

Meeting of  
Lanarkshire NHS Board

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## **WINTER PLAN 2007/08**

### **PURPOSE**

The following report has been compiled to provide the Board with an analysis of the performance of NHSL over the Festive Period. The report looks in turn at issues in the Acute sector and also on the performance of the Out of Hours Service. This includes the usual Out of Hours activity report for December 2007. Across the whole system this winter there has been a significant level of integrated planning and working between all agencies involved in the delivery of services within Lanarkshire. Whilst the winter period is far from over, there is now an opportunity to make some initial observations about how the highest risk period has been managed and what elements of the plan have worked or not.

The report will contain 3 sections:

**Section 1** Summary of the Key Issues arising from the Winter Plan and actions to be taken (including the Out of Hours Activity Report at Appendix 1)

**Section 2** The Primary Care Out of Hours Winter Plan Report including Appendices

**Section 3** The Acute Division Winter Plan Report including Appendices.

### **SECTION 1 - SUMMARY OF KEY ISSUES**

#### **1.1 Communications Centre**

This has been an unqualified success, with twice daily performance reports providing accurate, timeous data on all of the necessary key performance indicators required to inform proactive, intelligent decision making. This has significantly improved the efficiency and effectiveness of the joined-up management processes that are the backbone of the winter plan, and pre-emptive / corrective measures have been, and continue to be, agreed and implemented to prevent a deterioration in service, when under pressure. It has also provided a very effective communication tool through the conference calls and texting to all relevant stakeholders.

The traffic light system was used for identifying the daily status across NHS Lanarkshire and over the period 17<sup>th</sup> December to 13<sup>th</sup> January the status was as follows:

- Red – 17%
- Amber – 39%
- Green – 44%

## **1.2 Out of Hours**

The overall level of demand was less than last year with NHS 24 also reporting a fall in demand across Scotland this year of approximately 15% when compared with last year. Demand peaked at 1106 calls on January 2<sup>nd</sup>. This is analysed in detail in Appendices 2.1 to 2.10

Additional staff (across all staff groups) were employed, and where necessary trained thus successfully meeting demand. Additional accommodation was also secured and equipped in each of the three main centres and at the hub.

The OOH senior management team actively managed the service throughout the period and reported daily on performance which was 'green' on all but one day when the status was 'amber' due to an outbreak of winter vomiting in a Nursing Home

A range of enhanced services were offered, such as a revisiting service for GP practices, which proved valuable on the occasions they were used.

By a combination of widening the range of staff working in the service, improving accommodation, tighter management, better communication and improving internal procedures the OOH Service was successful in providing Primary Care Services over the festive period.

## **1.3 Unscheduled Care Collaborative Performance (UCCP)**

There are many other key performance indicators that can measure the success of the winter plan. However, it is widely accepted that the 4 hour UCCP target itself is a measure of the "pulse" of the wider health system as a whole, this is an excellent proxy measure for the performance of the whole winter plan. All 3 sites achieved 99% against the UCCP target as did NHS Lanarkshire as a whole, and was the best performing mainland Health Board in Scotland in this respect.

## **1.4 Hospital Bed Availability and Discharge Planning**

One of the most significant pressures is bed availability and a significant effort was made to improve discharge planning by the use of the predicator tool, extended working of the discharge teams and the "doubling up" of ward rounds on key days, including all of the weekends over the Christmas period. It is of note that there remained significant pressures at times during the period and this has been ongoing over the past couple of weeks.

## **1.5 ACTIONS FOR THE SERVICE**

A full review of the Winter Plan is now required to inform planning for next year. A debriefing session is being planned for late February 2008. The main focus of this will be to build on what went well, ensure that these improvements can be sustained and ensure that there continues to be a whole systems approach to unscheduled care.

## **1.6 RECOMMENDATION**

The Board is asked to note the good performance of NHSL Primary Care and Acute Services over the festive period 2007/08.

## **1.7 FURTHER INFORMATION**

For further information or clarification of any issues in this paper please contact.

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## **SECTION 2 PRIMARY CARE SERVICES**

### **2.1 Staffing Related Issues**

- **Clinical and support staff** were rostered to meet expected demand with sufficient reserve to cope with surges. Data from the previous two years was used to predict the pattern of demand and to roster accordingly. All planned rotas were filled.
- **Absence** was not an issue during the festive period with only three driver shifts lost to sickness and diarrhoea and one doctor shift to general debility; on each occasion existing staff covered the sessions
- **Community Psychiatric Nurses** were recruited to provide telephone advice to patients with mental health problems on the nine days of peak activity from 14:00 - 22:00. In total the CPN's handled 17 calls, averaging two per day. The average call time was 40 minutes thereby relieving regular staff from long, difficult consultations and providing patients with a better quality of service. The CPNs also provided informal support for clinical staff who were triaging. Since many patients with psychiatric problems contact the service late in the night, it would have been useful to have had CPN hours extended until at least midnight.
- **Pharmacists** were recruited to provide telephone triage between 10:00 & 18:00 on the six days when community pharmacy services were limited. Whilst the demand for repeat prescriptions was less than in previous years, a considerable amount of specific pharmacy advice was provided to patients over the phone, to colleagues in the centre and valuable professional links were established with Community Pharmacists each day. An example of typical advice is included in Staff Experience section.
- **Clinical Support Workers** were recruited from Bankaide to assist qualified staff in each of the three main centres by undertaking routine tasks including blood pressure, temperature, pulse rates and assisting the flow of patients
- **District Nurses** extended their working day to facilitate hospital discharges and assist in admission avoidance activities. Though the OOH service comprises of four teams each being responsible for a geographical area, the resources are utilised across NHS Lanarkshire if required to meet the needs of patients. In addition the OOH teams worked with the mainstream Community Nursing Service to ensure smooth transition of care over the period. The Out of Hours periods from 9am to 5pm on Saturdays, Sundays and Public holidays are serviced by mainstream Community Nursing Services.

The table below demonstrates the activity of this service during the period of 17<sup>th</sup> December 2007 to 6<sup>th</sup> January 2008. There was no increase in activity on the six significant dates highlighted in the winter plan.

<b>Team</b>	<b>Total no referrals</b>	<b>Total no of visits</b>	<b>Palliative care visits</b>	<b>Planned care visits</b>	<b>Un-planned care visits</b>
<b>Monklands/C'nauld</b>	<b>80</b>	<b>364</b>	<b>102</b>	<b>182</b>	<b>80</b>
<b>M'well/Wishaw</b>	<b>46</b>	<b>431</b>	<b>120</b>	<b>266</b>	<b>45</b>
<b>Hamilton/EK</b>	<b>92</b>	<b>374</b>	<b>120</b>	<b>162</b>	<b>92</b>
<b>Clydesdale</b>	<b>57</b>	<b>461</b>	<b>30</b>	<b>400</b>	<b>31</b>

- **OOH Senior Management** established a rota to provide on-site support and real-time management on Public Holidays and week-ends throughout the Festive Period. In addition, management had a full understanding of the whole NHS Lanarkshire picture through participation in the twice daily dial-ins and were able to respond timeously to service needs both within OOH and in supporting Acute Services wherever possible.
- **Staff Support:** a number of small measures were put in place following feedback from staff such as employment of 'runners' at peak times to assist with minor administrative and logistical problems; food hampers were provided for staff at each centre on each Public Holiday; doctor's bags were cleaned out & restocked; additional equipment was provided at each centre. Staff experience over the period is a good informal indicator of performance and a number of real example are outlined in Appendix 2.12.

## 2.2 Data and Information

A range of data is attached shown in Appendices 2.1 to 2.11 as outlined below:

Home Visiting Performance over the Public Holidays  
 - **Appendix 2.1**

PCEC attendances by hour by centre  
 - **Appendices 2.2, 2.3, 2.4 and 2.5**

Home Visits by hour by centre  
 - **Appendix 2.6, 2.7, 2.8, 2.9**

Detailed breakdown of activity by day 07/08 and comparing with 06/07  
 - **Appendix 2.10**

Call profile example days Dec26 & Jan 2  
 - **Appendix 2.11**

In summary terms over the period 17<sup>TH</sup> December to 2<sup>nd</sup> January activity can be categorised as

Total Calls	9672
Telephone Advice	4087
PCEC Visits	3687
Home Visits	1268
Untriaged	592
Other (revisits, CPN, Pharm)	38

- Data from **previous festive periods** was used to fine tune staff rotas. Staff profiling was matched to predicted peaks in demand. Daily demand is graphed in the Festive Data Section and confirms that demand followed predictions. Staff working in the service reported a pleasant working environment where they too felt that resource matched demand.
- **SPARRA data** was used to identify vulnerable patients and the potential to provide Acute Services with a named case manager was noted for future development.

- **Lead GP's** liaised with practices across Lanarkshire for the purpose of providing early notification of increased incidences of flu symptoms and/or viral infections. In the event, there were no significant numbers of viral symptoms in the community with only two reports: one outbreak of diarrhoea & vomiting in a Nursing Home and one report of an increased volume of respiratory cases.
- **OOH Service early identification** of flu symptoms and/or viral infections was set up. Again only a few outbreaks of diarrhoea & vomiting in Nursing Homes were reported.
- **System of daily monitoring** of demand in terms of both volume and distribution against expected was set up within OOH services and reported at the daily dial-in. There were no unexpected peaks in demand.

### 2.3 Communication

- **GP practices** received two newsletters regarding the implications of Winter Plan, advising them of service developments and seeking their support. The request for patients to be issued with sufficient repeat medication appears to have been extremely successful this year.
- **Dialogue between primary and secondary care** was established via twice daily dial-ins to maximise use of all beds in GP hospitals and to agree revised admission criteria in the event of significant pressure on acute hospital beds. Daily reports were sent to all GP practices in NHS L advising them of the service status and specifically requesting their support, as required. Similar dialogue was set up with OOH staff via staff memos.
- **OOH Staff** met at an early evening Festive Meeting to hear about and discuss the implications of the Winter Plan. Site visits to each of the five PCEC's proved valuable in gaining feedback from staff as well as identifying specific accommodation and practical issues that were subsequently addressed.
- **Community Pharmacists** received a targeted communication regarding referrals to OOH services and the wider use of Minor Ailments Service and Urgent Supply PGD's (Patient Group Directions)
- **OOH Clinical Staff** were given access to newly prepared information folders which provided specific guidance on services over the festive period, e.g. opening hours of Pharmacies, as well as updated procedures and clinical guidelines
- **OOH Hub Staff** were also provided with similar folders tailored to their needs, including escalation procedures
- **Management** had regular communication across the health service with daily dial-ins within NHS L and regular meetings/dial-ins with NHS 24 & services across Scotland
- **Patients** were provided with the NHS L winter services leaflet at every opportunity

### 2.4 Enhanced Services

- **Nurses and Paramedics roles** were extended through their use of independent prescribing. Outstanding governance issues were addressed in advance of the festive period
- **Care Homes** were provided with referral guidance and access to a special professional to professional telephone line
- **A revisiting service** was offered to GP practices for patients within specific categories such as palliative care or acute illness within the preceding 24 hours. This service was aimed at

improving patient care and avoiding admission. There were two requests for revisits on Saturday Dec 22<sup>nd</sup> and one on Saturday Dec 29<sup>th</sup>.

- **Additional Accommodation** was secured and equipped within each of the three A&E units to meet the increased demand on OOH services. A central base for telephone consultation was set up with PC's and telephones for six additional staff within the Boardroom at Hairmyres.
- **Referral Process from A&E** was agreed and implemented across all three main sites whereby appropriate patients were directed from A&E to a PCEC appointment where appropriate
- **Pharmacists & CPNs** were trained to undertake telephone triage thereby offering patients a more tailored service and taking considerable pressure off existing clinical staff whilst maximising the use of new services such as Minor Illness Service introduced in the new Pharmacy Contract

## 2.5 Dental Services

The OOH Dental Service successfully provided an Emergency Dental Service over the Festive Period. Activity Levels were in line with predicted figures and are summarised at **Appendix 2.13**.

All staff members attended for duty as per the rotas. Management had a duty rota that ensured active management of any issues on a daily basis. The reserve staff members were called out twice to cope with high demand on Sunday 23/12/07 and on Sunday 30/12/07.

There were no problems with the availability of instruments and no problems with the decontamination of instruments. The pick up and return of instruments has gone largely as planned.

Additional space is required for the storage of instrument sets and supplies for the OOH LEDS.

Overall from 22/12/07 to 6/1/08, 450 dental calls were handled by the dental triage nurses in Hairmyres Hospital with 249 (55%) callers being given an appointment for the clinic in Wishaw General Hospital. 201(45%) were not given an appointment but were provide with self care advice or advised to seal their own dentist as soon as possible. Of the 249 patients given an appointment, 233 (94%) were treated in the clinics but 16(6%) failed to attend.

## **SECTION 3 Acute Division and UCCP Performance**

### **3.1 Introduction**

This winter has seen the most integrated, joint planning and joint working between all agencies involved in the delivery of services within Lanarkshire over the winter period. Whilst the winter period is far from over, there is now an opportunity to make some initial observations about how the highest risk period (the "crimson" period from Monday 17th December to Sunday 13th January) has been managed and what elements of the plan have worked or not.

### **3.2 Communication Centre**

This has been an unqualified success and the twice daily performance reports have provided accurate, timeous data on all of the necessary key performance indicators required to inform proactive, intelligent decision making. This has significantly improved the efficiency and effectiveness of the joined-up management processes that are the backbone of the winter plan, and pre-emptive or corrective measures have been agreed and implemented to prevent NHS Lanarkshire, when under pressure from getting worse. It has also provided a very effective communication tool through the conference calls and texting to all relevant stakeholders. The dataset has been continually refined and the discussion now is what elements of this process should be retained on an ongoing basis.

The traffic light system was used for identifying the daily status within NHS Lanarkshire and in summary:

- Red – 17%
- Amber – 39%
- Green – 44%

The Communication Centre process has required the hours of work of the 3 hospital admission/discharge teams to be expanded from 8.00am to 8.00pm week days and 9.00am to 5.00pm at weekends. This would require additional resources to continue on an ongoing basis and this will be covered as part of the development work for the Emergency Response Centre.

### **3.3 Activity**

Graphs 1-2 details the A&E activity trends on all 3 sites over this period and this shows a more even spread activity across the period with less peaks and troughs than previous years. Whilst the overall A&E attendances are slightly less than December 2007, this reduced volatility has significantly helped the 3 hospitals cope with the workload better. It should be also be noted that the elective surgical programme did not significantly reduce over this period due to the need to bring urgent and cancer cases in to hospital for treatment.

### **3.4 UCCP Performance**

There are many other key performance indicators that can measure the success of the winter plan. However, it is widely accepted that the 4 hour UCCP target itself is a measure of the “pulse” of the wider health system as a whole. This is an excellent proxy measure for the performance of the whole winter plan.

All 3 sites achieved 99% against the UCCP target as did NHS Lanarkshire as a whole, and was the best performing mainland Health Board in Scotland in this respect. This information is presented in a variety of ways in the graphs 3-6, and the overall trend by site over the entire crimson period shows that despite a number of fluctuations, particularly at Wishaw, the system never deteriorated to the extent of previous years and recovered much faster. The most challenging periods were around the weekend of the 8/9th December, the 22nd/23rd December and the 5/6th of January.

A total number of 19549 patients presented to the 3 departments over the “crimson” period and 19424 of these were treated within 4 hours (i.e. 99%). A total of 116 patients were treated outwith 4 hours (i.e. 1%).

The breach analysis of the 4 flow groups over the crimson period is detailed in graphs 7-8 and this shows that the breaches were due to:

- Minor injury and illness – 17%
- Acute assessment – 15%
- Medical admissions – 46%
- Surgical admissions – 22%

This varied by site but reflects the different pressures on the system on any given day.

This UCCP performance represents a significant improvement in the quality of care provided to patients over the Christmas/New Year period.

### **3.5 Bed Availability and Discharge Planning**

One of the most significant indicators is bed availability and discharge planning was improved by the use of the predictor tool, extended working of the discharge teams and the “doubling up” of ward rounds on key days, including all of the weekends over the Christmas period. These support a key UCCP objective: the Estimated Date of Discharge initiative, and further work is still required on this.

The predictor data tool and the Estimated Date of Discharge Initiative are also key components and graph 9 plots the accuracy of the predictor data against actual. This shows that the actual activity was lower than the predictor data before Christmas but changed thereafter and was higher than predicted after Christmas. However, the shapes of the graphs are broadly consistent and this will be developed further for ongoing use.

The number of discharges per day was still volatile (graph 10) but this was an improvement on previous years, especially the number of discharges at weekends. The “gap” between the average number of discharges on weekdays and weekends has reduced (graph 11) and this significantly assists in coping with the peak in demand on a Monday/Tuesday. The weekend discharge arrangements required many departments and disciplines (medical staff, discharge team, pharmacy, ambulance provision, social services etc). Consideration will be given as to how enhanced weekend working can be maintained all year round.

The capacity to open up additional surgical bed capacity was built into the winter plan and whilst this was used on a number of occasions in response to specific pressures, it was used far less frequently than in previous years. This was achieved despite our ongoing vomiting and diarrhoea issue at both Monklands and Wishaw which persisted throughout this entire period.

### **3.6 Elective and Cancer Programmes**

It should be noted that the Winter Plan also supported the delivery of other NHS Lanarkshire targets and this was completely integrated within the management of the elective and cancer programmes to ensure that all of NHS Lanarkshire key targets were successfully delivered as at the 31 December 2007.

### **3.7 Other Issues**

There are a number of other issues and initiatives which require further analysis:

- Delayed Discharges – whilst there was improved joint working with the two Councils, the number of patients whose discharge was delayed for non clinical reasons remains a major issue which will require ongoing dialogue with all stakeholders.
- SAS – there was much improved dialogue with the SAS and an agreement was reached in principle regarding the redirection of non-emergency 999 calls away from a hospital if it was under extreme pressure. This will be developed further as part of the work of the ERC.
- GP Calls – it was not possible to standardise the process for each site taking GP calls over the crimson period but this will be rolled out in January as part of the work of the ERC.

### **3.8 Conclusion**

The winter plan dataset will continue to be collated on a twice daily basis up to the 31st January, 2008 and there are still ongoing pressures in the active system which requires constant vigilance. There will be a full and formal evaluation of all of the key initiatives within the Winter Plan during February 2008. However the unanimous provisional view is that this year has been a significant improvement on previous years and, as a result, the quality of patient care has been maintained more consistently across all elements of service provision within Lanarkshire.

