

SUBJECT: Planning for Winter 2010

1. PURPOSE

The purpose of this paper is to brief the Board on the output from last year's Winter Planning process, including the feedback from local and national debrief events and to outline the process for developing plans for Winter 2010.

The paper includes a summary of the Winter Plan debrief event held on the 21st April 2010 and outlines priority areas for action for the forthcoming planning period.

2. CONTENT/SUMMARY OF KEY ISSUES

- The planning for Winter 2009 continued throughout the year following the 2008 debrief. This was driven by a multi agency and multi disciplinary project team over the course of the summer and into the autumn. Regular reports on progress on implementation were provided to the NHS Board and also to the relevant management teams, both in primary and secondary care. A number of events were undertaken to inform the plan for Winter 2009 and the plan was completed in October 2009.
- Building on the success of the lessons learned from the previous years debrief, the process was repeated in April 2010. As well as allowing for recognition of the areas which had been particularly successful, this also allowed opportunity to highlight areas upon which further emphasis would help in planning for Winter 2010/11. In 2009/10, a financial package of £577k was available to support the winter plan. In recognition of a potential reduction in this for 2010, those participating in the debrief session were requested to consider/identify areas which should be seen as top priority. A summary of the debrief session is attached at Appendix 1.

Areas Which Worked Well

- The conference calls and text messaging introduced in 2008 were continued and enhanced over the 'crimson' period with twice daily calls covering multi-agency groups. The further development of "vital signs" for the daily report for the acute care system, such as tracking of boarder numbers and an operational dashboard for the Acute Division also assisted in providing better intelligence to staff participating in the calls.
- The development of the Pan Lanarkshire Integrated Escalation Guidelines as part of the work of the Acute Access Action Group provides a robust framework for staff to act on when increased pressures occur in the Acute Care system. This Escalation Policy was introduced in Summer 2009 and allowed staff to be accustomed to the processes well in advance of predicted increase in demand. A similar plan in terms of prioritisation of workload across community nursing and AHP services was undertaken within the CHPs,

assessing the level of workforce that could be re deployed to pressured areas over the Winter Bed Planning period/other service pressures.

- The redesign of flow at Monklands significantly enhanced the site performance through the reduction of admissions; reduction in length of stay; reduction in the numbers of patients boarding out with specialties and improved flow of patients through the A&E department and site.
- During this period NHS Lanarkshire completely eradicated 12 hour trolley waits – this is a significant improvement in previous year's performance.
- Involvement of District Nurses improved communication, joint working and subsequent discharge of patients.
- The increased input of GMS services to Care Homes has resulted in a reduction in inappropriate referrals to A&E/acute which assisted over the winter period. The pilot of the anticipatory care plans in nine care homes also assisted in reduced admissions
- The re-ablement pilot in Hairmyres assisted in the earlier discharge of patients awaiting homecare packages and subsequently reduced the level of homecare provided post discharge.
- The identification of senior managers/nurses on acute sites to manage patient flows over the winter period assisted in ensuring a concentrated focus on discharge arrangements and subsequent escalation of any issues requiring a multi-agency response.
- The postponement of the elective programme during the first two weeks in January ensured that sufficient beds were available on the sites to cope with increased levels of emergency activity.

Key Issues Arising from Local Debrief Session

- The presence of Noro-virus and the implications of management of the same, e.g. wards being closed as part of control of infection measures, discharges delayed, and communication issues with home care staff/care homes in management of such patients undoubtedly added some pressure to the system at various points over the Winter period.
- The most severe/prolonged period of cold weather in recent years had a significant impact in terms of staff availability, patient transport issues and a requirement for increased OOH home visits. BCP planning for the coming year should build on this experience.
- Further work is required in predicting the requirement for surge capacity. This will continue to be developed during 2010/11 given the additional costs which are incurred when such beds are open.
- Communication between Primary Care and Acute and understanding of services available in the community needs further improvement as part of an integrated approach both to the avoidance of admissions and assisting in the earlier discharge of patients. This requires to encompass care management patients and those with anticipatory care plans and to be linked to OOH/NHS 24 to ensure patients aren't inappropriately referred to A&E as a default position.

- There continues to be room for improvement in the discharge planning process and further work around this is required. This is ongoing work as part of the LEAN programme.
- It was recognised that awareness of the Emergency Response Centre as a service to offer alternatives to admission amongst GPs – requires further work. To this end an information event has subsequently been held and will be expanded upon as part of the planning for 2010.
- Plans introduced to return to normal working after public holidays, and in particular New Year, made a significant difference this year. However, some communication difficulties were experienced in terms of the role of social work staff who were in the hospital during the Public Holiday periods as well as the potential to increase the number of Consultant Physicians available during the public holiday periods to assist with the discharge process. As such, further work is still required in improving seven day working to facilitate the discharge process across all agencies.
- Access to home care packages was significantly better over the winter period. Work is ongoing in seeking to identify full-year system-wide improvement in this area looking at re-ablement teams, intermediate care home beds and increased community based rehabilitation.

Issues Arising from National Debrief Session

- A further opportunity for feedback from key staff was afforded by the National Winter Planning Event held on June 16th 2010 at the Beardmore Hotel. This brought together representatives from all Board areas (geographical and special) and shared learning experiences from the respective areas over the Winter Planning period. The event also provided a summarised report of performance in each board area, as well as emerging issues for the coming year.
- It was notable that many of the areas being highlighted as good practice from other Board areas have formed part of the NHS Lanarkshire Winter Planning process over 2009/10 and before.
- Areas which are likely to feature as part of the planning priorities for 2010/11 are
 - Reduce/eradicate boarders
 - Improved management of issues associated with Noro-virus
 - Refine escalation planning
 - Improved discharge arrangements – especially over festive period
 - Increased influence on Local Authority partners
 - Consideration of 'patient safety' approach to some issues.

4. CONCLUSIONS

NHS Lanarkshire performed very well in comparison with other mainland health boards in managing the pressures associated with the winter period and this was demonstrated through the various national KPIs used to measure performance, e.g. 4 hour and 8 hour performance standards. This was as a

result of significant multi-agency planning and subsequent monitoring of performance on a very regular basis over the Winter Bed Planning period.

Feedback and learning from various events will be distilled and shared with appropriate operational groups. The focus of work on patient flow in general continues, and planning from previous winters has helped inform and improve the system-wide performance in winter 2009/10.

The process of Winter Planning is in effect continuous, leading on from debrief events to the formal Winter Planning group, and to this end, a Group will be established during July to agree the range of actions emerging from the local and national debrief sessions.

A programme associated with the National Winter Bed Planning requirements has been drafted, with an expectation that there will be 2 regional planning workshops in September, with a view to subsequent finalisation and submission of Winter Bed Plans to Scottish Government in October 2010. (Health Protection Scotland has also established a group to specifically look at the management of Noro-virus and this group has been requested to have completed their report to allow learning from this to form part of the Winter Planning process for 2010/11.)

Further detailed reports on progress in developing the Winter Plan for 2010 will be brought to the Board for discussion and approval over the next few months. These plans will focus upon enacting the above along with ensuring the adoption of good practice from other health systems across NHS Scotland.

Lanarkshire NHS Board members are asked to note the paper and agree to seek further updates during September 2010 on progress with planning for winter 2010/11.

5. FURTHER INFORMATION

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Appendix 1

Winter Plan 2009 Debrief

Executive Summary

1. The planning for Winter 2009 continued throughout the year following the 2008 debrief and continued to be driven by a multi agency and multi disciplinary project team over the course of the summer and into the autumn. Regular reports on progress with implementation and action were provided to the NHS Board and also to the relevant management teams. A number of events and publicity were undertaken inclusive of a facilitated session with key questions to be answered to inform the plan for Winter 2009, the plan was then completed and communicated
2. Building on the success of the lessons learned from debriefs in previous years, the process was repeated with a focus on particular areas and the attached report outlines the key issues and possible solutions.
3. The key issues arising from the debrief are outlined below:
 - a. There have been major lessons learned and improvements since the process began in 2007
 - b. NHS Lanarkshire was the second best performing board in Scotland – much of which was due to the whole system planning approach adopted
 - c. The prolonged spell of cold weather produced challenges not least being staff getting to patients in the community
 - d. Performance against the 4 hour target was significantly improved this year in comparison to previous years
 - e. There was a slight decrease in the number of overall admissions
 - f. Discharges were slightly improved, however, not as significantly as was expected
 - g. The presence of care of the elderly consultants in A&E in Monklands Hospital improved the turn around of patients as opposed to admission
 - h. Senior managers and nurses being freed up to focus on patient flow was seen as beneficial
 - i. The introduction of the 'Reablement Team' at Hairmyres had significantly improved the process of patients in need of homecare being discharged timeously.

The Debrief – An Introduction

The purpose of the Winter Plan Debrief was to bring together a range of staff from across NHS Lanarkshire, North and South Lanarkshire Councils, the SAS and others to assess the impact of the Winter Plan on the service and also to start to plan for winter 2010. This is the fourth such event since whole system planning started in 2007.

A total of 33 members of staff attended the event with representatives from South Lanarkshire Council, the Scottish Ambulance Service and an equal mix of corporate, acute and primary care staff.

Alan Lawrie introduced the session by welcoming everyone and thanking them for attending. He said that there had been major improvements since 2007 as well as major lessons learned. He informed participants that NHS Lanarkshire was the 2nd best performing board in Scotland and that this was mainly due to planning as a whole system. Recognising that there was always scope for improvement, he suggested that these debriefs were one of the ways of continuously improving on planning for the future. He pointed out that this coming year would be a challenge as there may be less money to put into the plan and we needed to prioritise the areas that were having the most impact. He also highlighted a few of the areas where some further work was required, e.g. around senior medical staff cover within accident and emergency departments, sharing information on 'care management' patients and maximising the potential of ERC.

Geraldine Marsh and Craig Cunningham gave a presentation on the main challenges and what was different over the previous winter, finishing with a slide asking what we need to do for winter 2010/11.

The slides are attached as Appendix 1a.



Winter Plan Debrief
2009

The format of the day consisted of both group work and a plenary session taking both a retrospective review and also developing future thinking

Participants were divided into 4 groups with a mix of staff from disciplines and geographical areas.

Each group explored one of the following topics:

- 1 – Care Management and Anticipatory Care
- 2 – Discharge Decision Making
- 3 – Social Marketing
- 4 – Focus for next years plan

The Debrief – Feedback

1) GENERAL VIEW OF WINTER 2009

- A)** There have been major lessons learned and improvements since the process began in 2007
- B)** NHS Lanarkshire was the second best performing board in Scotland – much of which was due to the whole system planning approach adopted
- C)** The prolonged spell of cold weather produced challenges not least being staff getting to patients in the community
- D)** A significant increase in the number of home visits from the OOHs service due to the adverse weather
- E)** Performance against the 4 hour target was significantly improved this year in comparison to previous years
- F)** There was a slight decrease in the number of overall admissions
- G)** Discharges were slightly improved, however, not as significantly as was expected
- H)** The presence of care of the elderly consultants in A&E in Monklands Hospital improved the turn around of patients as opposed to admission
- I)** Senior managers and nurses being freed up time to focus on patient flow was seen as beneficial
- J)** Availability of MINTS major nurses allowed patients to be reviewed quicker
- K)** Deferring the elective programme allowed consultant time to focus on patient flow following the Crimson period
- L)** Emergency medical clinics were not utilised as expected, this was thought to be due to communication of their aim
- M)** More co-ordination is required from the ERC in relation to alternatives to admission to free up GP time and support the process
- N)** There was an increased utilisation of GP hospital beds
- O)** The introduction of the 'Reablement Team' at Hairmyres had significantly improved the process of patients in need of homecare being discharged timeously

2) CARE MANAGEMENT AND ANTICIPATORY CARE

A) Group work

- i) Care Management is working well, however, there is still a need to raise the profile and improve overall engagement with the process
- ii) There is a need to engage a wider group i.e. relatives encouraged to contact care managers, GPs aware of who the care managed patients are
- iii) The use of SPARRA data needs to improve

- iv) Better information sharing e.g. Hospital letters
- v) Access to GP systems or summaries – especially for District Nurses who work off site
- vi) Involving other partners in planning systems e.g. councils / tele-health
- vii) Could be better integrated / multi-disciplinary meetings
- viii) Better communications between community nurses / wards
- ix) Links with consultants e.g. geriatricians
- x) Introduce patient passports / ACP community nurses
- xi) Links in hours to OOH – Explore the use of the palliative care summaries for Care Managed/SPARRA patients
- xii) The Pilot of Anticipatory Care in Nursing Homes evaluated well, can it be rolled out to other areas?
- xiii) Relook at verification of expected death, can this be dealt with in another way?
- xiv) Revisiting – need to get it working better / linking across all disciplines
- xv) Build links again with Social Work teams, it works well in some areas but not as well in others

B) Plenary discussion

- i) Anticipatory Care did evaluate well and will be rolled out
- ii) The palliative care summary is going ahead and the anticipatory care plan will follow

3) DISCHARGE DECISION MAKING

A) Group work

- i) Discharge decision making is improving, however, there is still a need to progress further
- ii) Communication is still not as good as it should be, look at forums for discussing information with all agencies, using predictive data for planning a few weeks in advance
- iii) Continue with senior managers at front doors, meeting once a week to discuss what stage of the journey patients are at and being proactive around discharges
- iv) Capacity will be crucial next winter, look at opportunities for sharing good practice, use a lean event for discharge planning
- v) Develop a discharge Integrated Care Pathway
- vi) Hold short sharp focused events to pilot possible solutions
- vii) Improve communication to relatives on their responsibility to arrange discharge transport to reduce the reliance on the ambulance service, freeing their time for essential discharges only
- viii) Link discharge decision making into Clinical Governance, move away from risk averse to risk management
- ix) Imbed a majority of this work into the day to day functioning of the organisation and use winter planning terminology purely for the extra resources required at that time of year

B) Plenary discussion

- i) Out of Hours patients are discharged without needs assessment being carried, could this be incorporated in the discharge ICP?
- ii) Variance analysis needs to be a key component of any ICP
- iii) Build on the electronic system particularly around the emergency care summary

4) SOCIAL MARKETING

A) Group work

- i) We need to get the right patient to the right place at the right time
- ii) We know who the top ten users of the system are and we need to start targeting them early this winter to influence their choices (18-35 years olds and some Care Homes)
- iii) We need to be clear in our directions i.e. problem with your eyes go to an optometrist, problem with your mouth go to a dentist, problem with your medication go to a pharmacist
- iv) Put messages on screens in outpatients and GP surgeries
- v) Inform staff on how to access staff and encourage them to tell patients, develop leaflets that can be handed out to patients when they have accessed the wrong part of the system to support staff
- vi) Recorded message on NHS telephones when on hold
- vii) Target schools, pubs, colleges etc.
- viii) Use NHS Lanarkshire website

B) Plenary discussion

- i) Above all ensure all routes are available, patients will take the path of least resistance

5) FOCUS ON NEXT YEARS PLAN

A) Group work

- i) OOHs – are doing a lot of what should be done within hours
 - (1) Verification of Death – confirm protocol
 - (2) Availability of medicines, just in case boxes
 - (3) ACP's / terminal illness – Evaluation
 - (4) Special notes for palliative care patients – Just in case boxes (Rx)
 - (5) Links with care managers
- ii) Core Activity – emphasis on care management over 'Crimson'
 - (1) District Nurse demand less predictable, as activity increases use H1N1 plans
 - (2) Old Age Psychiatry team do this
 - (3) Explore the CRES work for further information

- iii) Homecare eligibility / prioritisation
 - (1) Impact on system
 - (2) Care Home access (NLC)
- iv) Re-ablement could be mainstreamed
- v) Use of respite for confused elderly patients as opposed to admission to acute beds
- vi) OOH / Mainstream handovers
 - (1) Access to consultant advice OOH
 - (2) Flexible working hours
 - (3) Professional to professional line v NHS24
- vii) LEAN – ESD / RR / RADAR etc
 - (1) Merging teams into one team
 - (2) Community rehab teams
- viii) Acute Discharge Planning
 - (1) Daily MDT's elderly (→ should also happen in medical wards)
 - (2) LEAN event
 - (3) Increased frequency of consultant ward rounds
- ix) HAI Issues
 - (1) Information to wider team – SWD / Communications / MH Communication, Discharge when symptomatic (NV), stop admitting due to NV only a Pathway is required
 - (2) Better zoning of patients within wards to minimise impact or capacity
 - (3) Some protocols in GP hospitals and Nursing Homes
- x) Four day PH Periods – flag up national level
 - (1) Confirm SWD / others available for Winter 2010/11
 - (2) Consider increased staffing
 - (3) MH crisis service roll-out 24/7
- xi) Cover from other areas
- xii) Access to Care Home beds
 - (1) More proactive process
- xiii) AWI – Process full year
- xiv) Equipment stores
 - (1) Value of Saturday stores?
- xv) OOH Nursing / Homecare / Crisis Respiratory
 - (1) Access to homecare
 - (2) Flexible 'low paid' resource
 - (3) Delirium management – Pathway required (UTI), should be managed at home
 - (4) Access to MH info
- xvi) CAM/GLEN – Issues

6) NEXT STEPS AND CLOSE

Alan Lawrie thanked everyone for their input and agreed that we needed to start planning now. He recognised that some of the work needs to be all year round, however, emphasised that we do need Winter Planning to focus the discussions. He reinforced the messages that if we get communications right we will improve, focussed work is required with GPs and consultants and sharing of good practice needs to happen.