Borders NHS Board

NHS BORDERS/SCOTTISH BORDERS COUNCIL JOINT WINTER PLAN 2017-18

Aim

The Board is asked to formally approve the Joint Winter Plan for 2017/18.

Background

NHS Borders and Scottish Borders Council, like all Partnerships, is required on an annual basis to produce a Winter Plan which outlines potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period. The 2017/18 Winter Plan has been developed as a joint Winter Plan between NHS Borders and Scottish Borders Council.

An outline of the draft Winter Plan was presented to the Integrated Joint Board on 28th August and the Strategy and Performance Committee on the 7th September 2017. The key change from the plan discussed on the 7th September is more detailed information on inpatient capacity in a number of locations and the inclusion of the festive period plan. Comments from the meeting have also been incorporated. The draft winter plan has been submitted to Scottish Government in line with their requirements and a final plan is must be submitted by 31st October 2017. The revised plan is attached in Appendix A.

The Winter Plan is an overarching plan which signposts other relevant plans, which may be required over the winter period, for example severe weather plans, pandemic influenza plans and infection control policies and protocols. The overall aim of the planning process is to ensure that the partnership prepares effectively for winter pressures so as to continue to deliver high quality care, as well as meeting national and local targets.

The evaluation of last year's winter plan was presented to the Board in April 2017. This highlighted

- Activity last winter was minimally changed from the previous year
- There was a 5% increase in activity through the Emergency Department during last winter, but this was mostly related to an increase in minor injury and illness patients.
- Admissions to the BGH increased by 2% - there was a fall in medical admissions but an increase in surgical admissions
- There were ongoing pressures on bed capacity, due to a one-day increase in average length of stay compared to other periods of the year. Occupancy also increased to an average 88.9% at midnight and 92.9% at midday, an increase of 1.1% compared to the previous year.
- Delayed Discharge occupied bed days increased by 18% compared to the previous year, equivalent to a total average 30 beds occupied by delayed discharges, an increase of 4.5 beds compared to the previous year.

The impact of these pressures was a requirement for up to 36 surge beds being required above core bed capacity, especially in January 2017.

As a result the review recommended that this year's Winter Plan should focus on:

- Work to reduce the number of people requiring admission.
- To manage the daily patient flow through the system more effectively
- To reduce delays in transfer and discharge of patients across health and social care systems

Winter Plan 2017/18

The 2017/18 Winter Plan sets out a wide range of actions to address these recommendations for the coming winter:

1. Actions to reduce the impact of winter on population health – flu vaccination, self-management plans for high-risk respiratory patients, anticipatory care plans for nursing home residents
2. Range of actions to ensure that service capacity matches expected increased demand – additional capacity in BECS and Emergency Department, recruitment to actual and predicted staff vacancies, support service capacity planning

3. Actions to actively avoid unnecessary admissions of patients and to discharge patients from hospital care when clinically fit. These include with an estimate of impact on NHS bed numbers the following:

    - Increase Acute Assessment Unit capacity and opening hours (0.5 beds)
    - Establish Surgical assessment unit (3 beds)
    - Criteria-led discharge planning (increase in weekend discharges) (3 beds)
    - Transitional care bed expansion (Grove House) (2 beds)
    - Additional beds in Waverley Care Home for homecare waits (0.5 beds)
    - HCSW team based in Knoll to provide short-term homecare to enable discharge (2 beds)

4. Planned additional staffed inpatient capacity in appropriate locations:

    - Flexible inpatient capacity in Medical Assessment Unit (8 beds)
    - Flexible capacity in Borders Stroke Unit (2 beds)
    - Flexible capacity in Community Hospitals (2 beds)
    - Step-down beds within former inpatient capacity in Day Hospitals / discharge to assess beds (16-20 beds)

Financial Plan

There is currently no specific funding source which is directly available to support the Winter Plan, however internal funding sources for most actions detailed within the Winter Plan have been identified. The key area where funding remains outstanding is some elements of the additional inpatient capacity which is planned over the winter period.

A financial plan will be presented as part of the regular reporting to the Board and the Health & Social Care Integration Joint Board (IJB).

Monitoring

A project plan has been developed for each of these actions which will be monitored by the Winter Planning Board which is chaired by the Chief Officer Health & Social Care.

A weekly monitoring scorecard was established last winter, capturing key indicators of performance against prediction. This is being revised and will provide a weekly scorecard demonstrating performance against this year's predicted trajectory for both demand and capacity. This will form the basis of reporting to the Board and the IJB.

Summary

NHS Borders and Scottish Borders Council, like all Partnerships, is required on an annual basis to produce a Winter Plan which outlines potential risks and contingency planning relevant to the winter season, with a particular focus on the festive period.

The 2017/18 plan has been developed following an evaluation of the winter period last year and feedback from various fora over recent months.

The final plan is attached for consideration.

Recommendation

The Board is asked to formally **approve** the NHS Borders/Scottish Borders Council Joint Winter Plan 2017/18.

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 is being prepared by and in conjunction with stakeholders. The plan will be reviewed by Clinical Executive Operational Group, Strategy and Performance Committee, SBC Corporate Management Team and Integrated Joint Board.
Consultation with Professional Committees	As above, and will be reviewed by Area Clinical Forum
Risk Assessment	Will be undertaken as part of development of Winter Plan
Compliance with Board Policy requirements on Equality and Diversity	Winter Plan will be assessed using Equality and Diversity Scoping template Plan.
Resource/Staffing Implications	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan

Approved by

Name	Designation	Name	Designation
Robert McCulloch-Graham	Chief Officer Health & Social Care		

Author(s)

Name	Designation	Name	Designation
Phillip Lunts	General Manager for Unscheduled Care		

Winter Plan 2017/18

Status: Final

Author: **Phillip Lunts**

Sponsor: **Robert McCulloch-Graham, Chief Officer, Scottish Borders Health and Social Care Partnership**

Version: **2.0**

Version control

Version	Date	Author	Comments
1.0	20/7/17	Phillip Lunts	First draft
1.1	21/7/17	Reviewed by Winter Planning Board	Multiple revisions
1.2	24/7/17	Phillip Lunts	Updated based on responses from services
1.3	31/8/2017	Phillip Lunts	Updated based on responses from IJB
1.4	8/9/2017	Phillip Lunts	Final draft plan
2.0	6/10/2017	Phillip Lunts	Revisions to draft plan, including details of Craw Wood and Haylodge additional capacity and other minor changes. Inclusion of festive period plan

Contents

SECTION 1 – WINTER PERIOD PLAN

1. Introduction
2. Key Deliverables
3. Self Assessment
4. Recommendations from Winter 2016/17
5. Resilience
6. Prevention of admission
7. Primary and Community Care
8. Out-of-hours provision.
9. Unscheduled Care

9.1 Emergency Department
9.2 Medical Unit
9.3 Unscheduled Patient Flow

10. Elective Care
11. Discharge
12. Community Hospitals
13. Delayed Discharges
14. Home Care
15. 24-hour and residential care
16. Borders Ability and Equipment Store
17. Patient Flow management
18. Infection Control
19. Respiratory
20. Women and Children's Services
21. Mental Health Services
22. Learning Disabilities Services
23. Staffing
24. Data and Reporting
25. Estates & Facilities
26. Working with other agencies

SECTION 2 – FESTIVE PERIOD PLANNING

1. Introduction

The winter period is a challenging time for the delivery of health and social care services. Each year, we plan to ensure that services can continue to provide timely and high quality care regardless of any increases in demand or additional challenges associated with the winter period.

It is therefore important that the actions set out within the Winter Plan address the areas of greatest challenge in timely and effective manner.

This year's Winter Plan has been developed as a whole system plan between NHS Borders and Scottish Borders Council based on lessons learnt over the course of the last 3 winters.

The plan covers all areas in which the population of the Scottish Borders may come into contact with health and social care services and aims to ensure that, where services might be impacted by the winter period, plans are in place to ensure that there is minimal delay or disruption.

The winter period is between 1st November 2017 and 31st March 2018

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.

Key Deliverables

The Winter Plan takes a whole systems approach, with measures to address the demand for services from the individual's home through to acute hospital care. However, the main measures of success will be measured by the impact on hospital services.

The Winter Plan aims to;

- Maintain normal delivery of services – no disruptions
- Work within footprint of existing bed resources– nobody cared for in an area that is not the right specialty and no delayed discharges
- Make transformational changes – no surge beds
- Flexibility to manage peaks in demand

The delivery of safe and effective care for people requiring the health and social care will be 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

2. Self Assessment

A self-assessment exercise has been undertaken based on the Scottish Government Winter Preparedness checklist template. This indicates that all areas are being addressed.

1. Recommendations from Winter 2016/17

The following table outlines the key learning and recommendations from the 2016/17 Winter Period.

Lessons learned /Recommendations from Winter 2016/17

Recommendation	Actions	Status
Identify and undertake community-based prevention strategies to reduce admissions related to high volume admissions affected by winter period (e.g. respiratory)	Developing plan to avoid respiratory admissions	G
Expand ambulatory care services to reduce numbers of patients requiring admission	Relocation of Acute Assessment Unit and increase in opening hours in August 2017 will expand capacity Surgical Assessment Service being developed	G
Review and expand health and social care services accessible at weekends to ensure maximum effective discharges	Sunday AHP Rapid Assessment and Discharge Service now in place. Work to test public holiday social work and AHP services underway	G
Restrict elective operating to daycases for first two weeks of January	Modelling of impact in progress	G
Present plans for surge beds, if required, for decision by end June 2017	New model for medical surge beds to be implemented from August 2017 Work to determine use of Ward 16 in progress Review of core bed complement about to commence	G
Establish and deliver project to reduce length of stay in Community Hospitals and reduce delayed discharges across the pathway.	External review commissioned, Commencement delayed until August 17	A

Resolve the issues preventing patients being discharged in the morning	Work to identify and deliver 11am discharges has increased discharge rate from 7% to 10% over past 3 months Further work to increase discharge lounge use to be undertaken	A
Build on and extend proactive recruitment strategies to minimise staffing vacancies going into winter	Ongoing regular nursing recruitment processes Alternative models for nurse staffing being developed	G
Earlier preparation and implementation of Winter Plan for 2017/18	Draft Winter Plan prepared by End July 17	G

2. Winter Plan 2017/18 Summary

The 2017/18 Winter Plan aims to

- Maintain normal delivery of services – no disruptions
- Work within footprint of existing bed resources– nobody cared for in an area that is not the right specialty and no delayed discharges
- Make transformational changes – no surge beds
- Flexibility to manage peaks in demand

In order to achieve this, the following actions are planned:

Action	Timescale
Ensure all services across the Partnership have combined resilience plans	Oct 17
Maintain community flu vaccination at previous year's levels and achieve 50% vaccination of health and social care staff	Dec 17
Ensure that those who are most at risk receive messages about preparation for winter and that the public are updated weekly on the delivery of services over the winter period	Dec 17
Confirm that primary care services are prepared for winter	Nov 17
Prevent admissions for respiratory conditions and from nursing homes by earlier intervention and support	Nov 17
Plan primary care out of hours services to meet expected demand	Oct 17
Plan Emergency Department services to meet expected demand	Nov 17
Increase capacity for rapid assessment of patients presenting as an emergency to increase the number of people who can avoid admission	Dec 17
Increase the number of people discharged in the morning and at the weekend to avoid people being delayed unnecessarily in hospital	Nov 17

Plan for additional inpatient capacity so that patients receive care in the appropriate areas	Nov 17
Establish step-down beds in the community so that people who are awaiting place in a care home can review care in a more local environment and release hospital beds	Jan 18
Establish additional care home capacity for people requiring additional support prior to returning home	Nov 17
Provide additional homecare capacity, including a test of rapid access homecare service to avoid delays for people ready to go home	Sept 17
Plan elective activity to avoid cancellations due to winter pressures	Oct 17
Ensure that services are fully staffed and with additional staffing for winter pressures	Oct 17
Ensure our facilities are fit for purpose for the winter	Oct 17
Establish weekly monitoring for early identification of any areas of delay or concern	Sept 17
Prepare a comprehensive plan for the festive period and early January, including planning for full normal services from January 1st	Oct 17

3. 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, Scottish Borders Council and agencies supporting this winter plan have 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 tested plan that explains how they will continue to operate in an emergency.

- 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 Severe Weather Policy for NHS Borders will have been updated and tested by November 2017.

- Pandemic Influenza Contingency Planning will be in place

- NHS Borders Major Incident Plan is being revised and will have been fully tested by November 2017

- Inter-agency emergency planning arrangements will have been updated to reflect increased joint working and to address winter pressures for 2017/18

4. Prevention of admission

Flu vaccination

Last year, the flu vaccination rate for primary school children in the Scottish Borders was 78.11%, the highest in Scotland and vaccination rate for over 65s was 74.8% , the second highest in Scotland. NHS staff flu vaccination achieved 41% coverage against the previous year's uptake of 44%.

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%.

Community programme

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 aim to 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.

The vaccination team will work closely with GP practices to increase rates of uptake – especially for at risk adults (including pregnant women) and will explore opportunities for working through educational initiatives with staff who are already in contact with patients.

Staff programme

The focus of staff vaccination is to ensure that front-line staff coming into contact with patients and clients are protected.

- NHS Borders will aim to achieve the 50% target for all staff vaccinated and encourage independent primary care providers such as GP, dental and optometry practices, and community pharmacists, to offer vaccination to staff. There will be a particular focus on improving uptake amongst staff working with high risk patients. Access to the vaccine for staff will be maximised using specific OH flu clinics, on-site sessions in ward areas, roving vaccinators and a robust network of peer vaccinators. The programme will be promoted via poster campaigns,

information leaflets, plasma screen and intranet, staff newsletter, weekly email and videos with local promotional material used as well as nationally produced material.

- Scottish Borders Council will work to ensure uptake of flu vaccination amongst staff is maximised.
- Through their contractual arrangements and other support, the Council will ensure that commissioned care providers have plans in place to maximise vaccination of staff against flu.

Communication and Engagement with the Public

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
- To encourage the public to avoid accessing the Emergency Department or Primary Care Out-of-Hours services where other alternatives exist

These messages will be delivered through:

- The annual national campaign delivered by NHS 24 (Be Health-Wise this Winter)
- Widespread circulation of the 'Meet Ed - Know Where to Turn To' leaflet supported by local advertising campaign promoting the message along with localised messages about flu vaccination and seasonal GP and Pharmacy Opening Hours

The use of social media will once again be a major part of the communications mix. In particular, the posting of the Weekly Winter Update, carrying our key messages in a visual and easy to read format.

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 2017 and be live until the end of March 2018. The microsite will have links to relevant external sites, as well as to key local policies relevant to the winter period. Arrangements for access to information from the microsite across both NHS and SBC will be explored, with information also to be made available to other partner organisations to populate their own websites where this is considered of value.

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.
- 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.

The aim of the Winter Plan is to ensure that

- All older people within care homes in the Borders will have Anticipatory Care Plans to avoid unnecessary attendances at ED and potentially reduce unnecessary admissions.

- We will ensure that all patients at risk of significant exacerbation of respiratory conditions have self management guidance and, where appropriate, self-management packs to support them in early intervention to avoid admission

- The paramedic practitioners' role working in GP Practices is maintained and enhanced, where appropriate. The Practitioners are working with Practices to support the management of emergency care between 8am and 6pm, allowing GPs to maintain focus on the provision of routine appointments. Paramedic practitioners are currently working within Hawick, Kelso and Galashiels practices

- Readmission avoidance; Last year, we reviewed the top 5% of most frequently admitted patients and the equivalent top 5% of people most frequently attending the Emergency Department. We will repeat this work again this year. The reviews will involve primary and secondary care, social care and voluntary sector to identify any interventions possible to support patients to be managed in the community setting.

- We will share the Scottish Borders Winter Plan with GP practices and again seek details of Winter Plans for individual practices

- Local arrangements are in place regarding winter planning building on the locality plans and using the existing locality structures

5. Out-of-hours provision.

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

Activity in BECS increased by 19% compared to the previous winter. However, BECS continued to meet 95% standards for time to attendance.

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.

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

This year, we will

- Plan rotas well 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 of 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.
- Establish the Advanced Nurse Practitioner role as part of overall weekend cover for BECS. This will reduce the number of GPs shifts we need to cover
- Embed the new driver/care worker role that has been established within BECS to maximise the flexibility of staffing

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 capabilities. 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.

Social Work Out-of-Hours Arrangements

- There will continue to be 24 hour support arrangements for social work through the Emergency Duty Team (EDT).
- In addition, we are exploring the potential for social care services to be operational at key points during the festive period, in particular on the public holidays after New Year, to support discharge arrangements following the festive period break.
- The Community hubs can provide early integrated support for people and families who are close to crisis. We will explore ways in which access to community hubs is possible during the festive period

6. Unscheduled Care

6.1 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.

Last year, our performance against the Emergency Access Standard achieved the 95% national standard for November, December and February. Performance in January dipped

well below this standard at 91.7% and in March to 92.8%. 60% of breaches in January were related to delays in transferring patients to inpatient beds and 51% in March.

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. This will be measured by achievement against the 95% monthly performance against the 4-hour Emergency Access Standard throughout the winter period.

This year, we will

- Complete and implement revised staffing plans for both medical and nurse staffing within the Emergency Department. A detailed review of staffing and activity has been carried out to reflect both changes in the pattern of attendances at ED and also to address long-standing issues regarding the overnight medical cover for the Emergency Department.
- Plan additional staffing for days of predicted high attendance, especially over the festive period, including increased Emergency Nurse Practitioners on days when high numbers of minor injuries are predicted
- Plan for separate areas to treat Flow 1 minor injury patients to avoid delays due to cubicle capacity
- Work closely with colleagues in Scottish Ambulance Service to ensure that flow to and from ED is as seamless as possible

As last year, we will again review the top 30 frequent attenders at ED to identify any general and specific actions that can be taken to reduce the numbers of times these patients attend ED.

Rapid Assessment

Medical patients referred by GPs have been reviewed in the Acute Assessment Unit for the past two years. This ensures rapid senior medical review and reduces the number of complex patients attending ED. Last year, the AAU discharged 41% of patients referred to the unit, although a reduction in opening hours meant that there was a 38% reduction in numbers attending compared to the previous year.

Last year, we introduced a Frail Elderly Assessment Service (Consultant, specialist nurse, AHP assessment). In winter 2016/17, the team reviewed 541 patients identified as having frail elderly needs within the Acute Assessment Unit and Medical Assessment Unit, as well as other areas of the hospital. 70% of patients were reviewed within 24 hours of admission. As well as early identification of patients who require DME care, reducing delays to accessing DME beds, they will also commence care and rehabilitation plans for these patients to avoid any delays in their recovery.

The Rapid Assessment and Discharge (RAD) Team, comprising of AHPs, review frail elderly patients within ED or MAU to identify ways of supporting patients to discharge home either directly or within 24-48 hours. This avoids patients potentially staying for prolonged periods of time in hospital.

Many patients referred through this process can attend in a planned manner to receive investigations or treatment. Last year, patients receiving investigation and treatment as a

daycase within the Medical Ambulatory Care facility increased by 45% compared to the previous year. This represented 4 patients per day who avoided being in a hospital bed.

The aim of the Winter Plan is to ensure that all appropriate patients referred by GP to Medicine or Surgery are reviewed within assessment areas

This year, we will

- Relocate Medical Acute Assessment Unit to a larger area and increase opening hours to expand capacity
- Develop a Surgical Assessment Service
- Increase capacity and numbers of patients attending Ambulatory Care Services
- Explore and develop models for providing rapid senior clinical advice outwith the BGH to avoid need for patients to travel to the hospital. This will link in with work to support older people in nursing homes to avoid unnecessary ED attendance or admission.

6.2 Medical Unit and Department of Medicine for the Elderly (DME)

Last year, we reconfigured the medical unit to more closely match the types of beds available, moving from two to one acute medical ward and from one to two elderly care wards.

Following the remodelling, length of stay within Medicine increased over the winter period compared to the previous year from 4.0 days on average to 4.2 days whilst the length of stay within Elderly Care fell from 21 days to 17.4 days.

The aim of this year's Winter Plan is to reduce length of stay for medical and elderly care patients to accommodate expected increases in admissions within existing footprint. We aim to maintain medical average length of stay at 4 days and DME average length of stay at 18 days

This year, we will

- Develop criteria-led discharge processes to allow patients to be discharged without further medical review once they have recovered to an agreed level, particularly at weekends
- Refresh the daily Board Round review process, using the national Dynamic Daily Discharge model to ensure that decisions are made in a timely fashion and acted upon
- Introduce a package of measures within DME to promote earlier mobilisation and greater independence for patients in the elderly care wards and support earlier discharge

6.3 Inpatient capacity

There was a 6% fall in medical admissions last winter compared to the winter before but a 12% increase in surgical admissions, with an overall increase in BGH admissions of 2%. Bed occupancy rates were an average 92.5% at midday and 88.9% at midnight, an increase of 1.2% in bed occupancy from the previous winter.

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 minimal boarding patients and we will maintain bed occupancy rates as close as possible to the 85% target.

Our plans are to

- Reduce admissions (detailed in section 4)
- Reduce length of stay (detailed in sections 9-11)
- Improve discharges (detailed in sections 9 & 11)

The Winter Plan will, however establish arrangements to ensure that we have adequate beds within each area to appropriately accommodate patients requiring hospital care. By doing this, we will intend to eradicate or minimise patients being placed in wards outwith their specialty (boarding). We estimate that we require 10 additional beds to accommodate this group of patients.

Our contingency plans for accommodating inpatient demand will therefore be;

- We will reconfigure the Medical Assessment Unit to have capacity to flex between 22 and 30 beds, depending on demand. The Unit will be staffed appropriately to enable this to reduce dependence on supplementary staffing

- We will develop a patient selection and dependency plan to enable us to use the 2 surge beds within the Borders Stroke Unit without requirement for additional staffing

- We will develop an agreed plan for utilising 2 additional beds in the Knoll Community Hospital and 1 bed in Hawick Community Hospital (to take it up to 24 beds) without the need for additional staffing

- We will develop and implement plans for Ward 16 that will allow us to reconfigure the surgical floor so that there is access to additional surge beds in acute situations without impacting on daycase and other operating

We will also develop surge capacity outwith the Borders General Hospital to ensure that people who no longer require hospital care but are unable to move to their next stage of care. We estimate that we require 10 beds for people waiting for homecare packages and adaptations to housing and 10 beds for people waiting for availability in care homes.

- Through the Integrated Joint Board, we will
    - Utilise the 6 additional beds that will be available in Waverly Care Home from September 2017 to appropriately accommodate people waiting for homecare packages
    - Establish a 8-bedded step-down social care facility in Craw Wood residential home for people who no longer require hospital care but require ongoing social work assessment to determine the most appropriate long-term care provision

- Release 4 beds within Grove House in Kelso for people requiring both transitional care and waiting for home care packages
- Establish 10-15 additional inpatient beds within day hospitals through reconfiguration and integration of co-located day services and day hospitals and the creation of step-down interim beds for people waiting for care home placements

- We will complete work on a contingency plan for further alternative inpatient facilities for extreme situations (e.g. significant Norovirus outbreak or major incident)

These arrangements should be sufficient to minimise boarding of patients into other wards. However, when there are occasions that will require patients to be boarded, we will aim to ensure that all medical patients are boarded to one single area. This will ensure more effective medical and support service arrangements for these patients.

7. Elective Care

In November 2016, we introduced a remodelled planned care system, with a single elective ward and smoothing of the numbers of people attending for elective surgery to avoid peaks and troughs of activity.

However, for a substantial part of January 2017, we utilised all elective beds and the daycase facility in the Planned Surgical Assessment Unit to accommodate emergency inpatients. As a result, the number of cancellations last winter compared to the winter before was unchanged.

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

The Winter Plan this year will

- Seek to protect elective inpatient beds and daycase facilities during peaks of activity by planning appropriate levels of surge capacity
- Plan for the first two weeks in January to minimise numbers of inpatient elective operations. This may be through not scheduling inpatient elective work during this period, or by managing scheduling to minimise beds required (e.g., schedule for one gender only)

8. Community Hospitals

Community Hospital length of stay last winter increased by 2.9 days compared to the previous winter and averaged 29.9 days. The Knoll Hospital increased bed complement to 23 beds from 18 beds over the winter to match the rest of the Community Hospitals and has maintained this number of beds since.

The aim of the Winter Plan is to maintain Community Hospital bed occupancy at 95%, to reduce length of stay and to accommodate all patients requiring community hospital care.

In order to best manage Community Hospital beds, we will;

- Undertake a range of actions to improve the operation of the Community Hospitals, including the commissioning of an external review of Community Hospitals to determine the best way to operate them in the future
- Test models for integrating social care day service and day hospital services
- Convert former inpatient accommodation within day hospital areas to implement model for step-down beds for people waiting for community services
- Address issues causing delayed discharges

The process for reviewing Community Hospitals is likely to extend beyond the winter period. Therefore, it is not likely that all these measures will be completed in time for winter. However, the measures outlined in this plan are expected to reduce Community Hospital average length of stay by 3.75 days to 26.1 days.

9. 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. Last winter, there was a slight reduction in both morning and weekend discharges compared to the previous winter.

9.1 Morning and weekend discharges

The aim of the Winter Plan is to achieve and maintain 40% of total patients discharged before 12 midday and that the number of patients 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
- Maximise use of the Discharge Lounge, by staffing it and embedding protocols that mean that all patients attend the discharge lounge unless clinically inappropriate

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
- Introduce generic discharge criteria that will allow patients to be discharged during the weekend if they have achieved a checklist of planned requirements, rather than waiting for senior medical review on the Monday
- Continue 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.

9.2 Delayed Discharges

Delayed Discharges increased significantly in 2016/17 compared to the previous year. Numbers of patients coming onto the delayed discharge list over the period from November to January was up by 11% and total days patients were delayed also increased by 16%.

The main areas of challenge were availability of homecare and care home beds, and an increase in patients waiting for commencement or completion of assessment from 3.25 patients average in the summer to 4.6 patients average

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

The Winter Plan will ensure

- Health staff and families have access to information and education, (notably the Moving On booklet) 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 and improve joint delayed discharge review meetings, and continue to work to resolve on an individual basis each person delayed in their discharge
- Expand the Transitional Care Facility within Waverley Care Home
- Develop a step-down care home facility for people requiring ongoing social work assessment in Craw Wood Care Home
- Roll-out the homecare matching service across all areas of the Scottish Borders

10 Home Care

Patients delayed waiting for homecare increased by 21% between last winter and the previous winter and represented 41% of reasons for delays.

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

- Roll out across the whole of Scottish Borders the pilot Tweeddale matching unit to review all home care hours and reallocate hours released by patients admitted to hospital at an earlier stage
- Roll-out to other areas the transitional care service within Waverly Care Home for patients who no longer need to be in hospital but require a further period of social care or rehabilitation in order to return home.
- Establish a rapid access short-term care team to enable patients to be discharged home whilst awaiting the start of their formal care package
- Test a model of assessment beds within Craw Wood Care Home to allow flexible discharge to assess pathways that mean patients can receive both their assessment and onward placement to appropriate care environment outwith the hospital
- We will work with families and carers to offer support that will help them to continue to care for their relative in their own home and to ensure that systems and processes are in place for them to access support simply and in a timely fashion.

11 Nursing homes and residential care

Patients delayed waiting for care home places increased by 18% between last winter and the previous winter and represented 44% of reasons for delays.

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

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.

The Winter Plan will aim to

- review the available capacity of nursing and care homes over the winter period so that we know what capacity is available and to ensure that there is no diminution of capacity over this period.
- ensure availability of interim placement beds so that patients ready for discharge can be cared for in a more homely setting whilst awaiting place in their home of choice

A plan of action to deliver this will be developed by September with implementation commenced as actions are identified.

12 Borders Ability and Equipment Store

The Borders Ability and Equipment Store provide 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 aim of 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

- 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 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.

13 Patient Flow management

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

A Triumvirate team manages patient flow through the BGH and Community Hospitals on a daily basis:

- Hospital Bleepholder (person responsible for the daily operation of the hospital)
- Associate Medical Director available to address issues and delays related to doctors
- Duty Manager established as senior operational manager

As part of preparation for winter, we are moving to a model of a dedicated site management team. This will ensure that the responsibility for the smooth operation of the BGH will be led by a consistent team who have experience and training in managing patient flow.

The winter plan will ensure

- Escalation policies for ED, AAU and each specialty inpatient area are refreshed and followed
- The current patient flow management arrangements are reviewed to ensure the most effective arrangements
- Provide whole system reporting of daily patient flow to alert other agencies and services in cases of acute pressures

14 Infection Control

During Winter 2016/17, there was minimal disruption to health services due to Norovirus. There were 136 blocked beddays (number of patients per day who could not be moved due to bay closures as a result of infection), with a loss of 9 beddays (empty beds unable to be used). This is a similar experience to the previous winter.

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;

- Continue current effective arrangements for managing outbreaks
    - 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 ward closures. Review management plans for other infections that require control measures.
    - Test the impact of outbreaks of Norovirus and influenza on our ability to maintain services within the hospitals and address nay issues that are identified as a result.
- Review preparedness for other outbreaks, including influenza outbreak management

15 Respiratory

Admissions due to respiratory causes increased by 30% over winter period of 2015/16.

The aim of the winter plan is to increase the number of patients who can manage exacerbations of their respiratory condition at home and reduce respiratory admission

The Winter Plan will

- Support the national campaign to ensure that people are advised 'Keep Warm' during periods of cold weather. This will be reinforced through local media campaign
- Support a programme to ensure all known COPD patients receive self-management advice and plans including, where appropriate, medications that can provide early protection against exacerbations, with education on how to use them

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.

16 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.

17 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. We will involve mental health specialists as appropriate in reviewing the top 30 frequent attenders (see section 7) to review provision and potentially develop 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.
    - Work is underway to enhance the Specialist Dementia Liaison service to support staff in both hospitals and care homes in the effective management of people with dementia
    - There is a recognition that that there are too few specialist dementia nursing home beds available in the Borders. Exploratory work to review ways of increasing this provision is underway with an intention to establish a plan before winter.
- 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 ensure that arrangements to access services are as effective as possible over this period.

18 Learning Disabilities

There are no requirements for additional staffing or other arrangements within Learning Disability 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 within the Festive Period plan.

19 Staffing

During winter 2016/17, vacant nursing posts reduced significantly compared to the previous winter as a result of proactive and early planning for recruitment to nursing posts. However, there continued to be a dependence on agency nursing to support surge beds.

There is an ongoing national deficit of nursing, medical and AHP staff available for recruitment. This is creating significant challenges and requires us to develop new models for ensuring adequate staffing. **The aim of the Winter Plan is to ensure that all areas are appropriately staffed.**

Nursing

Recruitment is monitored weekly to ensure there are no delays and rosters are not available electronically and reviewed daily and weekly to maximise effective use of nurse staffing

We will continue to proactively recruit to nursing posts. We are actively recruiting for both existing and prospective vacancies on a recurring basis, with regular recruitment events. We will be trialling offering student nurses close to registration the opportunity to work at Band 4 level prior to registration being received. We will balance trained nurse skill mix across the organisation to ensure that critical nursing posts and duties are filled, whilst non-trained staff are available to support other duties.

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 are also being developed for other clinical professions, including AHPs.

Identification of demand for care services is being undertaken to help inform care providers to enable them to proactively manage staffing and recruitment.

20 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. Access to whole system data would have helped with planning services to adjust to lack of availability of social care in specific areas.

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 (predicted pressures on hospital beds, care home bed availability, homecare capacity).
  - 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, departments and agencies with daily predictors of expected admissions and required discharges and feedback on performance against previous days predictor
- Establish a weekly scorecard of key measures and performance against predictions to highlight areas where demand exceeds capacity and where performance does not meet trajectory. This will provide an operational tool to address areas of concern and a performance scorecard to allow for monitoring of delivery against plan
- Establish a simple system for reporting daily information to the Scottish Government.

21 Estates & Facilities

The main challenge for Estates & Facilities services 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 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

Scottish Borders Council will also take appropriate measures to maintain services and facilities during the winter period and to ensure resilience in the event of severe weather.

22 Working with other agencies

Scottish Ambulance Service (SAS)

Scottish Ambulance Service and Scottish 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. The Scottish Ambulance Service is represented on the Partnership Winter Planning Board

Voluntary Sector Provision

We will work with voluntary sector organisations to utilise services that will assist in maintaining people at home and assisting with safe and effective discharge of people from hospital. We will also plan services in recognition of potential for reduced voluntary sector availability during the festive period. A detailed plan will be developed jointly with NHS Borders, Scottish Borders Council and the Third sector.

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 – 22nd December 2017 to 5th January 2018. In addition, it will cover the first two weeks in January.

In 2016/17, as for the previous year, arrangements for the operation of core services over the festive period worked well as demonstrated by the 51 breaches of the Emergency Access Standard (performance over the period of 96.3%)

However, performance immediately after the festive period was challenging due to delays and lost activity following the festive period shutdown.

During this period, **the aim of the Winter Plan is to ensure that appropriate health and social care 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.

Although plans for known areas of high activity or pressure worked well last year, the Festive period evaluation from 2016-17 noted the following areas of development;

- Ensure all services are operational over the New Year weekend and public holidays, including social work services with access to both home care and care home providers
- Reducing Community Hospital Length of Stay.
- Implement alternative arrangements to manage delayed discharges
- Planning for a reduction in elective operating for the first 2-3 weeks of January
- Review arrangements for annual leave allocation to ensure level-loading of annual leave for all services, not just nursing staff over the festive period
- Increase the reach of festive period messages by working more closely with GP practices, community pharmacies and social work

This year's festive plan aims to build on these messages.

The Emergency Department and BECS out-of-hours service will be operating with increased medical and nurse staffing during the festive period, particularly focused around the days when activity is predicted to peak. These arrangements worked well in previous years.

The plan includes ensuring that services in the BGH, Community Hospitals and community have enhanced or normal staffing over the public holidays of the 1st and 2nd January. In particular, the plan recommends work to ensure enhanced staffing for AHPs, Scottish Ambulance Service and social work services, including the Equipment Store, over this period. These are services that traditionally do not operate for the 4-day New Year break.

In addition, we are making arrangements to open Social Work Community Hubs over the period between Christmas and New Year to offer easy access to preventive services.

Identified hospital surge capacity of 16 beds will either be open or be staffed and in a state of readiness to open from January 1st onwards. This includes

- Medical Assessment Unit – 8 beds
- Borders Stroke Unit – 2 beds
- Ward 16 – 4 beds
- Knoll additional beds – 2 beds

Inpatient elective surgery will be restricted and will, as far as is possible, be scheduled based on gender, to enable elective work to operate out of one of the two elective bays in Ward 9. This will release 6 staffed additional hospital beds for unscheduled patients. This arrangement is planned to be in place for the first 3 weeks in January.

Work identified within the Winter Plan to increase community capacity is scheduled to come on stream before the festive period to provide additional surge capacity. This includes

- Rapid access home care service in Berwickshire (equivalent to 2 beds)
- Step-down beds in Craw Wood – 8 beds
- Additional beds for patients delayed in their discharge in Haylodge Day Hospital – between 8 – 11 beds.

Annual leave allocation for nursing staff has this year not included restrictions on annual leave over the festive period. Instead, there is closer scrutiny on ensuring level-loaded annual leave to ensure that there is no surge in annual leave immediately following the festive period. Last year, this caused staffing challenges at times of peak activity.

The Winter Plan communication strategy includes work to utilize community pharmacies and other people who have regular contact with older people and those at risk to help spread the message about being prepared for winter.

A full schedule of service arrangements over the festive period will be produced by the end of October.