Borders NHS Board

BOARD EXECUTIVE TEAM REPORT

Aim

The aim of this report is to update the Board on areas of activity within the Board Executive Team's Directors portfolios.

Chief Executive

Professor Sir Lewis Ritchie Visit: 07.07.15: Professor Sir Lewis Ritchie, Aberdeen University and Diane Campion, Scottish Government visited NHS Borders on 7 July. The visit formed part of a review of primary care out-of-hours services across Scotland. It provided an opportunity for a range of services involved in the delivery of health and social care during the out-of-hours period to be able to contribute their views on what worked well and what changes might assist to improve the experience for patients and professionals alike.

Collaborative Leadership: 08.07.15: The Chairman, Chief Executive and colleagues continue to meet on a regular basis to take forward engaging leadership. The outcomes from the July session included: generating ideas on how to address the sense of isolation felt by the community services/GPs; Ask The Board sessions to be renamed, and to continue with more communications; Development of IT system; Listening and empowering people at the front line: look to see how this relates to imatter/the staff survey; Team coaching; Customer Care; and Acting as advocates for an area.

The meeting concluded with everyone answering the following question: What one thing will you do differently as a result of being at this meeting?
The responses included:

- Develop team stories of positive things achieved
- Personally do more enquiring
- Look at team before/after development work
- Focus more on engaging and enquiring
- Improve my personal availability
- Build new microsite around communications
- Start a tangible process on team coaching
- Look after each other more
- Tackle difficult behaviours
- Talk to school nurses
- Send my apologies to the GP sub
- Talk to colleagues to support better integration
- Enquire more, and seek to understand better what clinical staff need from me
- Go to different localities
- Encourage people to 'do it'
- Buy cup of tea for the person behind me in the queue at café in BGH

- ❖ Create a slot to perform tests of things
- ❖ Be more accessible e.g. in the canteen more

Integration Programme Board: Half Day Event: 28.07.15: The intention of the half day session was to stand down this Board now that the Health & Social Care Integration Joint Board was established. An informal Executive Management Team will meet to continue to support integration moving forward.

Deputy Chief Medical Officer Appointment: The Chief Executive has been asked to join the appointment panel for the next Deputy Chief Medical Officer (DCMO) appointment. The DCMO provides direct professional support to, and deputises for the CMO in her role as the Chief Medical Adviser to the First Minister, the Cabinet Secretary for Health, Wellbeing and Sport and the wider Ministerial team.

NHS Complaints Handling Procedure: The Chief Executive has been nominated to join the National Complaints Handling Procedure Working Group. The aim of the working group is to work with the Complaints Standards Authority to develop a standardised model complaints handling procedure for the NHS within the framework of other model complaints handling procedures developed and introduced across the public sector in Scotland, which will reflect the legislative requirements of the Patient Rights (Scotland) Act 2011 and associated regulations and directions.

Circulars: The following Scottish Government circulars have been received by the organisation. Copies are available from the Chief Executive's Office.

Date Received	Circular Number	Title
02.06.15	CDO (2015) 3	Extending access to Emergency care Summary by Dentists
02.06.15	CDO (2015)	SIMD Fluoride Varnishing
02.06.15	PCA (P) (2015) 12	Pharmaceutical Services - Amendment to Drug Tariff Part 11 - Discount Clawback Scale
02.06.15	CDO (2015) 4	Use of External Advisers for Senior Dental appointments in the Public Dental Service
12.06.15	STAC(TCS03)2015	Agenda For Change - Guidance on Payment of Public Holidays over the Christmas and New Year Period
15.06.15	DL (2015) 12	FYI Induction and Shadowing Arrangements
15.06.15	DL (2015) 13	Changeover Dates
22.06.15	DL (2015) 16	Medical Specialty Training Intake Numbers for 2016
24.06.15	DL (2015) 17	Information Governance and Security Improvement Measures 2015-2017
29.06.15	PCA (P) (2015) 13	Community Pharmacist: Supplementary and Independent Prescribing Clinics: Transitional Funding Arrangements for 2015-16
01.07.15	DL (2015) 15	Physiotherapist, Podiatrist or Chiropodist Independent Prescribing Services
03.07.15	PCA (D) (2015) 4	Practice Premises Revaluation Exercise
10.07.15	CMO (2015) 11	Introduction of Meningococcal Group B (Men B) Vaccination Programme In 2015/16
10.07.15	CMO (2015) 10	Meningococcal ACWY (Men ACWY) Vaccination

		Programme: University Freshers and Adolescents Aged 14-18
13.07.15	CMO (2015) 14	Details of the 2015-16 Shingles (Herpes Zoster) Vaccination Programme
14.07.15	DL (2015) 19	Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Policy Requirements
21.07.15	PCA (P) (2015) 15	Amendments To Drug Tariff
21.07.15	PCA (P) (2015) 14	Pharmaceutical Services Drug Tariff PT 7 Discount Clawback

Director of Nursing & Midwifery & Interim Director of Acute Services

Baby Friendly Initiative Lead: Jill Gibson will join NHS Borders in September 2015 to be the Baby Friendly Initiative Lead. Jill joins us from NHS Lothian with a background as a midwife and recently as a Breast Feeding Advisor in Community Health Partnership working with Health Visitor Teams.

Chief Midwifery Advisor & Associate Chief Nursing Officer: Ann Holmes attended NHS Borders services on 24th July. She had arranged this with the Head of Midwifery in each NHS Board to visit the services during the summer/autumn in a low key manner in order to meet with key staff members and to share good practices.

General Manager Appointments
Women & Child Health/Head of Midwifery: Nicky Berry has been successful for this post and has already commenced work in her new role.

Planned Care and Commissioning: Katie Buckle was successful for this post and has already commenced work in her new role.

Unscheduled Care: Phillip Lunts was successful for this post and has already commenced work in his new role.

Associate Director for Allied Health Professionals (AHP's): Karen McNicoll has been successful in this new post following interviews held on 13th July 2015.

Healthcare Environment Inspectorate (HEI): In February 2015, Healthcare Improvement Scotland published new standards relating to Healthcare Associated Infection (HAI) for Scotland. From June 2015, the Healthcare Environment Inspectorate (HEI) started inspecting hospitals against these standards. In July 2015, the HEI published an updated Inspection methodology document which states that both acute and community hospitals will be inspected with the majority of inspections being unannounced. The Infection Prevention and Control Team have completed a gap analysis against the new standards and developed an action plan which is being progressed. The Joint Executive Teams of Primary, Acute & Community Services Clinical Boards' has commenced a programme of weekly inspections to monitor standards in clinical areas and ensure any identified issues are rapidly addressed.

Learning Disability Conference (18.06.15): In Derby there was a launch pad conference for 'UK Strengthening the Commitment: Living the Commitment' report to highlight the contributions and achievements of Learning Disability nurses across the UK. Marion Paterson, Team Manager for Learning Disabilities, assisted in her role on the Senior

Nurse Group of submitting a paper and poster presentation at the conference. NHS Borders Learning Disability Nurses are now looking to develop an action plan following the report launch.

Morecambe Bay Report: The *Morecambe Bay Investigation* was established by the Secretary of State for Health (England) in September 2013 following concerns over serious incidents in the maternity department at Furness General Hospital (FGH) which spanned a period of 9 years from 1 January 2004 to 30 June 2013. The full report can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

The report, which relates to medical staff, nursing and midwifery staff and managers, found that the origin of the problems lay in the serious dysfunctional nature of the Maternity Unit at FGH.

Whilst there were 44 recommendations in total NHS Scotland Boards were asked to undertake a gap analysis on 15 recommendations. Of the 15 recommendations considered a local multidisciplinary team in NHS Borders assessed themselves as fully compliant with 14 recommendations.

We found ourselves to be partially compliant with Recommendation 8 which states:
"Identify a recruitment and retention strategy aimed at achieving a balanced and sustainable workforce with the requisite skills and experience. This should include, but not be limited to, seeking links with one or more other centre(s) to encourage development of specialist and/or academic practice whilst offering opportunities in generalist practice in the Trust" Within our action plan we have identified a timescale of compliance with recommendation 8 by August 2015.

A full report was presented to the Clinical Governance Committee on 29 July 2015 and to the Board on 1 October 2015.

NHS Scotland Event 2015 (23 & 24 June 2015): This year there were three posters from NHS Borders in the final they were:

1. **Improving Quality: Person Centred Category:** Real time feedback system using patient feedback volunteers, led by Susan Hogg, Public Involvement Officer.
2. **Improving Quality: Effective Category:** The evolution of a Primary Care Out-of-Hours Service using Quality Improvement Methodology, led by Dr Craig Wheelans, Associate Medical Director (Clinical Governance and Quality)/Clinical Lead GP (Unscheduled Primary Care).
3. **Improving Quality: Infrastructure Category:** Senior Charge Nurse Supervisory Pilot, led by Kim Smith, Practice Development Lead for Training and Professional Development.

Nurse and Midwife Revalidation: Gillian Costello, Associate Nurse Director from NHS Tayside, came to NHS Borders to give a presentation on Nursing & Midwifery Revalidation as she was the lead for NHS Scotland pilot for revalidation. She shared many practical hints and tips but in particular encouraged nurses and midwives:

- To plan ahead and not to leave revalidating to the last minute
- Prepare to use existing appraisal mechanisms for third party confirmer

- Register with NMC Online

A final decision on the model for Revalidation will be made at the NMC Council meeting in October 2015 with a planned implementation date of April 2016.

NHS Education for Scotland (NES) Knowledge Network have set up a new resource called the **Community of Practice for Revalidation**. It provides information on revalidation across Scotland and has open access to everyone. It focuses on educational and communication and also highlights resources from NES that will support revalidation, including ePortfolio. It can be found at http://www.knowledge.scot.nhs.uk/revalidation.aspx

Nursing and Midwifery Microsite: Has been developed and is now live on the intranet. It will provide staff to links that are relevant, for example, revalidation and the Nursing and Midwifery Council (NMC) Code. There will also be a monthly blog from the Director of Nursing and Midwifery. It can be found at in the drop down menu of departments on the Intranet homepage.

Q Initiative: Dawn Moss, Nurse Consultant Vulnerable Children & Young People, has been successful in her application to the Q Initiative. This Initiative's vision will allow it to be easier for people from all parts of the health care system with expertise in improvement to share ideas, enhance their skills and make changes that bring tangible benefits for patients. Dawn's new role will be to assist to achieve this vision.

Queen Margaret University Celebration of Achievement Ceremony (28.05.15): Tania Ferguson, Health Visitor from O'Connell Street Medical Practice in Hawick won the Lynda Sydie Award for Academic and Clinical Excellence in Health Visiting. Tania has been an exemplary student and deserves this award in recognition of her hard work and achievements. Her practice development initiative was 'Towards a Mentally Flourishing School' which focussed on improving mental wellbeing, emotional intelligence and resilience in adolescent school children through the introduction of a collaborative whole-school approach.

Statutory Supervision of Midwives: The Public Health Service Ombudsman (PHSO) in England made recommendations about the future of midwifery regulations in the UK following on the investigations into the complaints at Morecambe Bay NHS Foundation Trust. The Nursing and Midwifery Council (NMC) commissioned the King's Fund to review the current arrangements in response to the recommendations. The review concluded that the NMC, as healthcare professional regulator, should have direct responsibility for the regulation of midwives and that the additional statutory role associated with the Local Supervising Authority (LSA) should cease. The review also concluded that Local Supervising Midwifery Officers played an important role in providing strategic oversight of maternity services. Currently the Department of Health England is leading work with the four UK Chief Nursing Officers, the NMC and the Royal College of Midwives to consider the possibility of a UK wide future model for midwifery supervision, which will be presented to the Secretary of State. In Scotland, a taskforce will be established late summer to implement the recommendations from the UK wide work. This will be led by the Chief Midwifery Advisor.

Walkrounds: Evelyn Rodger completed a walkround of ITU on 8th July 2015. On 24th July she also spent half days in theatres and Ward 4.

Winter Plan 2015/16: NHS Borders is required to prepare a Winter Plan for 2015/16 by October 2015 for submission to the Scottish Government (SG). On 13 July 2015 guidance and a self-assessment for preparing the Winter Plan was received. Development of the winter plan is well in progress and our assessment is that we are covering all recommended areas.

We are required to undertake a local assessment of the Winter Plan against the 11 critical areas outlined in the National Unscheduled Care programme: Preparing for Winter 2015/16 guidelines recently published (Attachment 1).

A draft winter plan will be taken to Clinical Executive Operational Group on 27th August 2015 for approval prior to submission to the Strategy & Performance Committee for final approval of the final plan at its meeting in September and the final plan will be submitted to SG in October and posted on the Intranet.

A paper advising of the process of developing the Winter Plan will be presented for information to the Integration Joint Board in August.

Director of Finance & Capital Planning

2014/15: The Annual Accounts have been submitted to the Scottish Government for consolidation. Following completion they will be laid before the Scottish Parliament in due course. This is likely to be in October. The cost accounts for 2014/15 are currently being prepared for inclusion in the Scottish Health Services Cost Book, which will be released later in the calendar year.

2015/16: The finance team are working closely with clinical boards and services to increase the level of financial controls, monitor budgets and to finalise revised year end forecasts. Due to the financial pressures across the organisation this work is crucial to ensure the Board meets its financial targets.

Key to the financial plan for 2015/16 is the Efficiency Programme. Good progress has been made in the majority of schemes. The monitoring of the Programme is being undertaken through the Aspyre project management system. Addressing the recurring efficiency shortfall continues to be an area of concern. The Board will receive a detailed six monthly report on the Efficiency Programme and a report on the recurring efficiency challenge at the Strategy and Performance Committee. In addition the Financial Position Oversight Group (FPOG) is being sent monthly information on efficiency delivery with more detailed discussion taking place at its quarterly meetings.

Capital: The main focus on the plan will be the health centre at Roxburgh Street in Galashiels, the replacement of the theatre ventilation in Borders General Hospital, investment in the Board's IM&T infrastructure and the IM&T, estates and medical equipment rolling programme commitments. Work continues to generate sale proceeds, through the disposal of surplus properties, which can during 2015/16 be reinvested locally. During July the sale of Westgrove was concluded and these resources have been allocated to priority areas of work.

Integration: Work is continuing with colleagues in Scottish Borders Council on taking forward Health and Social Care Integration. This will take into account feedback on the Integration Scheme consultation and preparation of the Strategic Plan. There has been

agreement with SBC to set up a new entity for H&SCI reporting. Work is ongoing with colleagues across NHS Scotland to put this in place.

Other: Finance and Procurement have been supporting the move to a managed technical service contract covering laboratory consumable supplies. The procurement process is currently concluding and a tender report will be presented to the Board for approval in the near future.

Joint Director of Public Health

Prevent Duty Guidance Implementation in NHS Borders: From 1 July 2015, NHS Boards are required to work with partner organisations to contribute to the prevention of terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation and making safety a shared aim. The framework for this is the Prevent agenda which is part of the Government's counter-terrorism strategy.

Prevent is about protecting individuals who may be vulnerable to exploitation - from those who seek to get people to support or commit acts of violence. Healthcare staff are well placed to recognise individuals, whether patients or staff, who may be vulnerable and therefore more susceptible to radicalisation by violent extremists or terrorists. It is fundamental to our 'duty of care' and falls within our statutory safeguarding responsibilities. Every member of staff has a role to play in protecting and supporting vulnerable individuals who pass through our care.

This means that in NHS Borders we have a role in implementing *Prevent*, ensuring that it is embedded fully in our everyday activities to protect vulnerable people. As a starting point:

- Prevent Action Plan Implementation Group has been established
- Child and Adult Protection leads are incorporating training and reporting systems into existing arrangements for protecting vulnerable adults and children
- Adult and Child Protection Groups are reviewing their roles in the Prevent strategy
- NHS Borders and Scottish Borders Council have agreed to work together on implementation of action plans across both organisations.

Dr Tim Patterson is the Strategic Lead and Lorna Paterson is coordinating implementation.

Director of Workforce & Planning

Fit for Work Service: The Fit for Work Service has gone live. Funded by DWP this service is being introduced to support a reduction in the length of sickness absence from work and reduce the impact that absence has on individuals, employers and the State. The service is part of a suite of services co-located under the banner of Work & Well-Being. The other services include Occupational Health, Healthy Working Lives, Working Health Services.

The Fit for Work Service aims to:

- support people to reduce the length of sickness absence
- reduce the chances of people falling out-of-work and on to benefits
- increase awareness of the benefits of working to a person's health

- increase the positive actions taken by employers, employees and GPs in contributing to a change in attitudes towards health and work.

iMatter: Cohort 1 within NHS Borders (Chair/ CEO / WFP / Finance / Public Health) as achieved an 86% response rate and Employee Engagement Index of 80%. There were 29 teams within this cohort and 26 achieved the response rate required to receive a report, and 77% of these created an action plan by the deadline. NHS Borders is one of only two Boards who have achieved a 'green' Employee Engagement Index of 80% or more.

Planning continues for Cohort 2 (Medical Director and Estates & Facilities) which goes live on 21 September and Cohort 3 (Director of Nursing & Midwifery, Acute Care and Chief Officer) on 21 March 2016.

Sector Based Work Academy: Catering for Life – representatives from NHS Borders, Borders College and Jobcentre Plus celebrated the success of eight trainees who completed the ten week 'Catering for Life' programme on the 17th July 2015. The Catering for Life programme is available to all Jobcentre Plus claimants regardless of their benefit type. It helps unemployed people in the Borders with mild and moderate health conditions and disabilities to focus towards securing and sustaining employment. The 10 week programme focuses on the removal of actual and perceived barriers by enhancing the trainees' employability skills and building self-confidence by the provision of a range of short courses with transferrable work and life skills.

Work placements have taken place within the NHS Borders Catering Department, where the individual was able to experience healthy eating on a 'large scale' 1st hand. Other placements took place in community projects both at Burnfoot and Langlee, where the trainees were able to experience a wide range of projects. A positive outcome of the work taking place in Burnfoot is that the trainees have volunteered to assist with the 'Drop in Lunch' over the summer months.

Train to Care – representatives from NHS Borders, Borders College, Skills Development Scotland and Job Centre Plus celebrated the success of nine trainees who completed the six week programme on 22nd July 2015. Train to care provides opportunities to help unemployed people in the Borders gain work within the Health and Social care sector. The programme focuses on skills development and helps to build a better understanding and insight into working in the health and social care sector.

During the course of the six week programme two participants secured full time employment, one obtained a further education placement and the remaining six completed the programme which included the NHS Borders Corporate Induction programme and work placements within NHS Borders and local Care Homes.

The course provides an opportunity to develop a common gateway or passport into care careers with learning and development embedded at the start of the journey. It provides a common platform of training to specified standards across the health and social care sector. With PVG checks included in the process the skills academy approach offers an excellent opportunity for a systematic, planned approach to recruitment to entry level posts in health and social care for public and private sector employers.

Annual Review 2015: Planning for the NHS Borders Annual Review has commenced, which will be held on Thursday 17 September 2015. Guidance was received at the end of May which confirmed that NHS Borders will have a Non Ministerial Review. The Planning

and Performance Department are currently working on the self assessment material which must be submitted in advance and scoping out plans for the Review itself, details of which will be released once they are confirmed.

Chief Officer Health and Social Care

General Manager, **Primary and Community Services**: Alasdair Pattinson has recently been appointed and taken up post.

Communications: A Newsletter for staff and the public will shortly be available and produced monthly. A logo has been agreed for the Health and Social Care Partnership. It will be first seen at the Border Union Show in Kelso on the 24th and 25th July where there are a number of different stalls relating to health and social care and where we will be seeking comments and thoughts from the public on our services now and in the future.

Chief Officers network: The Chief Officers of Health and Social Care meet every two months and at the June meeting Sir Peter Housden, shortly before his retirement as Permanent Secretary, discussed with us his expectations and hopes for health and social care into the future. We also agreed our input to the meeting of the Chairs and vice Chairs of the Integrated Joint Boards across Scotland on the 26th August.

Organisational Development: As we consider the establishment and formal running of integrated services from the 1st April 2016 we are developing our organisational development plan which will support the Integrated Joint Board, senior management and front line teams as we look to join up care. At its meeting on the 10th August, the Integrated Joint Board will be informed on how joint working has improved the health and wellbeing of people with Learning Disabilities in the Borders. Importantly we will be looking to identify how we can learn from this work as we expand into joined up care and support for older people.

Scottish Government Guidance: In the last month we have seen published two key pieces of Guidance relating to Health and Social Care. The first is in relation to Localities, what they are for, the principles under which they should be established and the ethos under which they should operate. This will underpin out locality planning work as part of the Strategic Plan.

The second piece of Guidance relates to Financial assurance which is specifically advice to Council and Health Boards. This will be a key part of our governance arrangements to support joint working.

Medical Director

Medical Education: The changeover of junior doctors will take place on 5th August. There are several unfilled posts due to maternity leave, flexible training and the inability of training programmes to recruit to full capacity. This means that the out of hours rotas are vulnerable to further absence and the education component of the posts may not be satisfactory which could have repercussions if trainees report dissatisfaction with their clinical experience in NHS Borders.

Pharmacy: Staffing - After a long number of months with reduced numbers of pharmacists we will have a number of new pharmacists and a pre-registration pharmacist starting in August and September.

Ward-based Work - a pharmacist and technician spent a number of afternoons on ward 12 to support next day discharges and test new ways of working. Whilst some refinement to this is necessary and is being taken forward through the Alpha Zone, pharmacy aim to increase their ward presence from September.

Aseptic Audit - The external aseptic audit is due to take place in August. As we have been without dedicated pharmacist input to this area for a few years it is expected that a number of areas for action will be highlighted as well as deficiencies in the layout of the aseptic area. A deputy accountable pharmacist started in June and is working with the Accountable Pharmacist and Lead Technician to prepare us for the audit. A proposal for changes to the layout of the department was presented to the Capital Management Group in June.

Ceilings of Treatment - Pharmacy has been working with Department for Medicine for the Elderly and Palliative Care to develop a toll to support decision making and ensure quality of end of life care. Initial work was presented at the Grand Round in July and the toll will be rolled out and tested in September.

Medicines Waste Week - Thank you for all the support received over the week. Double the normal amount of waste was collected and we are currently analysing the returns and will use the information for future campaigns/work.

Head of Delivery Support, Estates & Facilities

Recommendation

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

Policy/Strategy Implications	Policy/strategy implications will be addressed in the management of any actions resulting from these events, activities and issues.
Consultation	Board Executive Team
Consultation with Professional Committees	None
Risk Assessment	Risk assessment will be addressed in the management of any actions resulting from these events, activities and issues.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	Resource/staffing implications will be addressed in the management of any actions resulting from these events, activities and issues.

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Executive		

Author(s)

Name	Designation	Name	Designation
Board Executive Team			

FIRST DRAFT

NATIONAL UNSCHEDULED CARE PROGRAMME: PREPARING FOR WINTER 2015/16

1. Winter planning continues to play an integral role in the Scottish Government's National Unscheduled Care Programme and you should ensure that your NHS Board is fully prepared for this winter in order to minimise any potential disruption to NHS services, patients and carers. Boards must be satisfied that winter plans will provide safe and effective care for patients and that effective levels of capacity and funding are in place to support service delivery and expected activity levels. This guidance should be read in conjunction with the national review of last winter.

2. The continuing shift in patterns of disease to long term conditions, growing numbers of older people with multiple conditions and complex needs, and the financial environment present challenges to NHSScotland and its partners. Joint working and resourcing will be crucial in putting outcomes for people at the centre of all our work - helping to avoid unnecessary admissions and ensuring that patients are discharged from acute settings as soon as they are ready.

3. Unscheduled and elective care performance in Scotland compares favourably with international comparators. Robust planning and analysis should facilitate NHS Boards to pursue further sustainable improvement through the 95% interim target towards the 98% 4 hour Emergency Access Standard, to maintain the Treatment Time Guarantee (TTG), and to meet the zero delayed discharge target over the winter period.

4. Boards will need to take a balanced approach to the effective planning and scheduling of elective and unscheduled care, particularly in light of predicted emergency activity over the festive period and any surge in respiratory and circulatory admissions over the winter – particularly in the first weeks of January when respiratory and circulatory admissions can increase. Support to understand each site capacity and demand is available through the unscheduled care 6 Essential Actions Improvement programme and, in particular, developing the Basic Buildings Blocks model (Essential Action 2) will provide a baseline of the whole system and enable robust planning. The focus of the whole system patient flow programme and Guided Patient Flow Assessment will also contribute to this overall picture.

5. NHS Boards should effectively forward plan to ensure cancer patients who have a MDT, diagnostic or treatment target date occurring over the festive period are not delayed and that 31 day and 62 day cancer waiting times are not adversely impacted.

6. NHS Boards should monitor any changes in the cohorts of admitted patients and their care requirements (including respiratory, circulatory and ICU) over the festive period. Primary care and community services should be engaged in minimising transfers of care through use of anticipatory care planning. A directory of

services and alternatives to admissions should be available and any additional capacity in these areas highlighted.

7. Robust analysis should be undertaken to plan capacity and demand levels for this winter. Recent years activity levels and improvements in flow should be taken into account as part of this process. Trends over three to five years should be considered. We also expect NHS Boards' winter planning to address variation in demand. This planning will need to be explicit on the additional capacity planned for winter including capacity in staffed medical beds and intermediate care beds. Ensuring that deliverable plans for workforce capacity over the winter period are agreed by October will be an important milestone. It is important that this capacity is in place before the risk of boarding medical patients in surgical wards increases and the appropriate indicators of potential surge are monitored on a daily basis. Analysis should include triggers for whole system escalation process to prevent access block.

8. Sustainably achieving safe and effective patient flow is critical to maintaining performance as a standard operating model and across the winter period. Utilising the improved communication and leadership of Flow, Safety Huddles should focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge. Review of support services such as portering, cleaning, pharmacy and transport should be undertaken to ensure capacity is aligned to demand, not just within hours, but also across 7 days and out of hours periods.

9. This guidance takes into account the findings of local and national reviews from last winter. It highlights the critical areas that should be covered in this year's local winter plans, as detailed below. It is expected that the local indicators, underpinning each critical area, are included in relevant local management processes to achieve the outcomes described. Indicators should also align with the 6 Essential Action Improvement Programme. Winter plans should set out the geographies and frequency of the local indicators being monitored and provide further detail on how these indicators might be developed, where applicable.

<u>i) Safe & effective admission/discharge continues in the lead-up and over festive period and also in to January</u>

Outcome: Emergency and elective patients are safely and effectively admitted and discharged over the Christmas – New Year holiday period. Over this period the numbers of patients receiving elective treatment reduces. NHS Boards should minimise the risk of boarding medical patients in surgical wards. This will help ensure that patients do not have unnecessary stays in hospital; and hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.

Local indicator(s) : the daily and cumulative balance of admissions/discharges over the festive period; levels of boarding medical patients in surgical wards; delayed discharge; community hospital bed occupancy; number of SW assessments including variances from planned levels.

ii) Workforce capacity plans & rotas for winter / festive period

Outcome: NHS 24; GP OOH; SAS emergency/PTS; and Hospital rotas as well as levels of community capacity (including community nursing/AHP/intermediate care/SW assessment/home care/care home) for the winter/festive period are agreed in October to underpin safe and effective admission and discharge of emergency and elective patients.

Local indicator(s) : Workforce capacity plans & rotas for winter / festive period agreed by October; effective local escalation of any deviation from plan and actions to address these.

iii) Whole system activity plans for winter : post-festive surge / respiratory pathway

Outcome: The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. The hospital models will include flows between front doors, receiving units, and downstream wards.

Local indicator(s) : daily number of cancelled elective procedures; daily number of elective and emergency admissions and discharges; number of respiratory admissions and variation from plan.

iv) Strategies for additional winter beds and surge capacity

Outcome: The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans are for additional staffed medical beds and additional intermediate bed capacity for winter is agreed in October. The planned dates for introduction of additional staffed medical beds and intermediate beds in the community are agreed and the capacity is operational before the expected surge in admissions.

Local indicator(s) : planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds; planned number of additional intermediate beds in the community and the planned date of introduction of these beds; levels of boarding.

v) The risk of patients being delayed on their pathway is minimised

Outcome: Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital.

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

vi) Discharges at weekend & bank holiday

Outcome: Patients are discharged at weekend and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital.

Local indicator(s) : % of discharges that are criteria led on weekend and bank holidays; daily number of elective and emergency admissions and discharges.

vii) Escalation plans tested with partners

Outcome: Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.

Local indicator(s): attendance profile by day of week and time of day managed against available capacity; locally identified indicators of pressure i.e.% occupancy of ED, utilisation of trolley/cubicle; % patients waiting for admission over 2, 4 hours – all indicators should be locally agreed and monitored

viii) Business continuity plans tested with partners

Outcome: The board has business continuity management arrangements in place to manage and mitigate all key disruptive risks including the impact of severe weather.

Local indicator(s) : progress against any actions from the testing of business continuity plans.

ix) Preparing effectively for norovirus

Outcome: The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised. HPS Annual Guidance produce guidance on norvirus.

Local indicator(s) : number of wards closed to norovirus; application of HPS norovirus guidance.

x) Delivering seasonal flu vaccination to staff and public

Outcome: The risk of staff spreading influenza infection to patients is minimised.

Local indicator(s) : % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

xi) Communication plans

Outcome: The public and patients are kept informed of winter pressures, their impact on services, and the actions being taken.

Local indicator(s) : daily record of communications activity; early and wide promotion of winter plan

10. The self-assessment checklists, appended at Annex A, have been reviewed and provide further detail to support the development of local winter plans. Local reviews of last winter will be shared across NHS Boards to help support and strengthen this year's winter planning. These checklists should be used by governance groups to assess the quality of your Board's winter preparations and to ascertain where further action might be required. There is no requirement for these checklists to be submitted to the Scottish Government, however, Executive Leads should regularly review progress.

11. The National Unscheduled Care Event will be held on 17th September, venue (tbc) and will include sessions on a range of initiatives designed to support NHS Boards to effectively prepare for winter.

12. NHS Boards are asked to submit a progress report on their local winter planning arrangements for this year, by the end of August at the latest. This should cover the actions being taken on the priorities and outcomes described above. At the same time NHS Boards should also lodge their draft local plan with Scottish Government. This is a shadow year for IJBs, which provides opportunities for building on the whole system planning approach of recent years. IJBs and Chief Officers (where appointed) should be fully involved in the planning process and should ensure that effective joint communication processes are in place. Data sets and information around capacity planning should be aligned to support a common understanding of capacity requirements across an integrated system. The Scottish Government will share local plans with partners to help support this strategic planning process.

13. If you have not already done so you will wish to ensure that plans have been formally signed-off and published on your Board's website by the end of October 2015 at the latest, again at this point the final plan should be lodged with Scottish Government. Planned actions should ensure safe and effective care for patients and support sustained performance, at the required standard, over the winter period.

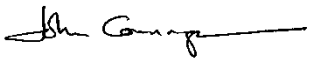
14. I recognise the tremendous commitment made by the workforce in meeting the challenges of winter and I would be grateful if you could pass on my appreciation of their dedication and valued contribution.

15. I would be grateful if you could arrange for this letter and the associated checklists to be circulated to your respective colleagues including:

1. NHS Board Unscheduled Care Leads
2. NHS Board Business Continuity Managers
3. NHS Board Emergency Planning Officers

4. NHS Board Infection Control Managers
5. NHS Board Medical Directors
6. NHS Nursing Directors
7. Public Health Directors
8. Consultants in Dental Public Health
9. Directors of Social Work
10. Integration Joint Board Chief Officers (where appointed)

Yours sincerely



JOHN CONNAGHAN
Director for Health Workforce & Performance