



Winter Plan 2018/19

Authors: Pauline Burns, Programme Manager

Gareth Clinkscale, General Manager, Unscheduled Care

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

Introduction

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.

Scottish Borders Health and Social Care Partnership, like many other partnerships, experienced a very difficult winter period during 2017/18. The learning from last winter has been invaluable in shaping the Winter Plan for 2018/19 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 Boards and the Council, with regular updates to the Integrated Joint Board.

Review of 2017/18

A review of key NHS Borders system patient flow indicators (delayed discharges, 'boarded' patients, Borders General Hospital (BGH) & Community Hospital occupancy, BGH length of stay and 4-hour performance) mapped the successive deterioration in patient flow across both the BGH and health & social care services last winter. In September 2017, the average number of delays (over 72 hours) across NHS Borders increased by 51%, and remained at that level throughout the winter period. The marked increase in delays, increase in patients boarded out of specialty, deterioration in 4-hour performance, resulted in a sub-optimal service for a number of patients.

A diagnostic to understand the delays by the Scottish Borders Health and Social Care Partnership has provided the intelligence to develop the plan for winter 2018/19 which will also extend to building capacity and capability in the community all year round to meet the needs of the local population.

The challenges in the system significantly impacted on the elective programme and careful consideration of inpatient and day case scheduling for future years is required.

Escalation procedures were in place to support periods of high demand in 2017/18 but it was recognised that tolerances of demand were required throughout all levels of care to support proactive management of patient flow.

Summary of Winter Plan for 2018/19

Clinical engagement and integrated working has been at the heart of this year's winter planning process. The 2018/19 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
- 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
- No delayed discharges over 72 hours
- Bed occupancy compared to target of 85%
- No boarding

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 has been a focus given the high number of delays last winter which will release capacity in the acute hospital.

There is a commitment to protect the elective programme and this will be balanced against expected periods of high demand, only reducing IP elective admissions from 24th December until end January 2019. 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 2018/19 winter, the total winter allocation from Scottish Government has been enhanced locally to the total of £1.4m. 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)
- Staffing for surge capacity – acute hospital
- Staffing for surge capacity – community hospitals
- Weekend medical cover
- AHP staffing – enhanced weekday
- 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 working with services to streamline and improve processes 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

There are now 4 out of 5 localities in Scottish Borders in which the Hospital to Home service will provide a prevention of admission service (the Central locality at this time fully supporting discharge from the acute hospital).

A Pulmonary Rehabilitation Programme has been tested and recruitment is underway to implement further.

Anticipatory Care Plans within Care Homes in the Scottish Borders is being supported. This will be expanded to cover a wider patient group with the introduction of the ReSPECT documentation.

Measurement and Monitoring

Analysis of data from previous years, along with the application of predictors, has supported the development of a whole system bed model to meet demand, which includes a demand increase. It allows the elective programme to run at full capacity, apart from January when it is reduced to day cases and urgent in-patient cases. Contingency plans have also been developed if demand exceeds the predicted levels of activity.

Robust project management is being applied and the bed model from September 2018 will be reviewed weekly to assess progress against planned activities contributing to overall delivery. This approach will allow risks to be highlighted allowing mitigation plans to be put in place.

The Winter Planning Board will oversee progress against plan on a bi-weekly basis. A refreshed weekly monitoring scorecard (Appendix 2) will capture the key indicators which will monitor performance against trajectories. This will form the basis of reporting to the Board and IJB.

Progress against the overall programme will be monitored through the Winter Planning Board, chaired by the Chief Officer.

Resilience

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

Norovirus & Seasonal Flu

NHS Borders will be commencing on-site Norovirus testing ahead of winter as a priority. Test results will be entered into the Laboratory Information System and ICNet Infection Control software. Whilst flu testing will not be in place for winter 2018/19, plans will be worked up for 2019/20 season.

Appendix 1

	September				October					November				December				January		
High Level Winter Plan 2018/19	w/c 3rd	w/c 10th	w/c 17th	w/c 24th	w/c 1st	w/c 8th	w/c 15th	w/c 22nd	w/c 29th	w/c 5th	w/c 12th	w/c 19th	w/c 26th	w/c 3rd	w/c 10th	w/c 17th	w/c 24th	w/c 1st	w/c 7th	w/c 14th
Admission Avoidance																				
Match demand and capacity / review OOH rotas																				
Anticipatory Care Plan for all care home residents																				
ED																				
Allocate capacity (medical and nurse staffing) to meet demand																				
Increase Rapid Assessment and Discharge to 7 day service																				
Expand Criteria and capacity to care home facility																				
Expand criteria to reduce delays																				
Implement Hospital to Home																				
Full Implementation of Team across all localities																				
Reduced Length of Stay - Acute																				
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																				
Establish "Hospital at Weekend"																				
Enhance DDD with the inclusion of criteria led discharge																				
Increase utilisation of Discharge Lounge																				
Extend Ambulatory Care																				
Reduced length of Stay - Community Hospitals																				
Enhance multi-disciplinary decision-making and coordination																				
Patient Flow Management																				
Review Escalation Policy, implementing triggers																				
Implement new Site and Capacity Team																				
Review Boarding Policy																				
Refocus Weekend Planning Meeting																				
Implement weekend huddles																				
Safer Services																				
Protect Acute Assessment Unit																				
Protect Surgical Assessment Unit																				
Infection Control Plan																				
Severe Weather Plan																				
Staff Wellbeing																				
New monthly BGH Staff Awards																				
Staff Wellbeing champion																				
Flu vaccination plan																				
Targeted wellbeing activities																				

Winter Plan 2018/19 – KPIs

Objectives	Activities	Key Performance Indicators
Increase weekend discharge	<ul style="list-style-type: none"> ➤ 7 day RAD service ➤ Increased weekend medical cover ➤ Enhanced weekend pharmacy service ➤ Increased weekend social work access ➤ Establish Hospital @ Weekend ➤ Increase discharge to care homes and POC 	% weekend discharges
Increase capacity to meet demand	<ul style="list-style-type: none"> ➤ Winter surge ward ➤ Elective cessation plan ➤ ED twilight shifts ➤ Enhanced BECS during public holidays ➤ Increase AHP capacity ➤ Enhance ambulatory care 	Length of stay (LOS) ED first assessment breaches Cancelled Electives Ambulatory care numbers
Improve patient flow	<ul style="list-style-type: none"> ➤ New site and capacity team ➤ Daily Dynamic Discharge relaunch ➤ Unscheduled care improvement forum ➤ Escalation policy review ➤ Establish rapid assessment and transfer 	4 hour EAS breaches Pre 12pm discharges Delayed Discharges (DDs)
Reduce delays	<ul style="list-style-type: none"> ➤ Establish central Borders Hospital to Home ➤ Community hospital capacity ➤ Weekly Delayed Discharge (DD) meeting ➤ Day of care audit plus 	Delayed Discharges (DDs) Community hospital DD Less than 28 days LOS
Safer Services	<ul style="list-style-type: none"> ➤ Review BGH Boarding policy ➤ Protect Acute Assessment Unit (AAU) ➤ Protect Surgical Assessment Unit (SAU) 	Borders AAU bedded / functioning SAU bedded / functioning
Staff Wellbeing	<ul style="list-style-type: none"> ➤ New monthly BGH Staff Awards ➤ Staff Wellbeing Champion ➤ Targeted Wellbeing Activities 	Reduced sickness absence