

Meeting of  
Lanarkshire NHS Board  
31 October 2007

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## WINTER PLAN

### 1. PURPOSE

The purpose of the paper is to describe the actions that will be taken by NHS Lanarkshire and Partner Agencies to address the anticipated additional pressures on health and social care services over the period 1 December 2007 to 31 March 2008 and in particular the period from 17 December 2007 to 14 January 2008 during which there will be two four day periods of weekend/public holidays. It represents pro active measures as well as contingency measures that will be actioned as part of an agreed escalation policy. It will link explicitly to the performance of the Unscheduled Care Collaborative Programme (UCCP). It will be 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. Details of the additional capacity and costs associated with implementation of the plan are provided. The winter plan includes an extensive communication plan for both staff and the wider public to ensure awareness of individual and collective roles and responsibilities and guidance to the public on the actions that they should take to 'keep well' and how to access services when required particularly during the festive period.

### 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, NHS 24 and Out of Hours. There has also been staff partnership involvement in the Winter Planning Project Board that has been led by the Director of South Community Health Partnership.

### **3. CURRENT STATUS OF WINTER PLAN**

The winter plan is in final form. It will however continue to be refined up to and during the winter period and will be adapted as required. The Project Board will oversee that work. The NHS Board has previously received and accepted the Primary Care and Out of Hours component part of the winter plan as this had been requested specifically by the Delivery Unit to be received by the end of September 2007.

A flu vaccination programme has been agreed and will be available to employees of NHS Lanarkshire and Partner Agencies.

### **4. KEY ELEMENTS AND COSTS OF WINTER PLAN**

The winter plan has six elements that describe the contribution that each partner makes to delivery of an efficient and effective winter plan. Each agency will continue to provide the services that they routinely provide on a daily basis.

As indicated, the winter period is defined as the period 1 December 2007 to 31 March 2008. This period has been divided into four time phases identified by colour coding to indicate anticipated heightened levels of pressure. It is not anticipated that at any time over this period the situation will be normal and therefore merit a green code. The time phases are:

- Amber – Monday 1 December 2007 to Sunday 16 December 2007
- Crimson – Monday 17 December 2007 to Sunday 13 January 2008.
- Red – Monday 14 January 2007 to Thursday 31 January 2008
- Amber – 1 February 2008 to Monday 31 March 2008

Crimson represents the period of highest alert. For that period, a Predictive Data Analysis (PDA) has been conducted to identify the number of discharges that will require to be achieved on a daily basis for each acute hospital to operate within acceptable levels (the PDA has been used previously by NHS Lanarkshire and demonstrated value and robustness). It anticipates the implications for Partner Agencies and the key actions required of them to ensure effective service delivery. The key risks are captured on a whole system basis in a summary sheet against which actual performance will be compared. The summary sheet is provided in Appendix 1.

The following elements of the winter plan aim specifically to address those risks:

## **PRIMARY CARE/ OUT OF HOURS (OOH)/NHS 24**

### **Enhanced Services**

- Extend the role of nurses and paramedics within OOH as autonomous practitioners using independent prescribing skills or Patient Group Directions. Ensure all governance issues have been addressed in advance of festive period.
- Implement the newly developed Patient Group Directions to enable selected nurses and paramedics to see, treat and discharge specific types of conditions such as urinary tract infections and minor ear, nose and throat problems.
- Provide additional pre-emptive visiting / telephone contact with patients 'at risk' of admission as identified from SPARRA data. Particular emphasis will be attached to days leading up to Christmas and New Year (Friday 21 December, Monday 24 December, Friday 28 December and Monday 31 December).
- Consistent dialogue with care homes to identify patients at risk who would benefit review by clinician.
- A revisiting service by OOH will be made available to GP practices for patients within specific categories such as palliative care or acute illness within the preceding 24 hours. This service is aimed at improving patient care and avoiding admission.
- Stream patients who present at Accident & Emergency to PCEC appointment where appropriate (as agreed by Primary Care, Out of Hours and A&E and piloted recently at Wishaw General.)
- Train Pharmacists to undertake telephone triage thereby maximising the use of new services such as Minor Illness Service introduced in the new Pharmacy Contract.

### **Data and Information**

- Use SPARRA data to identify vulnerable patients. Data to be issued to Community staff to enable proactive visiting of identified patients.
- Lead GP's to liaise with practices across Lanarkshire to provide early notification of increased incidences of flu symptoms and/or viral infections.
- System for early identification and notification of increased incidences of flu symptoms and/or viral infections will be set up within OOH services
- System of daily monitoring of demand in terms of both volume and distribution against expected will be set up within OOH services.
- Data from previous festive period and data from NHS 24 'simulate' will be used to fine tune staffing profile and stand-by requirements.

## **Staff and HR**

- Roster clinical and support staff to meet expected demand with sufficient reserve to cope with surges.
- Extend working day for district nurses to facilitate hospital discharges and assist in admission avoidance activities.
- Deploy Community Psychiatric Nurses at pressure times to provide telephone advice to patients with mental health problems.
- Recruit clinical support workers to assist qualified staff by undertaking routine tasks including blood pressure, temperature and pulse rates.
- In addition to the NHS 24 triage system, additional NHSL doctors and pharmacists will take untriaged calls from NHS 24.
- Establish senior management rota for OOH service to provide on-site support and real-time management on Public Holidays and times of peak activity.

## **Communication**

- Communicate with all GP practices regarding implications of Winter Plan.
- Communicate with OOH staff regarding implications of Winter Plan.
- Communicate with Community Pharmacists regarding referrals to OOH services and wider use of Minor Ailments Service and Urgent Supply PGD's (Patient Group Directions).
- Communicate with patients regarding early preparation for festive period and availability of enhanced services such as Minor Ailment and Urgent Supply PGD.
- Establish dialogue between primary and secondary care to maximise use of all beds in GP hospitals and to agree revised admission criteria in event of significant pressure on acute hospital beds.
- Communicate escalation process to Hub and PCEC staff.

## **ACUTE**

### **Enhanced Services**

- The working hours of the discharge team will be increased on each acute hospital site on each week day with the introduction of seven day working.
- The discharge team will receive all calls from General Practitioners (a communication to GPs to advise them of this arrangement will form part of a single communication from NHS Lanarkshire on the winter plan).
- Additional post receiving ward rounds will be introduced with an increase in medical, AHP and nursing resource.
- Increased imaging slots (particularly CT and Ultrasound) will be provided during week days to facilitate admission avoidance.

- The clinical status of each inpatient will be reviewed on a daily basis together with their anticipated discharge date (this practice has been piloted successfully in Wishaw General and will be extended to include Hairmyres and Monklands Hospitals.)

### **Data and Information**

- Maximise and use appropriately all beds available to acute division to include continuing care beds and those that are not routinely utilised eg Roadmeetings Hospital. In such instances the first call on those beds will be patients who are awaiting placement in a care home whose transfer has been delayed for reasons of funding and/or choice. The facility will be used to accommodate patients from across Lanarkshire.
- In those situations where the acute division requires immediate access to additional beds on each acute hospital site the first call will be areas on each site that have been and will be subject to partial planned closure. This will include surgical wards on each site that have beds within a ward area that are unstaffed.
- Limit the inpatient elective programme from Friday 21 December 2007 to Friday 11 January 2008. The opportunity will be taken over the same period to extend the operating hours of day surgery units to increase activity as well as provide potential to shift a proportion of the inpatient elective to same day procedures.
- Minimize the number of delayed discharge patients and Adults with Incapacity in acute hospital beds to an agreed level in line with the Data Predictive Analysis. Adopt a flexible approach to access to and use of funded care home places across Lanarkshire.
- Access to off site contractual beds (dependent on demand) at Park Springs Care Centre as surge capacity.

### **Staff and HR**

- Additional weekend capacity will be provided in selected areas including pharmacy, laboratories, infection control, allied health professionals and support staff.
- Flexible use of staff including those staff from closed wards, theatres and specialist nurses.

### **Communication**

- Communicate with all staff regarding the implications of winter plan including escalation process.
- Establish dialogue with Primary Care to maximise use of all beds in GP hospitals and agree revised admission criteria in event of significant pressure on acute hospital beds.
- Remind staff of existing escalation processes e g unscheduled care escalation policies that currently support service activity.

## **Local Authority**

- Both North and South Lanarkshire Councils have indicated a willingness to provide additional staff to speed up the assessment process and facilitate discharge. In addition additional assessments will be undertaken over the period leading up to the public holidays to accelerate discharge. The detail and cost of this will be informed by an audit that health has undertaken that identifies uptake of Local Authority services over a period of one month of patients discharged from each acute hospital. It will be further informed by application of a predictor model (tested at Wishaw General to be extended for application across Lanarkshire) that will identify volume of patients who require to be discharged from hospital on a daily basis to enable the hospital to operate effectively. The outcome of the audit and predictor tool is being jointly assessed and will form the subject of further discussion.
- Both Councils will manage key elements of the discharge process including completion of community care assessments and access to care home places and home care resources with an escalation process in place to respond to any delays. Additional care home capacity will be provided by North Lanarkshire Council in December 2007 linked to the new contractual bed agreement between NHS Lanarkshire and Southern Cross Health Care. Additional capacity will also be provided through access to residential accommodation in North Lanarkshire as part of a four month pilot project that includes the festive period. Discussions are taking place with South Lanarkshire Council to access additional care home places by accelerating the existing allocation arrangements.

## **Scottish Ambulance Service**

- The Scottish Ambulance Service has indicated their preparedness to respond to requests for additional ambulance transport support provided advance notification is given of the nature and extent of that additional demand. NHS Lanarkshire has applied a predictor tool to predict demand that has been successfully piloted at Wishaw General and will shortly be extended across Lanarkshire. It is intended to utilise this to predict demand implications for the Scottish Ambulance Service. It has been agreed that the findings from application of the predictor tool will be used as a basis for further discussion during November 2007. If the demand exceeds the additional capacity available from the Scottish Ambulance Service the option of accessing transport from the Independent Sector will be explored. Preliminary discussions will be initiated with the Independent Sector.

An action plan for winter with associated costs has been prepared and is provided in Appendix 2. It should be noted that in many instances additional costs will be subsumed within existing budgets with additional non recurring monies confined to 250K. The nature and extent of spend will be influenced by the actions that will require to be taken in line with the escalation plan and the introduction of additional capacity into the system.

## **MONITORING, REPORTING AND ESCALATION**

It is proposed to establish a Command and Control Centre over the period Monday 17 December 2007 to Monday 14 January 2008. It will be located at Hairmyres Hospital. The Command and Control Centre 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 information. It will also retain complete information on rotas and contact points for all managers/clinicians identified on each rota.

Rotas will be drawn up for:

- General Managers/Service Managers/Senior Nurses (Acute)
- Locality General Managers/Service Development Managers (Primary Care)
- Senior Managers (Out of Hours)
- Executive Directors (NHS Lanarkshire)
- Public Health/Control of Infection
- Senior Clinicians (Acute)
- Senior/Lead Clinicians (Primary Care)
- IM & T

All rotas will be mapped onto one table to cover the entire period and shared with all staff on call across Lanarkshire and with Partner Agencies.

Rotas will also be provided for each Local Authority, Scottish Ambulance service, Out of Hours and NHS 24. In addition, contact names for each care home facility will be identified. Contact will also be made with the voluntary sector to identify contact names for selected organisations over that period.

It is intended that information will be channelled into the Command and Control Centre on a daily basis. The format to capture information has been agreed and is provided in Appendix 3. Information will include:

- Lead GP in each locality will give an early indication of any clusters of infections within their geographic area.
- Out of Hours will identify care homes that require visits or advice.
- Acute General Managers will provide a range of information including:

- Daily performance in unscheduled care
- Available beds at each hospital
- Predicted admissions
- Staffed beds
- Closed beds that could be opened
- Four hour A&E target performance
- Delayed discharges/Adults with Incapacity
- Staffing issues
- Outbreak information
- Adverse weather information
- NHS 24/Out of Hours will provide early indication of infection or outbreaks. In addition, they will identify numbers of patients queued or on call-back that could impact on the time at which patients are referred into the NHS Lanarkshire system.
- Scottish Ambulance Service will provide a daily update of their status and any issues they have within their service.

It is intended to circulate a text message to each person on the rotas for the day indicating each services current status i e Acute, OOH, SAS, A&E, Primary Care at red, amber or green. When services are at amber or red the named person on the rota will discuss with colleagues what action will be required to put escalation plans into operation.

A table top exercise will be held on 6 December 2007 to which managers, clinicians and staff from partner agencies will be invited to participate in practical application of the winter plan with the opportunity to test process and practice and the overall robustness of the plan. It will aim to ensure consistent understanding and interpretation of the detail of the plan. It is intended to introduce the reporting arrangements around the winter plan from 1 December 2007 (two weeks in advance of the 'crimson' phase of the plan). This will inform discussion at the table top exercise.

## **5. COMMUNICATION PLAN**

A communication plan has been prepared that is directed at both staff and the general public. A key feature of the plan will be issue of a leaflet (Appendix 4-subject to amendment) that will be circulated throughout the community using numerous outlets including social and health care staff involved directly with older people, patients at risk and carers, general practitioners together with the local media and internal publications available to NHS Lanarkshire and both Local Authorities. Details of the winter plan will be shared with staff through staff briefings and through the 'Pulse'. Details of the plan will also be shared with the Health Delivery Directorate.

A key component of the plan is communication between the different agencies both in the lead up to and during the winter period. The identification of staff and managers on duty and/or on call over the holiday

period, together with awareness of the escalation policy, will ensure that information that requires to be shared will be shared and that decisions that require to be taken will be taken.

## **6. RISKS**

- Information technology (Aadastra) system failure – Aadastra will shortly be upgraded which impacts on the Hub, home visiting cars and clinical settings.
- Information Technology (NHS 24) system failure – NHS 24 system has recently been renewed since when there have been system failures and unplanned downtimes.
- Information Technology (PMS and Diagnostic) systems failures.
- Telecommunications failure.
- Availability of stand-by staff – both clinical and non clinical to cope with unprecedented surges in demand or staff illness.
- Unforeseen reductions in capacity eg outbreaks of infection
- Supply chain interruptions causing shortfall in availability of supplies and equipment
- Adverse weather

A risk register will be established and maintained during the winter period to ensure appropriate management intervention.

## **7. SUMMARY**

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 a Command and Control Centre together with adoption of the escalation plan where this is considered necessary.

There is a level of confidence in the robustness of the winter plan based on the approach adopted by Partner Agencies that has been inclusive with an interconnection between services. Lead managers have been identified by each Partner Agency with participation by clinicians from both Primary and Secondary Care. The winter plan is perceived as a 'live' document with clarity around roles and responsibilities with an escalation process that will be implemented as required. An evaluation of the winter plan will be undertaken by Partner Agencies during the first quarter of 2008.

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