Perth and Kinross Integration Joint Board

22 June 2018

2017/18 Winter Plan Review

Report by Robert Packham, Chief Officer (G/18/99)

PURPOSE OF REPORT

This report outlines the P&K Health & Social Care Partnership Winter Plan review which was shared with the Scottish Government in April 2018.

The Scottish Government was this year keen to have feedback and on the learning specific to IJBs.

1. RECOMMENDATION

The IJB should note the attached winter plan review proforma as an update on this year's P&K Health & Social Care Partnership (HSCP) winter planning performance (Appendix 1).

2. SITUATION/BACKGROUND/MAIN ISSUES

This review was a beneficial exercise which helped to identify key pressures and performance, which in turn will feed into the 'National Health & Social Care: Winter in Scotland 2017/18 Report'. The lessons learned and key priorities for improvement will also be used to help develop the 'Preparing for Winter 2018/19 Guidance'

3. PROPOSALS

The review has allowed the HSCP to identify key priority areas for improvement and planning for the HSCP Winter Plan activity required for winter 2018/19. Key priority areas for improvement being:

1. Ongoing review of current Business Continuity Plans to ensure "all year" health and social care services responsiveness not just for winter planning
2. Focussed targeting within community health & other vulnerable groups of:
   - increasing Anticipatory Care Planning (especially within Care Homes)
   - increasing seasonal Flu vaccination and Pneumococcal vaccination uptake

- Enhanced Care & Support - further roll out and development as Integrated Care Teams from within P&K Localities
- increasing Polypharmacy Reviews (also with a focus within Care Homes)

3. Greater focus on management of long term conditions to decrease avoidable acute admissions.
4. Better defining pathways of care reducing unnecessary admissions to hospitals or care homes and better co-ordination of care provided in the community, preferably within the person's own home or home setting
5. implementing (where appropriate) flexible 7 day working

2018/19 winter planning will commence on 1st June 2018. Traditionally winter planning starts 1st October each year. Earlier planning will ensure the achievement and delivery of all improvements highlighted from the learning from the 2017/18 Winter Plan review.

4. CONCLUSION

It has been acknowledged that the winter of 2017/18 was particularly challenging for Health & Social Care services with increased presentation of influenza like illnesses over the festive period and a prolonged incidence of adverse weather – November 2017 to April 2018.

It can be concluded from the attached winter plan review proforma that P&K HSCP performed fairly well over the 2017/19 winter period but there are clear areas for improvement and greater focus as plans are formulated for the winter period 2018/19. P&K HSCP also require to ensure all year round business continuity and responsiveness – particularly during periods of increased system pressure and care activity.

Author(s)

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NOTE: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this report.

ANNEX

1. IMPLICATIONS, ASSESSMENTS, CONSULTATION AND COMMUNICATION

Strategic Implications	**Yes / None**
HSCP Strategic Commissioning Plan	**Yes**
Transformation Programme	**Yes**
Resource Implications	
Financial	**Yes**
Workforce	**Yes**
Assessments	
Equality Impact Assessment	**None**
Risk	**Yes**
Other assessments (enter here from para 3.3)	
Consultation	
External	**Yes**
Internal	**Yes**
Legal & Governance	
Legal	**None**
Clinical/Care/Professional Governance	**Yes**
Corporate Governance	**Yes**
Communication	
Communications Plan	**Yes**

1. Strategic Implications

1.1 Strategic Commissioning Plan

The winter plan review highlighted where activity supported the five key deliverables within the P&K HSCP Strategic Plan:

1 prevention and early intervention,
2 person centred health, care and support
3 work together with communities
4 inequality, inequity and healthy living
5 best use of facilities, people and resources

2. Resource Implications

2.1 Financial

P&K HSCP was awarded a share of the NHS Tayside Winter Planning financial allocation from the Scottish Government. This covered (in full) increased staffing/medical costs to meet demand over the winter period.

2.2 Workforce

The 2017/18 winter plan was shared with the local area partnership forum inclusive of HR and Staff Side Representation. A planning group re the winter plan 2018/19 will commence in June 2018 and HR and Staff Side Represenitves will be invited to attend. This will be essential as we explore workforce flexible deployment and seven day working.

3. Assessments

3.1 Equality Impact Assessment

N/A

3.2 Risk

Poor planning by the P&K HSCP in respect of winter pressures will lead to a breakdown of business continuity causing negative impact on service delivery and poor care outcomes for people living in Perth & Kinross.

3.3 Other assessments

Key priority areas for improvement being:

1. Ongoing review of current Business Continuity Plans to ensure "all year" responsiveness not just for winter planning
2. Focussed targeting within community health & other vulnerable groups of:
   - increasing Anticipatory Care Planning (especially within Care Homes)
   - increasing seasonal Flu vaccination and Pneumococcal vaccination uptake
   - Enhanced Care & Support - further roll out and development as Integrated Care Teams from within P&K Localities
   - increasing Polypharmacy Reviews (also with a focus within Care Homes)
3. Greater focus on management of long term conditions to decrease avoidable acute admissions.
4. Better defining pathways of care reducing admissions to hospitals or care homes and better co-ordination of care provided in the community, preferably within the person's own home or home setting
5. implementing (where appropriate) flexible 7 day working

4. Consultation – Patient/Service User first priority

4.1 External

The 2017/18 winter plan was developed under the scrutiny of the Older People's Service Implementation Group (OPSIG) – membership includes representatives from the third sector and private care providers

4.2 Internal

The 2017/18 winter plan was developed and required to assure robustness to the Integrated Management Team and the Executive Management Team of the HSCP.

5. Legal and Governance

5.1 The 2017/18 was shared with members of the HSCP Clinical & Care Governance Group

6. Communication

6.1 The 2017/18 was shared widely with HSCP Care Teams

7. BACKGROUND PAPERS/REFERENCES

N/A

8. APPENDICES

Appendix 1 - The HSCP Review of Winter Plan 2017/18

Health & Social Care: Local Review of Winter 2017/18

NHS Board, HSCP/s	P&K H&SCP/IJB	Winter Planning Executive Lead	Evelyn Devine, Head of Health/Diane Fraser, Head of Adult Social Care

Introduction

Last year we asked for local winter reviews to be shared with the Scottish Government. This was a beneficial exercise which helped to identify key pressures and performance, which fed into the 'National Health & Social Care: Winter in Scotland 2016/17 Report'. The lessons learned and key priorities for improvement were also used to help develop the 'Preparing for Winter 2017/18 Guidance' - http://www.sehd.scot.nhs.uk/dl/DL(2017)19.pdf

To continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2017/18 with the Scottish Government to support winter planning preparations for 2018/19. Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect this year's review to include:

- the named executive leading on winter across the local system
- key learning points and future recommendations / planned actions
- top 5 local priorities that you intend to address in the 2018/19 winter planning process
- comments on the effectiveness of the wider winter planning process and suggestions as to how we can continuously improve this process. We are particularly keen to hear the views of Health & Social Care Partnerships.

Thank you for your continuing support.

Alan Hunter
Director for Health Performance & Delivery

Geoff Huggins
Director for Health & Social Care Integration

1	**Business continuity plans tested with partners.** *Outcome:* *The local system has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.* *Local indicator(s): progress against any actions from the testing of business continuity plans.*

1.1 What went well?

- Business Continuity management arrangements/plans to manage and mitigate against key disruptions including the impact of adverse weather
- Business Continuity Team set up locally at senior management level, across HSCP/Primary Care
- Pre-planning, including planning of additional weekend staff and public holidays
- OOH GP's volunteered for extra shifts at weekends
- Many GP practices reported that they coped well with good planning
- Having knowledge of vulnerable people in the community allowed services/support to continue to be delivered utilising a good whole system winter plan.
- The stand-down was planned well

1.2 What could have gone better?

- We could have been more responsive to known increased business following public holidays – this should be planned rather than reactive.
- Further clarity around role of Resilience Team would have helped.
- The frequency of huddles was time consuming and we needed to better identify who needed to be at which huddle
- In some cases we left interventions too late e.g. multiprofessional huddles, resource ordering

1.3 Key lessons / Actions planned

- 4 by 4 cars picking staff up – we need to review the process and poor telephone signal arrangements to be reviewed
- Business Continuity Plans – all services to ensure BCP's are reviewed, relevant and fit for purpose and are available on Staffnet/ERIC
- Consideration of volume of information requests during snow/adverse weather and identify most appropriate people to collate information.
- Resilience planning and Site management need to ensure representation within any event planning or after review events.
- Local BCP and pressure planning needs to be led by the right people – skill based not role based
- We need to better develop teams all year round to cope when pressure hits

2 Escalation plans tested with partners.

Outcome:
Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.

Local indicator(s):

- *attendance profile by day of week and time of day managed against available capacity*
- *locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours*
- *all indicators should be locally agreed and monitored.*

2.1 What went well?

As per Section 1

2.2 What could have gone better?

- Earlier decision making.
- Advanced planning - capacity, staffing, escalation triggers
- Planning in relation to bed management – community hospitals
- Outpatient Services continued – might have freed up staff – there was mixed messages as to what to step down. We also require to ensure we increase admin support when stepping down clinics to enable fast contact to patients.

2.3 Key lessons / Actions planned

- Action/Planning around Resources – workforce, duty manager/on call and timing
- Review/further develop triggers, action cards and escalation plans
- One Plan for system pressures
- Single point for resilience planning
- Early decision making required
- Escalation to other agencies, working with partners/GPs in times of system pressure

3 Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.

Outcomes:

- *Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.*
- *The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.*
- *Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.*

Local indicator(s):

- *daily and cumulative balance of admissions / discharges over the festive period*
- *levels of boarding medical patients in surgical wards*
- *delayed discharge*
- *community hospital bed occupancy*
- *number of Social Work assessments including variances from planned levels.*

3.1 What went well?

- Discharge Hub in PRI - admission and discharge processes improving – discharge rate maintained despite reduction in beds. Only one delayed discharge in PRI on New Years Eve.
- Additional GP/medical cover for community hospitals in P&K and clinical director input facilitated increased capacity and flow with discharges and transfers from PRI.
- Additional AHP Services, Ambulance and Pharmacy over the weekends facilitated discharges and allowed ongoing assessment and treatment which resulted in optimal lengths of stay
- Enhanced Community Support (ECS) helped keep people at home
- Social Work covering 7 days and Public holidays – supported discharge
- Care at Home, Reablement and Rapid Response support for discharge and prevention of admission
- Limited annual leave authorised for internal care at home and reablement services in Dec to increase capacity over festive period
- GP Call Handling overnight – prevention of admission
- SAS support for discharge – especially to community hospitals

3.2 What could have gone better?

- Enhanced Community Support requires to be available in all localities – this continues to be rolled out
- No definition of how step down capacity would be used – also no criteria for why you would not send for interim placements when no care at home available
- Transport availability for quick turnaround of discharges – we need to use third party volunteering also

3.3 Key lessons / Actions planned

- Consideration of 7 day working of service ie Pharmacy, AHP

- Consideration of vacancy impact - if not optimal for business as usual then consider impact in times of pressure
- Consideration of availability of interim placements or additional home care to facilitate discharges
- Continue to develop and improve Discharge Hub in PRI
- Continue to roll out ECS

4 Strategies for additional surge capacity across Health & Social Care Services

Outcomes:

- *The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised.*
- *The staffing plans for additional surge capacity across health and social care services is agreed in October.*
- *The planned dates for the introduction of additional acute, OOH, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.*

Local indicator(s):

- *planned additional capacity and planned dates of introduction*
- *planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;*
- *planned number of additional intermediate beds in the community and the planned date of introduction of these beds;*
- *levels of boarding.*
- *planned number of extra care packages*
- *planned number of extra home night sitting services*
- *OOH capacity*
- *planned number of extra next day GP and hospital appointments*

4.1 What went well?

- Health and Social Care Partnerships adapted with additional measures to prevent delayed discharges, improve flow, enhance social provision
- Social work available over festive period – 7 day working and public holidays covered. Social work Hospital Discharge team were in over the festive period including public holidays and weekend.
- Authorisation of funding for care home placements and interims approved during festive period
- Enhanced specialist liaison services to reduce emergency admissions from care homes and support discharge from hospital to care home
- Additional GP/medical cover for community hospitals, including weekend ward rounds, in P&K and clinical director input facilitated increased capacity and flow with discharges and transfers from PRI
- Additional AHP Services, Ambulance and Pharmacy over the weekends facilitated discharges and allowed ongoing assessment and treatment which resulted in ultimate lengths of stay
- SAS support for discharge

4.2 What could have gone better?

- Staffing – forecasting an overview across Tayside and resource planning eg annual leave time out
- Support for staff resilience – impact on health and attendance at work
- Risk reliance on good will of staff

4.3 Key lessons / Actions planned

- Ensure responsiveness particularly at weekends – will require a planned approach to increasing staffing levels

5 Whole system activity plans for winter: post-festive surge / respiratory pathway.

Outcomes:

- *The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.*
- *Monthly Unscheduled Care Meetings of hospital triumvirate, including IJB Partnerships and SAS (clinical and non-clinical) colleagues.*

Local indicator(s):

- *daily number of cancelled elective procedures;*
- *daily number of elective and emergency admissions and discharges;*
- *number of respiratory admissions and variation from plan.*

5.1 What went well?

- The monthly NHST unscheduled care boards and P&K Acute Care/HSCP interface meetings allowed for better winter planning this year.

5.2 What could have gone better?

- Covered in sections above

5.3 Key lessons / Actions planned

- Covered in sections above

6 Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

Outcome:

- *NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.*

Local indicator(s):

- *Agreed and resourced analytical plans for winter analysis.*
- *Use of System Watch*

6.1 What went well?

- NHS Tayside response

6.2 What could have gone better?

- NHS Tayside response

6.3 Key lessons / Actions planned

- NHS Tayside response

7 Workforce capacity plans & rotas for winter / festive period agreed by October.

Outcomes:

- *Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective health and social care. This should encompass all relevant health and social care services.*
- *Maintain discharges at normal levels over the two 4 day festive holiday periods.*
- *Right level of senior clinical decision makers available over the two 4 day festive holiday periods.*

Local indicator(s):

- *workforce capacity plans & rotas for winter / festive period agreed by October;*
- *effective local escalation of any deviation from plan and actions to address these;*
- *extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements;*
- *number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges.*

7.1 What went well?

- Health and Social Care Partnerships adapted with additional measure to prevent delayed discharges, improve flow, enhance social provision
- Specialist Nurses changed ways of working to support pressures
- Increased senior management presence over the four day festive period – enhanced leadership and decision making
- Celebration of staff efforts and dedication to ensure service provision remained ie sleeping on site, etc, through Communications
- Increased Social work capacity over festive period

7.2 What could have gone better?

- Time taken to approve funding bids and time taken for staff to be appointed was too long
- Support for staff resilience – impact on health and attendance at work
- Risk reliance on good will of staff
- Consistent AHP cover over weekends

7.3 Key lessons / Actions planned

- Consideration of up skilling and induction plan for providing cover in alternate area

8 Discharges at weekends & bank holidays

Outcome:

- *Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow.*
- *Robust planning and decision making midweek to support discharges for patients over a public holiday weekend for example Immediate Discharge Letters (IDLs), Pharmacy Scripts, Transport and Equipment to minimise delays.*

Local indicator(s):

- *% of discharges that are criteria led on weekend and bank holidays;*
- *daily number of elective and emergency admissions and discharges*
- *discharge lounge utilisation*

8.1 What went well?

- Additional AHP Services, Social Work, Ambulance and Pharmacy over the weekends to provide 7 day working allowed for discharging at the weekends – particularly to community hospitals
- Health and Social Care Partnerships adapted with additional measure to prevent delayed discharges, improve flow, enhance social provision
- Introduction of Ward rounds over weekends at Community Hospitals

8.2 What could have gone better?

- Definition of how step down capacity would be used
- Overnight planning

8.3 Key lessons / Actions planned

- Escalation to other agencies, working with partners/GPs in times of system pressure

9 The risk of patients being delayed on their pathway is minimised.

Outcomes:

- *Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream speciality wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge.*
- *Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer.*
- *Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.*

Local indicator(s):

- *distributions of attendances / admissions;*
- *distribution of time to assessment;*
- *distribution of time between decision to transfer/discharge and actual time;*
- *% of discharges before noon;*
- *% of discharges through discharge lounge;*
- *% of discharges that are criteria led;*
- *levels of boarding medical patients in surgical wards.*

9.1 What went well?

- NHS Tayside Response

9.2 What could have gone better?

- NHS Tayside Response

9.3 Key lessons / Actions planned

- NHS Tayside Response

10 Communication plans

Outcomes:

- *The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.*
- *Effective local and national winter campaigns to support patients over the winter period are in place.*
- *Staff are engaged and have increased awareness of the importance of working to discharge patients over the two 4 day festive holiday periods.*

Local indicator(s) :

- *daily record of communications activity;*
- *early and wide promotion of winter plan*

10.1 What went well?

- Communication to public, patients and staff on access arrangements over festive period
- Good communication via Vital Sign re preventing infection

10.2 What could have gone better?

- NHS Tayside response

10.3 Key lessons / Actions planned

- NHS Tayside response

11 Preparing effectively for norovirus.

Outcome:

- *The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).*

Local indicator(s):

- *number of wards closed to norovirus;*
- *application of HPS norovirus guidance.*

11.1 What went well?

- NHS Tayside response

11.2 What could have gone better?

- NHS Tayside response

11.3 Key lessons / Actions planned

- NHS Tayside response

12 Delivering seasonal flu vaccination to public and staff.

Outcome:

- *CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.*

Local indicator(s):

- *% uptake for those aged 65+ and 'at risk' groups;*
- *% uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.*

12.2 What went well?

- NHS Tayside response

12.3 What could have gone better?

- NHS Tayside response

12.4 Key lessons / Actions planned

- NHS Tayside response

13 Additional Detail

Include detail around when this review is likely to be considered by the Boards senior management team.

- Review by P&K IJB – June 2018

14 Top Five Local Priorities for Winter Planning 2018/19

Review of Business Continuity Plans

Focussed targeting within community health & other vulnerable groups:

- Increase ACP (esp. within Care Homes)
- Increase Flu Vac and Pneumococcal vac uptake
- AFT/ECS further roll out and development
- Increase Polypharmacy Reviews

Decrease failure demand interventions - Management of Long Term Conditions to decrease avoidable acute admissions.

Defined Pathways of care for not admitting, how can it be managed in the community/home setting

15 Views on Wider Winter Planning Process & Suggestions for Improvement

- Introduce 7 day working of service ie Pharmacy, AHP – Planning group in place to explore this – April 2018