

**Dumfries and Galloway
NHS Board**

Chief Executive's Office

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Ref: JAA/JW/LMcK
Date: 19 December 2018



Lewis Macdonald
Convener
Health and Sport Committee
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Dear Lewis

Many thanks for your letter dated 20 November in which you outline a number of requests for further information following our attendance at Health and Sport Committee on 30 October 2018.

Re: Rising Drug Costs

In relation to the rise in drug costs and the need for improved forecasting, we have appointed a Prescribing Support Pharmacist in Secondary Care who works with clinical teams to advise on safe and effective prescribing and provides forecasts on latest activity trends.

NHS Dumfries and Galloway was one of the early implementers of the HEPMA computerised prescribing system which gives us real time and significantly enhanced data on Acute Prescribing.

We have recently appointed a new Director of Pharmacy who will take up post in January 2019 and will focus on a review of our Area Drugs and Therapeutics Committee to ensure appropriate governance of our prescribing

With regards to Realistic Medicine, we have undertaken two workshops across our Health and Social Care Partnership that have resulted in a number of videos and other social media communications to the public. In addition we are implementing the Choosing Wisely campaign to empower patients to undertake shared decision making regarding their care

Re: Staffing levels/Recruitment

In relation to calculating the staffing complement for the new hospital, we used the NHS Scotland National Workforce Planning Tool to calculate the required staffing levels for the new hospital, to inform our Outline Business Case. This information was reviewed prior to submission of Full Business Case, with an increase subsequently made to

staffing levels to ensure both equalised seven-day cover was provided and the impact of single room working was taken into account. There was at that time no workforce planning tool available to advise on staffing levels for single rooms.

We undertook various tests of change prior to our hospital move, one of which was to address single room occupancy. We tested “pod” working within ward areas. A “pod” is a group of 6-8 patients who are cared for by a specific number of staff who are responsible for providing their care and treatment. Given the success of this model, all our wards have replicated this throughout the new hospital.

In support of the above, we have also embraced technology solutions which release staff time to care for their patients within the single room environment. Each room is equipped with a laptop on wheels allowing Doctors, AHP’s and Nurses to quickly access patient information.

During our review of staffing levels, prior to Full Business Case, we visited a number of sites and took advice on work they had previously undertaken. We considered the Queen Elizabeth University Hospital staffing levels contained within their Full Business Case, together with the approach taken by NHS Lothian and NHS Ayrshire and Arran.

Re: Agency Nurse Costs

Since our new hospital opened in December 2017, we have been proactive in our approach to recruitment. We have, throughout 2018, undertaken a number of initiatives, to enhance Nursing, Support Services and AHP Recruitment some of which are summarised below:

- Visits to our University of the West of Scotland Campus within Dumfries and Galloway, to encourage students to work within NHS D&G.
- Development and implementation of a Foundation Programme, offering all newly qualified nursing staff a permanent position. This programme offers additional support and learning, providing opportunities to work within various specialties across the hospital.
- Attendance by nurse managers at Recruitment Fairs within Scotland and Northern England.
- Actively promoting vacancies on the National NHS Scotland SHOW and University websites and social media.
- AHP, Nursing and Support Services Open Days and Evenings held at DGRI, offering prospective candidates a tour of the new hospital and informal meetings with clinical and non-clinical representatives.
- School Open Day arranged for S1 – S3 pupils from local schools to come and meet with health professionals and find out more about job roles within the Health Service.
- Succession Planning – introduction of a Band 6 development programme for Band 5 nursing staff. A Band 3 development programme is currently being planned, for implementation in early-2019.
- Proactively encouraging our substantive staff to join our “internal” Nurse Bank.

Re: West of Scotland Regional Planning in Relation to Recruitment

NHS Dumfries and Galloway contributes to all aspects of Regional Planning in West of Scotland, including service reviews. Each of these reviews focuses on a specific specialty and considers workforce and technology as part of the development of new regional models. Dumfries and Galloway has already established successful joint working with other WoS Boards in delivery of some services locally (eg OMFS, Urology, ENT). Sustainable delivery of services in future will rely on regional models across West of Scotland and Dumfries and Galloway will be part of these.

Re: Use of Technology

In line with National Digital Health and Care Strategy, Dumfries and Galloway are developing local plans to make best use of technology across health and social care.

For example we have already started to implement 'attend anywhere' to facilitate virtual clinics; 'Florence' a text messaging reminder service to support people with long term conditions; and 'my diabetes my way' which is a website and app designed to support people with diabetes.

Re: Staff Survey of EU Members

There has been ongoing discussion between NHS Board Human Resource Directors (HRD) and Scottish Government regarding the issue of a staff survey to assist in assessing the impact of Brexit. A generic communication has been agreed for use by all Boards in circulating this survey for completion by the workforce. This communication includes reference to previous Scottish Government communication and also the agreed Scottish Government Partnership Forum statement.

The HRD group have agreed to use the generic communication and a consistent timescale for conducting the survey and raising awareness of same at their Area Partnership Fora. It was agreed that the period from which the survey would commence and conclude, was from Friday 2nd November 2018 to Friday 7th December 2018.

Re: Strategic Leadership and Accountability

In relation to regional planning, the accountability for the safe delivery of health services rests with the Health Board delivering the service. In terms of the patient pathway, there is always an individual clinician who holds clinical accountability and it is our understanding that Corporate accountability follows that line of clinical responsibility.

In Dumfries and Galloway, the NHS contribution to the delegated budget to the IJB is determined on annual basis as part of the financial planning process. The initial budget was determined in relation to the functions delegated within the Integration Scheme and includes all of our patient facing services including Acute Services. This ensures a transparent process with a fully open book approach between ourselves and Council colleagues. In terms of overspends, our Integration Scheme is clear that it is the

responsibility of the IJB via the Chief Officer and the Chief Finance Officer to develop a robust recovery plan in the event of the delegated budget being overspent. However, it is also clear that the responsibility for meeting any ongoing deviations lies with the parent body in the initial stages of Integration

Re: Clostridium Difficile Infections

Regular performance reports in relation to C diff and SAB infections are presented to the NHS Board Healthcare Governance Committee on a bi monthly basis. A significant amount of work has been undertaken recently to address challenges with infection rates this includes:

- Prescribing guidelines have been reviewed and all cases of C.diff have antibiotic management reviewed for the period 3 months prior to case.
- Flagging on our infection control data base (ICnet) of all patients admitted to our hospitals that have had C. diff infection or a C. diff equivocal result. All are visited by an Infection Prevention and Control Nurse to assess and monitor any precautions required.
- All DGRI, environment and equipment, being cleaned routinely using Actichlor plus.
- Review of cleaning process by Infection Prevention and Control Team. A successful recruitment event has resulted in additional Domestic staff being recruited to the new hospital.
- Enhanced disinfection of the new Combined Assessment Unit with Ultraviolet light.
- We have utilised Hydrogen peroxide vapour to deep clean all patient bedrooms and key support areas in hospital e.g. Sluices and toilets prior to Winter period..
- A hand hygiene campaign has commenced. This includes hand hygiene practiced by patients.

Re: CAMHS

There are currently no children or young people waiting for Tier 4 services. Community Tier 4 cases are those that are referred to our CAMHS Intensive Treatment Service and the majority of patients are seen within that day or the next working day.

We successfully recruited two Primary Mental Health Workers on 14 December 2018 and have plans to recruit at least a further 4 posts in the new financial year.

In relation to nurse recruitment we have had the opportunity to train existing staff to develop in more senior posts due to internal vacancies.

With successful recruitment, development of Primary Mental Health Work and other service developments it is planned that NHS Dumfries and Galloway will meet the 90% RTT by July 2019.

Re: Primary Prevention

Supporting resilience and positive health behaviours across all life stages is a priority action within NHS Dumfries and Galloway. We have a strong Community Development programme which is fundamental to the work of enhancing individual and community resilience. Priorities identified for action map across to the national Public Health Priorities and include:

- Increasing mental wellbeing (a key part of our work is the development of a social prescribing framework as an early intervention approach)
- Addressing physical wellbeing and this particularly includes increasing physical activity, healthy weight, reducing drug , alcohol and substance misuse across the population

Within each of our 4 Health and Social Care Localities we have developed Health Improvement Teams who work on a one to one, group and community development process to address health and equalities and undertake primary prevention work.

Re: Winter Planning

The above desired trajectory of emergency admissions does have a fairly significant impact on the ability of the Board to manage and to balance demand and capacity. This includes the ability to balance scheduled and unscheduled care.

Daily site huddles monitor admissions against predictions and escalation processes ensure communication and appropriate response to increased demand.

Additionally, capacity within DGRI has been identified for winter and further surge capacity can be made available. This additional capacity will ensure the Board's flexibility to adjust to the increasing demand.

We do expect winter pressures and this will result in challenges throughout the system. We have produced a comprehensive Winter Plan which anticipates challenges throughout the winter period and has identified actions that will be taken to minimise impact.

We anticipate that there will be particular pressures in staffing, which will be throughout the system including doctors, nursing, support services and care at home staff which will impact throughout the system. In response there have been a number of different initiatives including open days, commissioning of a Medical Recruitment company, visiting conferences/universities to increase recruitment. In addition, we have commenced a programme to promote Wellbeing and Resilience for staff including drop in yoga and mindfulness sessions, drop in Occupational Health and Workforce sessions. Evaluation of these initiatives will provide us with learning for future years.

The Winter Plan has been developed in partnership with all operational directorates and with involvement from the Scottish Ambulance Service (SAS), and Care Providers. The implementation and delivery of the plan is assured through a new Governance structure, which includes a winter planning group chaired by The Chief Operating Officer/Chief Officer.

In the Winter Plan the Board have outlined a number of key areas of focus:

- ***Increase in morning discharges***

Across all areas a daily dynamic discharge approach has been adopted with the focus on discharging earlier in the day. This is being supported by a new discharge lounge that has opened in DGRI.

- ***7 day services and weekend discharges***

A dedicated weekend team will be in place within DGRI from December until March. This multi disciplinary team which includes a consultant will work to facilitate and ensure discharges 7 days a week.

- ***Reducing admissions & length of stay***

Within the Health and Social Care Partnership (HSCP) the Short Term Assessment and Reablement Service (STARS) and Rapid Response team Nithsdale in Partnership (NiP) are providing alternatives to hospital admission and supporting discharge. The STARS team are also supporting the move to a model of discharge to assess.

Additional care at home staff provided through the Council's Care And Support Service will provide an increased flexibility in home care provision, allowing bridging of care packages and delivery of care in rural areas.

Close working is well established between the Partnership and home care providers; with all partners including Social Work having plans in place to provide emergency assessments in the immediate period before and during the holiday period.

Flow meetings are held for the region and there are improved links with SAS with the appointment of a Hospital Ambulance Liaison Officer.

A robust communication plan is in place which involves use of social media promoting a number of local/national campaigns directing individuals to alternative services where available.

The full Winter Plan can be found in Appendix 1 and is intended to support business as usual and mitigate against the adverse impact of winter and potential disruptions to services.

Re: Prison Healthcare

Clinical Psychology Input to HMP Dumfries to date has consisted intermittently of responses to ad hoc requests mainly for advice from the forensic psychiatrists or prison mental health nurses to see prisoners to explain psychological aspects of their presentations or advise on their treatment needs. Prisoners are however seen for assessment due to other processes such as for Court, MAPPA, CJSW.

The psychology departments are not currently able to provide specialist input, assessment or psychological formulations for HMP Dumfries. Psychological consultation is provided to the prison nurses, forensic psychiatrists or any others who attend the NHS Specialist Forensic Team twice monthly meeting on cases of concern.

In 2019 there is a health needs assessment planned which will aim to identify the need or potential need for clinical psychology resource. Through Action 15 monies a clinical psychologist will be recruited to provide a psychology service to the regions emergency services, there is an opportunity to include HMP prison health care to this remit. It is envisaged that this will be to provide two clinical psychology sessions per month, mirroring the current consultant psychiatry resource, which will deliver the following:

- Clinical psychology assessment and formulation and to establish what level of intervention, if any is needed.
- Provide training and support for low level psychological interventions delivered by the nursing team.
- Provide data for the health needs assessment.

I hope that the above information provides the Health and Sport Committee with the required assurances. Should you require any further information please do not hesitate to contact me?

Yours sincerely



Jeff Ace
Chief Executive



Integration Joint Board

29th November 2018

This Report relates to
Item 7 on the Agenda

Winter Plan 2018/19

(Paper presented by Julie White)

For Approval

Approved for Submission by	Julie White, Chief Officer
Author	Nicole Hamlet, General Manager Acute and Diagnostics Lynne Mann, Service Improvement Manager Acute and Diagnostics
List of Background Papers	None
Appendices	Appendix 1 – Winter Plan 2018 / 19

SECTION 1: REPORT CONTENT

Title/Subject:	Winter Plan 2018/19
Meeting:	Integration Joint Board
Date:	29 th November 2018
Submitted By:	Nicole Hamlet, General Manager Acute and Diagnostics
Action:	For Approval

1. Introduction

- 1.1 NHS Board and their partners are required to respond to and recover from winter disruptions. These disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness, increased numbers of falls and trips and wards closed due to high levels of norovirus. Boards also can face challenges associated with managing workforce rotas during the festive period and during periods of increased seasonal flu within the community.
- 1.2 NHS Dumfries and Galloway and the Dumfries and Galloway Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. In order to ensure that patients continue to be safely and effectively cared for in the community and, where appropriate, admitted, diagnosed, treated and discharged from hospital.
- 1.3 Within NHS Dumfries and Galloway a new governance structure for Unscheduled Care has been established, co-chaired by the NHS Chief Executive and the Chief Officer for Health and Social Care. A similar structure for Scheduled Care is currently being developed and the NHS Chief Executive will Chair this Programme Board.
- 1.4 The Purpose of this document is to describe the plan that NHS Dumfries and Galloway and the Health and Social Care Partnership have developed to respond to these potential winter disruptions which aims to;
 - Ensure normal delivery of services, with limited or no disruptions
 - Flexibility to meet peaks in demand
 - Deliver change through quality improvement
- 1.5 The Plan has been developed in partnership with operational directorates and with involvement from the Scottish Ambulance Service (SAS), Care Providers and Third Sector Agencies.
- 1.6 NHS Dumfries and Galloway and the Health and Social Care Partnership are confident that the plan will deliver on the following key identified priorities;

- Increase in weekend discharges
- Early in the day discharges
- 7 day and Public Holiday working

2. Recommendations

2.1 The Integration Joint Board is asked to:

- **Approve the Winter Plan for 2018/19**
- **Discuss and Note**
 - **The change of focus through the new Governance Structure for the Winter Plan to have a strong working across the Partnership**
 - **The significant amount of joint work currently ongoing across the Partnership in preparation for winter**
 - **The learning from last winter following the migration of Dumfries and Galloway Royal Infirmary, severe adverse weather conditions and the flu pandemic.**

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. History and current intelligence tells us that these include:

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

4.2 Measuring Performance

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

- 4 hour Access target
- Hospital occupancy

- Delayed Discharges/Day of Care Survey
- Boarding levels
- Length of stay
- Stroke Standards (Admission to Stroke Unit)
- Hip Fracture Standards (Time to Surgery)
- Local and National Waiting Times Targets
 - Treatment Time Guarantee (TTG)
 - 18 weeks Referral to Treatment
 - Cancer Waiting Times

4.3 **Self Assessment**

NHS Dumfries and Galloway and 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 plans in these areas will apply a Red, Amber or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

4.4 **Resilience**

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

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

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

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

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

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

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

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

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

4.5 **Unscheduled/Scheduled Care**

- **Clinical focused and empowered management**

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

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

Hospital status following each safety huddle informing staff of updated/latest hospital situation is cascading using the Intranet/SitRep Reports. The SitRep Report including information on ED performance and status, NHS D&G beds, waiting list performance and boarders. It is shared across acute and community services with an update emailed to key post holders on a three times a day basis.

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

A standard operating procedure incorporating escalation is currently being developed and will be in place for winter. The current escalation processes

ensure communication between acute and community management when bed pressures are identified, including notifying Out of Hours.

- **Planning Elective and Unscheduled Care**

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

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

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

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

In January the Health Board will limit the volume of non urgent inpatient scheduled activity, with no non urgent cases during the first two weeks.

Review of morning clinics within the medical specialities is planned through the waiting times meeting, in particular to reduce activity during the first two weeks in January. Assessment of elective activity lost will be made so that plans can be implemented to introduce additional planned activity to ensure elective performance is not adversely impacted by the winter period.

- **Festive Staffing**

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

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

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

Nursing:

- Recruitment is monitored weekly and close monitoring ensures identification of pressure rates. Other areas, such as sickness absence will also be monitored closely.
- A proactive approach with one stop recruitment days and open evenings has been in place throughout the year and this will continue
- Work is ongoing reviewing nursing skill mix and development programmes for the different bands, bank availability, adequate staffing to open the winter 'surge' ward.

- The issue with local recruitment has been raised as a risk and will be monitored weekly. Executive leads are aware.

Medical

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

Other Services

- Pharmacy, Social Work and AHPs will all have festive rotas in place by October. All staffing will be regularly monitored throughout the winter period.

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

- **Optimising Patient Flow**

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

- A review of Daily Dynamic Discharge (DDD) will take place in all acute ward areas which will include refresher training for all professionals involved in the process. This will be delivered at ward level.
- DDD is being used in all community hospitals. Further improvement work is required to embed and share good practice across all localities.
- Work is being undertaken to test a Discharge Lounge in DGRI. This will be in place by December 2018. This initiative will support pre noon discharges and will be monitored and reviewed throughout the winter period.
- Criteria Led Discharge (CLD) is currently being tested within the respiratory ward in DGRI. Once embedded within this ward area, Criteria Led Discharge will be spread to other areas including Combined Assessment Unit (CAU).
- Locality and DGRI Flow meetings are established to address flow within the acute and cottage hospital bed base, including community services. They ensure that creative solutions for discharge are explored to avoid delays.
- An Additional Scottish Ambulance Service vehicle, Third Sector transport provider, transport co-ordinator and Hospital Transport Liaison Officer role are in place all year round. This team ensures the efficient use of transport resources on a day to day basis. A small test of change is happening over this winter in one ward area to identify transport needs at the earliest opportunity using electronic discharge plans.

- A transfer team which is responsible for the timely movement of patients from CAU to downstream wards is planned to commence for winter.
 - Key services in place include; Pharmacy, Patient Flow Coordinator, AHP and Social Work over a 7 day period.
 - Recruitment is under way for a Band 6 member of staff, to ensure that staff is 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 the Carers Strategy.
 - A review is currently being undertaken of the medical staffing model within the Emergency Care Centre in order to ensure senior decision making at the front door.
 - Acute Directorate bed remodelling: initial work is currently under way on bed remodelling in the Acute Directorate. This will involve an increase in medical beds with a reduction in surgical beds, with the aim to reduce boarding. A final decision around how beds will be configured to reflect the bed modelling requirements will be made in due course. The workforce infrastructure around the bed modelling will also be agreed.
 - Increased availability of DGRI Pharmacy team at the weekend as an enabler to support increased discharge rates. Increased Pharmacy staffing of CAU Monday to Friday, start Pharmacy discharge planning from admission.
 - A frailty pathway is currently being established at the front door of DGRI. Recruitment is underway for a frailty nurse to coordinate the pathway. The pathway will be supported by in reach from a Consultant Geriatrician and will ensure comprehensive geriatric MDT assessment for all frail patients aiming to reduce length of stay and improve patient experience.
- **Senior Decision Makers Availability**
 - A review is currently being undertaken of the medical staffing model within the ECC in order to ensure senior decision making at the front door.
 - The Board continues to fund an established 7 day service for AHPs, Pharmacy and Social Work which will continue over the winter with a dedicated individual assigned to discharges
 - Over winter additional funding has been agreed for Consultant cover, an additional Patient Flow Coordinator and senior management cover at weekends to focus on weekend discharges. A clear process and agreement for the role of the weekend team is established.
 - Additional capacity will be open to provide surge beds and will be staffed over the winter period.
 - A revised Boarding Policy, following learning from last winter, will be implemented with the aim to improve patient safety and flow
 - A test of change in the CAU implementing a Rapid Assessment area, where patients will be seen quickly and some basic observations, bloods and tests taken is commencing in October with the aims to improve patient experience and flow.

- **Community Services Planning**

The Health and Social Care component of the Plan seeks to provide alternatives to hospital based care to prevent admission and support discharge in a range of community settings.

- **Short Term Augmented Response Service (STARS)**

STARS provide a 7 day service across the region. This service supports GPs, Acute and Community hospitals to prevent and support early discharge from hospital.

- **Rapid Response Team Nithsdale in Partnership (NiP)**

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

- **Current rapid Response Action Points Include:**

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

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

- **Community Nursing Team**
 - In order to ensure flexibility of service to meet any potential peak in demand, agreement will be sought from the teams to have a 'shadow rota' in place which would allow flexibility to increase at weekends should any situation arise in order to support speedier discharge home from acute care and to prevent admissions to hospital where practicable.
 - Utilise monthly caseload and complexity tool, updating actions as required from caseload.
 - All vacancies being filled to maximise community nursing staffing levels.

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

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

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

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

These messages are delivered through:

- National Campaign material such as 'Know Where to Turn Too' and 'Pharmacy First'
- Local advertising of the Meet ED campaign with DGRI Emergency Department consultants
- Newly installed public information television screens situated throughout D&G hospitals will also be utilised to promote key messages on flu vaccination and norovirus.

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

4.7 **Communication and Engagement with Staff**

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

4.8 **Mental Health**

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

- Daily huddles at Midpark Hospital take place. Highly successful model that looks at the demand, capacity and risks across the Inpatient Unit and involves Crisis Assessment Team (CATs) service, ensuring maximum use of current resources
- Out of Hours Provide Senior Nurse cover at specific timeframe period on Saturdays, Sundays and Public Holidays to enhance decision making for the whole system patient flow, delayed discharges.
- Enhanced leadership at Midpark Safety Huddles over a 7 day period and if required additional huddles convened.

4.9 **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 Out of Hours Service Winter Plan:

- The OOH service rota including festive period is complete and has been circulated for populating, this will be ongoing for the next few months
- Support Plans have been developed to identify additional support if gaps in rota remain. Regular weekly management meetings take place to monitor rota and where necessary to consider alternative contingencies/escalation.
- The OOH escalation process has been agreed and has been tested (through live scenarios). This will be enacted over the winter/festive period if required.
- Work with health intelligence over previous years has provided data to ensure appropriate staffing levels in place. Capacity in increased over the festive/public holiday period based on previous years activity. We are also identifying opportunities to include other staff groups in these periods i.e. Pharmacy
- There are arrangements in place for direct referrals between services and also form part of the escalation process
- Re-triage is already undertaken when staffing levels allow
- Effective record keeping is in place – with systems in place to support and inform decision making
- Independent Prescribing Pharmacist work in OOH at times to undertake consultations and deal with prescribing/prescription queries in the primary care centre.
- Pharmacist are able to contact the OOH service via direct professional line for pharmacist who have seen people in the community who need to be seen in OOH
- The Crises Assessment Team (CATs) are on call and can be contacted in the OOH period for support. The CATS team are located within OOH which assists in joint assessments, sharing of information and support planning for patients.
- All dental referrals go direct to dental services via NHS24
- OOH Department regularly update SAS on current staffing position in OOH and potential impact for the Ambulance Service
- NHS24 works closely with Ooh and regular meetings are undertaken to discuss plans for the 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 an Escalation Plan if minimum staffing arrangements are not in place. Trigger points are in place for escalation.
- A longer term review of the future model of OOHs has commenced

4.10 **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 ensures that staff are adhering to the national guidelines
- There is effective communication between the Health Protection Team (HPT) and the IPCT in response to norovirus outbreaks.
- The HPT circulated information produced centrally for care homes and supports and manages outbreaks in care homes
- All wards have outbreak folders and documents are also accessible on the IPCT intranet page
- Building up on 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 NHS and HSCP websites supporting key messages around norovirus.
- The Infection Control Manager received weekly prevalence reports and circulates as required
- Debriefs are firmly established within our protocols and practice. Health Protection Scotland debrief tool is used to good effect
- Procedures are well established and tested
- The local IPCT does not routinely provide 7 day cover, however, arrangements are in place for Infection Control Nurse cover at weekends/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 testing locally in 2015 afforded earlier confirmation/exclusion of a norovirus diagnosis. In addition it provided the opportunity to manage patients more appropriately meaning that earlier in a patient episode it was possible to identify where symptoms were not attributed to norovirus and hence support the earlier opening of potentially affected areas.
- The new all single rooms within DGRI have assisted with management of outbreaks however adequate staffing is required to ensure safe care. This can be impacted by high staff sickness.

4.11 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 the 1st October 2018.

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

Flu uptake figures will be reported to Occupational Health weekly by Screening Services with Occupational Health having the facility to undertake targeted immunisation in locations, departments and amongst other 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 internet and social media.

4.12 **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 reduce respiratory admissions.

There are existing clinical pathways that provide an effective and coordinated respiratory service which will continue over winter. The team ensure robust discharge planning and are currently undertaking work to support early discharge from Accident and Emergency for patients with Chronic Obstructive Pulmonary Disease which will be progressed throughout winter.

The service will be enhanced locally by the impending development of an integrated community respiratory team. This will include Registered Nurses, Health Care Support Workers and Physiotherapists.

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

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

4.13 **Acute Surge Beds – 13 (+14 beds available at the weekend)**

We are currently funding additional sessions in a number of specialities including Orthopaedics, General Surgery and Urology to support waiting times and ensure we have additional flexibility over the weekend period. Locums are in place to ensure we are working towards a 52 week year and can cover the On Call where we have consultant vacancies in a number of specialities.

We are finalising when we will reduce elective surgery by reviewing peak periods of demand on previous years, it is anticipated that we will limit this to the shortest period of time, estimated to be around 2 weeks in January. Within this period we will have two emergency theatres running that both Orthopaedics and General Surgery can access. We will have a 4 weeks and 7 day predictions within the acute weekly waiting times and DCAQ meetings. This will support operational awareness and planning based on predicted demand and we will alter capacity within Theatres and Out Patients accordingly.

The following funding will be used to provide additional capacity to minimise the impact on business as usual.

£50k will fund additional staff to cover over the weekends and additional cover to accommodate public holidays and festive season (including backfill etc). This will assist with increasing weekend discharges and reducing unnecessary bed days.

£190k will fund the additional Winter/Surge beds within DGRI which will include 13 additional winter ward beds for general medicine and the Short Stay Unit to remain open at the weekends, providing a further 14 beds in time of high demand.

£125k to increase Pharmacy, Medical cover (one Consultant and one Middle Grader) and additional Scottish Ambulance Service support to provide rapid review and early discharge.

£47300 to trial a discharge lounge within DGRI and increase Flow Coordinators within both Acute and Community, this should support reduced length of stay, improve delayed discharges, increase bed capacity earlier in the day to improve patient flow and reduce impact on the 4 hour target.

£58k to increase GP, Community Pharmacy and Mental Health input throughout the winter period including Sunday provision of Community Pharmacists. This should again reduce admissions along with a further £180k funding from Care and Support Services for additional care packages to support early supported discharges.

Locally the Partnership has invested heavily in the Nithsdale in Partnership (NiP) an Integrated Respiratory Team within Community. NiP is a multidisciplinary team supporting rapid response; both teams will reduce hospital admissions by supporting GPs and timely discharge of patients within Acute.

5. Conclusions

5.1 The Winter Planning of NHS Dumfries and Galloway and the 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 place to support the delivery of the winter plan. This indicates that we are in a strong position to maintain safe and effective services throughout the winter of 2018/19.

Key points to the delivery of the Plan are:

- Established and robust Business Continuity Plans
- Joint working across all operational directorates and with partner agencies
- Winter communications – both staff and public facing using recognised communications mechanisms (including social media)
- Our workforce is key to successful delivery and maintenance of resilience is paramount

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 for Winter Planning of £280k

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

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

8. Legal & Risk Implications

8.1 Risk Assessment have been or will be completed as required within the areas as noted within the report.

9. Consultation

9.1 The Winter Plan has been discussed with all relevant departments and bodies. The final report will be shared across the Partnership.

10. Equality and Human Rights Impact Assessment

10.1 No Impact Assessments are required.

11. Glossary

AHP	Allied Health Professional
BC	Business Continuity
CATS	Crisis Assessment Team
CAU	Combined Assessment Unit
CLD	Criteria Led Discharge
COPD	Chronic Obstructive Pulmonary Disease
DCAQ	Demand, Capacity, Access, Queue
DDD	Daily Dynamic Discharge
DGRI	Dumfries and Galloway Royal Infirmary
ECC	Emergency Care Centre
ED	Emergency Department
eKISS	Electronic Key Information Summary System
GCH	Galloway Community Hospital
HALO	Hospital Ambulance Liaison Officer
HSCP	Health and Social Care Partnership
HPS	Health Protection Scotland
HPT	Health Protection Team

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