Health & Social Care: Local Review of Winter 2018/19

NHS Board, HSCPs:	NHS Lanarkshire North Lanarkshire H&SCP South Lanarkshire H&SCP	Winter Planning Executive Lead:	Craig Cunningham 01698 453704

Introduction

As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

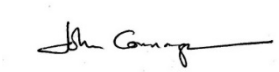
We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Completed reviews should be sent to **Winter_Planning_Team_Mailbox@gov.scot** by no later than close of play on **Friday 3 May.**

Thank you for your continuing support.

JOHN CONNAGHAN CBE



Chief Performance Officer, NHSScotland
and Director of Delivery and Resilience

1 Clear alignment between hospital, primary and social care

1.1 What went well?

- Full involvement of all parties as part of the winter planning group and subsequent plan which commenced in July 2018 and duly submitted to all respective groups for approval. This includes both North and South Lanarkshire Council, SAS and other key individuals.
- Multi-agency winter resilience sessions held across settings - additional detail in section 5 below
- Additional resources identified to support 'front door' and facilitate faster assessment and, where possible, return home for patients.
- Daily Conference calls were planned and, when required, could be increased to x 2 per day. These were routinely chaired by member of CMT and Exec on call at weekends.
- Additional social work and home care staff available at weekends to support increased discharges.
- Provision of GP opening on 26 December, 2 January, and the Saturdays of 5 and 12 January – supported by community pharmacies. Detail provided section 3 below.
- Surge capacity opened and available as per original plan.
- Near patient testing for flu – additional detail in section 6 below.
- 4x4 vehicle capacity identified and made available across the system
- Only 2 occasions where NHSL 4 hour A&E performance was slightly below Scottish average.
- Plans were reviewed by NHSL Resilience Manager to ensure appropriateness and appropriate mitigation measures.
- Dedicated comms page on NHSL website
- Comms campaign in conjunction with other WoS Boards

1.2 What could have gone better?

- There is still scope for increased/improved communication with the public re seeking most appropriate access point when in need of support.
- Earlier confirmation of additional funding to support the earlier employment of staff.

1.3 Key lessons / Actions planned

- Continued focus on communications

2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

2.1 What went well?

- Additional staffing to support 'front door' – Physio, OT, DNs
- Additional social work and home care staff available at weekends to support increased discharges.
- Average Daily Weekend Discharges increased by 9%. (Week day discharges also increased by 6%)
- 6 beds commissioned in nursing home and additional care home beds made available to support temporary placement in South Lanarkshire H&SCP
- North Lanarkshire H&SCP undertook test of change re commissioning nursing home beds to support AWI patients
- Hospital at Home staffing increased to maximise care at home
- Continued reduction in delayed discharges
- The utilisation of the Hospital@Home service and the integrated community support teams to deal with surge demand in the community and reduce reliance on hospital care
- Rapid assessment facilities established and staffed at each DGH – including weekends
- Daily safety huddles (up to x4 daily depending on issues)
- Weekend conference calls planned in advance and actioned
- Having dedicated ambulance support was also helpful in facilitating discharge/patient transfers more speedily – See Appendix 1
- Additional paediatric, mental health and pharmacy staff in the OOH period

2.2 What could have gone better?

- There is still scope for increased senior medical staff presence across the hospital, i.e. beyond the 'front door' and 'critical care' at weekends/peak holiday periods.
- To combat above, there was
    - development of 'Weekend Potential Discharge' List to direct senior decision makers towards patients potentially able to be discharged over the weekend, and
    - additional specialist nurse to complement senior decisions makers (MINTS for Medicine, and ACE for COTE.)... Again, to direct senior decision makers towards potential discharges.
- Increased Average Daily Weekend Discharges beyond the 9% achieved.
- Structured ward rounds should be in place that provide daily consistent senior decision making and clear plans of care, with timescales.

2.3 Key lessons / Actions planned

- Consider further reductions in leave allocation across peak holiday periods

3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

3.1 What went well?

- OOH Test of Change undertaken Fri – Mon across Winter to identify whether subsequent re-triage by GP and A&E consultant following initial NHS 24 assessment could reduce attendance at OOH and A&E. Full evaluation to follow, but headline figure is that around 70% of calls could be managed in a different way from original disposition, but little impact on A&E.
- Provision of GP opening on 26 December, 2 January, and the Saturdays of 5 and 12 January. This supported 1658 contacts – 69 house calls - with patient's own GPs as opposed to NHS 24 and/or A&E. The highest activity was on 2 January 2019.
- The additional GP opening was also supported by community pharmacies in the area also opening for extended periods
- Hospital@home and integrated community support teams resulted in more patients supported at home and admission avoidance
- Surge bed capacity was available to each of the 3 sites
- Important to note that the emphasis was on surge capacity – of which, beds were only part
- Improved performance overall is the result of a range of strategies in community/ out of hours/Hospital@Home that have seen a shift in admission not being seen as the default position
- Out of Hours GMS services were able to respond/meet the additional demand over the period
- Additional paediatric, mental health and pharmacy staff in the OOH period

3.2 What could have gone better?

- Still more scope to maximise 7 day working
- Timing of staff recruitment continues to be difficult, i.e. not wanting to recruit too early given financial issues v not recruiting in time to support additional flow

- Perception that all additional capacity is utilised when sometimes demand would not appear to justify same

3.3 Key lessons / Actions planned

- Continue to plan for additional capacity to match anticipated demand

4 Maximise elective activity over winter – including protecting same day surgery capacity

4.1 What went well?

- Planned care scheduling reviewed to maximise balance between availability of beds to manage unplanned care and minimise impact on waiting times.Active engagement with clinical teams to optimise elective activity both for outpatients and daycase/inpatients over winter period
- Clinically urgent and Cancer care treatment slots maintained throughout winter
- The TTG performance was maintained throughout the winter period.

4.2 What could have gone better?

- Opportunity to maximise elective activity in Quarter 2 in advance of winter not fully realised
- Ability to flex elective capacity to support unscheduled care requirements and continue to deliver planned care

4.3 Key lessons / Actions planned

- Continue to manage elective capacity to meet demand

5 Escalation plans tested with partners

5.1 What went well?

- Positive feedback had been received in general from the 4 x ½ day 'preparing for winter' resilience planning sessions which were organised and well attended this year. Delegates from North and South partnerships attended as well as Fire Service and other 3rd party representation.
- 'Preparing for winter' sessions were also held at the 3 x DGHs.
- The exercises highlighted issues that were addressed in advance such as: awareness of additional GP opening hours, potential impact on labs/specimen collection, and awareness of social work staff presence in the hospitals over the public holiday/weekend periods.
- A dedicated Winter Planning web page was developed and this allowed easy access to key information for all in NHSL.
- Engagement with SAS was particularly helpful and benefit of dedicated vehicle demonstrated in Appendix 1
- Discussion held with local undertakers re rate of funerals to mitigate impact on mortuary capacity in the event of high mortality rates similar to that seen in 2017/18.
- 4 x 4 vehicle capacity identified and provided across all areas

5.2 What could have gone better?

- Whilst 4 x 4 vehicle capacity was identified and provided across all areas, due to lack of inclement weather, not well utilised and some concerns continue in relation to who organises and manages the vehicles across the 24/7 period.

5.3 Key lessons / Actions planned

- Alternative venues for the resilience workshops for the coming year will be sought to make more accessible for prospective attendees.
- More detail required re responsibility for utilising 4 x 4 vehicle capacity.

6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

6.1 What went well?

Near Patient Flu Testing

- This initiative was proposed to assist with flow through the acute hospital setting by getting early indication – within 20 minutes - of whether a patient who presented with flu like symptoms did in fact have influenza. (There was a machine available in all 3 A&E/emergency receiving areas.)
- By confirming actual flu patients, it was easier to determine whether the patient had to be nursed in isolation or not. In addition, it also supported the decision to administer anti-flu medication – Tami-flu, or not. (Previously all patients would have been issued with Tami flu as preventative measure in the absence of confirmatory lab results.)
- An initial 1100 tests were planned when, in reality, the overall number tested was well beyond this number. Moreover, within the first 2 weeks of January, tests were showing high positive response rates, thereby allowing earlier recognition of flu in the area than would previously have been available via 'flu-spotter' GP practices.

Care Homes

- Full programme of vaccinations encouraged as well as bespoke advice re heralding any potential patients prior to transfer to A&E

Infection Control

- Dedicated winter plan produced by Lanarkshire Infection Control Committee
- Full programme of advice provided to all wards and departments to assist with planning for infection control
- Daily huddles to discuss any emerging issues
- Infection control service was extended from 5 days to 7 days between January and March and where there was any site with 2 or more ward closures there was on-site weekend presence.
- An out of hours telephone advice service was also available 7 days per week between January and March.

6.2 What could have gone better?

- All plans were executed effectively with little adverse impact of infection control measures

6.3 Key lessons / Actions planned

- Dedicated winter plan produced by Lanarkshire Infection Control Committee seen as very effective and will be repeated next year.
- Near patient testing is likely to be extended to other critical care areas beyond 'front door' in the respective hospitals

7 Delivering seasonal flu vaccination to public and staff

7.1 What went well?

- Increase in uptake for staff on previous year(s) – 47.3%
- Public Uptake similar – as noted below
    - 2-5s 48.6% (Scot = 55.7%)
    - Primary school 74.8% (Scot = 72.9%)
    - Under 65s– 41.0% (Scot = 42.4%)
    - Over 65s- 72.4% (Scot = 73.7%)
    - Pregnant women no risk factors 44.3% (Scot = 44.5%)
    - NHS Staff 47.3% (Scot = 51.2%)
- Communication campaign across all staff groups
- Senior Managers and Team Leads need to support programme and to be effective in encouraging and facilitating access to vaccine by their staff
  Further data awaited from PH re public uptake

7.2 What could have gone better?

- Increased uptake

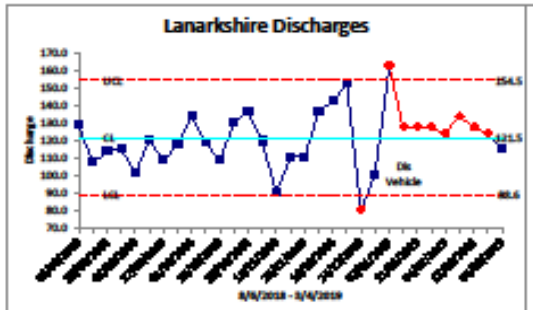
7.3 Key lessons / Actions planned

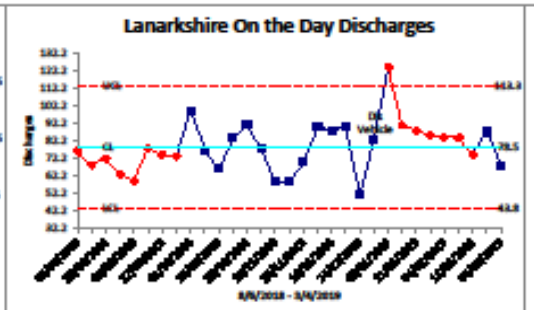
- Opportunity identified to increase flu vaccine availability/accessibility to NLC and SLC staff groups

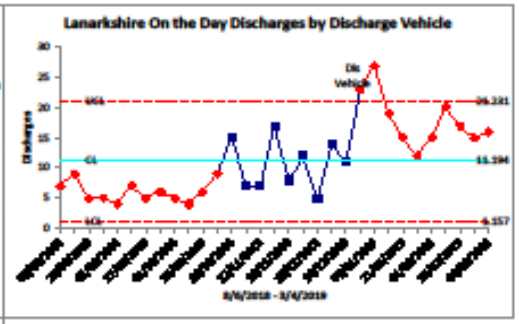
8 Top Five Local Priorities for Winter Planning 2019/20

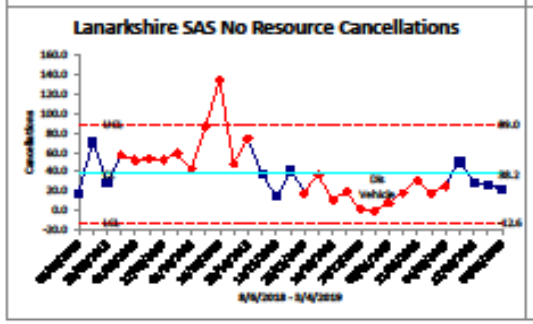
- Still more staff needed at weekends/PH/peak holiday periods
- More comms required re getting people to access most appropriate form of care – also increase awareness of GP opening at PHs in NHSL
- More work required in seeking to increase uptake of flu vaccine among staff
- Need to ensure effective planning of flu vaccine for 2019/20 in relation to changes to new GMS contract – and associated communication to the public
- Continued use of NPT flu testing and SAS vehicle

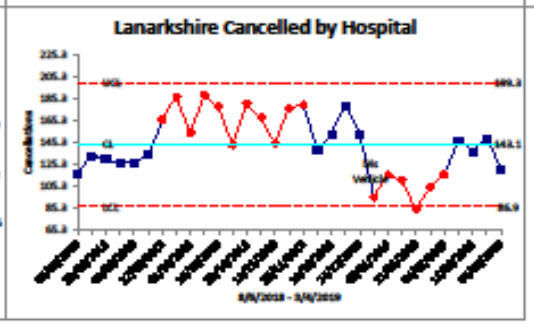
Appendix 1


Lanarkshire Discharges
Dis Vehicle
8/6/2018 - 3/4/2019


Lanarkshire On the Day Discharges
Dis Vehicle
8/6/2018 - 3/4/2019


Lanarkshire On the Day Discharges by Discharge Vehicle
Dis Vehicle
8/6/2018 - 3/4/2019


Lanarkshire SAS No Resource Cancellations
Dis Vehicle
8/6/2018 - 3/4/2019


Lanarkshire Cancelled by Hospital
Dis Vehicle
8/6/2018 - 3/4/2019