

NHS Tayside Winter including Festive Period Action Plan 2011/2012

This Action Plan has been requested by the Scottish Government and summarises the major strands of work, which are currently ongoing within NHS Tayside for winter and in particular the festive period.

Input to this Action Plan has been made from representatives across NHS Tayside (including the Infection Control Team), Community Health Partnerships, NHS 24, the Scottish Ambulance Service, Local Authority partners, and the Directorate of Public Health. A key change to this year's plan is the daily planning and action meeting involving key stakeholders associated with the monitoring and management of capacity issues.

Thank you

NHS Tayside

NHS Tayside – Winter (including festive period) Action Plan ACTION PLAN 2011/12

Contact – Mrs Carol Goodman Executive Lead Winter Planning

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
Information gathering and sharing	Gather communicable disease surveillance data		On-going		
	Submission of regular weekly data and any ad hoc requests as required	Kerry Wilson Niki Singers	On-going		
	Dealing with SGHD requests	Niki Singers Jillian Galloway	On-going		
	Ensure working with NHS 24 Formal Winter Planning Steering Group is in place	Jillian Galloway/Fiona Pike (NHS 24)	On-going		
Contingency plans • Emergency Planning	Ensure contingency plans /emergency planning is current and is appropriately shared with all sectors of our organisations.	Douglas Grewar Karen Kendall	On-going	Table top exercises arranged for Oct and Nov. NHS Tayside representatives also attending SCG Adverse Weather Table top exercise	
Management	On call rotas for duty managers and Executives over PHs will be in place.	Ken Armstrong	End November 2011		
Operational Services	Provision of 3 additional porters to cover 24/7 Jan – Mar	Rod Edgecumbe	Dec 2011	Additional portering will provide cover to shifts to support increases in transfers.	
	Provision of 1wte additional relief domestic assistant	Christiane Gordon	Jan 2011	Additional cleaning following outbreaks or where terminal cleans are required in affected areas.	

COMMUNICATIONS/INFORMATION TECHNOLOGY – WINTER (including festive period) ACTION PLAN 2011/2012

Mrs Jane Duncan

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
Communications	Inform public and staff of importance of getting flu jab – external and internal communications plan developed and implemented.	Jane Duncan	Oct 2011 onwards		
	Inform public of arrangements for festive period – including alternatives to NHS24, using community pharmacies and opening hours of MIUs across Tayside.	Jane Duncan / Lisa Prudom	Nov /Dec 2011		
	NHS Scotland national communications campaign ‘Be Ready for Winter’ and national Safer Scotland ‘Ready for Winter?’ communications campaign supported at local level.	Jane Duncan	Oct 2011 onwards		
	Increased awareness of business continuity and emergency planning – creation of two new Staffnet microsites to increase accessibility. Communications plan to support this.	Jane Duncan	End Nov 2011		

	Winter Planning Tabletop Exercises - facilitated by Winter Planning team and Emergency Planning team – introduced to test the response and readiness of NHS Tayside and its partners.	Margaret Dunning	End Nov 2011		
Information Technology	Development of “Winter” portal on staff net for sharing information internally	Karen Kendall Lorraine Reid	End Nov 2011		

Scottish Ambulance Service – Winter (including festive period) Action Plan 2011/12

Mr Nick Moore

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
Scottish Ambulance Service	Ensure most appropriate usage of Ambulance services for discharge			Please see attached SAS Winter Action Plan	
	Consider SAS support for discharging after 5pm				
	Provision of extra capacity- <ul style="list-style-type: none"> • Manpower • Vehicles • Weekend provision for discharge planning/transfer • Festive period 				


Public Health - Winter (including festive period) Action Plan 2011/2012

Dr Romanes

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
Vaccination	Ensure appropriate stocks of flu vaccine	Mr Andrew Radley, Consultant in Pharmaceutical Public Health	Achieved		
	Encourage public uptake	Dr Finn Romanes Consultant in Public Health Medicine	Promotional work undertaken, ongoing dialogue with practices planned	Links with communications plan as above	
	Staff vaccination plans	Dr Finn Romanes, Consultant in Public Health Medicine	Staff Flu Vaccination Timetable advertised via Vital Signs October 2011	CHP's/ Acute have timetable for vaccinations (including local pharmacies supporting flu immunisation of staff). H@N team also carrying out peer vaccinations in high risk areas 2am-4am	Ensuring maximum staff uptake of vaccine

Infection Control - Winter (including festive period) Action Plan 2011/2012

Dawn Weir

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
<p>Infection control</p>	<p>Attendance from Infection Control Nurse at daily capacity and flow meetings within Medicine and Surgery</p> <p>Infection Control Nurse to be join twice weekly conference call if required</p> <p>Specific guidance in relation to Influenza H1N1 Pandemic is contained in the Hospital Response Plan.</p> <p>Winter planning guidance for infectious diseases developed</p> <p>The Norovirus action cards remain accessible via staffnet.</p> <p>Recorded message re ward closures for patients/relatives etc phoning in via switchboard</p> <p>Communication board to be situated in Ninewells and PRI detailing ward closures etc</p>	<p>Dr Gabby Phillips/ Mrs Dawn Weir/Senior Nurses IC</p>	<p>Ongoing</p>	<p> H:\JillianG\Urgent Care\Winter Planning</p>	

Area	Action	Lead Officer	Completion Date	Comments and notes	Areas of concern
Information Support	Continue use of existing electronic Bed Management recording system to include real-time data.	Susan Baird Karen Kendall/Tracy Gellatly	Ongoing		

Pharmacy services	*Prioritisation of pharmacy services within one hour. All services will be prioritised according to nature of incident and some services may have to be temporarily suspended. Pharmacy Rapid response team(s) will determine the priorities	Sheena McGregor/ Frances Rooney – Nine wells Carol Nairn - PRI Ken Penman – Strathcathro	On-going	Pharmacy Rapid Response procedures and documentation are available if required	HR Implications and the current high level of staff vacancies may impair the ability to respond
Acute Services	Work with Winter planning leads to ensure twice daily capacity meetings are established and information communicated Introduction of twice weekly conference calls with representation from Medicine, Surgery, 3 CHPs, OOH, SAS to look at 72-96 hours ahead	Jillian Galloway/Karen Kendall Jillian Galloway/Karen Kendall	Ongoing Commence Dec 2011		

<p>Access Directorate</p>	<p><i>Radiology Services</i></p> <p>Festive cover will be an on call service over the Public Holidays and OOHs</p> <p>Will review demand and capacity on an ongoing basis with the ability to increase capacity if required to ensure effective patient flow</p> <p>One additional CT session for in patients Ninewells to be put in place in Ninewells</p> <p><i>Nuclear Medicine</i></p> <p>Increased capacity for in patients over the festive period</p> <p>Potential to shift out patient activity to accommodate more inpatient activity to maintain flow</p> <p><i>Laboratory Services</i></p> <p>24/7 cover will continue to be provided over the winter period including over the festival period</p>	<p>T Chima</p>			
----------------------------------	---	----------------	--	--	--

Access Directorate	Primary Care Adverse Weather Action Plan to be developed Pandemic Flu plan reviewed and updated Capacity planning? Alan C to provide details	Alan Collins			
---------------------------	--	--------------	--	--	--

Scottish Government Winter Planning Recommendations

Recommendation	Medicine	Surgery	OOH
Health Boards should ensure that their winter planning starts early and that the process includes CHP and SW Departments. There should be a clear relationship between the Winter Plan and the Pandemic Flu Plan	Pandemic Flu plans for NHS Tayside have been reviewed and updated for 2011/12 and links to Business Continuity, Adverse Weather and Capacity Plans all of which are fundamental to the overall Winter Planning exercise.		
Integral to winter plan should be the escalation plan. This should involve all stakeholders including CHPs. This includes the utilisation of beds in the community hospitals, and protocols for referrals should be agreed	Organisational Red, Amber, Green capacity management and escalation plan updated with supporting action cards for key stakeholders to be further developed by end of November 2011.		
Systemwatch should be used systematically for long to medium term predictions of unscheduled activity, and those predictions should be acted upon to create the required capacity, both in terms of beds and to support initiatives to avoid admission. Consideration should also be given to the use of systemwatch for planning of elective activity over the winter months	<p>Systemwatch is used on a daily basis within Medicine to forward plan based on predictions of emergency activity. This includes early liaison with CHP and LA colleagues to try and support increased discharges and in reviewing the elective capacity should any changes need to be made to accommodate emergency activity and continue to achieve and maintain the emergency access 4 hour standard</p> <p>Paediatrics are to start using system watch to predict unscheduled activity to inform required capacity</p>	Surgery are due to commence testing the use of Systemwatch to predict emergency activity in relation to planned activity and with be proactive in managing both to ensure emergency demand is met and the 18 Wk RTT and 4 hour emergency access standard is achieved and sustained.	Systemwatch only predicts admission activity however OOH use historical data and predictions from NHS 24 to ensure the capacity within OOH is available to meet the demand
Health boards should undertake more accurate modelling over the festive period to plan elective capacity and optimise the use of bed capacity. This may then enable hospitals to reduce the number of elective admissions on the first Monday in January. Further	Work has commenced within medicine to look at increasing elective activity in the weeks prior to the festive period to try and reduce the	A restructure of the surgical floor to create a surgical receiving unit which includes an assessment area will be complete and in place to help	N/A

	consideration should be given to front loading the first week in January with minor procedures, and back loading with majors. Also medical elective activity could be back loaded	elective activity over the busiest times and ensure emergency capacity is available and hence reducing the number of cancellations	with manage the balance of elective and emergency activity. The potential to front load activity is being looked at for both in and outpatient activity	
	The level of discharges over the holiday period should be improved. This might include >consultant presence with dedicated ward rounds in downstream wards (discharge early in the day is key to maintaining capacity), >utilisation of a rapid response team (or equiv) of AHPs with access to homecare packages without recourse to social work assessment, >re-energising and establishing ownership of the EDD and nurse led discharge	Increased consultant presence in Acute Medical Unit to ensure proactive review and management of patients, including weekends. Daily consultant reviews in all downstream medical wards. Front loading of placements and homecare packages prior to the festive period	Patients will have daily review by senior medical team in order to make appropriate and timely decisions regarding discharges from acute surgical and other surgical receiving and the downstream surgical wards	Confirmation of what social services are available in the OOH period in all 3 localities in order to prevent admissions in the OOH period for social reasons
	Medical Directors should ensure that appropriate numbers of consultant medical staff are on site to deal with the predicted activity	Consultants require authorisation from Clinical Lead/Director or Associate Medical Director for leave. Rotas currently being developed for the festive period which ensure appropriate cover over the festive period and peak periods		
	Daily bed meetings should take place at every site, and should occur twice daily during the winter period. Consultant medical staff should have a greater awareness of capacity issues	In place @ 11.30 for Medicine and 3.30 pm for organisational meeting Will also attend twice weekly partners meeting	In place @10.30 for Surgery and 3.30 pm for organisational meeting Will also attend twice weekly partners meeting	Escalation process in place should OOH see increase in activity Will attend twice weekly partners meeting
	Boards should work to eliminating the boarding of patients as a solution to bed capacity problems. Specifically, the boarding of patients from admissions units and emergency departments should never occur	Ongoing review of capacity to ensure each Medicine and Surgery maintain current position of no boarding		N/A

OOH Winter Plan



H:\JillianG\Urgent Care\Winter Planning

Scottish Government Winter Planning Recommendations

Recommendation	Angus CHP including Local Authority	Dundee CHP including Local Authority	Perth and Kinross CHP including Local Authority
Health Boards should ensure that their winter planning starts early and that the process includes CHP and SW Departments. There should be a clear relationship between the Winter Plan and the Pandemic Flu Plan	Pandemic Flu plans for NHS Tayside have been reviewed and updated for 2011/12 and links to Business Continuity, Adverse Weather and Capacity Plans all of which are fundamental to the overall Winter Planning exercise.		
Integral to winter plan should be the escalation plan. This should involve all stakeholders including CHPs. This includes the utilisation of beds in the community hospitals, and protocols for referrals should be agreed	Organisational Red, Amber, Green capacity management and escalation plan updated with supporting action cards for key stakeholders to be further developed by end of November 2011.		
Systemwatch should be used systematically for long to medium term predictions of unscheduled activity, and those predictions should be acted upon to create the required capacity, both in terms of beds and to support initiatives to avoid admission. Consideration should also be given to the use of systemwatch for planning of elective activity over the winter months	Systemwatch not used for community hospitals. Capacity and flow are discussed across CHP and ESD teams daily. Process in place to liaise with Ninewells hospital regarding predicted emergency admissions and transfers to Angus CHP for step down care.	Systemwatch predictions available at CHP level. Capacity and flow are reviewed on a daily basis Monday –Friday by the manager on conference call.	System watch predictions discussed at bed meetings 2/24 which includes CHP representation. Text alerts for staff groups if capacity issues occur. Escalation flowchart in place.
Health boards should undertake more accurate modelling over the festive period to plan elective capacity and optimise the use of bed capacity. This may then enable hospitals to reduce the number of elective admissions on the first Monday in January. Further consideration should be given to front loading the first week in January with minor procedures, and back loading with majors. Also medical elective activity could be back loaded	Processes now in place for nursing staff to accept referrals to community hospitals OOH. Can close Day Hospital if required to increase SAS capacity.	Process in place for manager on conference call to facilitate admissions to CHP beds. Can close Day Hospital if required to increase SAS capacity.	SDC to close between Christmas and New Year and after each PH to increase SAS capacity. Confirmation of actions taken required
The level of discharges over the holiday period should be improved. This might include >consultant presence	Ward rounds will be carried out by Team Managers	Festive directory available. Weekly placement allocation	Festive directory. Front loading of requests for

	with dedicated ward rounds in downstream wards (discharge early in the day is key to maintaining capacity), >utilisation of a rapid response team (or equiv) of AHPs with access to homecare packages without recourse to social work assessment, >re-energising and establishing ownership of the EDD and nurse led discharge	within community hospitals. No front loading of care packages or placements but can access services over festive period. Increase in capacity of SCO / AHP / dementia liaison team.	to continue with front loading if required. All discharges currently go to Enablement Team with close links existing between AHP and Social Work staff.	reablement and care home placements. Direct access to reablement by hospital OT's Step down procedures in place for community hospitals by December. Criteria led discharge being used.
	Medical Directors should ensure that appropriate numbers of consultant medical staff are on site to deal with the predicted activity	Consultant staff required to apply through service manager for annual leave.	Consultant staff are required to apply through Dundee CHP Clinical Director.	MFTE/Stroke Consultants require service management approval for all leave
	Daily bed meetings should take place at every site, and should occur twice daily during the winter period. Consultant medical staff should have a greater awareness of capacity issues	Virtual bed / flow meetings held across CHP and ESD teams. Will attend twice weekly partners meeting.	Bed availability and flow information available on a daily basis Monday – Friday.	In place @ 10.30 for PRI which includes P&K CHP and 2.30 pm. Information passed in for organisational meeting @ 3.30pm Will also attend twice weekly partners meeting
	Boards should work to eliminating the boarding of patients as a solution to bed capacity problems. Specifically, the boarding of patients from admissions units and emergency departments should never occur	Boarding N/A in Community Hospitals.	N/A	Ongoing review of capacity to ensure each Medicine and Surgery maintain current position of no boarding. Boarding N/A in Community Hospitals

Comments, questions, queries to :- Carol Goodman (carolgoodman@nhs.net - 07887823828)