

## Borders NHS Board



Meeting Date: 3 October 2019

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| <b>Approved by:</b>   | Rob McCulloch-Graham, Chief Officer Health & Social Care  |
| <b>Author:</b>  | Gareth Clinkscale, Hospital Manager   |
| <b>SCOTTISH BORDERS HEALTH &amp; SOCIAL CARE PARTNERSHIP<br/>DRAFT WINTER PLAN 2019/20</b>  |   |
| <b>Purpose of Report:</b>   |   |
| The purpose of this report is to brief the Board on the draft Joint Winter Plan.  |   |
| <b>Recommendations:</b>   |   |
| The Board is asked to <u>note</u> the draft Joint Winter Plan 2019/20.  |   |
| <b>Approval Pathways:</b>   |   |
| This draft report of the Joint Winter Plan has been endorsed by the Integration Joint Board.  |   |
| <b>Executive Summary:</b>   |   |
| This report provides an overview for Borders NHS Board on the draft Scottish Borders Health and Social Care Partnership overarching Winter Plan. 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 national and local targets. |   |
| <b>Impact of item/issues on:</b>  |   |
| <b>Strategic Context</b>  | Request from the Scottish Government that a whole system Winter Plan is developed.  |
| <b>Patient Safety/Clinical Impact</b>   | Covered in the report.  |
| <b>Staffing/Workforce</b>   | Resource and staffing implications of the Winter Plan will be addressed through the development of the plan.  |
| <b>Finance/Resources</b>  | Final Winter Plan will be assessed using Equality and Diversity Scoping template Plan.  |
| <b>Risk Implications</b>  | Will be undertaken as part of development of the final Winter Plan. The Winter Plan has been consulted on widely with stakeholders within NHS Borders and the Scottish Borders Council. |
| <b>Equality and Diversity</b>   | Final Winter Plan will be assessed using Equality and Diversity Scoping template Plan.  |
| <b>Consultation</b>   | The draft Winter Plan has been consulted on widely with stakeholders within NHS Borders and the Scottish Borders Council. It has been presented to the Integrated Joint Board.          |

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| <b>Glossary</b> | N/A |
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## **Background**

This document forms the Scottish Borders Health and Social Care Partnership overarching Winter Plan. 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 national and local targets.

A winter debrief event was held on 30th April 2019. The learning from last winter has been invaluable in shaping the Winter Plan for 2019/20 as well as its early planning and execution.

The delivery of the Winter Plan in the Scottish Borders is overseen by an Integrated Winter Planning Board, chaired by the Chief Officer for Health and Social Care. The Board reports to both the health Board and the Council, with regular updates to the Integrated Joint Board.

## **Review of 2018/19**

Analysis of data from previous years, along with the application of predictors, supported the development of a whole system bed model to meet the winter demand. Trajectories along with daily and weekly monitoring processes allowed the system to make early informed decisions. This had significant impact on our system and enabled us to protect the Medical Assessment and Surgical/Gynaecology Assessment areas on the whole. On the few occasions they were used, they were recovered quickly.

The review of last winter confirmed the effectiveness in last year's winter plan. NHS Borders achieved significantly better compliance with the 4 Hour Emergency Access Standard compared with the winter of 2017/18. There was a statistically significant reduction in the number of patients with a length of stay of over 28 days this winter compared with last winter.

Development of improved patient pathways increased whole system capacity and capability through winter which has continued all year round to meet the needs of the local population.

The 2018/19 winter plan incorporated the decision to cancel non urgent and non cancer related elective surgery for the month of January 2019, creating additional capacity for orthopaedic trauma patients. This will form part of this year's winter plan.

The BGH General Medicine winter ward model will be created again this year to ensure sufficient inpatient acute hospital capacity is in place. Process changes developed last year to protect GP assessment areas will also form part of this year's plan.

The BGH Escalation policy was reviewed and updated prior to last winter. This supported improved patient flow and safety across the site. This policy is currently under review ahead of this winter to incorporate learning from last winter.

## Summary of Winter Plan for 2019/20

Clinical engagement and integrated working has been at the heart of this year's winter planning process. The 2019/20 Winter Plan aims to achieve the following objectives:

- Weekend discharges will be increased to smooth flow across the seven days
- Capacity will be increased across Health & Social Care to meet increased demand
- Patient flow will be improved throughout the system
- Care will be enhanced in the community and fewer patients will be delayed
- Services will be safer
- Staff wellbeing will improve

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

- Emergency Access Standard
- Local and National Waiting Times Targets
  - Treatment Time Guarantee
  - 18 Weeks Referral to Treatment
  - Stage of Treatment
  - Cancer Waiting Times
  - Stroke Standards
- Number of delayed discharges
- Bed occupancy compared to target of 85%
- Maintained boarding levels

The plan seeks to ensure capacity is allocated appropriately to meet demand. Access to alternative care settings when acute care criteria is no longer met is a key focus for this year's plan. The planned extension of intermediate care in the community and development of community Health & Social Care Multi-Disciplinary Teams are critical components of the '19/20 Winter Plan. The new BGH Frailty model and seven day Margaret Kerr Hub both planned to open in January are innovative new developments within this year's plan that should help ensure more patients receive care in the right environment.

There is an ambition to protect the elective programme and this will be balanced against expected periods of high demand, only reducing elective admissions from the end of December 2019 until end January 2020. A full day case elective programme will run throughout the winter season.

Appendix 1 provides the high-level activities that will contribute to creating the capacity within the whole system to meet local need during winter.

## Financial Plan

Committed to delivering safe effective patient flow during 2019/20 winter, the total winter allocation has been enhanced locally by £0.8m from NHS Borders with a further 0.1m from the Scottish Government. Below are the high level details of areas of additional capacity:

- Borders Emergency Care Service – increased staffing at weekends
- Increase ED staffing (medical and nursing)
- Increase capacity of Hospital to Home Team
- Staffing for surge capacity
- Weekend medical cover
- AHP staffing – extend
- Weekend pharmacy cover
- Weekend domestic and portering
- Contingency plan – additional surge

### **Weekend and Earlier in the Day Discharge**

In addition to enhanced resource being allocated to weekends, there is also focussed improvement support to achieve earlier in the day discharge and an increase in weekend discharge. Trajectories for weekend discharge rates, earlier discharge and average length of stay are in place and will be monitored weekly.

### **Admission Avoidance**

Hospital to Home service now covers the whole of the Scottish Borders and will continue to provide a prevention of admission service and support discharge from the acute hospital.

A Pulmonary Rehabilitation Programme is in the final stages of implementation with the aim to have the programme fully implemented by January 2020.

Scottish Borders Council and NHS Borders are working to develop an anticipatory care planning pack which will include the ReSPECT document (the emergency care and treatment summary) for Care Homes.

We aim to provide all patients discharged from the Acute hospital to 24 hour care (Community Hospitals, Care Homes and some sheltered accommodation) with a completed ReSPECT form.

We also provide familiarisation training and support to undertake the ReSPECT process with current residents. Of the 24 Care Homes in the Scottish Borders, around 17 are using the forms. In some of the Care Homes, the process is GP led and in others, it is MDT led including the Care Home staff.

### **Measurement and Monitoring**

A project management approach is being applied to ensure full implementation of the winter plan to ensure risks are highlighted allowing mitigation plans to be put in place. The Whole System activity datasets developed last year will be used to assess any fluctuations in how the system is managing so that timely action can be taken when patient flows slow.

Progress against the overall programme will be monitored through the Winter Planning Board, chaired by the Chief Officer on a bi-weekly basis.

## Resilience

Business Continuity Plans are in place and a testing schedule developed.



## Norovirus & Seasonal Flu

NHS Borders now conducts on-site Norovirus testing which reduces the turnaround time for test results. This supports improved infection control decision making which reduces risk of cross transmission and reduces unnecessary bed closures. Test results are entered into the Laboratory Information System and ICNet Infection Control software.

NHS Borders Laboratories have capability to conduct on-site flu testing in small numbers to support decision making and patient flow at peak times when there is excessive demand for single rooms.

## Appendix 1

| High Level Winter Plan 2019/20   | September |         |          |          |          | October |          |          |          | November |          |          |          | December |         |          |          |
|--|-----------|---------|----------|----------|----------|---------|----------|----------|----------|----------|----------|----------|----------|----------|---------|----------|----------|
|  | W/C 2nd   | W/C 9th | W/C 16th | w/C 23rd | w/C 30th | W/C 7th | W/C 14th | W/C 21st | w/C 28th | W/C 4th  | W/C 11th | w/C 18th | w/C 25th | W/C 2nd  | W/C 9th | W/C 16th | W/C 23rd |
| <b>Admission Avoidance</b>   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Creation of Frailty Model at Front Door                                    |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Hospital to Home Prevention of Admission Pilot in Central Borders          |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Emergency Department</b>  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Allocate capacity (medical and nurse staffing) to meet demand              |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Increase Rapid Assessment and Discharge to 7 day service                   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Expand Criteria and capacity to care home facility</b>                  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Expand criteria to reduce delays   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Enhance Hospital to Home</b>  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Implement Robust Discharge to Assess Service                               |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Reduced Length of Stay - Acute</b>                                      |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Increased medical cover at weekends and for surge capacity                 |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Ensure Pharmacy and Physio access at the right time at weekends            |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Social Work access at weekends   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Maintain "Hospital at Weekend"   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Enhance DDD with the inclusion of criteria led discharge                   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Establish SCN Delayed Discharge meetings                                   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Develop process for transfer of patients to Community Hospital at Weekends |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Develop seven day Margaret Kerr Hub  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Strengthen Health &amp; Social Care locality working</b>                |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Enhance multi-disciplinary decision-making and coordination                |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Patient Flow Management</b>   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Review Escalation Policy, implementing triggers                            |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Develop Discharge Hub and implement STRATA                                 |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Review Boarding Policy   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Better links between Site & Capacity Team with START Team at Weekend       |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Increase utilisation of Discharge Lounge                                   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Safer Services</b>  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Protect Acute Assessment Unit  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Protect Surgical Assessment Unit   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Infection Control Plan   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Severe Weather Plan  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| <b>Staff Wellbeing</b>   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Wellness Wednesdays  |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |
| Flu vaccination plan   |           |         |          |          |          |         |          |          |          |          |          |          |          |          |         |          |          |

|                |   |
|----------------|---|
| Work Commenced |  |
| Work Completed |  |

## Winter Plan 2019/20 – KPIs

| Objectives                       | Activities   | Key Performance Indicators  |
|----------------------------------|--|---|
| Increase weekend discharge       | <ul style="list-style-type: none"> <li>➤ 7 day RAD service</li> <li>➤ Increased weekend medical cover</li> <li>➤ Enhanced weekend pharmacy service</li> <li>➤ Increased weekend social work access</li> <li>➤ Continue Hospital @ Weekend</li> <li>➤ Increase discharge to community services</li> </ul> | % weekend discharges  |
| Increase capacity to meet demand | <ul style="list-style-type: none"> <li>➤ Winter surge ward</li> <li>➤ Elective cessation plan</li> <li>➤ ED twilight shifts</li> <li>➤ Enhanced BECS during public holidays</li> <li>➤ Increase AHP capacity</li> </ul>  | Length of stay (LOS)<br>ED first assessment breaches<br>Cancelled Electives |
| Improve patient flow             | <ul style="list-style-type: none"> <li>➤ Daily Dynamic Discharge re-launch in DME and BSU</li> <li>➤ Unscheduled care improvement forum</li> <li>➤ Escalation policy review</li> <li>➤ Establish rapid assessment and transfer/discharge</li> </ul>  | 4 hour EAS breaches<br>Pre 12pm discharges<br>Delayed Discharges (DDs)      |
| Reduce delays                    | <ul style="list-style-type: none"> <li>➤ Enhancing Hospital to Home service</li> <li>➤ Develop locality model</li> <li>➤ Community hospital capacity</li> <li>➤ Weekly Delayed Discharge (DD) meeting</li> </ul>   | Delayed Discharges (DDs)<br>Community hospital DD<br>Less than 28 days LOS  |
| Safer Services                   | <ul style="list-style-type: none"> <li>➤ Review BGH Boarding policy</li> <li>➤ Protect Acute Assessment Unit (AAU)</li> <li>➤ Protect Surgical Assessment Unit (SAU)</li> </ul>  | Boarders<br>AAU bedded / functioning<br>SAU bedded / functioning            |
| Staff Wellbeing                  | <ul style="list-style-type: none"> <li>➤ Winter Wellness</li> </ul>  | Reduced sickness absence  |