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

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Introduction

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

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

We expect this year's review to include:

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

Completed reviews should be sent to **Winter_Planning_Team_Mailbox@gov.scot** by no later than close of play on **Friday 20 April.**

Thank you for your continuing support.

Alan Hunter
Director for Health Performance & Delivery

Geoff Huggins
Director for Health & Social Care Integration

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

1.1 What went well?

Business Continuity Plans have been developed to include services provided by Orkney Health and Care such as School Nursing, Health Visiting, and Community Nursing etc. These document actions to be taken in the event of severe weather and where access is restricted across the Churchill Barriers allowing staff to work from alternative locations where necessary. Plans were developed with Primary Care to ensure that there was an early notification process for the loss of communications in the outer isles over the festive period anticipated as a consequence of the Met Office weather warnings. Community Communication Hubs were also set by up SFRS in the outer isles to maintain communications with mainland Orkney thus ensuring that the EMRS was accessible.

Power outages on 2 remote islands caused contingency plans to be invoked and local shared resilience working ensured good communication and updates were given throughout.

1.2 What could have gone better?

The Winter Gritting Plan produced by Orkney Islands Council could be incorporated into the BCPs for community nurses etc to allow planning around the visiting of patients in the community around the gritting/road clearing times. This interagency co-ordinated approach would allow access to more patients as well as reducing the risks to staff visiting patients in the community using untreated roads.

Consideration to the Issuing of snow tracks (Spiked soles) to staff visiting patients in the community during extreme weather to reduce the risk of slips trips and falls thereby minimising potentially avoidable injuries to staff.

1.3 Key lessons / Actions planned

Good communication and shared joint knowledge, planning and desktop exercises allows for good contingency planning outcomes when required.

The connection of GP practices onto the NHS Orkney network with access to G-Drive allows staff to work from more locations particularly during weather events.

The development of the Scottish Fire And Rescue Community Asset Register will provide Orkney Local Emergency Co-ordinating Group with a directory of additional resources both in terms of equipment and human assets such as volunteers all of which has been background checked. These assets will be particularly beneficial during extreme weather events where additional 4 x 4 vehicles are required as well as road clearing by farm machinery etc.

2 Escalation plans tested with partners.

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

Local indicator(s):

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

2.1 What went well?

Hospital escalation plans worked well. Performance against 4 hour target maintained over the winter period.

Good shared working, communication and engagement during an IT failure. All measures were put in place in anticipation of executing the escalation plan but timely rectification of the issue through mitigating activities avoided this action.

2.2 What could have gone better?

Earlier notification to senior management level of IT issue referred to in 2.1 above would have been helpful.

2.3 Key lessons / Actions planned

Escalation processes worked well across Hospital services and should be maintained.

A debrief activity in regards to the incident referred to in 2.1 above is planned to ensure learning can be captured and used to identify opportunity for improvement.

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

Outcomes:

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

Local indicator(s):

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

3.1 What went well?

There were no delayed discharges reported in the Balfour Hospital over the festive period and into January. This enabled the system to flow well and was facilitated by there being sufficient capacity within social care services to support patients as required to facilitate their discharge (both in terms of home care and residential care).

3.2 What could have gone better?

There were no issues identified.

3.3 Key lessons / Actions planned

Communication between hospital and community services is key to maintaining flow across the system. Processes which support this will be further embedded and developed as we plan for next winter.

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

Outcomes:

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

Local indicator(s):

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

4.1 What went well?

Communication with GP Practices to ensure bookable, on the day appointments are largely offered pre and post festive periods to assist the OOH service over the time. This appears to work well and helps with capacity around need for urgent care.

No additional bed capacity was required within the Balfour Hospital and flow was maintained within the standard bed complement.

4.2 What could have gone better?

No issues identified.

4.3 Key lessons / Actions planned

A similar arrangement with GP practices to ensure access to bookable, on the day appointments will be undertaken next winter.

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

Outcomes:

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

Local indicator(s):

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

5.1 What went well?

Very small numbers of cancelled elective procedures (majority of cancellations done so by patients, cancellations by hospital unavoidable in some instances due to small theatre team and OOH requirements in emergency situations impacting on ability to work on elective cases next day). Discharges maintained at pre-festive season levels throughout. Very little impact associated with adverse weather.

5.2 What could have gone better?

No issues identified.

5.3 Key lessons / Actions planned

Having separate in/out hours surgical teams would potentially alleviate the issues with elective cancellations but given demand and workforce availability this is not a feasible option.

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

Outcome:

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

Local indicator(s):

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

6.1 What went well?

High level of system wide understanding across health and social care supported by communication across system regarding capacity, activity, pressures and performance.

6.2 What could have gone better?

Analytical capacity to undertake analysis over and above that included within national returns was limited due to vacancies within the health intelligence team.

6.3 Key lessons / Actions planned

Routes for reporting and monitoring of performance and suite of information for winter analysis to be further defined ahead of next winter with analytical resource to undertake analysis identified.

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

Outcomes:

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

Local indicator(s):

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

7.1 What went well?

Within the Balfour Hospital, rotas were planned well in advance and capacity was maintained at planned levels. Access to senior clinical decision making was maintained throughout the festive period and discharges were sustained at normal levels.

Within primary care account was made of projected NHS 24 figures for festive period and workload planning included an allowance for increased OOH clinical capacity over the festive periods. Rotas were filled at an early stage and additional capacity was built into the festive periods for GP surgery type consultations.

There was a collaborative approach within community pharmacy and agreement was secured by October to provide appropriate OOH access to medication over bank holidays and preceding weekends.

7.2 What could have gone better?

Increased access to community pharmacy in the form of extended opening hours during festive periods would have been beneficial.

7.3 Key lessons / Actions planned

Early planning and use of data to estimate level of planned workload over festive period was beneficial again this year and this practice will be further developed looking ahead to next winter. It is anticipated that our OOH GP service will be co-located with A&E before next winter as we test this new way of working ahead of the new hospital and healthcare facility opening in summer 2019 and this will allow increased collaborative working going forward.

Additionally, the introduction of a pre-defined Community Pharmacy rota, agreed by all chemist contractors, for bank holidays which is aligned with level of OOH activity is a key activity ahead of next winter.

8 Discharges at weekends & bank holidays

Outcome:

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

Local indicator(s):

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

8.1 What went well?

Multi disciplinary planning for discharge during the week enabled discharges to be maintained over the weekend and bank holidays.

8.2 What could have gone better?

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be unavoidable delays for some patients. This is however taken into account as part of the discharge planning process and where possible alternative arrangements are made.

8.3 Key lessons / Actions planned

Criteria led discharge is not yet in place locally however this is a planned activity as part of improving patient flow. Utilisation of discharge is also not yet embedded and it is recognised there are some improvements which would be deliverable through this in regards to daily dynamic discharge and achievement of the before 12 noon discharge target. This is work which will be taken forward during 18/19.

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

Outcomes:

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

Local indicator(s):

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

9.1 What went well?

A&E performance was maintained throughout the winter period with occasional breaches of the 4 hour target. These breaches were largely due to timely access to diagnostics and waits for CT reporting or lab results. There were no 8 hour or 12 hour breaches.

9.2 What could have gone better?

Time of day of discharge could be improved to better align the admission and discharge curves.

9.3 Key lessons / Actions planned

Achievement of pre 12 noon discharge target through a range of activities and implementation of daily dynamic discharge.

10 Communication plans

Outcomes:

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

Local indicator(s) :

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

10.1 What went well?

External communication through social media and dissemination of know who to turn to information throughout general practice and wider NHSO. Internal communication maintained at an operational level through daily huddles and multi disciplinary team meetings. Wider internal communication through local forums such as Patient Flow Group.

Collaborative approach to agreeing festive OOH rota for Primary Care. Members of the public were kept informed of OOH and GP services via a range of methods: practice websites, practice leaflets, local press, local radio and social media.

10.2 What could have gone better?

More frequent communication with members of the public could increase awareness of what to expect when accessing services.

10.3 Key lessons / Actions planned

Using the example of NHS Grampians social media communications which gave information on activity levels and wait times during the winter period a similar approach will be tested in Orkney ahead of next winter.

11	Preparing effectively for norovirus.

Outcome:

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

Local indicator(s):

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

11.1 What went well?

No ward closures due to norovirus and guidance implemented.

11.2 What could have gone better?

No issues identified.

11.3 Key lessons / Actions planned

No actions identified.

12 Delivering seasonal flu vaccination to public and staff.

Outcome:

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

Local indicator(s):

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

12.1 What went well?

Impact of flu was less than in other parts of Scotland and staffing levels were not affected.

12.2 What could have gone better?

There has been a continued decline in the uptake of the flu vaccine amongst frontline staff and admin staff effectively increasing the risks to staff and patients health and service delivery.

Year	Frontline staff	Admin staff
2014/15	37.5%	42.2%
2015/16	49.3%	44.7%
2016/17	32%	56.9%
2017/18	32.3%	40.5%

12.3 Key lessons / Actions planned

Significant analysis and awareness needs to be undertaken to reverse this decline in the uptake of the vaccination thereby increasing the Board's ability to respond effectively to a flu outbreak.

13 Additional Detail

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

This review will be considered by NHS Orkney's Senior Management Team at its meeting on 16th April 2018 which includes representation the Integrated Joint Board through the Chief Officer and the Heads of integrated services.

14 Top Five Local Priorities for Winter Planning 2018/19

- Review and discuss winter plan at Senior Management Team meeting and agree suite of monitoring and performance information and communication route for this information
- Identify barriers to the uptake of the flu vaccine amongst frontline and admin staff and take steps to address these through local initiatives
- Further develop and embed communication processes which support the maintenance of patient flow across the healthcare system
- Implement daily dynamic discharge within Balfour Hospital and undertake improvement activities which support the achievement of earlier in the day discharge.
- Enhance external communications regarding service capacity, activity and waiting times.

15 Views on Wider Winter Planning Process & Suggestions for Improvement

It is recognised that the winter planning process is a helpful mechanism for supporting the coordination of planning undertaken in local areas and to ensure there is national oversight of the state of preparedness for winter. However it should be noted that in small, remote healthcare systems such as Orkney where there is limited ability to redirect planning of this nature is inherent within daily service delivery and thus some elements are difficult to disentangle from general every day practice.