Scottish Ambulance Service
Taking Care to the Patient

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NOT PROTECTIVELY MARKED

Public Board meeting **September 2018**
Item No 07

THIS PAPER IS FOR APROVAL

WINTER CONTINGENCY PLAN 2018-19

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Action required	The Board is asked to approve this paper for submission to Scottish Government by 31 October 2018.
Key points	In order to prepare for the forthcoming winter, along with the specific key elements set by Scottish Government in that preparation, the Service is required to review its Winter Plan. The preparations for winter have been set out in the '6 Essential Actions to improve Unscheduled Care' and '12 Critical Areas, Outcomes and Indicators' as identified by Scottish Government and they aim to demonstrate how the Service will respond to pressures. Local level winter plans will be added as annexes to the plan and these will detail how regions and departments aim to respond to the winter pressures. These will include learning from previous years in relation to hospital turnaround and escalation processes, improvements in resourcing, increased referrals to NHS24, low acuity resource utilisation and the management of frequent and repeat callers. The flu campaign will be reviewed specifically in relation to promotion, communication and availability of clinics for staff to be vaccinated.
Timing	This paper is to be discussed at the September 2018 Board meeting and the actions contained within it will be in place between now and the end of winter period.
Link to Corporate Objectives	The Corporate Objective this paper relates to is – 4.2 - Continue to develop our unscheduled care service in partnership to support and facilitate effective discharge and transfer to improve patient flow, and deliver a better experience for patients
Benefit to Patients	By implementing this plan it is the intention of the Scottish Ambulance service to continue to deliver a high level of patient care for the population of Scotland during the winter period.

Scottish Ambulance Service

Taking Care to the Patient

Winter Planning

2018/19

Version 0.3

September 2018

Contents

Introduction....3
The Scottish Government Plan....3
The Scottish Ambulance Service Intent....4
The Scottish Ambulance Service Detailed Plan....6
Tasks....6
Coordination....8
Annex A....9
Annex B....10
Annex C....17

Introduction

1. In preparation for Winter 2018/19 and in accordance with the direction given by the Scottish Government,[1] the Scottish Ambulance Service has developed its Winter Plan. The Winter Plan is seated on the Scottish Government's drive to provide safe and effective care for people using services and to ensure effective levels of capacity and funding are in place to meet expected activity levels. The heart of the Service's plan is in supporting the wider government's plan of integration, improving delayed discharge, and focussing on the 6 Essential Actions[2] which underpin the planning guidance. Closely associated with this winter plan is the Scottish Ambulance Service Resource Escalatory Action Plan (REAP). The REAP details how the Service escalates and focuses resource during prolonged periods of reduced capacity or increased demand. The REAP can be activated for numerous reasons, with unexpected high demand or reduced capacity during winter being just one of them.

The Scottish Government Plan

2. **General**. Health and Social Care Partnerships play a crucial role in helping to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. Sustainably achieving safe and effective patient flow is critical to maintaining performance as a standard operating model across the winter period. Utilising the improved communication and leadership of the Capacity and Patient Flow Programme, including Safety Huddles, should focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge. A review of support services such as portering, cleaning, pharmacy and transport should be undertaken to ensure capacity is aligned to demand, not just within hours, but also across 7 days and out of hour's periods. In addition, based on the Chief Medical Officer's advice that all staff, particularly front line staff, are vaccinated against seasonal flu, there is an aim to vaccinate 75% of front line staff.

3. **The 6 Essential Actions**. The Scottish Government's continuing focus on integration, improving delayed discharge and the 6 Essential Actions to improving unscheduled care performance underpin the planning for winter 2018/19. The 6 Essential Actions are detailed at Annex A but are summarised as:

a. Clinically focused and empowered management.

b. Capacity and patient flow realignment.

c. Patient rather than bed management – operational performance.

d. Medical and surgical process Aligned for optimal care.

e. 7 day services.

f. Ensuring patients are cared for in their own homes.

[1] The Scottish Government Directorate for Health Performance & Delivery – Preparing for Winter 2017/2018 DL (2017) 19 dated 11 Aug 17.
[2] The 6 Essential Actions are detailed in Annex A.

4. **Critical Areas, Outcomes and Indicators**. There are 12 Critical Areas identified by the Scottish Government as being key to effective winter planning and these are the bedrock upon which the Service's Winter Plan is built. These are detailed at Annex B but are summarised as:

a. Business continuity plans tested with partners.

b. Escalation plans tested with partners.

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

d. Strategies for additional surge capacity across Health & Social Care Services

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

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

g. Workforce capacity plans & rotas for winter / festive period agreed by October.

h. Discharges at weekends & bank holidays

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

j. Communication plans

k. Preparing effectively for norovirus.

l. Delivering seasonal flu vaccination to public and staff.

5. **Local Indicators**. The local indicators, which underpin each Critical Area, should be included in relevant local management processes to achieve the outcomes described. Indicators should also align with the unscheduled care 6 Essential Action Improvement Programme.

The Scottish Ambulance Service Intent

6. Although the 6 Essential Actions, and in many cases the Critical Areas, Outcomes, and Indicators, are Territorial Health Board (THB) focussed, the Scottish Ambulance Service rightly has an important role to play in supporting THBs and in meeting certain criteria in its own right. The Service will meet the Scottish Government intent by influencing all Critical Areas through the following:

a. **Providing Hospital Ambulance Liaison Officers (HALOs)**. The intention is to deliver HALOs at selected Hospitals across Scotland. The HALO role will work in partnership with colleagues from THBs to develop processes which will improve patient flow which will in turn support improvement in SAS Scheduled care performance and hospital turnaround times for A&E Departments. The HALO posts will focus on developing relationships between THBs and play a pivotal role in developing the interface between Senior Hospital site managers and SAS.

Improved liaison will allow more effective escalation planning and response, ensure safe and effective admission and discharge, improve discharge process at weekends and bank holidays and minimise the risk of delay to patients on their pathways.

The Service has a continued requirement for HALOs which will be jointly funded through Scottish Government Unscheduled Care allocation and partnership contributions from THBs. Within NHS Lothian Flow Centre, SAS will provide clinical support which will allow the triage of GP admissions onto appropriate transport options based on the patient's clinical need.

b. **Maximising use of the Urgent Desk within the Ambulance Control Centre (ACC)**. The Urgent Desk is a routine function of the Ambulance Control Centre and operates 7 days a week. This means that patients with low acuity, where it is safe and appropriate to do so, are conveyed by non emergency resources utilising a dedicated tier of staff. This ensures that higher tier ambulances are kept available. In addition the urgent desk closely monitors day to day levels of urgent activity to ensure that the urgent tier and low acuity workload is maximised.

c. **More focussed use of Patient Transport Service (PTS)**. Close liaison with local Health Boards includes planning for discharge activity and increasing patient service resources to support planned and on the day discharges. SAS regions liaise with local boards on areas such as reduction of outpatient activity to support the increased discharge rates seen in winter and in the lead up to holiday weekends.

d. **Analysing Real Time data to permit early intervention**. A Real Time Analyst from the Service will monitor NHS System Watch to provide live information on bed capacity. This will prompt a discussion with the appropriate HALO to identify any actions required in relation to early escalation. The Scottish Government Unscheduled Care allocation will fund analyst support.

e. **Maximising use of volunteers**. During periods of predicted high demand, the use of Community First Responders and other volunteers will be maximised. These volunteers are not relied upon for essential cover.

f. **Predicted periods of high demand will be appropriately resourced**. Periods of high demand will be adequately resourced at all levels including managerial to ensure that decisions can be made at the appropriate level in a timely manner.

g. **Seasonal Flu Vaccination programme for staff**. The Service will encourage all its staff to become vaccinated against seasonal Flu. The programme of vaccinations for winter 18/19 will begin late Oct 18.

h. **Adequate fleet provision**. Deploy adequate 4x4 fleet capability including the use of specialist assets such as Specialist Operational Response Team assets, Operational Manager assets etc

i. **Review and use of REAP as appropriate**. If demand exceeds predicted levels, the Service will use its REAP to focus resource on critical activity.

The Scottish Ambulance Service Detailed Plan

7. The Service will address the 12 Critical Areas through the use of the focussed interventions outlined above. The detail of how each Critical Area is met through the interventions is given at Annex B. In order to achieve this, Service Regions will liaise with their local THB to maximise the utility of HALOs and PTS for the winter period. Detailed locals plans will be formulated by regions and departments by 31 Oct 18. However depending on weather, elements of their plans may be implemented before that date and indeed some plans may evolve as time progresses.

Tasks

8. **Regional Directors**. Regional Directors are asked to:

   a. Allocate regional HALOs in the most appropriate way ensuring that their use is maximised through attendance at morning huddles and working at weekends where appropriate. HALOs will be jointly funded through unscheduled care funding allocation and partnership contributions from THBs.

   b. Liaise with their local THBs and hospitals to agree on PTS provision to support winter pressures, specifically for weekend, bank holiday, and morning discharges. Funding should be provided by THBs and must be agreed as part of these discussions.

   c. Have regular dialogue with NHS Managers at multiple levels and involvement at national and local project or working groups about capacity planning, including out of hour's provision.

   d. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in local winter plans. This includes events such as Hogmanay.

   e. Focus on providing additional resource to meet expected increased demand over the festive period.

   f. Liaise with Voluntary Aid Services such as the British Red Cross to identify additional resources at peak times.

   g. Liaise with Local authorities and other emergency services to ensure joint working is in place. For example local authority roads teams, Transport Scotland etc.

   h. Encourage their staff to take advantage of the seasonal Flu vaccine.

9. **Associate Director of NRRD**. The Associate Director of NRRD is asked to:

   a. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in local winter plans. This includes events such as Hogmanay.

   b. Focus on providing additional resource to meet expected increased demand over the festive period.

c. Collate and monitor 4x4 usage across the country to advise the Strategic Commander should assets need re-assigning between regions.

d. Liaise with Voluntary Aid Services such as the British Red Cross to identify additional resources at peak times.

e. Liaise with Local authorities and other emergency services to ensure joint working is in place. For example local authority roads teams, Transport Scotland etc.

f. Encourage their staff to take advantage of the seasonal Flu vaccine.

10. **GM of Air Ambulance & SCOTSTAR.** The GM of Air Ambulance & SCOTSTAR is asked to:

a. Have regular dialogue with NHS Managers at multiple levels and involvement at national and local project or working groups about capacity planning, including out of hour's provision.

b. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in local winter plans.

c. Work with air ambulance supplier, airport authorities and SAR to ensure appropriate business continuity plans are in place such as de icing, airport/helicopter landing sites are available etc.

d. Encourage their staff to take advantage of the seasonal Flu vaccine.

11. **General Manager of ACC**. The General Manager of ACC is asked to:

a. Continue the ongoing use of the Urgent Desk ensuring that the patient is directed along the most appropriate clinical pathway and that, for low acuity patients, most appropriate conveyance resource is dispatched.

b. Increase staffing levels at times of historical or anticipated peak demand. Staffing levels will be identified in the ACC local winter plan. This includes working with NHS 24 and Police Scotland contact/control centres.

c. During periods of high demand, maximum use is made of Community First Responders (with support from NRRD to set up the system).

d. Encourage their staff to take advantage of the seasonal Flu vaccine.

12. **Director of Finance**. The Director of Finance is asked to:

a. Implement a process and provide Service wide direction for the capture of all activity conducted under the Winter Plan, so that it can be properly costed and financial reports can be provided to the Scottish Government as required.

b. Support Operations through the adequate provision of ICT, fleet and procurement i.e. equipment and consumables over the winter period.

13. **Head of Corporate Affairs and Engagement.** The Head of Corporate Affairs and Engagement is asked to:

a. Coordinate the communication of Winter Planning advice both internally and externally by utilising the Scottish Governments 'Get Ready for winter' Campaign.

b. Coordinate the communication of Winter Planning advice both internally and externally by utilising social media and work with NHS24 to ensure consistent messaging.

c. Encourage their staff to take advantage of the seasonal Flu vaccine.

14. **Head of Health and Safety.** The Head of Health and Safety is asked to:

a. Review the promotion, messaging and coordinate of the Service's Seasonal Flu Vaccination programme for staff in line with NHS Flu campaign.

Coordination

15. **Timings**.

a. **31st Aug 18** Detailed local winter plans to be completed by Regions, ACC, NRRD, ScotStar, Air Ambulance, Fleet, Clinical, ICT, Procurement and Education and Professional Development

b. **26th Sept 18.** Winter Plans to be approved by the Service Board.

c. **30th Sept 18**. The first draft of the Scottish Ambulance Service Winter Plan 2018/2019 is submitted to the Scottish Government.

d. **1st Oct 18**. Intention that HALOS are to be in place and working weekends as appropriate.

e. **31st Oct 18**. The final version of the Scottish Ambulance Service Winter Plan 2018/2019 is submitted to the Scottish Government and placed online.

16. **Command and Control**. Routine activity through winter will be managed through normal command and control arrangements. Should unplanned increased demand or reduced resource require REAP to be initiated, the National Command and Coordination Centre (NCCC) will be activated to ensure that the Service's activity is coordinated from the strategic level.

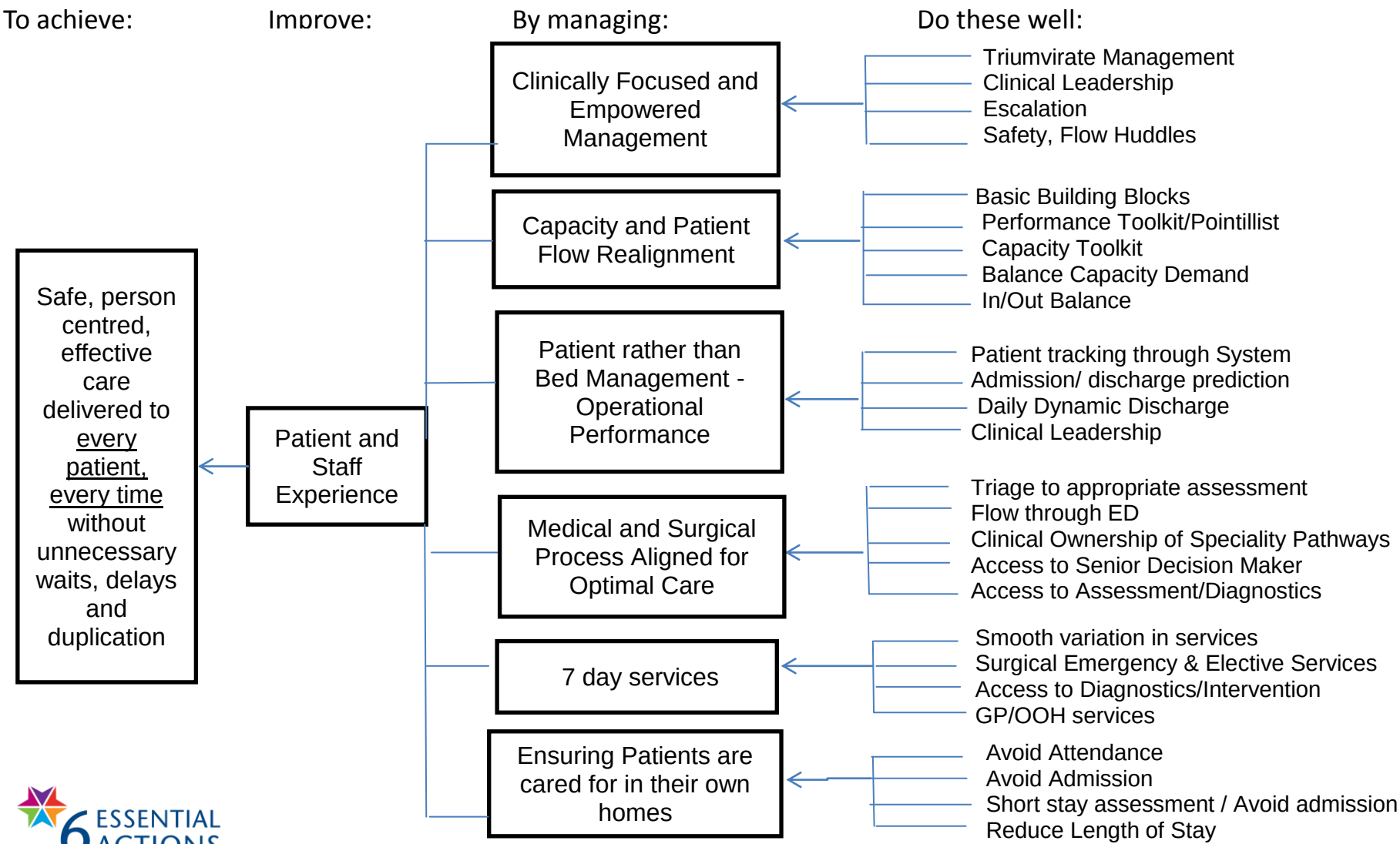
17. **Review and Lessons Learned**. The lessons learned from winter 2017/18 were used to inform this year's planning process. Post winter 2018/19 a structured debrief session will be held to capture what went well and what could be improved throughout the Service. The lessons learnt from this structured debrief will be used by Regions and Departments when reviewing future winter plans.

Annexes:

A. 6 Essential Actions to Improving Unscheduled Care Performance.
B. 12 Critical Areas for Winter Planning. Including how they will be met by Scottish Ambulance Service Interventions.
C. HALO Posts and Winter Funding 2018/19 (including Appendix One – HALO Evaluation Report).

Annex A to
Winter Plan 18/19
Dated Sept 18

6 Essential Actions to Improving Unscheduled Care Performance



Annex B to
Winter Plan 18/19
Dated Sept 18

12 Critical Areas for Winter Planning. Including how they will be met by Scottish Ambulance Service Interventions.

1. Business continuity plans tested with partners. *(Appendix 1 - Checklist 1 refers)*
Outcome: • Local health and social care systems have fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.
Local indicator(s): • Progress against any actions from the testing of business continuity plans.
The Service use the Resource Escalatory Action Plan (REAP) throughout the year to manage and plan for demand surge. The REAP is a tried and tested plan and will be subject to its periodic review this year.

2. Escalation plans tested with partners. *(Appendix 1 - Checklist 2:1 refers)*
Outcome: • Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.
Local indicator(s): • attendance profile by day of week and time of day managed against available capacity • locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours • All indicators should be locally agreed and monitored.
To provide a Hospital Ambulance Liaison Officer (HALO) model that is supportive of improving patient flows and discharges. Tasks would include: • Assist with improving hospital turnaround times • Act as a point of contact for bed site management and capacity • Provide ambulance input into the hospital daily huddle • Inform the requirement for additional resources to manage turnaround times and discharge issues Glasgow and Lanarkshire sub regions will have a Performance Manager operating on a daily basis to support improvement of turnaround times and staff wellbeing. Continued work with NHS24 to improve the provision and access to alternative care pathways and bespoke clinical advice as well as joint working in the management of frequent and return callers.

3. Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.
(Appendix 1 - Checklist 2:2 and 2:4 refers)

Outcomes:

- Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.
- The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.
- Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.

Local indicator(s):

- daily and cumulative balance of admissions / discharges over the festive period
- levels of boarding medical patients in surgical wards
- delayed discharge
- community hospital bed occupancy
- Number of Social Work assessments including variances from planned levels.

Clinicians based within the ACCs will utilise the Manchester Triage System clinical risk management tool, which will safely allow them to manage patient flow when the clinical need exceeds capacity by contacting patients who initially present as low acuity to ensure that the most appropriate resource is provided. This system will offer a number of options, including, an emergency response, alternative transport, alternative care pathways and self-care advice.

The Urgent Desk provides additional capacity within the ACCs to inform patients of extensions to waiting times. If the patient's condition has deteriorated the call will be upgraded as appropriate, therefore ensuring patient cantered care.

The Low Acuity Model enables patients to receive a more clinically appropriate conveying resource within an agreed response time. Utilisation of Low Acuity resources will protect A&E resources to be deployed to emergency calls. This provision will be detailed within the Regional Plans.

4. Strategies for additional surge capacity across Health & Social Care Services
(Appendix 1 - Checklist 2:2 refers)

Outcome:

- The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised.
- Staffing plans for additional surge capacity across health and social care services is agreed in October.
- Planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.

Local indicator(s):

- planned additional capacity and planned dates of introduction
- planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;
- planned number of additional intermediate beds in the community and the planned date of introduction of these beds;
- Levels of boarding.
- planned number of extra care packages
- planned number of extra home night sitting services
- OOH capacity
- planned number of extra next day GP and hospital appointments

In order to provide a more clinically focused service to our requests from Health Care Professionals (HCPs) Urgent Desks are established within the ACCs. The Urgent Desk, staffed by clinicians, dispatchers and call handlers ensure that patients receive the most appropriate ambulance response based upon their clinically assessed needs.

The service will ensure that SCOTSTAR services are fully integrated into the winter arrangements to ensure their skills can be deployed to support pressures.

The Service regularly reviews its resourcing requirements and forecasts the required provision to meet demand. These predicted levels will be detailed in the local plans.

5. **Whole system activity plans for winter: post-festive surge / respiratory pathway.** *(Appendix 1 - Checklists 2:2 and 6 refers)*

Outcome:

- The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.
- Monthly Unscheduled Care meetings of hospital triumvirate, including IJB Partnerships and SAS (clinical and non-clinical) colleagues

Local indicator(s):

- daily number of cancelled elective procedures;
- daily number of elective and emergency admissions and discharges;
- Number of respiratory admissions and variation from plan.

HALOs will act as a point of contact for bed site management and capacity.

The Real Time Analyst will analyse data to identify demand surge.

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance *(Appendix 1 - Checklist 2:2 refers)*

Outcome:

- NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.

Local indicator(s) :

- Agreed and resourced analytical plans for winter analysis.
- Use of System Watch

Allocate a Real Time Analyst to analyse data and engage with HALOs to facilitate early interventions and resource escalation.

Business as usual reinforcement of strategic decision making through the 24/7 Strategic Operations Manager brings strength during implementation of winter measures.

Enhancements to the On Call structure within ACC and Clinical Directorate to provide support and enable direct enhanced management of clinical risk.

7. Workforce capacity plans & rotas for winter / festive period agreed by October. *(Appendix 1 - Checklist 2:3 refers)*

Outcomes:

- Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective health and social care. This should encompass all relevant health and social care services.
- Maintain discharges at normal levels over the two 4 day festive holiday periods
- Right level of senior clinical decision makers available over the two 4 day festive holiday periods.

Local indicator(s):

- workforce capacity plans & rotas for winter / festive period agreed by October;
- effective local escalation of any deviation from plan and actions to address these;
- Extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements.
- number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges

Work force planning ensures that shifts are covered. Any shift that is not covered is offered on overtime.

On call support is provided at all levels both nationally and geographically.

Part time staff will be drafted in for additional hours during peak times. As these staff are fully trained there will be no additional training required.

Identifying the availability of additional managers over key dates across the festive period to ensure access to local senior decision making is readily available in addition to the national on call structure.

8. Discharges at weekends & bank holidays
(Appendix 1 - Checklists 2:3 and 2:4 refers)

Outcome:

- Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow.
- Robust planning and decision making midweek to support discharges for patients over a public holiday weekend for example Immediate Discharge Letters (IDLs), Pharmacy Scripts, Transport and Equipment to minimise delays

Local indicator(s):

- % of discharges that are criteria led on weekend and bank holidays;
- Daily number of elective and emergency admissions and discharges.
- discharge lounge utilisation

Early dialogue between the HALO and Bed Site Manager to facilitate resources are available at the time required to meet the demand for earlier discharge and transfer to community care.

The SAS will prioritise and roster additional resources to support early morning discharges.

The bid for additional funds is primarily to ensure resources are available across 7 days to support discharges earlier in the day and also across greater hours.

The utilisation of PTS resources to underpin unscheduled low acuity work will enable the appropriate skilled resources to be sent to higher acuity patients at the appropriate time.

Mapping the availability of volunteers namely Community First Responder schemes to ensure maximum availability at predicted peak demand times. Volunteers are advised of predicted peak times and try to provide cover where possible. All Community First Responders book on with ACC which provides a national oversight of Community First Responder Availability.

9. The risk of patients being delayed on their pathway is minimised.
(Appendix 1 - Checklist 2:4 refers)

Outcome:

- Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge.
- Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer
- Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.

Local indicator(s):

- distributions of attendances / admissions;
- distribution of time to assessment;
- distribution of time between decision to transfer/discharge and actual time;
- % of discharges before noon;
- % of discharges through discharge lounge;
- % of discharges that are criteria led;
- levels of boarding medical patients in surgical wards.

The HALO will provide information identifying discharge peaks which will allow regions to profile the additional winter resources subject to funding at the appropriate time. This will ensure there are reduced delays due to transport need therefore assisting with patient flow.

Specialist Paramedics will be deployed to work as part of a whole system approach to improve Hear & Treat / See & Treat patient outcomes and reduce inappropriate admission to hospital.

The identification of additional alternative care pathways will also reduce the number of treat and transfer patients where it is safe and appropriate to do so. These Pathways are developed working in collaboration at a local level with Health and Social Care partners and the third sector colleagues. Once pathways have been developed, they are promoted widely amongst operational staff.

Collaborative working with GPs through the Urgent Tier desk clinician will improve local professional to professional networks and smooth out peaks in demand for urgent admissions, reducing diverts to the emergency departments.

We will continue to work with THBs to reduce ambulance turnaround times at hospital to enable resource availability to meet patient demand at the appropriate time.

10. Communication plans
(Appendix 1 - Checklist 2:7 refers)

Outcome:

- The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.
- Effective local and national winter campaigns to support patients over the winter period are in place.
- Staff are engaged and have increased awareness of the importance of working to discharge patients over the two 4 day festive holiday periods

Local indicator(s) :

- daily record of communications activity;
- early and wide promotion of winter plan

Corporate Affairs and Engagement Team will manage the Service Winter communication plan. Social media will be used to communicate both internally and externally.

The Scottish Government 'get Ready for Winter' campaign will be shared with staff internally.

11. Preparing effectively for norovirus.

(Appendix 1 - Checklist 4 refers)

Outcome:

- The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).

Local indicator(s):

- number of wards closed to norovirus;
- application of HPS norovirus guidance.

Staff are asked to ensure that as per Service policy, infection control procedures are followed.

The HALO will assist hospitals with transfer and discharge arrangements and will also provide up to date information regarding ward closures as a result of norovirus.

12. Delivering seasonal flu vaccination to public and staff.
(Appendix 1 - Checklist 5 refers)

Outcome:

- CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.

Local indicator(s):

- % uptake for those aged 65+ and 'at risk' groups;
- % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

Seasonal Flu Vaccination programme will be coordinated by the Health and Safety Department. We will review the promotion of the Flu Campaign in relation to communication and availability of clinics.

Regional and departmental managers are asked to promote uptake of the vaccination programme.

Annex C to
Winter Plan 18/19
Dated Sept 18

Scottish Ambulance Service
HALO Posts and Winter Funding 2018/19
September 2018

1. Introduction

The Scottish Ambulance Service has deployed HALO (Hospital Ambulance Liaison Officer) posts in acute hospital across Scotland to support the delivery of the 6 essential actions for unscheduled care. The HALO's work as an integrated part of acute hospital teams to effectively manage demand and capacity including supporting the reduction of delays. This includes working with Boards to ensure patients are admitted and discharged from hospital as quickly and as safely as possible seven days a week minimising delays and grouping of patient arrivals and managing hospital turnaround times.

The Scottish Ambulance Service received £300k of non-recurring funding from Scottish Government's 6EA Unscheduled Care National Programme Team for 2018/19. From the discussions that have taken place to date with Helen Maitland, National Unscheduled Care Director, the Service has outlined that the focus will remain on the HALO posts and the information analyst post with a view to seeking recurring partnership funding from IJBs and Health Boards from 1st April 2019.

The Scottish Ambulance Service also received £300k of non-recurring funding to support its winter plans across Scotland during 2018/19 set against £9.4m of national winter funding allocation. At the National 6EA Workshop on 13th September, Ambulance Transport was highlighted as an area for focus in the Hospital and Health Board Improvement Plans working along with the Scottish Ambulance Service. The Scottish Ambulance Service is committed to working with Hospitals, IJBs and Health Boards around how this can be delivered within the joint funding allocations that are available to enhance early in the day, evening and weekend discharge capacity. Increased discharge capacity complements the work of the HALOs. Whilst this investment is welcomed further financial support will be required from Hospitals, IJBs and Health Boards to support increased discharge capacity during the winter period. .

2. Funded HALO Posts and Locations

During 2018/19 the following posts were part funded from the Scottish Government's 6EA Unscheduled Care National Programme funding allocation

- West Region : Six HALOs. One HALO located between the Queen Elizabeth Hospital and Glasgow Royal Infirmary, One HALO located between RAH and Inverclyde Hospitals, Two HALOs shared between Monklands, Hairmyres and Wishaw Hospitals, One HALO shared between Crosshouse and Ayr Hospitals and one HALO post in Dumfries.

- East Region : Two HALOs. One HALO based at Forth Valley Hospital and One HALO based in Lothian Flow Centre
- North Region : One HALO based at Dr Gray's Hospital

3. HALO Evaluation Report

A HALO Evaluation Report has been completed and is set out in Appendix One. The HALOs work as an integrated part of acute hospital *teams to effectively manage demand and capacity* including supporting the reduction of delays (Better Health, Better Care and Better Value). This includes:

- Working with hospital teams to ensure patients are admitted and discharged from hospital as quickly and as safely as possible seven days a week, minimising delays and grouping of patient arrivals and managing hospital turnaround times.
- The HALOs *maximise flow* by informing and involving hospital teams of both A&E and PTS activity which allows proactive planning at periods of high demand.
- They work as part of the hospital team to help *free up bed capacity in downstream areas* and reduce turnaround times in Emergency Departments.
- The HALOs e*nhance patient discharges* by ensuring where possible that discharges are booked in advance, and with an appropriate resource.
- The HALOs can *reduce hospital bed days* by dealing with transport requests in an efficient manner and liaising with hospital staff about capacity issues.

The evaluation report identifies a number of whole system benefits from the HALO roles *maximising patient flow*, *freeing up bed capacity in downstream areas*, reducing turnaround times in Emergency Departments, e*nhancing patient discharges and reducing hospital bed days.*

Appendix One

HALO Evaluation Report

Hospital Ambulance Liaison Officer (HALO) Evaluation Report

1. Introduction

The main aim of this paper is to set out how the role of the Hospital Ambulance Liaison Officer (HALO) is contributing towards improving unscheduled care across Scotland as part of the National 6EA Unscheduled Care Improvement Programme. Across Scotland there are the following HALO Roles

- West Region : Six HALOs. One HALO located between the Queen Elizabeth Hospital and Glasgow Royal Infirmary, One HALO located between RAH and Inverclyde Hospitals, Two HALOs shared between Monklands, Hairmyres and Wishaw Hospitals, One HALO shared between Crosshouse and Ayr Hospitals and one HALO post in Dumfries.
- East Region : Two HALOs. One HALO based at Forth Valley Hospital and One HALO based in Lothian Flow Centre
- North Region : One HALO based at Dr Gray's Hospital

2. What is the role of the HALOs?

The HALOs work as an integrated part of acute hospital *teams to effectively manage demand and capacity* including supporting the reduction of delays (Better Health, Better Care and better Value). This includes:

- Working with hospital teams to ensure patients are admitted and discharged from hospital as quickly and as safely as possible six days a week, minimising delays and grouping of patient arrivals and managing hospital turnaround times.
- The HALOs *maximise flow* by informing and involving hospital teams of both A&E and PTS activity which allows proactive planning at periods of high demand.
- They work as part of the hospital team to help *free up bed capacity in downstream areas* and reduce turnaround times in Emergency Departments.
- The HALOs e*nhance patient discharges* by ensuring where possible that discharges are booked in advance, and with an appropriate resource.
- The HALOs can *reduce hospital bed days* by dealing with transport requests in an efficient manner and liaising with hospital staff about capacity issues.

The HALOs have taken a proactive role in giving advice and support to hospital teams around how the Scottish Ambulance Service can assist with patient flow, patient discharge

and freeing up bed capacity and act as a daily interface with the ambulance control centres. This proved to be vital during the winter period.

3. What are the benefits to the hospital and surrounding region in having a HALO in place?

    - HALOs involved *in daily huddles, planning* and joint escalation policies to ensure risks, measures and planning are fully aligned.
    - They work closely with hospitals to support *reduced lengths of stay and timely discharges.*
    - Work to ensure a joint approach to *reducing unnecessary hospital admissions.*
    - Work to support *40% pre-noon discharges by 12 noon*, and work towards *95% four hour emergency access* target.
    - HALOs have direct access to both Ambulance and Hospital systems which ensures better communications. This has *strengthened relationships with hospitals, adult protection, multi-disciplinary teams and community disability teams*
    - Work to *reduce the abort and cancellations for the SAS PTS*. Work with hospital staff to increase knowledge of PTS policy to reduce unnecessary aborts.
    - HALOs help with *ensuring patients are transferred using the correct ambulance resource.*
    - HALOs in the north have helped with patient flow by *introducing a new flow chart for Patient Transport requests* in agreement with the local Health Board. Previously although there was a 'traffic light' system, most hospital staff opted for an A&E transfer. Some education on the roles and skills of the different Service positions – Paramedic, Technicians and Ambulance Care Assistants – have cleared up a lot of confusion and changed the process for booking, *taking pressure off the A&E service*.
    - HALOs in the West have created a Mobility Categories Reference guide to help make the transport booking process more effective - preventing resources from being used inappropriately and reducing the number of bookings cancelled due to the wrong resource being allocated. They have also introduced discharge and palliative patient guides to help educate hospital staff on safe and effective discharges. Associated feedback forms also established to maintain and strengthen the relationship between hospital and Ambulance Service staff.
    - HALOs in Glasgow have contributed to the "Red Bag Relay" project in South Glasgow which aims to maintain a consistent bag of personal belongings and medical notes to travel with the patient throughout their care journey, providing a better experience for the patient. The reduction in time spent contacting care homes and care providers has provided a more efficient patient journey and reduces the length of stay in hospital.

4. How do HALO benefits relate to the 6 essential actions?

    - Essential Action 1 - Clinically Focussed and Empowered Hospital Management - HALOs working with hospital staff to update joint procedures and guidance contributing to how patient flow is managed.

- Essential Action 2 – Hospital Capacity and Patient Flow (Emergency and Elective) Realignment - HALOs work to improve patient flow by dealing with issues further upstream to reduce capacity and flow issues at emergency departments.

- Essential Action 3 – Patient Rather Than Bed Management – Operational Performance Management of Patient Flow. HALOs carry out home and discharge assessments to ensure each patient receives the care that is best for them during their discharge and return to home environment.

- Essential Action 4 – Medical and Surgical Processes Arranged to Improve Patient Flow through the Unscheduled Care Pathway. HALOs involved in improving patient care pathways to ensure that patients get the most appropriate treatment and aim to reduce unnecessary returns.

- Essential Action 5 – Seven Day Services Appropriately Targeted to Reduce Variation in Weekend and Out of Hours Working - HALOs work across the weekend to ensure consistency and provide equal care to all patients

- Essential Action 6 – Ensuring Patients are Optimally Cared for in their Own Homes or Homely Setting - HALOs work to assess patients and homes to find the best outcome for each patient, they work to clinically assess patients at times of increased demand or reduced resource capacity to ensure the right patient gets the right treatment with the right priority

5. How have the benefits of the HALO role been realised?

- Decreased proportion of cancelled PTS journeys.
    - In Hairmyres hospital Lanarkshire there has been a reduction of around 10% in journeys booked then cancelled since the introduction of HALOs. The number of aborted journeys - those started but not completed - has also reduced, in the Queen Elizabeth hospital in Glasgow by around 3%.
- Decreased demand levels thanks to HALOs identifying the correct needs for transportation and improving pathways to other providers.
    - At hospital sites where HALOs have been introduced, the Patient Transport Service has seen around a 15% reduction in journey requests.
- Decrease in ‘same day’ discharge transfer requests thanks to HALOs working with hospital staff to sort out issues preventing pre-booking requests.
    - Comparing periods before and after the introduction of HALOs there has been around a 10% reduction in discharge journey requests for the same day in Forth Valley hospital while journeys booked in advance have increased by around 4%.
- The Lomond Patients Group, a local group representing patients in the West, is pleased with progress made by the HALOs since their introduction, and strongly supports the retention of the role.
- The introduction of the HALOs has a positive effect having someone that has a wide knowledge of whole system processes and is able to speak freely and knowledgably with patients, carers, hospital staff, Ambulance control, Ambulance crews and Ambulance management.
- They are able to deal with issues at the point of care.

6. How can the HALOs support winter demand pressures?

During the winter of 2017, the Ambulance Service saw an 8% increase in emergency demand and a 29% increase in Immediately Life Threatening (ILT) calls. During this period of exceptional demand HALOs worked with hospital teams to enhance patient flow and address hospital turnaround issues. Being on a hospital site means HALOs have pre alerts to pinch points and hospital diverts being put in place, and can inform the Ambulance Control Centre to look at ways of supporting this.

At the National 6EA Workshop on 13th September, Ambulance Transport was highlighted as an area for focus in the Hospital and Health Board Improvement Plans working along with the Scottish Ambulance Service. There is a need to increase discharge capacity not just during the winter period but all year round. The Scottish Ambulance Service is committed to working with Hospitals, IJBs and Health Boards around how this can be delivered within the joint funding allocations that are available to enhance early in the day, evening and weekend discharge capacity. Increased discharge capacity complements the work of the HALOs. The Scottish Ambulance Service has received £300k of non-recurring funding to support its winter plans across Scotland during 2018/19 set against £9.4m of national winter funding allocation. Whilst this investment is welcomed further financial support will be required from Hospitals, IJBs and Health Boards to support increased discharge capacity.

7. Have the HALOs provided a positive return on investment?

- HALOs have had a direct benefit in terms of best value by helping to reduce bed days for patients within a hospital setting. By increasing the efficiency of patient flow, they are able to free up bed space, and reduce the number of bed days. The HALOs have become involved in organising complex discharges, increasing the efficiency of these to help reduce the number of bed days wasted on patients who are ready for discharge.
- Evidence shows HALOs involvement with a difficult discharge saves on average 2 bed days. For example if they can have this intervention with 130 patients there could be a saving of £78,000 based on figures of £300 per patient bed day prevented.
- In addition to supporting complex discharges, if a HALO contributes towards saving a minimum of 3 bed days per week at a cost per bed day of £300, this equates to a minimum saving of £46,800 per annum. This would not only cover the salary cost of the HALO (Afc Band 6) it would also deliver savings as well as delivering greater efficiency and enhanced patient flow.
- In Lanarkshire the HALOs helped to support the reduction in use of private transport providers. The HALOs did this by working with hospital teams to make more efficient use of ambulance resources to reduce the use of costly private ambulances or taxis. Evidence from one site in Lanarkshire showed weekly spend on private ambulance provision to be around £1900. During a period of HALO involvement in organising discharges there was no private ambulance provision required for a period of 20 weeks, providing cost savings of £38k.

8. HALO Case Studies

1. A patient who has had a number of previous extended hospital admissions due to complex long term health and social care needs required to be admitted to hospital again. The HALO worked closely with the hospital at home team to coordinate the patient admission which in itself was very complex and worked with the hospital discharge planning team to manage a complex discharge. The HALO was able to work closely with different teams to ensure the patient was admitted on time and the patient's stay in hospital was well managed with a successful discharge home resulting in a good patient experience and reduced hospital bed days. There was a clear focus on pre planning and managing this complex discharge with different health and social care teams with the estimated date of discharge (EDD) successfully achieved which had not been the case with previous hospital discharges. The HALO discussed the case with the Discharge Planning Hub Charge Nurse and agreed to carry out:

    i. Home assessment to evaluate safe access routes to carry out the discharge of the patient
    ii. Discussion with relatives about the patient coming home and their feelings/ideas about it
    iii. Ward visits to see both patient and ward staff to discuss the discharge arrangements
    iv. Discussion with Hospital and Community staff and SAS Manual Handling Advisors about what special equipment would be required and available when needed to safely move the patient
    v. Liaison with Ambulance Control Centre and relevant Ambulance Service management to discuss specialised vehicles and a potential suitable date

    The HALO role ensures a single point of contact with standard assessment and follow-up for complex discharges. HALOs ensure safe experiences for patients and ambulance crews, with good family consultation. In most instances, HALO involvement will lead to saving approx. 2 bed days for the hospital supporting complex discharges.

2. A Patient needing transferred from one hospital to another hospital was requested by the hospital team as an Emergency ambulance transfer. The HALO liaised with the hospital team who agreed that an urgent inter hospital transfer was more appropriate than an emergency ambulance transfer. The hospital team were initially unclear on the definitions of an urgent and emergency ambulance transfer and through discussions with the HALO were happy that the patient could be safely transferred within one hour as it was not an emergency situation. This allowed the ambulance control centre to pre plan this ambulance transfer and keep local ambulance crews available for local emergencies.

3. A Hospital Ward requested a patient discharge home by ambulance transport. The HALO was able to liaise with the Ward and identify that as there was no clinical or mobility need for the patient to use an ambulance and the patient could be safely transferred home using suitable alternative transport keeping the ambulance

resource free for patients who had a clinical need. The HALO organised suitable alternative transport and the patient was safely discharged home.

4. HALOs work closely with hospital teams and the ambulance control centre to make suitable admission and discharge arrangements for patients enhancing patient flow and achieving estimated dates of discharge (EDD).

5. A complex Dementia patient requiring an ongoing package of care, some equipment at home, a hospital bed and transport to be arranged prior to discharge was brought to the attention of the HALO. The HALO attended the ward to discuss the needs of the patient and explore transport options. There was also the requirement for a home assessment to be carried out prior to discharge and there was regular communication between family, hospital and Ambulance Service to ensure dates and timings were agreed and any changes communicated. An assessment of the home environment was carried out and the suitability of the home layout surveyed for utilisation of a stretcher. The HALOs early notice of the discharge allowed for Ambulance crews to carry out a test run at the address to ensure safe entry to house. The patient had his transport booked following this assessment by the HALO once the necessary equipment had been delivered. The HALO being involved in the discharge planning process ensured a seamless transfer to the home environment and made the patient and relatives feel at ease during the discharge process.

6. Request for a transfer of a patient from one hospital after an acute admission to another hospital for rehabilitation by A&E ambulance. In discussion with the hospital ward the HALO identified that the patient could safely be transferred by a patient transport ambulance and ambulance care assistants. This made sure the patient got the right response at the right time and kept an A&E ambulance available for urgent and emergency calls.

7. During the extreme winter weather, Hairmyres hospital in Lanarkshire reached full bed capacity with patients taking up all available bed space. As part of its contingencies, NHS Lanarkshire made a decision to utilise beds in the community, by allocating available district nurses to care homes, allowing patients to be safely transported there. The HALOs were approached to liaise with Hospital, Nursing, Care Home and ambulance control staff to successfully facilitate this.