



Integration Joint Board
Performance and Finance Committee

21st October 2019

This Report relates to
Item 5 on the Agenda

Winter Plan 2019/2020

(Paper presented by Nicole Hamlet)

For Approval

Approved for Submission by	Julie White, Chief Officer
Author	Nicole Hamlet, Deputy Chief Operating Officer Lynne Mann, Service Improvement Manager Acute and Diagnostics
List of Background Papers	Not Applicable
Appendices	Appendix 1 – Winter Plan 2019/20

SECTION 1: REPORT CONTENT

Title/Subject:	Winter Plan 2019/2020
Meeting:	IJB Performance and Finance Committee
Date:	21 st October 2019
Submitted By:	Nicole Hamlet, Deputy Chief Operating Officer
Action:	For Approval

1. Introduction

- 1.1 Dumfries and Galloway Health and Social Care Partnership (DGHSCP) have undertaken significant planning to ensure that quality of care, patient safety and access to services are maintained over the winter period. This plan has been developed to ensure we are able 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 beds closed due to higher levels of norovirus. Partnerships can also face challenges associated with managing workforce rotas during the festive period, and experience periods of reduced staff attendance due to seasonal illness such as flu.
- 1.2 Like many other partnerships, we have seen these pressures intensify year on year, when combined with demographic and recruitment challenges. This winter, the significant increase in delayed discharges needs to also be considered.
- 1.3 Within Dumfries and Galloway Health and Social Care Partnership a Governance Structure has been established consisting of a number of Programme Boards. This includes a Programme Board for Scheduled Care, chaired by Chief Executive of NHS Dumfries and Galloway and an Unscheduled Care Programme Board, jointly chaired by NHS Chief Executive and Chief Officer of DGHSCP. A Winter Planning subgroup, which meets monthly, reports to the Unscheduled Care Programme Board under the leadership of Chief Officer.
- 1.4 The purpose of this document is to provide an overview of plans and actions taken in preparation for winter 19/20. This plan has been developed in partnership with all operational directorates and with involvement from the Scottish Ambulance Service (SAS), Care Providers and is in the process of being extended to Third Sector agencies.
- 1.5 The DGHSCP are confident actions will deliver on the following key identified priorities:
 - Reducing attendances
 - Managing/avoiding admission
 - Reducing length of stay

- Support Workforce Wellbeing
- Whole System Working

2. Recommendations

2.1 The Performance and Finance Committee is asked to:

- **Approve the Winter Plan for 2019/20**
- **Discuss and note the significant amount of joint work currently ongoing across the Partnership in preparation for winter**
- **Discuss and note key priorities of focus which are required to progress at pace, not just for winter, but for year round sustainability of services.**

3. Background

3.1 This Report is required by Scottish Government as outlined in Section 1.

4. Main Body of the Report

4.1 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. These include:

- Emergency department attendances, are typically higher in the Winter than the summer. Over the past Winter (1st November 2018 to 31st March 2019), average daily emergency department attendances at Dumfries and Galloway Royal Infirmary were 15% higher than they were on an average day the following summer (period 1st April 2019 to 31st August 2019).
- Similarly, average daily admissions to the DGRI Combined Assessment Unit (including both admissions from the emergency department and GP referrals straight to the CAU) were 3% higher Winter 18/19 compared to summer 19
- As well as this increase of attendances at the hospital, there are also other Winter pressures on the system, including: Increased number of delayed discharges. Since Winter 2018 there has been a 55% increase in bed days occupied across Dumfries and Galloway.
- Availability of care at home packages
- A challenge to balance scheduled care in line with waiting time trajectories
- Increased number of patients not in the correct speciality bed (boarding).
- Increased demand on Primary, Community and Social Care Services
- Adverse Weather Conditions
- Winter illnesses and risk of impact on staff attendance
- Winter illnesses and risk to health and wellbeing of people living in our communities

4.2 Measuring Performance

There are a number of performance measures used to ensure the delivery of safe and effective care for people requiring health and social care services. Performance will be monitored through the triangulation of a number of key reporting measures. These include:

- 4 hour access target
- Hospital occupancy
- Delayed discharges (we have set an ambitious to reduce by 75% by March 20)
- Day of Care Survey
- Boarding levels
- Length of stay
- Stroke Standards (as per guidelines)
- Hip fracture standards (as per guidelines)
- Number of emergency admission/attendances
- Patient and relative feedback
- Elective theatre cancellations
- Local and National Waiting Times Targets
 - Treatment Time Guarantee (TTG) – 12 week target
 - 18 weeks Referral to Treatment
 - 31 and 62 Day Cancer Waiting Times
- Trends in incidents
- Sickness absence
- System Watch and other prediction tools

4.3 Self Assessment

A number of functions within the Dumfries & Galloway Health and Social Care Partnership 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 completed plans will result in the application of a Red, Amber, or Green status. This will form the basis of the winter action plan which will be reviewed regularly at the Winter planning group which will meet throughout the Winter period. This group is chaired by the Chief Officer/Chief Operating Officer and reports to the Unscheduled Care Programme Board.

4.4 Resilience

Dumfries & Galloway Health and Social Care Partnership 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 Resilience plans. These are available for access via our intranet.

Business Continuity (BC) plans for all critical services within directorates are subject to ongoing review and updated to ensure they remain current and fit for practice. During this last year, there has been significant work to develop Community Health & Social Care Resilience Plans and corresponding Command & Control Structure. To

test the practicality of these plans and structures, an exercise was held in September 2019 focussing on Winter, pandemic flu, EU withdrawal and core business continuity elements. The learning from the exercise is being included in revised plans and procedures.

Following the adverse weather conditions of Winter 2017/18 opportunities for practical learning and preparation have continued to be undertaken to refine a whole partnership response. An action plan has been implemented to support the key learning identified. All aspects are supported by our local Resilience Coordinator, and has involved many multi agency discussions. This has culminated in a more practical and detailed weather policy being introduced. This policy provides a clear framework for managers and staff detailing service responsibilities, reporting arrangements and staff 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.

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 local undertakers; Dumfries and Galloway Council do not offer mortuary services.

A contingency plan is in place linked to Mass Fatality and we have local representation on national planning events.

We are also actively considering a range of additional issues which could have a concurrent impact to Winter pressures this year due to Brexit. An EU Exit Committee has been established to take account of, and mitigate against, risks highlighted at local, regional and national levels. This group meets weekly under the leadership of NHS Board Chief Executive Officer.

Local procurement planning ensures a small contingency of products for specific winter issues across the whole of the partnership e.g. Flu, Norovirus. Processes are in place to ensure this can be accessed out of hours.

4.5 Unscheduled/scheduled care

Clinically focused and empowered management

The acute hospital site is managed using a triumvirate approach inclusive of General Management, Lead Nurse and Associate 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 meeting is chaired by a member of the senior management team ensuring their awareness of pressures and supporting action planning and escalation as required. The frequency of the huddle increases to three times a day during times of bed pressures.

There is daily communication with community colleagues, including community flow coordinators, The Short Term Assessment and Reablement Service (STARS) teams and cottage hospitals.

Following each safety huddle, teams are informed of the latest hospital situation and this is cascaded using the intranet, and via email in the form of the SitRep report. The SitRep report includes information on ED performance and status, bed capacity, waiting list performance and level of boarding. 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 which are available using an intranet-based Qlikview system, giving a close to real time view of how we are managing demand. This is accessible to all staff.

A standard operating procedure incorporating escalation for front door and downstream areas is currently being reviewed for this Winter. The current escalation processes ensure communication between acute and community management when bed pressures are identified, including notifying primary care, Out of Hours and the independent sector. Social media is also used to inform members of the public of increased pressure and to sign post people to alternative support i.e. local pharmacist.

Planning /Scheduling of elective and unscheduled care

Daily predictions for unscheduled attendance are currently shared throughout the organisation at the site huddles and through the local SitRep reports.

Last year during the first two weeks in January there was a planned limit of non urgent inpatient scheduled activity. This worked well and the plan is to replicate this by indentifying the two weeks in January 2020 that demand is expected to be high. This will be informed through the use of systems such as System Watch.

Both 4 week and 7 day predictions are used within weekly waiting times and DCAQ meetings to ensure operational awareness of predicated demand. The use of System Watch has provided additional information which supports informed decision making to minimise on the day cancellations.

It is acknowledged that the theatre department is one of the most expensive facilities within the hospital and therefore careful planning and deployment of pragmatic solutions are in place utilising intelligence from previous years and more recent months to forecast predicted activity over a 4 week 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 day when this is expected, an increase in daycase surgery will be utilised. This involves working closely with specialties over this period to ensure that lists are appropriately appointed and adapted and that there is good communication with patients to ensure they are kept informed of their predicted surgery date and any changes that are required.

The Acute Management Team will also undertake a dynamic review of morning clinics for key medical teams. This will support and facilitate timely ward rounds by senior decision makers 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 ensuring bed availability.

Understanding and assessing the level of elective activity which could be lost during Winter is crucial in ensuring that plans can be made to account for that loss over the remainder of the year. This is discussed and planned at weekly waiting times meeting involving detailed demand and capacity information

Reducing Attendances

A number of pieces of work are taking place across Dumfries & Galloway Health and Social Care Partnership in order to reduce the number of inappropriate attendances at Emergency Departments across our system. These programmes of work deliver throughout the year and clinical and management leads for these areas are fully engaged in our Winter planning process through the Unscheduled Care Programme Board.

Since last Winter, work has continued around the development of our new integrated respiratory team to support people with chronic respiratory disease, including COPD. These individuals are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated. This team are innovative in their digital approaches and are leading the way in learning for other teams in their application.

NHS Dumfries and Galloway's Out of Hours Service has also been reviewed over the course of the last year. While work is being finalised around a new model with significant proposed changes to skill mix, new roles have been introduced into the service in anticipation of the outcome. This has resulted in the service becoming more resilient than in previous years with ANPs and pharmacists participating on the rota.

Other work that has progressed and will support the management of Winter pressures surrounds Anticipatory Care Planning (ACP) and the work of our Healthy Connection teams. The focus of our work on ACPs has been to increase their use within the Care Home setting. A detailed plan has been prepared to increase the numbers of ACPs across Care Homes and Care at Home settings over the coming year. Our Healthy Connection Teams support individuals who are isolated and lonely to reconnect with their communities with an aim of preventing hospital admission.

In preparation for Winter and to reduce inappropriate attendances further, we have a schedule of key communication and social media campaigns such as 'Meet ED', 'know who to turn to' and 'pharmacy first', as community pharmacies are open on Boxing Day and January 2nd.

Managing / Avoiding admissions and Reducing Length of stay

The following are services/actions that are in place all year round, along with some specific actions for the winter, to support in managing/avoiding admissions and in reducing length of stay:

- DDD is being used in all inpatient areas. Further improvement work is underway to embed and share good practice across all localities.

- 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. They also operate a DDD model
- Additional investment in home-based rehabilitation and enablement approaches led by to avoid admission and support early discharge from hospital will be in place by this Winter. It is further expected that this approach will reduce demand on care at home services.
- Single point of contact aim to streamline non emergency health and social care referrals for any adult living in Nithsdale Locality. Work is progressing to extend this to a region wide model
- Use of community based virtual wards is currently being explored as a model to reduce admissions
- 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
- Recruitment of 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 Carers Strategy
- Key services in place which includes Pharmacy, AHP and Social Work over a 7 day period.
- Frailty identification is now in place in DGRI. A frailty pathway involving a short stay frailty area is currently being tested, and if successful will be in place for Winter. A frailty nurse has been recruited until March 2020, who will coordinate the pathway. The frailty pathway is supported by a consultant geriatrician and will ensure comprehensive geriatric MDT assessment for frail patients aiming to reduce length of stay and improve patient experience. Close working with the partnership and community services are in place and will continue.
- Investment in the care at home market has been agreed. The partnership is currently working with Care and Support Services (CASS) who are the Councils in house care at home provider, and independent providers to create clusters across the region
- Working group aiming to develop information leaflets for patients and families led by Scottish Care covering a range of information explaining responsibilities during admission, discharge, support, home-based enablement inclusive of reablement, choice guidance, long term care options.
- The Integrated respiratory team aim to increase the number of people who have same day or within 4 days early supported discharge and are followed up and supported to stay at home by the Community Respiratory Nursing team.
- 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 and the assessment area of CAU for patients with COPD and Asthma which will be progressed through Winter
- Ambulatory pathways are being re-introduced, following a period of vacancies, led by the ANP team at the front door at DGRI

Focus on Flow through Acute Care

The following details actions being undertaken and progressed with a focus on flow through acute care:

- DDD is being used in all acute wards. Further improvement work particularly focused on EDD has commenced.
- The twice daily safety huddle includes identification of patients who are being discharged from DGRI who meet the Discharge Lounge criteria.
- A Discharge Lounge has been in place in DGRI since last Winter. Further development of criteria and review of the processes are currently underway with an expected increased utilisation over Winter.
- 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 transfer team which is responsible for the timely movement of patients from CAU to downstream wards is in place all year round and will continue over the Winter.
- In DGRI a bed reconfiguration is currently underway and will be in place for Winter. This will involve an increase in medical beds with a reduction in surgical beds, with the aim to reduce boarding. Work is currently underway with an expected reduction of 36% in medical boarding.
- Increased availability of DGRI pharmacy team at weekends as an enabler to support increased discharge rate. Increased pharmacy staffing of CAU 7 days a week to start pharmacy discharge planning from admission.
- Additional beds will be opened to provide extra capacity and will be staffed over the Winter period. This will allow the capacity to accommodate patients direct from CAU and will reduce medical boarding.
- Surge capacity will also be available which includes use of the 14 bedded short stay over the weekends.
- A revised boarding policy, following learning from last Winter, is currently being reviewed and will be implemented by Winter with the aim to improve patient safety and flow
- A test of change in the CAU implementing a Nurse Triage area, where patients are triaged quickly and some basic observations, bloods and tests taken has been in place since October 2018. This has improved patient safety in addition to patient and staff experience. Relocation to a permanent area is part of the bed reconfiguration plan and will be in place by Winter.
- Use of “in reach” by specialty medical teams in CAU is in place and further scoping is underway for other specialties. This is constrained by medical staffing levels

4.6 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 protect 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
- Staying safe from falls during adverse weather

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.
- Increased presence through social media

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

The Winter Plan and the detail of arrangements will be disseminated through all staff groups and services within DGHSCP and other partners.

4.7 Mental Health

A number of optimising flow programmes are established and being tested within the Mental Health Directorate, these include:

- Daily multi – disciplinary huddles at Midpark. This is a highly successful model that looks at the demand, capacity and risks across the inpatient unit, and involves Crisis Assessment Team (CATS), ensuring maximal use of current resources
- The Acute Functional Admission Wards are particularly challenged, and a new SCN model has been put in place, providing an enhanced assessment of patients and collaborative working to improve flow.
- Performance Management will continue with the establishment of a new Mental Health Performance Framework with measures supportive of both Unscheduled and Scheduled Care
- Improved communications between Community Services and Inpatient Teams will be in place this Winter to ensure a whole systems approach is activated to support peaks of demand.
- During Winter a Senior Nurse weekend working model will be in place
- The development of the Acute Liaison Service under the management of Inpatient Services will create a more flexible service. Acute Liaison Service will operate 7 day week – 8am -8pm. Roster being developed and expected to be implemented by November 2019

4.8 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.
- Increasing clinical capacity for shift rotas over the festive period
- Increased co-ordinator capacity over the festive weekends
- Offering pharmacy shifts in OOH on weekends and public holidays
- Trained ANPs undertaking traditional GP shifts to support service sustainability during festive period
- 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.
- The Crisis Assessment and Treatment Service (CATS) are on call and can they can be contacted in the OOH period for support. The CATS team are co-located with OOH which assists in joint assessment, sharing of information and support planning for patients.
- 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 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 under the leadership of the OOH Steering Group, chaired by the Chief Officer. A new hub and spoke model has been agreed in principle.

4.9 Norovirus Outbreak – Prepare For and 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 disruptions and ward closures. The Infection Prevention and Control Team (IPCT) work closely with partners to ensure that outbreaks are managed effectively:

Norovirus Preparedness Plan:

- The IPCT ensure that staff are adhering to the national guidelines.
- There is effective communication between The Health Protection Team (HPT) and the Infection Control Team (ICT) in response to Norovirus outbreaks.
- The HPT circulates information produced centrally for care homes and support and manage outbreaks in care homes.
- All hospitals have access to outbreak documentation and resources via the BEACON page Infection Prevention and Control Portal.
- 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 Prevention and Control Nurse cover at a weekends or public holidays 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 (PCR) 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 100% single rooms within DGRI have assisted with management of outbreaks however staffing levels have been reviewed to ensure the continuation of safe, person centred care.

4.10 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 1st October 2019. Letters were disseminated via managers. For the first time within D&GHSCP the staff vaccination programme will open to all home care support workers within the Third and Independent Sector.

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.

4.11 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 avoid and reduce respiratory admissions. The Integrated respiratory team aim to increase the number of people who have same day or within 4 days early supported discharge and are followed up and supported to stay at home by the Community Respiratory Nursing team.

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 and the assessment area of CAU for patients with COPD and Asthma which will be progressed through Winter

The service will be enhanced locally by the continued development of an integrated community respiratory team delivering a Respiratory Action Plan. This will include the Respiratory Specialist nursing team based across the region in primary and secondary care with Respiratory HCSW and Specialist Physiotherapists team input where needed.

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. There is capacity within the current Integrated Respiratory team to take admission avoidance referrals directly from GPs and there is a referral template on RMS to facilitate this service

5. Conclusions

5.1 The winter planning of the DGHSCP 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 2019/20.

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.

5.2 The Dumfries and Galloway Health and Social Care Partnership will receive monthly updates on performance and receive any exception reports on particular pressures as required throughout this period.

5.3 The NHS and the Integration Joint Board will receive regular updates on performance and receive any exception reports on particular pressures as required throughout this period.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

- 6.1. Scottish Government have announced an allocated amount for Winter Planning of £280k

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

- 7.1. The Winter Plan links in with all 9 of the National Health and Wellbeing Outcomes for Health and Social Care.

8. Legal & Risk Implications

- 8.1. Risk Assessments have or will be completed as required within the areas as noted within the Report.

9. Consultation

- 9.1. The Winter Plan was presented to Health and Social Care Senior Management Team.

10. Equality and Human Rights Impact Assessment

- 10.1. No Impact Assessments are required for the content of this Report.

11. Glossary

HR	Human Resources
IJB	Integration Joint Board
IPCT	Infection Prevention and Control Team
MDT	Multi Disciplinary Team
NHS	National Health Services
NIP	Nithsdale in Partnership
OOH	Out of Hours
PFC	Patient Flow Coordinators
SAS	Scottish Ambulance Service
STARS	Short Term Augmented Response Service
TTG	Treatment Time Guarantee



Dumfries and Galloway Health and Social Care Partnership

Winter Plan

Winter 2019/20

Executive Summary

The Dumfries and Galloway Health and Social Care Partnership (D&GHSCP) have collaborated in developing this Winter Plan. This summary highlights the actions that will support our integrated system in preparation for the anticipated demands of Winter 2019/20. This year's Winter Plan has been developed as a whole system plan based on lessons learnt over the course of the previous Winter periods.

This Winter Plan covers all areas in which the population of the Dumfries and Galloway may come into contact with health and social care services and aims to ensure that, where services might be impacted by the Winter period, plans are in place to ensure that there is minimal delay or disruption.

The Winter period is between 1st November 2019 and 31st March 2020

The delivery of the Winter Plan is overseen by an Integrated Winter Planning Group. This group meets monthly and is chaired by the Chief Officer of the Health and Social Care Partnership, who is also the Chief Officer for NHS Dumfries and Galloway. The Winter planning group reports quarterly to the Unscheduled Care Programme Board which is jointly chaired by the Chief Executive of the NHS Dumfries and Galloway and the Chief Officer/Chief Operating Officer for Dumfries and Galloway & Health and Social Care Partnership.

In line with the letter from Scottish Government entitled '*Preparing for Winter 19/20*' dated 4th September 2019; key areas of focus within this plan are:

- Resilience
- Work force
- Managing scheduled and unscheduled care flow
- Response to Winter illness

It is of note that much of the yearly evaluation of learning from Winter informs how we build the resilience and sustainability of our year round services.

Resilience

Business Continuity plans and structures are in place for all critical services within our partnership. These have recently been exercised within our community setting, focussing on Winter pressures, pandemic flu and EU withdrawal preparations. The learning from this recent exercise is being included in revised plans and procedures.

Workforce

Festive rotas are in place for all areas. Directorates are ensuring management cover at the weekend and public holidays to provide leadership to the multidisciplinary teams on the ground.

Recruitment and retention of staff is essential to maintaining flexible and robust services and there has been significant work undertaken throughout the year and this will continue over Winter.

Managing scheduled and unscheduled care flow

There are a number of initiatives currently underway across Dumfries and Galloway Health and Social Care Partnership to manage and balance scheduled and unscheduled care flows. These are listed below and described in more detail within this plan:

- Within Dumfries and Galloway Royal Infirmary a bed reconfiguration is underway to increase the number of medical beds. This will be in place for Winter and will reduce medical boarding levels by realigning our medical and surgical bed base.
- A number of Winter beds will be opened with Dumfries and Galloway Royal Infirmary. This will be appropriately staffed from November 19 through to March 20.
- Clear trajectories for weekend and earlier in the day discharge are in place. A weekend multidisciplinary discharging team and focused work on Daily Dynamic Discharges (DDD) are among the initiatives being undertaken.
- Reduction of elective operating activity for two weeks in January
- Process to review morning outpatient clinics for key medical teams to allow ward rounds to be prioritised to deal with additional demand.
- Additional investment has been made in home-based rehabilitation and enablement approaches to avoid admission and support early discharge from hospital. The additional resource will be in place by this Winter. It is also hoped that this new approach will ensure appropriateness of demand for care at home services.
- The testing of Single Point of Contact to be spread from one locality to meet needs of the whole system and to be co-ordinated with a neighbourhood team approach.

Response to Winter Illness

As in previous years, our 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 is offered to all frontline and support staff. In previous years, NHS Dumfries and Galloway have seen a high uptake among staff. Winter 2019/20 will, for the first time, see the vaccination programme being open to all care and support workers across the Health and Social Care Partnership including those working within the Third and Independent Sector.

APPENDICES

Appendix 1 summarises Dumfries and Galloway Health and Social Care Partnership allocated funding to support Winter; noting Scottish Government and local funding.

1. Introduction

Dumfries and Galloway Health and Social Care Partnership (D&GHSCP) have undertaken significant planning to ensure that quality of care, patient safety and access to services are maintained over the Winter period. This plan has been developed to ensure we are able 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 beds closed due to higher levels of norovirus. Partnerships can also face challenges associated with managing workforce rotas during the festive period, and experience periods of reduced staff attendance due to seasonal illness such as flu.

Like many other partnerships, we have seen these pressures intensify year on year, when combined with demographic and recruitment challenges. This Winter, the significant increase in delayed discharges needs to also be considered.

Within Dumfries & Galloway Health and Social Care Partnership a Governance Structure has been established consisting of a number of Programme Boards. This includes a Programme Board for Scheduled Care, chaired by Chief Executive of NHS Dumfries and Galloway and an Unscheduled Care Programme Board, jointly chaired by NHS Chief Executive and Chief Officer/Chief Operating Officer (D&GHSCP). A Winter Planning subgroup, which meets monthly, reports to the Unscheduled Care Programme Board under the leadership of Chief Officer/Chief Operating Officer.

The purpose of this document is to provide an overview of plans and actions taken in preparation for Winter 19/20. This plan has been developed in partnership with all operational directorates and with involvement from the Scottish Ambulance Service (SAS), Care Providers and is in the process of being extended to Third Sector agencies.

The Dumfries & Galloway Health and Social Care Partnership are confident actions will deliver on the following key identified priorities:

- Reducing attendances
- Managing/avoiding admission
- Reducing length of stay
- Support Workforce Wellbeing
- Whole System 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. These include:

- Emergency department attendances, are typically higher in the Winter than the summer. Over the past Winter (1st November 2018 to 31st March 2019), average daily emergency department attendances at Dumfries and Galloway Royal Infirmary were 15% higher than they were on an average day the following summer (period 1st April 2019 to 31st August 2019).
- Similarly, average daily admissions to the DGRI Combined Assessment Unit (including both admissions from the emergency department and GP referrals straight to the CAU) were 3% higher Winter 18/19 compared to summer 19

As well as this increase of attendances at the hospital, there are also other Winter pressures on the system, including:

- Increased number of delayed discharges. Since Winter 2018 there has been a 55% increase in bed days occupied across Dumfries and Galloway.
- Availability of care at home packages
- A challenge to balance scheduled care in line with waiting time trajectories
- Increased number of patients not in the correct speciality bed (boarding).
- Increased demand on Primary, Community and Social Care Services
- Adverse Weather Conditions
- Winter illnesses and risk of impact on staff attendance
- Winter illnesses and risk to health and wellbeing of people living in our communities

3. Measuring Performance

There are a number of performance measures used to ensure the delivery of safe and effective care for people requiring health and social care services. Performance will be monitored through the triangulation of a number of key reporting measures. These include:

- 4 hour access target
- Hospital occupancy
- Delayed discharges (*we have set an ambitious to reduce by 75% by March 20*)
- Day of Care Survey
- Boarding levels
- Length of stay
- Stroke Standards (as per guidelines)
- Hip fracture standards (as per guidelines)
- Number of emergency admission/attendances
- Patient and relative feedback
- Elective theatre cancellations
- Local and National Waiting Times Targets
 - Treatment Time Guarantee (TTG) – 12 week target
 - 18 weeks Referral to Treatment
 - 31 and 62 Day Cancer Waiting Times
- Trends in incidents
- Sickness absence
- System Watch and other prediction tools

4. Self Assessment

A number of functions within the Dumfries & Galloway Health and Social Care Partnership 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 completed plans will result in the application of a Red, Amber, or Green status. This will form the basis of the Winter action plan which will be reviewed regularly at the Winter planning group which will meet throughout the Winter period. This group is chaired by the Chief Officer/Chief Operating Officer and reports to the Unscheduled Care Programme Board.

5. Resilience

Dumfries & Galloway Health and Social Care Partnership 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 Resilience plans. These are available for access via our intranet.

Business Continuity (BC) plans for all critical services within directorates are subject to ongoing review and updated to ensure they remain current and fit for practice. During this last year, there has been significant work to develop Community Health & Social Care Resilience Plans and corresponding Command & Control Structure. To test the practicality of these plans and structures, an exercise was held in September 2019 focussing on Winter, pandemic flu, EU withdrawal and core business continuity elements. The learning from the exercise is being included in revised plans and procedures.

Following the adverse weather conditions of Winter 2017/18 opportunities for practical learning and preparation have continued to be undertaken to refine a whole partnership response. An action plan has been implemented to support the key learning identified. All aspects are supported by our local Resilience Coordinator, and has involved many multi agency discussions. This has culminated in a more practical and detailed weather policy being introduced. This policy provides a clear framework for managers and staff detailing service responsibilities, reporting arrangements and staff 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.

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 local undertakers; Dumfries and Galloway Council do not offer mortuary services.

A contingency plan is in place linked to Mass Fatality and we have local representation on national planning events.

We are also actively considering a range of additional issues which could have a concurrent impact to Winter pressures this year due to Brexit. An EU Exit Committee has been established to take account of, and mitigate against, risks highlighted at local, regional and national levels. This group meets weekly under the leadership of NHS Board Chief Executive Officer.

Local procurement planning ensures a small contingency of products for specific Winter issues across the whole of the partnership e.g. Flu, Norovirus. Processes are in place to ensure this can be accessed out of hours.

6. Workforce

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), diagnostics and support staff.

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

Given that Winter, can bring with it workload pressures, we are continuing with our Working Well Strategy. This is a programme of work aimed at supporting staff to remain well at work. This includes an action plan to support staff dealing with mental health issues which is the highest reason for absence for staff across NHS Dumfries and Galloway. We have also continued to adapt our approach to staff immunisation against the flu to ensure that we make it as assessable as possible.

Some further additional actions include:

6.1 Nursing

- Nurse managers will review and monitor staffing levels across services including vacancies and sickness absence in order to respond quickly to situations as they arise.
- All areas have submitted local staffing models to support the Winter period including Acute staffing to manage Winter beds and any surge capacity
- Nurse Bank proactively working to ensure good bank availability over the festive period.
- Work on skill mix continues to bring resilience to our nursing teams. The first Band 3 development programme has completed and will be continued to be offered to Band 2 on a rolling programme.

6.2 Medical

- Early planning for the festive period is in place to ensure appropriate levels of staffing, especially senior decision makers.
- The medical staffing model within the Emergency Care Centre (ECC) remains challenged with vacancies despite efforts. Gaps at the senior decision making level are currently being filled with locum staff. This is a high risk for our system
- Over Winter additional funding has been agreed for medical cover to maintain level of discharges and patient flow over the weekends.
- The Winter ward will have dedicated medical staffing to allow direct admissions from ECC which will reduce boarding and improve flow.
- This Winter we have the addition of Clinical Development Fellows in place at the front door to support ECC.
- Close management of rotas is in place to ensure early identification of potential pressures. The issue with local recruitment has been raised as a risk and will be monitored weekly. A Workforce Sustainability Programme Board has been established to oversee a range of work related to recruitment and retention.

6.3 Other services

- An established 7 day service for AHPs, pharmacy and social work continues to be normal practice.
- A senior member of management will be onsite over weekends at Dumfries and Galloway Royal Infirmary, this brings significant benefit realisation through the co-ordination of the wider multi-disciplinary team.
- The availability of an Integrated Community Equipment Service (ICES) driver bank that may be called upon to facilitate increased care at home provision of equipment/prevention of admission in order to assist in alleviating Winter pressures

6.4 Independent Sector

- As a contractual requirement all independent providers will provide their rotas and oncall contacts over the festive period this includes contingency plans for adverse weather or any other disruption to service.
- Discussions are ongoing with care providers to maximise available support / contribution over Winter period.

6.5 Workforce and Sustainability Recruitment Team

- To address our recruitment challenges a new Workforce and Sustainability team have been appointed. This team will work to market Dumfries and Galloway as a place to come and Work, Live and Play. There are ambitious targets set to reduce our number of difficult to fill vacancies.

7. Unscheduled/Scheduled Care

7.1 Clinically focused and empowered management

The acute hospital site is managed using a triumvirate approach inclusive of General Management, Lead Nurse and Associate 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 meeting is chaired by a member of the senior management team ensuring their awareness of pressures and supporting action planning and escalation as required. The frequency of the huddle increases to three times a day during times of bed pressures.

There is daily communication with community colleagues, including community flow coordinators, The Short Term Assessment and Reablement Service (STARS) teams and cottage hospitals.

Following each safety huddle, teams are informed of the latest hospital situation and this is cascaded using the intranet, and via email in the form of the SitRep report. The SitRep report includes information on ED performance and status, bed capacity, waiting list performance and level of boarding. 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 which are available using an intranet-based *Qlikview* system, giving a close to real time view of how we are managing demand. This is accessible to all staff.

A standard operating procedure incorporating escalation for front door and downstream areas is currently being reviewed for this Winter. The current escalation processes ensure communication between acute and community management when bed pressures are identified, including notifying primary care, Out of Hours and the independent sector. Social media is also used to inform members of the public of increased pressure and to sign post people to alternative support i.e. local pharmacist.

7.2 Planning/Scheduling of elective and unscheduled care

Daily predictions for unscheduled attendance are currently shared throughout the organisation at the site huddles and through the local SitRep reports.

Last year during the first two weeks in January there was a planned limit of non urgent inpatient scheduled activity. This worked well and the plan is to replicate this by indentifying the two weeks in January 2020 that demand is expected to be high. This will be informed through the use of systems such as System Watch.

Both 4 week and 7 day predictions are used within weekly waiting times and DCAQ meetings to ensure operational awareness of predicated demand. The use of System Watch has provided additional information which supports informed decision making to minimise on the day cancellations.

It is acknowledged that the theatre department is one of the most expensive facilities within the hospital and therefore careful planning and deployment of pragmatic solutions are in place utilising intelligence from previous years and more recent months to forecast predicted activity over a 4 week 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 day when this is expected, an increase in daycase surgery will be utilised. This involves working closely with specialties over this period to ensure that lists are appropriately appointed and adapted and that there is good communication with patients to ensure they are kept informed of their predicted surgery date and any changes that are required.

The Acute Management Team will also undertake a dynamic review of morning clinics for key medical teams. This will support and facilitate timely ward rounds by senior decision makers 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 ensuring bed availability.

Understanding and assessing the level of elective activity which could be lost during Winter is crucial in ensuring that plans can be made to account for that loss over the remainder of the year. This is discussed and planned at weekly waiting times meeting involving detailed demand and capacity information.

7.3 Reducing Attendances

A number of pieces of work are taking place across Dumfries & Galloway Health and Social Care Partnership in order to reduce the number of inappropriate attendances at Emergency Departments across our system. These programmes of work deliver throughout the year and clinical and management leads for these areas are fully engaged in our Winter planning process through the Unscheduled Care Programme Board.

Since last Winter, work has continued around the development of our new integrated respiratory team to support people with chronic respiratory disease, including COPD. These individuals are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated. This team are innovative in their digital approaches and are leading the way in learning for other teams in their application.

NHS Dumfries and Galloway's Out of Hours Service has also been reviewed over the course of the last year. While work is being finalised around a new model with significant proposed changes to skill mix, new roles have been introduced into the service in anticipation of the outcome. This has resulted in the service becoming more resilient than in previous years with ANPs and pharmacists participating on the rota.

Other work that has progressed and will support the management of Winter pressures surrounds Anticipatory Care Planning (ACP) and the work of our Healthy Connection teams. The focus of our work on ACPs has been to increase their use within the Care Home setting. A detailed plan has been prepared to increase the numbers of ACPs across Care Homes and Care at Home settings over the coming year. Our Healthy Connection Teams support individuals who are isolated and lonely to reconnect with their communities with an aim of preventing hospital admission.

In preparation for Winter and to reduce inappropriate attendances further, we have a schedule of key communication and social media campaigns such as 'Meet ED', 'know who to turn to' and 'pharmacy first', as community pharmacies are open on Boxing Day and January 2nd.

7.4 Managing/Avoiding admissions and Reducing Length of stay

The following are services/actions that are in place all year round, along with some specific actions for the Winter, to support in managing/avoiding admissions and in reducing length of stay:

- DDD is being used in all inpatient areas. Further improvement work is underway to embed and share good practice across all localities.
- 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. They also operate a DDD model
- Additional investment in home-based rehabilitation and enablement approaches led by to avoid admission and support early discharge from hospital will be in place by this Winter. It is further expected that this approach will reduce demand on care at home services.
- Single point of contact aim to streamline non emergency health and social care referrals for any adult living in Nithsdale Locality. Work is progressing to extend this to a region wide model
- Use of community based virtual wards is currently being explored as a model to reduce admissions
- 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
- Recruitment of 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 Carers Strategy
- Key services in place which includes Pharmacy, AHP and Social Work over a 7 day period.
- Frailty identification is now in place in DGRI. A frailty pathway involving a short stay frailty area is currently being tested, and if successful will be in place for Winter. A frailty nurse has been recruited until March 2020, who will coordinate the pathway. The frailty pathway is supported by a consultant geriatrician and will ensure comprehensive geriatric MDT assessment for frail patients aiming to reduce length of stay and improve patient experience. Close working with the partnership and community services are in place and will continue.
- Investment in the care at home market has been agreed. The partnership is currently working with Care and Support Services (CASS) who are the Councils in house care at home provider, and independent providers to create clusters across the region
- Working group aiming to develop information leaflets for patients and families led by Scottish Care covering a range of information explaining responsibilities during admission, discharge, support, home-

based enablement inclusive of reablement, choice guidance, long term care options.

- The Integrated respiratory team aim to increase the number of people who have same day or within 4 days early supported discharge and are followed up and supported to stay at home by the Community Respiratory Nursing team.
- 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 and the assessment area of CAU for patients with COPD and Asthma which will be progressed through Winter
- Ambulatory pathways are being re-introduced, following a period of vacancies, led by the ANP team at the front door at DGRI

7.5 Focus on Flow through Acute Care

The following details actions being undertaken and progressed with a focus on flow through acute care:

- DDD is being used in all acute wards. Further improvement work particularly focused on EDD has commenced.
- The twice daily safety huddle includes identification of patients who are being discharged from DGRI who meet the Discharge Lounge criteria.
- A Discharge Lounge has been in place in DGRI since last Winter. Further development of criteria and review of the processes are currently underway with an expected increased utilisation over Winter.
- 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 transfer team which is responsible for the timely movement of patients from CAU to downstream wards is in place all year round and will continue over the Winter.
- In DGRI a bed reconfiguration is currently underway and will be in place for Winter. This will involve an increase in medical beds with a reduction in surgical beds, with the aim to reduce boarding. Work is currently underway with an expected reduction of 36% in medical boarding.
- Increased availability of DGRI pharmacy team at weekends as an enabler to support increased discharge rate. Increased pharmacy staffing of CAU 7 days a week to start pharmacy discharge planning from admission.
- Additional beds will be opened to provide extra capacity and will be staffed over the Winter period. This will allow the capacity to accommodate patients direct from CAU and will reduce medical boarding.
- Surge capacity will also be available which includes use of the 14 bedded short stay over the weekends.
- A revised boarding policy, following learning from last Winter, is currently being reviewed and will be implemented by Winter with the aim to improve patient safety and flow
- A test of change in the CAU implementing a Nurse Triage area, where patients are triaged quickly and some basic observations, bloods and tests taken has been in place since October 2018. This has improved patient safety in addition to patient and staff experience. Relocation to a

permanent area is part of the bed reconfiguration plan and will be in place by Winter.

- Use of “in reach” by speciality medical teams in CAU is in place and further scoping is underway for other specialties. This is constrained by medical staffing levels.

7.6 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 protect 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
- Staying safe from falls during adverse weather

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.
- Increased presence through social media

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

The Winter Plan and the detail of arrangements will be disseminated through all staff groups and services within D & G HSCP and other partners

8 Mental Health

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

- Daily multi – disciplinary huddles at Midpark. This is a highly successful model that looks at the demand, capacity and risks across the inpatient unit, and involves Crisis Assessment Team (CATS), ensuring maximal use of current resources
- The Acute Functional Admission Wards are particularly challenged, and a new SCN model has been put in place, providing an enhanced assessment of patients and collaborative working to improve flow.
- Performance Management will continue with the establishment of a new Mental Health Performance Framework with measures supportive of both Unscheduled and Scheduled Care.

- Improved communications between Community Services and Inpatient Teams will be in place this Winter to ensure a whole systems approach is activated to support peaks of demand.
- During Winter a Senior Nurse weekend working model will be in place
- The development of the Acute Liaison Service under the management of Inpatient Services will create a more flexible service. Acute Liaison Service will operate 7 day week – 8am -8pm. Roster being developed and expected to be implemented by November 2019

9 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.
- Increasing clinical capacity for shift rotas over the festive period
- Increased co-ordinator capacity over the festive weekends
- Offering pharmacy shifts in OOH on weekends and public holidays
- Trained ANPs undertaking traditional GP shifts to support service sustainability during festive period
- 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.
- The Crisis Assessment and Treatment Service (CATS) are on call and can they can be contacted in the OOH period for support. The CATS team are co-located with OOH which assists in joint assessment, sharing of information and support planning for patients.
- 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 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 under the leadership of the OOH Steering Group, chaired by the Chief Officer. A new hub and spoke model has been agreed in principle.

10 Norovirus Outbreak - Prepare for & Implement Control Measures

During Winter, outbreaks of diarrhoea and vomiting are common and widespread and can often be prolonged. In recent years Norovirus outbreaks have caused disruption and ward closures, however since the move to the new Hospital in December 2017 and the introduction of 100% single rooms, there has been no need to close a ward as a result of Norovirus Infection at any point in time. The Infection Prevention and Control Team (IPCT) work closely with partners to ensure that outbreaks are managed effectively

- The IPCT ensure that staff are adhering to the national guidelines.
- There is effective communication between The Health Protection Team (HPT) and the Infection Control Team (ICT) in response to Norovirus outbreaks.
- The HPT circulates information produced centrally for care homes and support and manage outbreaks in care homes.
- All hospitals have access to outbreak documentation and resources via the BEACON page Infection Prevention and Control Portal.
- 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 Prevention and Control Nurse cover at a weekends or public holidays 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 (PCR) 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 100% single rooms within DGRI have assisted with management of outbreaks however staffing levels have been reviewed to ensure the continuation of safe, person centred care.

11 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 1st October 2019. Letters were disseminated via managers. For the first time within D&GHSCP the staff vaccination programme will open to all home care support workers within the Third and Independent Sector.

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.

12 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 avoid and reduce respiratory admissions. The Integrated respiratory team aim to increase the number of people who have same day or within 4 days early supported discharge and are followed up and supported to stay at home by the Community Respiratory Nursing team.

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 and the assessment area of CAU for patients with COPD and Asthma which will be progressed through Winter

The service will be enhanced locally by the continued development of an integrated community respiratory team delivering a Respiratory Action Plan. This will include the Respiratory Specialist nursing team based across the region in primary and secondary care with Respiratory HCSW and Specialist Physiotherapists team input where needed.

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. There is capacity within the current Integrated Respiratory team to take admission avoidance referrals directly from GPs and there is a referral template on RMS to facilitate this service

13 Summary

The Winter planning of Dumfries and Galloway Health and Social Care Partnership 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 2019/20.

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,

The Dumfries and Galloway Health and Social Care Partnership will receive monthly updates on performance and receive any exception reports on particular pressures as required throughout this period.

Appendix I – Financial Plan

Winter Plan 19/20 - Dumfries and Galloway NHS Board			
			£
Action 1 Clinically Focussed and Empowered Hospital Management			
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)			20,000
Action 2 Capacity and Flow realignment			
Workforce modelling to ensure safe staffing levels and to manage surge (winter now 5 months) and any increase in sickness absence			130,000
Extend Short stay ward to 7 days for 5 month period			70,000
Pharmacy - additional input to weekends and maintain capacity			12,000
Additional Medical cover for downstream wards			60,000
Transport coordinator			10,000
Action 3 Patient rather than bed management			
Transfer team and Discharge lounge model (5 months)			60,000
Action 5 - 7 day Services			
Additional GP support over winter/festive period			35,000
Community Pharmacists Sunday provision over winter			23,000
Action 6 - Ensuring Patients cared for in own homes			
Care at home - review of options to increase capacity			187,500
		Total	607,500
Funding source			£k
		SG	139,000
NHS D&G		non recurrent funding	281,000
Social Care Fund		non recurrent funding	187,500
			607,500