

Golden Jubilee Foundation Winter Plan 2016/2017

Introduction

This plan outlines the proposed action that would be taken to deliver our key business objectives supported by contingency planning. This plan supports the existing Golden Jubilee Foundation Business Continuity Planning Policy.

Formal arrangements are in place, as part of the Board's business continuity measures, to ensure that access to resources, including staff, equipment and vehicles on a 24 hour basis, is maintained.

Our Plan for 2016/2017

We have identified within our Winter Plan a number of key pressures:

- To achieve our waiting time targets we will pre-plan and model elective activity to minimise disruption. In the event of severe weather impacting significantly on elective activity, appropriate communication will be initiated with the Scottish Government Access Support team to discuss arrangements for rescheduling activity and managing demand. Our activity is planned to meet the Treatment Time Guarantee.
- We have conducted an in depth capacity analysis as part of the plans to develop a new Elective Care Centre at the Golden Jubilee. The analysis has demonstrated that the Golden Jubilee National Hospital (GJNH) has fully expanded its specialties within the existing infrastructure. The Scottish Government is aware of our current capacity constraints and has recently approved a £5m investment to expand facilities at GJNH. In the meantime, subject to workforce availability, it may be possible to provide additional support to Boards over the winter period on an ad hoc basis. It would be necessary to undertake this activity out with normal working hours.
- Cardiology day case (24 hour patients) – It is recognised that the volumes of emergency cardiology patients presenting to GJNH may increase over the festive period and there are greater challenges with repatriation of these patients to in-patient beds across the region. We will continue to work closely with referring Boards to manage these challenges.

Period Affected

This plan covers the winter period effective from 1 October 2016.

Key Objectives

To communicate business continuity planning over this period that is in line with Board continuity plans and enables the Board:

- To continue to provide the planned elective activity where possible (in discussion with SGHSCD and other NHS Boards) and emergency/urgent services;
- To continue to work with partners i.e. social services and primary care services and ensure effective discharge. This remains challenging with the impact of financial pressures;
- To enhance the ability of staff to face the challenges of the winter period efficiently, effectively and with confidence, and

- To continue to work with referring Boards to ensure the effectiveness of the patient pathway for the repatriation of medical and cardiology patients.

The National Unscheduled Care Programme, “Preparing for Winter 2016/17” guidance for NHS Boards has been taken into account when developing this plan.

Resilience and Contingency Planning

Robust business continuity management plans are in place. All Board continuity plans are subject to a rolling programme of review and testing to ensure they allow for effective management and mitigation of disruptive risks.

Demand Management & Communications

The Golden Jubilee Foundation has:

- Board wide and department specific Business Continuity plans;
- A Senior Duty Manager rota to deal with out of hours operational issues;
- Bed Management and Discharge Coordination;
- 24 hour Senior Nurse cover including a Hospital at Night Service;
- A daily hospital huddle; and
- An external communications plan managed by the Golden Jubilee Foundation Head of Corporate Affairs with appropriate out of hours arrangements.

Governance Arrangements

Staff Governance

Plans are in place to provide information for staff on how to access services during the period and to ensure that they are offered flu vaccination in a timely manner.

The Board has HR policies in place that cover:

- What staff should do in the event of severe weather hindering access to work; and
- How the appropriate travel advice will be communicated to staff and patients.

The Board’s website will be used to indicate advice on travel to hospital appointments during severe weather.

Clinical Governance

There is a need to ensure that patients are cared for in the most appropriate environment and that the quality and safety of clinical care is maintained throughout the winter period. There is heightened awareness of infection control arrangements and support as well as risk management arrangements. The purpose of the plan is to ensure that as far as is possible a safe level of service is maintained during the winter and festive period. A detailed and robust governance structure for Pandemic Flu is in place.

Financial Governance

It is anticipated that the plan will be achieved within existing resources, although, any exceptional demands on beds may require the use of external agencies to provide additional capacity on a short term basis. Should there be any resource implications, proposals will be discussed at Senior Management level. It is anticipated that additional financial pressures would result in the event of a flu pandemic.

Equality & Diversity

Every effort will be made to ensure that as far as possible the needs of all patients are met and that there is equality of access during the winter period. This plan has been assessed for relevance and screened for equality impact. The relevant assessment documentation is available on request from the Performance and Planning Department

Resilience Preparedness: Priority Actions

The following specific actions based on the National Unscheduled Care Programme, "Preparing for Winter 2016/17" guidance for NHS Boards have been identified with regards the Golden Jubilee Foundation:

1. Business continuity plans tested with partners.

The Board has robust business continuity management arrangements in place to mitigate threats associated with challenges including but not limited to adverse weather and pandemic flu. These plans are subject to regular review and risk assessment and are available to all staff electronically via a shared drive. We have consulted with NHS Greater Glasgow and Clyde (NHSGGC) to whom we provide Category II support to ensure our business continuity management plans are complementary to theirs.

2. Escalation plans tested with partners.

Escalation arrangements are in place to ensure that the Scottish Government Health and Social Care Directorate receive appropriate and timely notification of winter pressures.

Escalation plans within Clinical Divisions describe the processes for managing clinical activity during periods of winter pressure. While it is intended that boarding of patients out with the specialty area will be avoided as far as possible, cross-division arrangements are in place to manage any boarding through joint working with Operational Management, Nurse Managers and Bed Management support.

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

Discharge planning arrangements will begin on admission or at pre-admission assessment to minimise delays for patients admitted over the festive period. On-going engagement with the Scottish Ambulance Service (SAS) will also be undertaken to effectively plan patient transport when it is known, or anticipated, that patients will require transport home or to another care setting.

Engagement with social services will be made at an early stage, allowing maximum time for care packages to be sourced. We have named contacts within most local authorities and the winter guidance advises territorial boards that refer their patients to us ensure that their local authorities ensure adequate resources are available during the winter period. Where available or appropriate for individual patients, discussions with local authority partners, referring Health Boards, and/or primary care services around options for utilisation of community hospital capacity will be pursued. Most social work services have cut-off points for referrals over the festive period. We will be aiming to make all referrals no later than 23 December 2016.

The effectiveness of discharge strategies will be actively monitored throughout the winter period via the delayed discharge key performance indicator, and through daily review of the number of boarding patients, admissions and discharges at the hospital huddle.

4. Strategies for additional surge capacity across Health and Social Care Services.

The Golden Jubilee continues to work with referring Boards to ensure smooth repatriation of patients. In working collaboratively we aim to ensure that both the upstream and downstream pathways are maximised, minimising any potential surge impacts.

In line with national pandemic flu planning we are exploring possible options for expansion of Critical Care capacity in the event of a pandemic event.

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

A multidisciplinary planning group meets fortnightly to review elective admissions. These admissions are planned approximately six weeks in advance thus allowing for detailed clinical capacity planning, and also accommodation of any late changes due to clinical demand or changing patient needs.

Admissions around the festive period are largely dictated by the patients' willingness to accept an admission date close to Christmas or New Year, or the availability of blood products. Our experience to date has been that patients are more receptive to accepting festive dates for major joint replacements than for minor orthopaedic procedures, we therefore plan to maximise the opportunity to continue with joint replacements during this period.

Elective cardiac surgery will pause over the festive period due to the availability of blood products. It is anticipated that elective cardiac activity will recommence with careful case selection by Wednesday 4 January 2017, subject to confirmation of from the Blood Transfusion Service. All other elective surgical services are expected to run as normal between the Christmas and New Year public holidays.

Daily elective cancellations, admissions and discharge numbers will be monitored via the hospital huddle ensuring patient needs are met with real time responses to demand surges. The hospital's electronic reporting systems will be used to monitor demand trends, allowing for better informed planning throughout the period.

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

Demand and capacity planning is undertaken at site and specialty level on an ongoing basis within the Board via electronic modelling tools and with support from Health Intelligence. These analysis and management tools will be used in the approach to and during the winter period to support the proactive planning of our scheduled and unscheduled flow

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

Robust rota planning for the festive period will be undertaken for all staff groups during October 2016 to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive holiday period.

8. Discharges at weekends & bank holidays

Seven day discharge is embedded as standard practice at Golden Jubilee and in line with this, clinically appropriate patients will continue to be discharged over weekends and on bank holidays. As discussed under point three, we will work proactively with SAS and with Social Services to facilitate these discharges were required.

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

In managing our waiting lists both practice and performance are subject to ongoing local review within departments and at Board level with reports given to the wider management and leadership teams at Performance and Planning Committee, Senior Management Team meeting and ultimately to the Board.

Performance against LDP waiting times standards and local stage of treatment guarantees will be closely observed throughout the winter period to ensure no unnecessary delays to patient pathways and the ongoing delivery of waiting times standards.

10. Communication plans.

The Internal Incident Escalation Procedure (attached at Appendix 1) will be used in emergency situations.

The Communications Department will co-ordinate and respond to any press enquiries over the winter period.

The Scottish Government Winter Management report will be returned by the Board on a weekly basis throughout the winter period until early April 2017. Exception reporting of events that are likely to or will significantly reduce the hospital's ability to manage waiting lists, will be made known to Scottish Government by the Nurse Director or delegated Executive Director and as part of ongoing bed management we provide information on a rolling basis through the year. Exception reports will include, for example:

- Closure of a hospital to emergencies for any reason;
- Unplanned closure of a ward or a number of beds;
- Cancellation of elective procedures because of a lack of capacity;
- Significant outbreak of infection; and
- Significant increase in expected demand.

Our critical care bed availability is communicated on an automated basis via Wardwatcher providing Scottish Government Health and Social Care Directorate with up to the minute access to bed status across Scotland.

Health Protection Scotland issue influenza updates and norovirus ward closures to the NHS during the winter period.

11. Preparing effectively for norovirus.

The norovirus season 2015/16 was relatively low compared to the 2010-2015 season average. To maintain preparedness, however, the Board have a Norovirus Policy that is updated annually to reflect the latest guidance issued by Health Protection Scotland (HPS)

to ensure that the Board is optimally prepared and there has been awareness raising within the Board of the Norovirus Preparedness Plan.

Any outbreaks of norovirus resulting in ward or bay closures will be included within the weekly reports that are sent to HPS. There is no requirement to report single cases. The Board's Communication team will consider how to inform the public about any visiting restrictions which may be recommended as a result of a norovirus outbreak.

The Board remain vigilant to the challenge of norovirus and respond to national media releases by HPS as required. The Board will continue to utilise national norovirus publicity materials and season reminders to communicate the key messages around norovirus.

12. Delivering seasonal flu vaccination to public and staff.

Early data on seasonal flu vaccination uptake amongst NHS staff in 2015/16 was reported as 32.0%, a decrease on 2014/15 when uptake was reported as 35.6%. Uptake at the Golden Jubilee Foundation was 28.7% in 2015/16 which was slightly lower than the national average. As set out in CMO letter (2015)12, however, Scottish Government recommends uptake of at least 50% meaning this area remains below target.

All Golden Jubilee Foundation staff have easy and convenient access to the seasonal flu vaccine including drop-in sessions, dedicated staff appointments and vaccination in wards/departments. The 2016/17 Board flu vaccination programme is expected to commence on 26 September 2016. Advertising posters have been circulated and adverts added to computer screensavers throughout the Foundation to ensure awareness of the programme and to support positive uptake.

Occupational Health is collecting data on the groups of staff taking the vaccine, which will be passed to Health Protection Scotland (HPS) on behalf of the Scottish Government.

In addition to our routine flu-season planning we have also engaged with the national 'Silver Swan' pandemic flu continuity exercise. As part of this work we are reviewing all Board pandemic flu and fit-mask testing plans to ensure full readiness in the event of an influenza pandemic over a prolonged period. Links have also been established with our neighbouring Board (NHS GGC) and these are being strengthened via our participation in the area Resilience Partnership.

Operational Winter Pressure Infrastructure

Management Meetings

Twice daily operational meetings will be held to ascertain:

- Levels of staff sickness;
- Theatre requirement and availability;
- Bed availability; and
- Cardiac Catheter lab requirement and availability.

The operational meetings will also consider any threats to the provision of clinical services, coordinated through the Duty Manager. Similarly twice daily multidisciplinary clinical briefings will be held to monitor bed status and handover unstable or problem patients.

The hospital huddle will also continue to take place every morning during the Winter period, providing additional opportunities to identify and address operational issues.

A process is established which will manage access to hotel rooms for staff in the event of adverse weather. This links to the Management meetings where a full assessment of risks to service delivery can be assessed and appropriate levels of control and authorisation will be put in place.

Discharge lounge

The efficient and effective flow of patients out of GJNH on a daily basis remains an issue of service quality and patient safety. The purpose of the discharge lounge, which is co-located with an in-patient nursing unit, is to provide an appropriate supervised environment for patients to wait discharge thereby freeing beds for new patient throughput.

Transport

We operate a range of vehicles to deal with transport requirements of our patients. All patient transport drivers have undergone basic first aid courses. Two dedicated ambulances, operated by SAS, are based at GJNH to facilitate the transfer of cardiothoracic and cardiology patients to GJNH and back to their base hospital. This will continue to be available over the winter and festive period. In the event of extreme pressures, we will review options for the use of our vehicles to assist with the repatriation of medical patients back to NHSGCC.

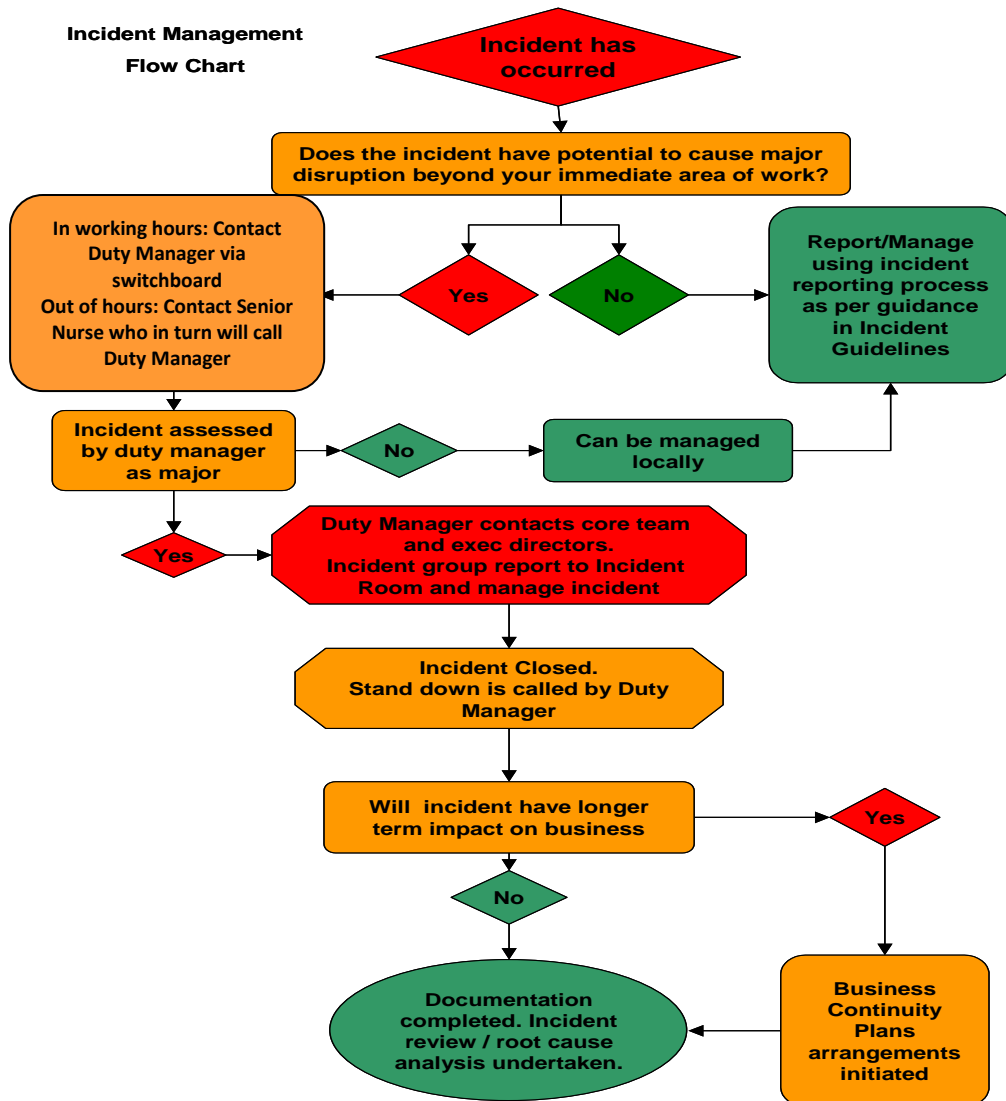
Performance and Planning October 2016

Appendices

Appendix 1 Internal Incident Escalation Procedure

**Appendix 2 Maintaining Patient Safety – Ceasing Elective Treatment
Algorithm**

**Appendix 1:
INTERNAL INCIDENT MANAGEMENT FLOW CHART**



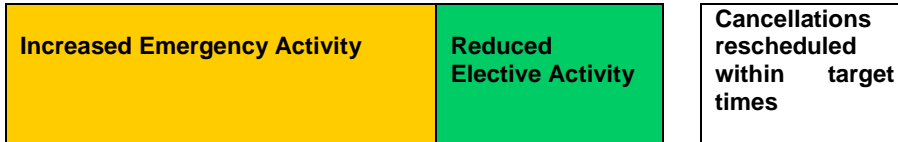
Appendix 2: Maintaining Patient Safety – Ceasing Elective Treatment Algorithm

Stage 1: Normal / Steady State



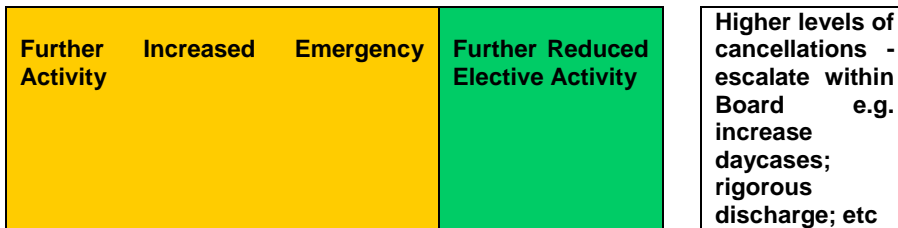
Access Targets Maintained

Stage 2: Minor Rescheduling of Appointments/Elective Procedures, but no Elective Breachers



Access Targets Maintained

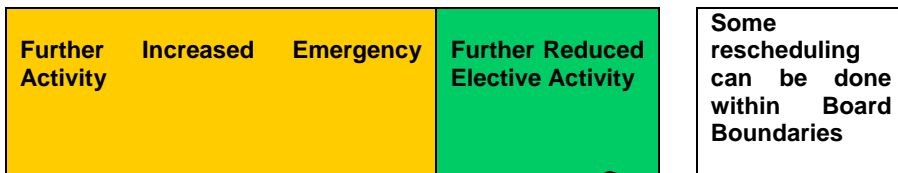
Stage 3: Higher Levels of Emergency Admissions, Trigger Escalation Procedures within NHS Boards



Access Targets Maintained

1st FLAG – notify SG

Stage 4: Increased Emergency Activity, Trigger Regional Mutual Aid Arrangements



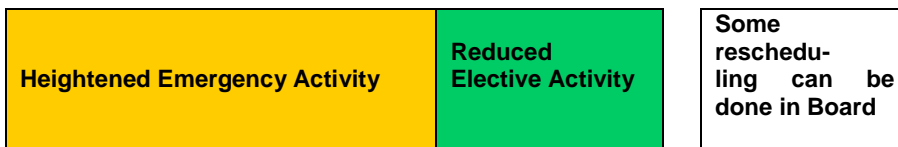
Some Patients may miss Access Targets: Re-book with Minimum Delay

2nd FLAG – notify SG

Some rescheduling CANNOT be done within Board Boundaries

Trigger Regional Mutual Aid

Stage 5: Very High Emergency Activity and with Significantly Reduced Elective Capacity



Some Patients may miss Access Targets: Re-schedule with Minimum Delay
In extreme situations suspend targets for limited period

Rescheduling cannot be done in Board - retry Mutual Aid

Rescheduling cannot be done - classified as breaches

3rd FLAG - written notification to SG