Borders NHS Board

NHS BORDERS WINTER PLAN 2016-17

Aim

To present the NHS Borders and Scottish Borders Council Joint Winter Plan 2016-17 to the Board for approval.

Background

A draft Winter Plan has been presented to the Strategy and Performance Committee, the Integration Joint Board and the SBC Corporate Management Team. The final Winter Plan is required to be submitted to Scottish Government by 31st October 2016.

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 all parties, 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
- More emphasis on and plans to more effectively use anticipatory care plans
- Surge bed requirements have been reviewed
- Detail on the governance and reporting arrangements has been included

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.

A risk assessment has been completed and highlights risks to delivery of the Winter Plan and mitigating actions to minimise these risks. An Equality Impact Assessment has been carried out and does not indicate any equality impact of the Winter Plan.

The implementation plan which underpins the Winter Plan is well underway. It should be noted the implementation plan is a dynamic document and will be amended in light of emerging issues and operational constraints. . The delivery of the Winter Plan is overseen by a Winter Planning Board, chaired by the Chef Officer.

Recommendation

The Board is asked to **approve** NHS Borders 2016/17 Winter Plan

Policy/Strategy Implications	Request from the Scottish Government that a whole system Winter Plan is developed and signed off by the Health 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, SNC Corporate Management Team 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 presents no additional financial implications. Staffing requirements within the Winter Plan have been progressed.

Approved by

Name	**Designation**	**Name**	**Designation**
Evelyn Rodger	Director of Nursing, Midwifery and Acute Services	Susan Manion	Chief Officer Health & Social Care Integration

Author(s)

Name	**Designation**	**Name**	**Designation**
Phillip Lunts	General Manager for Unscheduled Care		

Winter Plan 2016/17

Status: Draft

Author: Phillip Lunts & Alasdair Pattinson

Approved: Evelyn Rodger, Director of Nursing, Midwifery and Acute Services

Version: 6.5

Version control

Version	Date	Author	Comments
1.0	31/7/16	Phillip Lunts	
2.0	14/8/16	Phillip Lunts	First draft with revisions
3.0	15/8/16	Phillip Lunts	Revised
4.0	18/8/16	Phillip Lunts/Fiona Jackson	Fully revised and all sections completed
5.0	18/8/16	Fiona Jackson	Formatted and additional information added
6.0	19/8/16	Phillip Lunts	Final draft plan completed
6.1	22/8/16	Susan Manion/Evelyn Rodger	Amendments including details of governance arrangements
6.2	1/9/16	Phillip Lunts	Revisions from NHS Borders Strategy and Performance Committee
6.3	12/9/16	Phillip Lunts/Murray Leys	Amendments to home care, care home and equipment store sections
6.4	26/9/16	Phillip Lunts	Add references to OOHs support for Pharmacy, Dental, Referrals between OOHs services, MH Crisis, documentation
6.5	5/10/16	Phillip Lunts/	Incorporated suggestions from SBC Corporate Management Team: More detail on Anticipatory Care Additional Governance and Monitoring section

CONTENTS

Winter Plan Summary

This Winter Plan has been developed as a whole system plan to address predicted increases in activity and demand for health and social care services across the winter period 2016/17.

The plan is based on data and experience over the past 3 years.

This indicates that there were reductions in attendances at BECS and an overall increase in ED and AAU attendances between January and March 2016. There continued to be bed pressures, with additional beds open within Ward 8 and the Knoll Hospital, as well as the surge beds within the MAU annexe and the Borders Stroke Unit. However, boarders within the BGH reduced by 40%. Length of stay reduced overall, but remained high in Community Hospitals with beddays lost due to delayed discharges increased by one-third compared to the previous winter. The percentage of patients over 75 years of age admitted with acute illnesses has continued to increase year on year.

The main pressures experienced over the winter of 2015/16 were in high numbers of ED attendances at weekends and on Mondays, demand for medical and orthopaedic beds, reduced but continuing high numbers of patients unable to be accommodated within medical beds (average 12.6 medical boarders – compared to 21.2 previous year) and delays in discharging patients out of hospital, both in terms of time of admission and delayed discharges.

The aim of the Winter Plan is to enable health and social care 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

Some surge capacity has remained open over most of the summer period, due to inpatient demand. This means that we will need to deliver effectively on all the actions outlined in this plan to ensure we have sufficient capacity to manage increased demand during the winter.

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

  - Testing new models of community care
  - Identifying and supporting those patients who have had the most frequent hospital admissions over the past year to help reduce their admission rates.
  - Identifying and supporting those patients who attended the Emergency Department over the past year to help reduce their need to attend ED.

- 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 review of medical and nursing staffing within the Emergency Department and measures to plan for predicted times of increased demand
  - The maintenance of the Rapid Assessment and Discharge Team to identify and manage patients with complex needs but who do not require admission, including expansion into weekend working

- Improved pathways to specialty wards for patients requiring assessment
  - Enhancement of Ambulatory Care services to reduce numbers of patients requiring admissions
  - Ensuring all GP referrals to Medicine go direct to Medical Assessment Unit
  - Improved pathways for orthopaedic and surgical patient admission

- Improved systems for ensuring that patients requiring acute admission avoid delay and boarding. These include
  - Robust processes to ensure beds are always available on Medical Assessment Unit
  - Remodelling of medical inpatient beds to ensure correct mix of acute medical and acute elderly care beds so that patients with complex social and health needs receive care without delay in environments designed for their needs.
  - Remodelling of planned care (surgical) inpatient beds to separate patients admitted for planned surgical procedures from patients admitted as emergencies to ensure no cancellations for planned operations
  - Additional 10-bed medical surge capacity within the medical unit
  - Contingency planning for medical boarders to be accommodated in one location only if required
  - Streamlined pathways for transfer from BGH to Community Hospitals

- Active management of discharges, including
  - Measures to increase morning discharges to 40%, including increased utilisation of discharge lounge
  - 7-day services to ensure discharges at weekends match admissions

    - Increase discharge lounge staffing to take more patients
    - Redesign Discharge Hub to ensure that all complex discharges are individually managed to improve discharge planning and reduce delays

- Bundle of measures to reduce length of stay in Community Hospitals, including testing new model of medical management within Knoll Hospital
- Detailed planning for patients who are delayed in their discharge based on the new 72-hour standard to reduce time waiting for discharge
- Review of demand and capacity for homecare and targeted increase in capacity
- Establishment of a Transitional Care facility to allow patients to be discharged to a more homely environment for assessment and establishment of appropriate care packages
- Maintaining close working with voluntary sector in discharge management

- Patient Flow Management
    - Ensure effective systems for escalating and addressing any delays in the management and discharge of patients from ED
    - Standardised approach to patient flow management, including competency-based training for all Hospital Bleep Holders and Duty Managers
    - Duty Manager every day between December 2016 and April 2017

- Infection Control – robust testing of outbreak control measures and contingency planning for impact of outbreaks
- Communication Plan to maximise impact of messages, including effective use of ‘Meet Ed’ publicity to avoid hospital attendance, and integrated approach to winter communications
- 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 and Local Authorities have a responsibility to undertake effective Winter Planning to ensure that the health and social care needs of the population 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 is a joint plan between NHS Borders and Scottish Borders Council It has been developed as a whole system plan between NHS Borders and Scottish Borders Council based on ongoing review of demand and activity over the past 3 – 5 years and lessons learnt over the course of the last 3 winters.

The plan 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.

This year, planning for winter is being undertaken in the context of continuing pressures on inpatient beds throughout the summer. Surge bed provision remains partially open, meaning that the delivery of the actions outlined in this plan requires to be robust.

The winter period is between 1st November 2016 and 31st March 2017

The delivery of the Winter Plan will be overseen by an Integrated Winter Planning Board, chaired by the Chief Officer for Health and Social Care. The Board will report to both the Health Board and the Council, with regular updates to the Integrated Joint Board. An operational Winter Planning Group will be responsible for implementation.

2. Key Deliverables

Safe and effective care for people requiring the health and social 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 planned operations).
- Out of Hours Services
- Norovirus
- Seasonal Flu
- Respiratory Pathway
- Management Information

We undertook a full evaluation of the implementation of our winter plan for 2015/16 against the Scottish Government self-assessment framework and this has informed the preparation of this winter plan.

4. Recommendations from Winter 2015/16

The following table outlines the key learning and recommendations from the 2015/16 Winter Period.

Lessons learned /Recommendations from Winter 2015/16

Key Requirement	Progress/Further Actions	Status
Remodel inpatient footprint to ensure appropriate allocation of specialty beds, including ensuring the correct allocation and staffing of medical beds. This will minimise boarding patients	Remodelling Medicine and Planned Care IHO remodelling underway with launch dates of 3rd October 2016	G
Develop community-based prevention strategies to avoid patients requiring admission	Top 5% of frequent admissions and top 30 ED attenders being reviewed to identify ways of reducing admissions/attendance	G G
Focus on proactive Discharge Planning at an individual patient level to reduce delayed discharges and patients waiting inappropriately in hospital beds	Redesign of Discharge Hub underway	G
Resolve the issues preventing patients being discharged in the morning	Morning Discharge Project underway with target of 40% discharges by midday by end August 2016	A
Develop more effective discharge planning and a coordinated weekend	Weekend Discharge project underway with target of matching	G

discharge team	weekend admissions and discharges by October 2016	
Build on the proactive recruitment strategies to minimise staffing vacancies going into winter	Nurse recruitment events 2-monthly.	G/A
Earlier preparation and implementation of Winter Plan for 2016/17	Working to earlier timeline for Winter Plan preparation	G

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 services across health and social care will have up-to-date resilience plans and staff are aware of the location of these plans

- Business Continuity plans. Each department has a plan that explains how they will continue to operate in an emergency. These plans will have been tested by November 2016
- Both NHS and Scottish Borders Council have severe weather plans that incorporate resilience arrangements for services. The SBC severe weather resilience plan covers Education, Social Work and Care Homes. The plan was well-tested last year due to the winter storms. The Severe Weather Policy for NHS Borders will have been updated and tested by November 2016.
- Pandemic Influenza Contingency Planning will be in place
- Revised Major Emergency Plan will be in place by end November
- Inter-agency emergency planning arrangements will have been updated to address winter pressures for 2016/17

6. Prevention of admission

Flu vaccination

In Winter 2015/16, the flu vaccination rate for children within the community was 58%, the second highest in Scotland. NHS staff flu vaccination achieved 44% coverage against the previous year's uptake of 54%.

The aim of the Winter Plan will be to maintain the same or better levels of flu vaccination uptake for community as last year and to improve staff vaccination uptake to above 50%.

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 independent primary care providers such as GP, dental and optometry practices, and community pharmacists, to offer vaccination to staff
- Scottish Borders Council will ensure that flu vaccination is offered to and taken up by social care providers

- Within NHS Borders there is particular focus on improving uptake amongst staff working with high risk patients. Access to the vaccine for staff is maximised using specific OH flu clinics, on-site sessions in ward areas, roving vaccinators and a robust network of peer vaccinators. The programme is promoted via poster campaigns, information leaflets, plasma screen and intranet, team brief, staff newsletter, weekly email and videos with local promotional material used as well as nationally produced material.

Communication and Engagement with the Public

In order to help avoid unnecessary admissions to the Emergency Department or Primary Care Out-of-Hours service (BECS) over the Winter period, the objectives of the Winter Communications and Engagement plan are to;

- Encourage the public to access the right services at the right time in the right place
- Be aware of seasonal viruses such as flu and norovirus, and how to prevent against them / deal with symptoms
- Remind people to prepare for the winter period by obtaining adequate supplies of prescribed medications

These messages will be delivered through:

- The annual national campaign delivered by NHS 24 (Be Health-Wise this Winter) - details still to be received
- A local radio advertising campaign promoting the 'Meet Ed' - Know Where to Turn To message along with localised messages about flu vaccination and seasonal GP and Pharmacy Opening Hours – budget to be agreed

The use of social media will once again be a major part of the communications mix.

In addition, the Winter Planning Group will be asked to consider the use of near 'real time' communication with the public in the form of a **weekly update posted on social media** and the website detailing issues such as cold weather snaps, norovirus outbreaks, vaccination clinics etc. This forum could also be used additionally to communicate real time issues, such as a very busy Emergency Department, bed shortages etc – the aim being to continue a conversation with people advising them when the hospital may be under pressure and signposting them elsewhere, rather than only communicating in this way when we are seen to be in crisis.
This will be a test and, if accepted by the Winter Planning Group, can be tweaked as necessary as the Winter period progresses.

We will engage with families and carers of people who may require hospital care during the winter period to develop ways of providing support to help them to maintain or provide care within the persons own home.

As part of our planning for the festive period, we will undertake an intensive review of all patients in hospital to ensure that they are not waiting unnecessarily for investigations or treatment and we will work closely with their families and carers to enable them to be discharged home safely and without delay. This will include arrangements for follow-up outpatient tests and review and arrangements for home or local provision of treatment.

Communication and Engagement with Staff

- 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 2016 and be live until the end of March 2017. The microsite will have links to relevant external sites, as well as to key local policies relevant to the winter period. Information from the 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 take measures to reduce numbers of patients being admitted to the BGH through support of patients at high risk of admissions and by testing new ways of delivering services. These actions will reduce demand for hospital beds by the equivalent of 3 beds

- Paramedics Support to Teviot locality; We will maintain the pilot aligning services of 2 paramedic practitioners to two GP Practices in Hawick. They are working 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.

- Trial Comprehensive Geriatric Assessment (CGA); We will work with General Practice to identify (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 5% of readmitting patients by frequency. Data analysis suggests 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.

- Anticipatory Care Plans. We will review the use of anticipatory care plans within the BGH to ensure that the information within them is being accessed and used effectively to avoid admission and manage patients during their inpatient stay.

These plans are part of the development of integrated health and social care services and will inform redesign and reallocation of resources in the future.

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. Although there was an increase in attendances last year compared to the previous year, 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.

As part of this process, we will be testing a nurse-led model of out-of-hours cover for the quietest periods of the night to identify whether it would be possible to run at these times without GP cover. This will be a pilot initiative and will help inform future planning for out-of-hours primary care.

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 Scottish Ambulance Service, thus preventing avoidable admissions and offer safe care alternatives.

A Transforming Urgent Care Steering Group has been established to develop and deliver a new strategy for the delivery of primary care out-of-hours services.

Out-of-hours dental services are planned to continue as normal. Festive period cover is detailed in the Festive Period Plan.

Out-of-hours pharmacy community pharmacy cover is as normal #

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.

We are reviewing both medical and nurse staffing within the Emergency Department to determine the most effective allocation of staff and the correct staffing levels required to ensure safe cover for the service. This review will be complete and measures to adjust staffing taken prior to the winter.

We will be further developing the role of the Emergency Nurse Practitioner and other advanced practice roles to develop more sustainable staffing for the future. Where it is not possible to recruit or train sufficient nurse practitioners in time for the winter we will ensure appropriate medical cover is in place instead.

We will also review the top 30 frequent attenders at ED to identify any general and specifications that can be taken to reduce the numbers of times these patients attend ED.

Flow 1 (Minor Injury and Illness)

Flow 1 was approximately 56% of all ED attendances between November 2015 and the end of April 2016. This compares with a 60% average in the summer months and reflects a seasonal drop. Measures to reduce numbers of breaches of the 4-hour standard amongst Flow 1 patients were successful with a total of 66 breaches across the whole of the period November 2015 to March 2016. This compares to 148 in the similar period the year before.
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;

- We will test and implement models for the most effective use of Emergency Nurse Practitioners including ensuring that hours of work match demand. We will test the benefits of additional Emergency Nurse Practitioners, particularly on the days of greatest predicted activity. We will ensure that the outcomes of these tests are implemented.

- Increase medical cover according to expected demand where possible.
- Identify separate areas to treat Flow 1 patients to avoid delays due to cubicle capacity

Flow 2 (Acute Assessment) and Flow 3 (Medical Admission)

Last winter, we introduced the Acute Assessment Unit, a facility based within the Medical Assessment Unit to review acute medical admissions referred by GPs. Prior to this, most of these patients would have attended ED and be categorised as either Flow 2 or Flow 3 patients. .

Between February and May 2016, there was an 18% increase in the combined numbers of ED flow 2 & flow 3 and AAU patient attendances compared to the period November to January. This reflects a similar increase in the previous year and demonstrates seasonal variation.

In order to maintain the improved Emergency Access Standard performance, NHS Borders is planning

- To increase medical cover according to expected demand where possible.
- To maintain the Rapid Assessment and Discharge (RAD) team. This team consists of physiotherapists and occupational therapists who can assess suitable patients in ED and arrange for them to go home rather than be admitted to hospital.
- To further develop the Acute Assessment and Ambulatory Care Service (see below).
- Ensure there are 3 available beds on the Medical Assessment Unit at all times to take patients from ED, with a clear escalation plan to engage additional resource when this is not achieved
- Ensure that all patients referred by their GP for medical admission are reviewed directly within the Acute Assessment Unit
- Make provision to 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 last winter period or previous years.
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 Medical Unit

Last winter, NHS Borders established an Acute Assessment Unit within the medical unit for all medical patients referred for admission by their GP. This service is now fully established and continues to ensure that 30% of patients are seen, assessed and discharged without admission.

This winter, we will be remodelling the way in which we care for patients admitted to the medical unit. We will redesign the inpatient wards so that;

- Patients who are expected to remain in hospital for less than 48 hours will be cared for on the Medical Assessment unit under the care of medical and nursing staff experienced in the management of acutely ill patients
- Patients who have a medical condition that is likely to improve rapidly with treatment and who will then be fit to return home will be managed in an acute medical ward with access to appropriate medical specialities
- Patients who have more complex needs, have multiple health conditions or who require rehabilitation or additional social support will be assessed within 24 hours by a clinicians specialising in the care of elderly and frail patients and will be transferred directly to 2 acute elderly care wards, where they can receive the care appropriate to both their medical condition and their other longer-term needs

This remodelling is expected to reduce length of stay within the medical unit by an average of 0.5 days per patient and to reduce the number of patients waiting for prolonged periods of time for social care assessment and placement.

9.3 Unscheduled Patient Flow

There was a slight increase in medical patients admitted to the BGH during winter 2015/16 compared to the previous winter, although overall admissions did not increase. This reflects the pattern for the previous winter.

Work to manage medical patients more effectively, including the establishment of the acute assessment unit and the creation of a temporary additional medical ward in Ward 8, reduced numbers of patients boarding in wards outwith their admitting specialty by 26%, from 2715 boarding beddays to 1999 boarding beddays.

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.

The work described above to improve the management of medical patients is expected to reduce the demand for medical beds. A range of measures to reduce delays for both simple and complex discharges (described in section 11 below) will further reduce the requirement for medical patients to be accommodated outwith their specialty. However, as these measures will not be in place and tested before the onset of winter pressures, we believe that there will be a requirement for

additional medical beds during the winter period. We therefore intend to plan to be able to open the following surge beds

- 8 additional acute medical beds within the Medical Assessment Unit annexe
- 2 additional beds in the Borders Stroke Unit

We will not be planning to open any further inpatient beds. There will however be contingency plans in place to create additional capacity in times of extreme pressure.

These arrangements should be sufficient to avoid boarding patients into other wards. However, when there are occasions that will require patients to be boarded, we will ensure that all medical patients are boarded to one single area. This will ensure more effective medical and support service arrangements for these patients. We will also be introducing more robust processes for identifying and transferring boarders to ensure that there is minimal impact on the care of boarded patients.

We will also continue to maintain patient flow by;

- 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 and to be in a position to cover any additional staffing demands. 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.
- The Rapid Assessment and Discharge team will undertake 6 day working to cover patients admitted at weekends. We will review the impact of weekend AHP working from last winter to determine the most effective allocation of AHPs to ensure that there are no delays to patients due to weekends.

10. Elective Care

During December and January, cancellations due to bed availability did not increase from previous months. The position worsened in February, when 35 procedures were cancelled due to lack of bed availability. Patients exceeding Treatment Time Guarantee also increased from zero to 11 patients at one point. Overall numbers of cancellations were however significantly less than the previous year.

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

To achieve this, NHS Borders is remodelling the inpatient footprint and theatre scheduling of planned care subject to approval of a separate business case. This will;

- establish a combined elective ward for all surgical specialties

- Smoothing of the scheduling of theatre lists to reduce peaks and troughs of demand for inpatient beds on any particular day
- Reduce admission the day before surgery in orthopaedics

As a result of this remodelling, elective inpatient beds will be protected during the winter period and will not be used for unscheduled care. There should therefore be no cancellations of elective procedures as a result of lack of bed availability.

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 and a reduction in discharges at weekends.

The aim of the Winter Plan is to achieve and maintain 40% of total patients discharged discharged before 12 midday and that the number of patents discharged at the weekend is the same as the number of patients admitted.

In order to improve morning discharge arrangements, we will;

- Ensure that each ward is aware of the number of morning discharges required each day and support wards to achieve this
- Develop a morning discharge team based within the Discharge Lounge, including additional admin and nursing support
- Review on a daily basis ward-by-ward performance against required number of morning discharges and immediately address issues identified
- Have open criteria for acceptance of patients to Discharge Lounge (all patients individually assessed for suitability, rather than blanket criteria)

In order to improve weekend discharge arrangements, we will;

- Establish a robust weekend discharge planning process, commencing early in the week, to identify patients with the potential to be discharged at the weekend and ensure that weekend medical and nursing staff are aware of these patients
- Ensure all potential weekend discharge patients have a criteria-led discharge plan. This allows nursing staff to discharge patients according to a discharge plan agreed with medical staff
- Establish a coordinated weekend discharge team, including medical, nursing, AHP, pharmacy and social work and a weekend duty manager with site management oversight of patient flow and discharge at weekends.

Patients with complex discharge needs can have prolonged lengths of stay due to the complexity in arrangements for discharge. These patients are identified and reviewed daily at a multi-agency discharge hub meeting.

The aim of the Winter Plan is to improve coordination of actions to rapidly and safely establish discharge arrangements for patients with complex discharge needs. This will result in an average reduction of 2 days in the length of stay

for patients referred to the Discharge Hub. This will have the effect of reducing demand by the equivalent of 1 hospital bed per day

To achieve this we will,

- Review and redesign 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
- Establish integrated working between the START hospital social work team and the discharge liaison team as an integrated hub for discharge support
- Review daily patients who have been in hospital for more than 28 days as a focus for complex discharges

12. Community Hospitals

Although the 2015/16 Winter Plan ruled out the use of closed beds in the Knoll and Hawick Community Hospitals for surge capacity, there were occasions last winter when these beds were occupied, creating significant logistical challenges.

During 2015/16, there was no reduction in length of stay of patients in Community Hospitals compared to the previous winter, with average length of stay running at approx. 34 days.

The aim of the Winter Plan is to maintain Community Hospital bed occupancy at 95% and achieve an average length of stay of 20 days.

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

- Roll-out and embed the Community Hospital Discharge Bundle across all Community Hospitals
    - daily multidisciplinary board round review of all patients and adjustment of EDDs
    - standardised template for multidisciplinary team meetings
    - weekly discharge plan, identifying when patients will be discharged across the week
    - use of day hospitals as discharge lounges to enable patients to be ready for discharge first thing in the morning
    - standardised transfer pathway for patients between BGH and Community Hospitals, including simplified waiting list, transfer checklist and dedicated transport slots for transfer
- Establish a new model of medical management of patients within the Knoll Community Hospital, as a test of change.. This may provide a more standardised and intensive management of these patients
- Daily in-reach assessment of patients in BGH for transfer to Community Hospitals
- Provide similar intensive monitoring and support to Community Hospitals in managing complex discharges as will be provided in the BGH

13. Delayed Discharges

The numbers of patients delayed in their discharge over the winter of 2015/16 did not increase compared to the previous winter. However, their length of delay did increase, resulting in an additional 506 beddays lost due to delayed discharges.

We continued to use flex beds to move patients waiting for placement of choice out of hospital.

The aim of the Winter Plan is to work towards zero delayed discharge patients over 72 hours

We will;

- Provide information and education for health staff to ensure that they present a consistent message to patients and relatives that they may be discharged to transitional facilities whilst agreeing care home placements or other arrangements
- Maintain joint delayed discharge review meetings, and continue to work to resolve on an individual basis each person delayed in their discharge
- Carry out daily senior manager review of delayed discharges
- 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.
- Establish a Transitional Care Facility in Waverly Care Home (see below)
- Progress actions to address the causes of delayed discharges as described throughout this plan

14. Home Care

Social Care & Health will work closely with NHS Borders to support the actions contained within the winter plan. Delays in discharge due to lack of home care currently represent 25% of patient delays to discharge within the BGH.

The aim of the Winter Plan is to reduce the number of patients who have the discharge delayed due to unavailability of home care.

In order to ensure effective access to home care for patients being discharged from hospital, we will undertake the following measures

- Undertake demand and capacity to identify current capacity and current and predicted demand for home care services
- Encourage commissioned services to undertake proactive recruitment to increase available numbers of carers
- Establish a matching unit to review all home care hours and reallocate hours released by patients admitted to hospital at an earlier stage

- Reduce “stopped” care package times on admission to hospital from 14 to 7 days
- Introduce a transitional care facility within Waverly Care Home for patients who no longer need to be in hospital or who do not require admission to hospital but require a further period of social care or rehabilitation in order to return or remain at home. Based on models elsewhere, this facility is predicted to significantly reduce the need for social care input for this group of patients.
- Explore alternative staffing models to help in identifying additional home care support (eg, healthcare support workers)

15. 24-hour and residential care

Working in partnership with stakeholders from NHS, Scottish Borders Council, Independent and third sectors, we will review measures to support access to 24-hour care placements and resilience of care homes during the winter period.

All care homes have business continuity plans in place and a RAG system operates which advises when pressures are experienced.

16. Borders Ability and Equipment Store

The Borders Ability and Equipment Store provides rapid access to equipment essential to allow patients to be safely discharged home. At times, when demand increases, there is the potential that equipment will not be available in a timely fashion.

The Winter Plan aims to ensure that no patient is delayed in their discharge home due to lack of equipment.

In order to support this, we will

- Undertake demand and capacity analysis of equipment requirements for patients during the winter period to identify whether there is an increase in demand and the nature of the requests
- Develop a model to ensure that sufficient and appropriate equipment is ordered in a timely fashion and available to support any surges in demand during the winter period
- Review available budget for aids and adaptations
- Review and confirm that operating procedures are in place to ensure full and timely access to equipment during out-of-hours and festive periods
- Ensure that there is a robust plan for the distribution of equipment during periods of severe weather.

17. Patient Flow management

During Winter 2015/16, a planned focus on coordination of patient flow ensured rapid identification, escalation and management of potential blockages in patient flow. This meant that fewer patients were delayed in their care and more patients received care in the appropriate place.

The aim of the Winter Plan is to ensure that patients requiring hospital care are not delayed in their pathway and that they receive their care in the appropriate place. There will be daily, weekly and monthly planning to ensure that system pressures are identified in advance and that contingency plans are in place and utilised where required.

There is a well-established patient flow management system already in place, including

- Daily patient flow meetings of all areas of hospital to review current situation and make plans for that day and the next day
- Weekly planning meetings for weekend patient flow management
- Clear escalation processes that are triggered based on early warning signs of increased activity or delays in the system

Additional measures developed during 2016 to support patient flow include

- Hospital Bleepholder (person responsible for the daily operation of the hospital) established as part of Senior Charge Nurse role
- All Senior Charge Nurses have received competency-based training in the role of Hospital Bleepholder to ensure consistency of approach in managing patient flow.
- Revised escalation processes for ED, Acute Assessment Unit and Medical Assessment Unit to ensure early response to pressures in these areas
- Weekend Senior Manager on duty and responsible for the safe and effective operation of the hospital

During the winter period, we will reintroduce the Duty Manager role during weekdays. This is a senior manager responsible for oversight and direction of the operation of the hospital. In 2015/16, this role was effective in early identification of potential patient flow challenges and in taking action to avoid these.

A review of the daily hospital patient flow processes is underway which will inform further improvement

18. Infection Control

During Winter 2015/16, there was minimal disruption to health services due to Norovirus. There were 138 blocked beddays (number of patients per day who could

not be moved due to bay closures as a result of norovirus), with a loss of 26 beddays (equivalent to 0.2 of a bed over this period). This is a similar experience to winter 2014/15. A small-scale tabletop exercise to review ability to sustain a significant outbreak demonstrated that there was sufficient capacity within the inpatient system to provide resilience. However, Norovirus outbreaks during April and May 2016 resulted in a number of ward closures that put strain on the acute hospital system.

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

To achieve this, we 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.
- 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 options for cohorting patients, decision-making processes for closing and reopening affected wards and bays and risk assessments of the impact of wad closures. Review management plans for other infections that require control measures.
- develop Norovirus resilience plans for individual wards to ensure that individual hospital specialties, and overall patient flow, can be effectively maintained during significant outbreaks
- Review preparedness for other outbreaks, including influenza outbreak management

19. Respiratory

In order to maintain patients with respiratory conditions at home, there will be a national campaign to ensure that people are advised ‘Keep Warm’ during periods of cold weather. This will be reinforced through local media campaigns. Patients with known significant or end-stage disease have self-management plans included within anticipatory care plans. Work to ensure that these are accessed by service will be undertaken. We will review the potential for a 24-hour contact line for this group of patients to provide telephone advice and reassurance. This will form part of the work to review frequent users of hospital services. Specialist advice is available for patients during the week should they require discussion about their management plans.

The Respiratory Specialist Nursing team will continue to identify patients with known respiratory conditions at point of admission and support wards and medical staff to review and manage patients effectively.

The Respiratory Specialist Nursing service support discharge planning and decision to discharge for inpatients with respiratory conditions.

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.

20. 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 Syncitial 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). A revised boarding policy has been produced to ensure that criteria for admitting young people up to 18 years of age are clear and applied.

Maternity services

Maternity services will continue to focus on identifying and addressing service pressures promptly and focusing on safe and early discharge.

21. Mental Health

There are a number of areas in which mental health services will be affected by winter pressures:

- Mental health issues are likely to be a significant cause of frequent attendances in ED. Crisis Mental Health services will be operating as normal. Work to reduce the top 30 frequent attenders (see section 7) will require mental health services to review provision and potentially individualised plans for patients to reduce their need to attend ED and to assist staff in managing them when they do attend
- Older Adult mental health services will be impacted by the general pressures on older people, particularly pressures to provide social care to enable timely

discharge from hospital. This will be further challenged by the need to avoid unnecessary movement of patients with dementia during their time in hospital. Delays in discharge for these patients may result in significant numbers of lost beddays in acute areas of the hospital, with a disproportionate impact on patient flow. Work to reduce delayed discharges will include a focus on patients with dementia within the mental health services

- Access to services, including housing, can be challenging for people with mental health issues, particularly over the festive period. As part of our festive plan, we will develop arrangements to ensure that access to services is readily available over this period.
- Management of patients with delirium within the BGH and Community Hospitals is a significant challenge currently within the BGH and community hospitals and this is likely to be exacerbated during the winter. The mental health service will work closely with acute and community hospitals to support the management of these patients. Models for providing additional support are being developed.

22. 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.

23. Staffing

During winter 2015/16, recruitment to additional staffing commenced in August. However, recruitment did not match the increased demand for staffing, due to staff leaving, sickness and the requirement to staff additional beds. It also proved challenging to recruit sufficient staff. This resulted in a dependence on bank and agency staffing, which carried through into the spring and summer of 2016.

Annual leave was restricted for ward staff over the 2-week festive period and, as a result, there were few staffing issues during this time. There was a 20% reduction in bank nurse use during the festive period 2015/16 than in the previous 2 weeks.

Pro-active recruitment has been developed and staffing is now being monitored on a daily basis to more effectively utilised.

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

We will do this by;

Nurse staffing

- Level-loading annual leave for nursing staff across 50 weeks, with restricted annual leave allocated during the festive period.
- Following the Sickness Absence policy consistently on every occasion.
- Introducing an 8-week electronic nurse rota to ensure improved visibility of staffing and earlier planning for staffing gaps
- Proactively recruiting to both current vacancies, the additional nurses to cover the expected vacancies that will occur as people leave over the next 6 months and other posts as required
- Maintaining Nurse Bank at full operation and reviewing the potential to operate on Saturday mornings to assist in forward planning of supplementary staffing for Sunday and Monday, and potentially reducing requirement for agency nursing
- Reminding all staff of arrangements for coming to work in periods of severe weather (see section 5: Resilience).

Medical staffing

- Early planning of festive period rotas to ensure appropriate levels of medical staffing during this period
- Identifying areas of potential pressure or risk during the winter period and proactively identifying measures for addressing these pressures, including early recruitment to additional posts
- Close management of rotas to ensure they are level-loaded

Plans for forward planning of staffing will also be developed for other clinical professions, including AHPs.

Social care staffing (see section on Homecare)

24. Data and Reporting

Although normal reporting systems provided information on service status during last winter, improved predictive information to forecast potential pressures in the system would have helped plan for surges in demand. The Easter public holiday did not have the same level of planning as the festive period.

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, we will;

- Bring together information on system pressures to provide a 2-week ahead forecast to predict pressure in the system. , This will include; 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
- Staffing pressures

- Provide wards with daily predictors of expected admissions and required discharges and feedback on performance against previous days predictor
- Establish a simple system for reporting daily information to the Scottish Government.

25. 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 transport when required during periods of severe weather
- Ensuring that normal Estates services are continued throughout the winter period

26. Working with other agencies

Scottish Ambulance Service (SAS)
The Scottish Ambulance Service are currently developing their draft winter plan. Scottish Ambulance Services and NHS Borders Winter plan will be aligned to ensure provision of ambulance services fits with changes to working arrangements within the Health Board. Additional capacity will be sought during the festive period.

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. For this year, this will cover a 3 week period – 19th December 2016 to 8th January 2017 .

In 2015/16, arrangements for the operation of core services over the festive period worked well as demonstrated by the 41 breaches of the Emergency Access Standard compared to 205 in the previous year (performance over the period of 97% compared to 86%)

However, it was identified that delays and lost activity due to the festive period shutdown impacted on the operation of services until the end of January. There were 22 cancellations in January as a result of delays in discharging patients.

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. The aim of the Winter Plan is also to ensure that there is no impact on services in January as a result of lost capacity during the festive period.

Details of festive period arrangements are being compiled together with details of how each service will address any increased demand as a result of the festive period.

SECTION 3 – MONITORING AND GOVERNANCE

Governance

A robust and integrated governance structure for the Winter period has been established.

A fortnightly Winter Planning Group, comprising representatives from relevant operational services, will be responsible for the operational delivery of the plan.

An Integrated Winter Planning Board, chaired by the Chief Officer, who has operational responsibility for Mental Health and Community Care, will oversee delivery and effective implementation of the Winter Plan.

The plan is being reviewed and signed off by both the Health Board and Scottish Borders Council through appropriate governance processes.

The Winter Plan will be signed off by Borders Health Board in October 2016.

Monitoring

We will monitor the progress and implementation of the Winter Plan in all areas, and the success of the measures that we have taken.

This monitoring will be at 3 levels:

Implementation of the Winter Plan

- Regular reporting to Winter Planning Group and Winter Planning Board of progress with the implementation of the actions within the Winter Plan
- Regular updates to appropriate governance groups across NHS Borders, Scottish Borders Council and the Integrated Joint Board

Achievement against planned outcomes

- We will monitor key performance indicators on a daily basis through a daily integrated operational scorecard. The scorecard will be based on data that reports on demand for services across the whole system and the resource available to deliver these services
- We will report weekly to relevant individuals and groups within NHS Borders and Scottish Borders Council through a weekly performance scorecard
- We will report monthly to the Health Board and the Integrated Joint Board on delivery against outcomes

Evaluation

- We will undertake a full evaluation of service performance over the festive period in February 2017
- We will undertake an full evaluation of the effectiveness of the entire winter plan in April 2017

These evaluations will be widely shared and will be used to help inform planning for Winter 2017/18.