

Lanarkshire Acute Hospitals and Partnerships  
Winter Plan Summary  
2018/19

**Introduction**

The Winter Plan has been developed as a whole system approach including acute hospitals, the Health and Social Care Partnerships, North and South Lanarkshire Councils, Scottish Ambulance Service, and the Third Sector.

Areas of Winter Plan Development/Investment

Dr Philip Rankin's quote below summarises the areas in the Lanarkshire whole system that the winter plan has focussed on to maintain safe, timely patient services over the winter pressures.

“Making the reservoir bigger won't help, but reducing inflow - streaming, single clerking, fit to sit, acute frailty, AEC, community services, internal professional standards - AND maximising ED processing power – engagement of the broader workforce and escalation – will”

Dr Philip Rankin commenting after the ECIST Conference 2018. Clinical Fellow at Brighton and Sussex University Hospitals Trust and Lead for the Acute Floor Project

Changing Attitudes in Healthcare Provision

Christopher Tuckett's quote and the associated mini posters below summarise the changing attitude to inpatient stays that has informed the winter plan and is being taken forward by the North and South Partnerships in their separate initiatives “Home First” and “Discharge to Assess”

“We must accept that neither risk nor safety are absolute terms and whatever we do involves the potential for patient harm. We can never mitigate all risk.”

Christopher Tuckett Falls Prevention Practitioner and Physiotherapist



The detail of the winter plan has also been informed by the recommendations of the Unscheduled Care Team, the 6 Essential Actions, advice from the Scottish Government and the work in progress by the Joint Integration Board.

## Improving Patient Safety and the Patients and Staff Experience in Winter 2018/19

The approach described in page one can be categorised under the headings of

- ≈ Supporting People in their own home
- ≈ Redirecting Patients/Reducing Emergency Admissions
- ≈ Increasing Capacity
- ≈ Reducing Length of Stay (LoS)/Reducing Delays to Discharge.

Table 1 below outlines some of the key interventions under each of these themes.

**Table 1**

<b>Supporting People in their Own Homes</b>	<b>Redirecting Patients/ Reducing Admissions</b>	<b>Increasing Capacity</b>	<b>Reduce LoS/Reduce Delays to Discharge</b>
Community MEWS			
Deteriorating Patient Structured Response			
Hospital at Home			Hospital at Home
	REACT		
	(AEC) Medical (existing) Surgical		
	Frailty Assessment		
		Achieve 75% of staff taking Flu vaccination	
		Bed capacity 16 Monklands 17 Hairmyres 8 SS Wishaw	
		Critical Care Beds	
		Increased Staffing Multidisciplinary Teams	
		Cancel Clinics to Free up Staff	
		Evening and Weekend Working	
			Out Patient Antibiotic Therapy Hospital and Community
			MINTS Major Nurses progressing discharges including completing Discharge Prescriptions
			Discharge to Assess/Home First
Escalation Plans			



### **Supporting People in their own Homes**

Community MEWS and a structured response for patients deteriorating in the community have been rolled out. This linked with Hospital at Home and the ICST team and will help maintain people in their own homes.

### **Redirecting Patients/Reducing Emergency Admissions**

REACT is a service delivered by Emergency Department (ED) consultants and nurses which ensures that all patients attending the ED are seen rapidly by a senior decision-maker, allowing patients to be redirected to other appropriate services and/or treatment to be commenced immediately. REACT will be delivered for as much of the week as the local hospital staffing will permit.

Surgical Ambulatory Emergency Care and Frailty assessment units will also be delivered by multidisciplinary teams lead by senior decision makers providing the service for as much of the week as local hospital staffing will permit.

The initiatives above will improve patient safety, patient flow, contribute to admission avoidance and improve quality and timeliness of care.

### **Increasing Capacity**

Prior to incurring cost in employing temporary staff to increase capacity over winter, it is good practice to preserve the current capacity of staff in substantive posts by ensuring all staff take up the offer of the Flu vaccination.

Monklands will provide additional 12 medical beds and 4 ED Observation beds, Hairmyres will provide an additional 17 medical beds and Wishaw will keep open the 8 Short stay beds attached to Medical AEC. Additional Critical care beds will be opened as in previous years.

There will be additional staff employed on temporary contracts, and staff paid additional hours for working extended hours during the week and weekend working

If the situation becomes very pressured consideration will be given to cancelling medical out patients and medical procedures to free up consultants to progress inpatient reviews, treatments and discharges.

### **Reducing Length of Stay (LoS)/Reducing Delays to Discharge.**

There will be continued focus on a range of actions, including:-

- ≈ Refreshing Daily Dynamic Discharge (DDD)
- ≈ Increased use of Estimated Date of Discharge (EDD)
- ≈ The use of Criteria Led Discharge and Structured ward rounds.
- ≈ Optimise the integrated discharge hub
  - Clear communication links require to be in place with the discharge coordinators and the locality teams to ensure safe discharge arrangements for all patients.

Similar to last years successful test of change, MINTS Major Nurses will progress discharges including completing Discharge Prescriptions 7 days per week. MINTS nurses will also support additional Consultant Physicians ward rounds at weekends and on Public Holiday Days, particularly focusing on discharges.

Home first was started in South Lanarkshire earlier in the year and in North Lanarkshire Discharge to Assess is being piloted in a progressive manner starting with a small number of patients to build up local learning and confidence in this proven system.

### **Operational Summary**

The Winter period will put additional pressures on the entire Health and Social Care system in terms of adverse weather, infectious diseases, increased emergency admissions and the two 4 day public holidays. The co-produced winter plans are designed to mitigate these pressures and to maintain the delivery of effective safe health care to the population of Lanarkshire throughout this period. The measures outlined above in previous pages will be achieved by all agencies working together in an integrated fashion, and by progressing patient flow initiatives. These initiatives all adhere to the principles of, right patient right place, patient choice, and learning to balance the risk of longer in patients stays, versus the Home First and Discharge to Assess approach.

### **Financial Summary**

#### Winter Bids

	13 Week Cost
Access	£137,000
Hairmyres	£645,000
Monklands	£789,000
Wishaw	£760,000
<b>Total</b>	<b>£2,331,000</b>

Appendix 1 Access Winter Plan**Winter Planning 2019 – NHSL Access Division****Additional Radiography cover – Cost per site**

Costs to provide additional out of hours radiography cover for January-March 2019

**Cost per site****Radiographers**

Mon-Fri (1pm-9pm) = £10,812

Sat & Sun (9am-5pm) = £6,030

**Consultant**

2 Additional PA's = £6,000  
**£22,842**

**Overall cost (3 Sites) = £68,527**

This would allow for 2 additional Cons PA's per week, an additional radiographer between 2pm and 9pm every week night and an additional radiographer on 9am – 5pm on a Saturday and Sunday for the months January – March 19 when there are additional pressures and demands on the service.

**Additional Labs Costs**

Additional service provisions for January-March 2019

One analyser per site = £56,450 (7 day option - with POCT)

Mortuary Transport = £12,000

**Overall costs = £68,450**

**Overall Access costs = £136,977**

Appendix 2 Hairmyres Winter Plan

ITEM 10D

<b>Item</b>	<b>Period</b>	<b>Grade</b>	<b>WTE</b>	<b>Cost</b>	<b>Comment/Detail</b>
<b>Consultant Additionality</b>					
Medical	15.12.18 - 31.3.19	Cons		20,602	2.5pa's x32 days (sat and sun) for 4 months
Cote	15.12.18 - 31.3.19	Cons		20,602	2.5pa's x36 days (sat and sun) for 4 months
ED	15.12.18 - 17.3.19	Cons		26,783	4PAs per weekend x 2 for 13 weeks
Surg	15.12.18 - 31.3.19	Cons	1	41,205	10pa's/week (Min Maung)
Winter/Boarders Locum	1.12.18 - 31.03.19	Cons	1	46,355	10pa's/week (Dr Faiz Gadalmolla likely)
Junior Doctor	1.12.18 - 31.03.19		1	24,000	
<b>Ward Nursing Additionality</b>					
Winter Ward SCN	Dec - March	Band 7	1	20,790	Figure includes 22.5hrs supervisory
Winter Ward RN's	Jan-March	Band 5	10.85	113,846	Backfill will come from new cohort band 5's.
Winter Ward CSW's	Jan-March	Band 2	8.31	56,857	
Ward Clerk	Jan-March	Band 2	0.53	2,945	20 hours per week
<b>Specialty Nurses/FLOW team</b>					
Duty Manager Buddy		Band 8a-b		11,225	DM on call rate x36days (sat/sun) for 4 months
MINTS Nurse		Band 6	2	34,641	
ACE Nurse		Band 6	2	34,641	
Discharge Facilitators		Band 7	1	20,790	
Specialty Nurses CSW support		Band 3	5	50,965	Discharge Lounge/Bed Busters/Ace/Mints
Discharge Hub Admin		Band 2	1	9,123	
ED MINTS		Band 6		8,120	15 hours weekend cover
ED	Dec-Mar	Band 5		30,874	7th on - 11.25 hrs *7 days Nights
ED	Dec-Mar	Band 5		23,749	7th on - 11.25 hrs *7 days Days
<b>Allied Health Professionals</b>					
Pharmacy		Band 6	1	13,862	4 months
Cardiology Technicians		Band 7		2,294	15 hours * 4 weekends OT
Cardiology Technicians		Band 2		2,294	15 hours * 4 weekends OT
<b>Admin</b>					
Additional ED receptionist	23.12.18 - 4.1.19	Band 2		3,515	310hrs
Consumables				20,000	
4x4 Service for staff transport				5,000	
<b>TOTAL</b>				<b>645,081</b>	



ITEM 10D

Appendix 3 Monklands Winter Plan

<b>Monklands 2018-19 Winter Plan</b>											
Workstream	Workstream Lead	Staffing Required	Expected Costs	Budget Allocation	Dec-18	Jan-19	Feb-19	Mar-19	Total Cost	Y/E Accrual	Improvement Measure(s)
<b>Emergency Care &amp; Assessment</b>			<b>£ 129,145</b>						<b>£ -</b>	<b>£ -</b>	
MAU - 4 x ED Observation Beds	Morag McGhee	2.77 B5 RN 2.77 B2 CSW	£ 62,630						£ -	£ -	Number of pts managed under ED Number of pre noon ED discharges
Portering - 2 x Band 2 Porters, Sunday - Friday; 1500 - 0200. To provide dedicated portering service to support moves between ED / MAU / AMRU at peak evening period	Morag McGhee J Levick	2.93 B2	£ 36,514						£ -	£ -	Speak to June Levick / Trish / Angela
Consultants sessions - Additional Ad hoc sessions to support POD & PHs	Ann Chapman	60	£ 30,000						£ -	£ -	Number of discharges on public holidays
<b>Inpatient Care &amp; Discharges</b>			<b>£ 199,632</b>						<b>£ -</b>	<b>£ -</b>	
OPAT	F McJannett E Clarke								£ -	£ -	Number of patients on OPAT therapy
COTE - Frailty - Ward 20 3.66 RN	F McJannett J Delaney	3.66	£ 70,716						£ -	£ -	Daily admissions to frailty unit Morning discharge rate in ward 20 Time to specialty bed from admission to hospital
COTE - 2 x additional beds in ward 22 - CSW	F McJannett J Delaney	2.77	£ 34,899						£ -	£ -	As above
Pharmacy - B2 Dispensary technician resource	J Cavan	1.00	£ 7,203						£ -	£ -	
Pharmacy - B5 & B7 Weekend & PH cover	J Cavan	0.4	£ 10,852						£ -	£ -	Number of patients with MedRec @ weekend Number of discharge prescriptions @ weekend
Pharmacy - BD 6 cover in wards 6,9	J Cavan	1.00	£ 13,560						£ -	£ -	Turnaround time for prescriptions Morning discharge rate from ward 6,9
Medical Boarding - 2 FY2 (9-5pm)	I Shilliday	2 FY2	£ 62,400						£ -	£ -	Number of boarders receiving daily assessment
<b>Proposed 12 bedded ward</b>			<b>£ 460,012</b>						<b>£ -</b>	<b>£ -</b>	
Nursing - B7 Senior Charge Nurse	Senior Nurse TBC	1.00	£ 15,553						£ -	£ -	
Nursing - B6 Charge Nurse	Senior Nurse TBC	1.00	£ 12,957						£ -	£ -	
Nursing - B5 Staff Nurse	Senior Nurse TBC	9.83	£ 102,879						£ -	£ -	
Nursing - B2 CSW	Senior Nurse TBC	8.58	£ 58,553						£ -	£ -	
A&C - B2 Ward Clerk (based on 17/18 spend/hours +)	K Kunderan	1.00	£ 5,508						£ -	£ -	
Medical - Consultant	A Chapman	2.0 Cons	£ 98,720						£ -	£ -	
Medical - 3 x FY2 (Monday to Friday 9-5)	I Shilliday	3 FY2	£ 93,600						£ -	£ -	
Medical - Senior Trainee (Monday to Friday 9-5)	I Shilliday	1 CT3	£ 46,800						£ -	£ -	
Pharmacy - BD 6	J Cavan	0.50	£ 6,780						£ -	£ -	
Portering - 7.5 hours Monday - Sunday, Band 2 (enh)	J Levick	1.40	£ 9,331						£ -	£ -	
Domestics - 7.5 hours Monday - Sunday, Band 2 (enh)	AM Cook	1.40	£ 9,331						£ -	£ -	
<b>Total</b>			<b>£ 788,789</b>						<b>£ -</b>	<b>£ -</b>	

Appendix 4 Wishaw Winter Plan

ITEM 10D

ITEM 10D

Wishaw General Hospital Winter Funding Proposal Prioritised 4/9/18					
Winter Plan 2018/19	Period	Jan - March 18		Finance Notes in Red	
	weeks	13			
	months	3			
Scheme	Grade	WTE	Cost	Hours	
<b>New Initiatives</b>					
<b>ANPs</b>					
	Band 7	4	62,371	Costed with Enh for 3 months	
<b>Key Quantifiable Actions</b>		<b>Impact</b>			
Recruit suitable ANPs or ANP trainees to the posts		ANPS see and treat a number patients in the Emergency Department and their			
<b>Ambulatory Emergency Care 8 Short Stay Beds DEC - MAR</b>					
	Band 6 MINTS	1.40	20,040	Costed at basic rate therefore no Enh 4 months	
	Band 6	1.29	22,343	Costed with Enh for 4 months	
	Band 5	8.77	122,695	Costed with Enh for 4 months	
	Band 2	3.77	34,392	Costed with Enh for 4 months	
	FY 2 Locums	2.00	62,400	To cover Medical Boarding	
	Band 6 MINTS	2.00	21,471	To cover Medical Boarding	
	Sub Total SSW		<b>283,342</b>		
<b>Key Quantifiable Actions</b>		<b>Impact</b>			
Provide 8 Medical short stay beds in the area adjacent to the Emergency Department (ED), Medical Assessment Unit (MAU) and the Medical Emergency Receiving ward (ECU). Provide staff for the 8 short stay beds. The Beds will be open 24/7 to stream patients out of three areas, the Emergency Department, GP Medical Receiving Assessment Unit and the Medical Receiving ward.		The 8 Short stay beds improve the flow of patients through ED, ECU and MAU as there are then 4 recognised flows to allow optimum patient treatment and flow i.e. 0 to 4 hours (ED/MAU), 4 to 24 hours (MAU/ SSW), 24 to 72 Hours ECU and over 72 hours (speciality wards) This will increase the number of patients who get to the right speciality at the right time which will improve outcomes and reduce LoS.			
<b>Ambulatory Emergency Care Surgical (SAU)</b>					
Create and staff a SAU in ward 16 for GP Surgical referrals Monday to Friday 12.00 to 20.00 as a 3 month pilot					
		Consultant	10Pas	30,000	Costed at basic rate therefore no Enh
		Spec Doc	10Pas	18,750	Costed at basic rate therefore no Enh
		Band 6 MINTS	2.58	27,705	Costed at basic rate therefore no Enh
		Sub Total	2.58	<b>76,455</b>	
<b>Key Quantifiable Actions</b>		<b>Impact</b>			
Identify the physical space and equipment requires and also draw up the pathways and protocols for a SAU		An SAU will reduce pressure and waiting times in ED by routing surgical GP patients away from ED to the dedicated assessment area. Patients in both areas will be			

ITEM 10D

<b>Surgical Nursing</b>				
Ward 18 Disco shift (7 days p/w)	Band 5	1.4	14,690	<b>Costed with Enh</b>
Ward 15 Disco shift (7 days p/w)	Band 5	1.4	14,690	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Identify the additional staff to work the shifts	The additional staffing will support and improve the surgical bed flow and late			
<b>Overnight Support Ward 13</b>				
1 CSW to provide support for boarded patients and Gyn receiving overnight Monday to Sunday	Band 2	1.40	9,579	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Identify suitable CSWs to cover the shifts in the Gynaecology ward	The additional CSW will support and improve the Gynaecological workflow, late			
<b>Overnight Support ECU</b>				
1 CSW to provide support disco shift	Band 2	1.40	9,579	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
<b>Assistant to Night manager January and February 2018</b>				
Double up Night Manager / Assistant to Night manager	Band 7	1.87	19,439	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Identify staff who wish to work as assistants to the night managers For January and February 2018	It will help the night manager to be able to have a focus on ED and the band 5 focussing on the wider hospital, to maintain flow and performance against the 4 hour			
<b>AECU Surge</b>				
Band 5/Band 2 to support opening AECU overnight to deal with surge capacity during winter	Band 5	1.4	14,690	<b>Costed with Enh</b>
	Band 2	1.4	9,579	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Recruit suitably trained band twos to carry out the Bloods and ECGs	A Band 2 working in ED taking bloods and ECGs immediately after triage will reduce			
<b>Band 2 Initial Assessment in ED</b>				
Band 2 for ED 12 - 8 to support initial assessment and help reduce TTFA in ED 7 days per week	Band 2	1.87	12,795	<b>Costed with Enh</b>
<i>12 Leicestershire Winter Plan Summary 30/10/18 Ver. 4</i>				
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Recruit suitably trained band twos to carry out the Bloods and ECGs	A Band 2 working in ED taking bloods and ECGs immediately after triage will reduce			

ITEM 10D

<b>Band 5 Twilight Shifts in ED to support RESUS</b>				
Band 5 for ED 12 - 8 to support RESUS	Band 5	1.87	32,432	<b>Costed at basic rate therefore no Enh</b>
		X2		
<b>Key Quantifiable Actions</b>		<b>Impact</b>		
Recruit suitably trained band twos to carry out the Bloods and ECGs	A Band 2 working in ED taking bloods and ECGs immediately after triage will reduce			
<b>6th Adult Critical Care Unit Bed</b>				
1 AACU bed opened for 13 weeks	Band 5	5.50	57,710	<b>Costed with Enh</b>
<b>Key Quantifiable Actions</b>		<b>Impact</b>		
Recruit staff to cover the additional bed in ACCU	The additional ACCU Bed will provide capacity for the additional demand over the			
<b>Weekend Bed Management</b>				
To support existing patient flow team	Band 6	0.4	5,196	<b>Costed with Enh for weekend rate</b>
	Band 3	0.4	3,058	<b>Costed with Enh for weekend rate</b>
<b>Key Quantifiable Actions</b>		<b>Impact</b>		
<b>Weekend Pharmacy Service</b>				
	Band 6	0.4	4,159	<b>Costed at basic rate therefore no Enh</b>
	Band 3	0.4	2,465	<b>Costed at basic rate therefore no Enh</b>
<b>Frailty</b>				
SCN for 6 bedded Frailty Unit	Band 7	1	15,593	<b>Costed with Enh</b>
ACE Nurse (7 days x 7.5 hours)	Band 6	1.4	18,186	<b>Costed with Enh</b>
COE Consultant evening working	Consultant	7PAs	21,000	<b>Costed at basic rate therefore no Enh</b>
Admin Support	Band 2	0.2	1,105	<b>Costed at basic rate therefore no Enh</b>
<b>Key Quantifiable Actions</b>		<b>Impact</b>		
To provide Rapid Early Frailty Assessment (REFA) at the front door of the hospital.	This will ensure early support, diagnostics, treatment and streaming of patients. This will support and speed up CoE/Orthopaedic patient flow 7 days per week and relieve			
<b>Additional weekend Physician Cover</b>				
13 Lanarkshire Winter Plan Summary 30/10/18 Ver. 4				
Medical Board Rounds - Consultant sessions - Saturday	Consultant x2	17 Saturdays x 4 hours	7,846	<b>Costed at basic rate therefore no Enh</b>
Medical Board Rounds - Consultant sessions - Sunday	Consultant x2	17 Sundays x	7,846	

ITEM 10D

<b>Key Quantifiable Actions</b>	<b>Impact</b>			
Enhanced senior clinical decision making available at the weekend as a result of a Saturday and Sunday morning ward rounds and by consultant physician In previous years the medical directorate has doubled up the Consultants at the weekends to give a 2nd Senior decision maker to support medical receiving and board rounds. This is to assist with the increasing patient numbers particularly on Saturdays and Sundays.	This will assist with the increasing patient numbers particularly on Saturdays and Sundays. Increase safety and increase weekend discharges, and reduce wait for bed breaches, and reduce pressure on beds on Mondays			
<b>Hospital at Home</b>				
	Band 6	1	10,736	<b>Costed at basic rate therefore no Enh</b>
	Band 4	1	7,172	<b>Costed at basic rate therefore no Enh</b>
<b>Key Quantifiable Actions</b>	<b>Impact</b>			
	H@H will avoid admissions and support early discharge			
<b>Radiology</b>				
Additional sessions for Weekend and Extended days				
Mon-Fri (4pm - 12am)	Band 6			
Sat&Sun (4pm - 12am)	Band 6			
Sat&Sun (9am - 5pm)	Band 6			
Sat&Sun (9am - 5pm)	Consultant			
Radiology Total			18,005	
	<b>Impact</b>			
	Extra sessions will reduce waiting times for exams and diagnoses and therefore reduce			
<b>Total</b>			<b>759,757</b>	

ITEM 10D