



AUDIT & PERFORMANCE SYSTEMS COMMITTEE

Date of Meeting	20 th August 2019
Report Title	Winter Planning Debrief for 2018/19
Report Number	<i>HSCP.19.036</i>
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Consultation Checklist Completed	Yes/No
Appendices	a. b. c.

1. Purpose of the Report

1.1. As part of the winter planning process for the Aberdeen City Health & Social Care Partnership, a report on learning from the previous winter is presented to an appropriate committee of the IJB.

1.2. Resultantly, this report to the Audit and Performance Systems Committee:

- Gives a brief background as to the context and process of winter planning for period 2018/19.
- Sets out the learning established from National, Grampian, and Aberdeen City specific debrief sessions relating to winter 2018/19.



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- Describes how this learning is being incorporated into winter/surge planning for the 2019/20 period.

2. Recommendations

2.1. It is recommended that the Audit & Performance Systems Committee:

- a) Note the information contained in this report relating to winter 2018/19 and the learning that is being incorporated into winter planning for period 2019/20.

3. Summary of Key Information

Introduction/Background to Winter Planning in 2018/19

- 3.1. In Grampian there is an established process for winter planning, which is undertaken as a year-round planning cycle. Health and Social Care Partnerships and other partners such as NHS 24 and the Scottish Ambulance service are key to the process and participate in joint planning and debrief exercises alongside acute hospitals.
- 3.2. The winter planning cycle for 2018/19 commenced in the June of 2018 with a Grampian Cross Sector event aimed at identifying initiatives that would ensure strong performing services that deliver quality care for patients and positive experiences for carers and staff during periods of surge.
- 3.3. The key lessons from winter 2017/18 were discussed and agreement reached on the priorities for Winter (Surge) planning for 2018/19. Aberdeen City and other sectors were encouraged to test their draft Winter plans using desk top testing exercises and this process culminated in a Cross Sector Desktop Exercise held in advance of a review of the draft Grampian Winter (Surge) Plan by the NHSG Senior Leadership Team and submission to the Scottish Government in late August 2018.



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3.4. Following feedback and further review of the plan the final draft was submitted for approval to the Grampian Senior Leadership team in September 2018 prior to submission to the Scottish Government in October 2018. The Grampian Winter (Surge) plan was implemented in October 2018 and ongoing review was undertaken via the Cross-Sector System Huddles.

3.5. Following the winter 2018/19 period, debrief events took place at National, Grampian and Aberdeen City levels. The learning from these is documented below.

National Debrief Information

3.6. Representatives from both Aberdeen City Health and Social Care Partnership and NHS Grampian participated in national events relating to winter and surge preparedness. These events gave a national perspective related to the 2018/19 winter period. Of note (based on national data):

- Public Health reported variable seasonal flu activity across all health boards in Scotland.
- For the 2018 - 19 season there was a significant decrease in overall Norovirus activity across all sectors within NHS Grampian. However other health boards in Scotland submitted reports of variable activity. The virulence of each seasonal strain of Norovirus and its inevitable burden on health care can be unpredictable until the season is established. In 2018/19 the winter burden was much lower than in previous seasons, however there was also some outbreak activity noted during May 2019.
- There were no significant national weather conditions reported that had a significant impact health and social care services.

Grampian Wide Debrief Information

3.7. Many key priorities/learning for Grampian Winter (Surge) Planning 2018/19 were identified through the debrief / review process some of which are:



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- For the period of 1st November 2018 to the 31st March 2019 Emergency and Elective admission statistics showed an increase in activity (Grampian wide) compared to the same period last year with a small increase of 1.3% for emergency admissions and a significant increase of 13.8% for Elective admissions. The increase in elective activity reflected the national directive to maximise elective activity over winter 2018/19
- The NHS Grampian Flu Advisory group introduced additional initiatives to promote flu vaccination among eligible groups with an increase in the uptake by the “over 65” population being reported. Unfortunately, in almost every other patient group the uptake decreased and this was particularly evident in the pregnant women group.
- In Grampian a higher than expected demand for utilisation of secondary care facilities from community acquired influenza cases from January 2019 onwards placed some additional burden on inpatient capacity but overall Grampian had less outbreak activity than the previous season. There was an increase for the first time in the uptake of flu vaccination with 51.6% of frontline staff being vaccinated. This is an underestimation as it is not possible to ascertain denominators for all social care staff.
- A key priority for winter 2019 - 20 will be to build on the excellent planning undertaken by team in all sectors and services and to continue to improve upon the overall winter (surge) planning process. The overall process includes recording activity and measuring performance against agreed indicators as well as supporting colleagues through the provision of opportunities for joint planning events such as table top exercises and the facilitation of such events. Accurate data will be important as part of the planning process and for ongoing monitoring.



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- The daily Grampian cross system huddle is now an established practice, ensuring safe, effective discharge/admission and is central to delivering a shared approach to risk. The benefits gained from consistency of cross system representation at the huddles were evident. Expanding this huddle to include Scottish Ambulance Service, Mental Health and Facilities has further enhanced the effectiveness of safe discharge/admission.
- Robust communication and engagement of all staff was key to effective implementation of the Grampian Winter (Surge) plan in 2018/19. Further improvement of this communication will be addressed through the early winter planning process that has already commenced and the planned table top exercises held at sector and cross system level.
- Workforce capacity plans and rotas for winter/festive period 2018/19 were agreed in October as part of the established winter planning process. Key to this is monitoring the availability of annual leave over the festive period to ensure continuity of health & social care services. Local team managers are empowered to manage any deviation to the plans and this is supported by highlighting and escalating through the site and system wide communication facilitated by the daily site safety briefs and cross system huddles
- The national requirement to test winter plans is important and valuable in autumn 2018 - it allowed teams to come together to work as a single system and to test winter plans against scenarios that were designed to prove their resilience.
- The challenges of 2 four-day public holiday periods created immense pressure across the system and resulted in a surge in activity from the 3rd January onwards. Work towards delivery of 7 day services e.g. AHP service, pharmacy and diagnostics is ongoing.

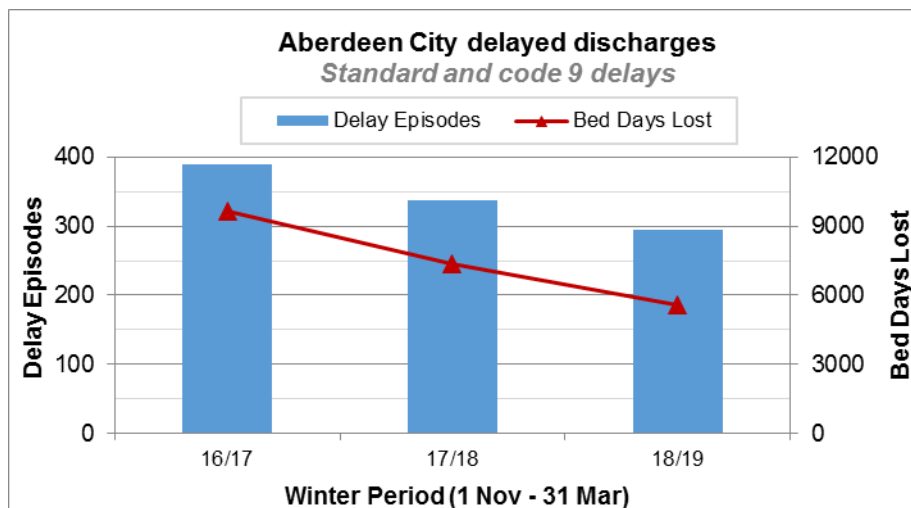


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Aberdeen City Debrief Information

3.8. Looking specifically at Aberdeen City, further local priorities/learning for Winter (Surge) Planning in 2019/20 were identified through the local debrief/review. Highlights of the local debrief were:

- Aberdeen City specific unscheduled care admissions were down 5% comparing November 2018 – March 2019 with November 2017 – March 2018.
- The Partnership was felt to have been quite successful in managing the ‘surge’ of cases requiring support to be discharged from hospital over winter 2018/19. The Partnership was able to deliver its lowest ever winter bed days lost to delayed discharge (24% reduction on Winter 2018’s figures). Though it should be noted that winter 2018/19 did not have the same demand pressures as 2017/18.



- There was a continued positive response at the Cross-System Huddles to the Aberdeen Partnership’s input and actions to support patient flow. Not just for delayed discharges, but within Woodend Hospital wards as well.



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- Early rota planning ensured all staff were aware of their rota commitments over the Festive Period and services were staffed appropriately.
- Woodend hospital again rescheduled weekly MDT meetings that fell on the Public Holidays to ensure that there was not an increased period between MDT meetings for patient planning etc. Given the continued success of this during 2018/19, it is intended to replicate this for winter 2019/20.
- GP practices reported that patients appeared to be using the recognised self-management support services available to them – such as “Know Who to Turn To”.
- There was noted to be a continued need to continue to focus more on targeting 3rd sector and independent sector care providers with information and support for participation in the Flu Vaccination programme. It was also specifically noted that the Partnership could be doing more to identify and encourage informal carers to access appropriate flu vaccination.
- The funding of Social Workers and some AHP staff to come in and work at Aberdeen Royal Infirmary and Woodend Hospital on all winter Public Holidays was felt to have again been a successful initiative. It is therefore proposed that this will be pursued for winter 2019/20. It is also now being actively considered whether public holiday funding should also be provided to support additional community facing staff to work on admission avoidance/diversion.
- Problems were noted with the availability of care at home provision in December 2018, and January 2019 – potentially linked, at least in part, to the need to urgently re-provision all care packages from a social care provider as a matter of urgency. This did result in additional patients/clients remaining in hospital awaiting social care provision.



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- It was also noted that due to the temporary closure of two wards (between ARI and Woodend) relating to older peoples medicine and rehabilitation; bed closures at Royal Cornhill Hospital, and the ongoing suspension (and then closure) of a local Aberdeen care home – bed capacity was felt to be very ‘tight’ this past winter. This impacted waits between ARI and Woodend for transfer into rehabilitation beds and the time taken to discharge patients/clients into the care home sector.

Summary

3.9. In summary, winter 2018/19 was less challenging in regards to demand pressures than the previous winter. There was recognised good working between various partners in Aberdeen. There remain concerns in regard to the available bed capacity (both medical and social care) going into winter 2019/20. It is also recognised, that there requires to be continued focus and effort to prepare for winter 2019/20.

2019/20 Winter Planning and Assurance

- 3.10.** Preparations have been ongoing since May 2018 to ensure a comprehensive winter plan will be in place for the City Partnership, ready for winter 2019/20.
- 3.11.** There have already been local workshops with relevant Partnership operational staff to draw together a 2019/20 winter plan. A working draft has already been circulated and endorsed by the Partnership’s Leadership Team. NHS Grampian have also already had sight of this draft to ensure it aligns with their arrangements across Grampian.
- 3.12.** Additionally, the Partnership’s Integration Joint Board will have full sight of the City Partnership plan prior to it being formally submitted to NHS Grampian for incorporation into the Grampian wide comprehensive winter/surge plan. It is currently planned that the 2019/20 Aberdeen City winter plan will be presented to the 3rd September 2019 IJB meeting.



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3.13. NHS Grampian's Senior Leadership Team, (including the Aberdeen City Partnership's Chief Officer), will also fully review the Grampian wide 2019/20 winter plan. This 'Grampian wide' plan will also be signed off by the NHSG board prior to submission to the Scottish Government.

4. Implications for IJB

4.1. Equalities

The patients/clients that the Health and Social Care Partnership work with are disproportionately older adults and adults with chronic illness and/or long-term disabilities.

Whilst 'age' and 'disability' are protected equality characteristics, it is not anticipated that there will be anything other than a positive impact for both groups via robust winter planning.

4.2. Fairer Scotland Duty

There are not felt to be any Fairer Scotland Duty implications related to this paper.

4.3. Financial

There are no direct financial implications arising from this paper.

4.4. Workforce

There are no direct workforce implications arising from this paper.

4.5. Legal

There are no direct legal implications arising from the recommendations of this report.

4.6. Other



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5. Links to ACHSCP Strategic Plan

- 5.1. Good quality winter planning (which learns from previous years) will allow for greater **resilience** in coping with the particular health and wellbeing challenges that winter provides. Additionally, good quality learning and planning supports services in ensuring that the right care is provided in the right place at the right time. Both are key strategic aims for the Partnership.

6. Management of Risk

6.1. Identified risks(s)

There are well known risks that arise for health and social care services due to winter/seasonal pressures. These include:

- Business continuity issues relating to inclement weather and/or infectious disease.
- Increased demand on services by patients/clients.

6.2. Link to risks on strategic or operational risk register:

From the Partnership's strategic risk register:

ITEM 1: "There is a risk that there is insufficient capacity in the market (or appropriate infrastructure in-house) to fulfil the IJB's duties as outlined in the integration scheme. This includes commissioned services and general medical services."

This is currently graded as a 'High' risk on the strategic risk register.

6.3. How might the content of this report impact or mitigate these risks:

By learning from the experience of previous winter periods, it is possible to, in an informed manner, attempt to mitigate the risks that arise for health and social care services and those that use them. This report documents for the committee some of the learning from the previous winter and the arrangements being put in place to integrate this learning in 2019/20's winter plan.