Borders NHS Board

NHS BORDERS 2010/11 WINTER PLAN

Aim

This paper summarises the work to-date on producing a Winter Plan for 2010/11 and seeks support for the final draft Winter Plan (see Appendix) in order that NHS Borders meets the requirement from the Scottish Government to have signed off a plan by the end of November.

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.

Summary

In summary planning for the full winter period, and in particular, the festive period is underway. Key developments within NHS Borders 2010/11 winter planning are summarised below:

- A system-wide escalation plan focusing on patient flow through in-patient beds will be embedded prior to December 2010 (including links to social work managers across the festive period).
- An additional resource will be available to the BGH to avoid unnecessary admissions and facilitate timely discharge, through the British Red Cross buddy service on key dates over the festive period.
- There will be increases in the availability of key staff over the festive period, compared to the previous year, including; phlebotomy, rapid response, occupational therapy and physiotherapy.
- Work will take place prior to the festive period to embed systems to increase the effective use of available patient transport resources.
- Additional 4x4 vehicle capacity available to BECs and out of hours nursing services (including District Nursing services) across the localities.
- A series of staff briefings will take place within community hospitals and wards in the BGH to promote utilisation of the services that will be available over the festive period to ensure patient flow is maintained.
- Joint work will take place to maximise the effective utilisation of social work’s emergency duty team (EDT) over public holiday weekends. Supported by the ability to access a new out of hours homecare manager within social work.
Key information for staff in relation to the festive period will be accessible on the ‘festive microsite’ to be launched in December 2010.

**Recommendation**

The Board is asked to **note** the paper.

<table>
<thead>
<tr>
<th>Policy/Strategy Implications</th>
<th>None</th>
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<tr>
<td><strong>Consultation</strong></td>
<td>The Winter Planning Group includes representation from clinical boards and relevant support services. In addition, SBC social work, SAS and the voluntary sector are members of the Winter Planning Group. The 2010/11 Winter Plan has been discussed with and approved by the Clinical Executive Operational Group.</td>
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<tr>
<td><strong>Consultation with Professional Committees</strong></td>
<td>Drafted by NHS Borders Winter Planning Group and approved by Clinical Executive Operational Group.</td>
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<tr>
<td><strong>Risk Assessment</strong></td>
<td>The 2010/11 Winter Plan has anticipated a number of potential risks to service delivery over the winter period, with a particular focus on the festive period. The plan outlines actions that will be undertaken to address a number of risks including (risk to patient flow, severe weather, communicable disease outbreak etc).</td>
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<tr>
<td><strong>Compliance with Board Policy requirements on Equality and Diversity</strong></td>
<td>The Winter Plan aims to ensure the needs of all service users continue to be met under a period of increased pressure. Actions within the plan are not expected to disadvantage any particular groups are individuals.</td>
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<tr>
<td><strong>Resource/Staffing Implications</strong></td>
<td>Annual leave within key services will be managed to ensure appropriate levels of cover on non public holidays. Costs of increased levels of cover on public holidays from BGH pharmacy, phlebotomy, labs and physiological measurement are expected to be around £1,000 and will be met from within service budgets.</td>
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**Approved by**

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<tr>
<td>Jane Davidson</td>
<td>Chief Operating Officer</td>
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**Author(s)**

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<th>Name</th>
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<tr>
<td>Holly Irwin</td>
<td>P&amp;CS Clinical Locality Manager</td>
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Winter Plan 2010/11

Status: Working Document

Author: Holly Irwin
Reviewer: Jane Davidson
Version: 5 November 2010
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17. Summary
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 2010 into February 2011 and specifically includes the Festive Period (15th December to 12th 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 plan is a working document and will be refined throughout the autumn period.

2. Recommendations from winter 2009/10

2.1 Ensure a minimum of ‘normal’ levels of cover on non-public holidays for both Occupational Therapy and Physiotherapy in BGH and the community:

OT – 95% of staff working the 3 weeks prior to Christmas and 75% of staff working the three days following the PH weekends, across BGH and the community.
PT – Normal levels of cover in the BGH outwith PH weekends, levels of cover within community hospitals will be increased from previous years and will be used in a targeted way to meet areas of greatest need.

2.2 Ensure jointly funded ‘weekend’ rapid response worker provides an appropriate level of OOH cover over the festive period:

Aim to have 50% of the festive period weekends covered by a rapid response worker.

2.3 BGH pharmacy maintain the levels of cover provided in 2009/10 over the festive period:

Levels of cover from the previous year will be maintained.

2.4 Phlebotomy services are extended to provide cover on the four festive public holidays:

Phlebotomy services will be provided on all four public holidays.

2.5 Focus festive planning on four weeks rather than two (i.e. the week before Christmas to a full week after New Year):

2010/11 planning focuses on activity and levels of cover several weeks prior to Christmas and through into January.
2.6 Expand Red Cross Buddy transport pilot to cover additional key dates over the festive period:

Red Cross Buddies will be available to support the avoidance of unnecessary admissions and facilitate timely discharge for in-excess of 4 half days over the festive period (compared to two sessions in 2009/10) and it is hoped this will target weekends and public holidays.

2.7 Continue to provide a focus for co-ordination of patient transport to support discharges and ensure access to patient transport provision for discharges / transfers over the festive weekends:

Current exploration of a transport checklist and co-ordination function, to be embedded prior to the festive period, is underway. Discussions are also underway to negotiate flexibility to provide limited patient transport for discharge / transfer over the festive weekends.

2.8 Continue production of Daily Service Snapshot document to cover each day of festive period:

This will be produced for the 2010/11 festive period.

2.9 Increase access to equipment over the festive period via the BAES satellite stores:

BAES included in Winter Plan, availability to be promoted in service snapshot and via staff briefings.

2.10 Re-visit the adverse weather policy to ensure wider lessons relating to the intensive period of snow and ice are incorporated:

The NHS Borders adverse weather policy was reviewed in July 2010.

2.11 Consider BECS access to four wheel drive vehicles in case of severe weather conditions affecting roads:

BECS and out of hours (OOH) staff will have access to five 4x4 vehicles by December 2010, these will be spread across the Borders localities.

3. Links to related plans

3.1 NHS Borders Escalation Plan

A new whole system escalation plan is now in place, which covers all of the clinical boards within NHS Borders. The plan outlines a process for the continual assessment of pressures within specific teams and departments within NHS Borders, against a set of identified triggers. This will provide 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, will be able to work collectively to deliver a whole-system response to pressures across the clinical boards. 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 (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 2010.

3.2  **NHS Borders Infection Control Manual**
The content of the Infection Control Manual for NHS Borders will have been reviewed by the end of December 2010, and can be found on the intranet (or via a link from the festive microsite). To complement this the infection control team have recently produced helpful quick reference guides to assist staff working in infected areas. This information should provide a comprehensive guide for staff in the event of an outbreak of a communicable disease within a unit, although there is Consultant Microbiologist cover 24/7 (accessed via the BGH switchboard) in case an outbreak is identified out of hours. Plans are currently underway to implement learning from national research into norovirus outbreaks, as well as from the recent outbreak in the BGH earlier this year, and the infection control team are exploring improved signage and communication, as well as reviewing the availability of hand washing sinks in the BGH.

3.3  **NHS Borders Severe Weather Policy**
In case of severe weather, staff should refer to the recently reviewed adverse weather policy and/or departmental business continuity plans (depending on the severity of the weather and its impact). The adverse weather policy 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 period. 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.

3.4  **Business Continuity including Pandemic Flu Plans**
Each part of NHS Borders has access to relevant business continuity planning documents. Business continuity plans are structured in terms of ‘Red’ plans (for immediate responses to significant events which could impact on the organisations ability to function, within the first few hours), ‘Yellow’ plans (appropriate where it has been assessed that the situation requires on-going crisis management), and ‘Green’ plans (focused on planning towards a staged recovery within different service areas). Business continuity documents 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.

The pandemic influenza outbreak in the UK seems to be coming to an end (at least in terms of this phase). That is not the case in other parts of the world, therefore the focus now is around vaccinating holiday makers before they travel in order to restrict the chance of bringing the virus back into the country. It is highly likely that the pandemic (H1N1) 2009 virus will be the predominant
influenza strain during the 2010/11 influenza season, therefore the seasonal flu vaccination programme now will protect individuals against the disease and its complications when it returns later in the year.

NHS borders will also be reviewing 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.

4. Use of prediction tools

4.1 Simul8
Simul8 is the NHS 24 software modelling tool which will facilitate the prediction of out of hours activity particularly over the festive period. This had been particularly robust in predicting call volumes over 2007/08, increasing confidence in the system locally. During 2008/09 call activity was overall 58% higher than predicted, whereas 2009/10 predicted call activity was relatively accurate. Simul8 predictions for 2010/11 will be utilised as one aspect informing planning, but rota planning will also take into account the level of activity seen in the previous year.

4.2 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 will utilise systemwatch data within regular bed management meetings, to consider the appropriateness of plans for the following week. Systemwatch data is a collation of a number of data sources and will include information received in relation to public health surveillance.

4.3 Flu surveillance
In addition to the usual ‘flu spotter’ practices in the Borders and in response to the current H1N1 situation, 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. The same data will also feed into systemwatch predictions. Health Protection Scotland will also be reviewing the National flu surveillance programmes in the near future.

4.4 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).
4.5 **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:

Weather: [http://www.metoffice.gov.uk](http://www.metoffice.gov.uk)

5. **Acute sector provision**

5.1 **Unscheduled care**
The ED specialty doctor rota will operate over the festive period, ensuring specialty cover every day across the festive period. The ED GP service will operate over the festive period with the GP covering an additional 2 hrs (10.00 – 20.00 instead of 10.00 – 18.00) on 26th to 28th Dec and 1st to 4th January to manage anticipated peaks in demand.

In addition to normal levels of nursing cover, plans are in place to have an additional trained nurse on duty night shift on 31st Dec, 1st Jan and 2nd Jan. Again, the additional cover is targeted in-line with predicted activity.

5.2 **Medical unit provision**
In 2009/10 the consultant rotas over the Festive Period were modified to have at least one consultant per speciality for each of the normal working days, and over the two public holiday weekends there will be two consultants in the hospital during the day each day (one on-call 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. Junior and middle grade medical staffing cover will also be managed to ensure cover across the public holiday weekends.

Annual leave for nursing staff has been restricted during the two week festive period. This is to ensure that there are sufficient staff to meet the increased 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.

In 2009/10 we introduced an additional level of cover provided by the following specialist nursing services; cardiology; respiratory; gastroenterology; and diabetes. This year each team of nurses will ensure there is a specialist nurse available during the day on the two Mon/Tues public holidays, to support both prevention of admission and discharge as this proved successful last year in maintaining patient flow.

5.3 **Critical care**
ITU, including ITU outreach, will continue to be staffed as normal, this is consistent with previous years winter planning. There will be a limited service provided over the festive period by the recovery / acute pain service, again this is consistent with the service provided over previous years.
5.4 **BGH support services**

**ASDU**
ASDU will offer a normal service in between the public holidays, but will ensure a level of cover over both Saturdays of the two public holiday weekends and the two public holiday Tuesday’s.

**Labs**
Provision of labs cover will be as for previous years with an additional level of support in terms of a visiting ward service supported by cover by bleep.

**Radiology**
Provision of radiology cover will be as for previous years with an additional level of support in terms of a visiting ward service supported by cover by bleep.

**Phlebotomy**
Provision of phlebotomy services will be increased over the festive period in recognition of the identified level of need. The service will be staffed between 8am to 12pm on the Sunday, Monday and Tuesday of each of the two public holiday weekends. In addition to this, cover will be sought for the two Saturdays, in particular New Years day.

**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 the two public holiday Tuesdays.

5.5 **Orthopaedics**
The orthopaedic / trauma service will run as normal with baseline staffing levels over the festive period. It is expected that the orthopaedic theatre will be provisioned for emergencies and a vertical booking list.

5.6 **Elective procedures**
Routine elective surgery will cease over the festive period, from the week prior to Christmas into mid January. Vertical booking will be used to maximise the theatre resources available for urgent cases and day emergency patients.

DPU will close on 24th December and re-open on 10th January. The main theatre will operate until 24th December and move to supporting emergency medical and obstetrics over the Christmas and New Year holiday period (including public holidays). Elective surgery will be restricted for all but orthopaedics from then until the 17th of January to support any problems with bed congestion. During this period it is likely that DPU, x1 orthopaedic theatre and x2 vertical booking lists will be running.
6. Primary care provision

6.1 GP contractors
GP practices will remain open on all days over the festive period with the exception of public holidays and weekends. The Associate Medical Director and Chair of P&CS will write to all GP practices to reinforce the importance of ensuring appropriate levels of cover on the days prior to and post public holidays.

A Locally Enhanced Service on anticipatory care was agreed with all the Borders GP Practices in December 2009. 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, are required to develop individualised anticipatory care plans, which incorporate social care for these patients.

Work is also ongoing to support people in care homes and those who are housebound with complex problems to avoid hospital admission or A&E attendances wherever appropriate. Practices are required to work towards providing patients who are housebound or live in care homes with individualised clinical and anticipatory care plans which are developed and shared with the relevant care teams.

6.2 District nursing
District nursing teams across the five localities will provide usual weekend levels of cover across the two public holiday weekends, on the Public Holidays, these staffing levels will be increased. 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 and evening nurses will have 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.
6.3 **Borders emergency care service (BECS)**

In general, nursing and medical cover within BECS will match the level of cover provided the previous year. 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 on each night of the two four-day public holiday weekends (plus on the night of 31st Dec).

BECS reception will be covered at all times over the festive period, with two reception staff on duty at predicted times of peak demand. Contingency plans for additional medical records staff to be identified and trained to use BECS IT systems (Taycare) should alleviate any potential problems that could arise due to levels of sickness absence within the BECS admin team over the festive period. This activity is linked to pandemic flu planning but will be of benefit over the festive period also.

BECS drivers will also be available to offer support to GPs in peripheral sites as well as those operating from the BECS hub. Work is currently progressing to ensure that the majority of BECS vehicles have 4x4 capability prior to the winter period. This will support service continuity throughout the winter period.

6.4 **Community hospitals**

All five community hospitals will ensure that annual leave is kept to a minimum over the festive period. 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. However, the minor injury units within the four main community hospitals will provide 24 hour cover over the two public holiday weekends.

6.5 **AHP services**

**Occupational therapy**

Last year in BGH the OT service lead worked both public holiday Mondays to assess and prioritise

- The impact OTs could make to expedite transfer to community hospitals or discharge home
- The workload for staff returning to work on Tuesday.

The outcomes demonstrated that having OTs in public holidays could not in itself speed up the process of transfer / discharge due to the interdependency of OT on SW assessments – home care and equipment provision and the patients medical state. It did however demonstrate the need to have 95% of OTs working the 3 weeks before the festive period and 75% working 29th to 31st December and 5th to 7th January. The rationale being to enable the maximum number of patients who are fit to be transferred for further rehab / discharged home. The % staffing levels will be implemented across acute, community and day hospitals.

The level of cover for paediatrics and mental health will be as for previous years, ie no staff available on the two public holiday weekends, and minimal cover 29th to 31st Dec. Levels of cover will increase to 75% of normal staffing levels for the week following the new year (i.e. 5th to 9th Jan). During the
periods of reduced staffing levels, these two services will have staff to respond to any emergency requests.

**Physiotherapy**
In the community, levels of cover on the days following both the Christmas and new year public holiday weekends will be increased from previous years, and will be utilised in a targeted way with staff moving to cover other areas where required and appropriate to support discharge activity.

BGH physiotherapy will ensure there is a physiotherapist covering BGH on 25\(^{th}\) and 26\(^{th}\) Dec, as well as 1\(^{st}\) Jan and 2\(^{nd}\) Jan. However, to support discharge there will be an increased level of cover, with two physiotherapists providing cover during the day on 27\(^{th}\), 28\(^{th}\) Dec and 3\(^{rd}\) and 4\(^{th}\) Jan, with on-call provision overnight. Annual leave will be restricted over the festive period to ensure normal levels of cover are maintained.

**Dietetics**
The BGH and community dietetic services will offer a similar level of cover to the previous year, with no cover on Christmas Day or New Years Day. However, there will be at least one member of staff working the non-public holiday weekdays, and there are plans in place to offer a minimal level of cover on the 28\(^{th}\) Dec and 4\(^{th}\) Jan for clinically urgent cases. This will be supported by on-call back up in case of unexpected sickness absence etc.

It is expected that there will be no health promotion dietetic service provision over the festive period due to lack of demand and with many partner agencies closed at this time of year.

**Podiatry**
Podiatry will offer the same level of service as in previous years, with routine clinics provided 20\(^{th}\) to 24\(^{th}\) Dec and 29\(^{th}\) to 31\(^{st}\) Dec. The service will also offer emergency slots on 24\(^{th}\), 30\(^{th}\) and 31\(^{st}\) Dec, co-ordinated via administrative staff based at Westgrove. Two diabetic foot ulcer clinics will also be delivered at BGH each week of the festive period. The service will be closed over the two public holiday weekends.

**Speech and language therapy (SALT)**
As in previous years, the SALT service will be closed over the two public holiday weekends. The service will offer a reduced level of service on the non-public holiday weekdays across the festive period both within the community and BGH, as well as in paediatric and ALD. BGH and community hospital based staff will prioritise the needs of patients with swallowing problems during the period of reduced cover, but 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.
6.6 **Borders emergency dental service (BEDS)**
Hawick, Coldstream and Galashiels dental centres will be staffed by a minimum of one dentist during the weeks commencing 20th Dec and 29th Dec.

BEDS will be available from 16.30 on 24th Dec to 08.30 on 29th Dec and from 16.30 on 31st Dec to 08.30 on 5th Jan. BEDS will offer dental provision for emergency cases that are unable to wait to be seen until after the public holiday weekend. This level of provision is consistent with previous years.

7. **Whole system arrangements**

7.1 **Focus of activity**

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<th>Focus for activity within teams in relation to in-patient activity</th>
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<td><strong>Mid-Nov to late Dec</strong></td>
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<tr>
<td>Aim for zero delayed discharges – escalate as required</td>
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<td>Additional focus on reducing lengths of stay</td>
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<tr>
<td>Focus on discharging patients prior to xmas</td>
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<td>Ensure sufficient staff cover available</td>
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**On-going patient flow management – no delays**

7.2 **Discharge management**
Plans are in place to ensure that there is a senior management presence within the BGH on all four public holidays. They will chair the twice daily bed meetings and offer support in escalating issues that are causing delays in discharge. In-line with the whole-system escalation plan (section 3.1) P&CS will ensure that a senior manager will be available to participate in on-site meetings should these be required to manage patient flow issues on each of the four PH’s (and every day over the festive period). A senior manager from P&CS will be working on both of the New Year public holidays, 3rd and 4th January.
Discharge liaison will not provide any cover on 25th and 26th Dec, but will cover 1st and 2nd of Jan. Service cover will be provided as normal outwith these dates including the 27th and 28th December and the 3rd & 4th January.

The discharge lounge will be closed on 25th and 26th Dec but open on the 27th and 28th December and 1st and 2nd Jan from 08.30-16.30pm. Outwith these dates the discharge lounge will be open each day until 7pm. dates including the 3rd & 4th January.

There will be a bed manager service every day during the festive period, with the exception of 25th and 26th Dec.

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

Diabetes
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.

Cardiology
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.

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

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.

7.3 **Palliative care provision**
As in previous years the Macmillan Centre will be closed on the four public holidays over the festive period. However, in recognition of the fact that specialist advice may be needed over Christmas and new year, there will be one member of the palliative care team on-call from home on the four public holidays between 09.00 and 17.00. Outwith these hours 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)**
As in previous years, BAES will be closed over the weekends and public holidays. However, staff will ensure that all 24 hour nursing stores are checked and stock replenished before each public holiday weekend over the festive period. 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. **Mental health service provision**

The Psychiatric Emergency Crisis Service (PECS) was established during November 2005 and has been an invaluable resource to BECS. Calls from patients with mental health problems are transferred via NHS 24 to BECS. If the patients are known and currently being supported by the mental health team, calls can be transferred directly to the PECS team in the out of hours period.

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 Bordercare.

During 2008, an improved pathway to manage patients with mental health problems when they present to A&E and BECS has been developed and now embedded within the service provision.

9. **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. Please refer to Protocol for Accessing the Consultant-on-Call for Learning Disabilities in South East Scotland.

This applies to the Community Learning Disability Team, Liaison Nurse service and Mental Health Officer service.
10. Pharmacy arrangements

10.1 Community pharmacy provision
Planned opening hours of community pharmacies across the Borders are known to Pharmacy services and will be disseminated prior to December. A staggered approach to opening and closing times across the Borders will minimise access issues, as in previous years.

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.

10.2 BGH pharmacy provision
This service will be open and staffed by one pharmacist and two pharmacy technicians between 11.00 and 13.00 on 26th & 27th Dec and 2nd & 3rd Jan. On both public holiday Tuesdays BGH pharmacy will be open 10.30-1.30pm, staffed by one pharmacist and two pharmacy technicians. In between the public holiday weekends there will be a normal level of cover, and a pharmacy on-call system will be in operation on 25th Dec and 1st Jan, and outwith opening times on other public holiday weekend days, which has the ability to escalate staffing levels as part of contingency planning if required.

10.3 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 patients, including children, who don’t pay prescription charges and allows pharmacists to prescribe certain medicine on the NHS, without the patient having to make an appointment with their GP. During this coming festive period, communication regarding this service will be crucial to reducing impact on the whole system.

10.4 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.

10.5 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. 2009/10 saw a percentage increase in the proportion of staff vaccinated against seasonal flu from 16% to around 39% (plus 53% vaccinated against H1N1). In light of the recent H1N1 situation it remains a priority to deliver the seasonal flu vaccination campaign in order to protect members of the public and staff from the effects of seasonal flu.
11. **NHS Borders support services**

11.1 **Stores**
As in previous years the stores will be fully staffed all weekdays except the four public holidays over the festive period. From the start of December ward stocks will be gradually increased to maximum levels to support the festive period. Discussions have taken place with the national supplier NDC to learn lessons from 2008/09 and ensure that these have been put into practice in subsequent years to improve access to stock.

11.2 **Cleaning services**
2009/10 staffing levels will be maintained this year over the two public holiday weekends across both the BGH and community hospitals. This is in recognition of anticipated bed pressures within the system.

11.3 **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.

11.4 **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 Sundays, Mondays and Tuesdays with a normal service on all other days over the festive period.

11.5 **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.

12. **Social work provision**

12.1 **Emergency duty team**
The Emergency Duty Team (EDT) will be available OOH and over the two public holiday weekends, and can be contacted with urgent requests for assessment and provision of homecare packages to avoid unnecessary admissions and facilitate priority discharges. EDT can also access the OOH Home Support Service and peripatetic carers, and can check the Framework system to assess whether patients have current packages of care in place (re-instating these where required to facilitate discharge). 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 out of hours Home Care Manager in place prior to the festive period. This person can be contacted via EDT to facilitate access to home care where this is required to facilitate discharge.

The local offices and teams, including the Hub, will be open between 29th and 31st Dec and 5th to 7th Jan to support prevention of unnecessary admissions and facilitation of discharges.
12.2 **Night support services**
The Night Support Service (NSS), which is operational 7 days per week from 10.00 pm – 7.30 am 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.

12.3 **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.

12.4 **Rapid response**
Work is currently underway to merge the Rapid Response and Social Work Hospital Discharge Teams and it is anticipated that this should be in place prior to the festive period. Whilst this merged team will not be able to provide cover on public holidays, it is anticipated that the weekend worker within the current Rapid Response service will provide cover over 50% of the festive weekends, ideally with a focus on cover over the New Year weekend.

It is anticipated that, as in previous years, annual leave will be restricted in the days following both the Christmas and new year public holiday weekends and there will be cover from the post based within A&E / ward 4 on these working days.

12.5 **Waverley intermediate care provision**
There is agreement that NHS Borders staff are able to access beds within the established Waverley intermediate, 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 the Rapid Response service, who would usually process referrals for access to intermediate care beds within Waverley care home.

13. **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 new post of ‘Community Infection Control Nurse’ who will provide an additional resource to support care homes to manage communicable disease outbreaks. The December meeting is planned to have a slot to discuss specific winter / festive planning issues, including raising awareness of anticipatory care approaches designed to avoid unnecessary admissions into hospital (see section 6.1).
14. **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 last years pilot, 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. It is hoped that this provision will be at an increased level from the previous year and will focus on days where demand is anticipated to be high and when other related services might not be available.

15. **Scottish ambulance service provision**

There are plans in place for an increased level of patient transport service over the festive period, this would include the addition of one patient transport vehicle staffed by two people, available from 9am to 9.30pm on Tuesday 28th Dec and Tuesday 4th Jan. Weekends would also be covered by one patient transport vehicle staffed by two people, available 12.00 to 16.00pm. Although this resource is usually fully booked with renal patients it is hoped that some flexibility could be built in to accommodate priority discharge / transfers.

Normal levels of cover would be provided outwith these dates.

16. **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.

16.1 **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.

16.2 **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 an advert 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. Consideration will be given to exploring new media such as TV screens in waiting rooms etc.

There are also plans to repeat the provision of a festive microsite which will 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 the previous year, 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.

16.3 Emergency care summary
The Emergency Care Summary (ECS) which makes available to clinicians in the out of hours period, information concerning patient demographics, known allergies and current medication has recently been made available to unscheduled care clinicians working within an acute setting, i.e. A&E and Ward 4.

17. Summary
In summary planning for the full winter period, and in particular, the festive period is underway. Key developments within NHS Borders 2010/11 winter planning are summarised below:

- A system-wide escalation plan focusing on patient flow through in-patient beds will be embedded prior to December 2010 (including links to social work managers across the festive period).
- An additional resource will be available to the BGH to avoid unnecessary admissions and facilitate timely discharge, through the British Red Cross buddy service on key dates over the festive period.
- There will be increases in the availability of key staff over the festive period, compared to the previous year, including; phlebotomy, rapid response, occupational therapy and physiotherapy.
- Work will take place prior to the festive period to embed systems to increase the effective use of available patient transport resources.
- Additional 4x4 vehicle capacity available to BECS and out of hours nursing services (including District Nursing services) across the localities.
- A series of staff briefings will take place within community hospitals and wards in the BGH to promote utilisation of the services that will be available over the festive period to ensure patient flow is maintained.
- Joint work will take place to maximise the effective utilisation of social work’s emergency duty team (EDT) over public holiday weekends. Supported by the ability to access a new out of hours homecare manager within social work.
- Key information for staff in relation to the festive period will be accessible on the ‘festive microsite’ to be launched in December 2010.

This plan is a working document and will continue to be refined as more information becomes available.