Borders NHS Board

WINTER PLAN 2013/14

Aim

This paper summarises the work to-date on producing a Winter Plan for 2013/14.

Background

NHS Boards are required to have winter plans which outline potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period. Plans should include links to partner organisations such as local authority, ambulance service and the voluntary sector and should cover areas such as staffing over the festive period and the potential for severe weather and outbreaks of infectious disease. Plans should also ensure that recognised systems for predicting levels of demand are utilised to direct available resources.

The NHS Borders Winter Plan is an overarching plan which signposts other relevant protocols which may be required over the winter period, for example the severe weather policy, pandemic influenza plans, infection control plans etc.

2013/14 Winter Plan

The 2014/14 plan has looked to build on the good work of the previous years by at least maintaining previous levels of service cover over the festive period. It is intended to repeat the daily patient flow meetings in the Christmas and New Year weeks, these meetings will involve senior representation from BGH, P&CS, Physiotherapy, Occupational Therapy and Social Work and are designed to facilitate the removal of any blockages and ensure that patient flow is maintained at all time.

The Winter Planning Group after each winter period look at what worked well and what didn't and develop a number of recommendations to be progressed in preparation for the next winter season.

Summary

In summary the plan is a working document that will be refined as required both prior to and after submission to the Scottish Government.

Recommendation

The Board is asked to **approve** the draft NHS Borders Winter Plan 2013/14.

Policy/Strategy Implications	Request from Scottish Government that all Health Boards produce a Winter Plan

	signed of by their Board.
Consultation	The Winter Plan was drafted by the Winter Planning Group whose membership covers a significant number of the key services. The plan has been circulated to each Clinical Board for information/comment
Consultation with Professional Committees	The plan was approved by the Chief Operating Officer.
Risk Assessment	The plan is designed to mitigate the risks associated with the winter and festive periods
Compliance with Board Policy requirements on Equality and Diversity	RIA to be completed
Resource/Staffing Implications	Resource and staffing implications are addressed within the plan

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer		

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Winter Plan 2013/14

Status: Working Document

Author: Tim Cameron
Reviewer:
Approved:

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1. Introduction

This Winter Plan has been prepared for NHS Borders in conjunction with partner agencies including the Local Authority (particularly Social Work Services), the Scottish Ambulance Service (SAS), NHS 24 and the voluntary sector. This plan covers the full winter period from November 2013 into February 2014 and specifically includes the Festive Period (23 December to 05 January).

This plan outlines the provision for services during the winter period and has been informed by a local winter planning group who meet monthly and has representation from partner agencies and system wide health professionals. The content is also informed by the Scottish Governments winter planning guidance, which utilises learning from Health Boards across Scotland.

Preparation for the 2013/14 winter period has been supported by a number of self assessment checklists. Progress against the criteria can be seen in Appendix 1.

2. Recommendations from winter 2013/14

2.1 The booking of transport needs to be more effectively managed especially the weekends prior to Christmas and New Year. We had trouble accessing transport specifically on Monday 24 December because we had not proactively booked the previous week.

Effective pre-booking of patient transport is an important element of the patient flow improvement work that has been ongoing in 2013. Patient transport is discussed at ward board rounds on a daily basis. Over the past year we have seen a significant rise in the number of pre-bookings. To support this, the Patient Transport Manager has a daily dial-in with SAS to outline discuss requirements for that day and beyond.

Using discharge data from previous years we are liaising with the voluntary sector in regards to the run up to Christmas and New Year to bolster transport availability.

2.2 Daily Snap Shots – Although these have been in place for a number of years, there is evidence that staff still aren't consulting them and accessing all the services that are available, communication needs to be improved for the next festive period.

The purpose of the snap shots is to clarify what services are available, when they are available and how to access them over the festive period, the benefit is patients aren't unduly delayed during any part of their pathway because assumptions are made that the services won't be available. Communication will be made directly with the Senior Charge Nurses, Hospital Bleep Holders and On-call Managers to ensure that they are fully aware of the snapshots and that they should be referring to them on a daily basis .

2.3 Ensure that full MDTs take place each week over the festive period in all wards, ensuring that they are appropriately attended so as to be of value.

MDTs in the Community Hospitals will be rescheduled to ensure discharge plans and arrangements are up to date and not impacted upon by the public holidays. The P&CS Management team will identify attendees prior to scheduling to ensure these are well attended and of value.

2.4 Ensure the daily PFATs are appropriately attended and re-focussed on patient flow.

The Ward Board Rounds and 11am Senior Charge Nurses meeting will replace the PFATs. See section 7 for further details

2.5 Resolve staffing issues, this is not an action specific to winter planning, however the difficulties over the festive period would have been greatly reduced if staffing had not been such an issue. (Supplementary Staffing Group).

Much work has been done during 2013 to resolve the staffing issues particularly associated in the main with the nursing cohort and we are going into this winter period in a far more robust position. See section 6.1 for further details.

2.6 Investigate how discharges can be level loaded over the festive period, including looking at providing normal levels of AHP and Social Work cover on the 2nd Public Holiday each week and in the days following.

In line with the work started in early 2013 around patient flow, the BGH and Community Hospitals will continue to manage this consistently on a daily basis over the festive period through the board rounds in each ward. Daily attendees will be identified prior to the festive period to ensure they do not lose their consistency or value over this holiday period.

2.7 Improve links with Borders Ability Equipment Store (BAES) availability over the festive period. Specifically the satellite stores are appropriately stocked and accessible.

The Winter Planning Group has been liaising with the BAES Manager and has outlined requirements in terms of the types and levels of stock required over the festive period. Confirmation has been received that the satellite stores will be fully stocked with the items identified on 24 December and 31 December. See section 7.5 for more detail

3. Links to related plans

3.1 NHS Borders Escalation Plan

A whole system escalation plan operates within NHS Borders, covering all of the clinical boards. The plan outlines a process for the continual assessment of in-patient pressures within specific teams and departments within NHS Borders, against a set of identified triggers. This provides a daily overview of the whole system, presented in terms of traffic light status (red, amber or green). To support this, senior managers from within each clinical board, led by a member of the executive team, have demonstrated the value of working collectively to deliver a whole-system response to pressures across three clinical boards (Acute, Mental Health and Primary & Community Services). The infrastructure behind the Escalation Plan will be in place all year round, but it is recognised that many of the pressures which could trigger 'red' responses could come during the winter period (surge in demand for unscheduled admissions, reduction in discharges, infection outbreaks, severe weather, reduction in staff cover etc). A copy of the escalation plan can be found on the intranet or via the festive microsite which will launch in December 2013. See section 3.4 for more detail about the links between the escalation plan and other key 'resilience' planning documents.

A table top exercise was held in May 2013 to test and raise awareness of the Escalation Plan, including social work involvement. As a result of this Borders General Hospital and Primary & Community Services General Managers have are revising the Escalation Plan, including model responses to the issues raised within the exercise.

3.2 NHS Borders Resilience

NHS Borders has a Resilience Manager post, with an overarching remit relating to major emergency and business continuity planning. A Resilience Committee oversees the development, delivery and review of all aspects of NHS Borders local resilience processes. It ensures delivery of key actions and objectives throughout the year. These actions include exercises to test various aspects of NHS Borders resilience. A Borders General Hospital business continuity exercise took place in February 2013 to test the level of integration of the various plans in existence (i.e. business continuity, winter planning, infection control, critical care, major emergency procedures, communicable disease and escalation processes). A whole systems Beds exercise took place in May 2013 which will be followed up in October 2013.

3.3 Business continuity

Each part of NHS Borders has access to relevant business continuity planning documents. Business continuity plans are structured in terms of 'Red' Emergency Response plans (for immediate responses to significant events which could impact on the organisations ability to function, within the first few hours), 'Yellow' Crisis Management plans (appropriate where it has been assessed that the situation requires on-going crisis management), and 'Green' Recovery plans (focused on planning towards a staged recovery within different service areas). Business continuity documents and associated contact lists (e.g. of staff, suppliers, stakeholders, other agency contacts), should be accessible in hard copy both within individual service areas (i.e. BGH, Health Centres, Community Mental Health Teams) and also to on-call management etc. These plans should be utilised to inform effective and planned responses to a wide range of events that could occur. There will be overlap between the use of business continuity plans and other planning documents such as Severe Weather Policy or the Escalation Plan.

A revised Business Continuity microsite has been launched to support managers and staff to understand their responsibilities with particular current reference to winter. This incorporates links to relevant plans.

3.4 Severe weather

In case of severe weather, staff should refer to the recently reviewed Severe Weather policy for managers on the Emergency Planning and Business Continuity microsites and the Adverse Weather policy on the HR microsite and/or departmental business continuity plans (depending on the severity of the weather and its impact). The adverse weather and severe weather policies can be found on the intranet and a link will be included on the festive microsite.

A number of developments have taken place based on learning from the severe weather experienced in the Borders over the last winter periods. These include increasing access to 4x4 vehicles for services that need to access people in the community (BECS / OOHs / DNs etc) and on-going discussions with local 4x4 clubs to seek agreement for support in times of crisis. In addition, recent IT developments mean that staff can log on to any NHS Borders PC to access e-mails; staff are then also able to map across to drives containing shared files. This will significantly increase the potential for staff to work from a nearby health centre if they are unable to make their way to their usual place of work due to severe weather.

The Resilience Manager has strong links with local authority Emergency Planning colleagues and is a member of any local tactical group which is formed to deal with severe weather impact. The RM is also a member of the Lothian & Borders Local Resilience Partnership Tactical Subgroup which teleconferences in such emergency situations.

NHS Borders would set up a Transport Office to support and coordinate essential staff transport to work – there are tested protocols in place. A Transport Coordination Group would also be established at Scottish Borders Council Emergency Planning Bunker to coordinate travel for social care and health staff to patients in areas of the community difficult to access, using 4 x 4 voluntary transport if appropriate.

3.5 Influenza Outbreak

Seasonal Influenza Vaccination Programme 2013/14

The seasonal flu campaign will provide free flu vaccine to those aged 65 and over, under 65s with existing long-term medical conditions such as asthma, diabetes, cystic fibrosis, multiple sclerosis and other heart, lung and liver diseases, pregnant women and unpaid carers of any age. Health and social care staff who deal directly with patients or clients are also recommended to receive the flu vaccine.

In addition, this year for the first time all 2 and 3 year olds are to be offered an annual vaccine along with a quarter of primary school aged children. Over the next few years all children between 2 and 17 will be offered the vaccine. In most cases the flu vaccine for children is given as a quick and painless nasal spray into each nostril.

Healthcare Workers Seasonal Influenza Vaccination Programme 2013/14

NHS Borders is committed improving uptake of vaccination in health care workers in particular, trying to achieve the target uptake of >50% amongst staff working with high risk patients in Acute Medical and Surgical units, ED, ITU/HDU & Haematology units.

The staff vaccination programme publicity commenced in Spetember 2013 with the actual vaccination programme commencing on 1 October 2013. The Occupational Health Service has met with the flu champions to agree how we can encourage and improve uptake. In addition to peer vaccinators and the specific flu clinics that will be held, the Occupational Health Service will go on-site to high risk wards and departments and provide immunise staff in-situ. Consideration was given to sending employees personal appointments however a survey of staff has indicated that this would not be cost effective in improving uptake.

Pandemic Influenza Contingency Planning

NHS Borders has recently reviewed its internal pandemic influenza plan to ensure robust contingency arrangements in the unlikely event of another pandemic. This will ensure:

- the continued provision of primary and community care services;
- the containment and reduced spread of the virus within the health community; and
- the health, safety and welfare of all staff.

3.6 NHS Borders Infection Control Manual

The content of the Infection Control Manual for NHS Borders has been reviewed and can be found on the internet and intranet: http://intranet/microsites/index.asp?siteid=423&uid=1

This information provides comprehensive guidance for staff in the event of an outbreak of a communicable disease within a unit. The Infection Prevention and Control Team Control provide a full weekday/daytime service with Consultant Microbiologist cover 24/7 (accessed via the BGH switchboard) should advice and support be required out of hours.

A representative from the communications team is a core member of all outbreak control teams.

New nursing admission assessment documentation is being implemented to aid early recognition and appropriate placement of symptomatic patients.

NHS Borders HPT and IPCT work very closely with the additional benefit of a Community Infection Control Nurse supporting care homes, schools and nurseries.

The Viral gastroenteritis policy was reviewed and implemented to improve our preparedness for Norovirus and management.

NHS Borders convenes a Norovirus Preparedness Group after each Norovirus season to review the previous outbreak period. Lessons learned, in conjunction with national guidance, are used to inform the review of local procedures to optimally prepare for the forthcoming Norovirus season.

3.7 Emergency Generators

There are a number of Emergency Generators across the NHS Borders estate. The generators are serviced twice per year by an authorised contactor and have a load test carried out annually to ensure the generators can operate at their rated capacity, in addition the generators are run on test on a monthly basis by the Estates Department. The fuel tanks for the generators are routinely checked to ensure they are kept at maximum levels should they be required.

4. Use of prediction tools

Local Tools

4.1 Bed State/7 Day Planner

A bed state is produced and circulated several times a day so at key points during the day we can assess the state of the system, where we expect to be in terms of bed availability at midnight so planning can be amended accordingly if required. The bed state uses emergency admission predictors and EDDs as the primary measures.

The 7 day planner follows the same approach as the bed state but uses average number discharges rather than EDDs. This tool predicts the bed availability 7 days in advance. Both tools should be used in conjunction with each other.

4.2 Emergency Department Attendances

Emergency Department attendees are predicted by looking at the same time last period last year. This is particularly useful when taking into consideration the effect of holiday periods or specific events.

National Tools

4.3 Simul8

Simul8 is the NHS 24 software modelling tool which will facilitate the prediction of out of hours activity particularly over the festive period. Local experience of the accuracy of the predictions is variable, with 2007/08 and 2009/10 producing relatively accurate data. Predictions in 2008/09 and 2010/11 were less accurate, however last year 2012/13 the prediction were once relatively good. Predictions for peaks and troughs in demand remain valuable when planning levels of cover. Therefore Simul8 predictions will be utilised by BECS as one aspect informing planning, but rota planning will also take into account the level of activity seen in the previous year. Contacts over the festive period will be monitored over the festive period against the predictor.

4.4 Systemwatch

Systemwatch is used widely within Health Boards across Scotland to provide short-term predictions of activity in relation to unscheduled admissions etc on a weekly basis. Dr Becketts's 2009 national report on winter planning made a recommendation that all Health Boards utilise systemwatch data to help plan for staffing levels and reductions in elective activity etc. NHS Borders bed management team have access to this tool. Currently NHS Borders uses the locally developed admissions predictor tool but is assessing the accuracy of predictions of each.

4.5 Flu surveillance

All practices now have the capacity to code 'influenza like illness' (ILI) and 'acute respiratory illness' (ARI) This information is collated nationally by Health Protection Scotland (HPS) and shared with Health Boards on a regular basis. Public Health monitor the surveillance figures and will cascade to the Clinical Boards should there be surges in activity.

4.6 Public health

Public health will alert NHS Borders service managers to any communicable disease outbreaks which may impact on service provision over the winter period (see section 3).

4.7 Weather forecast

The ability to use the weather forecast in a timely manner to predict demand on services will be crucial to maintenance of services over the period. The following links will facilitate this, and include a link to the enhanced Met Office website which will include wider details about the potential impact of the weather:

Weather: http://www.metoffice.gov.uk
Traffic: http://www.trafficscotland.org/
Flooding: http://www.sepa.org.uk/flooding/

Global e-mails will be sent to all staff to advise of any significant or severe weather warnings that could affect the Borders or surrounding areas.

In addition, the Met Office is improving the registration process for the National Severe Weather Warning Service and individuals are able to register on a new database which will provide improved notification of Warnings and Alerts.

5. Local Unscheduled Care Action Plan

In response to National deterioration in achievement of the 4hr Emergency Access Standard (EAS), Health Boards have been tasked with developing a Local Unscheduled Care Action Plan (LUCAP).

Addressing performance against the access standard in the short term and in advance of the winter 2013/14 will be about action specifically aimed at delivering sustainable improvement against a number central issues and based around key principles of ensuring we retain a patient centred approach, a focus on quality, and solutions demonstrating clear joined up thinking right across our health system. These key issues relevant to 2013/14 are likely to be:

- Timely access to medical assessment or a hospital bed
- Patient delayed for ED assessment due to activity volume/congestion.
- Patients delayed waiting for ED treatment or an ambulance transfer

The action plan in detail can be found in appendix 1. However the key focus for this winter period will be:

- Ensuring we have sufficient capacity in unscheduled care service sufficient to meet expected demand.
- Ensuring there is sufficient planned surge capacity that we can be accessed as required. This is particularly relevant to admission beds and intermediate/rehabilitation services.
- Improving organisation preparedness and resilience to potential issues associated with infection and/or sickness.

6. Whole system arrangements

6.1 Staffing

There were a number of challenges around staffing during the previous winter period, specifically nursing. Throughout the year work has been ongoing with the aim of improving resilience within this cohort of staff. This has included a recruitment event and streamlining the vacancy process so there are no unnecessary delays.

Vacancy stats will continue to be monitored throughout the winter to ensure that vacancies continue to be managed and there is no unnecessary delays that will effect our ability to staff our services.

Generally, when surge beds are required they have to be staffed though the bank, this puts a lot of pressure on the bank which does lead to difficulties in them covering the normal footprint of staff when e.g. sickness absence increased. In terms of preparation for this winter period, the BGH has agreed to staff Ward 16 (over the weekend periods) and the 2 surge beds in the Borders Stroke Unit (BSU) for the full winter period.

A proposal to staff the Ward 6 annex over the winter period is currently being reviewed.

Each Clinical Board is also level loading its annual leave to ensure there are no surges in demand for the bank at any point not only over the winter period but the year as a whole.

6.2 Beds

Bed availability at times during the 2012/13 winter period was particularly restricted because of levels of demand and norovirus. Since the end of December 2012 there has been a number of changes across the BGH and Community which has reduced the number of beds available to use or to open. The remit given to the Clinical Boards was to ensure as much as possible that our levels of surge capability was at least the same going into this winter.

The table below demonstrates that our surge capacity is 5 beds under what it was last year. Discussions are starting around a staffing model which would allow us to access the Knoll beds, however these are very early stages.

Negotiations are also currently on-going in regards to accessing social work assessment beds which would counter act the loss of the 5 beds. However there are a number of issues around this to resolve before we can access these beds routinely.

Clinical Board	Ward/Hospital	To end 2012	2013/14	Variance
BGH	Ward 6		8 beds (s)	+ 8 beds
	Ward 14	10 beds (s)		- 10 beds
	Ward 16	4 beds (s)	4 beds (s)	-
	Ward 16	10 beds (sw)	10 beds (sw)	
	Borders Stroke Unit		2 beds (s)	+ 2 beds
P&CS	Hawick	1 beds (s)	1 bed (s)	
	Knoll	5 beds		- 5 beds
Total		**30 beds**	**25 beds**	**- 5 beds**

(s) = Surge
(s) = Surge Weekend

As detailed in section 6.1 Ward 16 is being staffed so it can remain open at the weekend over the winter period (up until the end of March) as are the BSU beds. By having these beds staffed over the winter period they can be stood up and down with a lot less difficultly than in previous years.

Discussions are currently on-going regarding how to staff the Ward 6 annex which would provide confidence that these beds could be stood up and down as and when required

7 Patient Flow

During 2013 much work has been done through the DELTA Zone (improvement hub) to improve patient flow by developing consistency in approach. The daily multi disciplinary Board Rounds and the 11am Senior Charge Nurse meetings have been key elements of this. This approach will continue over the winter period.

7.1 Bed Busters/Discharge Lounge

The Bed Buster team has contributed significantly to the improvement in patient flow seen through out the Hospital. Early this year the BGH successfully piloted having the bed busters available over the weekend and later on in the evening. An agreement has been reached that this will continue up until the end of March.

Over the festive period the bed busters will provide normal levels of service, including the public holidays and weekends.

The Discharge Lounge will operate as normal over the festive weeks apart from 25 December when it will be closed.

7.2 Weekend Hospital Bleep Holders

Over the winter period the BGH will also be running over the weekend periods with 2 bleep holders (the SCN who runs the BGH out of hours). Historically this role was covered by one person however given this role had responsibility for a number of different areas including staffing there hasn't always been the capacity to give as much to patient flow and forward planning, now each weekend one bleep holder will have responsibility for ensuring good patient flow is maintained.

Given the limited effectiveness of the PFATs over the holiday period last year it is intended to maintain the current arrangements of having the daily Board Rounds and the 11am Senior Charge Nurse Meeting. Taking into account the levels of annual leave during the festive period we will be producing rotas for these meetings to make sure they are well attended and us effective as possible.

7.3 Provision of specialist services and links to the management of long term conditions

<u>Diabetes</u>
Information will be provided to BECS on an individual patient basis which will outline the needs of the patient in order that the management of the patients in the out-of-hours period is consistent.

The specialist nurse service will be closed on 25 & 26 December and 01 January with reduced cover on 02 January returning to normal service on the 03 January.

<u>Cardiology</u>
The range of services provided over the winter period will not vary from the norm and are outlined below for clarity:

- Rapid Access Chest Pain Service – twice week clinic 'one stop'
- In patient chest pain service: Monday-Friday 9-5 pm
- Cardiac Rehabilitation for in patients and follow up post acute event/cardiac surgery
- Cardiac Rehabilitation clinic – once weekly
- Heart Failure – in patients and community follow up post discharge with support to the MDT
- Heart Failure clinic – once weekly

- Telephone advice to patients/carers/MDT/GPs

This service will continue to support the discharge of this group of patients with early follow up from the team within 7 days of discharge. During the festive period the Rapid Access Chest Pain clinic will reduce to weekly, and the in patient chest pain service will not operate but will resume thereafter.

This specialist service will also provide information to BECS for their patient group regarding the care and management of individual patients during the festive period.

The specialist nursing service will be closed on 25 and 26 December and 01 January. There will be reduced cover on the 02 January returning to normal service on 03 January.

Respiratory

Liaison with BECS regarding the care and management of individual patients will occur as per normal practice.

The specialist nursing service will be Closed 25 and 26 December and 01 January with reduced service on 02 January and normal service on 03 January. On both Tuesdays prior to the public holidays we will review the respiratory patients and prioritise patients that could be discharged and ensure a plan is in place.

Endoscopy

The Endoscopy unit will be closed on the public holidays. During these days, emergency in-patient endoscopy is carried out in Theatre, as per normal evening/weekend arrangements. During a number of key dates a daily list will take place to deal with urgent in-patients and out-patients with 'red-flag' symptoms.

As a rule most of our input over the festive season is to outpatients who may telephone with a flare in disease (colitis/Crohns) or issues with medication. These can usually be dealt with over the phone but may necessitate an urgent drop in review. A stock of most commonly prescribed treatments for flare in IBD is kept so this can be prescribed and dispensed if necessary.

7.4 Palliative care provision

As in previous years the Macmillan Centre will be closed on the public holidays over the festive period. Specialist telephone advice will be available from the Marie Curie Hospice in Edinburgh and can be accessed via the palliative care consultant on-call.

7.5 Borders Ability Equipment Store (BAES)

BAES will be closed on the 4 public holidays. The unit will be open with a skeleton staff from 23 December, returning to normal service on 03 January.

The satellite stores in the Community Hospitals and BGH will be fully stocked on 24 December and 31 December with toilet frames, commodes, small dressing aids and walking frames. In case of severe weather, BAES have access to a 4x4 vehicle and will prioritise on the basis of clinical need and the potential to support discharges.

8 Acute sector provision

8.1 Emergency Department

The ED specialty doctor rota will operate over the festive period. In order to manage an expected increase in ED workload over this period an additional Specialty Doctor has been scheduled to work on each day between 2pm and 10pm each day from the 27 December to the 6 January inclusive.

In addition to normal levels of nursing cover, plans are in place to have an additional trained nurse on duty night shift on 31 December, 01 and 02 January. Again, the additional cover is targeted in-line with predicted activity.

Additionally we in the process of increasing ENP cover into the Emergency Department (as part of the LUCAP) from mid November 2013 from Friday through Monday so that there will be expended cover from 9pm to 12pm associated with risk of minor flow issues during this period.

8.2 Hospital at Night

An additional Hospital at Night Practitioner will be rostered on key dates where high levels of activity are predicted (based on activity levels 2012/13). At present this looks likely to be 26 and 27 December and then 31 December, 01 and 02 January.

8.3 Medical unit provision

Over the 2 previous years the consultant rotas over the Festive Period were modified to have at least one consultant per speciality for each of the normal working days (including the public holidays), and over the two weekends there will be two consultants in the hospital during the day each day (one and one post-call). This proved to be effective in facilitating timely discharge and reducing medical boarding. This cover will also be in place this year.

Annual leave for nursing staff has been carefully managed during the two week festive period to ensure that there is sufficient staffing to meet expected demand over this period, especially the Public Holidays following Christmas and the New Year weekend. This nursing cover will be deployed flexibly to support the ward experiencing the greatest level of need at any particular time.

Additionally there I has been a particular focus on ensuring that we have recruited to all anticipated vacancies going into the winter in anticipation of higher levels of sickness absence.

Specialist nursing services for Diabetes, Cardiology, Respiratory, Gastroenterology will be closed 25 and 26 December and 01 January with reduced levels of cover on 2nd January returning to normal levels of cover on 03 January. The Stroke and Neurology specialist nursing service will also be closed on 02 January.

The Renal unit will be closed on 25 December & 01 January returning to normal service in between these dates in addition the unit will be open on Saturday 28 December & Saturday 04 January to accommodate patients requiring dialysis.

The Day Hospital will be closed on 25 & 26 December and 01 & 02 January returning to normal service in between these dates and from the 03 January.

8.4 Critical care

ITU, including ITU outreach, will continue to be staffed as normal; this is consistent with previous years winter planning. There is an ITU Escalation Policy which all staff in the Anaesthetic Department is aware of and use, which clearly identifies actions required should the demand for critical care beds increase.

There will be a limited service provided over the public holiday's period by the acute pain service; again this is consistent with the service provided over previous years.

8.5 BGH support services

ASDU
ASDU will offer a normal service in between the public holidays, which includes Saturday morning cover. There will also be a limited cover on Thursday 26th December 2013 and Thursday 2nd January 2014.

Labs
Provision of labs cover will be as for previous years. This includes normal service outwith the public holidays and weekends and an on-call service on 25 and 26 December and 01 and 02 January. Additional staffing will be committed where required on the public holidays depending on activity

Radiology
Provision of labs cover will be as for previous years. This includes normal service outwith the public holidays and weekends and an on-call service on 25 and 26 December and 01 and 02 January. Additional staffing will be committed where required depending on activity

Phlebotomy
Provision of phlebotomy services will be as last year. This includes normal service out with the public holidays and a limited service on 25 and 26 December and 01 and 02 January which will have the same level of service as currently provided on a Sunday.

Physiological measurement
In addition to usual levels of cover over the festive period, a limited service will also be provided by two staff 9am to 12pm on 26 December and 02 January.

The service are planning to provide an increased service on Monday mornings given the noted increase in referrals noted and potential for significant delay associated with this issue.

8.6 Orthopaedics

The orthopaedic trauma service will run as normal over the festive period except for the public holidays. During the public holidays any orthopaedic emergency/trauma case will be booked onto the emergency theatre list which will be running as normal.

8.7 Elective procedures

There will be a planned overall reduction in elective theatre activity over the two festive weeks. On the four public holidays a normal weekend level of service will be in place, to cover emergency/trauma operating only. On the remaining weekdays, only 3 out of the

usual 4 main theatres will be in operation, to cover emergency/trauma, orthopaedic day cases and a vertical booking list to cover urgent elective cases (i.e. cancers). The service will plan to resume normal elective operating from the week commencing 6th January, with a particular priority given to orthopaedic inpatient and other urgent cases.

DPU will close on 23rd December and re-open on 6th January. These plans are in-line with the approach taken last year, which saw an increase in planned elective in patient activity in early January compared to previous years.

9 Primary care provision

9.1 GP contractors

GP practices will remain open on all days over the festive period with the exception of public holidays and weekends. Practices are fully aware of the need to provide effective levels of cover immediately before and after public holidays and retain full responsibility for doing so within contracted hours.

The Locally Enhanced Service on anticipatory care was agreed with all the Borders GP Practices in December 2009. This enhanced service is ongoing and further arrangements are in place to continue this work in 2013-14 focussing on ensuring essential information relating to vulnerable and/or chronically sick patients is available to out of hours health and social care staff (including NHS 24) via Adastra patient notes and eKIS 'anticipatory care plans'. Practices identify individual patients with long-term conditions who are at risk of hospital admission or re-admission either by using the SPARRA data to prioritise the "at risk" cohort or from information and intelligence from within the local multidisciplinary team. Practices, in liaison with the wider multi-disciplinary team, develop individualised anticipatory care plans, which incorporate social care for these patients. Similar arrangements are in place for nursing and residential home patients to facilitate appropriate management. These plans are available to the OOHs service, with copies available to Social Work systems, to promote admission avoidance or reduced lengths of stay through improved advance assessment and multi-agency communication.

9.2 District nursing

District nursing teams across the five localities will provide weekend levels of cover across the two periods of public holiday during the festive period. Over the two week period all patients will be reviewed and visits adjusted accordingly to ensure continuity of care. Annual leave will be restricted over this time to ensure staffing levels are sufficient to meet the demands in the days outwith the public holidays. . This is consistent with service provision in previous years. Plans are in place to ensure there will be at least one band 6 district nurse on shift within each locality across the festive period. This will deliver capacity to manage more complex clinical cases, and will also offer a level of support to less experienced / qualified members of the team. Staff will advise patients of reduced staffing levels over this period and ensure care plans and contact details are up to date. In the case of adverse weather over this period priority will be given to patients with the highest level of need.

OOH and evening nursing services will also be in place and will ensure an appropriate level of cover based on predicted activity. Communication links will be in place between in-hours district nursing teams and OOH / evening nursing via regular checks of voicemail and use of mobile phones, to ensure a consistent and seamless provision of services. Any areas of concern about which the DN, Out of Hours or Evening Nurse would wish to discuss rather

than leave a message would be communicated to each service by the nurse concerned as per normal day to day practice. OOH, evening nurses and in-hours district nurses will have some access to BECS 4x4 vehicles in cases of severe weather, this will increase their ability to meet the needs of vulnerable patients in the community.

9.3 Borders Emergency Care Service (BECS)

BECS has been re configured to match demand and capacity in the past number of months. In general this has meant centralising GP resource in Borders General Hospital after 18.00.It means that nursing and medical teams are now more consistently co-located at the main hub.

The service is planning on the basis of providing levels of nursing and medical cover within which match the level of cover provided in previous years. This represents an increase from usual OOH staffing levels and is based on predicted levels of activity on key dates. However, plans are also in place to include an additional GP within the BECS hub overnight on 26th December as well as the 1st and 2nd of January 2013. However the caveat to this is the service is experiencing significant resourcing issues.

BECS reception will be covered at all times over the festive period, with two reception staff on duty at predicted times of peak demand.

BECS drivers will also be available to offer support to GPs in peripheral sites as well as those operating from the BECS hub. BECS vehicles now all have 4x4 capability. This will support service continuity throughout the winter period.

46% of BECS activity is via direct access to the main hub. This is offered for example to social work, pharmacists ,district nurses, nursing homes .the direct access allows a local response and a rapid assessment of need based on anticipatory care planning in many cases.

Palliative care patients will as always have direct access to the service avoiding avoidable delays or hospital attendance.

BECS continues to provide a professional to professional support line for the SAS which helps to prevent avoidable admissions and offer safe alternatives to admission to BGH

Much work is being done locally to get as many anticipatory care plans as possible onto the KIS/ePCS format which will support alternatives to admission.

9.4 Community hospitals

All four Community Hospitals will ensure that annual leave is level loaded over the festive period to ensure rotas are covered. This will increase options for cover should this be required due to sickness absence etc. Day Hospitals are closed on the four public holidays as in previous years.

Day Hospitals will be open as normal on 24, 27 and 30 December and 03 January.

In addition Ward Multi-Disciplinary Team meetings will be rescheduled to ensure discharge plans and arrangements are up to date and not impacted upon by the public holidays

9.5 AHP services

Occupational therapy

Building on the learning from previous years, and in-line with previous recommendations, there will be an increased level of OT cover within the BGH over the festive period this year. Annual leave will be restricted on the working days before, during and after the festive period for adult OT services in the BGH and community hospitals. This will provide at least one member of staff per speciality in the BGH and one member of staff in each community hospital on the working days between Christmas and New Year. In addition, there will be cover from two members of staff in the BGH on 26th December and 2nd January, as of 3rd January staffing will return to the areas detailed above.

OT staff will feed into the daily board rounds meetings to ensure that potential discharges or continued preparation for patients close to discharge are prioritised. The focus of the cover on the public holidays will be to support any discharges that can take place and to ensure continued progression of rehab activity and lengths of stay are not extended unnecessarily over the festive period.

The level of cover for paediatrics and mental health will be as for previous years, i.e. No staff available on the two public holidays with minimal cover on the 27th, 30th and 31st December. Levels of cover will return to normal staffing levels for the week following the New Year (i.e. week beginning 6th January). During the periods of reduced staffing levels, these two services will have staff to respond to any emergency requests.

Physiotherapy

Similarly to the previous year, annual leave will be managed to ensure sufficient levels of cover in the BGH & 4 Community Hospitals before, during and after the festive period. There will be at least a member of staff working in each of the four community hospitals on the working days in between Christmas and New Year to ensure continued rehab takes place and does not prolong patient's length of stay unnecessarily.

Physio staff will feed into the daily board rounds meetings to ensure that potential discharges or continued preparation for patients close to discharge are prioritised.

There will be BGH Physiotherapy cover on 26th December and 2nd January as well as an out of hours on-call provision. The on-call provision will cover 25th December and 1st January.

Dietetics

The BGH and community dietetic services will offer a similar level of cover to previous years, with no Dietetic service on the 4 public holidays. A telephone advisory service will be available via BGH switchboard during the mornings of 26 December and 02 January focussed on preventing any delayed discharges; other out of hours support is via the P&CS on call manager.

There will be sufficient clinical cover on the other working days to provide normal dietetic services in BGH, Mental Health, paediatrics, and Primary Care, but with reduced out patient appointments, for urgent cases only.

There will be limited or no health promotion dietetic service provision over the festive period as the health improvement dept and many partner agencies are closed at this time of year.

Podiatry

Podiatry will offer the same level of service as in previous years, with routine diabetic foot ulcer clinics provided on 24, 30 and 31 December. The service will also offer emergency slots on 24, 27 and 30 and 31 December for all other podiatry specialties which will be co-ordinated via administrative staff based at Westgrove. Normal service will resume 03 January.

Speech and language therapy (SLT)

As in previous years, the SLT service will be closed over the four public holidays. The service will offer a reduced level of cover on the non-public holiday weekdays across the festive period both within the community and BGH, as well as in paediatrics and ALD.

BGH and Community Hospital based staff will prioritise the needs of patients with swallowing/communication problems during the period of reduced cover and will liaise with on-call specialist if required. They will continue to provide therapy where capacity allows.

Music therapy

As the music therapy service delivers planned interventions only, and due to the size of the team, the service will close over the entire festive period. This is in-line with day centre opening times and school holidays and consistent with provision in previous years.

9.6 Borders emergency dental service (BEDS)

NHS 24 are the first point of contact for all dental emergencies out of hours, weekends and public holidays from NHS Borders, this covers registered and unregistered patients from the Health Board and Independent dentists.

If a patient contacts any dental clinic with an emergency and the clinic is closed the message will direct them to NHS 24. There will also be posters displayed in patient waiting areas and information boards in pharmacies.

NHS 24 will be available over the weekend periods as normal and will also cover the Public Holidays from 1800 on 24th December to 0800 on 27th December and 1800 on 31st December to 0800 on 3rd January

Borders Emergency Dental Service (BEDS) as normal will operate a clinic over the weekend periods for emergency cases between 1pm and 4pm based in BGH Out Patients.

Additional clinics will run on the Public Holidays as follows:

25 December 1100-1300
26 December 1300-1600
01 January 1100-300
02 January 1300- 1600

On the days outwith the public holidays there will be dental clinics open to see emergencies both in NHS Borders and independent dentists. To access appointments patients can contact the Dental Enquiry Line on 0845 300 0930 and ask which clinic is open for emergencies

10. Mental health service provision

Calls from patients with mental health problems are transferred via NHS 24 to BECS. BECS will then contact Mental Health Services via pager to discuss the patient and decide on an appropriate course of action.

Social Work Mental Health Officers (MHO) are also able to be accessed 24 hours a day throughout the year including over the festive period, via the Emergency Duty Team.

11. Learning disability service provision

The Learning Disability Service will provide a reduced level of service over the Christmas / New Year period. There will be no service on the 4 public holidays or at weekends.

For people with a learning disability who may need to be seen by emergency psychiatric services out of hours, advice is available in the usual way (see section 10 Mental Health Service Provision) Please refer to Protocol for Accessing the Consultant-on-Call for Learning Disabilities in South East Scotland (copy available of the festive microsite).

This applies to the Community Learning Disability Team which includes the LD Liaison Nurse service at the BGH.

Social Work Mental Health Officers (MHO) are accessed 24 hours a day throughout the year including over the festive period, via the Emergency Duty Team.

12. Pharmacy arrangements

12.1 Community pharmacy provision

Planned opening hours of community pharmacies across the Borders are known to Pharmacy services and will be disseminated prior to December (see 19.2 for details). A staggered approach to opening and closing times across the Borders will minimise access issues, as in previous years, with access to at least one pharmacy in the Borders on each day over the festive period.

Local community pharmacies have direct access to the professional line for BECS for any queries and this can be used at any time in the out of hours period, not only for the festive period. The list of Borders pharmacies and their contact details will be available within the information file available at each of the local sites.

12.2 BGH pharmacy provision

This service will be open and staffed by one pharmacist and two pharmacy technicians between 1200hrs and 1600hrs on 26 December and by one pharmacist, two pharmacy technicians and two ATOs between 1200hrs and 1600hrs on 02 January. There will be an enhanced Saturday emergency service on both Saturday 21 December and Saturday 28 December. In between the public holidays there will be a normal level of cover and emergency duty arrangements will be in operation on 25 December and 01 January, and out with the normal opening times.

12.3 Minor ailment service

The NHS Minor Ailment Service (MAS) continues to be available from Pharmacies and will assist with dealing with minor ailments over the winter period. This service is available to qualifying patients, including children and allows pharmacists to prescribe certain medicine on the NHS, without the patient having to make an appointment with their GP.

Promoting the use of this service will form part of the key messages in the Winter Period communications plan.

12.4 PGD urgent repeat medication

The PGD which allows pharmacists to prescribe urgent repeat medication continues to make a positive impact on the service and will continue to be available over the winter period. This PGD is available in the out of hours period. Communication regarding this service will be crucial to signposting patients appropriately during this period, and therefore minimising the impact on the healthcare system.

12.5 Flu vaccinations

Seasonal flu vaccinations will continue to be delivered as in previous years, via general practice for members of the public meeting the criteria and by Occupational Health services for NHS staff.

13. NHS Borders support services

During periods of severe weather, the Head of Estates takes responsibility for co-ordinating essential transport requirements including flexible use of staff from within Estates & Facilities to operate as drivers with access to NHS Borders 4x4 vehicles. During the out of hours period Estates and Facilities have access to contact details of key staff that can be contacted for support in this area.

13.1 Stores

As in previous years the stores will be fully staffed all weekdays except the four public holidays over the festive period. The stores department has been liaising with the National Distribution Centre (NDC) regarding gradually increasing stocks over the festive period/winter months. From the start of December ward stocks will be gradually increased to maximum levels to support the festive period. Major incident stocks are held within the stores at all time.

13.2 Cleaning services

Plans are in place to utilise available domestic staffing resources flexibly to ensure sufficient cover in areas where cleaning is critical. During in-hour periods of pressure (caused by severe weather, unplanned levels of high clinical demand etc) domestic staff will be moved from non clinical areas to support the requirement for additional cleaning capacity in clinical areas. During the out of hour periods (i.e. festive weekends) staff will be moved from non critical clinical areas to the areas of greatest clinical need. This will be co-ordinated by the general services supervisor on-site and agreed in discussion with the nurse/s in charge.

13.3 Catering services

Catering provision across BGH and community hospital sites will be as for previous years. Catering will be provided on all four public holidays, with a reduced level of service after 2.30pm. Prepared buffet style and long life foods will be supplied to all wards, and staff will have access to refreshments via vending provision. In case of severe weather, all in-patient sites to which catering is provided have access to several days worth of tinned/long life food already stored on site and prepared in terms of planned menus. These stocks can be utilised in instances where it is not possible to transport meals to the site.

13.4 Laundry services

Whilst the laundry will close on both the 25th Dec and 1st Jan, the service will ensure sufficient stocks of linen are in place to cover these dates. A restricted service will be in place on the two Saturdays, Tuesdays and Thursdays with a normal service on all other days over the festive period.

13.5 Courier services

The courier service will not be operating on any of the four public holidays, but will operate as usual on all other days. In periods of severe weather, necessary courier deliveries will form part of the essential transport arrangements co-ordinated by the Head of Estates.

13.6 Mortuary Services

NHS Borders Business Continuity plans would manage short term increases in demand for mortuary capacity in conjunction with local authority services and funeral directors.

14. Social work provision

Social Work are working in collaboration with homecare providers to grade each client using a red/amber/green system which allow them to prioritise those in greatest need during periods of severe weather or reduced levels of cover. Cross cover arrangements are also being put in place to ensure that client needs are met if providers cannot get access to their clients. A Business Continuity Exercise was hosted by the local authority last year in preparation for the winter period and any periods of sever weather.

14.1 Out of Hours Emergency duty team

The Out of Hours Emergency Duty Team (EDT) will be available OOH and on the public holidays (2 Social Workers 0900 – 2400 and an on-call Social Worker 2400 – 0900) and can be contacted through Bordercare by phone with urgent requests for assessment and provision of homecare packages to avoid unnecessary admissions and facilitate priority discharges. EDT can access the Framework system to assess whether patients have current packages of care in place (re-instating these where required to facilitate discharge - dependent on home care service capacity). Additional activity to raise awareness of the EDT service will take place prior to Christmas, in order to increase the utilisation of this provision.

Social Work will have an Assistant Home Care Manager either working or on stand-by throughout the festive period (24 hour cover).

14.2 Night support services

The Night Support Service (NSS), which is operational 7 days per week from 2200 - 0930 covers the whole Borders area. This service can be accessed via the Hub in-hours and via the EDT out of hours.

This service provides regular overnight assistance to service users and their carers. The service is primarily available for people with long term ongoing health and care needs and will be targeted at people being discharged from hospital or needing assistance to prevent admission as an alternative to hospital, residential and nursing home care.

14.3 Peripatetic carers

Social Work will ensure that previous levels of peripatetic carer support are available over the festive period, and this resource will be targeted exclusively to assist in facilitating safe and speedy discharge.

14.4 START

Annual leave has been restricted over the festive period, START will provide cover on the days out with the public holidays with cover over the weekends as normal. START will be available on 26 December and 02 January but staffing will be minimal. The OOH EDT will cover the other public holidays. The team will support the Emergency Department to avoid admissions and cover intermediate care admissions.

The START team will feed into the daily Board rounds where possible.

14.5 Intermediate care provision

There is agreement that NHS Borders staff are able to access beds within the intermediate care units in Waverley and Grove House, Saltgreens and St Ronans via A&E on days where there is no bed management or discharge liaison cover, in order to facilitate discharge. The above arrangements will apply to dates not covered by START, who would usually process referrals for access to intermediate care beds

Assessment beds which support the freeing up of acute beds are now also available in Grove (x2) and St Ronans (x2).

14.6 Rapid Reaction Team

This Change Fund initiative is currently operational across Tweeddale and facilitates quicker discharge by performing home care assessment at the client's home rather than in the Hospital. The intention is to move this to central Borders for the winter period.

15 Care home provision

Starting in September 2010, a regular forum for liaison with care home providers has been established via Scottish Borders Council. This has been utilised to focus on issues relating to the provision of GP and nursing services out of hours, as well to highlight the role of 'Community Infection Control Nurse' who provides an additional resource to support care homes to manage communicable disease outbreaks and other infection control issues. In addition, vulnerable patients in care homes across the Borders are expected to have agreed anticipatory care plans in place prior to the festive period and DNACPR instructions. These will be agreed and developed with patients across primary care and the care home,

involving social work and family/carers, with a view to improving the quality of treatment and avoiding unnecessary admissions or reducing lengths of stay should an admission to hospital be required.

16 Emergency Housing

Emergency Housing should be accessed as normal through Bordercare. The Emergency Housing Team will be open as normal on each of the days outwith the public holidays. During the public holidays referrals should be made to the Out of Hours Emergency Duty Team who will do an initial assessment and then pass onto the Standby Homelessness Officer if required.

17 Voluntary sector provision

The British Red Cross Buddy scheme will be operational every day across the festive period (including weekends and public holidays). This service is able to offer limited support with transportation and also buddy support for people that are being discharged from hospital. This support could include regular phone calls or visits, practical support to ensure there is sufficient food in the house and prescriptions are collected, or loans of wheelchairs and commodes.

Building on the success of previous years, trained red cross volunteers with on-site access to a mobility vehicle will also be stationed within the BGH (linked to ED, ward 4 and the discharge liaison team). The focus of their role will be to support discharges and avoid unnecessary admissions through provision of both transport and follow up support. This provision will focus on days where demand is anticipated to be high and when other related services might not be available (e.g. weekends and public holidays over the festive period).

As in previous years, in instances of severe weather proactive links will be made to co-ordinate support for essential transport from BRC to both community based NHS services and social care services.

18 Scottish ambulance service provision (Nikki Hackett-Reid)

Pre-booking of patient transport will continue to be a daily priority over the winter period (including the festive period and beyond). A daily phone-call to between Patient transport Manager and SAS will also take place to outline any specific requirements or challenges for that day and looking forward.

Using discharge data from previous years we are liaising with the voluntary sector in regards to the run up to Christmas and New Year to bolster transport availability.

19 Communication and local media

Communication externally to the public both at a local and a national level, and internally to staff across health and social care will be pivotal to the effective delivery of services during this winter period. Consideration will be given to exploring new and social media such as TV screens in waiting rooms etc.

The draft Comms plan detailed in Appendix 2 outlines we will be looking to utilise social media to deliver the winter and festive messages.

19.1 National communication

It is anticipated that there will be a national media campaign led by NHS24, including television and radio coverage as in previous years. Links to local press and media is expected to be covered as part of the national campaign.

It is also expected that the national communication group will communicate widely with patients through leaflets, posters and notices issued to all GP practices and pharmacies nationally. This information should capture GP practice closure arrangements, pharmacy opening arrangements and the schemes available through the pharmacies i.e. Minor Ailment Scheme and the Urgent Repeat Medication scheme.

19.2 Local communication

From the end of November through to end of January it is envisaged that local radio and press coverage would include information about winter ailments, stocking of medicine cabinets and common remedies. In addition, NHS Borders will have information running in local papers and on local radio, reinforcing key messages relating to opening times, OOH services etc. A generic poster will be sent to all GP practices and community pharmacies with details of GP and pharmacy opening times.

The draft Comms plan detailed in Appendix 3 outlines we will be looking to utilise social media to deliver the winter and festive messages.

19.3 Festive Microsite

The festive microsite will also be launched in December and run until early January – promoted through staff publications as required. The festive microsite will have links to relevant external sites, as well as to key local policies relevant to the winter period. Information from this microsite can also be made available to partner organisations to populate their own websites where this is considered of value.

Following recommendations from previous years, Daily Service Summary Snapshots' will also be produced, giving staff a clear 'at a glance' view of the availability of key services for each day of the festive period. The contents of the snapshots will also be highlighted at a series of staff briefings which will take place in late November to mid December.

19.4 Daily Snap Shot

A document detailing all service availability over the festive period and will be produced and circulated to all key stakeholders (ward staff, social work, Management etc…). The information will include key contacts and levels of service cover (by day) over the entire festive period.

20 Summary

This plan details the work the work that has been done in preparation for the winter period and the work that still needs to be completed. This Winter Planning Group will continue to ensure these plans are being actioned and to refine them as and when required.

The Emergency Access Standard (EAS) national target has been amended to 95% for an interim period, however NHS Borders continues to strive to ensure that at least 98% of

patients are treated and discharged or admitted within 4 hours of arriving. This will be a significant challenge over the winter period.

Appendix 1 – Self Assessment Checklists

Appendix 2 – Local Unscheduled Care Action Plan

Appendix 3 – Draft Comms Plan

Annex 1:

National Unscheduled Care Programme: Preparing for Winter 2013/14

Self-Assessment Checklists

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Norovirus**
4. **Seasonal Flu**
5. **Management Information**
6. **Out of Hours**
7. **Sign-Off**
8. **Integration of Key Partners / Services**

1	Resilience		RAG	Further Action/Comments
1	Robust business continuity management arrangements designed to manage and mitigate against all key disruptive risks are in place.	☒	G	Plans which address consequence, not cause, are in place for all services. These have been reviewed in 2013.
2	NHS Board Resilience officers have been actively involved in helping to prepare business continuity plans.	☒	G	Resilience staff assist the services prepare their Business Continuity Plans
3	Key personnel, essential to maintaining frontline and supporting services, have been identified and contingency plans to ensure their availability are in place.	☒	G	Staffing contingency is a major part of business impact analysis.
4	Policies and partnerships to ensure that consistent advice is provided to staff, and the public, on travel arrangements in the advent of severe weather with effectively linked into Strategic Coordinating Groups are in place.	☒	G	There are close links at Tactical with Strategic Coordinating Group (Local Resilience Partnership from 1 November) and with Scottish Borders partners – in particular for severe weather.
5	Access to essential resources, support services and key staff will be maintained at all times, particularly to vulnerable groups and those in community settings.	☒	G	Business impact analyses and business continuity plans identify essential services and staff in clinical and support services.
6	Arrangements to manage the increased demand for mortuary services over the holiday period, including liaison with funeral directors are in place.	☒	G	NHS Borders Business Continuity plans would manage short term increases in demand for mortuary capacity in conjunction with local authority services and funeral directors.
7	Plans will be tested with all stakeholders to ensure that they work effectively and that they are convergent with the emergency plans of Local Authorities and other key stakeholders.	☒	G	There is an East Regional Resilience Partnership Training & Exercising group which addresses training & exercising priorities. Locally a Care for People exercise was held in September 2013; a multi-agency hospital process workshop will be held on 29 October. An NHS Borders wide beds exercise was held in May 2013 which took into account converging with social work services.

2	Unscheduled / Elective Care		RAG	Further Action/Comments
1	**Agree and test escalation policies for management of in-patient capacity across the whole system.**			
	Escalation policies are focused around in-patient capacity across the whole system. *Pressures are often due to an inability to discharge patients who have not yet been identified for discharge but who no longer require acute care*	☐	A	The NHS Borders escalation policy has a focus on inpatient capacity right across the system i.e. Acute, Community, Mental Health and Social Work. An NHS Borders wide beds exercise was held in May 2013 which took into account converging with social work services. This was to test and raise awareness of the Escalation Plan, including social work involvement. As a result of this Borders General Hospital and Primary & Community Services General Managers have been tasked with revising the Escalation Plan, including model responses to the issues raised within the exercise.
	Escalation policies are well defined, clearly understood, and well tested. *Clear thresholds and authorities for triggering, and standing down, escalation plans should be established and clearly communicated.*	☐	A	As above, the Escalation Policy is currently being reviewed and awareness/testing session will be held to promulgate this.

				Lorna Paterson/Alasdair Pattinson
	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☐	A	
	Escalation policies consider the likely impact of emergency admissions on elective work and vice versa. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.*	☐	A	
2	**Undertake detailed analysis and planning to effectively schedule elective activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This has specifically taken into account the surge in activity in the first week of January.**			
	Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading/back loading activity for autumn and spring.*	☐	A	Elective activity will continue to be scheduled in advance as normal over the winter period with a reduction in elective services over the festive period. However unlike previous winter periods there will be no stand down of elective services in early January as activity levels over the past few years have dictated that this isn't necessary Elective demand is looked at on a weekly basis in line with predicted emergency activity. Where cancellations are deemed necessary, the urgency of the patients procedure (e.g. to treat a cancer) and TTG are key elements of the decision making process.

	Pre-planning and modelling has been undertaken around elective activity to plan responses, escalation and recovery to minimise the impact of winter peaks in demand on the delivery of routine elective work. *A set of clear actions should be developed based on a firm understanding of demand and capacity, prediction and management of variation. Annex 2 offers further suggestions on steps that might help Boards to manage this process.* *In the event of severe weather impacting significantly on elective activity, NHS Boards should contact SGHSCD Access Support Team to discuss arrangements for cancelling and rescheduling activity.*	☐		
	Planning and analysis will facilitate the Board to maintain the 98% 4 Hour Emergency Access Standard, meet the 12 hour breach threshold and maintain the delivery of all elective care. *Boards should ensure that they meet the interim 95% emergency access target for year ending Sept 2014 as an absolute minimum level of performance.* *Boards are expected to maintain performance against all HEAT standards, while recognising that clinical decision making in the interests of all patients is paramount.*	☐	A	The patient flow improvement work considers all aspects of the system and how this contributes to ensuring patients are treated and discharged or admitted within their 4 hour window. BGH and P&CS look at predicted emergency and elective activity levels 7 days ahead and attempt identify issues and plan on this basis Additional resources such as additional ENPs are being funded through the LUCAP to improve the resilience of the Emergency Department.
3	**Agree staff rotas in November for the fortnight in which the two festive holiday periods occur to match projected peaks in demand. These rotas should include services that support the management of inpatient pathways, (e.g.) diagnostics, pharmacy, phlebotomy, AHPs, IPCT, etc.**			
	Consultant (Medical and Surgical) cover along with multi-professional support teams, including IPCT cover, will be planned to effectively manage predicted activity and discharge over the festive holiday periods, by no later than the end of November. *This should take into account predicted peaks in demand, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations*.	☒	G	Staffing levels for the festive period have been agreed and are identified in the Winter Plan.

4	**Optimise patient flow by implementing Estimated Date of Discharge as soon as patients are admitted or scheduled for admission with supporting processes (e.g.) multi-disciplinary ward rounds. This will support the proactive management of discharge, ensuring there are no delays in patient pathways.**			
	Discharge planning will commence at the point of admission or at pre-admission assessment using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.*	☐	A	Estimated Date of Discharge (EDDs) are routinely used across the BGH and P&CS. The daily multidisciplinary board rounds consider the EDDs each day action is required to facilitate the patients discharge. This is on-going work
	There will be on-going engagement with the SAS to effectively plan patient transport when it is known, or anticipated, that patients will require transport home or to another care setting.	☐	A	Pre-booking of patient transport will continue to be a daily priority over the winter period (including the festive period and beyond). Although it fluctuates NHS Borders has achieved a weekly rate of 49% of patient transport pre-booked which is one of the highest rates in Scotland. A daily phone-call to between Patient transport Manager and SAS will also take place to outline any specific requirements or challenges for that day and looking forward.
	Multi-disciplinary Ward Rounds will be embedded to proactively manage the patient journey and prepare for discharge detailing the estimated date of discharge. *This should be displayed visually for the care team to see and should be the focus of all daily ward rounds and bed meetings.*	☐	A	Multidisciplinary board rounds in the BGH and the Community Hospitals continue to happen on a routine basis and continue to improve in their efficacy specifically in regards to discharge planning. A daily Senior Charge Nurse is also now well embedded. Although the focus is at a higher level, this is often a good tool for unlocking any blocks to getting patients discharged

				There is still work to be done around ensuring consistency , however the benefits of these daily board rounds/SCN meetings are being seen
	Regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. These include weekends and involve key members of the multidisciplinary team, including social work. *Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge early on the estimated date of discharge.*	☐	A	As above
	Predictive data will be used to assess the hourly demand for beds allowing for discharges to be scheduled to optimise flow. *Boards should consider evaluating the accuracy of EDD to help improve the discharge process.*	☐	A	Bed states are kept routinely by the bed managers and circulated at key points during the day (7.00am, 11.30am and 3.30pm). These bed states include predicted emergency activity and discharges (based on EDD) and look forward to the bed position at midnight. There is still work to be done to improve the accuracy of this information
5	**Ensure that appropriate medical staff are available, and that AHP rotas are structured, to facilitate the discharging of patients throughout weekends and the fortnight in which the two festive holiday periods occur in order to maximise capacity.**			
	There is adequate medical cover across both, the festive holiday period, and over weekends to perform dedicated discharge rounds, and encourage Nurse, or criteria-led discharges, wherever possible.	☒	G	Identified in winter plan
	Key partners will be able to provide pharmacy, transport and social care services to support the discharge process.	☒	G	Identified in winter plan
6	**Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or enablement and rehabilitation (at home and in care homes) to facilitate discharge.**			

	There is close partnership working with local authorities and the third and independent sector to ensure that adequate care packages are in place in the community to meet predicted discharge levels. *This will be particularly important over the festive holiday periods.*	☐	R	Social Work are currently experiencing difficulties in sourcing homecare due to capacity within the areas. They care currently looking at different models which may assist with the resourcing. Further work is required here
	Ongoing and detailed engagement between local partners around the capacity of social care services to accommodate predicted discharge levels will start no later than October.	☐	R	As above
	The Board and the local authorities have put in place a joint escalation plan resolve issues that might arise. *Consideration should be given to developing local agreements on the direct purchase of homecare by ward staff.*	☐	A	The NHS Borders Escalation Policy is cross system, however more work needs to be done in regards to defining how issues are resolved.
	Intermediate care options, such as enhanced supported discharge, Reablement and rehabilitation will be utilised, where possible. *Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.*	☐	A	There are intermediate care beds which can be accessed and a reablement approach is in place for all homecare providers. All providers have received training updates in regard to reablement
	Host NHS Boards and local authorities are taking the discharge requirements of patients who are receiving treatment at the Golden Jubilee National Hospital into account.	☐	R	More work needs to be done in regards to this
	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.	☐	A	The Key Information Summary (KIS) and anticipatory care plans are being accessed by the OOH service when available. Work is ongoing in P&CS on engaging with practices to fill in anticipatory care forms and also using the KIS – the population targeted is those in the 20% - 60% risk category. (this is part of the QOF. The numbers of people of will have these plans is small at present, however the target will

				be increasing year on year. BECS and IT and P&CS are working very hard to ensure that the KIS information is being faithfully transmitted through to ADASTRA. There have been some technical issues but these are being addressed. June Nelson liaising with ED to ensure that ECS logins are available so staff in ED can access relevant information **Action Check with Ward 4 to see if they have access to plans**
	All plans for anticipatory care planning will be implemented, as outlined in LUCAPs in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.	☐		To date all information in the anticipatory care forms is used by OOH staff. We are adapting access rights to ensure that OOH reception staff can see them so that information can be passed to GPs out in cars (NHS Borders does not have computers in the cars)
7	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
	Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as soon as they occur, and that escalation procedures are invoked at the earliest opportunity.	☒	G	Service pressures are communicated to Operational/Service Managers then to the BGH/P&CS General Manager and the Chief Operating Officer if necessary. In regards to bed pressures we have been implementing systems which means information is circulated at key point in the day (e.g. bed states, number f people in ED) which means pressures Senior management know about pressures even if they aren't escalated.

				However, there is clear route of escalation when pressure occurs through the Hospital Bleep to the Site Bleep and subsequently the General Manager
	Demand, capacity, and activity plans across emergency and elective provision are fully integrated. *Collaboration between partners, including NHS 24, CHPs, Scottish Ambulance Service, through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.*	☐	R	Work needs to be done on this
	Effective communication protocols are in place between key partners, particularly across local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector. *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☒	G	A daily snap-shot will be circulated to all partners. This will service availability across the festive period and details of how to contact/access this service.
	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *NHS 24 are leading on the 2012/13 'Be Ready for Winter' media campaign, and SG Health Workforce & Performance Directorate is working with partners and policy colleagues to ensure that key winter messages, around repeat prescriptions', respiratory hygiene, and norovirus are effectively communicated to the public.* *On 21 October the SG will launch its Resilience Campaign, in partnership with the British Red Cross, and other organisations to highlight the risks and consequences of all kinds of severe weather and the simple practical ways people can reduce these risks. This years there will an enhanced emphasis on community resilience and messages will continue to be targeted at more vulnerable and harder to reach people in our communities.* *The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through google play or itunes.*	☐	A	A detailed communications plan is in the process of being compiled

3	Prepare for & Implement Norovirus Outbreak Control Measures		RAG	Further Action/Comments
1	Infection Prevention and Control Teams (IPCTs) have read the HPS 2012-13 Norovirus Season Evaluation Report to ensure that the Board is optimally prepared.	☒	G	Complete
2	IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in care homes.*	☒	G	The Norovirus Preparedness Group (NPG) continues to meet. The Community Infection Control Nurse represents the Health Protection Team on the NPG and provides link to care homes to enhance optimal preparation.
3	HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards. *Staff should be reminded of the need to remain absent for 48 hours post last symptom of Diarrhoea and vomiting. Where staff are prevented from returning to work NHS Boards should refer to the guidance note issued in 2010 relating to staff absence and infection control.*	☒	G	The Infection Control Manual is accessible to all staff via the intranet. All staff with the D&V symptoms are required to remain absent for 48hrs Norovirus Key Messages for Staff
4	Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time. *Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☒	G	The IPCT sends out regular updates across the organisation regarding the norovirus situation. These updates include details of bed/ward closures across the organisation, including plans for reopening.
5	Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.	☒	G	This is a rolling process involving a combination of debrief/reviews of situations and subsequent actions to reduce the risk of future outbreaks and ensure optimal management of outbreaks as they occur. An end of 2012/13 season activity summary is scheduled for the next Norovirus Preparedness Group meeting 29/10/13.
6	IPCTs will ensure that the Board is kept up to date regarding the national norovirus situation.	☒	G	Weekly Health Protection Scotland Norovirus point prevalence publications are circulated to relevant staff members across the organisation including members of the Executive Team.

7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	☐	A	The IPCT is currently liaising with Emergency Dept and Ward 4 to ensure an awareness of the forthcoming Norovirus season and that correct procedures continue to be applied. **Action:** A Wood representing IPCT on the above. Completion date for 11/10/13
8	The Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple wards over a couple of days.	☐	A	The Norovirus Preparedness Group (NPG) has requested that the Business Continuity Plan for Ward 4 is reviewed and in addition should consider Ward 5. **Action:** June Nelson/Diane Keddie to complete review on behalf of NPG. Next NPG meeting 29/10/13.
9	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	☒	G	NHS Borders HPT and IPCT work very closely with the additional benefit of a Community Infection Control Nurse supporting care homes, schools and nurseries.
4	**Seasonal Flu, Staff Protection & Outbreak Resourcing**		**RAG**	**Further Action/Comments**
1	At least 50% of all staff working in areas with high risk patients such as Acute Medical and Surgical units, A&E, ITU/HDU & Haematology units, have been vaccinated to prevent the potential spread of infection to patients, as set out in the CMO letter (2012)06 It is vital that staff working with vulnerable patients are asked to get a flu vaccination. Work with your flu champion to achieve this. *Through end of season vaccine uptake submitted to HPS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.*	☐	A	The staff vaccination programme publicity commenced in Spetember 2013 with the actual vaccination programme commencing on 1 October 2013. The Occupational Health Service has met with the flu champions to agree how we can encourage and improve uptake. In addition to peer vaccinators and the specific flu clinics that will be held, the Occupational Health Service will go on-site to high risk wards and departments and provide immunise staff in-situ. Consideration was given to

				sending employees personal appointments however a survey of staff has indicated that this would not be cost effective in improving uptake. 2012/13 – 42% of staff vaccinated 2013/14 – 22% of staff vaccinated to date
2	Each of our hospitals has identified a seasonal flu staff vaccination champion to promote and support the vaccination of staff. These Champions are effectively 'linked in' to Health Protection Scotland, NHS board Immunisation Coordinators, and the Scottish Government Flu Team, to ensure that they have the skills and knowledge to raise awareness and answer any questions staff may have in relation to the vaccine. *The Scottish Government Health Protection Team compiled a list of seasonal flu staff vaccination champions during the 2012-13 season. Plans are in place to link with CNOD colleagues to widen this group further, and a second staff champion event is planned for the end of September, immediately prior to the 2013-13 flu season. Vaccination uptake amongst NHS staff was 33.7% for the 2012/13 season compared to 30.4% in season 2011/12.*	☒	G	Isobel Swan (Mental Health), Mairi Pollock (BGH) and Elaine Peace (P&CS) have been identified as the seasonal flu champions who will promote and support staff to get their vaccination.
3	The winter component of our LUCAP takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, Health Boards may undertake targeted immunisation. In addition, the small centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required and an agreed protocol is in place with Health Boards on the use of the contingency stock. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals).*	☐		TBC
4	HPS weekly updates, showing the current epidemiological picture on influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *Health Protection Scotland and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. HPS produce a weekly influenza*	☒	G	Public Health will alert NHS Borders service managers to any communicable disease outbreaks which may impact on service provision

	bulletin and a distillate of this is included in the HPS Winter Pressures Bulletin.			
5	Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐		Work has been done (particularly in nursing) to ensure that NHS Borders is going into the winter period in a far more roust position this year when it comes to dealing with increase levels of sickness and absence. Nursing vacancy levels are half that f this time last year and the recruitment process is now more resilient. NHS Borders Infection Control Plans provide guidance on patient and staff movement during periods of norovirus. NHS Borders (see section 4) has begun its seasonal flu vaccination programme and are aiming to increase uptake within staff working with the most at-risk patients.

5	**Management Information**		**RAG**	**Further Action/Comments**
1	Admissions data will be input to the System Watch predictive modelling system as close to real time as possible.	☐		TBC
2	Effective reporting lines are in place to provide the SG Directorate for Health Workforce & Performance with routine weekly management information and any additional information that might be required on an exception / daily basis.	☒	G	There is an agreed process for submitting the routine weekly management information. This is managed through Planning & Performance. Should any daily information be required e.g. service closures during periods of adverse weather this will be coordinated through a single point of contact.
3	Effective reporting lines are in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of significant service pressures that will disrupt services to patients as soon as they arise.	☐	A	Will follow normal process of escalation for service pressures.

				Action – Confirm who will escalate to the Scottish Government

6	Out of Hours		RAG	Further Action/Comments
1	The plan clearly demonstrates how the Board will manage the predicted and unpredicted demand of triaged and untriaged calls from NHS 24, particularly on Saturdays and public holidays throughout the winter, and especially over the festive period.	☐	A	The BECS rota acknowledges busy periods and anticipates them. When there is capacity pre prioritised calls are taken from NHS24, on public holidays this element of the rota is filled after face to face elements of the rota are filled in.
2	There is evidence of innovation (or of innovation considered but rejected for stated reasons) around how the Board will deal with pressures on public holidays/Saturday mornings. *For example, does the plan mention arrangements for open access. Has the Board considered the possibility of GP surgery openings at any time?*	☐	A	BECS responds to service needs by moving staff resource, around 46% of our business is via direct access i.e. not through NHS24, which allows for local decision making/triage. We also have our professional access for SAS crews continuing which has prevented ~ 400 ambulance conveyances in the last 12 months. Currently liaising with P&CS regarding the GPs only offering emergency appointments during times where predicted activity is high for BECS and the ED (specifically over the festive period) **Action – P&CS to confirm whether this is a possibility**
3	There is reference to direct referrals between services. *For example, are direct contact arrangements in place between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs)? Are efforts being made to encourage greater use of special notes, where appropriate?*	☒	G	There has been a redirection process from the ED to BECS in place in NHS Borders since 2004. All walk ins to Minor Injury Units are either dealt with by PGDs which have strict criteria for nurse led care or referred on to a GP or the ED.

4	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☒	G	There is a direct professional access for pharmacists to phone BECS and speak to a GP or ask for the pt to be seen if required.
5	Clear arrangements are in place to ensure that effective mental health services are in place such as enhanced mental health nurse provision to A&E especially at the festive period.	☐		TBC
6	There is reference to provision of dental services, to ensure that services are in place either via general dental practices or out of hours centres *This should included an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☒	G	Dental patients who walk into the ED who are not a medical emergency are seen by the OOH GP service in the first instance. NHS 24 are the first point of contact for all dental emergencies out of hours, weekends and public holidays from NHS Borders, this covers registered and unregistered patients from the Health Board and Independent dentists. Borders Emergency Dental Service (BEDS) as normal will operate a clinic over the weekend periods for emergency cases between 1pm and 4pm based in BGH Out Patients.
7	The plan displays a confidence that staff will be available to work the planned rotas. While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If Boards believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.	☐	R	The OOH service has significant gaps in the rota. Work is ongoing to rectify this nationally experienced problem, including: • Working with sessional GPs • Working with agency GPs • Centralising the service to ensure the most efficient use of resource • Restricting annual leave over the festive period • Suspending a rolling rota so the priority shifts are filled

				• Adjustment of sessional rates and salaried rates to ensure these are competitive nationally • Constant recruitment effort in GP journals and show websites • Having paramedics support the service At this point there are significant gaps in the rota, work continues on filing the rota. Action – BGH to look at how to improve the resilience of ED when the there are significant gaps in the BECS rota
8	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location of PCECs etc.*	☐	A	In progress
9	There is evidence of joint working with the SAS in preparing this plan, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☒	G	NHS Borders has been leasing heavily with the SAS around ensuring they can meet demand and we make best use of capacity available
10	There is evidence of joint working with NHS 24 in preparing this plan. *This should confirm agreement about the call demand analysis being used.*	☐		Professional to professional access between OOH and SAS continues
11	There is evidence of joint working with the acute sector and Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units, including covering the contact arrangements.*	☐	A	This plan is a cross system plan and all sectors are consulted with during its compilation.
12	There is evidence of working with social work services in preparing this plan.	☐	A	As above

	This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.			
13	There is evidence of clear links to the pandemic plan including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐	A	NHS Borders has sign posted the Pandemic Flu Plan in the Winter Plan. Plans are either in place or being worked on so surge capacity is available should the situation be required.
7	**Sign Off**		**RAG**	**Further Action/Comments**
1	The winter plan will be discussed at the October Board meeting.	☐	G	
2	A summary of the winter plan will be published on the Board website by the end of November.	☐	G	
3	Arrangements are in place to include governance of winter planning within local Unscheduled Care Management Groups. Membership of these groups should include SG Unscheduled Care Managers.	☐		

8	Integration of Key Partners /Services		RAG	Further Action/Comments
	Heads of Service	☐		
	Nursing / Medical Consultants	☐		
	Consultants in Dental Public Health	☐		
	AHP Leads	☐		
	Infection Control Managers	☐		
	Managers Responsible for Capacity & Flow	☐		
	Pharmacy Leads	☐		
	Mental Health Leads	☐		
	Business Continuity / Emergency Planning Managers	☐		
	CHP Managers	☐		
	OOH Service Managers	☐		
	GP's	☐		
	NHS 24	☐		
	SAS	☐		
	Territorial NHS Boards	☐		
	Independent Sector	☐		
	Local Authorities	☐		
	Strategic Co-ordination Group	☐		
	Third Sector	☐		
	SG Health & Social Care Directorate	☐		

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A. Unscheduled Care Outside of Hospital

A1. Making Community The Right Place

Issue/Interventions	Actions	Responsibility	Resources	Timescale	Status
P&CS – Anticipatory Care Planning This is a significant programme of work aimed at anticipating risk of crisis both in terms of health but also social care and home support, planning for what the response will be in these situations, and in doing so preventing unnecessary hospital admission at the point of crisis. This is partnership working across Health, Social Work and voluntary sector organisations. Included in this work are those individuals identified as at high risk of admission or readmission following discharge, and proactively planning and co-ordinating support to prevent this from happening where appropriate. This supports the central theme within the government's 20:20 vision for health care and will reduce the overall pressure on Acute Hospital beds and Emergency Departments.	Detailed analysis and review of hospital readmission and ED attendance in support of developing of individual patient and systems response to emerging themes and patterns/gaps. - Establish daily readmission identification and review process in support of anticipatory care co-ordination. - Reporting that identifies frequent ED attenders weekly and establishes an MDT process for anticipatory planning or appropriate intervention. Establishing through use of appropriate risk assessment tools (SPARRA or STACCATO) patients at risk of admission or readmission to hospital and putting in place a comprehensive ACP. - Continued evaluation of the STACCTO Pilot in the Teviot area with a plan review date of Sept	Sandra Pratt Jane McIver June Nelson Lynn Medley	 n/a n/a Change Fund £163k	End Sept End July End July September 2013	Ongoing Reports being considered Reports being considered

	2013.				
	- QOF for 2013/14 makes provision for the continued development of ACP and Polypharmacy reviews. This is being supported via use of SPARRA data to identify patients at risk at a practice level.	Costas Kontothanassis	QOF	2013/14	Ongoing
	- Continued Development of the StayWell 75 Project aimed at identifying those at risk who are not yet registering against other risk assessment criteria and delivering comprehensive assessment and anticipatory plans.	Phillip Lunts			Ongoing
	Introduction of e-KIS in support of co-ordinated care for patients with an ACP or palliative care summary to ensure information is available at the point of care delivery for Primary, Secondary and Social Work providers.	Alasdair McNicoll/ Roger Brydon		April 2014	

Outcomes: Reduction in unscheduled attendance at ED in the over 75 age group – trajectory to be agreed
Reduction in admissions in the over 75 age group – trajectory to be agreed.
Reduction in hospital readmissions rates within 7 and 28 days – trajectories to be agreed
Reduction in rates of admissions from Nursing Homes/Community Hospitals – trajectories to be agreed
Proportion of patients identified as high risk with an ACP in place – Trajectories to be confirmed
Proportion of patient identified as requiring polypharmacy review who have received a review – Trajectories to be confirmed

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Issue/Interventions	Actions	Responsibility	Resources	Timescale	Status
P&CS – Community based Rehabilitation and Enablement Shifting the balance of care away from care models dependant upon acute or community hospital beds and developing alternative care pathways for the management of patients with rehabilitation or ongoing health care issues.	• Reshaping care through AHP services is a project aimed at shifting the focus for rehabilitation and enablement away from institutional care models towards integrated (Health and Social Work) assessment and support that looks at community based service as the norm. • Discharge Co-Ordinators to support individualised care planning for discharge particularly where this is likely to required co-ordinated multi agency working and support.	Karen McNicoll Phillip Lunts/ Alasdair Pattinson	Change Fund £244k Change Fund		
Outcomes: Reduction in hospital admissions in the over 65 age group – Trajectories to be agreed. Reduced in LoS for Older People in Acute and Community Hospital beds - tbc Increase in patient actively supported at home – Measures to be agreed					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
P&CS – Virtual Ward or Hospital at Home Models of Care Increasing options available for Primary Care services were patients are at risk, or are suffering an exacerbation of a diagnosed long term condition. Supporting self management strategies for patients with LTC within the context of structured community based support, assessment and treatment where that is appropriate. This is particularly focused	Options appraisal for the development of 'Virtual Ward' type model of care that fits within NHS Borders care pathways and governance framework. Business case for ongoing development of Day Hospital Service within NHS Borders that complements 'virtual ward' development and support pathways admission avoidance and supported discharge.	Elaine Peace Alasdair Pattinson/ Philip Lunts	Change Fund Circa £850k	Strategy Board September 2013 Sept 2013	Ongoing

on the development of a 'virtual ward' or 'hospital at home' type initiative within NHS Borders. Exploring options for the use of information technology to support the development of community based assessment, treatment and management strategies for patients who might more normally be admitted to hospital.	Establish a project team to explore, identify and pilot the use of Telehealth /Telemedicine in ways that will allow for changes in the current models of institutional based care.	Jonathan Kirk		Sept 2013	
Outcomes: Reducing unscheduled attendance in the ED for frail elderly – overall 3.5% reduction in attendance rates at ED by 2014 Reduction in admission for patients with an exacerbation of a long term chronic condition – measures to be agreed. Reduction in LoS for targeted age groups – 25% reduction in LoS for 65 and over age group Reduction in readmission rates – 25% reduction in rates of readmission by March 2014					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
P&CS – Reducing ED Attendances The Network of minor injuries units within NHS Borders has the potential to support a general reduction in ED attendances rates. The general awareness and use of such facilities is inconsistent and offer the potential for improvements and/or rationalisation. There are also a range of actions identified through the T10 action plan that work in support of creating and improving pathways for emergency care and raising general awareness and consistent use of these	Formal review of minor injury units across network of community hospitals in terms of clinical effectiveness, location and value for money. Continued development of: - Shifts in activity within the Unscheduled Care service by training Paramedics in treatment of minor injuries and illness. - Implementation of targeted social marketing to inform/educate the public about access to appropriate information or unscheduled care services.	Ed Witkowski	T10 Funding £56k n/r	October 2014	Ongoing

options.	- The integration and responsiveness of Mental Health and Addiction Services within Unscheduled Care. - Improved integration and responsiveness of services for people with complex care and support needs to reduce demand on A&E Services. - Develop specific actions to reduce dependence by parents on A&E for routine advice, care or treatment for children.				
Outcomes: Reduction in rates of attendance for ED – reducing in rates of attendance by 3.5% by March 2014					

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A2. Urgent Care & Developing The Primary Care Response					
Issue	**Action**	**Responsibility**	**Resources**	**Timescale**	**Statue**
BECS/OOH – Service Resilience It is becoming increasing difficult to sustain sufficient numbers of salaried GP, supplemented by sessional GP's to cover all scheduled commitments within the out of hours emergency service.	• Recruit to all vacant GP salaried hours within OOH service. • Review local rates paid to salaried and sessional GP's within the context of rates offered nationally in other NHS Borders for the same work. • Workforce review to look at the roles of the ENP's working with the OOH's service to see if revised workforce could offer greater flexibility and resilience. • Review of shift patterns and coverage with a view to sensible and sustainable rationalisation if appropriate and supported by available evidence. • Look at opportunities that encourage recruitment and retention into an out of hours commitment, this would include options for day time/in hours working in addition to an out of hours commitment. • Development of an escalation framework that allow for structured rationalisation of services by clinical priority in the event of unresolved staffing issues or gaps.	Craig Wheelans Laura Ryan Craig Wheelans June Nelson Craig Wheelans Laura Ryan/Sheena McDonald Laura Ryan.		May 2013 In August July 2013 August 2013 July 2013 September 2013 August 2013	Readvertise Complete Ongoing Complete Ongoing Ongoing

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Outcomes: Ensure the proportion of scheduled shifts that are covered week to week remains above 90%.					
BECS/OOH – Performance Framework The development of national performance indicators to be introduced from April 2014 will allow an assessment of how effective local out of hours services are operating. Clearly an effective out of hours GP service will support the general objective of sustaining or reducing ED attendance rates longer term. Quality Pathway : • The patient telephone call is answered promptly. • The patient is triage according to clinical need. • The patient is seen by an out of hour's clinician without undue delay. • The OOH clinician has access to the patient's relevant medical history. • National Guidelines are reliably implemented. • Record of the patients out of hour's consultation is transferred to other NHS services as appropriate.	• Developing the capacity to report against the 6 national KPI's for Out of Hours services. - Response times - Accuracy of Triage for home visits - Effective Information Exchange - Implementation of National Standards for Asthma and Stroke. - Patient Experience. • Reviewing local performance against standards and develop improvement plan.	Craig Wheelans Kirk Lakie/ Craig Wheelans		September 2013 December 2013	Ongoing
Outcomes: Development of Performance Indicators against which we can identify areas for improvement – Under development					

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B. Unscheduled In Acute Hospital					
B1. Right Care, Right Time and Patient Flow.					
Issue	**Action**	**Responsibility**	**Resources**	**Timescale**	**Statue**
Emergency Department It is recognised that there is continuity and leadership issues around ED with a single Consultant led service. One of the central issues in ensuring we have a more robust service moving to the winter period is ensure we extend senior leadership across 50 weeks as routine and extend coverage during the day/evening periods. An objective would also be to ensure that we use intelligence we have that predicts surge activity and allow sufficient flexibility within our Medical staffing work force to ensure we can direct senior staff to these periods. This work should also include a structured review of opportunities for extended roles within ED for nursing staff.	Appointment of a second ED consultant as a matter of urgency. Review current shortfall in ED staffing around Specialty Doctors and look to resolve via appointment of additional medical staff prior to the Autumn/Winter period. Resolve issues associated with additional cover provided over the weekend as protection against the high probability of minor flow activity surge in the early evening at the weekend. Consolidate arrangements for see and treat arrangements during these periods. Development of performance framework reporting within ED against key activities associated with effective flow management - Time to Triage against Internal Standard. - Time to First Medical Assessment against standard.	Kirk Lakie Kirk Lakie Jacques Kerr Kirk Lakie Jacques Kerr June Nelson Jacques Kerr	LUCAP Funding £75k n/r £50k	July 2013 June 2013 Sept 2013 August 2013	Currently Advertised Readvertise in Aug. As above. Failed to recruit to hours. Ongoing

	Increase the nursing skill mix within ED to increase the number of Emergency Care Practitioners and ensure resilience and flexibility, particularly in the evening and at the weekends. This should include ensuring that we have structured development around required competencies.	June Nelson	£45k	Sept 2013	Ongoing
Outcomes: Reduction of patient waiting for 4hrs or more in ED due to delays associated with ED process Reduction in use of Locums to provide cover. Increase in the proportion of patients assessed, treated and discharged by ENP/ANP staff from the ED Department. – Increase from 10 to by 15%					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
Programmed Investigations & Treatment Use of inpatient beds to support programmed investigation and/or scheduled or ongoing treatments because of a lack of alternative pathways. It would reduce pressure on inpatient beds if pathways are developed to divert to non bedded options for these groups of patients.	Identify within work undertaken as part of the outpatient redesign options for the alternative management of patients currently admitted for: - IV therapies - Blood transfusions - Biopsy/Aspiration - Cardioversions	Phillip Lunts	n/a	October 2013	Ongoing
Outcomes: Reduction in direct admission to Inpatient Medical Wards for Ward Attenders – Reduction of 75% by December 2013					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
Ambulatory Care	Review arrangements for Medical Assessment prior to medical admission.	Kirk Lakie/ Simon Watkin	Change Fund £42k n/r	Sept 2013	Ongoing

Development of Ambulatory Assessment and treatment for urgent and emergency referrals. Currently MAU is reliant on beds to support assessment of patients. There is a requirement to put in place arrangements that support assessment of patients, consistent with principles of access standard, and that avoided the unnecessary use of inpatient beds.	Current configuration of physical resource has admission prior to assessment for the majority of patient referred acutely to Medicine. We will review current arrangement to establish if capacity can be created within existing resource to allow for the assessment of patient prior to Medical Admissions process. In the short term establish ambulatory pathway for DVT/Cellulites that manages initial assessment outside of the Medical Admission Unit. Review the Rapid Assessment room in MAU to establish if this is effective and justifies the use of capacity with the unit.	 June Nelson Kirk Lakie		 August 2013 July 2013	 Will be initiated by end Aug Reviewing Data
Outcomes: Reduction in Medical Admissions Reduction in Same Day Discharges with Medical Admissions Unit (MAU). Reduction in Bed Occupancy Rates MAU					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
Discharge Profile and Patient Flow We have an admissions profile that puts demand on inpatient beds in the morning and early afternoon, and a discharge profile that tends toward bed availability from the early afternoon to the evening. In order to support	Key elements: Improving performance around discharge planning that increases the proportion on Inpatient Discharges discharged before 11am on a daily basis.	Rachel Bacon Alasdair Pattinson	n/a	Oct 2013	Ongoing

inpatient flow much more effectively this needs to change to allow bed availability to match demand.	Increasing support at a ward level around key activities of discharge planning to ensure we are planning ahead for transport, discharge drugs and discharge letters; activities usually associated with delays. This is work right across the Health Systems including Acute and Community Beds.	Rachel Bacon Alasdair Pattinson	n/a	Oct 2013	Ongoing
	Increasing senior daily clinical challenge at ward level to ensure we have an action focus aimed at addressing unnecessary delay, centred on daily Board rounds and the use of technology to support communication across the MDT (Wardview and Taskview).	Jane Davidson	n/a	Daily Review and Leadership Challenge	Ongoing
	Establish daily routines aimed at delivering systems resilience, effective planning ahead aimed at securing consistent performance around flow and flow management.	Jane Davidson	n/a	Daily Review and Leadership Challenge	Ongoing
	The introduction of Supervisory Senior Charge Nurses who will lead on ensuring Quality at a ward level, but who will have a role in ensuring consistent senior leadership is given to flow management.	Evelyn Fleck	Clinical Excellence £160k	Sept – Mar 2013	Ongoing
Outcomes: 25% increase in discharges before 11am. Increase the Discharge rates for Weekends 75% Transfers to Community Hospital are organised 24hrs in advance. Reduction in LoS across Acute and Community Hospital Beds (TBC)					

	Reduction in Bed Occupancy at a ward level.
	Reduce the number of Bed Days Lost to Delays
Quality	Reduce the number of Bed Days associated with Patient out with their Specialty
	Reduce the number of patient transfers that happen after 10pm and before 8am

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B2. Senior Clinical Decision Making.

Issue	Action	Responsibility	Resources	Timescale	Statue
Medical Assessment & Admissions Our current general medical model of care relies on the pool of general Consultant Physicians taking turns for providing cover to Acute Medical Admissions. In the main Consultant assume reasonability for patient admitted under their care for the duration of their Acute Hospital stay. While this provides excellent continuity it does present a number of specific issues. - Post take a consultant may find they are responsible for upwards of 40+ patients (particular at a weekend) making senior decision making and effective care planning problematic. - We have a model of admission then assessment for referred patients. This can introduce the potential for delay. - We do not have daily senior decision making rounds on all acute medical patients. Again this can introduce delay and a 'batching' effect on bed availability and work at a work level.	We need to look at addressing issues associated with level loading inpatient numbers, decision making across the week and work within wards on a daily basis. We are currently trialling: - A revision to the management of medical patients downstream, with Consultant teams responsible for fixed bed pools. - Introduction of the objective of daily senior clinical review for **ALL** inpatient Medical patients. - Team ward rounds that are MDT focused and ensure a Consultant, Junior Doctor and senior nurse are present during ward rounds as the norm. - All DME patients are taken over by a Medicine of the Elderly Physician from admission. - Development of Taskview (electronic task allocation) to highlight outstanding work and remove error/delays for time critical tasks.	Kirk Lakie Simon Watkins Jackie Stephens		May Onwards VSM Exercise August	Ongoing On target

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Outcomes : Level Loading Patient Number across Consultant Physicians
Reduction In LoS in Acute Medicine and for Patient over 75 specifically.
Increase in Weekend Discharges.
Level Loading discharges across the week
Increasing Discharge Planning and Improving 11am discharge.

Issue/Interventions	Actions	Responsibility	Resources	Timescale	Status
Consultant Profiling An objective for the Medical unit has been looking at ensuring we identify, understand and remove unnecessary variation. This has led to a number of valued initiatives and changes in process that have resulted in reductions in length of stay.	Identify a programme of engagement around consultant profiling data aimed at - reviewing data at a Consultant level - Identifying and understanding variation - Looking for opportunities for improvement.	Simon Watkin	n/a	August 2013	Ongoing. Data circulated
Outcomes : Variation on key indicators like readmission, length of stay etc are narrowing over time.					
Issue/Interventions	**Actions**	**Responsibility**	**Resources**	**Timescale**	**Status**
Winter Bed Flexibility/Surge Capacity One of the key issues identified within an analysis of performance against the emergency access standard, particular over the winter period is the ability to be able to respond effectively to short term surges in demand for admission beds. This capacity is	We are progressing key data analyses looking at winter activity from 2012/13 that allows a better understanding of: - Normal admissions profile and ward occupancy that we need to achieve in advance of winter 2013/14 to allow **NORMAL** variation to be managed effectively.	Kirk Lakie	n/a	Sept 2013	Ongoing

dependant upon two things: - Reducing current occupancy levels to allow natural/normal variation to be managed during the winter months. - Having a robust arrangement for effective surge capacity that allows for short term capacity as required.	- We have invested in additional Cubicle capacity (Ward 6 Annex) and we need to finalise planning for how we will allow surge capacity to be accessed effectively in the short term should this be required to support flow.	Mairi Pollock	Winter Funding Circa £150k for 4months additional surge capacity.	Aug 2013	
Outcomes: Bed occupancy levels are reduced to 85% by September in Key admitting Wards Reduction if breeches 4 hour standard due to bed availability.- 50% reduction in associated breeched by October 2013					

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B3. Right Care Every Time.					
Issue	**Action**	**Responsibility**	**Resources**	**Timescale**	**Statue**
Working Across 7 Days We still have a workforce profile that staffs the weekend periods differently to Monday to Friday. Activity levels for emergency flows, particularly during the winter period, do not vary accordingly and we introduce as a consequence a stress recovery model of working whereby we pressure the system over the weekend, particularly around beds, and use Monday and Tuesday to attempt a recovering. This impact negatively on patient care, patient experience, our staff and our ability to plan ahead	We are working on identifying how we can effectively support patient flow across 7 days, ensuring that this represents value in terms of return on investment. This includes: - An impact assessment of all services that operate a reduced service at the weekend in terms of patient flow and our ability to deliver assessment, treatment and discharge. - Review arrangement for senior clinical decision making into and over the weekend to ensure we have systems that are robust and we address issues associated with unnecessary delay. - Weekend resilience is part of the normal working week and Senior Management time is identified to ensure that we have a focus on addressing any identified gaps in delivering services.	Jane Davidson/ Rachel Bacon	£23k	Review end Aug 2013	Ongoing

COMMUNICATIONS PLAN-
Winter Planning 2013/14

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Winter planning 2013/14 communications plan

This plan sets out the key actions to be undertaken to communicate and engage with staff, patients and visitors about the importance of planning for winter 2013/14.

AIMS

NHS Borders recognises it is essential to communicate, engage and involve a range of stakeholders when planning for winter 2013/14 This document outlines the communications activities planned to:

- Inform stakeholders of the National media campaign messages.
- Ensure key messages in relation to stocking of medicine cabinets, opening hours of GPs and Pharmacies are communicated.
- Inform stakeholders of any disruptions to normal service that may occur due to festive holidays.
- Inform stakeholders of any disruptions to normal service that are unplanned winter weather.

BACKGROUND

This winter communications Plan has been prepared as part of NHS Borders Winter Plan.
Communication externally to the public both at a local and a national level, and internally to staff across health and social care will be pivotal to the effective delivery of services during this winter period.

OBJECTIVES

Accurate identification of stakeholders and the appropriate use of communication and engagement tools and processes are essential to ensuring high quality engagement and communication.

Our objectives are:

- To maintain a high level of awareness and commitment to the project;
- To ensure consistent messages about the project are communicated within NHS and amongst wider stakeholder groups;
- To ensure stakeholders have opportunities to be engaged and involved in the work of the project
- To ensure accurate and accessible information is made available to stakeholders.

Achieving these objectives will be measured by:

- Increase in positive messages about the project to all stakeholders;
- Increased positive coverage in wide range of media;
- Stakeholders display improved understanding of the project and support for the regime;
- Improved feedback on services used during winter 2013/14, reduction in number of complaints; increase in positive comments.

KEY MESSAGES

The key message themes are: (Tim you will need to decide what messages you want to lead with if different)

- Be prepared for winter
- Stock up on medication
- Reminder of public holiday closures
- Reminder of out of hour services
- Pre planning transport

Key messages need to develop at each conversation stage to ensure risk stakeholders do not disengage with the process.

AUDIENCES

To help ensure public engagement and communications is meaningful and appropriate, a stakeholder analysis helps ensure we identify all relevant stakeholders and use the most appropriate methods of communications and engagement.

Particular efforts will be made to make sure we communicate and engage with stakeholders in a method that is suitable to them, and to communicate and engage with 'hard to reach' groups.

The following stakeholders have been identified:

- Patients
- Visitors/Public
- Staff – across whole organisation, not just BGH site
- NHS Borders Board members
- Area Partnership Forum
- Public Involvement Network including Public Partnership Forum
- Scottish Health Council
- MSPs / MPs
- Media
- Borders community groups
- Hard to reach groups – by location and accessibility
- Third sector/voluntary groups and organisations

COMMUNICATION METHODS

The selection of the appropriate delivery method is directly related to the content of the message and also on the aim of the communication.

- Reactive media service offering direct contact with the media
- Proactive media service offering direct contact with the media - Identification of positive stories to be fed proactively to all media or specifically targeted to one media outlet. Interview, feature or comment articles placed proactively where appropriate.
- Briefing/interview sessions (in person or by telephone)
- Photocalls/press releases/conferences as appropriate
- Advertising/advertorials
- Internal NHS publications – staff
- Staff briefings – globals/line manager briefs
- Use of Stakeholder/partner publications – e.g. SBConnect magazine to all Borders households
- Use of partner agencies communication tools – e.g. voluntary sector newsletters (Elder Voice; Red Cross etc)
- Use of internet
- Use of intranet
- Development of communications materials – leaflets, postcards, pop-ups
- Display/information stands
- Consider hard to reach groups including different languages/accessibility issues
- Social media (Facebook)

This is the communications action tracker – Put this as a standing item on the project agenda

TIMESCALE	COMMUNICATION METHOD / ACTIONS	KEY MESSAGES	AUDIENCE (stakeholders)	LEAD (for delivery)	Status
September	To scope potential development of mail shot card to all homes.	Reminder of opening hours/public holidays OOHS contacts	Patients public		Scoping- Lynsey
October	Scope other health board comms		For information	Alison Smail	In progress
October	SB Connect	Comms have key messages that were used in 2012/2013 and can use these for this.	Service users	Content & author- comms	
October	Develop microsite for staff information	Get ready National messages	staff	Festive microsite administrators	
October	Develop web page inline with national messages	Get ready National messages	Service users	Content & author:	
	Go live with web content	Get ready National messages	Service users	Action by: web team	
November 4/11, 11/11,18/11, 28/11	Social media Facebook- feeds to NHS borders website on a weekly basis	Get ready National messages	Service users	Content by: Comms team will feed	
November	Plasma screens	Get ready National messages	Service users	Design screens by: Comms will put up	
November	Featured Advert	Get ready National messages	staff	Design screens by: Web team will put up	
November 11/11	Desk top post its	Get ready National messages	staff	Author: Comms will release	
November	Press release	Get ready National messages	Service users	Author: Comms will release	
November	Staff update	Get ready National messages	staff	Author: Comms will release	
November	Team brief	Get ready National messages	staff	Author: Comms will release	
December 2/12, 9/12, 16/12,	Social media Facebook- feeds to NHS borders website on a weekly	Get ready National messages	Service users	Content by:	

TIMESCALE	COMMUNICATION METHOD / ACTIONS	KEY MESSAGES	AUDIENCE (stakeholders)	LEAD (for delivery)	Status
23/12, 30/12	basis			Comms team will feed	
December	Plasma screens	Get ready National messages	Service users	Design screens by: Comms will put up	
December	Featured Advert	Get ready National messages	staff	Design screens by: Web team will put up	
December w/c 2/12	Desk top post its	Get ready National messages	staff	Author: Comms will release	
December	Press release	Get ready National messages	Service users	Author: Comms will release	
Dec 23/12,24/12,27/12	Social media Facebook- feeds to NHS borders website on a weekly basis	Festive messages National messages	Service users	Content by: Comms team will feed	
December w/c 16/12	Plasma screens	Festive messages National messages	Service users	Design screens by: Comms will put up	
December w/c 16/12	Featured Advert	Festive messages National messages	staff	Design screens by: Web team will put up	
December w/c 16/12	Desk top post its	Festive messages National messages	staff	Author: Comms will release	
December w/c 9/12	Press release	Festive messages National messages	Service users	Author: Comms will release	
December	Staff update	Festive messages National messages	staff	Author: Comms will release	
December	Team brief	Festive messages National messages	staff	Author: Comms will release	