Winter Planning Event Edition

The 6EA News

Winter is coming...

Guest Editor: Jacques Kerr, Clinical Advisor, 6 Essential Actions for Unscheduled Care

Winter is Coming. Those of you who watch Game of Thrones will immediately get the reference - and the sense of doom that the phrase ‘winter is coming’ elicits within the characters. And I’m convinced it’s not significantly different for those of us who work in any aspect of healthcare over the winter period.

In my opening presentation I talked about what happened last winter when the whole of Scotland was badly affected by ‘flu and subsequently severe respiratory illness. We struggled to cope with the demand on our unscheduled care service; we witnessed patients lie for 8, 10 and 12 hours on ED trolleys; we saw the worst performance against the Emergency Access Standard since the Programme began, and we were forced to cancel elective patients as the whole system buckled under the pressure.

But, in the wake of all this difficulty we in healthcare - whether you’re a nurse, radiographer, porter, consultant, manager, ambulance technician or switchboard operator - tirelessly demonstrated our resilience and commitment to patient care by finding solutions to the challenges thrown at us.

In my role as Unscheduled Care Clinical Advisor I want to do all I can to support NHS Scotland to provide safe, effective, person-centred patient care. And with my background as an emergency department consultant and lead clinician I have first-hand experience of being at the coalface and watching the stress and frustration these challenges create in both staff and patients.

I want us always to think about what we would want if someone we cared about was lying on that ED trolley and how we can then optimise the pathway so that every patient has the best experience of unscheduled care, regardless of condition, point of entry, age or acuity. And with the launch of the Six Essential Actions Programme, and the increasing integration between health and social care, we have a new platform on which to stage a national healthcare system that meets the diverse needs of every individual.

I very much hope I can support and assist wherever possible and am happy to be contacted at any time. I very much look forward to working with all of you.

All good wishes
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The size of the challenge = the size of the opportunity

Alan Hunter, Performance Director, NHSScotland

Winter is certainly on its way, and though it brings with it extra challenges, we can prepare effectively and make a real difference this year to the benefit of patients and staff. For example, last year Dumfries and Galloway created a weekend discharge team that helped increase discharges by 24% and halved the previous year’s boarding figure, against national trends. In Borders, they targeted the recurring causes of delay highlighted by their ‘day of care’ surveys and have seen the number of patients delayed beyond their average discharge date reduce from an average of 25 - 30% to under 10% with very significant reductions in their elderly care length of stay.

Last winter was one of our most challenging and we have learned some lessons. To try and get ahead and improve resilience, the winter planning guidance to Boards was issued two months earlier and we held the ‘winter planning learning event’ to share some of the best practice.

The starting point last year was not a great one; delayed discharges were 27% higher on Christmas Eve than the previous year and there were increased long waits for our patients. This year we have the new Integrated Joint Boards in place and delayed discharge numbers are reducing, a trend that must continue if we are to avoid the winter problems we experienced last year. The impact of increased demand and acuity, coupled with increased delays resulted in high levels of elective cancellations. This is why we’re asking Boards to make sure they have robust plans in place to make sure we minimise cancellations this year. Winter funding has recently been allocated to Boards, this must be targeted at the following:

- Joint and targeted use of each Health Board/IJB’s share of the £30m delayed discharge fund to ensure that, at a minimum, delayed discharges are at 2014 levels going into the festive period and maintained at this level over the winter as a platform for further reductions.

I believe that this year the combination of an improved health and social care infrastructure, additional winter funding and earlier, robust planning should enable us to deliver better services over winter for our patients and staff.
The Resilience Scenario Sessions - Top 3s

Brief information was given to the whole group who were then asked to break into their groups and discuss the impact of the scenario on three key areas: workforce, infection prevention and control, and managing capacity. Each of the groups were asked to consider the challenges and the possible solutions.

The scenario:

Your hospital has seen a 22.5% increase in admissions of patients with respiratory-related illnesses.

TOP 3 CHALLENGES

- Recruitment, particularly for AHPs, diagnostics and pharmacy. Varying recruitment challenges for nursing and medical staff dependant on location (gaps in rota as a result of recruitment issues)
- Skills gaps - lack of experienced staff meaning junior staff were not as well supported as they should be
- Difficulties in getting bank staff or other staff to take on overtime to fill staffing gaps, can result in reliance on good will of staff (and difficult to get the right bank staff to get the right skills mix inwards)

TOP 3 SOLUTIONS

- Use other resource pools; NHS24 - how do we use this resource optimally? Tapping into the third sector, how do we use the Red Cross (transport, volunteers, carers etc)
- Start small, 7 day services may not be completely feasible right away – start with evening working to check the effect
- Culture and Leadership - develop shared ownership and sharing the solving of shortages across teams and directorates. Have a focus on safety and outcomes not on surge – use huddles to do this.

INFECTION PREVENTION AND CONTROL

TOP 3 CHALLENGES

- Infection Control risks in EDs and Assessment Units. Single bed availability limited, backlog of patients in ED/Assessment Units awaiting beds close proximity of trolleys leads to increased risks of cross infection
- Lack of increased support services to assist with increased cleaning required (in ambulances, cubicles, wards, equipment etc), slower turnaround of rooms as a result
- Impact on staffing levels, increased staff sickness, low uptake on vaccination

TOP 3 SOLUTIONS

- Improve communication and information sharing via the Hospital Safety Huddles. Infection Control should be present at Huddles
- Awareness raising of need for vaccination - think of other schemes to deliver vaccinations - peer vaccination “stab your pal”, community pharmacies (as per Tayside Model)
- Creating Capacity to Cope - alternatives to admission, rapid diagnosis/diagnostics (near patient testing), additional staffing (domestic support staff, pool of “bank nurses” to redeploy to areas of greatest need) - in reach care to keep patients in their own home.

MANAGING CAPACITY

TOP 3 CHALLENGES

- There is no ability to plan for peaks as they are unpredictable (last years lasted longer and was a different pattern than previously), and we are already full up
- An increase in admissions usually means an increase in discharges and often downstream services also struggle to cope (equipment, social services, nursing homes)
- These peaks can be caused by external factors (lack of GPs, community services, care providers)

TOP 3 SOLUTIONS

- Admission avoidance - ensure there is a respiratory MDT supporting ED and Acute to plan for early discharge from ALL wards and prevent admissions
- Anticipatory care planning - ensure people are enabled to prevent an admission; telehealth, self management, anticipatory admission avoidance and discharge planning including home care provision, rehab plans/care pathways, from pre-admission
- Joint winter planning - ensure that winter plans are multi-agency and include the IJBs (make sure they have the right membership to be effective), ambulance service, responsive homecare to meet discharge numbers, Scottish Government involvement in winter planning to allow for flexing of targets and capacity-related relaxation.

Afternoon breakouts

In the afternoon, attendees participated in Q&A sessions around some of these solutions which had already been tested and proved successful in other areas. For example:

Lothian and Dumfries and Galloway shared their experience of 7 day working some of the measures they’ve used and the improvement in performance. They also shared the challenges they had faced and spoke honestly about those which required careful thinking in order to solve.

The challenges discussed in the ED capacity management session formed the basis of the document formally launched during the ‘Eliminating Crowding’ event which was held in early October, the guidance has since been issued to all Boards. The full list of breakouts is contained in the programme, the link to access is at the bottom of this page, if you want to know more the Team will happily make introductions. Please use the ‘contact us’ info, on the left, to discuss further.

Want to view the presentations? Go to: https://book.shsc.scot/shsc/24/6082