

NHS Lothian

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**WEST Lothian Health &  
Social Care Partnership**

**WINTER PLAN**  
2015/2016

## 1.0 **INTRODUCTION**

West Lothian Health and Social Care Partnership are required to plan for the winter period when it is recognised that demand for services is likely to be at its highest level. This plan for 2015/16 builds on previous Winter Plans for West Lothian, as well as building on local actions already in place to support admission prevention and early discharge

The required outcomes of winter planning are to ensure:

- The provision of high quality, responsive services are maintained through periods of pressure;
- The impact of pressures on the levels of service, national targets and finance are effectively managed;
- That a process is in place to meet the reporting requirements of the Scottish Government.
- That comprehensive plans are in place in West Lothian Health & Social Care Partnership covering the headings in the Scottish Government Health Department Winter Planning communications;
- Assurance for the Director of West Lothian Health & Social Care Partnership and the Chief Operating Officer NHS Lothian, who are the accountable persons for ensuring that effective Winter Plans exist

## 2.0 **THE PROCESS AND TIMETABLE FOR REVIEWING WINTER PLANS IN 2015/16**

Hospital, community and social policy services have contributed to the preparation of this Winter Plan which meets the needs of the Partnership. The Winter Planning Executive Team for CHCP is as follows:

No	Function	Name
1	Lead	Marion Christie
2	Senior Managers	Carol Bebbington Pamela Main Pat Donald

The HSCP Management Team will discuss, implement and monitor the winter planning process on a monthly basis between November 2015 and March 2016. Priority will be to monitor the levels of pressure in the system and the effectiveness of the Winter Plan and identify further interventions as required by NHS Lothian and Partner Organisations. The HSCP will be represented at NHS Lothian, West Lothian Council and St John's Hospital winter planning meetings.

## 3.0 **KEY PRIORITIES FOR ACTION IN 2015/16**

A number of priority areas have been identified through national and local experience.

### 3.1 **Capacity Planning**

- To predict and manage variation in demand;
- To identify the potential for a temporary flexible increase in capacity that is not solely reliant upon opening additional acute beds.
- To ensure capacity and flow within rehabilitation and reablement services
- To work with providers to sustain capacity in care at home and care homes

### 3.2 **Escalation**

- Implement whole system escalation framework
- Ensure St Michaels Hospital, Tippethill House and Craigshill Care Facility have internal escalation procedures with clear trigger points and actions;
- Community wide escalation procedures will be agreed with clear triggers and actions; A de-escalation process will also be agreed
- Ongoing work with Care Homes and Care at Home providers to ensure timely

assessment and discharge from hospital

### 3.3 Infection Control

- Infection reporting and monitoring processes are in place across all departments.
- Infection control measures are agreed to address most common infections, for example, Norovirus, Clostridium difficile, Influenza, MRSA across NHS, Local Authority and independent sectors in West Lothian
- Contingency plans are in place to minimise the impact of outbreaks of infection, in particular, Norovirus and similar infections leading to a reduction in bed capacity and staff availability
- Clear links are made to Pandemic Influenza Planning; Plans should anticipate that a percentage of the workforce may be unavailable as a result of an infectious outbreak
- An effective immunisation programme against seasonal influenza is in place.
  - GP Practices coordinate programme for all eligible patients on their lists
  - Staff clinics are provided across West Lothian to immunize staff – Managers to encourage staff uptake
  - Patients in community hospitals and care homes are immunized early in the programme

### 3.4 Communication

- Engage and communicate with local partners
- Ensure information regarding services is widely disseminated
- Central communication point and communication cascade agreed to ensure all staff receive consistent information
- Public communication will be coordinated by the Communications Departments in NHS Lothian and West Lothian Council

### 3.5 Governance Arrangements

- All departments identify core staffing and aim to have no more than 16% off on leave at any one time
- Medical staff rotas are reviewed to ensure appropriate cover is always available
- Winter plan approved by SMT, and Integration Joint Board
- Participate with Winter Planning Groups in NHS Lothian and West Lothian Council and follow up on actions
- Participate in St John's Hospital Site Winter Planning Group
- Share plans across both agencies
- Each department has a clear staffing contingency plan for winter weather

### 3.6 High Risk Areas

- High risk areas for health and social care include:
  - Inpatient wards and support services
  - ACAST
  - Community Outreach Team
  - OPACT
  - REACT
  - Community Nursing
  - Care Homes
  - Care at Home
  - Reablement
  - Crisis Care
  - Careline
  - SCET
  - Transport of critical patients
- Essential community patients are identified to enable allocation of work as appropriate (Lists held by OOH Community Nursing Office, REACT, ACAST, OPACT & COT)
- Identify management actions to facilitate deployment of staff across NHS and Council services
- Liaise with Council Area Services to prioritise snow clearing

- GP Practices review their own continuity plans

### 3.7 Transport

- Availability of suitable vehicles and sharing of cars across services

## 4.0 **Operational readiness will be assessed under the following headings**

### 4.1 Resilience

- Severe Weather
- Festive Period
- Contingency plan for bed closures
- Escalation and Business Continuity procedures

#### Infection Control

- Norovirus
- Seasonal Flu

#### Communications

- Management Information
- Coordination of Information

#### Unscheduled Care

- Preventing admissions
- Management of community activity and supporting early discharge
- Other service actions and interventions

### 4.2 Effective preparation must be made in all areas however, particular attention is required in relation to:

- Demand profiling and capacity planning: to ensure that sufficient capacity and contingencies are made available to meet the anticipated demand
- Infection Control: measures are being put in place to reduce the risk of and to manage any infection control outbreaks.
- Delayed transfers of care/ Discharge Planning: effective discharge arrangements are put in place which will enhance over periods of predictive high demand;

## 5.0 **SUMMARY**

The role and responsibilities of the HSCP Management Team in Winter 2015/16 are:

- To establish clear roles of accountability of services to manage the winter period .
- To assure proactive engagement of all partner agencies;
- To ensure that all local winter planning groups and social care communities have made satisfactory plans
- To create clear escalation and communication processes

The winter plan needs to be viewed within the context of the range of interventions already in place within West Lothian to prevent admissions and support early discharge, with additional processes agreed to respond to emerging needs as a result of winter pressures.

The delivery of the Winter Plan requires additional resources to support implementation, particularly in relation to increased capacity within Community Nursing and AHP teams

## 6.0 **Task Overview**

Resilience	Actions
Severe Weather	<p>Close contact with NHS Lothian and West Lothian Council emergency planning mechanisms</p> <p>Winter weather arrangements are reviewed and in place including</p> <ul style="list-style-type: none"> <li>• Staff deployment</li> <li>• Priority gritting schedules agreed with WLC</li> </ul>

	<ul style="list-style-type: none"> <li>Priority Patients list to be established e.g. those on dialysis, radiotherapy or chemotherapy</li> </ul>
Festive Period	<p>Rostering appropriate staffing and resources to maintain services throughout festive period</p> <p>On call rota for duty managers and clinical service leads</p> <p>Service availability and opening hours detailed in appendix</p> <p>Detail of Primary Care Services/LUCS and hours of operation over festive period to be communicated including general practitioners and Pharmacies</p> <p>Social Care Emergency Team (SCET), daytime arrangements, out of hours, crisis care and hospital social work services to run and communicate over festive period.</p>
Contingency Plan Bed Closures	<p>Maintain review of bed availability and record real time on TRAK</p> <p>Maximise care at home through interim care team</p> <p>Review in daily safety huddle and escalate as required</p>
Escalation & Business Continuity	<p>BCP reviewed and on shared drives</p> <p>Daily teleconferencing and twice daily bed meetings</p> <p>Communication cascade established</p>
<b>Infection Control</b>	
Norovirus	<p>Infection Control Procedures are in place to proactively manage outbreaks and prevent spread of infection</p> <p>Ensure Care Home Managers aware of and implement infection control procedures</p>
Seasonal Flu	<p>GP Practice Vaccination Programme</p> <p>Encourage Carer vaccination uptake</p> <p>Staff Vaccination Programme implemented across all agencies</p> <p>Effective outbreak policies and procedures are in place</p>
<b>Communications</b>	
Management Information	<p>Briefing/copy of winter plan to all on call staff and partner organizations</p> <p>Duty management cover for festive period available to clinical staff and partner agencies</p>
Coordination of Information	<p>West Lothian HSCP representative at NHS and WLC meetings</p> <p>Attendance at twice daily bed meetings</p> <p>Daily alert system</p>
<b>Unscheduled Care</b>	
Preventing admissions	<p>REACT service provide alternative to hospital admission and facilitate early supported discharge. Capacity will be enhanced to cover 7 days</p> <p>Rapid Occupational Therapy assessment service (ROTAS) will provide assessment in A&amp;E, Medical Assessment Unit and Observation Ward to prevent admission and facilitate discharge</p> <p>Anticipatory Care Planning arrangements through local enhanced services for care home residents &amp; those with LTCs in high-risk group</p> <p>District Nursing Services can be contacted via NHS 24 and LUCS</p> <p>Crisis Care and Careline available 24/7</p>
Management of community activity and supporting early discharge	<p>Establish Capacity and Flow of Patients across community hospital sites</p> <p>Ensure Moving on Policy is being applied</p> <p>Establish process and procedures with Social Care partners for</p>

	<p>rapid access to care home placements including Criteria; Assessment; Funding</p> <p>Community Nursing and Mental Health Teams will support discharges and community activity 24/7 Additional evening nursing service team will be made available over winter and festive period to support increased activity</p> <p>Discharge Liaison Nurse will continue to manage interface between hospital and community to ensure effective discharge planning process</p> <p>Discharge to Assess capacity will be enhanced</p>
Other service actions and interventions	<p>Escalation procedure for Delayed Discharge and moving on arrangements in place in partnership with Health &amp; Social Care</p> <p>The JES will provide a top up service to A&amp;E and the medical unit for mobility aids</p> <p>Equipment Service will prioritise discharges and palliative care needs with additional priority over festive and winter period</p> <p>The emergency equipment store located opposite the joint equipment store can be accessed via the Porters desk at St John's Hospital</p> <p>Arrangements will be made for direct access and home delivery of beds, mattresses and hoists on a rental basis direct from suppliers. These will be accessed through the district nursing service</p>

## 7.0 Summary Social Care Winter Arrangements

### Care Home Placements

Health staff including OT's and Out of Hours nursing and LUCS may propose a Care Home place for an older person in hospital /at home who meet the following criteria

- Declared fit for discharge by an appropriate clinician
- Unable to return home without services that are not currently available
- Agrees to move to a Care Home for a period of time prior to returning home
- Requires care due to a change in home circumstances i.e. carer illness

Care Home vacancies will be identified by the Group Manager for care homes the Social Care Emergency Team (SCET) out of hours and through the Service Matching Unit (SMU) during normal working hours. Staff should contact the duty manager in the appropriate location in the first instance. This arrangement may include all West Lothian Council Care Homes and respite beds

### Care at Home

#### Reablement Service

There will be no disruption to start up of hospital discharge during this period. Out of hours reablement support staff are contactable through SCET.

#### Crisis Care Service

No disruption to service during this period – business as usual with no changes to contact arrangements required.

Designated Health and Social Care staff will complete a basic risk assessment in order to facilitate a discharge home with a package of care. Care at Home providers will:

- Ensure that services are contactable through on call systems throughout the holiday period.
- Be aware that enhanced capacity may be required during this period.

**SDRT Team Leader 01506 775651**

## Access Arrangements, 23<sup>rd</sup> December 2015– 6<sup>th</sup> January 2016

Date	Daytime	Out of Hours
23 <sup>rd</sup> December	As per normal	SCET
24 <sup>th</sup> December	As per normal	SCET
25 <sup>th</sup> December	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
26 <sup>th</sup> December	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
27 <sup>th</sup> December	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
28 <sup>th</sup> December	As per normal	Reablement through SCET
29 <sup>th</sup> December	As per normal	SCET
30 <sup>th</sup> December	As per normal	SCET
31 <sup>st</sup> December	As per normal	SCET
1 <sup>st</sup> January	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
2 <sup>nd</sup> January	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
3 <sup>rd</sup> January	Reablement through SCET Crisis Care – As per normal	Reablement through SCET
4 <sup>th</sup> January	As per normal	Reablement through SCET
5 <sup>th</sup> January	As per normal	Reablement through SCET
6 <sup>th</sup> January	As per normal	Reablement through SCET

### Daytime Arrangements

- For adult / older people community care referrals during daytime hours contact local social work centres in West Lothian
- For Children and Families referrals during daytime hours contact local social work centres in West Lothian
- For hospital referrals during daytime hours contact the hospital social work teams -

**Bathgate Social Work Centre 01506 776700**

**Livingston Social Work Centre 01506 777777**

**Broxburn Social work Centre 01506 775666**

### Out of Hours

For emergencies out of office hours related to social work (including advice, Child Protection, Adult Protection, Mental Health Officer service,) contact the Social Care Emergency Team (SCET)

### Social Care Emergency Team (SCET)

The Social Care Emergency Team operates Monday to Thursday from 1645 to 0830 the next day and at the weekends from 1545 on Friday until 0830 on Monday. on. The office is staffed by three staff members until 2am Monday to Thursday and 1am Friday to Sunday. A standby service is then operated for emergencies until 0830.

During the Christmas and New Year Public Holidays the Social Care Emergency Team will provide 24-hour cover from 1600 on 24 December until 0830 on 29 December, and again from 1600 on 31 December until 0830 on 5 December.

**SCET 01506 281028 or 01506 281029**





### Service Availability over Festive Period 2015/16

	<b>Crisis Care</b>	<b>Reablement</b>	<b>SCET</b>	<b>GP Practices</b>	<b>LUCS</b>	<b>REACT</b>	<b>Community Nursing</b>	<b>OT – all areas covered</b>	<b>Physio</b>
22 <sup>nd</sup> December	8am-8am 24 hours	7.00-22.00 Office 9.00-17.00	1645 to 0830	Open 8am-6pm	6pm-8am	9am-5pm	8am-8am 24 hours	08.00-19.00	08.00-17.00 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
23 <sup>th</sup> December	8am-8am 24 hours	7.00-22.00 Office 9.00-17.00	1645 to 0830	Open 8am-6pm	6pm-8am	9am-5pm	8am-8am 24 hours	08.00-19.00	08.00-17.00 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
24 <sup>th</sup> December	8am-8am 24 hours	7.00-22.00 Office 9.00-17.00	1600 to 08.00	Open 8am-6pm	6pm -- 8am-	9am-5pm	8am-8am 24 hours	08.00-19.00	08.00-17.00 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
25 <sup>th</sup> December	8am-8am 24 hours	7.00-22.00 Referral Access via SCET	8am-8am 24 hours	Closed	8am-8am 24 hours	No cover	8am-8am 24 hours	Advice line only	08.45 - 16.45 Respiratory and urgent discharges 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
26 <sup>h</sup> December	8am-8am 24 hours	7.00-22.00 Referral Access via SCET	8am-8am 24 hours	Closed	8am-8am 24 hours	9am-5pm	8am-8am 24 hours	08.00-16.00	08.45 - 16.45 Respiratory and urgent discharges MAU and acute medicine  16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
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29 <sup>th</sup> December	8am-8am 24 hours	7.00-22.00 Office 9.00-17.00	1645 to 0830	Open 8am-6pm	6pm-8am	9am-5pm	8am-8am 24 hours	08.00-19.00	08.00-17.00 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
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1 <sup>st</sup> January	8am-8am 24 hours	7.00-22.00 Referral Access via SCET	8am-8am 24 hours	Closed	8am-8am 24 hours	No cover	8am-8am 24 hours	08.00-16.00	08.45 - 16.45 Respiratory and urgent discharges 16.45 – 08.45 1st / 2 <sup>nd</sup> on call ( respiratory cover only )
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