

Meeting of
Lanarkshire NHS Board
26 October 2011

Lanarkshire NHS Board
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SUBJECT: NHS Lanarkshire Winter Plan 2011/12

1. Purpose

The purpose of this paper is to describe the actions that will be taken by NHS Lanarkshire and Partner Agencies to address anticipated additional pressures on health and social care services over the Winter period 2011/12.

Again this year there will be two four day periods of weekend/public holidays and it is anticipated that demand, especially for the Out of Hours Service, will be particularly high on the 26th/27th/28th December and 2nd/3rd/4th January. For the Acute Division, demand on beds and services is expected to be at its highest in the period immediately following the public holiday period i.e. from early January 2012.

As well as local plans, the paper also sets out the Board's response to the main national themes, namely - management of Norovirus; management of 'boarders'; increased uptake of flu vaccine – staff and patients; joint agreement with Local Council colleagues to maximise discharge arrangements over the Winter Bed Plan; and increased Business Continuity Planning. The Business Continuity Plan process has also to include close linkage with local Councils and other partners. The actions which will be taken in relation to each of these areas are expanded upon below.

The winter plan requires an extensive range of communications for both staff and the wider public to ensure awareness of individual and collective roles and responsibilities. Accordingly, the Communication Plan will provide guidance to the public on the actions they should take to "keep well" or how to access services when required, particularly over the festive period.

The winter plan sets out the proactive measures as well as contingency measures that will be put in place as part of an agreed escalation policy and builds upon the "whole system" plan developed in previous years. It has also been expanded to reflect the joint working with North and South Lanarkshire Emergency Planning and Roads staff.

The plan and its ongoing execution are informed by a process of information capture, monitoring and reporting linked to an escalation policy that in turn will release additional capacity into the system if required.

2. Partnership Involvement

The winter plan has been prepared on a whole system basis with involvement by all Partner Agencies including NHS Lanarkshire, North and South Lanarkshire Councils, Scottish Ambulance Service, NHS24, NHSL Out of Hours Service and staff partnership. The plan has been endorsed and will be led by the Winter Planning Steering Group.

As well as building upon the NHS Lanarkshire Debrief event, it also captures the key learning points identified in the National Seminar held on 13 September 2011, together with the subsequent guidance issued by Scottish Government on 7 October 2011.

3. Organisational Arrangements

The winter plan is an actively managed document and will continue to be refined up to and during the winter period as required. All agencies will look to work together to respond to emerging winter pressures. This will be facilitated through twice daily conference calls which will assess pressures across the system on a daily basis to enable an appropriate response. Further conference calls will be instigated at weekends if necessary as part of the escalation process.

Monthly meetings of key staff from all Partner Agencies commenced in July 2011 to prepare the plan. These meetings will be escalated during November to fortnightly to ensure that an assurance can be given to the Board and Scottish Government on progress. In addition, key staff will identify and raise areas of concern with the appropriate Executive Director.

4. Management of Norovirus

Laboratory reports and outbreaks of norovirus infection have increased substantially in recent years. Most outbreaks occur in closed or semi-closed communities, especially hospitals, nursing homes and leisure industry settings and outbreaks frequently affect hospitals at their busiest time during the winter months when there is an increase in emergency admissions and reduced bed availability. Norovirus outbreaks pose a unique management challenge as it is sometimes difficult to identify and differentiate between cases and non-cases during an outbreak, making early identification problematic

The decision whether to close a ward and further reduce bed capacity is difficult and requires a patient safety risk/balance to be agreed. However evidence available from literature shows that early closure is ultimately the best decision for patient safety and service continuity. Early closure can also reduce the number of patients and healthcare workers affected and reduce the duration of the ward closure.

Due to the short term immunity and ease of spread of norovirus, preventing all outbreaks within hospital/ care home settings is impossible; however it is possible to limit their impact and disruption to normal services.

As part of the NHSL winter plan, the HAI services have considered a number of initiatives that will reduce the risk of norovirus outbreaks and reduce the impact where they do occur.

NHS Lanarkshire will also carry out a communications campaign aimed at the public and staff to raise awareness about Norovirus. During Prevention of Infection Awareness week, which runs from 31 October, a series of messages will be highlighted including flu vaccine management; norovirus; hand hygiene and CDiff. This will involve promoting key messages to staff and the public via awareness stands at each of the three acute hospitals and in the community. Other communications activities will include:

- Press release to local media
- Article in The Pulse November/December issue
- Items in the weekly email staff briefing
- Computer desktop wallpaper for staff

- Homepage banners on the intranet (FirstPort) and the NHS Lanarkshire public website.

5. Key Elements of the Winter Plan

The winter plan has 7 key areas that describe the contribution that each Partner Agency will make to the delivery of an efficient and effective winter plan.

These are:

- Primary Care/General Practice
- Primary Care Out of Hours/NHS24
- Acute Division
- Local Authorities
- Scottish Ambulance Service
- Whole System Monitoring, Reporting and Escalation
- Communications

Key services are finalising very specific and detailed Action Plans to ensure the smooth implementation of the plan. These key services will link in with General Practitioners, Community Pharmacists, Local Authorities, NHS24, Scottish Ambulance Service and a range of other services to develop their Action Plans, and will continue to communicate the plans to them as they develop.

The following elements of the winter plan aim specifically to address the risks which might occur over and above normal planning processes in regard to service delivery at this time of year, and proactively manage those risks before and during the festive period.

5.1 Primary Care/General Practice

A range of measures will be put in place to address some of the issues which arise within vulnerable groups of patients, such as:

- Delivery of the flu vaccination programme to the population at risk, over 65s and staff.
- Establishment and delivery of staff flu vaccine targets.
- Remind patients to ensure they have adequate supplies of medication during public holiday periods.
- Proactively visit vulnerable groups using the SPARRA data, and specifically those patients identified as being part of Care Management.
- Carry out risk assessments on other vulnerable groups by Locality; this should include Carers as well as those they care for.
- Letters to community pharmacists have been issued to review plans for community pharmacy services to be considered as a whole at the Area Pharmaceutical Committee on 2nd November 2011, agreed and communicated thereafter. This will ensure coverage of community pharmacy services throughout the Winter Bed Plan. Specific consideration is being given to the provision of methadone to patients over the extended public holiday periods.

Measures will also be put in place which will, in some cases, prevent admission and/or facilitate discharge from the acute service. These will include:

- Introduction of Anticipatory Care Plans for all care managed patients.

- Locality specific plans which set out staffing levels, escalation plans, access to home loan equipment and availability of local services during the crimson period.
- Robust protocols around the access to beds in GP Hospitals will be in place and disseminated.

A letter will be issued to all GPs outlining the various aspects where the GPs will be able to assist the Winter Bed Planning process and of the various alternatives to admission available to them over the Winter Bed Plan period.

5.2 Primary Care Out of Hours/NHS24

Again this year, a number of measures will be put in place to ensure that patients are seen and treated by the most appropriate service, and in the most appropriate environment.

Staffing Issues

- Doctors:** specific effort has been made to recruit new doctors to support the service throughout the winter period. The festive rota has been posted and the service is currently working towards all doctor shifts being filled.
- Clinical Support Workers:** will be utilised at Monklands and Hairmyres PCEC's during the peak periods over the festive period to assist with patient flow.
- Other clinical staff:** the pool of clinical staff working in the OOH period is widened over the winter period, for example, pharmacists help manage overflow triage calls from NHS 24.
- Hub Staff, Receptionists and Drivers:** Extra hub staff, receptionists and drivers are required to manage the activity throughout the festive holidays. A training programme has been set up to expand the pool of staff available to work at the Hub as there are particular challenges in filling these roles from the relatively small existing team.
- Management:** An on-call rota with weekly review meetings is in place for the OOH management team.

Service Issues

A number of initiatives are being developed or have already been deployed for use over the winter period to support the safe and effective management of calls, especially to assist in absorbing demands at peak periods.

- A&E Referrals:** agreements are in place with each A&E department re the transfer of appropriate patients from A&E to OOH services; currently c600 patients per month are transferred in this planned manner
- The professional line:** allows direct contact with the OOH service rather than contact with NHS 24. This number has been widely communicated to Care Homes and Pharmacies and is well used by these professionals in accessing care.
- Mental Health Issues:** Through the introduction of Out of Hours Mental Health Assessment Teams, this means that calls from Mental Health Service users can be transferred to the MHAT. In addition, MHAT nurses and duty doctor provide continuous presence on all 3 acute hospital sites.

- d) **Pharmacists:** A team of Pharmacists has been recruited whose role encompasses providing telephone advice on medicine related matters and on minor illness.
- e) **Nursing Homes:** nursing homes can refer patients directly to the OOH service via the professional line and an aide memoir will be sent to all homes prior to the festive period.
- f) **Community Hospitals:** work is underway with consultants looking after patients in long stay wards to look at systems for reducing the number of inappropriate admissions.
- g) **Referral from practices and return visiting:** all practices can refer patients for a review visit by the OOH service using an agreed proforma. This proforma will be reissued to practices and to the hospital discharge teams as a reminder prior to the festive break.
- h) **Care Management Patients and the availability of Anticipatory Care Plans:** Clinical hospital/OOH staff can access shared information systems to identify whether a patient is part of a care management programme and has an anticipatory care plan in their home. These plans are 'patient held' and as such, available to the GP at the time of a home visit.
- i) **Staff Communication:** all staff working in the OOH service will receive a newsletter advising them of arrangements for the Festive Period.
- j) **Pharmacy Support:** Plans are in place to ensure Winter supplies of drugs are ordered from suppliers to arrive in NHS L by 1st week in December and that stocks get delivered from the pharmacies to the PCECs in suitable quantities before the festive holidays. A top up system will be in place through the holiday period.
- k) **SAS** – Work is in hand to agree referral protocols from SAS to OOH.
- l) **IT** – the technical infrastructure to support the agreed service enhancements will be required to be set up on all the additional workstations. This encompasses Adastra, telephony, voice recording and access to Genesys for Mental Health Staff

5.3 Acute Hospital Service

The detail of the winter plan is based on guidance set out by the Scottish Government in their letter dated 7 October 2011. It has also been informed by the recommendations of the Quest Emergency Access Team Report, the work in progress on Reshaping Older Peoples Care and the impact of the changes to date of the Change Fund. Lessons learnt from the experiences of winter 2010/11 and in particular the impact on service delivery of the festive holiday period and the severe weather are also recognised and actioned as part of this plan.

Detailed work is underway across each acute hospital site to ensure that capacity is used efficiently with the optimisation of patient flows. Actions include:

- Modification and testing of escalation procedures.
- Use of System Watch and 18 Weeks RTT data to forecast emergency and elective demand.

- Formulation of clinical and managerial staff rotas over the Christmas/New Year holiday periods.
- Agreement on additional clinic workforce needs through December 2011 to March 2012 to ensure appropriate coverage of additional beds and availability of senior decision makers in the admission and discharge process.
- Focus on real time use of Trakcare to optimise patient flow including use of Estimated Date of Discharge (EDD) early in the patient journey and effective tracking of boarders.
- Formulation of detailed plans for delivery of home care during the Christmas/New Year holiday periods; capitalisation of the additional rehabilitation capacity generated through the Change Fund.
- Twice daily conference calls to monitor activity across the health system.
- Effective communication with Partner Agencies and patients/carers.

A priority is to ensure that all staff are familiar with the detail of the winter plan and their contribution to its success. There will be a focus on 'doing the routine tasks' well. Steps will also be taken to ensure that improvement actions are communicated widely with staff supported in their implementation.

Accountability is being stressed with clarity on the circumstances and process associated with escalation. Information capture and reporting has been refreshed with guidelines circulated to managers on how that will be achieved. This applies to both local and national reporting.

Site General Manager will have site responsibility for delivery of the winter plan and for implementation of reporting and escalation mechanisms. They will report to the Director of Acute Services. All issues relating to the winter plan will be considered at the weekly meeting of the Acute Divisional Management Team (DMT)

Emergency Care, Governance and Flow

The Emergency Response Centre (ERC) will continue to provide a single point of access for General Practitioners that wish to make an emergency referral to Secondary Care. GPs will be given the opportunity to discuss the proposed referral with an on site Consultant prior to referral to Secondary Care. GPs will be encouraged to take up this opportunity. Out with weekday working hours, GPs will contact the on call Consultant. Uptake will form part of the subsequent evaluation of the winter plan.

Within the Monklands Hospital catchment (for residents of Coatbridge, Airdrie and Cumbernauld), a pilot project will run during the winter period. This will be led by a Consultant Geriatrician supported by a multi disciplinary/multi agency team. The key focus of the pilot will be to test the potential to avoid hospital admission and to expedite hospital discharge for a group of older people based on pre determined protocols. General Practitioners will also access this service through the ERC.

Improvements are also proposed within the acute environment of Emergency Care:

- An analysis of existing flow data has highlighted an opportunity to improve the flow and experience for patients attending with minor injuries. The capacity of Mints Minor Nurses will therefore be increased over a seven day period in Accident and Emergency on each

acute hospital site. Working hours will be extended from 09.00am to 21.00pm to 09.00am to 02.00am over the period 1 November 2011 to 31 March 2012.

- Senior Charge Nurses in Accident and Emergency and in Medical Receiving Units will be given supernumerary status between 1 November 2011 and 31 March 2012 to support patient flows. Registered nurses will backfill those posts.

There will be continued focus on actions to optimise patient flow. Those include:

- Increased Consultant presence with more frequent ward rounds including patient discharge at weekends,
- Increased use of Estimated Date of Discharge (EDD),
- Bed managers will have a key responsibility on each site to ensure that each patient has an EDD. A pro active approach will be adopted to discharge management with a plan in place for each patient.
- During the winter period each site will have in place an integrated discharge manager. The post holder will work alongside colleagues from social work and community assessment and rehabilitation support teams. This multi disciplinary/multi agency approach has been established at Hairmyres Hospital through a discharge 'hub' and provides a key focus for supporting simple and complex patient discharge.
- Optimise use of continuing care and GP community hospital beds.

The Hospital Emergency Care Flow Group, chaired by the site General Manager, will meet weekly to reflect on the experience of the previous week and to plan and use learning for the forthcoming week.

Discharge and Bed Management

Twice daily bed management meetings will continue on each acute hospital site with a focus on patient safety and flow. Meetings will be multi disciplinary and chaired by the General Manager or Associate Nurse Director for the site. Decisions will be made and communicated widely across the site from the office of the General Manager. This will cover all key information including number of boarding patients alongside routine bed information (this will cover all beds within the catchment of the acute hospital).

Twice daily conference calls will continue each day during the winter period. Conference calls will be chaired on a rota basis by the Director of Acute Services, Director of South Community Health Partnership, Divisional Director of Planning and the Divisional Nurse Director (Acute). Colleagues from Primary Care and Partner Agencies will be invited to participate in all conference calls.

The objective is to keep boarding of patients to a minimum. The nature and extent of this will be monitored daily as part of flow and site governance and escalated as appropriate. Patients will not be admitted directly into non specialty ward areas from Accident and Emergency Departments.

Surge bed capacity has been identified on each site. A total of 34 surge beds will be available across Lanarkshire. The opening of additional bed capacity will be determined by the Director of Acute Services in discussion with the site General Manager.

Discharge Management

Preparation for discharge will commence at point of admission. A traffic light system is embedded in each ward to proactively prepare for discharge. Patient information including EDD is displayed visually. This information will be the focus for discussion at daily ward rounds and will inform input into all bed management meetings. Colleagues from social work will participate in multi disciplinary meetings on each ward. Planning for discharge will take regard of test scheduling and availability of results, discharge medication, transport requirements and availability of medical, nursing and AHP staff to undertake and facilitate discharge. The identification and sourcing of external support including home care is crucial to ensure timeous discharge and will be an integral part of the discharge process. There will be a weekly multi disciplinary/agency discharge meeting held on each site chaired by the Service Manager (Older Peoples Services) at which predictive and actual discharge information will be considered with corrective action taken as appropriate. A reporting and escalation mechanism is in place to the Director of Acute Services and key managers in Partner Agencies.

Elective Programme

The elective programme is under continuous review. Events can occur at any time to disrupt the programme and mechanisms are in place to respond to such circumstances. It is acknowledged that the festive period brings its own challenges and changes will be made to the elective programme to reflect that. Elective surgery will continue up to Friday 23 December 2011. A balanced approach to the elective programme will be adopted between Christmas and New Year. During the first full week in January 2012 there will be a focus on day case procedures. The build up to a full elective programme will commence during week beginning 9 January 2012. The elective programme will be reviewed daily and modified as appropriate to respond to emergency flow. There will be no change to the response to emergency and cancer patients throughout this period. A contingency to respond to unpredictable events has been factored in with access to additional capacity at Golden Jubilee and if required the Independent Sector. This will be covered through the capacity plan with use of non recurring monies.

Staff Rotas/Issues

The objective is to finalise rotas for all members of the multi disciplinary team by the end of November 2011. This will provide confidence that capacity is available to respond to the predicted activity and discharge in the period leading up to, during and the period following the festive period. There is partnership working to achieve consensus and consistency on use of annual leave, study leave and family friendly policies during the winter period. Agreement will be reached with Partner Agencies within the same time period to ensure access to support (in hours and out of hours) to support the patient discharge process.

Whilst all staff contribute to service delivery, steps have been taken to identify key core staff that in the event of inclement weather may require additional support to enable them to reach their place of work. This will be maintained daily on each site with the ability for immediate response. This will require flexibility within and between sites. Guidance is being prepared for issue to all staff experiencing difficulties in travelling to work during severe inclement weather.

Vulnerable Patients

Action has been taken to identify patients that for clinical reasons must attend hospital for treatment. An example of this would be a renal patient. Contingency plans are being prepared to respond to any difficulties experienced by those patients in travelling to hospital during the winter period.

Support Services

Service continuity by support services is crucial during the winter period. Effective communication between the General Manager (Support Services) and his representative on each site with site General Managers is essential to ensure issues that may impact on service delivery and/or performance are identified early and responded to. Existing reporting and escalation mechanisms will continue with updates provided to the Divisional Management Team on a weekly basis.

5.4 Local Authorities

- North and South Lanarkshire Councils have been an integral part of the Winter Planning process. The provision of additional staff will speed up the assessment process and facilitate discharge. This should lead to minimising the number of delayed discharge patients and Adults with Incapacity in Acute hospital beds to an agreed level.
- Protocols will be agreed on access to home care, in particular to the issue of “restarting” home care after discharge.
- Access to dedicated social work resource in the acute hospitals at weekends and on public holidays will be explored again this year.
- Linkage to ‘re-ablement’ services will also feature as part of the discharge arrangements.

5.5 Business Continuity Plans

- Work has commenced with Emergency Planning Officers from North and South Lanarkshire Council, as well as NHSL, to ensure robust communication arrangements are in place to support the Business Continuity Plans which will be an implicit part of the preparations for Winter 2011/12.
- Particular attention will be paid to communication with staff and patients re weather conditions and any subsequent impact on travel arrangements. This will also include close communication with, and involvement of, SAS colleagues.
- Identifying additional resources which maybe called upon to assist with transport difficulties, e.g. the voluntary sector will form part of the plan.
- Part of the communications plan is reinforcement of the current ‘Inclement Weather’ policy which sets out the responsibilities of staff and managers in the event of severe weather.

5.6 Scottish Ambulance Service

- The Scottish Ambulance Service has indicated their preparedness to respond to requests for additional ambulance transport provided advance notification is given of the nature and extent of that additional demand. It is intended to again utilise the Predictive Data Analysis Tool to predict demand implications for the Scottish Ambulance Service.

5.7 Whole System Monitoring, Reporting and Escalation

Following the establishment and further development this year of the Emergency Response Centre, the ERC, will be the focus for the collation of all incoming intelligence on service delivery and service pressure with responsibility for collating, assessing, evaluating and as appropriate disseminating the information. It will also retain complete information on rotas and contact points for all managers/clinicians identified on each rota.

A full set of all rotas will be mapped onto one table to cover the entire period. These rotas will also cover Local Authority, Scottish Ambulance Service, Out of Hours and NHS24.

Information will be channelled into the ERC on a daily basis using the Daily Performance Report and disseminated accordingly. This information will include:

- Early indications of any clusters of infection in the community
- Early indication of any outbreaks
- Daily status of the Scottish Ambulance Service
- Daily status of the Out of Hours service and NHS24
- A range of information from the acute service;-
 - daily performance in four hour targets
 - available beds
 - delayed discharges
 - numbers of patients in A&E
 - predicted admissions
 - closed beds that could be opened
 - staffing issues
 - inpatient outbreak information
 - adverse weather information

The information will be disseminated in a number of ways:

- By e-mail and/or faxed summary sheet
- By daily conference call
- By text to appropriate individuals on the rota for that day using the traffic light system

5.8 Communication Plan

A communication plan has been produced which is directed at both the staff and the public. The Plan is attached as part of the Business Continuity Plan at Appendix 1. It is acknowledged that some components of the plan require to start earlier this year for example the leaflet distribution. In view of current financial pressures, the Core Group has agreed that the National Leaflet be distributed across Lanarkshire with no requirement to develop a local one. The opportunity is however being taken to publicise Winter Bed Plan issues in each of the free Council newsletters which are issued to every home in North and South Lanarkshire respectively.

Information for the public on early preparedness for winter will be available and displayed in A&E Departments, as well as wider circulation to the general public in the form of the information leaflet and coverage in national campaigns. Specific reference will be given to management of Norovirus and the respective advice for patients, visitors and the public alike.

5.9 The Change Fund (Reshaping Care for Older People)

Both North and South Lanarkshire Partnerships are progressing a series of developments in support of the 'Change Fund'.

Many of these developments will assist the Winter Planning process and, in particular, reduce pressure on inpatient beds.

Both partnerships have introduced revised access to homecare packages which should reduce the delay between 'clinically ready for discharge' and the subsequent discharge. Similarly, both partnerships have agreed to the increased provision of AHP and associated assessment processes currently provided in the hospital environment. This will mean weekend AHP provision thereby assisting in ensuring similar access to assessment and subsequent discharge seven days a week.

With the introduction of an integrated discharge team at Hairmyres Hospital, this has already started improving the efficiency of the discharge process – both through improved communication internally within the hospital and faster access to homecare/other services in the community.

Additional availability of care home placements and reduced numbers of AWI (Adults with Incapacity) patients occupying hospital beds will also reduce acute hospital pressures.

Work is in progress with a view to providing access to integrated nursing and homecare services overnight, 7 days a week which will also assist in offering alternatives to hospital admission.

A key aspect of this year's Winter Plan will be to ensure that all parts of the system are aware of the various services available – especially GPs in & out of hours – such that the opportunities these services provide can be maximised.

6. Cost Profile

The preparations for Winter and the development of staffing capacity in the period from late December to 31st March 2012 are achieved through a mix of embedded recurrent budgets within the operating divisions and additional non-recurrent resources held by the Board centrally. The estimated cost of the plans contained within this paper are an additional £680k. The majority of this sum is already accounted for within the Board financial plan and the operating division budgets for 2011/12. In addition there are costs attributable to the Change Fund in regard to Home Care, Nursing Home Placements and overall system wide capacity that need to be factored into the financial equation. This cost does not represent a financial risk to the Board.

Where there are proposals in the plan to increase capacity these are based on a 3 month period January – March, with the exception of the Out of Hours Service where capacity requires to be increased over the festive period. It is intended that usage will be monitored on a weekly basis with an assessment in month of the additional capacity required for the next month.

The nature and extent of spend will be influenced by the actions that will be taken in line with the escalation plan and the introduction of additional capacity into the system.

7. Recommendation

The NHS Board is asked to endorse the detail of the winter plan, the actions that it is proposed to take in conjunction with partner agencies to address pressures during the winter period, the cost implications associated with implementation of the plan and the monitoring and reporting mechanisms through the ERC together with the adoption of the escalation plan where this is considered necessary.

The NHS Lanarkshire Board is asked to approve the Winter Plan for 2011/12.

For Further Information

Rosemary Lyness – Director of Acute Services

Alan Lawrie – SLCHP Director

APPENDIX 1

PLANNING FOR WINTER 2011/12

BUSINESS CONTINUITY PLANNING

1. Background

As part of the NHSL Business Continuity Planning (Business Continuity Plan) process, each service/department/site has its own Business Continuity Plan. In the main, these cover eventualities which may occur and the subsequent planning which would be set in place to minimise disruption. Such events are typically associated with loss of power, flooding, fire or the loss of a facility.

In the past few years, and last year in particular, the prolonged period of severe adverse weather resulted in significant pressure being felt across a full range of services – including availability of staff – all at the same time.

As part of this year's Winter Planning process, a more robust Business Continuity Plan process has been introduced and a range of actions identified which are aimed at minimising the impact, and associated risk, in the event of further severe weather during the Winter Planning period 2011/12.

A key aspect of this planning has been the introduction of enhanced, joint working processes with North and South Lanarkshire Councils.

2. Communications

Key to the initiation of the Business Continuity Plan process will be early and clear communication to staff and patients. Accordingly, the Communication Strategy, attached as Appendix 1, takes account of national and local information for both the public and staff.

Through early weather forecast information, it should be possible to provide early warning of approaching inclement weather and, in turn, to initiate Business Continuity Plan plans in a timely fashion.

A communications strategy has been devised which links to both North and South Lanarkshire Councils as well as any regional or national messaging requirements. The strategy also sets out communication mechanisms for staff as well as patients.

The 'Communications Plan' also utilises the NHSL website and includes links to both North and South Lanarkshire websites indicating the roads which have been gritted and other relevant information, e.g. schools closures, as well as a link to SPTE indicating available public transport.

It is the CMT position that all staff consider themselves as 'essential'. The Police have indicated that whilst they may issue a message that only 'essential' car journeys be attempted, it is for the employer to identify their 'essential' staff. Thereafter, staff should be reminded of the Adverse Weather Policy and of their responsibility to get to work and/or to communicate with their line manager. Individual departmental arrangements are covered in section 3 below.

3. **Staffing**

During the prolonged severe weather in December 2010, in the main, Departmental Heads were advised to decide which staff they individually classed as 'essential'. In the event, this meant that many staff were advised they could work from home and/or they weren't required to attempt to travel either to their own workplace or nearest NHS site. In turn, this meant that some areas were left with relatively few staff having to undertake a range of duties resulting in a significant level of fatigue by day four/five.

As part of this year's Winter Plan, each Department Head will advise all their staff that they are considered as essential and that they should attempt to get to their workplace. If they cannot get to their own workplace, they should get to their nearest NHS facility and advise their manager accordingly. In turn, they should also make their presence known to the respective site manager. Details of where to report to and who to report to by site will be formulated over the next four weeks

With immediate effect however, managers need to commence compiling a clear set of lists of all staff, contact details, addresses, access to transport/4x4 etc. Thereafter, if the weather proves to be particularly severe there will be opportunity to deploy staff to maximum effect. Such lists should be accessible to others in the event that the manager may not be able to get to their workplace.

Staff will also be advised to take some additional measures to assist over the winter period. These will include:-

- getting a flu vaccine
- making contingency child care arrangements
- having a shovel, blanket, thermos etc in their car
- ensuring contact telephone numbers stored in their mobile phone memory
- ensuring mobile phones are charged prior to going on journeys

(Much of this information is contained in the national publicity material this year.)

Partnership colleagues have been involved in the preparation of the Winter Bed Plans and will be asked to assist in reinforcing the role all staff can take in ensuring a safe environment for staff and patients alike.

5. **Joint Working with NLC/SLC**

Part of the planning process for Winter 2011/12 has included increased communication across Emergency Planning Officers and Roads Department leads in both Councils. SAS has also been involved which, in turn, should assist in agreeing the priority which will be provided to patients who may require to get to hospitals.

Work has commenced in identifying such patients, and for a list of these patients to be available in the event of significant adverse weather.

NLC & SLC will also show routes which have been cleared on their websites.

Key named contacts in both Councils and PSSD are being identified and contact details shared such that communication can be as timely and effective as possible.

NHSL has participated/will participate in a range of Business Continuity Plan joint events as part of the Winter Planning process as below:-

National Exercise Polar Storm – 7 September 2011

NHSL/NLC/SLC – Lanarkshire Local Polar Storm 9 November 2011

SLC – Winter Brief – 13 October 2011

6. **Patients**

The NHSL website will include regular updated information for patients in the event that any services have to be suspended as a result of inclement weather.

In addition, staff in key clinical areas are producing lists of patients who may require to be brought to hospital for essential treatments e.g. renal dialysis patients. Similarly, this will give consideration to the frequency with which each patient will require to attend.

Community staff are also identifying those patients who require to be prioritised for home visits. This will cover physical illness, child protection issues, visits for post natal mothers and mental health patients.

It has been stressed that such lists have to be available to others in the event of one or more members of staff being unable to get to their workplace.

7. **Managing the Process**

There is a recognised escalation process whereby the CMT will co-ordinate severe business continuity issues as part of the NHSL emergency planning processes. In turn, there are linkages to Scottish Government and Strathclyde Co-ordinating Group (SCORGS) as required.

As part of the routine Winter Planning process, there are twice daily conference calls. In the event that the Business Continuity Plan related to inclement weather has to be instigated, there will be a conference call established dedicated to that process. Local authority and SAS colleagues will be invited to join that call as required.

The attached Business Continuity Plan template, Appendix 2, will be completed by respective staff and returned to the co-ordinating point prior to the conference call. The co-ordinating point will be Alan Robertson in the first instance or another nominated person depending upon who is chairing the conference call and their respective location/situation.

8. **Conclusion/Requirements**

Summarising the foregoing, there is a range of tasks which will be required of managers in ensuring robust Business Continuity Plan processes are in place as part of the Winter Plan.

For staff, managers are required to

- alert staff to the communications strategy and how to keep informed
- encourage utilisation of preventative/preparatory measures as indicated above
- obtain and maintain lists of contact details
- obtain and maintain lists of transport details, especially those with 4x4s
- ensure that staff are fully aware of their nearest facility and what to do in the event of not being able to reach their normal workplace
- ensure all are aware of adverse weather policy and have planned ahead.

For patients, managers are required to

- obtain and maintain lists of contact details for priority patients
- obtain and maintain lists of transport details for priority patients
- ensure such lists are available in the event of adverse weather
- advise patients that service provision details will be on NHSL website

For service provision, managers are required to

- familiarise themselves with their respective site Business Continuity Plan
- produce a clear matrix of who will act as the co-ordinating point at sites in the event of severe weather.
- Ensure that there is early discussion within teams about minimizing travel in such cases across NHSL.
- ensure appropriate Business Continuity Plan supplies are in place, e.g. blankets alert heads of service of any service continuity issues using the attached pro forma by 0900 hours

WINTER PLANNING COMMUNICATIONS PLAN 2011/2012

NO.	ACTIVITY	COMMENTS	COST	TIMESCALE
1.	<p>Be Ready For Winter National Leaflet</p> <p>Distribution list:</p> <ul style="list-style-type: none"> • Health centres • GP surgeries • Pharmacies • Acute hospital waiting areas • Libraries • Care homes • Hand out at flu vaccination clinics • Via local authority staff, e.g. home carers • North and South Lanarkshire Carers organisations • Via district nurses and other community staff 	<p>Quantity</p> <ul style="list-style-type: none"> • 40,000 • May include option to insert local information 	<p>Approx £500 (cost of courier for delivery of leaflets)</p>	<p>Awaiting confirmation of delivery date from NHS 24.</p>
2.	<p>Be Ready For Winter National Poster</p> <p>Distribution to:</p> <ul style="list-style-type: none"> • Health centres • GP surgeries • Pharmacies • Acute hospital waiting areas • Libraries 	<p>Quantity</p> <ul style="list-style-type: none"> • 400 		<p>As above</p>

NO.	ACTIVITY	COMMENTS	COST	TIMESCALE
3.	<p>NHS Lanarkshire website</p> <p>Winter health section on NHSL public website:</p> <ul style="list-style-type: none"> • Main banner image on homepage of website with link to winter health section • Regular up-dates and key messages posted on news section of homepage • List of pharmacies open during festive period • Downloadable version of Winter Guide 	<p>Include adverse weather section with links to relevant travel information from local authorities, Scot Rail, Strathclyde Passenger Transport</p>	<p>N/A</p>	<p>To go live by 16 November</p>
4.	<p>Social Media</p> <p>Promotion of key winter health messages and adverse weather information through NHS Lanarkshire's Twitter and Facebook channels</p>	<p>Key messages on Facebook and Twitter basis through the winter period. Specific use of Twitter for regular updates in the event of adverse weather</p>	<p>N/A</p>	<p>From November</p>
5.	<p>External publications</p> <p>Half page winter health advert in:</p> <ul style="list-style-type: none"> • South Lanarkshire View (supplement in local newspapers) • North Lanarkshire News (supplement in local newspapers) 	<p>SL View – published early November</p> <p>NL News – published early November</p>	<p>£1250 approx</p> <p>£1250 approx</p>	<p>Publication in November</p>

NO.	ACTIVITY	COMMENTS	COST	TIMESCALE
6.	<p>Local media</p> <p>Promote key messages via the local media including linking with national Be Ready For Winter PR campaign,</p>	<p>Press release on flu vaccination (October)</p> <p>Press release on Norovirus linked to Infection Prevention Week (November)</p> <p>Be Ready for Winter campaign (November-December)</p>	N/A	October – December
7.	<p>STV website</p> <p>Provide key winter health messages via the STV website as part of a pilot project between NHS Lanarkshire, NHS 24 and STV</p>		N/A	November – December
8.	<p>Staff information</p> <p>Distribute winter plan, flu vaccination and adverse weather information to staff through:</p> <ul style="list-style-type: none"> • The Pulse • FirstPort Intranet (including homepage banners) • E-mail staff briefing • Desktop wallpaper • Staff support services roadshow 	<p>Winter feature in Nov/Dec Pulse (front page and centre pages) including:</p> <ul style="list-style-type: none"> • Norovirus • Flu vaccination • Adverse weather • Winter plan <p>Desktop wallpapers:</p> <ul style="list-style-type: none"> • Staff flu vac – w/b 10 Oct • Infection Prevention Week – w/b 31 Oct • Winter health – w/b 5 Dec 	N/A	From November

NO.	ACTIVITY	COMMENTS	COST	TIMESCALE
		FirstPort to include information for staff on adverse weather including: <ul style="list-style-type: none"> • Policy • Travel guidance 		
9.	<p><i>Partner organisations</i></p> <p>Share winter health information materials with:</p> <ul style="list-style-type: none"> • Scottish Ambulance Service • North Lanarkshire Council/ South Lanarkshire Council • NHS 24 • West of Scotland Health Boards • Care homes • Carer organisations • Scottish Health Council • Scottish Executive • Public Partnership Forums 		N/A	From November

Business Continuity Situation Report

	North Lanarkshire	South Lanarkshire	NHS Lanarkshire
Roads (for NHS report on access routes to properties)			
Staffing Issues			
School closures (y/n refer to respective website)			
Social work issues			
Public Transport issues			
Other issues effecting business continuity			