

NHS Golden Jubilee Winter Plan 2020/21

Introduction

This plan outlines the proposed action to be taken to deliver NHS Golden Jubilee (NHS GJ) key business objectives supported by contingency planning, including working within national guidelines set by the Scottish Government to minimise the risk of transmission of SARS-CoV-2 (CV-19).

This plan supports the existing NHS GJ Business Continuity Planning Policy and the NHS GJ Recovery Plan submitted to Scottish Government in August 2020.

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

Period Affected

This plan covers the winter period effective from 1 October 2020.

Key Pressures

- It is assumed that NHS GJ will be maintained as a 'Green' or COVID-light site to minimise the risks to patients undergoing complex surgery. Significant work has been undertaken to reduce risk wherever possible. In agreement with referring boards and consenting patients, there are clear, transparent discussions regarding residual pathway risks to ensure service commissioning or procedure consent is made from an informed position.
- To achieve our Recovery Plan targets we will pre-plan and model elective activity to maximise capacity. In the event of severe weather or a pandemic event 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 in line with our Recovery Plan to support NHS Scotland.
- Cardiology day case (24 hour patients) – It is recognised that the volumes of emergency cardiology patients presenting to NHS GJ 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.
- NHS GJ will operate in line with Scottish Government guidance to reduce the transmission of SARS-CoV-2 (CV-19). Patient flow, productivity and capacity may be impacted by social distancing and red, amber, green pathways.
- We recognise that winter pressures, significant influenza outbreak or future waves of CV-19 might impact on staff numbers due to illness, Test and Protect isolation and a return to shielding for those at high risk. Availability of staff is included in each department's Business Continuity Plan to ensure the ability to deliver safe services. Formal absence reporting is conducted weekly with a daily position captured on our daily Situation Report, the reporting mechanism would allow for daily updates to provide absence levels by staff group.
- Winter pressures, significant influenza outbreak or future waves of CV-19 could also reduce the ability for Boards to repatriate their patients. We will continue to work with Regional partners to deliver safe and sustainable pathways.

Key Objectives of the Winter Plan

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

- To continue to provide planned elective activity where possible (in discussion with Scottish Government Health and Social Care Directorate and other NHS Boards) and emergency/urgent services
- To continue to work with partners i.e. social services and primary care services to ensure effective discharge
- To continue to work with referring Boards to ensure the effectiveness of the patient pathway for the repatriation of medical and cardiology patients
- To enhance the ability of staff to face the challenges of the winter period efficiently, effectively, safely and with confidence.

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

The Board will work within national guidelines set by the Scottish Government to minimise the risk of transmission of CV-19.

Resilience and Contingency Planning

Robust business continuity management plans are in place across the organisation. Local and site level continuity plans have been reviewed in the last twelve months. Testing is planned to ensure they allow for effective management and mitigation of disruptive risks. Each department has been asked to ensure that risks relating to the EU transition period ending without a withdrawal agreement on 31 December 2020 agreement are incorporated into business continuity plans.

Demand Management & Communications

NHS GJ has:

- A nationally recognised three tiered command and control structure
- Board wide and department specific business continuity plans
- A Senior Duty Manager rota to deal with out of hours’ operational issues
- 24-hour Senior Nurse cover including a Hospital at Night Service

- Bed Management and Discharge Coordination
- A twice daily hospital huddle
- An external communications plan managed by the NHS GJ Head of Communications and Corporate Affairs with appropriate out of hours’ arrangements.

Governance Arrangements

Command and Control Structure

The nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by NHS GJ. This structure allows for agile decision making at pace and allows for targeted communication to specific staff groups.

The Agile Governance Group has also been convened to provide the NHS GJ Board with assurance that the organisation is implementing robust resilience management process in response to the ongoing pandemic.

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 and guidance 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;
- A CV-19 occupational risk assessment tool which aims to enable all workers to work safely by controlling risk and taking account of individual vulnerability.
- Homeworking guidance to support staff who are at a greater risk of CV-19 and support physical distancing by reducing overall staff numbers on site.

The Board website and social media channels will be used to indicate advice on travel to hospital appointments during severe weather. A Covid Hub has been created on the staff intranet containing CV-19 related news, advice, guidance and policy documentation.

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 procedures and the application of standard infection control precautions. This is supported by organisational 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 a pandemic event is in place.

Financial Governance

It is anticipated that the plan will be achieved in line with resources detailed in the NHS GJ Recovery Plan, although, further waves of CV-19 may result in additional demands on beds. Additional resource would be required if additional patient rooms were required to be opened within the Hospital or Hotel rooms were to be requisitioned for step-down patient care. Should there be any resource implications, proposals will be discussed at Senior Management level.

Equality and 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. An equality impact assessment for this plan has been carried out and copies can be obtained from the Performance and Planning Department.

Resilience Preparedness: Priority Actions

The following actions based on the National Unscheduled Care Programme “Preparing for Winter” guidance for NHS Boards have been identified for NHS GJ:

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, pandemic flu and CV-19. Local and site wide Board continuity plans have been reviewed and risk assessed within the last twelve months and are available to all staff electronically via a shared drive. We have an agreement in principal with NHS Greater Glasgow and Clyde (NHSGGC) that we will provide them with Category II support in the event of an incident. Our continuity management plans have been reviewed to ensure they are complementary with those of NHSGGC.

2. Escalation continuity plans tested with partners

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

As part of West of Scotland (WoS) mutual aid arrangements, access to NHS GJ capacity will be in line with agreed protocols. Escalation plans within clinical divisions describe the processes for managing clinical activity during periods of winter and/or pandemic pressure. While it is intended that boarding of patients out with the speciality 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.

Our Board Resilience Plans outline actions to manage the impact of adverse weather on service delivery and workforce availability.

3. Safe and effective admission/discharge continues in the lead-up to and over the festive period in to January 2021

Remaining “COVID-light” is essential to the safe delivery of NHS GJ services. Ways to mitigate the risk of transmission of CV-19 have been incorporated into the redesign of pathways to minimise face to face contact and the actual time patients have to spend in hospital. These include the ‘drive through’ area where patients can be tested prior to their surgical intervention.

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 care 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. Winter guidance advises territorial boards that refer their patients to NHS GJ to ensure that their local authorities make available adequate resources 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 but this varies from area to area. Although the team will try to facilitate timely discharge wherever possible there is a risk that some patient discharges will be delayed during this time.

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

Work is ongoing to improve the flow of cardiac surgery patients and reduce delays to discharge. This has included the adoption of criteria led discharge and re-energising the principles of Enhanced Recovery after Surgery (ERAS) to reduce patient length of stay. The discharge lounge remains available, with guidelines for use revised in response to the CV-19 situation.

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

NHS GJ 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. As part of national planning, in the event of a pandemic we would explore all options for access to our critical care capacity.

As the NHS faces uncertainty over the impact of winter pressures, the potential for a significant flu outbreak, or further pandemic waves, NHS GJ will be part of mutual aid and collaboration arrangements across the West region.

During the first wave of the pandemic NHS GJ admitted a small number of ventilated CV-19 positive patients transferred from other WoS intensive care units, once agreed trigger points were reached. NHS GJ will continue to work within the West of Scotland Critical Care Group to ensure critical care capacity is available if required. It is acknowledged that transfers of CV-19 positive patients to NHS GJ should only occur as a last resort when capacity elsewhere is exhausted.

5. Whole system activity plans for winter

Future admissions and theatre sessions are reviewed on a regular basis across a series of scheduled meetings. 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.

Prior to the pandemic, admissions around the festive period would largely be dictated by the patients' willingness to accept an admission date close to Christmas or New Year, or the availability of blood products. As the plan is for NHS GJ to maximise utilisation of our theatre and bed resource as a Covid-light site for as long as possible, we will continue to offer capacity to Boards in line with our Recovery Plan or as part of mutual aid arrangements.

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 on Tuesday 5 January 2021, subject to confirmation 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 huddles, 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 and produce a daily situation report, allowing for better informed planning throughout the period.

6. 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 2020 to ensure staff are available during peak activity times, allowing teams to effectively manage predicted activity and discharge over the festive period.

It is recognised that future waves of CV-19 could impact on staffing levels in terms of infection rates, Test and Protect isolation and management of any staff in higher risk categories. Workforce availability will be closely monitored to ensure ongoing safe delivery of services.

Standard Operating Procedures are in place for Contact Tracing of Healthcare Workers and non-clinical staff. Occupational risk assessments delivered in line with national guidance are also undertaken for NHS GJ staff.

7. Discharges at weekends and bank holidays

Seven-day discharge is embedded as standard practice at NHS GJ. In line with this, clinically appropriate patients will continue to be discharged over weekends and on bank holidays. NHS GJ will work proactively with the Scottish Ambulance Service and Social Services to facilitate these discharges where required.

8. 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. Reports are provided to the wider management and leadership teams at Executive meetings, Finance, Performance and Planning Committee, Performance Review Groups, Senior Management Team meeting and ultimately to the Board.

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

9. Communications plans

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

The Communications Department will co-ordinate and respond to any press enquiries over the winter period. And oversee key messages to patients and services users for issues which impact on patient care during 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 2021. Exception reporting of events that are likely to or will significantly reduce the MHS GJ's ability to manage waiting lists, will be made known to Scottish Government by the Nurse Director or delegated Executive Director. As part of ongoing bed management we also provide this information on a rolling basis through the year. Exception reports will include:

- 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
- Significant increase in expected demand.

Our critical care bed availability is reported 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.

Daily returns are made to Scottish Government relating to the CV-19 pandemic situation.

10. Preparing effectively for Norovirus

Between 2010/11 and 2019/20 NHS GJ has had no ward closures due to norovirus. To maintain preparedness, the Board has a Norovirus Policy that is updated annually to reflect the latest guidance issued by Health Protection Scotland (HPS). This ensures that the Board is optimally prepared and has raised awareness 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. NHS GJ's Communication team will consider how to inform the public about any visiting restrictions which may arise as a result of a norovirus outbreak.

The Board remains 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 to patients and staff

11. Delivering Seasonal Flu vaccination to public and staff

NHS GJ is committed to increasing the flu vaccination uptake each year and will be actively engaged in this year's campaign.

The influenza programme is normally delivered on a Board wide basis and in previous years has been delivered to staff by our Occupational Health Department (OH). Due to CV-19 this will be supplemented with a peer vaccination programme to ensure we can vaccinate in a timely manner. The peer vaccination programme will cover all staff working in clinical areas with the remainder of non-clinical (including hotel) staff being vaccinated by OH.

As part of the annual mass vaccination influenza campaign, the Scottish Government have set a national target of 60 percent for staff vaccinations. Last year over 50 percent of staff in NHS GJ were vaccinated. We anticipate there may be a higher uptake this year, and have modelled on a best case scenario of up to 75 percent of staff choosing to be vaccinated.

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
- Cardiac Catheter Lab requirement and availability.

Coordinated by the Duty Manager, the operational meetings will also consider any threats to the provision of clinical services. Twice daily multidisciplinary clinical briefings will also be held to monitor bed status and handover unstable or problem patients.

The hospital huddle will continue to take place every morning, with a further afternoon nursing huddle with optional Duty Manager attendance during the winter period. This will provide additional opportunities to identify and address operational issues.

A process is established which will manage staff access to Conference Hotel rooms 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.

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 NHS GJ to facilitate the transfer of cardiothoracic and cardiology patients to NHS GJ 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 NHSGGC.

Performance and Planning NHS Golden Jubilee October 2020

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

