



# **NHS Dumfries and Galloway**

## **Winter Plan**

**November 2018**

## Executive Summary

NHS Dumfries and Galloway and the Dumfries and Galloway Health and Social Care Partnership (HSCP) have collaborated in developing this Winter Plan, the following highlights the actions that will support business as usual and mitigate against the adverse impact of winter and potential disruptions to services.

Key pressures include increase in demand for services, the challenge in balancing scheduled and unscheduled care; regionally there are significant workforce issues for a number of professional groups that challenges the ability to flexibly meet demands.

Business Continuity plans are in place, for DGRI these have recently been revised for the new site and following lessons learned from last winter which was particularly challenging following the move to the new hospital in early December.

The Adverse Weather Policy was tested earlier in the year and worked well with support from a number of agencies; this will be circulated to all staff for information.

Communication with staff and the general public will continue, highlighting when there are peaks in demand and alternative pathways that can be utilised.

An electronic huddle within DGRI is held twice daily and increased to three times daily in times of bed pressures. This has been an invaluable tool to quantify bed status within Acute. Improved communication will be taken forward this winter to ensure a partnership approach is activated to support peaks of demand.

Robust Performance Management will continue with the establishment of a new Governance structure for both Unscheduled and Scheduled Care chaired by the Chief Officer and Chief Executive.

NHS Dumfries and Galloway are committed to establishing clear trajectories for weekend and earlier in the day discharge. Last winter we maintained good levels of weekend discharges with a weekend multidisciplinary team and this will be repeated. Earlier in the day discharges have been monitored closely for a number of months with the aim being to shift the curve.

NHS Dumfries & Galloway are committed to maximizing elective theatre capacity over the winter/festive period as previously set out in the submission to the Scheduled Care Performance and Delivery Team within the Scottish Government earlier this month. Reduction of elective activity in January and starting medical speciality clinics later will allow Medical staff the capacity to deal with additional demand.

Festive rotas are in place for all areas. Within DGRI a rota for managerial cover at the weekend and public holidays will be in place from December; this will provide leadership to the multidisciplinary weekend team and support to staff on the ground.

Recruitment and retention of staff is essential to the maintaining flexible and robust services and there has been significant work undertaken in the last year. There have been a number of different initiatives including open days, commissioning of a Medical Recruitment company, visiting conferences/universities to increase recruitment. In addition, there are plans commencing in December to promote Wellbeing and Resilience for staff including drop in yoga and mindfulness sessions, drop in Occupational Health and Workforce sessions. Evaluation of these initiatives will provide us with learning for future years.

Daily Dynamic Discharge refresher training has been provided for all staff within Acute and Community hospitals. Flow meetings are held for the region and there are improved links with SAS now with the appointment of a Hospital Ambulance Liaison Officer. Other initiatives we are testing this Winter include a transfer team, a discharge lounge which are based on lessons learned from last year.

The Combined Assessment Unit was particularly challenged last winter, additional staffing have been funded and the establishment of a Nurse Triage area, providing rapid assessment of patients, this has commenced and has shown improvements to the pathway.

Within the HSCP the Short Term Assessment and Reablement Service (STARS) and Rapid Response team Nithsdale in Partnership (NiP) are providing alternatives to hospital admission and supporting discharge, a review of NiP has been undertaken and improvements implemented which will provide greater support this winter. Community nursing will have a more flexible service with a shadow roster that can be implemented as in periods of high demand.

Healthy Connection supports individuals who are isolated and lonely to reconnect with communities and Mental Health are providing support for individuals with undiagnosed/low level learning disabilities.

Communication will be circulated to the general public on the availability of Community Pharmacies throughout the festive period and winter.

Increased demand for care provision has been projected and all partners including Social Work have plans in place to provide emergency assessments in the immediate period before and during the holiday period.

Ongoing communication to the general public is key with a number of local/national campaigns continuing throughout the winter directing individuals to alternative services where available.

Mental Health services have daily huddles which will be enhanced as required and there will be OOH senior nurse cover for weekends and public holidays.

Out of Hours meet weekly identifying gaps in the rota and support from Health Intelligence has ensured appropriate staffing levels for projected peak demands. Escalation plans are in place and have been tested. Other groups of staff such as pharmacy are also providing a service to patients within OOH.

The Infection Prevention and Control Team (IPCT) work closely with all partners to ensure staff are adhering to national guidelines and there are robust plans in place in the event of a Norovirus outbreak.

Flu vaccination clinics have been established within workplaces with a high number of drop in clinics being available to ensure it is convenient for staff to attend.

There has been significant investment in the Respiratory team, with a new integrated Community Respiratory team being established. In-reach from the respiratory team into the Combined Assessment Unit will also support the rapid assessment of patients with a respiratory condition, with the availability of SpO2 monitors and Oxygen alert cards being progressed across the region.

## **APPENDICES**

Appendix I summarises the funding allocated to Winter Plans, noting Scottish Government and local funding.

Appendix II is the Nithsdale Action Plan clearly setting out planned actions which will avoid unnecessary admissions.

Appendix III provides the submission to the Scottish Government on additional capacity and resource that will be provided over the coming months to ensure scheduled care pathways remain on an improvement trajectory.

## 1. Introduction

NHS Boards and their partners are required to respond to and recover from winter disruptions. These disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness, increased numbers of falls and trips and wards closed due to higher levels of norovirus. Boards also can face challenges associated with managing workforce rotas during the festive period and during periods of increased seasonal flu within the community.

NHS Dumfries and Galloway and the Dumfries and Galloway Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. In order to ensure that patients continue to be safely and effectively cared for in the community and, where appropriate, admitted, diagnosed, treated and discharged from hospital.

Within NHS Dumfries & Galloway a new Governance Structure for Unscheduled Care has been established, co-chaired by the NHS Chief Executive and Chief Officer. A similar structure for Scheduled Care is currently being developed and the NHS Chief Executive will chair this Programme Board.

The purpose of this document is to describe the plan that NHS D & G and HSCP have developed to respond to these potential winter disruptions which aims to:

- Ensure normal delivery of services, with limited or no disruptions
- Flexibility to meet peaks in demand
- Deliver change through quality improvement.

The plan has been developed in partnership with all operational directorates and with involvement from the Scottish Ambulance Service (SAS), Care Providers and Third Sector agencies.

NHS D & G & HCSP are confident that the plan will deliver on the following key identified priorities

- Increase in weekend discharges
- Early in the day discharges
- 7 day & public holiday working.

## 2. Key Pressures

There are a number of key pressures that are prevalent over the winter period which affect our ability to optimally manage flow and capacity. Historical and current intelligence tells us that these include:

- Increased activity through the Emergency Care Centre (ECC) with a higher acuity/complexity/dependency
- Increased emergency admissions
- Increased number of delays of patients who are medically fit for discharge
- Recruitment and retention of all staff including GPs
- Provision of home support packages in the community
- An inability to balance scheduled care in line with waiting time obligations
- Increased number of patients not in the correct speciality bed (boarding).

### **3. Measuring Performance**

The delivery of safe and effective care for people requiring health and social care will be measured through delivery of:

- 4 hour access target
- Hospital occupancy
- Delayed discharges/ Day of Care Survey
- Boarding levels
- Length of stay
- Stroke Standards (admission to stroke unit)
- Hip fracture standards (time to surgery)
- Local and National Waiting Times Targets
  - Treatment Time Guarantee (TTG)
  - 18 weeks Referral to Treatment
  - Cancer waiting times.

### **4. Self Assessment**

NHS D & G, and HSCP have completed the Scottish Government self assessment checklist which helps to measure our readiness for winter across several key areas. The checklist has been shared with teams and will be utilised as a local guide to assess the quality of winter preparations. A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

### **5. Resilience**

This Winter Plan details the actions we will take to ensure that we are prepared to manage the extra demand for services we can expect during the winter period. NHS D & G, HSCP and agencies supporting this winter plan have a number of policies and measures that ensure we are prepared to deal with unexpected or major events. These are summarised as Business Continuity plans.

Business Continuity (BC) plans are in place for all critical services within all directorates. The range of plans are subject to ongoing review and update. These are available for access via our intranet.

Following winter 2017/18 opportunity for practical learning around the links during weather related business continuity incidents was identified. Throughout the year a review of our planning and preparation for these events has been underway to refine the “whole organisation” response. An action plan has been developed to support the key issues. All aspects are supported by the Board Resilience Co-ordinator.

Business Continuity arrangements for staffing and supplies ensure that levels of staffing and stock and critical equipment are reported onto command teams in the event of a BC incident. NHS Dumfries & Galloway is a partner in the Multi-agency Major Emergency Scheme and arrangements are made via the Local Resilience Partnership to provide specialist practical and vehicle support from the local asset register if required.

NHS Dumfries and Galloway have an adverse weather policy in place. This policy provides a clear framework for managers and staff detailing service expectations, responsibilities,

reporting arrangements and entitlement in the event of adverse weather within the region. Travel advice is provided by Local Authority sources and is distributed by email to a predetermined cascade by the General Manager on call.

A communication plan is in place led by the NHS Dumfries & Galloway Communications using media and social media to inform staff and service users as well as highlighting demand and capacity updates. This was tested last year during adverse weather events in winter 2017/18.

Mortuary capacity is managed on a day to day basis by the Laboratory Manager for Microbiology, Pathology and Mortuary. Clear triggers are in place and in the event of demand rising there are close working relationships with the local undertakers as the Dumfries and Galloway Council does not offer mortuary services.

A contingency plan is in place linked to Mass Fatality Plans should demand for mortuary services exceed local capacity and the Board Resilience Officer and Laboratory Manager for Microbiology, Pathology and Mortuary participate in national excess death planning events.

## **6.      **Unscheduled/Scheduled Care****

### **6.1      Clinically focused and empowered management**

The acute hospital site is managed using a triumvirate approach inclusive of General Management, Lead Nurse and Deputy Medical Director supported by Capacity Management.

A twice daily whole hospital safety and flow huddle is well established and includes representation from key areas across the hospital including social work representation. This year the introduction of an electronic huddle using daily predictions has increased the accuracy of bed status. This meeting is chaired by a member of the senior management team ensuring their awareness of pressures and supporting action planning and escalation as required. This increases to three times a day during times of bed pressures. There are regular links with the community Flow Coordinators as well which is beneficial for a whole service response when there are acute bed issues.

Hospital status following each safety huddle informing staff of updated/latest hospital situation is cascaded using the intranet/SitRep reports. The SitRep report includes Information on ED performance and status, NHS D&G beds, Waiting list performance and Boarders. It is shared across acute and community services with an update emailed to key post holders on a three times a day basis.

In order to assess performance throughout the year we have developed a suite of indicators as listed below which are available using the intranet-based *Qlikview* system, giving a close to real time view of how we are managing demand.

A standard operating procedure incorporating escalation is currently being developed and will be in place for Winter. The current escalation processes ensure communication between acute and community management when bed pressures are identified, including notifying Out of Hours.

### **6.2      Planning elective and unscheduled care**

Daily predictions for unscheduled attendance are currently shared organisational wide through the site huddles and local SitRep reports. Work is currently underway and will be place by the end of November to provide an improved view of predictions. This will include:

- 6 month ahead predictions to allow for strategic planning
- 4 weeks in advance predictions
- Weekly 7 day predictions.

Both the 4 week and the 7 day predictions will be used within the acute weekly waiting times and DCAQ meetings to ensure operational awareness of predicated demand. This will ensure informed decisions to minimise on the day cancellations and also to limit the impact on waiting times.

The Health Board are currently exploring the use of System Watch to provide the 4 week advance predictions, together with other key measures.

In January the Health Board will limit the volume of non urgent inpatient scheduled activity, with no non urgent cases during the first two weeks. In reducing the scheduled activity during the first two weeks for non urgent cases there will be the opportunity to support the wider hospital during a period where demand will be high and support will be required from all areas within the hospital.

Review of morning clinics within the medical specialities is planned through the waiting times meeting, in particular to reduce activity during the first two weeks in January. This will support and facilitate timely reviews of patients on the wards ensuring that the unscheduled flow is optimised and patients are discharged safely and on time where appropriate. In doing so elective activity will be less affected by the potential to increase the number of beds available for elective surgery.

It is acknowledged that the theatre department is one of the most expensive utilities within the hospital and therefore careful planning and deployment of pragmatic solutions are in place to ensure utilisation of such facilities is as efficient as possible. At our weekly waiting times meeting we are utilising intelligence from previous years and more recent months to forecast predicted activity over a 4 weeks and 7 day period. This allows us to smooth the number of admissions throughout the week, ensuring that there are not high numbers of elective cases requiring inpatient beds when an increase in unscheduled care is predicted. On the days where a reduction in the case mix requiring inpatient bed has been implemented an increase in daycase surgery will be utilised to ensure that not only our theatres are utilised fully but our performance is maintained. Working closely with specialties over this period will ensure that lists are appropriately appointed and adapted both in the weeks leading up to and on the day of surgery in some cases to ensure that lists are as efficient as possible.

Understanding and assessing the level of activity which could be lost during the first few weeks in January is crucial in ensuring that plans can be made to recover that loss over the following weeks by utilising additional lists to ensure elective performance is not adversely impacted by the winter period.

## 6.2 Festive Staffing

Across all the operating directorates confirmation has been received that appropriate festive staff rotas will be in place for medical, nursing, Allied Health Professionals (AHPs) and support staff.

Rotas have been planned to ensure that the Mondays following the festive weekends are a normal working day and additional staff have been scheduled to ensure staff levels are maintained.

Weekend and festive rotas will be shared across the organisation and will include key contacts and level of service covering the above periods.

### **Nursing**

- Recruitment is monitored weekly and close monitoring ensures identification of pressures rates. Other areas, such as sickness absence will also be monitored closely.
- A proactive approach with one stop recruitment days and open evenings has been in place throughout the year and this will continue.
- Work is ongoing reviewing nursing skill mix and development programmes for the different bands, bank availability, adequate staffing to open the Winter ward.
- The issue with local recruitment has been raised as a risk and will be monitored weekly. Executive leads are aware.

### **Medical**

- Early planning for the festive period is in place which will ensure appropriate levels of staffing especially senior decision makers at the front door.
- Close management of the rotas is in place and will continue to ensure early identification of potential pressures. The issue with local recruitment has been raised as a risk and will be monitored weekly. Executive leads are aware.

### **Other services**

- Pharmacy, social work and AHPs will all have festive rotas in place by October. All staffing will be regularly monitored over the Winter period.

A wellness group has been established to look at how staff resilience can be maintained over the challenging winter period; this will develop further during the preparations for Winter.

## **6.3 Optimising patient flow**

The planning priorities identified for 2018/19 correspond with a range of transformation programmes and projects across the HSCP. These include:

- A review of Daily Dynamic Discharge (DDD) will take place in all acute ward areas which will include refresher training for all professionals involved in the process. This will be delivered at ward level.
- DDD is being used in all community hospitals. Further improvement work is required to embed and share good practice across all localities.
- Work is being undertaken to test a Discharge Lounge in DGRI. This will be in place by Dec 2018. This initiative will support pre noon discharges and will be monitored and reviewed throughout the winter period
- Criteria Led Discharge is currently being tested within the respiratory ward in DGRI. Once embedded within this ward area, Criteria Lead Discharge (CLD) will be spread to other areas including Combined Assessment Unit (CAU).
- Locality & DGRI Flow Meetings are established. The purpose of these meetings is to address flow within our Acute & Cottage Hospital bed base, including community services. They ensure that creative solutions for discharge are explored to avoid delays
- An additional SAS vehicle, Third Sector transport provider, transport coordinator and Hospital Ambulance Liaison Officer (HALO) role are in place all year round. This team ensures the efficient use of transport resources on a day to day basis. A small

test of change is happening over this Winter in one ward area to identify transport needs at the earliest opportunity using electronic discharge plans.

- A transfer team which is responsible for the timely movement of patients from CAU to downstream wards is planned to commence for Winter.
- Key services in place which includes Pharmacy, Patient Flow Co-ordinator (PFC), AHP and Social Work over a 7 day period.
- Recruitment is underway for a Band 6 member of staff, to ensure that staff are aware and have the necessary skills and training to identify Carers and involve them in planning the discharge for the person they care for. This will include how to access information and advice services which are laid out in our local Carer Strategy.
- A review is currently being undertaken of the medical staffing model within the ECC in order to ensure senior decision making at the front door.
- Acute Directorate bed re-modelling; Initial work is currently underway on bed re-modelling in the Acute Directorate. This will involved an increase in medical beds with a reduction in surgical beds, with the aim to reduce boarding. A final decision around how beds will be configured to reflect the bed modelling requirements will be made in due course. The workforce infrastructure around the bed modelling will also be agreed.
- Increased availability of DGRI pharmacy team at weekends as an enabler to support increased discharge rate. Increased pharmacy staffing of CAU Monday to Friday, start pharmacy discharge planning from admission.
- A frailty pathway is currently being established at the front door of DGRI. Recruitment is underway for a frailty nurse, who will coordinate the pathway. The new pathway will be supported by in reach from a consultant geriatrician and will ensure comprehensive geriatric MDT assessment for all frail patients aiming to recue length of stay and improve patient experience.

#### 6.4 Senior decision makers availability

- A review is currently being undertaken of the medical staffing model within the ECC in order to ensure senior decision making at the front door.
- The board continues to fund an established 7 day service for AHPs, pharmacy and social work, which will continue over the winter, with a dedicated individual assigned to discharges.
- Over winter additional funding has been agreed for Consultant cover, an additional PFC and Senior Management cover at the weekends to focus on weekend discharges. A clear process and agreement for the role of the weekend team is established.
- Additionally capacity will be open to provide surge beds and will be staffed over the Winter period
- A revised boarding policy, following learning from last winter, will be implemented with the aim to improve patient safety and flow
- A test of change in the CAU implementing a Nurse Triage area, where patients will be seen quickly and some basic observations, bloods and tests taken is commencing in October, with the aims to improve patient experience and flow.

#### 6.5 Community Services Planning

The HSCP component of the plan seeks to provide alternatives to hospital based care to prevent admission and support discharge in a range of community settings.

### **Short Term Assessment and Reablement Service (STARS)**

The Short Term Assessment and Reablement Service (STARS) provide a 7 day service across the region. This service supports GPs, acute and community hospitals, to prevent and support early discharge from hospital.

### **Rapid Response team Nithsdale in Partnership (NiP)**

The Rapid Response team Nithsdale in Partnership (NiP) are able to reduce hospital admissions by supporting our GPs and community partners, and improve the flow of people discharging from DGRI in a timely and efficient manner enabling and supporting people returning home safely. The team comprises a mix of specialist clinicians (health and social care) who assess people in their own homes. They provide support and expertise in an initial period of re-adjustment back to the home setting, and also support people to remain at home safely where admission to hospital may have been the sole alternative. Rapid Response link closely with partner services including; CASS, STARS, Community Nursing, Domiciliary AHP Services, Community Rehab, Healthy Connections, Pharmacy, Social Work, and the Third Sector. The Action Plan can be found at Appendix II.

### **Current Rapid Response action points include:**

- Review of criteria and function of services in order to reduce duplication and increase the efficiency and productivity of the service
- Daily huddles to assess projected workload and deployment of workforce
- Presence at both community and acute FLOW meetings and Ward MDTs
- Managerial presence at Unscheduled Care meetings
- Consideration around a presence in CAU/A&E dependant on need and availability – currently being explored.
- Continuing with the Falls Pathway work with the SAS and exploring other condition pathways
- Exploring potential input to Care Homes with a view to reducing GP callouts and hospital admissions
- Ongoing recruitment including full time Community Nurse presence in the team from mid October
- Anticipatory Care Planning is being rolled out across the Community.

It is anticipated using this data between Dec and August and projecting for a year that the transitional team will visit 175 users in a year, and the new ‘front door’ team in conjunction with the existing workforce will be able to undertake at least the same level of activity, bringing the total to around 350 for the year in Nithsdale DG1/DG2.

### **Community nursing team**

- In order to ensure flexibility of service to meet any potential peak in demand, agreement will be sought from the teams to have a “shadow roster” in place which would allow the flexibility to increase at weekends should any situation arise in order to support speedier discharge home from acute care and to prevent admissions to Hospital where practicable.
- Utilise monthly caseload and complexity tool, updating actions as required from caseload.

- All vacancies being filled to maximise community nursing staffing levels

### **Health and well being**

- Healthy Connection supports individuals who are isolated and lonely to reconnect with their communities with an aim of preventing hospital admission. A further focus is on mental and physical healthy lifestyles within and out with general practices. By focusing on prevention and wellbeing it is hoped we will be enabling people to lead healthy and happier lives thus reducing hospital admissions.
- Working with colleagues in mental health developing a facility for those with undiagnosed / low level learning disabilities offering support x 2 weekly using the Men's Shed.

### **Prescribing support/Community Pharmacy**

- Optimise mailbox open for referrals – medication review of patients either remotely or in their home.
- General Practice Community Pharmacists provide prescribing support pharmacists clinics supporting GP practices throughout the winter period
- National Campaign material for 'Pharmacy First' is communicated across the region
- There is clear communication of Community Pharmacy rotas.

### **Social services**

- Discussion with Commissioning around the flexibility and potential increased demand on care provision over the winter period.
- Community Social Work will continue to assess and link in with Rapid Response/STARS/OT/Care at Home/Community Hospitals. Workers will continue to respond to emergency assessments in immediate period before and during public holiday period.
- DGRI Social Work Team will continue to provide assessments for discharge.

## **6.7 Communication and engagement with the Public**

The objectives of the Winter Communications and Engagement plan are to:

- Encourage the public to access the right services at the right time in the right place
- Be aware of seasonal viruses such as flu and norovirus, and how to prevent against them / deal with symptoms
- Remind people to prepare for the winter period by obtaining adequate supplies of prescribed medications
- To encourage the public to avoid accessing the Emergency Department or Primary Care Out-of-Hours services where other alternatives exist

These messages are delivered through:

- National Campaign material such as 'Know where to turn to' and Pharmacy First

- Local advertising of the Meet ED campaign with DGRI Emergency Department consultants
- Newly installed public information television screens situated throughout the new DGRI hospitals will also be utilised to promote key messages on flu vaccination and norovirus.

The communications will be led by our local communication team who are experienced at using a range of forums including social media.

#### 6.8 Communication and engagement with staff

- The Winter Plan and the detail of arrangements will be disseminated through all staff groups and services within NHS D & G, HSCP and other partners
- A wellness group has been established to look at how staff resilience can be maintained over the challenging winter period.

### 7. Mental health

A number of optimising flow programmes are established and being tested within the mental health directorate these include;

- Daily huddles at Midpark take place. Highly successful model that looks at the demand, capacity and risks across the inpatient unit, and involves Crisis Assessment Team (CATS) service, ensuring maximal use of current resources
- OOHs-Provide Senior Nurse cover at specific timeframe period on Saturdays, Sunday and Public Holidays to enhance decision making for whole system patient flow, Delayed Discharges,
- Enhance leadership at Midpark Safety Huddles over 7 day period and in the event of additional huddles convened.

### 8. Out of Hours Preparedness

The main aim of the winter plan is to maintain the out of hours GP service and continue to achieve the quality standards for GP out of hours.

The following points describe the OOHs service winter plan:

- The OOHs service rota including festive period is complete and has been circulated for populating, this will be ongoing for the next few months.
- Support plans have been developed to identify additional support if gaps in rota remain. Regular weekly management meetings take place to monitor rota and where necessary to consider alternative contingencies/escalation
- The OOH escalation process has been agreed and has been tested (through live scenarios). This will be enacted over the winter/festive period if required.
- Work with health intelligence over previous years has provided data to ensure appropriate staffing levels in place. Capacity is increased over the festive/PH period based on previous years activity. We are also identifying opportunities to include other staff groups in these periods, i.e. pharmacy
- There are arrangements in place for direct referrals between services and also form part of the escalation process
- Re-triage is already undertaken when staffing levels allow.

- Effective record keeping is in place – with systems in place to support and inform decision making.
- Independent prescribing pharmacist do work in OOHs at times to see undertake consultations and deal with prescribing/prescription queries in the primary care centre.
- Pharmacists are able to contact the OOH service via direct professional line for pharmacists who have seen people in the community who need to be seen in the OOH
- The Crises Assessment Team Service (CATS) are on call and can they can be contacted in the OOH period for support. The CATS team are located with OOH which assists assist in joint assessments, sharing of information and support planning for patients.
- All dental referrals go direct to dental services via NHS 24
- OOHs dept regularly update SAS on current staffing position in OOH and potential impact for ambulance service
- NHS 24 work closely with OOH and regular meetings are undertaken to discuss plans for festive period in relation to call demand, these will continue over the festive period.
- OOHs are part of the wider unscheduled care programme and winter planning group. Plans for the festive period are discussed and actions identified to ensure joined up supportive approach
- OOHs has its business continuity plan if required and also and escalation plan if minimum staffing arrangements not in place. Trigger points are in place for escalation
- A longer term review of the future model of OOHs has commenced.

## **9. Norovirus Outbreak - Prepare for & Implement Control Measures**

During winter outbreaks of diarrhoea and vomiting are common, widespread and can often be prolonged. In recent years Norovirus outbreaks have caused disruption and ward closures. The Infection Prevention and Control Team (IPCT) work closely with partners to ensure that outbreaks are managed effectively

### **9.1 Norovirus preparedness plan**

- The IPCT ensures that staff are adhering to the national guidelines.
- There is effective communication between The Health Protection Team (HPT) and the ICT in response to norovirus outbreaks.
- The HPT circulates information produced centrally for care homes and support and manage outbreaks in care homes.
- All wards have outbreak folders and documents are also accessible on the (IPCT) intranet page
- Building upon successful communications plans from last year the IPCT and Communications team will continue to work closely with use of local radio, press and social media.
- Representatives from the Communications team are in attendance at outbreak meetings. This allows for the provision of regular bulletins to media and updates on the Board website supporting key messages around Norovirus.
- Infection Control Manager (ICM) receives weekly prevalence report and circulates as required

- Debriefs are firmly established within our protocols and practice. Health Protection Scotland (HPS) debrief tool used to good effect.
- Procedures are well established and tested
- The local IPCT does not routinely provide seven day cover however arrangements are in place for Infection Control Nurse cover at a weekend or public holiday to support teams in the event of an ongoing outbreak
- In the event of a Norovirus outbreak there are regular update meetings involving the IPCT, senior nurses from affected areas, capacity manager, senior management team and communication teams to manage the outbreak and mitigate impact.
- The introduction of Polymerase Chain Reaction testing locally in 2015 afforded earlier confirmation/ exclusion of a Norovirus diagnosis. In addition it provided the opportunity to manage patients more appropriately meaning that earlier in a patient episode it was possible to identify where symptoms were not attributed to Norovirus and hence support the earlier opening of potentially affected areas.
- The new all single rooms within DGRI have assisted with management of outbreaks however adequate staffing is required to ensure safe care. This can be impacted by high staff sickness.

## **10. Seasonal Flu**

It is imperative that staff are protected against seasonal flu. There is an established programme in place to support staff seasonal flu vaccination. All frontline and support staff have received an appointment to attend for a flu vaccination with clinics commencing on 1<sup>st</sup> October 2018. Letters were disseminated via managers.

Clinics are available at workplaces throughout the region incorporating, day, back, night and weekend shifts. Drop in clinics are available for staff unable to make their allocated appointment. Currently 48 clinics have been arranged at workplaces with 34 of these having drop in provision.

Flu uptake figures will be reported to Occupational Health weekly by Screening Services with OH having the facility to undertake targeted immunisation in locations, departments and amongst specific staff groups if required

All of this work is being supported by a robust communications plan and using a range of media including local intranet and social media.

## **11. Respiratory**

During Winter it is expected that admissions due to respiratory related issues will increase. The aim of the winter plan is to increase the number of patients who can manage their respiratory condition within the community and reduce respiratory admissions.

There are existing clinical pathways that provide an effective and coordinated respiratory service which will continue over Winter. The team ensure robust discharge planning and are currently undertaken work to support early discharge from ED for patients with COPD which will be progressed through winter

The service will be enhanced locally by the impending development of an integrated community respiratory team. This will include RCN, HCSW and Physiotherapists.

The respiratory team ensure that people with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated. The new community respiratory team will further support the use of anticipatory care plans.

Throughout the year the respiratory nurses provide an effective and co-ordinated domiciliary oxygen therapy service and same day delivery of domiciliary oxygen is possible on weekdays. All front line services have SpO2 monitors and Oxygen alert cards are in use and being progressed across the board.

## **12. Summary**

The winter planning of NHS D and G and HSCP has been tested and refined through experience of recent challenging winters. The completed self assessment checklist supports that arrangements are in progress to support the delivery of the winter plan. This indicates that the Board is in a strong position to maintain safe and effective services throughout the winter of 2018/19.

Key points to the delivery of the plan are:

- Established and robust business continuity plans
- Joint working across all operational directorates and with partner agencies
- Winter communications both staff and public facing using recognised communications mechanisms (including social media).
- Our Workforce is key to successful delivery and maintenance of resilience is paramount,

NHS Board and IJB will receive monthly updates on our performance and receive any exception reports on particular pressures as required throughout this period.

## Appendix I – Financial Plan

Winter Plan 18/19 - Dumfries and Galloway NHS Board							£
<b>Action 1 Clinically Focussed and Empowered Hospital Management</b>							
Senior management presence over weekend to co-ordinate MDT response including discharge. Ensure additional cover as required to accommodate public holidays and days in-between as normal business. ( future backfill /days back in lieu)							50,000
<b>Action 2 Capacity and Flow realignment</b>							
Workforce modelling to ensure safe staffing levels and to manage surge (winter now 5 months) and any increase in sickness absence							120,000
Extend Short stay ward to 7 days							70,000
Pharmacy - additional input to weekends and maintain capacity ( band 6s extended to help cover)							15,000
Additional Medical cover for downstream wards							60,000
Additional SAS Vehicle and Transport coordinator							50,000
<b>Action 3 Patient rather than bed management</b>							
Test of discharge lounge model							36,000
Increase patient flow coordinators hours over period							
DGRI				Ensure weekend cover( 3.42 less 2.86 budgeted )			8,800
Community				8 Additional hours per week Stewartry			2,500
<b>Action 5 - 7 day Services</b>							
Additional GP support over winter/festive period							35,000
Community Pharmacists Sunday provision over winter							23,000
Mental Health input							
<b>Action 6 - Ensuring Patients cared for in own homes</b>							
£180k to be funded from CASS							180,000
						Total	<b>650,300</b>
<b>Funding source</b>							£k
						SG	<b>208,067</b>
						NHS D&G non recurrent funding	<b>442,233</b>
							<b>650,300</b>

## Appendix II – Nithsdale Action Plan to avoid Unnecessary Admissions

AREA	ACTION POINTS
CARE PROVIDERS	See Rapid Response / Wrap round and Social Services
COMMUNITY NURSING	<ul style="list-style-type: none"> <li>• Teams in DG1 &amp; 2 will continue to have an additional nurse on duty at weekends until 31.12.2018. Thereafter, they will revert to the usual planned staffing levels. However, in order to ensure flexibility of service to meet any potential peak in demand, agreement will be sought from the teams to have a “shadow roster” in place which would allow the flexibility to increase at weekends should any situation arise in order to support speedier discharge home from acute care and to prevent admissions to Hospital where practicable.</li> <li>• There should be scope to roster an extra HCSW if this becomes an identified need.</li> <li>• Utilise monthly caseload and complexity tool, updating actions as required from caseload.</li> <li>• All vacancies being filled to maximise community nursing staffing levels</li> </ul>
COMMUNITY REHABILITATION	<ul style="list-style-type: none"> <li>• Working with colleagues in NiP around ‘pulling’ patients from Lochmaben Hospital rehab facility into community rehab - this will form part of the Flow meetings now established.</li> </ul>
HEALTH AND WELLBEING TEAM	<ul style="list-style-type: none"> <li>• Healthy Connection support individuals who are isolated and lonely to reconnect with their communities with an aim of preventing hospital admission. We are working as part of NIP with appropriate patients on discharge to prevent readmission. A further focus is on mental and physical healthy lifestyles within and out with general practices. By focusing on prevention and wellbeing it is hoped we will be enabling people to lead healthy and happier lives thus reducing hospital admissions.</li> <li>• Working with colleagues in mental health developing a facility for those with undiagnosed / low level learning disabilities offering support x 2 weekly using the Men’s Shed as a venue in Dumfries</li> <li>• Working closely with the Carers Centre and GP practices to support unpaid carers</li> </ul>
OUT OF HOURS	<ul style="list-style-type: none"> <li>• Increasing clinical capacity for shift rotas over the festive period</li> <li>• Increased GP sessional rates to encourage uptake over the festive period with arrangements for regular update on shift coverage</li> <li>• Increased co-ordinator capacity over the festive weekends</li> <li>• Offering pharmacy shifts in OOH on weekends and public holidays</li> </ul>
PRESCRIBING SUPPORT / COMMUNITY PHARMACY	<ul style="list-style-type: none"> <li>• Optimise mailbox open for referrals – medication review of patients either remotely or in their home to support NIP. (Built in to the pharmacy staff plan for NIP – extra pharmacist recruited (EB) to support this)</li> <li>• Supporting OOHs offering shift cover for weekends and festive period to alleviate winter pressures (Extra</li> </ul>

	<p>hours)</p> <ul style="list-style-type: none"> <li>• GPCP and prescribing support pharmacists clinics supporting GP practices throughout the winter period</li> </ul>
RAPID RESPONSE / WRAP ROUND	<ul style="list-style-type: none"> <li>• Daily huddles to assess projected workload and deployment of workforce</li> <li>• Presence at FLOW meetings and Ward MDTs</li> <li>• Study leave arrangements for AP AHP to be negotiated with line manager at peak winter periods</li> <li>• Transition Care team via CASS available to complete 2 runs x 7 days from 7am – 10pm. In the process of increasing this two-fold to 4 runs x 7 days.</li> <li>• Consideration around a presence in CAU/A&amp;E dependant on need and availability.</li> <li>• Continuing with the Falls Pathway work with the SAS and exploring other condition pathways.</li> <li>• Exploring potentials input in Care Homes with a view to reducing GP callouts and hospital admissions.</li> <li>• Review of criteria and function of services in order to reduce duplication and increase the efficiency and productivity of the service.</li> </ul>
SOCIAL SERVICES	<ul style="list-style-type: none"> <li>• Discussion with Commissioning around the flexibility and potential increased demand on care provision over the winter period. Nithsdale seeking to mitigate some of this through appropriate use of Rapid Response- SW forms part of this front end team and will ensure relevant availability of workers as required.</li> <li>• Community Social Work will continue to assess and link in with Rapid Response/Stars/OT/Care at Home. Workers will continue to respond to emergency assessments in immediate period before and during public holiday period.</li> <li>• DGRI Social Work Team will continue to provide assessments for discharge.</li> </ul>
SUPPORTING FLOW	<ul style="list-style-type: none"> <li>• See Thornhill Hospital and Rapid Response / Wrap round services</li> <li>• Weekly locality huddle being established via Graham Haining, Nurse Manager involving patient flow coordinator, Social Work Manager, NIP Service Manager and Locality Manager</li> </ul>
THRONHILL HOSPITAL	<ul style="list-style-type: none"> <li>• DDD Monday, Wednesday and Friday</li> <li>• MDT weekly</li> <li>• Consideration given to increasing DDD to daily Monday to Friday if required by patient group at that time.</li> </ul>
WORKFORCE	<ul style="list-style-type: none"> <li>• Offering staff mindfulness taster 9<sup>th</sup> October, 8 session course starting. 30<sup>th</sup> October</li> <li>• Supporting staff absent through sickness to return to work on phased return when seen as appropriate by Occupational Health</li> <li>• Encouraging workforce to have flu vaccinations</li> </ul>

## Appendix III



DG WTIP Return - SG  
- 02-11-18.xlsx