

**Borders NHS Board****WINTER PLAN 2014/15****Aim**

This paper summarises the work to-date on producing a Winter Plan for 2014/15.

**Background**

NHS Boards are required to have winter plans which outline potential risks and contingency planning relevant to the winter season, this also includes planning for over the festive period. Plans should include links to partner organisations such as local authority, ambulance service and the voluntary sector.

The NHS Borders Winter Plan addresses all the key risk areas associated with the winter period including for example increased demand, unscheduled and elective planning, infection control and the potential for severe weather. The document is an overarching plan which signposts relevant protocols and policies which may be required over the winter period, for example the severe weather policy, pandemic influenza plans, infection control plans etc.

**2014/15 Winter Plan**

The Lead for Winter Planning attended the Board on 06 November to brief the Board on progress and provide assurances on some of the key areas of risk. The plan submitted to the NHS Borders Board has been approved by the NHS Borders Chief Executive and Chief Operating Officer.

**Summary**

In summary the plan is a working document that may be changed if required.

**Recommendation**

The Board is asked to **approve** the draft NHS Borders Winter Plan 2014/15.

<b>Policy/Strategy Implications</b>	Request from Scottish Government that all Health Boards produce a Winter Plan signed of by their Chief Executive.
<b>Consultation</b>	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

<b>Consultation with Professional Committees</b>	The plan was approved by the Chief Operating Officer.
<b>Risk Assessment</b>	The plan is designed to mitigate the risks associated with the winter and festive periods
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	RIA to be completed
<b>Resource/Staffing Implications</b>	Resource and staffing implications are addressed within the plan

**Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
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## **Winter Plan 2014/15**

**Status: Working Document**

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**Approved:** Calum Campbell, Chief Executive

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## SECTION 1 – WINTER PERIOD PLAN

### 1. Introduction

NHS Boards have a responsibility to undertake effective Winter Planning to ensure that needs of patients continue to be met in a timely and effective manner despite increases in demand or other pressures associated with the winter period.

This purpose of this Winter Plan is to build on the learning from previous winter periods and improve resilience going into the 2014/15 winter period. The plan does not look to re-write existing plans such as Business Continuity or Severe Weather Plans but to sign-post them, confirming that they are in place and ready to deal with the risk they were designed to address.

This Winter Plan has been prepared by NHS Borders in line Scottish Government guidance and 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 2014 into March 2015.

### 2. Key Deliverables

Safe and effective patient care measured through delivery of:

- Emergency Access Standard (98%)
- Local and National Waiting Times Targets
  - Treatment Time Guarantee (TTG)
  - 18 Weeks Referral to Treatment
  - Stage of Treatment
  - 31 and 62 Day Cancer Waiting Times
  - Stroke (Admitted to the stroke unit within one day of admission)
- No Delayed Discharges over 2 weeks

### 3. Self Assessment

The Scottish Government Winter Planning Guidance focuses on preparedness in a number of key areas, these include:

- Resilience
- Unscheduled and Elective Planning (including planning for over the festive period)
- Out of Hours Services
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Management Information

Part of the Winter Planning Guidance is a self assessment against the key criteria laid out against each of the areas of focus. Detailed below is the definition of how each status is classified. The full self assessment can be found in **Appendix 1** of this document.

The following table details the Red/Amber/Green (RAG) definitions used throughout this plan.

<b>RAG Status</b>	<b>Definition</b>	<b>Action Required</b>
<b>■ Green</b>	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
<b>■ Amber</b>	Systems / Processes are in development and will be fully in place.	Active Monitoring & Review
<b>■ Red</b>	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

#### 4. Recommendations from Winter 2013/14

The following table outlines the key learning and recommendations from the 2013/14 Winter Period.

<b>Key Requirement</b>	<b>Progress/Further Actions</b>	<b>Status</b>
Timely availability of care packages/care home places must continue to be improved and linked to the delayed discharges group to establish an early response mechanism.	<p>Difficulties remain with homecare provision. Different models of care and support are being trialled to help improve the issue including:</p> <p>Commissioning a second Fast Reaction team to respond to facilitate discharge.</p> <p>Use of care home beds in flexible way to ensure a person does not have to remain in hospital</p> <p>Working closely with all providers</p> <p>Consideration is being given to purchasing blocks of hours in anticipation.</p>	<b>■ Amber</b>
Finalise the proposal for the emergency bed store and how it will be managed.	<p>The Major Incident Store is now stocked with 24 beds (10 for a major emergency, 8 for surge and 6 for broken bed rotation/repair).</p> <p>There is also a stock of 14-16 mattresses in the acute store for use in a major emergency, as surge and as repair stock.</p> <p>There were previously only between</p>	<b>■ Green</b>

	<p>4 and 6 beds for all of the purposes mentioned above.</p> <p>General Services have an SOP and risk assessment in place.</p>	
Update escalation policy adding in Standard Operating Procedures to activate surge capacity (inc PSAU).	<p>The NHS Borders Escalation policy has been updated and now includes a surge decision making flow which will guide staff when surge capacity is required.</p> <p>The Board Executive Team agreed that the policy should remain under constant review and added to as appropriate. A table top exercise to test the policy was held on <b>04 November 2014</b>.</p> <p>A table top exercise to test how PSAU would be stood up if required is being planned.</p>	<p>■ <b>Green</b></p>
Improve planning around staffing to flex capacity to respond to demand.	<p>Permission has been given to recruit staff so as the following surge beds could be stood up if required throughout the winter period:</p> <ul style="list-style-type: none"> <li>• Ward 16 x 4 beds weekdays</li> <li>• Ward 16 x 14 beds at weekends</li> <li>• Borders Stroke Unit x 2 beds</li> <li>• Medical Assessment Unit x 8 beds</li> </ul> <p>This should take the pressure of the bank and reduce our reliance on agency when surge capacity is required.</p> <p>The recruitment process is currently underway it is hoped that the majority of staff will be in place by the beginning of December. See section 6b and 6c for further details.</p>	<p>■ <b>Amber</b></p>
Improve planning in order to optimise elective activity	<p>A plan has been developed which will support NHS Borders manage elective activity over the winter period and reduce the risks to waiting times</p> <p>A copy of the plan can be found in <b>Appendix 2</b></p>	<p>■ <b>Amber</b></p>
Ensure there is a presence throughout the festive period of experience of co-ordinating community hospital transfers.	<p>The Discharge Liaison Team will be in the Hospital every day over the festive period and as part of their</p>	<p>■ <b>Green</b></p>



	remit they coordinate Community Hospital Transfers.	
Earlier planning of Hospital Senior Management annual leave and on-call rota throughout the festive period	Management Rotas for the festive period are being finalised. There will be at least one manager from each service (Unscheduled Care, DME, Planned Care and Woman & Children's) in the Hospital over the normal working days and an enhanced out of hours cover on the bank holidays and weekends.	■ <b>Amber</b>

## 5. Resilience

### Challenges/Risks

The winter period has the potential to pose a number of disruptive risks including the impact of severe weather, significantly increased levels of demand and increased levels of staff absences.

### Current RAG Status

Amber

### Mitigation

**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.

**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. staff, suppliers, stakeholders, other agency contacts), will 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.

Wards and departments have been supplied with up-to-date Resilience folders containing Business Continuity plans, Major Emergency Procedure action cards, relevant Board and HR policies, Water and Telephone Recovery Plans, Ward View and Trak Care Plan along with Loggist Information.

Ward and Department managers maintain their own contact lists. These plans will 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. Resilience staff

have input to on call managers' folders and are commencing a programme of 1:1 training of on call managers.

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

*Business Continuity Planning:* <http://intranet/microsites/index.asp?siteid=485&uid=1>

**Severe Weather** - In case of severe weather, staff should refer to the 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).

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 a service level agreement with Lothian 4 x 4 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 Resilience Manager is also a member of the Lothian & Borders Local Resilience Partnership Tactical Subgroup which teleconferences in such emergency situations.

In times of severe weather NHS Borders would set up a Transport Office to support and coordinate essential staff transport to work. Due to changes in departmental arrangements and accommodation the SOP is being updated and will be tested during November.

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.

*Severe Weather Plan:* <http://intranet/microsites/index.asp?siteid=32&uid=6>  
*HR Adverse Weather Policy:* <http://intranet/resource.asp?uid=1145>

## 6. **Unscheduled/Elective Care**

### **Challenges/Risks**

Over the winter period there are a number of challenges/risks that can affect our ability to deliver unscheduled and elective care within required standards and timescales. These challenges/risks include:

- Increased unscheduled demand levels;
- Reduced bed availability as a result of norovirus;
- Short notice cancellations because of bed availability;
- Availability of resource to safely staff our surge capacity;
- Potential higher than normal sickness absence levels;

- Slower than normal patient flow as a result of increased length of stay;
- Demand for care home packages;
- Severe weather.

## **Current Status**

Amber

## **Mitigation**

The following has been put in place to reduce the likelihood or impact of these risks over the winter period.

### **6a. Escalation Policy**

A whole system Escalation Policy operates within NHS Borders, covering all of the Clinical Boards and Social Work. The plan outlines processes for continual assessment of in-patient pressures within specific departments against a set of identified triggers. As part of the learning from the 2013/14 winter period the NHS Borders Escalation Policy has been under review and a number of updates/amendments made. Key developments have been the inclusion of a decision making flow to support managers when surge beds look to be required.

The Board Executive Team (BET) has agreed that the document should not be signed off yet remain under consistent review and updated as and when required. The current version of the Escalation Policy was tested on 04 November 2014 and plans are in place to run another test on 20 November.

*[NHS Borders Escalation Policy:](#)*

### **6b. Beds**

The 2013/14 Winter Plan had identified a surge capacity of 15 beds increasing to 25 at the weekend however during periods between January and February this was found not to be sufficient.

There are a number of Physical Beds in the system that could be used as surge, however NHS Borders are currently looking at alternative ways to providing additional capacity which may have the potential to provide a greater impact, the model currently being investigated is:

- Purchase of additional care home beds
- Additional beds available in Ward 16
- Ward 6 Annex being used as an assessment unit

Staffing is being recruited as a Plan B in-case the new approach does not provide the required capacity and NHS Borders need to stand up the MAU Annex as an inpatient unit (8 beds) and the beds in the Stroke Unit (2 beds).

## 6c. Staffing

The vacancy position continues to be monitored by the Clinical Boards and the as part of a monthly up-date to the Board Executive Team (BET). The current number of nursing vacancies has again reduced this year compared to previous years, which puts us in a more robust position going into the winter period.

Clinical Board	October 2012	October 2013	October 2014
BGH	60 WTE	27 WTE	18.2 WTE ( <i>approx 50% of these posts are passed the interview stage and are awaiting references/OH/PVG</i> )
P&CS			4.5 WTE
Mental Health			4.4 WTE

Annual Leave for nursing staff is level loaded so as to avoid spikes in annual leave requests leading to pressure on the system. Staff are also required to adhere strictly to NHS Borders Sickness Absence polices.

NHS Borders is currently in the process of recruiting a number of Qualified and Unqualified staff to support the additional capacity identified in Section 6b. It is anticipated these staff will come into post over November and December and this will reduce pressure on the bank.

The Nurse Bank will continue to operate as normal. The Bank ability to provide cover for sickness/absence has been impacted in previous years by the need to cover in particular winter surge beds. It is anticipated with the recruitment of the additional staffing detailed above will reduce the pressure on the Bank and reliance on contract and non-contract agency staff.

All services have Business Continuity Plans, these plans detail how services respond to significant events such as severe weather and include details of how staffing will be managed/provided. Section 5 of this document outlines the plans in place for ensuring key staff can get to work (Transport Office) and how we will ensure staff can get to patients where required (Transport Coordination Group).

## 6d. Emergency Department

The service have focused on ensuring that staffing profiles within the ED match expected levels of demand, and identified periods of risk. Specially, this has involved resolution around 4 issues:

- Consolidating medical cover during the day time at the weekend to ensure capability to manage minor injury/trauma surge mid afternoon into the evening period (additional 8hrs per day).
- Extending ENP cover at periods of peak minor injury activity to ensure that we are able to maintain minor flow through the department (ENP cover to 10pm Friday to Monday, with an overlap during weekend evenings).
- Bringing start times for Specialty doctors forward to 8am to ensure a period of structured handover from Night to daytime cover.

- Extending Specialty Doctor cover to midnight recognising that congestion in ED after 9pm was a significant risk given previous rota reduced medical cover to a single doctor at this time.

Finally, recent recruitment has ensured that we have increased the available staffing over the winter period by an additional 56hrs, and we are confident that there is increased staffing resilience within medical staffing to reduce risks associated with any vacant posts.

## 6e. Patient Flow

### Resource/Meetings

Work has continued during 2014 to improve patient flow and many of the systems trailed during last year (including the winter months) are now business as usual, including:

- Weekend and evening bed buster service;
- Double Hospital Bleep Holders on duty at the weekend (one hospital bleep and one bed manager).
- Touch Team first thing in the morning;
- Daily 11am Charge Nurse meeting;
- Daily Multidisciplinary Board Rounds

New developments currently being trailed are, new working hours for the Bed Managers 1045-1945 hrs (including out of hours periods) so that they are available when the system is most under pressure.

The BGH is currently trialling a daily 1450 hrs meeting with representation from each of the ward areas to look ahead to the next day and to support forward planning so the system is as far ahead as possible in terms of planning discharges e.g. have discharge letters been completed, have scripts been sent to the pharmacy etc...

### Information

NHS Borders has developed a significant amount of point in time and predictive information available each day which is used to inform early decision making, this includes:

Bed State:	Issued 4 times a day.  This is provides information on the current bed availability, current and predicted requirement, expected discharges and a predicted midnight bed position
3 Day Midnight Forecast	Issued daily.  This provides information on the predicted midnight bed position for the next 3 days
7 Day Planner	Issued daily.  This provides information on a range of issues including predicted midnight bed position over the next 7 days, staffing issues, predicted Emergency Department attendances etc.
Emergency Department	Issued daily.

Admissions Predictor	Predicts ED attendances and expected admissions for the next 3 days
Patient Transport Overview	Issued daily. Looks at pre-booking of transport
Situation Reports	Issued daily. Acts as a temperature check for that day and highlights any issues that are off concern.
Elective Activity Reports	Issued daily. Details the expected elective activity 2 weeks ahead. Amongst other things it helps identify where there may be bed pressures
Weekend Brief	Issued weekly (Friday) Supports weekend staff by providing information on expected demand and challenges over the weekend period along with a brief on any plans put into place to help manage these issues.

## 6f. Elective Activity

A plan has been developed which will support NHS Borders manage elective activity over the winter period and reduce the impact of the risks associated with this time of the year

The key elements of the plan are as follows

- Maintenance of the core waiting times planning including booking within 6 weeks, booking in turn, reducing waits and increasing headroom;
- Planning for the festive period so we do not have high number of patients requiring operations at a time when there will be some reduction in capacity and planning ahead to make sure any capacity available is fully utilised;
- Assessment of planning for inpatient lists, especially elective arthroplasties to maximise use of dedicated arthroplasty beds.
- Review scheduling of surgical specialty lists to avoid days when there are peaks of demand for inpatient beds.
- A sum of £133,500 has been earmarked in Waiting Times financial plan for private sector support during the winter period. This will allow for patients to be offered treatment in private hospitals where cancellations due to winter pressures have prevented local treatment.

## 6g. Social Work

Scottish Borders Council Social Work Department are currently looking at a number of initiatives to timeously meet the demand for home care packages and ensure that patients are not delayed in hospital. These initiatives include:

- Commissioning and additional Fast Reaction Team to provide short terms care packages;
- Working closely with providers to seek resolutions to the supply issues;

- Using Care Home beds in a flexible way to ensure that patients do not have to remain in hospital when their acute care has been completed;
- Purchase of block home care hours in anticipation that they will be required.

## **7. Out of Hours (Borders Emergency Care Service – BECS)**

### **Challenges/Risks**

The most significant challenge during the 2013/14 winter period was the availability of medical staff to cover the BECs rota's. If sufficient medical staff is not available then many patients will have to use the Emergency Department which is not the most appropriate care provider. It will also increase pressure on a busy department and increase the likelihood of Emergency Access Standard breaches.

Demand particularly over the festive period can increase quite significantly.

### **Current RAG Status**

Green

### **Mitigation**

During January 2014 BECS fully centralised its services with all GP and nursing staff being based at the BECS hub in the BGH. BECS continue to provide home visits as normal and where clinically appropriate, however all attending patients are now seen at the BGH. The service has reported that this change has helped resolve the previous staffing issues and an improvement in response time to calls has been noted.

BECS liaises closely with NHS 24 to monitor demand, when demand predictors suggest that key dates could be particularly busy then service looks to increase staffing availability. This is particularly pertinent over the Christmas and New Year period.

BECS drivers will also be available to offer support to GPs and Nurses. BECS vehicles all have 4x4 capability. This will support service continuity throughout the winter period.

A significant amount of activity is via direct service access to the BECS hub. This includes; social work advice, pharmacists, district nurses and nursing homes. Direct access enables a rapid local assessment of patient needs based on anticipatory care planning.

Palliative care patients have direct access to the service which avoids delays or hospital attendance.

BECS GPs also provide professional to professional support for the SAS, thus preventing avoidable admissions and offer safe care alternatives

## **8. Norovirus/Infection Control**

### **Challenges/Risks**

Outbreaks of Norovirus have a detrimental impact on patient flow, due to increased length of stay, restricted patient movement, blocked empty beds reducing system capacity and staffing capacity.

## **Current RAG Status**

Amber (will be green once additional staffing is in place to facilitate surge beds and mitigate the impact of staff sickness absence).

## **Mitigation**

The Infection Control Manual 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 as well as Consultant Microbiologist cover 24/7 (accessed via the BGH switchboard) should advice and support be required during weekends, public holidays or out of hours.

Nursing admission assessment documentation has been implemented to aid early recognition and appropriate placement of symptomatic patients.

NHS Borders Health Protection Team and Infection Prevention and Control Team work very closely and also support care homes, schools and nurseries.

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.

A robust communications plan has been developed to keep patients well informed of what do to do prior to and during norovirus outbreaks.

During outbreaks there are plans in place for enhanced cleaning regimes and the situation is managed through daily multidisciplinary Outbreak Control Meetings.

Additional staffing for surge beds (should they be required) is being sourced this will ensure NHS Borders are able to open surge capacity when it is required it will also support sickness absence cover if/when required.

*NHS Borders Infection Control Microsite (Contents of the manual can be found on here):* <http://intranet/microsites/index.asp?siteid=423&uid=1>

## **9. Seasonal Flu**

### **Challenges/Risks**

Outbreaks of seasonal flu have the potential to significantly increase inpatient demand and to reduce staffing capacity through increased sickness absence rates.

### **Current RAG Status**

Green



## **Mitigation**

In order to reduce the risk of seasonal flu causing significant disruption NHS Borders will be conducting public and staff vaccination programmes.

### **Seasonal Influenza Vaccination Programme**

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.

Last year saw the start of the childhood flu vaccination programme. The phasing of the rollout has now been adjusted to reflect the feedback from NHS Boards and experiences from Year one and is as follows.

- **Year two - Winter 14/15**
  - all pre-school children aged two to five years
  - all primary school children in Primary one to Primary seven
  
- **Year three - Winter 15/16**
  - all pre-school children aged two to five years
  - all primary school children
  - possibly one secondary school cohort (Secondary one) depending on resources
  
- **Year four - Winter 16/17**
  - all pre-school children aged two to five years
  - all primary school children
  - possibly one or two secondary school cohorts (Secondary one and Secondary two) depending on resources

### **Healthcare Workers Seasonal Influenza Vaccination Programme**

NHS Borders is committed improving uptake of vaccination in health care workers and has set a stretch aim of vaccinating 60% of all employees (national target is 50%). NHS Borders will specifically target staff working with high risk patients in acute medical and surgical units, the Emergency Department, ITU/HDU etc..

The staff vaccination programme publicity commenced in September 2014 with the actual vaccination programme commencing on 1 October 2014. The Occupational Health Service has met and agreed that senior charge nurses and charge nurses will work as flu champions to encourage and improve uptake. In addition to specific flu clinics that will be held and the Occupational Health Service going on-site to high risk wards and departments to immunise staff in-situ a more robust network of peer vaccinators has been introduced.

Consideration has been given to sending employees personal appointments however a survey of staff has indicated that this would not be effective in improving uptake.

## Pandemic Influenza Contingency Planning

NHS Borders has an 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.

## **10. Respiratory Pathways**

### **Challenges/Risks**

During the winter period there will be an increased prevalence of patients with respiratory conditions requiring care.

### **Current RAG Status**

Amber (as some guidance/documentation on microsite currently under review)

### **Mitigation**

The Respiratory Specialist nursing teams identify patients with known respiratory conditions at the point of admission and ensure that medication is reviewed at this point, they also support wards with discharge planning and education. Specialist advice is available for patients during the week should they require discussion about their management plans.

The respiratory service are reviewing self management plans for those identified as 'at risk' of admission, or with a recent pattern of admission to ensure that additional support is available aimed at supporting patients at home, and highlighting to admission teams agreed plans for management where and as appropriate.

### Oxygen Therapy

Oxygen therapy is available at all emergency and unscheduled care points of contact. There is also a locally agreed pathway for the assessment and prescribing of home O2 support. Procedures for obtaining/organising home oxygen services are available on the Respiratory Microsite

*Respiratory Microsite  
Policy for the prescription &  
administration of emergency  
oxygen in adults*

<http://intranet/microsites/index.asp?siteid=201&uid=11>  
<http://intranet/resource.asp?uid=6726>

## **11. Management Information**

### **Challenges/Risks**

Without good information and communication it is impossible to run a system effectively. The potential for increased demand and service interruption because of severe weather means it is all the more pertinent over the winter period.

## **Current RAG Status**

Green

## **Mitigation**

### Local Information

NHS Borders has developed a significant amount of point in time and predictive information available each day which is used to inform early decision making, Please see section 6e Patient Flow for further details.

### 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. Data is uploaded onto the system each week by the NHS Borders Planning & Performance Department and a number of staff have access to the tool including NHS Borders Bed Management Team and the Emergency Department.

### NHS 24

The Out of Hours Service (BECS) liaises closely with NHS 24 around predicted demand (based on historical information). When there are times of predicted high demand for example key dates over the festive period the BECS will look to provide additional staffing.

Other key pieces of management include:

### 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.

### 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.

### Weather forecast

Having early warning of potential weather issues will be crucial to maintenance of services over the winter 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.

## **12. Communications**

### **Challenges/Risks**

Although it is a year round challenge patients presenting at Emergency Department who do not require emergency treatment can put particular strain on the system. This is particularly prevalent over the festive period when GP practices are closed over the Christmas and New Year public holidays.

During periods of severe weather it is important patients are kept well informed about the NHS Borders service in order to avoid unnecessary risks.

### **Current RAG Status**

Green

### **Mitigation**

NHS Borders has developed a robust communication plan which focuses on the key winter messages and the 'know who to turn to messages. NHS Border will utilise mediums such as the internet, social media, radio and media releases to get important messages out to the public. This campaign will run throughout the winter period.

Should severe weather effect the Borders area key messages will be delivered to the public utilising the above mediums and others as required to ensure the public is kept well informed. See Appendix 3 for a copy of the NHS Borders Winter Period Communications Plan.

A Winter Planning microsite will be launched in early December and run through to the end of March. The 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.

## **13. Estates & Facilities**

### **Challenges/Risks**

The main challenge for Estates & Facilities over the winter months is associated with the potential for severe weather. NHS Borders has a legal obligation to ensure the safety off all members of staff and members of the public when using the buildings, footpaths and car parks on their property. Snow and ice may present risks to the continuation of the provision of services which are provided by the NHS Borders.

### **Current RAG Status**

Green

## **Mitigation**

In preparation for the winter period Estates & Facilities have a programme of routine maintenance and testing to ensure anything we are likely to need over the winter months is in workable order this includes:

Salt bins circulated and distributed around NHS Borders estate	October
Service and testing of snow ploughs and gritting machines	October
Service and testing the emergency generators at the BGH, Community Hospitals and Mental Health Units	November
Diesel stocks at the BGH will continue to be checked on a regular basis and refilled when required	On-going

Detailed in **Appendix 4** is the Estates Department Winter Maintenance Protocol. This includes details of how the Estates Department will anticipate periods of severe weather and take appropriate timeous action to ensure patients and staff safe and access to NHS Borders sites are maintained.

Estates have a fleet of 4x4 vehicles which will be used to support staff and patient transport when required during periods of severe weather.

## **14. Voluntary Sector Provision**

Through Connected Care the British Red Cross will continue to help support discharge over the winter period and provide support to avoid readmissions. The Red Cross currently attend daily Board Rounds in the Admissions Unit and put support in place for the patients where appropriate, this includes visiting the patient in the ward, discussing how the Red Cross can help the patient, following them home (sometimes transporting them home), making sure they have enough essential supplies and working with them to ensure they are not re-admitted.

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.

## **SECTION 2 – FESTIVE PERIOD PLANNING**

### **1. Introduction**

The following section details service plans for over the festive period.

### **Acute - Unscheduled Care**

### **2. Emergency Department**

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

### **3. Hospital @ Night**

An additional Hospital at Night Practitioner will be rostered on key dates where high levels of activity are predicted. At present this looks likely to be 26 and 27 December and then 31 December, 01, 02 and 03 January.

### **4. Medical Unit**

Normal levels of medical cover will be in place on the day's outwith the public holidays. Over the 25 and 26 December public holiday's weekend cover will be provided (currently negotiating an enhancement to this) and on the 01 and 02 January public holidays enhanced weekend cover will be provided.

On-call Consultant cover will be provided on the 25 December and 01 January bank holidays. Increased levels of Consultant cover will be available in the Hospital on the 26 December and 02 January bank holidays to provide senior decision making support prior to the weekend periods.

### **5. Renal Unit**

Normal levels of cover on all days except the 25 December and 01 January public holidays. The unit will be open on both Saturdays (27 and 03) to accommodate patients requiring dialysis.

### **6. Day Hospital**

Normal levels of service will be in place on the day's outwith the public holidays. During the public holidays the Day Hospital will be closed.

### **7. Specialist Nursing Services**

#### **Cardiology**

The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period.

During the festive period the 'Rapid Access Chest Pain Clinic' will reduce to weekly rather than twice weekly returning to normal the week beginning 05 January.

The specialist nurse service will be closed on 25 and 26 December and 01 January with reduced cover on 02 January, normal service will resume 05 January.

### **Diabetes**

The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period.

The specialist nurse service will be closed on 25 and 26 December and 01 January with reduced cover on 02 January, normal service will resume 05 January.

### **Respiratory**

The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period.

The specialist nurse service will be closed on 25 and 26 December and 01 January with reduced cover on 02 January, normal service will resume 05 January.

### **Stroke**

The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period.

The specialist nurse service will be closed on 25 and 26 December and 01 January with reduced cover on 02 January, normal service will resume 05 January.

## **8. MacMillan Centre**

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.

### **Acute - Planned Care**

## **9. Surgical Unit**

Normal levels of medical cover will be in place on the day's outwith the public holidays for Orthopaedics and Surgery. For Orthopaedics normal weekend cover will be provided during the 4 public holidays including usual Consultant on-call arrangements. There will be no Orthopaedic cover in the Emergency Department on 25 December; however there will be on 26 December, 01 and 02 January as normal weekend arrangements.

## **10. Theatres/Elective Procedures**

On the four public holidays a normal weekend level of service will be in place, to cover emergency/trauma operating only.

A planned reduction of new outpatient activity is underway to reduce demand for inpatient procedures over the festive period to a level that fits with available capacity. This will involve reduction in clinics over October and November.

Inpatient operating activity will be planned to reduce demand over festive period and early January by scheduling non-inpatient work.

Similar work will be carried out in other specialties using inpatient beds to minimise demand for elective admissions and avoid cancellations due to bed pressures.

The service will plan to resume normal elective operating from the week commencing 05 January.

DPU will close on 23 December and re-open on 05 January.

## **11. Critical Care**

Normal levels of service on all days through the festive period for ITU. Critical Care outreach will also be operational each day over the festive period (operational hrs 0900-2100hrs). 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.

## **Community**

### **12. General Practice (GPs)**

GP practices will remain fully 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.

Within the Quality and Outcomes Framework 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. This information is used to formulate an anticipatory care plan recorded in the electronic key information summary (eKIS) and shared electronically with the patient’s consent. This is available to relevant professionals at the GP Out of Hours service and at the Borders General Hospital and are used to promote admission avoidance or reduced lengths of stay through improved advance assessment and multi-agency communication.

### **13. District Nursing**

District nursing teams across the localities will provide weekend levels of cover across the two periods of public holidays. 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. 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 District Nurse, OOH 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.

## **14. Community Hospitals**

All four Community Hospitals will ensure that annual leave is level loaded over the festive period to ensure rotas are covered. Day Hospitals are closed on the four public holidays as in previous years.

Multidisciplinary Team Meetings will continue to function over the festive period. Please see Section 18 Supporting Structures for more information.

### **Out of Hours**

## **15. Borders Emergency Care Service – BECS**

Clinical and non-clinical staffing levels are increased on the key festive dates and where possible, on dates where a high workload activity is predicted. Plans are also in place to have an additional GP available on the evenings of 29<sup>th</sup> and 31<sup>st</sup> December as well as 5<sup>th</sup> January 2015.

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

## **16. 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 public holiday and weekend periods.

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](tel:08453000930) and ask which clinic is open for emergencies.

## **17. Patient Flow**

### **Bed Busters**

Normal levels of service will be provided all throughout the festive period including the weekends (Operation hours 0830-2100hrs weekdays and 1200-2100hrs weekends). The only exception will be the 25 December public holidays when the service will run weekend hours.

### **Discharge Liaison**

Normal levels of service will be provided on each day outwith the 25 December public holiday when there will be no service (operational hours 0900-1700hrs).

### **Discharge Lounge**

Normal levels of service will be provided on each day outwith the 25 December public holiday when the Discharge Lounge will be closed (operational hours 0800-1900hrs Monday to Friday). The Discharge Lounge will open on the 03 and 04 January weekend.

### **Site Management**

Normal site management arrangements will be in place over the festive period other than the 4 public holidays when an enhanced weekend/out of hours cover arrangement will be in place. This will include an On-call Manager 2 x Site Managers (Hospital Bleep Holders) and a Bed Manager.

A review of the Senior Charge Nurse rota will be undertaken to ascertain which experienced Band 7s are on duty during the public holidays with a view to priming them to help should the hospital bleeps or bed managers require support on these days.

On the days outwith the Public Holidays there will be at least one manager from each of the key services in this covers:

### **Patient Transport**

Using data from previous years as an indicator for expected demand we are negotiating with the Scottish Ambulance Service (SAS) and if required the voluntary sector to provide the anticipated levels of patients transport.

The dates where additional transport will be arranged for are 23, 24, 29 and 30 December and 05 and 06 January.

## 18. Supporting Structures

### Multi Disciplinary Teams (MDT)

MDT meetings in the BGH and the Community Hospitals will take place as detailed below, Social Work, OT and Physiotherapy will support MDTs to ensure the process remains effective over the festive period.

Ward/Community Hospital	Week 1 (beg 22 December)	Week 2 (beg 29 December)
DME	Tuesday	Tuesday
Stroke	Tuesday	Tuesday
Ortho Geriatrics	Monday/Wednesday	Monday/Wednesday
Kelso	Tuesday	Tuesday
Knoll	Tuesday	Tuesday
Hawick	Wednesday	Wednesday
Haylodge	Tuesday	Tuesday

### Daily Board Rounds

Board rounds will continue as normal on each of the days outwith the public holidays and weekends.

### 11am Charge Nurse Meeting

The 11am Charge Nurse meeting will continue daily (including the public holidays and weekends).

### 3pm Look Ahead Meeting

This new initiative is still in its infancy and it is intended it will continue during the festive period. At present this meeting only happens during the week (or in ours periods), however it is planned to have it running out of hours and this will be in place by the festive period.

## 19. Allied Health Professionals

### 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 outpatient 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.

### **Occupational Therapy**

Normal levels of service will be provided on the day's outwith the public holidays. Over the 25 December and 01 January public holidays no service will be provided. Over the 26 December and 02 January public holidays there will be two OTs on duty in the BGH who will focus attention across Medicine and Orthopaedics and where required to support discharge. Trauma and General Surgery will be provided through the OT bleep holder on all of the public holidays.

OT staff will feed in daily board rounds as normal and will also attend the Multi Disciplinary Team meetings across the BGH and Community Hospitals which are set up for the normal working days outwith the public holidays.

### **Physiotherapy**

Normal levels of service will be provided on the day's outwith the public holidays. Over the 25 December and 01 January public holidays there will be an on-call service provided for respiratory. Over the 26 December and 02 January public holidays it is planned that there will be two Physios on duty in the BGH who will focus attention across Medicine and Orthopaedics and where required to support discharge.

Physiotherapy staff will feed in daily board rounds as normal and will also attend the Multi Disciplinary Team meetings across the BGH and Community Hospitals which are set up for the normal working days outwith the public holidays.

### **Podiatry**

Normal levels of service will be provided of the days outwith the public holidays. During the public holidays the service will be closed.

### **Speech and Language Therapy**

Slightly reduced service in the BGH on the days outwith the public holidays, with no input into the Community Hospitals. If there are any urgent issues in the Community Hospitals the therapist on duty in the BGH will be able to provide advice. No service over the public holidays or weekends.

The Speech and Language Therapist in the BGH will attend the Stroke MDTs on both weeks.

## **20. Borders Ability Equipment Store (BAES)**

The BAES will be open and working normal hours on 22, 23, 29 and 30 December (operational hours 0845-1700hrs), the service will be open but close slightly earlier on 24 and 31 December (operational hrs 0845-1545hrs).

BAES will be closed on 25, 26 December and 01 and 02 January along with the weekends. Satellite stores which distribute equipment during out of hours periods will be fully stocked

on 24 and 31 December subject to the administration of items being distributed being timeously registered on the ELMS system.

Additional equipment resources within identified key satellite stores will be increased for the period 22 December – 11 January to ensure the stock retained will be sufficient for demand.

## **21. Clinical Support Services**

### **ASDU**

Normal levels of service will be provided on the day's outwith the public holidays (operational hours 0730 to 1800hrs). Over the 25 December and 01 January public holidays no service will be provided. Over the 26 December and 02 January public holidays the service will operate for normal operational hours with reduced staffing. Normal levels of weekend cover will be provided.

### **Endoscopy**

Normal levels of service will be provided on the day's outwith the public holidays. 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. On 02 January there will be a reduced service provision to attend to emergency cases.

As a rule most of 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.

### **Mortuary**

Normal levels of cover during the days outwith the public holidays and weekends. Normal levels of out of hours cover provided via General Services on the public holidays and weekends

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

### **Nurse Bank**

Normal levels of cover during the days outwith the public holidays and weekends (Operational hours 0900-1700hrs) with a slightly earlier closing time (1600hrs) on 24 and 31 December. The bank will be closed on all of the public holidays so bank/agency staff will need to be organised through the Hospital Bleep holders. The bank will be open on Saturday 27 December and Saturday 03 December (Operational hours 0900-1600hrs).

### **Laboratories**

#### *Blood Sciences*

Normal levels of service will be provided on the day's outwith the public holidays (operational hours 24 hours a day). Over the public holidays and weekends normal levels of

weekend (24 hour cover) service will be provided.

### *Microbiology*

Normal levels of service will be provided on the day's outwith the public holidays (operational hours 0900-1700hrs). Over the public holidays and weekends an on-call service will be provided.

### **Phlebotomy**

Normal levels of service will be provided on the day's outwith the public holidays (operational hours 0800-1100hrs). Over the public holidays a reduced services will be provided covering ITU, MAU, Wards 4, 5 and 12 (operational hours 0800-1200hrs). Over the weekend periods normal weekend service will be provided, this cover all wards on Saturdays and all wards except DME, BSU/MKU on Sunday (Operational hours 0800-1200hrs)

### **Physiological Measurement**

Normal levels of service will be provided on the day's outwith the public holidays (operational hours 0900-1700hrs). Currently there will is no service on the public holidays and weekends. We are looking at the potential of running IP Echo Clinics over the weekends.

### **Radiology**

Normal levels of service will be provided on the days outwith the public holidays (operational hours 0830-1700hrs). On the 25 December public holiday 24 on-call cover will be provided. Over the 26 December 01 January and 02 January and the weekends normal levels of weekend cover will be provided.

## **22. Pharmacy**

### **Borders General Hospital**

Normal levels of service will be provided on the days outwith the public holidays (operational hours 0850-1700hrs). On the 25 December and 01 January public holidays Emergency Duty Arrangements will be in place. On the 26 December and 02 January the service will operate with reduced staffing for a reduced period of time (operational hours 1200-1600hrs). Over the weekends there will be normal limited service on the Saturdays (operational hours 1000-1230hrs) and Emergency Duty Arrangements on the Sundays.

### **Community Pharmacy**

Planned opening hours of community pharmacies across the Borders are known to Pharmacy services and will be communicated to the public as part of the communications programme. 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 (including Christmas 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.

## **23. Social Work**

### **START**

Normal levels of service will be provided on the day's outwith the public holidays. Service will be provided by the Emergency Duty Team on 25 December and 01 January. A reduced service (covering the Emergency Department and Admissions Unit to help avoid admissions) will be provided on 26 December and 02 January (operational hours 1000-1600hrs). It is planned that weekend service will be provided as normal over the 2 weekend periods.

The START team will feed into the MDTS scheduled over the festive period. See Section 18 Supporting Structures for more information.

### **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).

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

### **Night support services**

The Night Support Service (NSS), which is operational 7 days per week (operational hours 2200-0930hrs) 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.

### **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.

## **Fast Reaction Team**

This service will be available right throughout the festive period.

## **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

## **Mental Health and Learning Disabilities**

### **24. Mental Health Services**

All inpatient units will maintain normal levels of nursing staffing cover over the festive period. Annual Leave is level loaded to ensure there are no spikes in request during this specific time of the year.

Normal levels of service cover will be provided on the days outwith the public holidays for the Rehab, East, South and West Community Mental Health Teams, Borders Addiction Services and the Borders Crisis Service. Over the public holidays and weekends when the services are not operational calls from patients who need access to the services are transferred via NHS 24 to BECS who will in turn contact the on-call Mental Health Service to discuss the patient and agree on an appropriate course of action.

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

### **25. Learning Disabilities Service**

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 out of hours, the same process as detailed under Mental Health should be followed. 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 also able to be accessed 24 hours a day including over the festive period via the Emergency Duty Team (EDT).

### **26. Red Cross Buddy Scheme**

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.

The focus of their role will be to support discharges and avoid unnecessary admissions through provision of both transport and follow up support.

## **27. Non Clinical Support Services**

### **Catering services**

Normal levels of service cover will be provided on the days outwith the public holidays. 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.

### **Courier services**

Normal levels of service cover will be provided on the days outwith the public holidays, with no cover on the public holidays or weekends.

### **Domestic Services**

During the festive period domestic services will cover as normal the areas of the site that are operational.

### **Information Management & Technology**

Normal levels of service cover will be provided on the days outwith the public holidays via the service desk. During the public holidays and weekends IM&T support will be provided through on-call arrangements (via the switchboard).

### **Laundry services**

Normal levels of service cover will be provided on days outwith the public holidays. The service will not be available on 25 December and 01 January with a reduced service provided on 26 December and 02 January the service will ensure sufficient stocks of linen are in place to cover these dates.

### **Stores**






Normal levels of service cover will be provided on the days outwith the public holidays, with no cover on the public holidays or weekends. 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.

## **28. Festive Communication**

Festive communications will be part of the overall communication programme outlined in Winter Period Planning Section 12. Over the festive period to support staff and to help ensure available resources are known and utilised a Daily Service Summary 'Snapshot' will

be produced. This will provide at a glance view of the availability of key services for each day over the festive period.

### SECTION 3 – APPENDICES

<b>Appendix 1</b>	Winter Planning Self Assessment	 2014-15 CE Letter Annex - Preparing for
<b>Appendix 2</b>	Elective Period Plan	 Elective care winter planning document v1
<b>Appendix 3</b>	NHS Borders Winter Period Communications Plan	  winter Timeline draft.xls      winter plan 2014_2015 comms plk
<b>Appendix 4</b>	Estates Department Winter Protocol	 Winter Maintenance Protocol 26...

