discharge with a home 1 <sup>st</sup> approach.
<b>Delayed Discharges</b>	Make progress with reducing the number of delayed discharges and the bed days associated with delayed discharges, by 1 December 2019.
<b>Frailty</b>	<p>Continue to develop a consistent approach to frailty screening and geriatric assessment at the front door. The frailty pathway is in place and a comprehensive geriatric assessment process has been evaluated, including pathways for admission, discharge and discharge to assess.</p> <p>Work is underway to enhance support for the frailty model at the front</p>

	door to further improve the coordinated response to frailty and strengthen links between secondary, primary and social care to ensure all care options are considered.
<b>Intermediate Care</b>	Review and redesign of intermediate care and re-ablement pathways, and commissioning of homecare services.
<b>Community Based Services</b>	Continued development in the Enhanced Community Team (Closer to Home) Service to further support and develop prevention of admission pathways by providing a robust 7 day service. (see section 4.1.2)
<b>Community Based Services</b>	Clearer focus on and improvements in Adults with Incapacity and Guardianship process, in order to reduce the impact on delays in discharge.
<b>Community Based Services</b>	Ongoing implementation of Anticipatory Care Planning and Falls prevention strategies.
<b>Community Based Services</b>	There are a number of actions for winter planned to support discharge including increased home care provision in the 3 council areas and additional AHPs. The Partnerships are working to enhance the availability and access to care at home, discharge to assess and re-ablement care.
<b>Improvement Programmes</b>	Renewed focus on the Unscheduled Care Programme Management Office (PMO) to use a robust project management approach and embedding changes in practice. Programme Manager, Clinical Director and Improvement Support in place, along with a comprehensive suite of 'whole system' improvement projects – this in support of our agreed 'Getting Forthright' programme led by the Unscheduled Care Programme Board.
<b>Improvement Programmes</b>	Following a challenging winter in 2018-19, recovery of unscheduled care performance has been difficult and there are issues with poor flow, poor patient experiences and a pressurised environment for staff. In order to address this, the Getting Forthright Transformational Improvement Approach has commenced and expects to deliver improvements in capacity and flow, reduce delays and variability and improve patient experience across the health and social care system. The Programme was launched in September 2018 for a 18 month period, but with a focus on improvement pre-winter.
<b>Improvement Programmes</b>	A focus on improvement in discharge planning is being enabled by Daily Dynamic Discharge, which has been extended to the Community Hospitals in addition to acute wards. New metrics have been introduced for the acute wards.



<b>Improvement Programmes</b>	Criteria led discharge is being implemented to enable an improvement in the numbers of patients discharged at the weekend. This will be supported by a Friday afternoon handover to the weekend team.
<b>Improvement Programmes</b>	Continue to maximise the benefits of the HEPMA prescribing system in supporting earlier in the day discharges and improving the flow of unscheduled care patients ready for discharge. Improving the spread of discharges across the working day, including more earlier in the day discharges, should improve the ability of pharmacy to dispense discharge prescriptions within the agreed turnaround times. The current arrangements can cause peaks in demand in the early afternoon, which the pharmacy does not always have the capacity to meet fully within the agreed turnaround times for discharges.
<b>Improvement Programmes</b>	Further work is required to understand the system challenges which impact on the ability to discharge at weekends and these need to be considered e.g. access to investigations.
<b>Improvement Programmes</b>	Role out of the 'carer aware project' to support successful discharge, with carers integral to discharge planning.
<b>Discharge Trajectories</b>	Focus on increasing the number of discharges which take place at weekends in order to improve patient flow over 7 days and improving the number of patients able to be discharged earlier in the day. This is supported by weekend planning meetings in 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.
<b>Discharge Trajectories</b>	Continue to undertake the day of care acute survey in the acute hospital and community hospitals (monthly), 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 14 days.

#### *4.1.2 Preventing Admissions*

##### **What we are doing**

<b>Front Door</b>	The Fast Track AHP service supports the ED and assessment units in order to assess patients with an identified change in their functional status or ability to cope at home and supports those who are suitable, either avoiding admission or enabling early discharge home.
<b>Community Based Care</b>	Review patients most at risk of admission, ensuring clear arrangements including Anticipatory Care Plans are in place and refer unwell patients proactively to the Enhanced Community Team (Closer to Home). ( See



	section 4.1.1)
<b>Community Based Care</b>	Continue to promote the use of the 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, working in partnership with GPs and the third sector.
<b>Falls</b>	Reduce the number of people who fall and are uninjured, conveyed by Scottish Ambulance Service to Forth Valley ED, 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 include 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.
<b>Scottish Ambulance</b>	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.
<b>IV Antibiotic Service</b>	An outpatient IV antibiotic service has been established at FVRH, in order to avoid unnecessary admissions to provide IV antibiotic therapy where this can be delivered effectively as an outpatient. The IV services will be in place throughout the winter period and will operate a weekend service on the festive public holidays, as a minimum.

#### 4.1.3 Improving Patient Flow

##### What we are doing

<b>Improvement Programmes</b>	Getting Forthright Transformational Improvement Approach (see section 4.1.2)
<b>Coordinating Capacity and Flow</b>	Clear escalating plan in place to manage severe capacity pressures, recognising that managing patient safety at times of increased escalation. It clarifies the responsibilities of key staff when the Board experiences capacity pressures and the co-ordinated approach required acute site-wide, NHS Forth Valley system-wide.
<b>Coordinating Capacity and Flow</b>	Standard Operating procedures and criteria are in place for boarding in acute inpatient ward areas.

<b>Coordinating Capacity and Flow</b>	The flow managers work within the new operation centre. The aim of the operations centre is to facilitate data driven decisions and provide situational awareness in relation to whole system capacity and flow, emergency department activity, hospital occupancy levels (both acute and community), ambulance arrival status, patient tracking, care opinion and safety information, triggering immediate action and informed decision making to ensure safe and effective operational management is achieved.
<b>Coordinating Capacity and Flow</b>	Everyday a priority patient is identified to be the first discharge the following day - this patient will have IDL, medicines, home situation and access agreed, transport ready and if possible have transfer to the discharge lounge in place. This not only helps with the busy morning routine in the ward the following day but also supports the movement of patients into wards earlier in the day.
<b>Coordinating Capacity and Flow</b>	Standard Operating procedures and criteria are in place for pathways including e.g. referrals to Community Hospitals, REACH, and Short-term assessment.
<b>Coordinating Capacity and Flow</b>	Updated escalation plan to support winter 2019-20 arrangements as set out in this Plan.
<b>Coordinating Capacity and Flow</b>	<p>Continue to apply the NHS Forth Valley policy in order to minimise Boarding and the impact of boarding on inpatients and ensure patients who require to board have appropriate follow up and review, including timely ward rounds.</p> <p>Arrangements are being put in place to add resource and capacity over winter to provide an overview of these patients and resolve challenges around boarding and weekend discharges.</p>
<b>Intermediate Care</b>	Intermediate care services are in place 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 require to be optimized.
<b>Intermediate Care</b>	Proposals have been prepared by Falkirk HSCP and Clackmannanshire & Stirling HSCP for allocating intermediate care capacity for winter contingency purposes, these are supported i.e. Ludgate House beds and Summerford House AHP support. The impact and benefits are being worked through with partners and the Winter Planning Steering Group.
<b>Winter Flu</b>	Last winter, Near Patient Testing for Flu was undertaken using a testing algorithm and pathway. A modified Flu protocol and robust pathways have been prepared for this winter for testing and for follow up treatment if appropriate, discharge or admission. This has been prepared by the Infection Control Team, Microbiology department and

	ED (see section 5.2). - this will be funded.
<b>Scottish Ambulance Service</b>	Reorganisation of patient transport vehicles will be realigned to existing resources to meet Health Board demands.

#### 4.1.4 Emergency Department Effectiveness

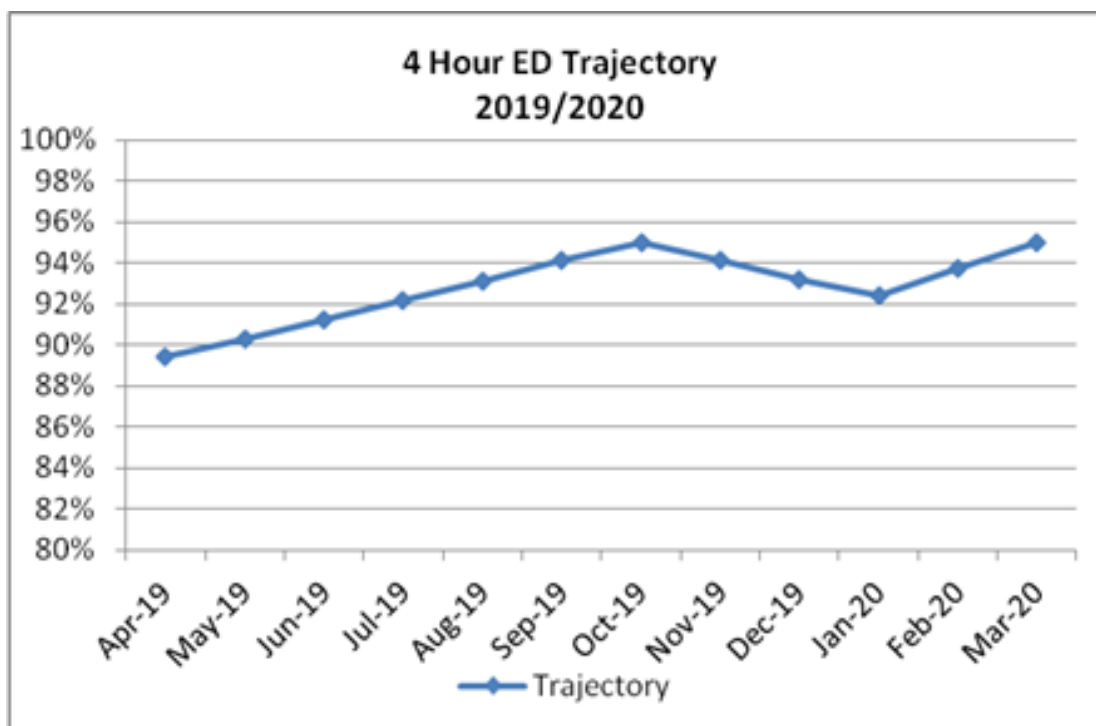
##### What we are doing

<b>Improvement Programmes</b>	<p>The “Six Essential Actions” Action Plan has been refreshed, covering a range of unscheduled care actions including actions associated with ED Performance, and a project management approach have been embedded in practice. Current areas of improvement activity related to ED include:</p> <ul style="list-style-type: none"> <li>○ Additional medical cover for evening period</li> <li>○ Test of change in progress for Triage+</li> <li>○ Standard Operating Procedures produced and implemented for key roles including Nurse in Charge, Consultant in Charge, Floor Coordinator support, Treatments Nurse, Bed Flow Coordinator and AAU Coordinator</li> <li>○ ED Escalation Plan updated</li> </ul>
<b>ED Performance</b>	The ED Deep Dive review provided a detailed analysis of the reasons for sub-optimal performance in the Emergency Department and downstream flow. Improvement programme work is using the learning from this analysis to focus on delivering redesign including separating the minors flow at the ED from the other flows, initially on the acute hospital site.
<b>ED Performance</b>	The ForthRight Transformational Improvement Approach also seeks to reduce variability on ED and attain the 4 hours from arrival to admission, discharge or transfer for treatment (95% with stretch 98%).
<b>ED Performance</b>	Decision matrix to relieve emergency department overcrowding has been developed as part of the Forth Right Approach.
<b>Public Communication</b>	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.
<b>Public</b>	The Pharmacy First initiative is in place across Forth Valley. This

<b>Communication</b>	allows patients access to treatment for UTI's, Skin Conditions, Impetigo, Bacterial Conjunctivitis, Vaginal thrush and Skin Infections from a community pharmacy.
<b>Primary Care Out of Hours</b>	The Forth Valley Primary Care Out of Hours Service was reviewed in 2018/19 and work continues to deliver a multi-disciplinary service model.
<b>GP Referrals</b>	Work is progressing with the SAS to smooth the arrival times for GP referrals.
<b>GP Referrals</b>	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.
<b>Surgical Assessment</b>	A Surgical Assessment Unit has been established in place in order to improve the flow of acute surgical patients who require assessment, then either admission or discharge.
<b>Emergency Pathways</b>	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.
<b>Call Handling</b>	A dedicated 24 hour flow call handling number is in place. There are Senior Clinical Nurse Co-ordinators in place 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.
<b>Information for ED Team</b>	Daily 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.

#### **Four Hour ED Trajectory**

Almost all actions and interventions are to support improvement in performance as a whole system and specifically improving performance in line with the four hour access standard. However, it is anticipated that those actions to develop and protect the Minors Service on FVRH site will have the most significant impact on reducing Time To First Assessment and improvement in compliance with the four hour access standard. Given this, the trajectory for this work will be as the four hour standard trajectory in this year's annual operational plan.



#### 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 AOP 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. In addition to the measures described in other sections of the plan regarding discharges from hospital, every effort will be made to discharge patients proactively in the days prior to the public holidays at Christmas and New Year.

The Public Holiday Review Report acknowledged the importance of improving resilience and sustainability of health and social care services over public holiday periods. The Forth Valley Winter Plan recognises these issues, and in particular the need to ensure that there is sufficient staff availability across a wide range of services on and after public holidays, and seeks to provide assurance that staff will be deployed appropriately and that business as usual is maintained as far as practicable, linked to NHS and social care workforce plans and escalation arrangements

The key messages in the Public Holiday review are echoed in the arrangements for winter in Forth Valley:

- Promote community pharmacies to support self care and access medicines urgently (promoted to staff and patients in FV, through Internet/Intranet, social media and the media)

- NHS24 support for self management and directing to the right care
- Local integrated crisis services for people with mental health difficulties (24/7 services for advice, support and crises in place)
- Ensure sufficient levels and numbers of senior decision makers from all sectors are duty rostered at same time (Acute rotas, ED, Assessment units, Golden Hour, Huddles, Ward Rounds) for Social Care and NHS community teams
- Timely and continuous access to local infrastructure services within hospitals (in place)
- Proactive discharge planning before public holidays (in place)
- Timely and clear social care support arrangements (e.g. Huddles, Discharge Planning, Discharge Hub).
- Enhance staff uptake of seasonal flu vaccination and population uptake (mobile clinics, myth busting, Communications, social media)
- Timely, integrated health and social care urgent care resilience plans (daily Red Alert meetings, huddles, data, escalation arrangements)
- Partnership and professional organisations fully engaged in design and delivery of planned workforce changes (staff governance arrangements)

#### *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 for the festive period, in addition to ensuring staffing levels are appropriate for the winter period.

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 require workforce capacity plans & rotas for the winter/festive period to be agreed and in place before the end November 2019 in all relevant departments across health and social care. and it is expected that departments and services will liaise regarding mutual arrangements.

The Forth Valley Winter Health and Social Care Winter Planning Group are ensuring that the appropriate levels of staffing are in place across the whole system, for the entire festive period to deliver effective and efficient patient care. There will be an emphasis on ensuring that on all days over the Christmas and New Year fortnight there will be focus and drive on maximising the number of discharges on each day, and progressing the planned discharges for future days, in particular momentum will be maintained on the two Fridays post the public holidays.

The method employed to ensure appropriate staffing levels is to request all relevant Health and Social Care departments to populate a standard festive period rota. This rota will then be reviewed by the Winter Planning Steering Group and feedback will be given to any areas where staffing is a concern with a request to implement remedial actions. The festive rotas are to be provided by mid-November.



As part of the communications package on Winter Planning, staff are being informed of the expectation that robust staff cover must be in place over the festive period for all stages of the patient journey.

### **What we are doing**

<b>Staffing Plans</b>	Each clinical and social care service including the Scottish Ambulance Service, Third Sector and Independent Sectors in the Forth Valley area will have staffing plans in place, including rotas, by mid-November 2019 to ensure appropriate capacity during winter and also over the festive. This will provide sufficient time for the Steering Group to review staffing across all services and for any concerns to be addressed. Staffing plans for each service 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 2-day public holidays.
<b>Contingency Beds</b>	Detailed staffing requirements are being identified for the potential contingency beds and associated costs. This includes recruiting locum medical cover for the additional work associated with increased admissions, boarding and discharges, nursing staff, AHPS for the community and acute beds, along with associated support staff.
<b>Community health services</b>	The additional staffing requirements identified include enhancing community and specialist teams, to enable more patients to remain at home or to be supported following discharge during the winter period.
<b>Social Care</b>	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.
<b>Managing Leave</b>	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.
<b>Staffing Levels</b>	Ensure that Estates and Facilities staff, and SERCO, have adequate staffing in place and robust, rehearsed, escalation plans in place to meet demand.
<b>Optimise Care</b>	Review arrangements in Community Hospitals to ensure every bed can provide a level of rehabilitation - "every bed is a rehabilitation bed".
<b>Festive Plan</b>	Forth Valley Multi-agency Festive Plan will include availability and scope of service, contact details and access arrangements for all services for the festive fortnight.

	It is expected that all services will be providing normal services on all weekdays in the festive fortnight except on the four public holidays, when provision is made for appropriate access to enable urgent and unscheduled care services, to function fully and to be able to maintain flow through acute services.
<b>Festive Plan</b>	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.
<b>Festive Plan</b>	Refresh generic staff pool for winter, optimising the matching of applicants to vacancies.
<b>Primary Care</b>	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.
<b>Primary Care</b>	Provide Community dental services over the festive period and circulate details via corporate communications.

#### 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

##### What we are doing

<b>Day Surgery</b>	The majority of elective surgery in Forth Valley is undertaken as a day case or 23 hour surgery and there are no plans to reduce the volume of day and 23 hours surgery over the winter period, except for the 4 public holiday dates.
<b>Festive Period</b>	During the festive fortnight and the first 2 weeks in January, the Surgical Directorate will prioritise surgery for cancer patients and other emergency related elective surgical work, in addition to day and 23 hour surgery.

#### 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. The actions described in the previous sections are focussed on improving the timing and rate of discharges, reducing the numbers of patients delayed in their discharged and the associated bed days, reducing unnecessary admissions and improving the flow of patients, and therefore should reduce the need to access the additional winter beds which have been identified.

##### What we are doing

<b>Contingency Beds</b>	Using capacity modeling which takes into account the requirements for unscheduled care and the elective programme, the projected need for some additional winter contingency beds has been identified. This should be partly mitigated by the actions outlined for improving discharge and reducing admissions. The Winter Steering Group has considered detailed proposals for the use of and access to contingency beds in the community hospitals and intermediate care places for winter.
<b>Contingency Beds</b>	A clear process will be in place to monitor the use of any contingency beds, devolved to the Unscheduled Care Programme Board and Winter Working Group and to ensure that any contingency beds are closed by 31 March 2020.
<b>Staffing</b>	Ensure rotas for the post festive period, for health and social care staff, are arranged to reflect anticipated demand and balance staff leave appropriately.

<b>Intermediate Care</b>	A proposal will be considered by the Winter Steering Group to support additional contingency beds at Falkirk Community Hospital if required. Contingency beds in Ludgate House and Summerford House have been supported.
<b>Managing Capacity and Flow</b>	Ensure that Forth Valley Boarding Strategy is used to minimise boarding and in particular, transfers at night.

#### 4.4 Specific Arrangements for Primary Care

GP surgeries will close for the two 2-day public holidays in December and January. Practices will be open as usual on the Mondays, Tuesdays and Fridays of both weeks.

Primary Care Out of Hours Services remain a critical element in the overall approach to managing winter demand pressures particularly over weekend periods and public holidays. This continues to be a challenge for services locally and nationally because of ongoing medical staffing problems related significantly to the very negative Treasury pension and taxation issues in Primary Care (NHS wide), recent changes in policy will address this.

In response to challenges in 2018 using primary care transformation funding we implemented a plan to deliver a sustainable multi-disciplinary model of out of hours care. This involved looking to both recruit and retain Advanced Nurse Practitioners as well as integrating mental health ANPs and SAS practitioners to our service. This process has been very successful in that we have shifted our workforce make up from 7.5% ANP to 50% ANP. As a consequence we have increased our salaried workforce to 60% from 30%. In terms of numbers, we recruited and have retained 5 WTE ANPs from the initial recruitment 18 months ago. These staff are now fully integrated into our service.

We now have full cover for mental health calls provided by mental health ANPs working on the Forth Valley Royal Hospital site. This has removed a significant burden of work from primary care services.

We have in the last 12 months piloted successfully the integration of SAS advanced and speciality practitioners to our service and with the support of a Scottish Government initiative NHS Forth Valley has employed GP trainers and engaged GP trainees at the end of their training to continue their employment.

All of the above changes have been with the aim to both improve the culture and environment of OOH working which can be both challenging and isolating and to provide a more robust and increased workforce to meet service demand.

We are therefore in a better position this year to ensure that local people can continue to access primary care out of hours services throughout the winter period.

## What we are doing

<b>New Models of OOH Care</b>	The establishment and retention of an ANP workforce has meant that we have greater shift coverage across all winter shifts including those weekends over the festive period and the public holidays. We have supported this by giving salaried staff some flexibility of shifts over the festive period to ensure they continue to provide their salaried hours at a time of high service demand but in a way that also gives them some free time over the festive period.
<b>New Models of OOH Care</b>	<p>Through 2019 we have been challenged to maintain services across our 3 centres based at Forth Valley Royal Hospital, Stirling Care Village and Clackmannanshire Community Hospital. We are committed to this because we feel it not only ensures equitable access for all patients across Forth Valley but also allows our service to work most efficiently. At present we are looking to maintain all 3 centres across the 4 public holidays however it is probable that we will consolidate to 2 centres on 25<sup>th</sup> Dec and 1<sup>st</sup> January because of reduced staffing availability and predicted reduced demand on those dates.</p> <p>Stirling Care Village and Forth Valley Royal Hospital sites are operational through the whole OOH period, Clackmannanshire County Hospital is operational 1800-2400 on weekdays and 0800-2000 at weekends and on public holidays.</p>
<b>New Models of OOH Care</b>	Mental Health ANPs are now fully integrated within our service. This means that all urgent mental health calls are dealt with directly by these practitioners. This removes a significant work pressure when our service is at its most stretched on public holidays and ensures more effective patient care.
<b>New Models of OOH Care</b>	SAS practitioners have been integrated into our service which has helped develop their skills in dealing with primary care problems and allowed them to operate more independently. It has also improved our joint working as has our urgent telephone advice service we provide for the SAS locally. This means SAS practitioners looking for advice aimed at providing another mode of care for patients other than transferring them to hospital phone into our central hub to record the call. They are then provided advice within 15 minutes aimed at either keeping the patient at home, arranging for them to be seen by the OOH service or arranging the patient's direct admission thus reducing the burden on the local ED department.
<b>Workforce</b>	Sessional shifts were agreed at an earlier stage than in previous years to try and ensure we had an earlier predictor of shift fill. We will now be focusing our efforts on filling these shifts through direct contact of OOH practitioners currently working within the service but also engagement with day time GPs who have previously helped at

	festive periods.
<b>Festive Rates</b>	Escalation of sessional rates for medical staff for the festive period were agreed and cover the weekends before, during and after the festive period to take into account the predicted increased demand over the festive period. They were the same as rates for 2018 and were made in respect of the difficulty in filling certain shifts and the need to ensure that the days of predicted increased demand were well serviced.
<b>Communication Work</b>	We are aware from recent public holidays that we need to help ensure that the local population are more aware of GP opening times over the festive period and that of their local pharmacies particularly for those on medication provided through dosette boxes. We will look to communicate with comm staff, primary care and pharmacy about improving this process. This is particularly with regard to ensuring that patients are aware that their GP practice is open on the Fridays after Christmas and New Year.
<b>Collaborative working</b>	There are existing working relationships between the primary care out of hours service and the MIU at Stirling Care Village and the ED department at Forth Valley Royal Hospital. This is aimed at ensuring that patients are seen in the most appropriate environment and often involves transfer of patients presenting at MIU and ED to the out of hours service. At times this cannot be achieved because of workload within the OOH service. We will ensure that there is clear communication between the out of hours service and ED and MIU about our capacity to share this workload.
<b>Festive Plan</b>	Details of the staffing arrangements for the festive fortnight will be confirmed and included in the Forth Valley Multi-agency Festive Plan.

## 5 Managing the Impact of Infectious Diseases

The impact of influenza and respiratory illness had a significant impact on the delivery of care services in Forth Valley and across the whole of Scotland during the winter of 2018-19, with additional activity relating flu experienced by primary, community and acute services from early December 2018. 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 and schools 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

## **What we are doing**

<b>Surveillance</b>	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.
<b>Staff Awareness</b>	Norovirus awareness sessions to all ward staff will commence 4-6 weeks prior to the anticipated season start.
<b>Festive Plan</b>	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

In Forth Valley, we 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.

The table below provides data on the flu immunisation uptake for specific groups in winter 2018-19 and the national targets for uptake which have been agreed for winter 2019-20.

*Table 2 – Flu vaccination uptake 2018-19*

<b>Age Group</b>	<b>Actual Uptake 2018-19</b>	<b>Uptake Target for 2019-20</b>	<b>Scottish Average Uptake</b>
Under 65 at risk group	44.8%	75%	42.4%
Over 65	76.2%	75%	73.7%
NHS Staff	43.6%	60%	51.2%
School Programme	75.7%	75%	72.9%
Pre-school Programme	63.6%	75%	55.7%

The Scottish Government has set an aspirational target of 60% for staff immunisation for 2019/20. NHS Forth Valley's target is to vaccinate at least 50% of NHS staff.

### **Staff Immunisation Programme**

The NHS Forth Valley Staff Flu Immunisation Programme for winter 2018-19 immunised a total of 3,389 people, of which 2,845 were NHS Forth Valley staff. Including staff immunised in Primary Care, there was a slight increase in the total figure



immunised in 2018 (43.6%) compared to 2017 (39%). Monitoring of progress with the NHS staff vaccination programme is in place, including reporting to the Winter Planning Steering Group, with information provided by staff group and by Directorate. The three Local Authorities have put in place arrangements to vaccinate social care staff and monitor uptake.

Given the variety and diversity of work sites and roles, there is a mixed approach available to make it as easy as possible for staff to access the flu vaccine, if they wish to be immunised.

The 2019/20 immunisation programme includes:

- Drop in flu clinics available at the Occupational Health Department on the second floor of Forth Valley Royal Hospital
- A number of outreach clinics have been arranged at community hospitals
- There are also plans to organise a number of roving vaccination clinics

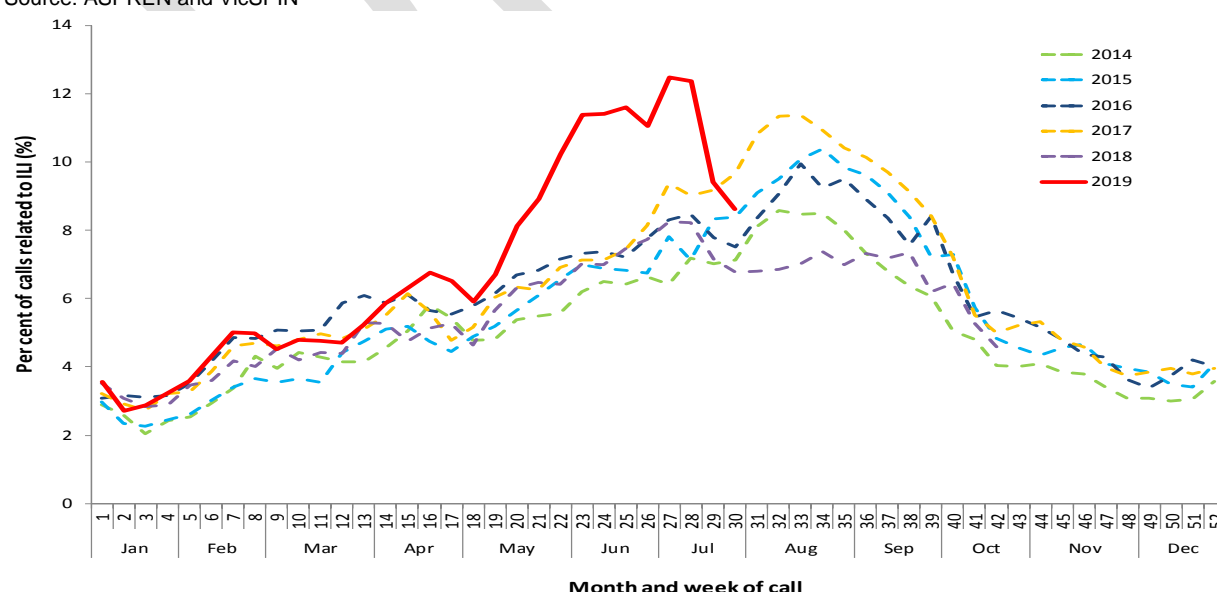
Local communications are in place to support the launch of the new National Flu Vaccination Campaign 'Trust the Facts'. This includes digital adverts and animations, graphics for the key target groups and a new healthcare toolkit (see section 7 – Communications for more information).

## Seasonal Influenza Prediction 2019-20

The severity and likely impact of this coming influenza season is general based on the current influenza activity in Australia. The season in Australia is relatively early, activity peaking between July – October. Based on the number of reported consultations for influenza like illnesses this year, it is predicted to be worse than the 2017 season. See graph below:

**Figure 8 Seasonal Flu Prediction**

Source: ASPREN and VicSPIN



If this season is predicted correctly, it is vital that NHSFV implements a robust process for influenza testing. Timely installation of the analyser has been prioritised to enable safe and effective protocols to be established. An electronic link up to iLab would enable a more streamlined approach to laboratory reporting and Infection Prevention & Control Team (IPCT) management and would be more cost effective in terms of manpower. The appointment of a designated Lead with responsibility for overseeing the use of the analyser is required to provide complete assurance and confidence in the testing process and the results produced.

Learning from previous winters has identified that the most efficient and appropriate methodology is to locate the analyser to a controlled environment, at the hospital front door and testing performed by trained staff.

### **Diagnosing Flu and Managing Patients**

In winter 2018-19 the near patient testing analyser was procured on a rental basis and installed in AAU. Patient testing was performed by trained ward staff. Positive results enabled the Infection Prevention and Control Team to review each patient ensuring appropriate patient management. A daily influenza report produced by the IPCT was sent to all relevant stakeholders to provide updates of the inpatient population with influenza.

*Table 3 Diagnosing Flu*

1.	The clinical staff will request the test electronically (order comms).
2.	The test itself will be run by a dedicated member of staff (during the day) or Staff Nurse overnight. The result will be manually recorded.
3.	The sheet of results will be emailed to the lab daily. This process will be audited by the Infection Control Team.
4.	The results will be manually entered into the LIMS by the lab staff. This result will be available to HPS via ECOSS.



## **What we are doing**

<b>Flu Testing</b>	Install a Point of Care testing machine in the Acute Assessment Unit.
<b>Flu Testing</b>	Updating the Flu testing guidance and algorithm is underway. A short life working group has been established to take this work forward.
<b>Flu Data</b>	Implement arrangements for recording test results and including these in Laboratory Information System.
<b>Vaccination Programme</b>	Implement Seasonal Flu Vaccination Programme for all identified groups.
<b>Vaccination Programme</b>	All GPs within Forth Valley will continue to deliver the Seasonal flu program to over 65s those in 'at risk' groups and pre-school children.
<b>Vaccination Programme</b>	The Immunisation Team will deliver the seasonal flu vaccine to Primary School aged children.
<b>Vaccination Programme</b>	The Immunisation Team will be available to provide targeted vaccination sessions to Care Homes or other high risk settings if required.
<b>Vaccination Programme</b>	Encourage at risk individuals and unpaid carers to be vaccinated for Flu.
<b>Vaccination Programme</b>	Encourage pregnant women to be vaccinated for Flu by enabling midwives to offer the vaccine in clinics.
<b>Vaccination Programme</b>	Provide a roving vaccination programme for staff in addition to fixed and open sessions in a variety of locations.
<b>Vaccine Uptake</b>	Aim for at least 60% of NHS Forth Valley staff to be vaccinated for Flu.
<b>Vaccine Uptake</b>	Ensure timely submission and analysis of relevant vaccine uptake data on the following: <ul style="list-style-type: none"><li>• NHS FV staff</li><li>• Local authority partners' staff</li><li>• Uptake from primary care on at risk groups and pre-school children</li><li>• Immunisation Team school programmes</li><li>• Care home staff</li></ul>
<b>Antivirals</b>	Antiviral prescribing will be recommended on advice from Chief Medical Officer.
<b>Intelligence</b>	HPS weekly updates are widely circulated within NHS Forth Valley.
<b>Exercise</b>	Participate in national pandemic influenza exercises.

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### 5.3 Respiratory Care

COPD is major cause of morbidity and mortality in Forth Valley. The winter period has a significant seasonal impact on people with COPD and the services that support them. People with COPD are likely to experience more frequent and more severe exacerbations during the winter and this can have a significant effect on their lives. Approximately 1000 FV residents are admitted to FVRH each year with an acute exacerbation of their COPD. The ageing population has led to a 10% increase in COPD admissions over the last 10 years. This is likely to increase by 30% between 2018 and 2034. We need to focus on minimising the impact of winter on people with COPD, by reducing acute exacerbations and helping to keep people in good health at home where possible.

NHS Forth Valley provides a comprehensive service for people with respiratory conditions, including COPD and asthma. Specialist services are provided by a dedicated multi-disciplinary team, including respiratory physicians and respiratory nurse specialists and allied healthcare professionals. The service profile includes outpatient clinics, a dedicated inpatient ward (B12) for people with more severe respiratory conditions, access to the pulmonary function laboratory at FVRH, pulmonary rehabilitation and the national home oxygen service.

The specialist respiratory team has traditionally provided community outreach services to help support people with COPD in their homes (approximately 800 visits per year) and avoid unnecessary hospital admissions. The specialist respiratory team also provides an early supported discharge process for those admitted with an exacerbation of COPD to minimise hospital stays (supports approximately 70 patients per year). COPD discharge checklist stickers help to ensure that discharges are well planned.

#### **Respiratory 7 day service for patients with COPD pilot 2018/19**

Last winter, a 6 month pilot of the provision of a 7 day respiratory nursing service for patients with COPD was funded from Winter monies. This required an extra 1 x WTE, band 6 to join the respiratory nursing team on a 6 month secondment which would enable a 7 day service and also to work in collaboration with the enhanced care team in the community. The aim was to reduce hospital admission and reduce length of bed days and to operate more efficiently.

#### **Results**

- February 2018-July 2018, 297 patients were seen by the respiratory specialist nurses with an average length of stay of 5.5 days
- February 2019-July 2019, 396 patients seen during 6 month pilot with an average length of stay of 4.7 days

- The 6 month pilot demonstrated a reduction in bed days by 0.8 with 396 patients seen given total bed days saved 316 at a minimum of £400 per bed day = minimum £126,720 savings over 6 months minus cost of band 6 and weekend work of respiratory nurses
- According to local figures/BTS/RCP/ERS there are 900 COPD patients per annum admitted to FVRH therefore 450 COPD patients in 6 months
- 396 patients seen during 6 month pilot so 88% of patients admitted to hospital were seen by a respiratory nurse specialist compared to 297 patients seen the previous year with 66% of patients seen by a respiratory nurse specialist
- 99 more patients were seen during the pilot with 50% of these patients having a length of stay of 0-1 day and 33% of these patients having a 0 length of stay.
- Data was also collected with the amount of patients discharged to the Enhanced Care Team in the community which was a total of 7. The work with the enhanced care team will be re-evaluated.

Primary care teams provide general respiratory care across FV. The criteria for referral to the specialist respiratory service are included in the FV COPD guidelines (2017), which are published on the FV intranet. Educational sessions for primary care clinicians are held and focus on the diagnosis and management of COPD, exacerbations, asthma, drug formulary for therapies and pulmonary fibrosis. Local pharmacies provide with antibiotics and steroids to appropriate COPD patients, who have hand held COPD records and when they have a COPD exacerbation.

The respiratory team also supports people with palliative and end of life care needs. The team works closely with specialist palliative care teams in hospital and in the community, including the Strathcarron Hospice Community Nursing service.

Dolby Vivisol has robust winter contingency plans in place to support people in the community who rely on home oxygen services. The FV Enhanced Care Team (Closer to Home) and FV OOHs services have rapid access to oxygen concentrators and nebulisers.

Monitoring arrangements are in place to monitor the impact on 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.

## What are we doing

<b>Rapid Access</b>	Proposed pilot a rapid access pathway at FVRH to ensure that people with an established diagnosis of COPD who are having an exacerbation are fast-tracked to the respiratory assessment area on the respiratory inpatient ward.
<b>Community Outreach</b>	Specialist respiratory nurses will work in conjunction with the Enhanced Community Team to provide early supported discharge for people with COPD on a 7 day basis.
<b>Pathways</b>	Promote links with the FV Enhanced Care Team (Closer to Home) to continue to review and streamline local pathways (minimise duplication) that will help to prevent admissions and support discharge for people with and established diagnosis of COPD.
<b>Pathways</b>	Working with the SAS and FV Enhanced Care Team (Closer to Home) to agree and implement local pathways that will help to prevent admissions for patients with and established diagnosis of COPD.
<b>Personal Responsibility</b>	Ensuring that high-risk people with COPD are offered smoking cessation services where appropriate.
<b>Rehabilitation</b>	Implementing an extended programme of tele-rehabilitation in Clackmannanshire and Stirling for COPD patients (high risk/ high resource users).
<b>Supported Self Care</b>	Proposed implementation of the FLORENCE app and software for all high-risk COPD patients.
<b>Carers</b>	Ensure that the carers of people with COPD are given a full carers assessment in advance of the winter period.

## 6 Resilience

NHS Forth Valley, Clackmannanshire, Stirling and Falkirk IJB Councils and our Multi-Agency Resilience Partners have a range of plans in place for dealing with major incidents, severe weather, surges in demand and subsequent impact on capacity throughout the system. The following plans and processes are in existence for dealing with major disruption to service provision:

- Forth Valley Major Incident Plan
- Severe Weather Activation, Response and Recovery Framework
- Site and service level Business Continuity arrangements

- NHS Forth Valley Pandemic Influenza Plan
- Festive Period Operational Plan
- Early email notification for key services in relation to potential periods of Severe Weather Warnings

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 East of Scotland Regional Resilience Partners and Forth Valley Local Resilience Partners (FVLRP) including:

- Response and Escalation Plans (Contingency, Severe Weather etc)
- Pandemic Influenza Response Arrangements
- Third Sector - Single Point of Contact via local authorities
- Major Incident Control Centre (MACC) facilities if required

The plans, activation, response and recovery arrangements are reviewed and exercised on a regular basis including debrief reports following incidents and lessons identified are incorporated.

A pandemic occurs when a new flu strain emerges to which we do not have any effective vaccine and there is a low level of population immunity. These circumstances would be an international public health emergency and be managed as such using our pandemic and major emergency plans. For the forthcoming winter season, 2019-20 there is currently no suggestion of new flu strain and we have supplies of an effective vaccine against currently circulating flu strains, which we are distributing widely in the usual way. Whilst there may be additional pressures in a severe winter flu season effective control measures and plans are therefore in place and are described below.

The guidance this year has identified that escalation plans and business continuity arrangements should be tested with partners.

We will also deliver targeted training to groups such as community based staff and participate in multiagency exercises to test business continuity and response arrangements.

NHS Forth Valley continues 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.

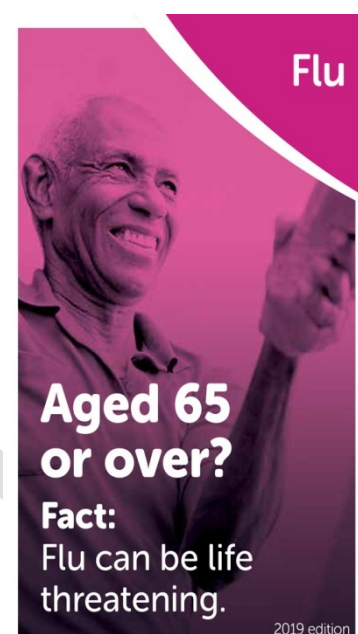
## **What we are doing**

Winter Contingency Plans	Additional contingency measures have been identified to maintain services in the short term should these be required including additional bed capacity and care packages.
	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.
Resilience Plans	Complete review of Business Continuity, Major Incident and response arrangements and rollout revised activation and response arrangements for services.
Partnership Exercises	Participate in the East of Scotland Regional Resilience Partnership multiagency exercise (14 <sup>th</sup> November 2019) to test our multiagency preparedness for winter.
	Hold health & social care exercises to test business continuity arrangements and Business Continuity Plans.
Severe Weather	Continue effective partnership working with Falkirk, Stirling and Clackmannanshire Councils to ensure appropriate additional measures are in place for example gritting of priority sites etc.
	Additional capacity identified through membership of the Tayforth Machinery Ring i.e access to 4x4 vehicles with driver, access to plant, equipment and resources during periods of adverse weather conditions or disruption.
	Severe weather theory sessions for staff driving during the winter will be delivered.

## 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) and opticians
- Raise awareness of the new 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



Trust the facts.  
Get the vaccine.



### 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:

#### What we are doing

<b>Flu Vaccination</b>	Develop local communications to support the launch of the new national flu vaccination campaign 'Trust the facts' on 1st October 2019. This includes new digital ads and animations, graphics for 4 of the key target groups and a new healthcare worker toolkit. These resources will be used internally and externally (including social media and information screens at FVRH and MIU) to promote flu vaccination to encourage wider take up and challenge some of the common myths and misconceptions.
<b>Mental Health</b>	Promote the 'Meet the Mental Health Experts' video produced by West of Scotland Communications leads to signpost people to sources of information and support – including mental health guidance on NHS Inform.



<b>Winter Health Campaign</b>	<p>Work with NHS 24 to support the national launch of the 'Be Health-Wise This Winter' campaign (end Nov 2019).</p> <p>Arrange media briefings and interviews with NHS Forth Valley staff to provide local health information and advice.</p> <p>Develop online resources to promote local services and highlight key health messages throughout the winter period including:-</p> <ul style="list-style-type: none"> <li>• Creating a winter zone on the NHS Forth Valley website with links to relevant national and local health information and advice, including NHS Inform, local councils and Police Scotland</li> <li>• Provide winter health and information for parents of children at local schools and arrange for distribution via council education departments (by end Nov)</li> <li>• Producing a special winter e-bulletin which will be emailed to our Public Involvement Network, local employers, voluntary organisations (via CVS), carers centres, Forth Valley College and Stirling University key stakeholders, PPP and council colleagues and shared on social media</li> <li>• Promoting the Pharmacy First scheme – including the new 'Meet the Experts' Pharmacy video and highlight pharmacy opening times on social media over the festive period</li> <li>• Promoting the GP and MIU at Stirling Health and Care Village including any changes to opening times and last appointment. Remind GPs, pharmacists and prison staff of what can and can't be treated at MIU to reduce inappropriate attendances/referrals</li> <li>• Sharing NHS 24's Guide to Services and new local guide to GP services to help direct local patients to the most appropriate services throughout the winter period</li> <li>• Reviewing and updating information screens at Forth Valley Royal Hospital and MIU with winter information including new flu vaccination campaign visuals</li> <li>• Produce simple winter flyer for health visitors, district nurses, care homes and social care staff so they can advise patients and their families on services and support over the winter period</li> </ul>
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## 8 Resources

The majority of resources to support services over the winter period are based on existing arrangements including core service funding, augmented by elements of national funding.



An allocation of £521,184 has been made by Scottish Government to support winter arrangements in the Forth Valley area for 2019-20. This will be put towards the priority areas identified by the health and social care partners, 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. Contingency intermediate care beds in Ludgate house and Summerford House (AHP resource) will open in December.

The Winter Steering Group has undertaken a prioritisation process and the priorities categorised as immediate, for implementation or pending, for future consideration should appropriate resources be identified. In addition, potential contingency community hospital beds has been identified and further work is progressing to identify how these would be used optimally to deliver the 'right care in the right place' to reduce unnecessary admissions and achieve more timely discharge. However, accessing contingency beds in community hospital would represent a significant financial challenge and add to the overspend in the acute set aside budget.

Each of the priorities submitted for Winter 2019-20 was required to provide a sound evidence base and to have identified clear and measurable benefits, which will be monitored during the winter period. The Winter Working Group has put in place monitoring arrangements and will report on progress with each of the funded priorities, against the expected benefits to the Winter Steering Group. The Winter Plan will be evaluated and reviewed at the Winter Debrief Event which will take place in April 2020, in order capture lessons learned and plan for Winter 2020-21.

It should be noted that the additional cost of winter actions in 2018-19, including the use of winter NHS contingency beds was £1.26M and the Winter Steering Group does not anticipate that the additional demand experienced in recent winter periods will be significantly different in winter 2019-20.

### 8.1 Immediate Priorities – Scottish Government Funding

The priorities noted below have been prioritised as "immediate for implementation", to be funded from the Scottish Government allocation. The priorities and the expected benefits are outlined briefly on pages 55 and 56.

The costs of the immediate priorities agreed by the Winter Planning Steering Group are summarised below.

Influenza near patient testing analyser #	£78,336 analyser Up to £73,089 for staff
Influenza vaccine uptake in secondary care	£2,800
MSK in emergency department	£15,000
Extend IV OPAT service	£45,000
Community Nursing ECT	£64,000
ECT - Cardiology	£6,536
Respiratory 7 day service for COPD patients	£30,000
AHP rehab support workers for Ageing & Health	£32,255
Middle grade cover for medical boards	£177,000
Intermediate Care beds : Ludgate House (3 beds) and Summerford House (10 beds /AHP rehabilitation support)	£100,000
Frailty at front door ~	£51,949
<b>TOTAL with all “near patient testing” staff funded</b>	<b>£675,965</b>
<b>TOTAL without “near patient testing staff funded”</b>	<b>£602,876</b>

# the staffing costs associated with influenza near testing are under review, following assessment of the service model and therefore this is a provisional figure.

~ staffing costs for AHP included but final cost for nursing staff to be provided

## 8.2 Pending Priorities for Future Consideration

A number of potential priorities were considered by the Winter Steering Group. Whilst these offered further opportunities to put in place service and capacity improvements for Winter, with limited funding available, these have been categorised as “pending for future consideration” should further resources for winter be identified.

## 8.3 Contingency Community Hospital

The potential use of winter contingency beds has been identified in Falkirk Community Hospital. The Winter Steering Group considered how contingency beds could be used to optimise capacity and patient experience and considered escalation arrangements to identify when it would be necessary to access any additional contingency beds. They

also considered the availability and use of contingency beds in winter 2018-19 and bed modelling information.

It should also be noted that a funding source is not identified for the cost of the contingency community hospital beds, which would be in the region of £398,000. Given there is no funding to plan for contingency beds, staffing will not be realised and if opened on an ad hoc basis this will be a significant cost.

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Title	Benefit description	Benefit expected outcome	Benefit measurement criteria	Resources	Accountability	Timescale
Influenza near patient testing analyser	Installation of a near patient testing analyser (LIAT analyser) for the early diagnosis of Influenza A, B and RSV within receiving area of FVRH.	<ul style="list-style-type: none"> <li>• Rapid diagnosis of infection</li> <li>• Rapid patient management</li> <li>• Appropriate treatment</li> <li>• Potential to discharge patients more rapidly</li> <li>• Improved patient flow</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction of Influenza transmission to patients in downstream wards</li> <li>• Minimise ward outbreaks/ward closures</li> </ul>	£78,336 inc VAT plus up to £73,089 for 24/7 band 2 cover	Jonathan Horwood / Donna Clark	Nov 19 - Mar 20
Specialist Musculoskeletal Physiotherapy resource in FVRH's Emergency Department	Improve patient flow and patient experience of MSK patients within ED	MSK patients seen within target times for ED	The following will be measured <ul style="list-style-type: none"> <li>• Number of patients assessed</li> <li>• Length of episode in ED</li> <li>• Patient outcome</li> <li>• Care opinion to measure patient experience</li> </ul>	£15k	Caroline Brown, AHP Coordinator	Mid Dec 19- end Mar 20
Expand the IV OPAT service	Reduce length of Stay	Increase the capacity of the OPAT service Reduce patients Length of stay Support care closer to home	OPAT has a detailed patient database	£45K	Day Medicine Lead Nurse	Dec 19 - Mar 20
Enhanced Community Team including Night nursing	Enhanced community team to prevent unnecessary hospital admission and facilitate timely step across and step down	Reduce admissions, facilitate step across and step down discharges	Measure before and after staff in place	£64K	Diane Sharp	Dec 19 - Mar 20
Cardiology ECT Service	Enhance care for patients admitted to FVRH at weekends with a diagnosis of heart failure or suspected heart failure during the Winter	support an earlier discharge for the patients and reduce delayed discharges	<ul style="list-style-type: none"> <li>• The intervention including no. of assessments/no. of assessments resulting in the patient being discharged.</li> <li>• The number of patients who reviewed IV diuretics in CDU.</li> <li>• The number of echocardiograms done</li> </ul>	£6,536	Catherine Mondoia	Dec 19 - Mar 20

Title	Benefit description	Benefit expected outcome	Benefit measurement criteria	Resources	Accountability	Timescale
Respiratory 7 day Service	Respiratory nursing data comparing a 7 day service to a Monday-Thursday service for patients admitted to hospital with an exacerbation of Chronic Obstructive Pulmonary Disease (COPD)	Reduce the length of stay with early supported discharges and reduce delay in COPD patient discharges and therefore improve patient flow.	Performance can be compared to annualised figures from previously non-supported years, as baseline.	£30K	Melanie Cross / Arlian Mallis	Dec 19 - Mar 20
AHP rehabilitation support workers for ageing and health	Reduced length of stay	Improve patient flow	Evidence of increased physical activity through step counters. AHP Ready to Go	£32,255	Rosina McGuire and Dawn Gleeson	Dec 19 - Mar 20
Medical cover for boarders	Middle grade cover (and ideally consultant cover) for medical boarders	<ul style="list-style-type: none"> <li>• Reduced LoS</li> <li>• Greater bed availability</li> <li>• Daily medical review</li> <li>• Improved patient experience</li> </ul>	LoS during summer months will be compared with LoS when the dedicated boarding team are in post	£177K	Allan Bridges	Dec 19 - Mar 20
Frailty at front door model	Enhanced support for the frailty model at the front door – a multi component intervention	<ul style="list-style-type: none"> <li>• Reduction of admissions of frail patients</li> <li>• Reduction in length of stay</li> <li>• Increased bed capacity</li> <li>• Improved patient flow</li> <li>• A clearly defined pathway for people with frailty with initiation of early CGA</li> <li>• Improved patient experience.</li> <li>• Improved staff experience.</li> </ul>	Performance will be reviewed at weekly frailty improvement meetings and measured about baseline data which is current provided by quality improvement and ISD.	£114,123 Nursing and AHP	Claire Copeland / Patrick Rafferty / Shiona Hogg	Dec 19 - Mar 20

## 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.

For each of the areas of change and improvement prioritised for winter 2019-20 a set of metrics will be agreed to enable benefits realisation to be tracked and evidenced.

### **What we are doing**

<b>Discharges</b>	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 is incorporated within the weekly monitoring report.
<b>Discharges</b>	Monitor earlier in the day and weekend discharges against trajectory, once trajectories have been finalised and approved.
<b>National Reporting</b>	Monitor winter activity in order to demonstrate data collection and analysis is in line with national requirements.
<b>Delayed Discharges</b>	Continue to review and improve delayed discharge reporting to ensure that this supports daily decision making including information on the reasons for the delay.
<b>Winter Dataset</b>	Weekly monitoring report collates key information to support analysis of winter activity and local responses, has been updated and revised.
<b>Systemwatch</b>	Weekly Systemwatch report to prepared and issued within Forth Valley. In addition, Systemwatch information will be displayed in the acute hospital Control Room and presented to appropriate site and flow meetings.
<b>Bed Prediction Model</b>	Continue to review and update the Bed Prediction Model and refine as required, and predict medical ward bed occupancy weekly, based on bed modelling and historical trends, including scheduled and unscheduled care.

<b>IHO data</b>	Continue to 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.
<b>Day of Care Survey</b>	Undertake, analyse and respond to the monthly Day of Care Survey and audit.
<b>Partnership Reports</b>	Produce in collaboration with local authorities, reports for IJBs including trends and information on care packages and intermediate care beds and the six MSG action
<b>Reporting</b>	Link Six Essential Action reports and Scottish Government reporting to ensure consistency.

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## **Glossary**

AAU	Acute Assessment Unit
AHP	Allied Health Professionals
CAU	Clinical Assessment Unit
COPD	Chronic Obstructive Pulmonary Disease
DDD	Daily Dynamic Discharge
DOC	Day of Care
ECDC	European Centre for Disease Prevention and Control
ECT	Enhanced Care Team
ED	Emergency Department
FAQ	Frequently Asked Questions
FVRH	Forth Valley Royal Hospital
HEPMA	Hospital Electronic Prescribing and Medicines Administration
HSCP	Health and Social Care Partnership
IPCT	Infection and Prevention Control Team
LOS	Length of Stay
MACC	Major Incident Control Centre
MECS	Mobile Emergency Care Service
MIU	Minor Injuries Unit
MSG	Ministerial Strategic Group
NHS	National Health Service
OOH	Out of Hours
PMO	Programme Management Office
RSV	Respiratory Syncytial Virus
SAS	Scottish Ambulance Service
SOP	Standard operating Procedure
USC	Unscheduled Care



*Appendix 1 – Winter Steering Group Membership*

Andrea Fyfe (Chair)  
Andrew Murray  
Patrick Rafferty  
Deirdre Anderson  
Phyllis Wilkieson  
Dr Dan Beckett  
Linda Donaldson  
Dr Claire Copeland  
Lorraine Paterson  
Jason Graham  
Pauline Donnelly  
Arlian Mallis  
Diane Sharp  
Paul Raynor (SAS)  
Jim McSpurren (SAS)  
Jude Rooney  
Donna Clark  
Fiona McIntyre  
Louise Boyle  
Rosina McGuire  
Dawn Gleeson  
Sara Else  
Mel Cross  
Claudine MacMurdo  
Florence Miller  
Murdoch Wilson  
Janette Fraser  
Samantha Johnston  
Jonathan Horwood  
Janett Sneddon  
Avril Bruce  
Hilary Nelson (RCN)  
Annemarie Connelly  
Dr Allan Bridges  
Shiona Hogg  
Viv Meldrum  
Deirdre Gallie  
Robert Stevenson  
Alison Howitt  
Fiona Struthers  
Louise Boyle  
Liz Macleod  
Elsbeth Campbell  
Mel Cross  
Martin Shiels  
Wendy Hamilton  
Maxine Michie

Irene Martin  
Sara Else  
Linda Davidson  
Steve Richardson

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