Winter Contingency Plan

2014 - 2015
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Appendix one Local Unscheduled Care Plan .......................... Attached
1 Winter Planning Arrangements

Introduction

The NHS Forth Valley Winter Plan 2014-2015 has been prepared in line with Scottish Government guidance “National Unscheduled Care programme: Preparing for Winter” published on 23 September 2014 and developed in conjunction with the Local Unscheduled Care Plan or LUCAP.

The main focus of the Winter Resilience Plan deals with the period November 2014 to March 2015 and in particular details arrangements for the two, four day festive holiday periods in December and January.

The Winter Resilience Plan will be supported by daily reporting to the SGDH and internal daily reporting and performance management arrangements outlined below.

The Board’s management arrangements for all year round capacity and flow management have been augmented to include winter resilience planning to deal with the additional pressures placed on services during the winter period. The Winter Resilience Plan incorporates local contingency plans and ensures formal links with the plans of key stakeholders from the local authorities, ambulance services, independent sector, NHS 24 and Serco.

Elective activity will require to continue to meet the access targets in particular to ensure the requirements of the Patients’ Rights Act are delivered. An elective profile has been established to take account of the need to meet access targets while reducing the demand for inpatient services. The focus on maximising the use of the Day Surgery Unit will continue this year.
Key Points to the Winter Contingency Plan

The “National Unscheduled Care programme: Preparing for Winter” guidance is focused on supporting the winter planning component of our Local Unscheduled Care Action Plan (LUCAP) and highlights the critical areas that should be covered in our operational winter plans. These include:

- Ensuring business continuity plans are tested.
- Agreeing planned activity & capacity over the festive period (inc. OOH/homecare/elective/emergency).
- Agreeing all rotas, taking into account the two four day festive holiday periods, by October 2014.
- Ensuring senior clinician decision making capacity is available for assessment, care planning MDTs and discharge during the festive period.
- Focusing particular effort on pre-noon and weekend/public holiday discharge rates.
- Agreeing and testing escalation/surge plans (Inc. respiratory/circulatory/orthopaedics/ICU/PICU).
- Preparing effectively for Norovirus.
- Delivering seasonal flu vaccination to staff and the public.
- Focusing on quality of respiratory and circulatory care over the festive period when admissions can rise.
- Preparing communications for staff and the public on actions undertaken for the festive period, including ‘Know who to turn to’ guidance.

Summary of Key Actions
Detailed plans for each area are included in the following sections with key action areas for 2014/15 summarised below:

- Further develop and extend the Rapid Access Ambulatory Services for Surgery and Frail elderly.
- Implementation of a local integrated communications plan working in partnership with NHS 24 and raise awareness of national campaigns such flu and HPS Norovirus campaigns.
- Promoting discharges earlier in the day including use of the discharge lounge.
- Maximising use of the Rapid Access Frailty Unit.
- Improved discharge planning especially at weekends and reduced lengths of stay.
- Maximal use of the Emergency Department and AAU with focus on surgical assessment and ambulatory clinics.
• Commissioning additional winter surge capacity through redevelopment of in-patient accommodation at Falkirk Community Hospital to address inpatient demand during the winter months.
• Ensuring business continuity plans are tested.
• Maximising uptake of seasonal influenza vaccination by patients, population and staff.
• Preparing effectively for Norovirus.
• Agreeing planned activity & capacity over the festive period (inc OOH/ homecare/ elective/ emergency).
• Agreeing rota, taking into account the two four day festive holiday periods.
• Ensuring senior clinician decision making capacity is available for assessment, care planning, MDTs and discharge during the festive period.
• Agreeing and testing escalation/surge plans (Inc. respiratory /circulatory/ orthopaedics/ICU/PICU).
• A focus on quality of respiratory and circulatory care over the festive period when admissions can rise.
• Preparing communications for staff and the public on actions undertaken for festive period, including “Know who to turn to guidance”.
• Ensuring sufficient capacity to manage the variability of demand.
• Appoint Registered Mental Nurse to work at peak times in ED.

In addition there are a number of established actions which will remain in place from the 2013-14 Winter plan for example.

• Enhanced surveillance system developed and in place incorporating ISD System Watch, bed occupancy and predictions for all NHS services, in addition to reporting rates of Diarrhoea and Vomiting and flu.
• Integrated approach developed for escalation of service response across the whole care system.
• Robust bed management, weather, flu watch arrangements will be in place.
• Clear Escalation plans will be in place to swiftly address the need to rebalance bed use in Acute Service.
• 24/7 access to diagnostics e.g. CT scan and X-ray.
Fast Track Services at weekend over winter period.
Estimated Date of Discharge will be in place.
Anticipatory care planning will be in place.
Partnership with local authorities relating to discharging of patients will continue.
Rapid access Day Medicine Services.
The impact of the severe weather has been considered carefully
Increase in local 4x4 capacity through a memorandum of understanding with the British Red Cross.
The relocation of OOH services within FVRH
Daily capacity meetings and ward discharge targets
Development of standardised approach to discharge focused management plans and ward rounds to expedite discharges and improve quality of care
Additional resource in ED to provide additional senior staff at times of high demand
Additional AHP resource to support rehab pathway and facilitate expedient discharge

The Winter Plan links to all year resilience and escalation plans and associated operational frameworks especially the Local Unscheduled Care and Capacity and Flow Action Plan (LUCAP) operational framework which will support the delivery and monitoring of the plan.

2 Arrangements for Implementation of the Winter Plan for 2014/2015:

Performance Management and Governance Arrangements

Capacity planning meetings have been fully established and will be responsible for appropriately monitoring and managing the daily capacity position. The winter contingency plan links to the acute capacity escalation plan, this in turn, has been augmented to include the NHS 24 and Out of Hours service escalation processes.

Daily meetings are held to review capacity within the system and report to the Operations Group which meets on a weekly basis. The Operations Group reports to the monthly Corporate Management Team meetings with reports produced for the Board Performance and Resources Committee.
Supporting elements of the performance management arrangements include regular reports on Capacity and Flow, Delayed Discharge, Infection Control, Influenza, and Waiting times.

The National Guidance “Preparing for Winter 2014 -15” includes a number of self assessment checklists which provide support to NHS Boards in preparing their winter plans. These checklists cover the following areas and have been used in the development of this winter plan.

- Resilience
- Out of Hours
- Seasonal Flu
- Management Information
- Unscheduled / Elective Care
- Norovirus
- Respiratory Pathway
- Sign-Off

3. Supporting Plans

The Annual Winter Contingency Plan is supported by a range of strategic and action plans which cover the following areas:

- Local Unscheduled Care Plan
- Further enhancement of acute and CHP services
- Seasonal Flu Immunisation
- Out of Hours Service
- Staff coverage at peak and holiday times during the festive period
- Infection Control
- Information Management.
4 Winter Capacity Factors Informing Plan

October 2014 → March 2015

Capacity Planning and Escalation → Festive Plan – 2 x 4 day holiday → Capacity Planning and Escalation

All Year Round Capacity Planning LUCAP

Delayed Discharge Planning

Capacity and Flow

Infection Outbreak Management
5 Service Standards and Action Plans 2014/15

5.1 Acute Services - Medical, Surgical, Women and Children
5.2 Primary and Community Care Services
5.3 Infection Control
5.4 Seasonal Flu Immunisation
5.5 Capacity and Information Management.
5.6 Communications
5.7 Out of Hours Services
5.1 Acute Services

Responsibility: David McPherson / Gillian Morton / Ian Aitken

Standards:

Patients will be sign posted to the correct service and attendances to the Emergency Department will be reduced. Those individuals who are frequent attendees to the Emergency Department will be identified and managed on a case management basis.

The objective will be to consistently achieve the 4-hour emergency care access target will be achieved with any breaches kept to a minimum.

In-patient activity and admissions will be reduced through ambulatory care options.

Rapid access to point of care testing will be established and early discharge of patients promoted.

The risk of cancelling elective operations will be minimised and theatre access maximised. Waiting time breaches will be minimised and assistance with general capacity will be considered on a weekly basis.

Early discharges will be maximised to increase bed capacity. Available bed capacity will be maximised and length of stay minimised. Clinical handovers from in hours to out of hours staff will be routine practice and safe and effective management of unwell patients out of hours fully maintained. Utilisation of frail elderly community beds will be maximised to allow for increased acute services capacity.
Medical Directorate

<p>| Review referral criteria for following: SAS to MIU and ED to OOH. | Patients will be sign posted to the correct service. |
| Reinforce paramedic referral process to OOH; ensuring OOH numbers available to SAS. | Attendances at ED will be reduced. |
| Reissue centre contact numbers for professional-to-professional referrals. | Appropriate management of frequent ED attenders will be developed on a case management basis. |
| Stream admissions through ED. | Identified vulnerable self-harming and/or substance misuse individuals will be treated in a timely manner with a positive outcome. |
| Introduce case management for identified frequent attendees through ED. | Access to dental services in Forth Valley will be through a robust referral system, which will be in compliance with National Standards. |
| Review skill set of triaging at the front door (ED and OOH). | Compliance with 24-hour hip fracture heat target. |
| Appoint Registered Mental Nurse to work at peak times in ED. | Reduce in-patient activity and admission. |
| Ensure smooth integration into the Scottish Emergency Dental Service and review Emergency Dental Advice Line information for general public. | Improve local access for patients. |
| All confirmed hip fractures to be admitted direct to trauma unit. | Create alternatives to in-patient admissions. |
| Establish referral pathways and criteria for identified conditions through ambulatory care/receiving units and day hospital. | Establish Rapid access to point of care testing. |
| Fast track service extended to include weekend working. | Promote early discharge of patients. |
| Radiology staff support additional lists as required. | The number of breaches for the 4-hour target will be kept to a minimum. |
| Development of day hospital services. | Smooth and efficient patient transfer across the sites and discharges home. |
| Expansion of chest pain assessment unit. | |</p>
<table>
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<tr>
<th>Surgical Directorate</th>
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| - Maximise day / 23 hour surgery over critical festive period while maintaining cancer access targets and national treatment targets.  
- Day Surgery unit operating to concentrate all elective admissions to central area allowing timeous attendance of surgical in-patients to theatre and staff to discharge in a timely fashion.  
- Maintain expected date of discharges and reduced length of stay for surgical in-patients to proactively manage patient pathway and expectations.  
- Maintain levels of day surgery patients on FVRH site to improve elective admission and compliance with access and waiting times with continued ring fencing of day surgery facilities to facilitate this.  
- Ensure all surgical activity whether planned or otherwise is communicated through the capacity planning and escalation meetings.  
- Appropriate radiology cover implemented to support any additional trauma theatre.  
- Increase trauma theatre sessions during the two week festive period.  
- Maximise utilisation of surgical ambulatory unit.  
- Utilise DSU as a means of taking minor surgical cases from the front door areas. |
| - Minimise the risk of cancelling of elective operations.  
- Ensure theatre access is maximised.  
- Maintain level of waiting time breaches at zero.  
- Assist with capacity in acute services.  
- Reduce delays in patient discharges from surgical unit. |
Women, Children and Sexual Health Services

- Re-issue centre contact numbers for professional-to-professional referrals.
- Refresh referral pathways and criteria for identified conditions through unit ambulatory care systems.
- In conjunction with ED, establish referral pathways and criteria for children who utilise ED.
- Ensure all surgical activity whether planned or otherwise is communicated through the capacity planning and escalation meetings.
- Maximise Women and Children front door staffing (Triage) to cover additional capacity during festive period.
- Ensure Sexual Health Services website is updated.
- Refresh paediatric escalation plan.

- Improved patient pathway and experience.
- Children will be more appropriately signposted.
- Assist with capacity in acute services.
- Assist patient pathway and flow.
- Reduce attendances at ED for contraceptive and sexual health advice.

Local Arrangements to Deliver These Standards

- **Accountability**  Chief Executive.
- **Responsibility**  General Manager ~ Emergency & Inpatient , Specialist and Ambulatory Care, W&C Sexual Health Services and CHP
- **Involvement**  Primary Care, Social Services, Care Homes, Pharmacists
5.2 Primary and Community Care

Responsibility: Mrs K. O’Neill

Standards:

Arrangements will be in place to allow patients to access the correct service at the correct time resulting in consequent demand on secondary care being managed.

Care will be co-ordinated to reduce admissions to the acute hospitals.

Pharmaceutical support for primary care will be easily accessible.

Patient demand will be suitably managed during and after the festive critical time period.

Unnecessary admissions will be minimised.

Patients with palliative care needs will have access to palliative care line for out of hours services.

Community Nursing will continue to have weekly planning meetings looking at patient demand and staffing levels.
- Practices providing extended hours consultation are required to provide this service over the festive weeks.
- Undertake campaign to remind GP patients of need to re-order repeat prescriptions.
- Remind GP practices of need to update Special Patient Notes on Adastra.
- Ensure Special Patient Notes are updated.
- Ensure advanced care planning being rolled out and incorporates information about expectations relating to what to do if patient becomes unwell.
- Ensure community pharmacy opening is concentrated on easily accessible pharmacist in the three large towns.
- Over the whole festive period practices will consistently arrange for the safe transfer of patient details for those patients who GP’s feel may require reviews to prevent possible admission.
- Community nursing services will remain operational throughout the festive season, with contingency arrangements in place for any rise in unexpected demand.

- Arrangements will be in place to allow patients to access the correct service at the correct time resulting in consequent demand on secondary care being managed.
- Care will be co-ordinated to reduce admissions to the acute hospitals.
- Pharmaceutical support for primary care will be easily accessible.
- Patient demand will be suitably managed during and after the festive critical time period.
- Unnecessary admission will be minimised.
- District nursing services will be available to provide home nursing services for patients following early discharge arrangements through the festive period.

**Local Arrangements to Deliver These Standards**

- **Accountability** Chief Executive.
- **Responsibility** General Manager ~ Emergency & Inpatient, Specialist and Ambulatory Care, W&C Sexual Health Services and CHP
- **Involvement** Primary Care, Social Services, Care Homes, Pharmacists
5.3 Infection Control Service Provision:

Responsibility: Lesley Shepherd

Standards:

Infection Prevention & Control service will be provided by the infection prevention & control team Monday – Friday 08.00-16.00. Weekend and out of hours is covered by the on-call Microbiologist.

The public holidays will be covered by on-call microbiologist.

Outbreak management has been reassessed to help with bed capacity.

Increase public and staff awareness of Norovirus and visiting patients.

- Named infection Prevention & control nurse available.
- Outbreak folders remain available on all appropriate wards.
- Content will be update with new copies of ICPs Enteric Illness.
- Members of the Infection Prevention and Control team (IPCT) to hold public awareness sessions in Forth Valley Royal Hospitals and Community Hospitals as well as the Howgate and Thistle Centre shopping centres. The purpose of this is to increase awareness of the signs and symptoms of norovirus amongst staff and the general public. The campaign will start 3rd to the 25th October.
- For the first time, colleagues from Public Health and Occupational Health will join the public awareness sessions, raising awareness of flu and the importance of immunisation amongst NHS staff and at risk groups.
- To ensure consistency and continuity of advice and support to ward staff.
- Action cards from Outbreak /Incident Policy details the responsibility of the facilities general manager or person on call to close wards following consultation with microbiology and Infection Control Nurse Specialist.
- Wards now given ownership to help with the local management of the outbreaks.
- To help educate the public and staff regarding the risks of norovirus and control measures required.
- To raise awareness of the symptoms and treatment of norovirus in an attempt to avoid the transfer of patients to the acute wards.
- To raise awareness of flu and the importance of flu immunisation amongst staff and the general public.
5.4 Seasonal Flu Immunisation

Responsibility: Dr H Prempeh (General Population) / Mrs Dorothy Sneddon (NHS Staff Immunisations)

The delivery of these standards will be monitored by the Multi-agency ‘Seasonal Flu Group’ led by the Public Health Department

Standards:

General Population

Dr Prempeh will co-ordinate via the Forth Valley Seasonal Flu Group the overall influenza immunisation programme. This will involve working closely with Primary Care to ensure that all those in the specified ‘high risk’ categories per current CMO guidelines are aware of their eligibility, and access vaccination within the local arrangements. The work undertaken by the Forth Valley Seasonal Flu Group will give confidence that the national target for uptake (75%) in those aged 65 and over will be reached. The Forth Valley Seasonal Flu Group has this year increased the local target to 79%. The uptake for 2013/14 across Scotland as a whole was 77%; NHS Forth Valley again achieved the highest uptake in Scotland at 80.9%.

Each general practice will be encouraged to have arrangements in place to maximise coverage of the most vulnerable patients in the under 65 age group. The uptake of vaccine in each general practice will be monitored to allow for local evaluation and intervention, if necessary, by the Forth Valley Seasonal Flu Group. The national target for this group has been raised to 75%. Scotland as a whole achieved 60.6% in 2013/14 and NHS Forth Valley achieved the second highest uptake at 66%, up from 62.9% in 2012/13.

A new childhood flu programme protecting children will continue into its second year with all two to 12 year olds being offered the nasal spray Fluenz. It will be offered to around 8,700 two to 5 year olds in Primary care, and around 23,500 primary school aged children in Forth Valley. The School programme will mainly be delivered out of hours in collaboration with the Local Authority Education Departments.

Staff Immunisation – NHS and Social Care

NHS Forth Valley has robust plans already in place to ensure that influenza immunisation is available to all NHS staff involved in the delivery of care and/or support to patients. Proactive arrangements are in place for all NHS Staff, including those in sensitive areas such as paediatrics and maternity services, Intensive Care, Haematology, etc. Staff in these areas will be encouraged to come forward early in the programme for their immunisations. An extended service will be available to provide immunisations commencing 29th September. An Outreach Service will also be available which will offer immunisation at various times and locations throughout Forth Valley.

These arrangements may be modified due to unforeseen pressure on vaccine supply when prioritisation may be required in order to target ‘front line’ staff and high risk patients initially. Managers who are responsible for managing sickness absence will be asked to take on the role as a Flu Champion in each of their areas. These Flu Champions will act as a focal point for raising the morale of the healthcare workers and encouraging the uptake of the vaccine. Marketing of the Flu Campaign will be undertaken using posters, payslips, Staff Brief, Staff News and the Intranet. This commenced 19th September.
Local Authority Social Services will be assisted in meeting their responsibility to have plans in place to ensure that influenza immunisation is offered to all staff involved in the delivery of care and/or support to patients. Multi-agency working between NHS and Local Authorities has been on-going for the last 8 years. During this time a robust arrangement has been devised in order to identify and target the ‘front line’ employees and offer immunisation to this group. Stirling and Clackmannanshire Councils will continue to be supported in taking forward a unique programme which involves targeted staff accessing a vaccination service provided by local Community Chemist. This service will be completely funded by these two Councils.

Falkirk Council will continue to provide a targeted vaccination service for their Social Services staff who provide care and/or support to patients in collaboration with NHS Forth Valley, this service will be jointly funded with the NHS. This service will be extended to unpaid carers across Forth Valley. However this Council will also be putting in place a service for all other frontline workers including teachers, and bin collectors etc. This second service will be completely funded by the Council.

NHS Forth Valley achieved the highest uptake of the Flu vaccine by unpaid carers in 2013/14 with 65.2% compared to Scotland as a whole with 52%. Each organisation will ensure that they have arrangements in place to evaluate uptake and the effects of immunisation on staffing over the winter. NHS Forth Valley will review arrangements for immunisation of Care Home Staff, and assist Care Homes in developing robust plans that ensure influenza immunisation is offered to all staff involved in the delivery of care and/or support to patients.
- National target set at 75% uptake and local target set at 79% for those aged 65–years and over.
- National target set at 75% uptake for those under 65–years in at risk groups.
- Recommended target of 50 % for staff working in sensitive areas.
- National and Local media campaign October-November 2014 targeted at vulnerable groups and Health Care Workers. NHS Forth Valley has developed posters. These promotional materials will be distributed to GPs, Community Pharmacist, Schools, and Libraries. Articles have also been prepared for Local Authorities magazines.
- National SIRS letters sent to all those aged 65–years and over.
- Monitoring uptake co-ordinated via HPS; reports collated by co-ordinator, and submitted to Scottish Government.
- Plans formulated by NHS Forth Valley reflecting national guidance; first priority given to at risk members of the public before Health Care staff.
- GPs encouraged to vaccinate Care Home residents.
- GPs to continue the vaccination of preschool children with 2 to 5 year olds receiving the vaccine this year.
- Children of Primary School age to attend nurse led vaccination sessions held mainly on weekends, but also after School and during School hours for Special Needs Schools within Forth Valley.

- Forth Valley Health Board will attempt to maintain uptake levels among the three highest in Scotland.
- Regular progress reports provided to CHPs and GPs on the campaign via their representatives on the Forth Valley Seasonal Flu Group.
- Participation by all 120 Primary Schools in the Flu programme.
- Good Collaborative working with the Local Authority Education Departments.
- High uptake amongst the Pre-school population.
- High uptake within the Primary School programme demonstrating a cost effective approach.
5.5 Capacity, Contingency and Information Management

Responsibility: Mr Jonathon Procter

Standards:

- Review audit of management plans for Monday discharges to establish whether alternatives available.
- Ensure robust internal and external communication lines are clearly established and communicated.
- Revise escalation plans to incorporate NHS 24 and OOH escalation requirements and winter contingencies. Ensure trigger points clearly indicated.
- Establish Friday review meetings where all patients are reviewed by a team of clinicians to establish clear management plans.
- Identify inpatient beds, which can be made available to support Emergency activity.
- Create Festive Plan of services available over critical festive timeframe.
- Ensure effective bed management systems are maintained.
- Ensure information from PIPeR is fed into weekly capacity planning meetings.
- Daily Capacity Management meeting to review:
  - System Monitor;
  - Bed Occupancy Predictor (including community hospitals);
  - Situation Reporting for Scottish Government and local executive/senior management team;
  - Flu Immunisation Uptake;
  - Flu spotter information.
- Review > 28 days length of stay on a regular basis
- Establish Ward capacity monitor to support daily bed meeting, capacity and flow management
- Produce weekly reports on emergency admissions to ICU and respiratory ward.
- Publish discharge rates pre-noon on a weekly basis
- Produce delayed discharge report on a weekly basis
- All requested information would continue to be sent to ISD and any problems rectified.
- Capacity contingency arrangements will be in place and fully operational.
- Escalation plans will be revised to incorporate NHS 24 and OOH escalation requirements and winter contingencies. Close links with all agencies will be maintained including SAS and Local Authorities. The plans will have key roles and responsibilities clearly identified and will have transparent and open trigger points known to all who participate.
- Robust internal and external communication lines will be clearly established and communicated.
- Effective bed management systems will be maintained and capacity achieved to meet the demand on the system.
- Information management will be utilised in a proactive manner to establish earlier intervention and proactive management of capacity issues.
- To reduce length of stay and identify earlier patients available for onward transfer/discharge
- Routine ‘Real Time’ information available to operational and flow teams.
Local Arrangements to Deliver These Standards

- **Accountability**  Chief Executive.
- **Responsibility**  Information Management Team.
- **Involvement**  Acute Services, Primary Care, Social Services, NHS 24, Scottish Ambulance Service.

5.6 Communications

Responsibility: Elsbeth Campbell

Standards:

Communication Plans

A local communications plan will be developed and implemented to ensure effective and consistent communications across Forth Valley throughout the winter period.

Key aims:

- To raise awareness of new flu campaign, which includes children, and encourage local people in the eligible groups to take up the offer of flu vaccination.
- To ensure national winter campaigns, initiatives and messages are effectively promoted across Forth Valley and supported by relevant local information and advice.
- To effectively manage the response to local and national media interest over the winter period on a wide range of issues including potential ward closures, outbreaks of winter related viruses, flu vaccination uptake, contingency arrangements and attendances and waiting times at A&E.
- To ensure the general public are aware of local health service arrangements and opening times throughout the winter period (e.g.: the opening hours of local GP surgeries, pharmacies, family planning services and Minor Injuries Unit).
- To ensure the public are aware of where to turn to for health service information and advice, particularly during public holidays and out-of-hours period (including NHS 24 and NHS inform).
- To signpost and promote alternatives to A&E attendance – including MIU, GP surgeries and local pharmacies.
- To provide reassurance the appropriate plans and contingency arrangements are in place to meet demand throughout the winter period.
- To ensure staff are fully informed about preparations for winter including staff flu vaccination, national campaigns and local initiatives.
Develop and implement a comprehensive communication action plan to meet the needs of key audiences across Forth Valley.

This will include:

- A local targeted communication plan to support the national seasonal flu campaign and raise awareness of arrangements for flu vaccination in Forth Valley. Specific work will be undertaken to raise awareness of a major campaign which will target a total of 33,000 children in GP surgeries and more than 120 Forth Valley primary schools being invited for vaccination between September and December this year. The programme, which has been extended to include all children aged between 2 and 11 years, offers children a free vaccination in the form of a nasal spray.

- PR to support the yearly HPS national norovirus campaign which aims to encourage people who are ill to stay away from hospital to help prevent D&V outbreaks (national launch Oct 2014)

- Updating of the Winter Zone developed on the NHS Forth Valley website with links to relevant national and local information and advice, including winter advice produced by local councils.

- Work with NHS 24 to link in with the national Be Ready for Winter campaign
  - Ensure national campaign resources and messages are cascaded locally across NHS Forth Valley internally and externally.
  - Tailor and amend national messages to tie in with local Forth Valley arrangements and priorities.
  - Arrange local Be Ready for Winter launch to tie in with national launch in November 2014.

- Customised features articles in local council newspapers with advice and information on how to keep well over the winter period and details of

| Staff, patients and general public (inc parents) are aware of local arrangements and encouraged to take up the offer of a free flu vaccine |
| Visitors, patients and the general public are aware of the need to stay at home if they are ill |
| Patients, visitors and the general public have access to up-to-date, relevant health information and advice |
| A consistent and joined-up approach with clear local messages and advice |
| Council residents are aware of local service arrangements over the winter period and know where to turn to for health information and advice |
| Local residents are aware of local service arrangements over the |
local services and alternatives to A&E (Falkirk and Clackmannanshire Council winter issues. (November 2014 )

- Feature articles and public information in Winter issue of NHS Forth Valley community news (December 2014).

- A local communication plan to raise awareness of service arrangements over the holiday period (pharmacy and GP opening hours, MIU services, out-of-hours arrangements, contingency plans, service developments and advice on how to stay well over winter. This will include
  - Local media briefings and updates
  - Use of Social Media (NHS Forth Valley and Council Partners)
  - Web updates and features
  - Staff briefings

winter period and know where to turn to for health information and advice.

Patients, public and staff are aware of opening times for local health services including out-of-hours arrangements.

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<th>Local Arrangements to Deliver These Standards</th>
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<tbody>
<tr>
<td><strong>Accountability</strong></td>
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<td><strong>Responsibility</strong></td>
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<td><strong>Involvement</strong></td>
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Out of Hours Service - Winter Contingency Plan

2014 - 2015
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1. Capacity Planning

Capacity in the NHS Forth Valley Out of Hours (OOH) service has been considered in detail. The attendance and home visit figures for the same period over similar 4 day holiday periods have been considered, along with the predictions from NHS 24 have been reviewed and as a result of this review, the following capacity plan has been agreed.

Activity during the periods November 2014 and March 2015 will be closely monitored and where there is clear evidence of sustained increased service activity or sickness absence, consideration will be given to increasing the clinical work force by one person working 1300-1900 both Saturday and Sunday and will be available to go to the area of greatest demand. These dates exclude the additional capacity planned for the festive critical time period indicated below.

The primary care emergency centres (PCECs) winter rotas have been distributed. The service has every confidence that it will be able to meet the additional manpower requirements based on its detailed capacity planning for the festive period, although at present the festive rota is not fulfilled. This relates to the entire service rotas e.g. general practitioner, advanced nurse practitioner, receptionists, hub operators and drivers.

The critical time period during the festive period is anticipated to be:

20\th December 2014 until 5\th January 2015 at 8am.

To ascertain the resources that may be required for this critical time period, activity for the same periods, 2008/2009, 2009/2010 and 2010/2011 were reviewed.

The actual NHS Forth Valley figures for these timeframes were as follows:

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<tbody>
<tr>
<td>25\th December</td>
<td>223 contacts</td>
<td>206 contacts</td>
<td>203 contacts (average 211)</td>
</tr>
<tr>
<td>26\th December</td>
<td>431 contacts</td>
<td>372 contacts</td>
<td>419 contacts (average 407)</td>
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<tr>
<td>27\th December</td>
<td>515 contacts</td>
<td>386 contacts</td>
<td>536 contacts (average 479)</td>
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<td>28\th December</td>
<td>388 contacts</td>
<td>466 contacts</td>
<td>529 contacts (average 461)</td>
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<tr>
<td>1\st January</td>
<td>295 contacts</td>
<td>246 contacts</td>
<td>357 contacts (average 299)</td>
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<tr>
<td>2\nd January</td>
<td>518 contacts</td>
<td>417 contacts</td>
<td>517 contacts (average 484)</td>
</tr>
<tr>
<td>3\rd January</td>
<td>451 contacts</td>
<td>399 contacts</td>
<td>529 contacts (average 460)</td>
</tr>
<tr>
<td>4\th January</td>
<td>311 contacts</td>
<td>421 contacts</td>
<td>547 contacts (average 426)</td>
</tr>
</tbody>
</table>

NHS 24 predictions for Forth Valley in 2014 are:

25\th December 239, 26\th December 2014 469, 27\th December 404, 28\th December 321
1\st January 349, 2\nd January 588, 3\rd January 478, 4\th January 366.
Bearing these figures in mind the following additional resources have been agreed for the critical time period, taking the base staffing levels as that of a usual busy Saturday, the following GP’s have been supplemented to two PCEC rotas:

Stirling:  1000-2200 26\textsuperscript{th}, 27\textsuperscript{th}, 28\textsuperscript{th}, 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} (in addition to this we have a 1300-1900 on these dates as well as the 20\textsuperscript{th} December and 21\textsuperscript{st} December and the 1\textsuperscript{st} January)

Larbert: 0900-2100, 1100-2300 and 1300-1900 26\textsuperscript{th}, 27\textsuperscript{th}, 28\textsuperscript{th}, 2\textsuperscript{nd}, 3\textsuperscript{rd} and 4\textsuperscript{th} (and an 1100-2300 on the 20\textsuperscript{th} December and 21\textsuperscript{st} December and the 1\textsuperscript{st} January).

The extra 1300-1900 in Stirling are preprioritised call shifts which will be attempted to be filled once main rota is complete.

<table>
<thead>
<tr>
<th></th>
<th>25\textsuperscript{th} December</th>
<th>26\textsuperscript{th} December</th>
<th>27\textsuperscript{th} December</th>
<th>28\textsuperscript{th} December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alloa</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
</tr>
<tr>
<td>Stirling</td>
<td>Normal Weekend Capacity</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
</tr>
<tr>
<td>Larbert</td>
<td>Normal Weekend Capacity</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>1\textsuperscript{st} January</th>
<th>2\textsuperscript{nd} January</th>
<th>3\textsuperscript{rd} January</th>
<th>4\textsuperscript{th} January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alloa</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
<td>Normal Weekend Capacity</td>
</tr>
<tr>
<td>Stirling</td>
<td>+1 Doctor (1300-1900 Triage)</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
<td>+1 Doctor 1000-2200 (+ 1300-1900 Triage)</td>
</tr>
<tr>
<td>Larbert</td>
<td>+1 Doctor 1100-2300</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
<td>+2 Doctors 0900-2100 and 1100-2300 (+1300-1900 extra contingency)</td>
</tr>
</tbody>
</table>
In addition to the increase in general practitioners, the nurse practitioners festive rota will see them working during the peak times over this critical time period. It is not anticipated that the demand will exceed capacity based on the extensive capacity planning review. The Out of Hours service in Forth Valley Royal Hospital Larbert is adjacent to the Emergency Department where there is a redirection process in place to ensure maximum use of resources across the two areas.

During the festive critical timeframe, the OOH service will undertake to fulfil the following amount of NHS 24 pre-prioritisation calls, on the basis that all the festive critical timeframe medical shifts are fulfilled. We will liaise directly with NHS 24 to confirm final figures:

- **Saturday 20\(^{th}\) December 2014** 11am – 6pm 8 Calls/hour
- **Sunday 21\(^{st}\) December 2014** 11am – 6pm 8 Calls/hour
- **Friday 26\(^{th}\) December 2014** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)
- **Saturday 27\(^{th}\) December 2014** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)
- **Sunday 28\(^{th}\) December 2014** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)
- **Thursday 1\(^{st}\) January 2015** 11am – 6pm 8 Calls/hour
- **Friday 2\(^{nd}\) January 2015** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)
- **Saturday 3\(^{rd}\) January 2015** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)
- **Sunday 4\(^{th}\) January 2015** 11am – 6pm 8 Calls/hour (↑16 if capacity allows)

These planned NHS 24 re-prioritisation calls will require NHS 24 to delegate a selection of non-serious/non-urgent calls to the NHS Forth Valley central hub, as indicated above. The central hub will then assign the calls to the PCECs based on the patient’s geographical area and clinical availability. There is a clear protocol in place within each of the three PCECs detailing how the general practitioners and receptionists/hub operators are to deal with re-prioritisation of NHS 24 calls. The on-call coordinator will monitor activity and will allocate the OOH resources to reflect the demand. Should there be a request to increase the number of re-prioritised calls; this will be discussed directly with the NHS 24 duty clinical services manager and the OOH service on-call coordinator.

## 2. Communications

**NHS 24 Communication Contingency with NHS Forth Valley**

A national communication plan has been established and NHS Forth Valley has assisted in this process and is participating in the promotion of the nationally driven key messages.

NHS 24 will communicate on a shift basis with the central hub in NHS Forth Valley. This will enable both partners to update each other on any issues and to reinforce the communication processes for any issues that may arise during that particular shift. NHS 24 has put further communication contingencies in place in the event that their traffic light contingency plans are evoked. These communications are as follows:
- Green State – “Business as usual”, communications will be as per normal activity with the addition over the critical time period, of shift communications with partner organisations.
- Amber State – “Peak volume period”, partner communications commenced when call back queues and timing will significantly impact partner workload.
- Red State – “Not sustainable although within safety parameters”, partner communications informing them of the “red state”, with additional information of when telephone conference will commence using the pre-arranged dial-in details. The OOH on-call manager will be the responsible person within NHS Forth Valley for undertaking the telephone conference, and discussing the outcomes with the relevant personnel e.g. PCEC staff and on call Executive, if required.
- Flashing Red State – “Clinical safety compromised”, partner communications informing them of the “flashing red state”, with additional information of when telephone conference will commence using the pre-arranged dial-in details. The OOH on-call manager will be the responsible person within NHS Forth Valley for undertaking the telephone conference in conjunction with the on-call Executive. Both these individuals will be responsible for agreeing the actions required locally and for ensuring all relevant parties are fully informed of the decisions reached and actions required within NHS Forth Valley.
- Major Incident – escalation procedure the same as for flashing red state detailed above.

**NHS Forth Valley Communications with NHS 24**

NHS Forth Valley is currently working with its colleagues in NHS 24 through participation in a number of initiatives. They include sharing information through the national winter capacity planning meetings, open communications relating to capacity planning, winter contingency plan approval etc.

In order to keep NHS 24 aware of escalating problems associated with technological or capacity issues in NHS Forth Valley, a communication escalation contingency is currently fully functional in the service.

The PCECs in NHS Forth Valley will make contact with NHS 24 in the event of an I.T. or telephone failure, to allow alternative arrangements for contact to be made whilst resolution to the problem is sought.

The on-call coordinator will make direct contact with NHS 24 in the event of an operational or capacity issue, which may impact on the delivery of the service provided by both NHS 24 and NHS Forth Valley.
The on-call coordinator will make contact with the central hub every four hours or more often if required during office hours. This contact will enable the central hub to update the on-call coordinator as to the services activities and any issues that may have arisen, which requires actioning or noting. Out with these timeframes the on-call coordinator will be contacted, as required, by the PCECs via telephone.

An integral element of the OOH partnership working is its continued open communication with the Scottish Ambulance Service (SAS). SAS staff have direct communication capacity with the doctor(s) in the PCEC’s, which allows formalised two-way discussion, decision-making and agreement to allow for the most appropriate clinical response to be undertaken and the appropriate referral pathway achieved.

A festive plan will be completed and distributed to the three PCECs as well as secondary care and primary care. This plan clearly indicates the services available in primary/secondary and local authority areas (social services and pharmacist opening hours etc) and their contact numbers over the festive period.

Professional to professional lines of communication are well developed between each of the three PCECs and medical/nursing/pharmacy/ambulance colleagues throughout NHS Forth Valley. This has been established to improve patient contact/clinical care in the event of an unplanned episode occurring. We are also in the process of reviewing specific referral procedures relating to the referral from OOH to ED, MIU and acute services and for referral to the OOH service from ED and MIU.

The community health partnerships (CHP) in NHS Forth Valley have been requested to provide assurances that the general practitioners in their area of remit will be fulfilling their contractual agreements over the festive time critical period. The OOH service has also issued an e-mail to all general practices in NHS Forth Valley, reminding them of the types of information that should be included in the special patient note function within Adastra, a protocol for how to add a special patient note and a reminder for the practices to review all their special patient notes to ensure they are up to date and accurate.

In the event of the requirement by NHS Forth Valley to evoke its emergency contingency plans, the on-call senior manager will liaise closely with the on-call executive and together through discussion, appropriate actions will be identified.

The OOH service winter contingency is fully integrated in the NHS Board contingency plans.

NHS Forth Valley has been involved with NHS 24 in the development of the national winter communication strategy. Forth Valley will fully support the national campaign, and will promote the nationally driven key messages through provision of local access to information for the general public. The OOH service’s patient information leaflet “How to access urgent medical help when your Doctor’s surgery is closed”, along with locally developed winter poster and “Know who to turn to” leaflet, along with the NHS 24 winter campaign leaflet and posters will be available in the PCECs and will be issued to the 54 local medical practices, health centres and clinics, minor injuries unit, emergency department, local pharmacists and the NHS Forth Valley public website, for information. In addition to this NHS Forth Valley will have its own information made available as follows:
3. **I.T. and Telephony**

**I.T.**

**Adastra**

There are no planned changes occurring with the Adastra system during the festive period.

There is a generic login to the PCs in Larbert and Stirling under Litana. Alloa still logs in under CCHC. There is also a generic login to the Citrix Server to facilitate connecting to Adastra. The Hub has the ability to unlock and change passwords if these are forgotten or individuals are locked out.

Should the Adastra system falter, the individual responsible for reporting the fault to the Adastra support line must undertake a full local diagnostic script. This will provide the individual with the necessary information, which is required by the Adastra Helpdesk. Contact details for Adastra Helpdesk during the festive period are as follows:

**The Adastra support line is available 24 hours a day 7 days a week on 01233 722707.**

**NHS 24**

NHS 24 will contact the PCEC’s in the event of an identified fault within its system. However, should this not be the case then the centre must contact the NHS 24 help desk for further information and advice (CSM OOH Helpdesk Number: 07788636269).

**NHS Forth Valley**

In the event of a problem being identified with the locally run OOH server a full local diagnostic script should be undertaken and then the local on call I.T. specialist contacted for further information and advice. Spare passwords for the OOH service may be obtained from the reception staff in the PCECs.

NHS Forth Valley will ensure that NHS 24 has all the dedicated contact details for the PCECs as well as the on-call coordinator during the winter period.

**Telephone**

The PCEC’s in NHS Forth Valley each have dedicated telephone lines. Alloa and Stirling have one line, Larbert has two and the central hub has two lines. In the event of telephone failure each of the sites has a mobile telephone for emergency use and the central hub has one. On identifying a telephone fault, local contingencies will be evoked with minimal delay. The receptionist will inform NHS 24 of all telephone problems and provide alternative contact details. The on-call coordinator will also be informed of the situation. In the event of a failure of a fax machine a spare one may be obtained from the central hub.
4. Medical/Nursing/Pharmacy

Medical and nursing arrangements have been fully described in the capacity planning section. In addition to the increased capacity the medical/nursing staff are alerted locally, by the department of public health, to any increased incidence of sickness and/or diarrhoea or other public health illnesses that may impact on capacity in the service. The duty doctors within the PCEC’s may contact the department of public health or on call consultant in public health medicine in the event that they may have concerns in relation to apparent increased incidences of illness or symptoms relating to public health.

In relation to the potential for influenza pandemic, NHS Forth Valley has prepared its own contingency plan. OOH PCEC’s will be an important element of its implementation in the event that the situation materialises. It is anticipated that each of the PCEC’s will hold a copy of the influenza pandemic contingency plan for information.

As part of the winter contingency planning in OOH, each member of staff who has direct patient contact will be sent information on how to access and receive the flu vaccine. The programme locally has been advertised through a local poster campaign, information being put into the staff wage slips as well as the staff newsletter.

The staff flu immunisation campaign commenced at the end of September 2014. OOH staff will be encouraged to receive flu immunisation, which will hopefully (where applicable) reduce the level of staff sickness absence rates, attributable to flu like symptoms, during the festive period. In addition to this there is a robust plan in place throughout Forth Valley for the flu immunisation of patients, utilising GP practices to increase the numbers immunised.

Arrangements for pharmacy services and medicines supply for the festive period are as follows:

- Information on pharmacy opening times and OOH rota service, palliative care pharmacy network, oxygen contractors and pharmacies providing emergency hormonal contraception and sexual health service is available in each of the NHS Forth Valley PCEC’s.
- A review of the stock of prescription pads in each of the PCEC’s has been undertaken and buffer stocks are available from the on-call coordinator should these be required.
- Additional medicines top up arrangements have been put in place. All PCEC’s will receive appropriate levels of medicines to assist them over the festive period. It is not anticipated that the PCEC’s will run out of medicines due to the top up arrangements in place. However, should this be the unfortunate case then the on-call pharmacist may be contacted via the hospital switchboard (01324 566000) by either the duty nurse or general practitioner.
- The general population will be reminded through the local media of the need to ensure that all repeat prescriptions are filled in advance of the critical time periods. This should reduce the number of centre visits for prescription filling thus allowing centre resources to be targeted in a more efficient/effective manner.
- Local pharmacies (where applicable) will also participate in the arrangements through supply of urgent medicines, minor ailment services and for direct referral by the pharmacist to the OOH PCEC’s, should the need arise.
5. **Finance**

The winter contingencies being put in place have the following approximate associated additional costs:

- **Additional GP sessions for 7 weeks on a Saturday and Sunday starting 10\(^{th}\) January 2014 (maybe utilised).**
  - 14 additional six hour sessions – (may not be mobilised depends on capacity)
    - 84 hours at £90.00/hour = **Total £9,072** (including employers costs/ VAT).

- **Additional GP sessions – festive critical time period.**
  - 21 additional 12 hours sessions and 6 additional six hour sessions over the festive critical time period = total additional hours of 288.
    - 108 hours at £120/hour = **Total £15,552** (including employers costs/ VAT).
    - 180 hours at £90.00/hour = **Total £19,440** (including employers costs/ VAT).

- **Recharging NHS 24 for one GP for 9 additional sessions from 11am – 6pm taking 8 pre-prioritisation calls/hour, with a potential to increase to 16 calls/hour (capacity allowing) on a further 6 occasions over the festive critical timeframe, totalling a potential of 840 calls for pre-prioritisation.**
  - 3 sessions of 7 hours = (21 hours) at £120.00/hour = **Total £3,024** (including employers costs/ VAT).
  - 6 sessions of 7 hours = (42 hours) at £90.00/hour = **Total £4,536** (including employers costs/ VAT).

Increased capacity over the 6 further sessions would add the following to recharging NHS 24:

- 2 sessions of 7 hours = (14 hours) at £120.00/hour = **Total £2,016** (including employers costs/ VAT).
- 4 sessions of 7 hours = (28 hours) at £90.00/hour = **Total £3,024** (including employers costs/ VAT).

**The grand total for the successful implementation of the NHS Forth Valley OOH Winter Contingency Plan**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>NHS Forth Valley</strong></td>
<td><strong>£44,064</strong></td>
</tr>
<tr>
<td><strong>NHS 24</strong></td>
<td><strong>£7,560</strong></td>
</tr>
</tbody>
</table>

£51,624 (+ £5,040 potentially)

6. **Conclusion**

The OOH Winter Contingency Plan sits within the context of NHS Forth Valley Winter Planning procedures and will be managed as an integral part of the overall plans, with the NHS Forth Valley Board receiving a presentation surrounding the plan at its meeting in either October/November 2014.

Deirdre Anderson  
Service Manager  
Emergency and Urgent Services