

Borders NHS Board



NHS BORDERS WINTER PLAN 2015-16

Aim

To present NHS Borders Winter Plan 2015-16 to the Board

Background

A draft Winter Plan was presented to the Strategy and Performance Committee in September.

The final Winter Plan is required to be submitted to Scottish Government by 31st October 2015.

Summary

The draft Winter Plan outlined the range of measures proposed to manage predicted increased activity during the winter period.

Following consultation and advice from Scottish Government, the following revisions have been made to the final Winter Plan:

- A more detailed communication plan has been developed. This will form a communication strategy for the winter plan
- Detail on weekend discharges with an aim to increase weekend discharges by 25% and actions to achieve this
- Sections on winter plans for Women's and Children's services and Mental Health services
- More detailed plans for social work cover across the winter period
- Full details of service arrangements during the Christmas and New Year period

The Scottish Government have issued a self-assessment template for Boards to test winter planning preparedness. This has been undertaken and shows all items are at green status for NHS Borders.

The Scottish Government have emphasised the following 4 priorities for Health Board winter plans:

- Level-loading of discharges across 7 days (i.e. increase in weekend discharges)
- Increased morning discharges by 25%
- Staggering arrival times for admissions.
- Full cover over the festive period

This Winter Plan addresses all 4 priorities.

The Winter Plan is costed at £696k. This is within the budget of £700k.

A risk assessment is attached and highlights risks to delivery of the Winter Plan and mitigating actions to minimise these risks.

The Winter Plan is a dynamic document and will continue to be developed in light of emerging issues and operational constraints. However, the implementation process for preparing for winter is already in progress, with an implementation plan in place. The Winter Planning Group, chaired by the General Manager for Unscheduled Care, will ensure delivery against the implementation plan.

Recommendation

The Board is asked to **approve** NHS Borders 2015/16 Winter Plan

Policy/Strategy Implications	Request from the Scottish Government that all Health Boards produce a Winter Plan signed off by their Board.
Consultation	The Winter Plan has been prepared by and in conjunction with stakeholders. The plan has been reviewed by Clinical Executive Operational Group, Strategy and Performance Committee and Integrated Joint Board.
Consultation with Professional Committees	As above, and will be reviewed by Area Clinical Forum
Risk Assessment	Completed and attached
Compliance with Board Policy requirements on Equality and Diversity	Equality and Diversity Scoping template completed. This indicates that there are no equality and diversity impacts of the Winter Plan. The Winter Plan provides enhanced and additional services to maintain access to and delivery of health services. This benefits all people within Scottish Borders.
Resource/Staffing Implications	The Winter Plan fits within the allocation within the Financial Plan. There are significant staffing implications. Staffing requirements have been progressed to ensure early and successful recruitment.

Approved by

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Winter Plan 2015/16

Status: Working Document

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Approved: Jane Davidson, Chief Executive

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Winter Plan Summary

This Winter Plan has been developed based on data and experience over the past 3 years.

This year's winter plan is based on detailed analysis of activity and demand data over the last 3 years.

This indicates that the most challenging period over the winter has been between December and March. There has been little variation in numbers presenting with minor injuries and illnesses and in overall admissions to the BGH or community hospitals. The greatest area of activity increase has been in the management of older people with acute illnesses.

The pressures that this increase has placed on the system led to operational measures that are known to increase length of stay. These include delays in admitting patients, leading to breaches of the Emergency Access Standard, boarding of patients to wards outwith their admitting specialty and increases in length of stay over 7 and 14 days and delayed discharges.

The aim of the Winter Plan is to enable health services to meet the needs of the population without a reduction in the quality and effectiveness of the services we provide. The Winter Plan therefore intends to ensure that we maintain and achieve the standards that indicate that we are achieving this. These include;

- 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 72 hours
- Bed Occupancy compared to target of 85%
- Zero boarders

The winter plan therefore addresses;

- Prevention of admission through flu vaccination and a communication plan to signpost people to appropriate sources of advice (Knowing Who to Turn To)
- Measures to support the management of people in the community, including
 - Paramedic Support to Teviot locality GPs
 - Eildon Locality Health and Care Team to avoid admission and support discharge
 - Trial of Comprehensive Geriatric Assessment for well elderly
 - Management of the 30 most frequently admitted patients to avoid readmission
- Enhanced services at the front door of the hospital, including
 - enhanced Borders Emergency Care Service Out-of-hours staffing at times of predicted increased demand
 - A range of measures within the Emergency Department:

- Separating minor flows and increasing ENP staffing
 - Extending medical staffing later into the evening (up to 3am)
 - Installation of telemetry to improve monitoring of sick patients
- Improved pathways to specialty wards for patients requiring assessment
 - Introduction of Ambulatory Care service as part of Medical Assessment Unit
 - Ensuring all GP referrals to Medicine go direct to Medical Assessment Unit
 - Improved pathways for orthopaedic and surgical patient admission
- Improved systems for managing acute medical admissions to avoid delay and boarding. These include
 - ensuring beds available on Medical Assessment Unit
 - Additional medical surge capacity
 - Open 8 additional beds in Medical Assessment Unit annexe
 - Establish 14-bedded medical ward on surgical floor by opening additional 4 beds in Ward 16 and reallocating bed complement
 - Provide options for increasing bed capacity at times of extreme pressures through staffing arrangements to open Planned Surgical Admission Unit (PSAU) as bedded area (or other beds) as necessary
 - Increase numbers of flex beds available to up to 20 beds
- Active management of discharges, including
 - Measures to increase morning discharges to 40%
 - 7-day services to maintain discharges at weekends
 - Roll-out of criteria-led discharge
 - Increase discharge lounge staffing to take more patients
 - Establish Discharge Hub Coordinator post
- Establishment of care coordination in Community Hospitals to reduce length of stay
- Maintaining close working with voluntary sector in discharge management
- Work closely with social work to ensure easy access to care at home
- Patient Flow Management
 - A Value Stream Mapping of current patient flow management systems
 - Finalised Patient Flow Escalation Policy
 - Effective support for patient flow, including 7-day management presence
- Infection Control – follow Norovirus outbreak procedures, including protocol for use of Medical Assessment Unit annexe and isolation facility to release beds
- Staffing – all nursing vacancies filled going into winter and additional staffing recruited to cover additional capacity

SECTION 1 – WINTER PERIOD PLAN

1. Introduction

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

This Winter Plan has been developed based on a review of demand and activity over the past 3 – 5 years and sets out the key actions that will be undertaken to ensure that services are prepared to manage the increased activity and other demands expected during the winter period.

The winter period is between 1st November 2015 and 31st March 2016

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 72 hours
- Bed Occupancy compared to target of 85%
- Zero boarders

3. Self Assessment

The Scottish Government asks Health Boards to ensure they have plans for the following

- Resilience (plans to keep services going when there are unexpected or major pressures, including adverse weather)
- Unscheduled and Elective Planning (plans to provide correct staffing levels, facilities and beds to care for both emergency patients and patients who are attending for operations).
- Out of Hours Services
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Management Information

We will use the Scottish Government self-assessment framework to assess our preparedness at regular intervals during the preparation of this winter plan.

4. Recommendations from Winter 2013/14

The following table outlines the key learning and recommendations from the 2014/15 Winter Period.

Lessons learned /Recommendations from Winter 2014/15

Key Requirement	Progress/Further Actions	Status
Proactive Discharge Planning, this is not a problem specific to the festive period or winter period but needs addressed	Focused work to improve discharge planning is described in the Winter Plan	Amber
Delayed Discharges and achieving the two-week target	Discharge Hub established and reinforced to reduce time to assessment and discharge Close working with social work to develop discharge to assess pathways	Amber
Avoiding attendances	Ambulatory care and Frail Elderly Assessment services will be in place for 2015/16, as well as an extension to the Rapid Assessment and Discharge (RAD) team currently in operation	Green
Capacity management	Daily Hospital Safety Brief highlights predicted demand by specialty. This is being extended to demand by ward Three time daily bed meetings give real-time overview of current demand and capacity Through development of SCN Supervisory Role, wards will take responsibility for managing their own capacity to meet predicted demand A Value Stream Mapping exercise is being held in September to develop refreshed patient flow management systems	Amber
Managing flow through ED.	Additional staffing to maintain Flow 1 patients separate from other ED flows will be in place GP referrals will be directed to Medical Assessment Unit consistently to reduce delays and build-up in ED Protocols on rapid admission pathways to surgical specialties are being developed to reduce delays in admission for Flow 4	Amber

5. Resilience

This Winter Plan details the actions we will take to ensure that we are prepared to manage the extra demand for services we can expect during the winter period. NHS Borders also has a number of policies and measures that ensure we are prepared to deal with unexpected or major events. These are summarised as resilience plans.

The aim of the Winter Plan will be to ensure that all areas have up-to-date resilience plans and staff are aware of the location of these plans.

These include

- Business Continuity plans. Each department has a plan that explains how they will continue to operate in an emergency
- Severe Weather Policy
- Pandemic Influenza Contingency Planning
- Major Emergency Plan

NHS Borders will revise and test these plans before the winter.

6. Prevention of admission

Flu vaccination

In Winter 2014/15, a comprehensive flu vaccination campaign was undertaken. Uptake for staff vaccination was 54% and community vaccination was within the top 25% across Scotland for all areas, ranging between 57% and 77% of the target populations.

The aim of the Winter Plan will be to achieve the same or better levels of flu vaccination uptake compared to last year.

For flu vaccinations, NHS Borders will ensure:

- All adults aged 65 years and over and adults aged 18 years and over with “at-risk” health conditions are offered flu vaccination and that we will vaccinate 75% of people within these groups, in line with WHO targets. We will also offer vaccinations to all pregnant women, at any stage of pregnancy,
- NHS Borders will offer vaccination to the same groups of children as last year. Specifically:
 - All children aged 2-5 (not yet at school) through GP practices
 - All primary school aged children (primary 1 to primary 7) at school.

3. Staff programme

- NHS Borders will aim to achieve the 50% target for staff vaccinated and encourage other social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, to offer vaccination of staff

Communication to the public

A communications and engagement plan is currently underway to encourage patients to access the right services at the right time through the national 'Know where to turn to' messages. This focussed approach should help unnecessary admissions to ED or BECS.

The aim of the Winter Plan will be to communicate the 'Knowing Who to Turn To' messages to more people by using more methods of communication, especially social media

A Communication Strategy will support delivery of this Winter Plan.

NHS Borders will;

- Review local and national messages aims at public regarding healthcare over the winter period. This review will provide the correct messages for the borders population in a timely manner.
- An awareness campaign focused around 'Meet Ed' leaflet to direct people to the most appropriate method for information on managing illness
- Develop new ways of disseminating these messages, with a focus on social media.
- The Winter Plan and the detail of arrangements will be disseminated through all staff groups and services within NHS Borders, Scottish Borders Council and other partners.
- A Winter Planning staff focussed microsite will be launched in early December 2015 and will run through to the end of March 2016. 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.

7. Primary and Community Care

We know that primary and community care services are affected by specific issues;

- If the acute hospital is busy, so is primary care.
- Admissions can only be avoided if there is a better and safer alternative.
- The winter plan should build on work being planned to improve and transform services rather than put in place separate arrangements .
- We need to agree contracts with GPs for services they provide as part of winter planning.

GP practices will arrange services according to their own winter plans.

The aim of the Winter Plan will be to test new ways of delivering services.

- Paramedics Support to Teviot locality; We will run a 3 month pilot aligning services of 2 paramedic practitioners to two GP Practices in Hawick. They will work with the Practices to support the management of emergency care between 8am and 6pm, allowing GPs to maintain focus on the provision of routine appointments.

- Locality Health and Care Team; We will run a 3 month pilot to develop and provide care in a more homely environment and support alternatives to hospital admission in Eildon Locality. A team composed of volunteer support, care workers, additional nursing and Allied Health Professionals will deliver care in community setting and will be supported by early Multidisciplinary Team (MDT) assessment of frail elderly people.
- Trial Comprehensive Geriatric Assessment (CGA); We will work with General Practice to identify 100 (at risk of frailty) patients. We will screen for unmet need with a questionnaire supported by volunteers. This will be supported by Medicine for the Elderly Team and aligned to existing Frailty Pathway developments.
- Readmission avoidance; We will review the top 30 readmitting patients by frequency. Data analysis highlights that these patients use a high number of beds in our acute hospital. The reviews will involve primary and secondary care, social care and voluntary sector to identify interventions necessary to support patients to be managed in the community setting.

These plans will test new ways of delivering services in the community. Because they have not yet been tested, we do not know their likely impact and have therefore not included this in calculations of extra capacity required.

8. Out-of-hours provision.

Primary Care Out-of-hours/Borders Emergency Care Service (BECS)

BECS performed well during the winter period, meeting all its quality standards. There was no large increase in activity during the winter period compared to other months of the year. The most significant challenge continues to be availability of GPs to cover the BECS rotas. If there are not sufficient medical staff, many patients will have to use the Emergency Department. This will increase pressure on a busy department and increase the likelihood of Emergency Access Standard breaches.

The aim of the Winter Plan is to maintain the out-of-hours GP services achieved last year and continue to achieve the quality standards for GP out-of-hours.

Rotas are being planned in advance to ensure they are covered. BECS uses both GPs who work in practices during the day (sessional GPs) and GPs who are employed by BECS (salaried GPs). Plans for recruitment for salaried GPs continue, whilst we are actively encouraging sessional GPs to join the rota. Where we anticipate that GP cover may be limited, other plans are put in place.

BECS works closely with NHS 24 to monitor demand; when NHS 24 predicts that key dates could be particularly busy, the service looks to increase staffing availability, especially over the Christmas and New Year period.

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

BECS provides advice directly to social work, pharmacists, district nurses and nursing homes. This means that patients receive a rapid local assessment 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.

The recommendations for action from the National Out of Hours Review will be considered as part of the future development of the Winter plan.

9. Unscheduled Care

9.1 Emergency Department (ED)

The ED experiences the majority of the external pressures as the fall-back option for all medical emergencies as well as delays for patients waiting to be admitted when the hospital has pressures on beds.

During the winter, arranging enough staff to ensure that care is seamless and given with minimal delay becomes more important due to the higher activity. We have used the data from previous years to predict the likely pressure points during the winter period.

The aim of the Winter Plan is to ensure that patients attending ED receive the best possible care and move to the next place for care without delay. Our performance against the 98% 4-hour Emergency Access Standard will demonstrate how well we are achieving this.

Flow 1 (Minor Injury and Illness)

Flow 1 is approximately 55% of all ED attendances. During January and February 2015, the 4-hour standard performance for flow 1 dropped below 95%. Breaches of the 4-hour standard occurred on the same days as high numbers of breaches for other flows and are likely to be due to overall high levels of activity in the Emergency Department.

We will plan staffing so that patients in Flow 1 are treated separately from other patients so that there are no delays for these patients. The department will provide the following;

- Additional Emergency Nurse Practitioner later in the day or overnight on the 4 busiest days of the week. We will test the most suitable working hours for these staff
- Increase medical cover from 12 midnight to 3am on the 4 busiest days of the week.
- Identify separate areas to treat Flow 1 patients to avoid delays due to cubicle capacity

Flow 2 (Acute Assessment)

Flow 2 is approximately 12% of all attendances. Between January and March 2015, there was an increase in the numbers of flow 2 patients attending ED. During this period, the 4-hour standard performance was consistently below 95%.

As well as the additional medical staffing above, to improve performance for this winter, NHS Borders is planning

- To maintain the Rapid Assessment and Discharge (RAD) team. This team consists of Physiotherapy, Occupational Therapy and social work care manager who can assess suitable patients in ED and arrange for them to go home rather than be admitted to hospital.
- To introduce an Ambulatory Care Service (see below).

Flow 3 (Medical Admission)

Flow 3 is approximately 25% of all ED attendances. Between January and March 2015, there was a large increase in the numbers of flow 3 patients attending ED. During this period, 4-hour standard performance for this flow was below 90%. Many of these breaches were related to delay in accessing beds.

To improve performance for this winter, the following will be implemented

- Ensuring there are 5 available beds on the Medical Assessment Unit at all times to take patients from ED
- Ensuring that all patients referred by their GP for medical admission are admitted directly to the Medical Assessment Unit (apart from patients suspected of having sepsis, who should first be treated in ED)
- increase the numbers of beds available above normal bed complement (see section 9.2)

Flow 4 (Surgical Admissions)

Flow 4 is approximately 9% of all ED attendances. There was no change in numbers of flow 4 patients attending ED during the winter period last winter or previous years. During December 2014, the 4-hour standard performance for this flow was below 85%, rising to 91% during January to March 2015.

To improve performance this winter, we are improving processes so that surgical admissions are transferred to the relevant ward as soon as the patient is assessed as needing admission. At the moment, patients often wait in ED to be reviewed by the surgical doctors.

9.2 Ambulatory Care

NHS Borders is in the process of setting up an Ambulatory Care Service. The Ambulatory Care Service provides an area for assessing and treating patients with conditions that could be managed without admission who would otherwise be admitted to a ward.

The service will be led by a senior consultant who will provide a rapid senior medical assessment and will consist of chairs, rather than beds, for patients to receive diagnosis and treatment to allow them to return home without overnight stay. The service will operate 5 days a week from December 2015.

9.3 Unscheduled Patient Flow

During winter 2014/15, the total number of patients admitted to the Borders General Hospital did not increase compared to previous months and years, although there was a slight increase in medical admissions. Despite this, between January and April 2015, there were high numbers of 4-hour ED breaches, cancelled operations and patients being boarded (cared for in wards outwith their admitting specialty), because of difficulties in accessing beds. In the 4 months August-November, there were 145 ED breaches due to availability of medical beds. In the 4 months December to March 15, there were 544, a 280% increase.

Between December and March, there were 2111 boarding beddays or between 12 and 21 beds occupied by boarders, compared to the 4 months previously when there were 848 boarding beddays or between 4 and 9 beds occupied by boarders. It is known that patients who are boarded have longer lengths of stay than patients cared for in the appropriate specialty ward.

The aim of the Winter Plan is to ensure that patients receive care in the right place and are not delayed in admission because of availability of beds. The number of patients breaching the 4-hour ED standard will not increase in the winter period compared to the previous summer, we will intend to have zero boarding patients and we will maintain bed occupancy rates as close as possible to the 85% target.

NHS Borders will do this by;

- Creating an additional 22 medical beds between November 2015 and March 2016. These will be in:
 - Medical Assessment Unit annexe (8 beds)
 - 14 bed medical ward on BGH surgical floor. This will either be in Ward 16 or in two bays of a surgical ward. This will avoid the need to board patients outwith medicine
- Additional medical doctors will be introduced to ensure rapid medical assessment and earlier discharge
 - Acute Physician Consultants. A new post of Acute Physician (Specialist in Emergency Medicine) will commence in October 2015. Over the winter period, this will be complemented by additional consultant and middle-grade doctors to support the Medical Assessment Unit, Ambulatory care and the extra medical ward
- Additional nurse staffing. We will recruit extra nurses to fill the staff vacancies that are predicted to occur between November and March due to normal staff turnover. These staff will be available to support areas of high activity. At times of critical bed pressures, this will allow us to open extra beds for short periods of time

- Frail Elderly Assessment Service. We will continue the new model of rapid assessment of frail elderly patients on arrival at hospital. This process reduces the length of time patients stay in hospital and improves discharge arrangements.
- 7-day AHP working. There will be physiotherapy and Occupational Therapy services for inpatients provided on Saturdays and Sundays to maintain patient rehabilitation. Experience in 2014/15 indicated that this reduced length of stay and allowed patients to be discharged earlier in the week than would otherwise be the case.

10. Elective Care

Between December 2014 and March 2015, there were 99 cancellations of procedures related to availability of beds and of these 66 occurred in January 2015. Protocols for maintaining surgical operating in the event of bed pressures were put in place during last winter.

The aim of the Winter Plan is to have no elective procedures cancelled due to availability of beds.

To achieve this, NHS Borders will;

- Refresh the existing protocols for managing elective operating during times of bed pressures
- Plan daycase operating schedules so that all daycases can be treated through the Day Procedure Unit, so that operating will continue if the Planned Surgical Admissions Unit (PSAU) is required to accommodate inpatients
- Ensure that correct numbers of elective surgical, orthopaedic and gynaecology beds are available when required

A review of planned care activity supported by the Institute of Healthcare Optimisation will complete during the run-up to winter and the recommendations within this will be taken into account in the actions we take to maintain elective care.

11. Discharge

A major part of the delays in admitting patients over the winter period last year was due to patients being discharged late in the day. During the 121 days between December 2014 and March 2015, there were 42 occasions when the number of patients in beds exceeded normal hospital bed occupancy at midday (ie were occupying additional surge beds), whereas there were only 13 occasions when this was the case at midnight.

Discharges each weekend day between November 2014 and March 2015 averaged 25 discharges per day.

The aim of the Winter Plan is to achieve the national standard of 40% of discharges taking place in the morning and to increase average discharges at the weekend by 25%.

In order to improve discharge planning arrangements, NHS Borders will;

- Roll-out criteria-led discharge to all medical wards. This allows nursing staff to discharge patients according to a discharge plan agreed with medical staff
- Identify the reasons that currently prevent morning discharges and implement a package of measures to resolve these
- Test whether extra staffing in the discharge lounge so that more patients, including those with extra needs, can transfer to the discharge lounge to wait for discharge
- Continue discharges 7-days a week by making sure that support services such as pharmacy, diagnostics etc operate at weekends and that there is site management oversight of patient flow and discharge at weekends.
- Expand the role of the Discharge Hub. This is a daily meeting of different agencies to agree and carry out actions to speed up the discharge of patients with more complex needs. A discharge hub coordinator will be appointed to ensure that all actions are being taken

12. Delayed Discharges

In January and February 2015, there was an increase in numbers of delayed discharges. This was reflected in an increase in patients with length of stay over 14 days during this period. During January and February 2015, 727 bed days (23 beds) and 566 bed days (20 beds) were lost to delayed discharges respectively. Of these delays;

- 19% were delayed for issues relating to the Adults With Incapacity Act or as a result of exercising the right of choice in relation to a care home placement.
- 33% were waiting for commencement or completion of a social work assessment
- 21% were awaiting a package of care to be started
- 17% were awaiting a care home placement

Between the end of December 2014 and end of March 2015 a total of 39 patients transferred into additional care home beds (flex beds). Most of these patients were delayed awaiting a package of home care to commence.

The aim of the Winter Plan is to achieve and maintain zero delayed discharge patients over 14 days and work to a trajectory to achieve zero delayed discharge patients over 72 hours by the end of February 2016.

NHS Borders will;

- Increase the number of care home flex beds available for patients who no longer require hospital care but cannot move directly to their discharge destination. In 2014/15, an average of 11 flex beds were utilised between December and March. This number will be increased to up to 20 flex beds from November 2015.
- Hold a Delayed Discharge event in October to prepare and educate staff about the best practice in the management of Adults with Incapacity and choosing care homes. Case studies will be used to help Multidisciplinary Teams to understand how discharge planning might be improved.

- Implement weekly Day of Care Auditing in the Community Hospitals to identify patients delayed in their discharge process at an early stage and avoid Delayed Discharges.
- New discharge planning guidance and focus will be provided specifically for Learning Disability and Mental Health teams.
- Work will continue on a daily basis with senior colleagues in Social Care to ensure the positive partnership approach continues.

13. Community Hospitals

In Winter 2014/15, Community Hospital bed capacity was increased by 5 beds in the Knoll and 1 bed in Hawick Community Hospital. It was extremely challenging to provide extra medical cover for these beds, so it is not proposed to open these beds in winter 2015/16.

Around 95% of community hospital beds were occupied at any one time over the winter (December 2014 to end March 2015) length of stay averaged 24 days.

The aim of the Winter Plan is to maintain Community Hospital bed occupancy at 95% and achieve an average length of stay of 18 days. This would have the effect of creating access to the equivalent of an additional 30 beds across the community hospitals.

In order to best manage Community Hospital beds, NHS Borders will;

- Locate a Social Work Care Manager in each Community Hospital following the pilot in Haylodge. This has enabled a reduction in length of stay in Haylodge to 18 days.
- Make sure that all suitable patients requiring intravenous therapy treatments receive these at community hospitals, rather than in the BGH. All Community Hospitals are now able to manage patients requiring IV Therapies.
- Involve Community Hospital nursing staff in assessing patients within the BGH for Community Hospital transfer.
- Implement weekly Day of Care Auditing to identify patients delayed in discharge at an early stage and avoid Delayed Discharges.
- Standardise the way in which the Multidisciplinary Team works across all Community Hospitals so that the best ways of working happen in each hospital. .

14. Patient Flow management

During Winter 2014/15, a number of new measures to manage patient flow were tested and proven effective. In the course of 2015, other changes have been introduced which will help.

These include;

- Hospital Safety Briefs: Hospital-wide huddles at 8.30, 11.00 and 14.50 that bring the whole hospital together to monitor patient safety and patient flow. These are being extended to incorporate community hospitals and other community services.
- Daily divisional and ward safety huddles.
- The 4 operating divisions (Unscheduled Care, Planned Care, Women and Children and Primary and Community Services) managing their own patient flow
- Board Rounds on all wards.
- A suite of half-hourly, hourly and daily reports, including 4 times daily bed report, daily safety report and 3 & 7 day forecast reports.
- 7-day double hospital cover (one hospital bleep holder and one bed manager).
- Operational management presence and administrative support at weekends during the winter.
- Consistent and effective management of patient flow by the hospital bleep holders through standard operating procedure and training.

To ensure that NHS Borders is fully prepared for Winter 2015/16, we will

- Introduce a skills checklist for hospital bleep holders so that management of patient flow is done in a consistent and effective way at all times.
- Carry out a Value Stream mapping process in October, to look at all our current processes for managing patients flow and develop more streamlined ones.

15. Infection Control

During Winter 2014/15, there was minimal disruption to health services due to Norovirus. However, in the previous winter there was substantial disruption due to Norovirus, including ward closures. In particular, the closure at different times of the Medical Assessment Unit and Ward 9 created major challenges in maintaining patient flow for medicine and orthopaedics. It is likely that we will experience more severe outbreaks of Norovirus during winter 2015/16.

The aim of the Winter Plan is to ensure that services are continue as planned and are not adversely impacted as a result of Norovirus outbreaks.

To achieve this, NHS Borders will;

- Plan to reduce the risk of spread of Norovirus by monitoring national information on a weekly basis to provide early warning of Norovirus, increasing levels of cleaning during the winter period and raising awareness of risks through a high profile campaign directed at staff and visitors.
- All alcohol gel used within NHS Borders is now anti-viral and therefore effective against Norovirus.
- Take rapid and robust interventions when there are cases of Norovirus including rapid identification and isolation of patients, further increased cleaning in affected wards and precautionary closure of affected bays.

- Manage outbreaks of Norovirus (2 or more cases) through daily outbreak meetings and close involvement of Infection Control in the daily management of the hospitals.
- Review the Norovirus management plans. This includes ensuring accurate and up-to-date information is available to all staff, and reviewing the use of the Medical Assessment Unit annexe as a facility for isolating Norovirus patients across the hospital. Plans will be in place by December 2015. We will also review and update plans for maintaining services when key wards and areas are closed due to Norovirus.
- Review management plans for other infections that require control measures.
- Test Norovirus management plan and resilience measures through table-top exercise.

16. Respiratory

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.

17. Women and Children

Children's Services, Borders General Hospital

Children's services are currently reviewing their bed management plans to ensure that there is a focus on early safe discharge and early medical review by 4pm where a child requires a further period of observation. There is a focus on:

- The development of criteria led discharge.
- Cohorting of children with Respiratory Syncytial Virus.
- Keeping children at home wherever possible.
- Ambulatory care wherever possible.

The children's ward is able to accommodate young people up to the age of 18 years where appropriate to support the management of patient flow across the wider hospital. The children's ward cannot accommodate adults over the age of 18 years (European Association for Children in Hospital CHARTER)

The Paediatric Pandemic Flu plan is also being reviewed to ensure it is up-to-date.

Maternity services

Maternity services have developed an escalation policy that will facilitate staff to focus on

- Staffing gaps due to short notice sickness.
- Identify service pressures promptly and focus on early safe discharge.

The facilitation and positive endorsement of the seasonal flu vaccination programme is undertaken by the midwifery staff to our client group.

18. Mental Health

There are no requirements for additional staffing or other arrangements within mental health services during the winter period. Any exceptional pressures on the service will be managed through the established business continuity and severe weather plans. Details of arrangements for cover over the festive period are contained in section 2.

19. Learning Disabilities

There are no requirements for additional staffing or other arrangements within mental health services during the winter period. Any exceptional pressures on the service will be managed through the established business continuity and severe weather plans. Details of arrangements for cover over the festive period are contained in section 2.

20. Staffing

During winter 2014/15, staffing, particularly nurse staffing, was challenging. However, the approach of recruiting permanently to the temporary staff posts needed over the winter resulted in agency and bank spend remaining stable over the winter period.

The aim of the Winter Plan is to ensure that there are enough nurses employed to continue to safely staff our services.

NHS Borders will do this by;

- Level-loading annual leave for nursing staff across the full 52-week period to avoid spikes in annual leave requests leading to pressure on the system.
- Following the Sickness Absence policy consistently on every occasion.
- Filling all current vacancies and the extra nurses needed to fill the posts described in this plan (including surge beds).
- Recruiting in advance the additional nurses to cover the expected vacancies that will occur as people leave over the next 6 months. A nurse recruitment event is planned for 1st September.

- Maintaining Nurse Bank at full operation and reviewing whether it can operate at weekends.
- Reminding all staff of arrangements for coming to work in periods of severe weather (see section 5: Resilience).
- November recruitment event following successful September event.

21. Data and Reporting

Provision of information was effective in allowing us to plan activity last winter.

The aim of the Winter Plan is to ensure that data is available at the times it is needed and in the right format.

To achieve this, NHS Borders will;

- Maintain the data that we used last year. This includes;
 - Local Information (see section 14 for more information).
 - Systemwatch – predicted unscheduled care activity.
 - NHS 24 – for GP out-of-hours predicted activity.
 - Flu surveillance – for early warning of outbreaks.
 - Public Health – for early warning of other disease outbreaks.
 - Weather forecast.
- Develop a daily demand and capacity model to inform wards of the required discharges to accommodate expected admissions.
- Establish a simple system for reporting daily information to the Scottish Government.

22. Estates & Facilities

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 of 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.

The aim of the Winter Plan is to ensure that services continue to function seamlessly throughout the winter period.

NHS Borders will do this by;

- Undertaking a programme of routine maintenance and testing to ensure anything we are likely to need over the winter months is in workable order
- Utilising the fleet of 4x4 vehicles to support staff and patient transport when required during periods of severe weather

- Ensuring that normal Estates services are continued throughout the winter period

23. Working with other agencies

Social Work – Social Care & Health

Social Care & Health will work closely with NHS Borders to support the actions contained within the winter plan.

In order to support timely discharge it is necessary to have adequate resources in the form of: care Management time, care at home, and the availability of mixed models of care within 24 hour care or other building based models, such as Housing with Care. The Social Work department will be working with providers over this time to plan capacity and demand issues and look to develop alternative care support if required.

The focus will be around provision of:

- Provision of intermediate care beds–
 - ensuring appropriate admissions through discharge co-ordination
 - timely discharge from intermediate care through robust Care Management supports and AHP input
 - There will be a nominated lead to co-ordinated admissions to IC & flex beds
 - Care Managers within START will be directed to focus their time on discharge from hospital or IC/flex beds
- Robust communication with all providers to ensure bed availability and homecare hours available are known on a daily basis.
- Support the flex bed model by ensuring dedicated care manager for flex beds in order to ensure timely discharge
- Ensure discharge to assess is fully utilised through the use of flex beds, where a person is identified as requiring assessment and is not able to go home – see flow chart.
- Test the role of the Discharge Lead Co-ordinator for a 6 month period, who will support the development of the discharge hub
- Homecare arrangements – review processes in regard to discharge processes
 - where a poc is not available to support discharge – patient to be offered flex bed, review letters and ensure all care management staff are aware of the process
- Utilise Housing with Care voids to support and enable discharge as a form of step and step up supports.
- Review the weekend worker role within START and agree function of role to ensure full utilisation.
- Ensure there is wide communication regarding the arrangements to access social work services out of hours.

Scottish Ambulance Service (SAS)

The Scottish Ambulance Service are currently developing their draft winter plan. Meetings are scheduled in September with SAS to review winter planning and ensure that plans are aligned.

Voluntary Sector Provision

The British Red Cross will continue to help support discharge over the winter period and provide support to avoid readmissions. The Red Cross attend daily Discharge Hub and put support in place for patients where appropriate, including visiting patients in wards, 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

Festive period planning covers the period where normal working will be affected by the public holidays over the Christmas and New Year period, i.e., 21st December 2015 to 8th January 2016.

During this period, **the aim of the Winter Plan is to ensure that appropriate health services are available to meet the changed pattern of demand and to ensure that people have appropriate access to all services in a timely fashion.** In particular, services are planned to address the expected surges in activity following the public holidays.

Arrangements for working hours over the festive period are contained in the following table:

Festive Period Cover Arrangements

Acute - Unscheduled Care	
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. Normal working practise – no annual leave entitlement during festive period.
	Medical staffing. Enhanced Rota in place from the 18 th December to the 4 th January.
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. Staff in will be increased from two to three on the following dates: 26 th , 27 th and 28 th December and 1 st , 2 nd , 3 rd , and 4 th January.
Medical Unit	<p>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.</p> <p>DME - On call Consultant cover will be provided on the Friday the 25 December and Friday 01 January. (this has still to be confirmed with the consultants). Normal Weekend cover and normal Monday 28 December and 04 January.</p>
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 (26 December and 02 January) to accommodate patients requiring dialysis.

Day Hospital	Normal levels of service will be in place on the days out with the public holidays. During the public holidays the Day Hospital will be closed.
Specialist Nursing Services	
Cardiology	<p>The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period.</p> <p>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.</p> <p>The specialist nurse service will be closed on 25 and 28 December and 01 January with no cover on 04 January, normal service will resume 05 January.</p>
Diabetes	<p>The diabetes nurse service will be closed on the 25th and 28th December and the 1st and 2nd January with a reduced service on the 4th January.</p> <p>The specialist nurse service will provide information to BECS for their patient group regarding their care management of individual patients over the festive period</p>
	The specialist nurse service will be closed on 25 and 28 December and 01 January. Reduced cover on 04 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.
	Current plan for festive period Service will be closed 25, 26 and 27 th December and 01, 02 and 03 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 24 and 25 December, and 31 st Dec and 01 January, normal service will resume 04 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.
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.
<u>Acute - Planned Care</u>	
Surgical Unit	Normal levels of medical cover will be in place on the day's out with 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.
Theatres/Elective Procedures	On the four public holidays a normal weekend level of service will be in place, to cover emergency/trauma operating only. Experience suggests that the Mondays are not 'weekend' levels of work; they follow a weekend and so the volume of work needing done needs more theatre time – we need to have CEPOD + trauma (+ section ability)
	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.
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. This year staff split the shifts to half day, but the same level of care will be provided.
Palliative Care	Awaiting response
<u>Community</u>	
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.
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

	<p>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.</p>
Community Hospitals	<p>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.</p>
	<p>Multidisciplinary Team Meetings will continue to function over the festive period. Please see Section 18 Supporting Structures for more information</p>
<u>Out of Hours</u>	
Borders Emergency Care Service – BECS	<p>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 29th and 31st December as well as 5th January 2015.</p>
	<p>BECS reception will be staffed at all times over the festive period, with two receptionists on duty at predicted times of peak demand.</p>
Borders Emergency Dental Service – BEDS	<p>Awaiting response</p>
Patient Flow	
Bed Busters	<p>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</p>
Discharge Liaison	<p>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).</p>

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.		
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.
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.
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.
Clinical Support Services	
ASDU	Awaiting update
Endoscopy	<p>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.</p> <p>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</p>

	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	
<i>Blood Sciences</i>	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.
<i>Microbiology</i>	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.
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.
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
<u>Mental Health and Learning Disabilities</u>	
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).
Learning Disabilities Service	<p>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.</p> <p>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).</p> <p>This applies to the Community Learning Disability Team which includes the LD Liaison Nurse service at the BGH.</p>
	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).
Red Cross Buddy Scheme	<p>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.</p>
	The focus of their role will be to support discharges and avoid unnecessary admissions through provision of both transport and follow up support.
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.

Festive Cover

Theatres/Elective Procedures	
Theatres Plan	
December	
Wed 23rd	Last elective list
Thur 24 th	Day case surgery + Trauma + CEPOD
Mon 28 th	Trauma + CEPOD (+section ability)
Tues 29th – Fri 31 st	Trauma + CEPOD + Vertical
January	
Mon 4 th	Trauma + CEPOD (+section ability)
Tues 5th	Trauma + CEPOD + Vertical
Wed 6 th – Fri 8 th	Trauma + CEPOD + Vertical
Monday 11 th	Trauma + CEPOD + Vertical
DPU	
DPU closed for two weeks	
PSAU	
Closed on public holidays only, otherwise staffed for normal service delivery	
Wards 7 and 9	
Staffed for normal service	