



Winter Plan 2019/20

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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.

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, co-chaired by the Chief Officer for Health and Social Care and the Director of Nursing, Midwifery & Acute Services. The Board reports to both the Health Board and the Council, with regular updates to the Integrated Joint Board.

As with the plan for the Winter 2019/20, this year's plan is very much a joint plan across the Council, NHS and the IJB. With all services directed to reduce admissions, speed up hospital processes, reduce any delay in discharge and support care in the community to prevent a re-admission to acute.

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.

The step-down facilities at Garden View, and Waverley Care home coupled with the introduction of Hospital to Home services further supported patient flow and reduced delayed discharges.

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 re-profile the appointment schedule for non urgent and non cancer related elective surgeries for the month of January 2019, creating additional capacity for orthopaedic trauma patients. This will form part of this year's winter plan to address expected demand.

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 Key Performance Indicators detailed in Appendix 2 will be used to measure the extent to which these objectives have been achieved. To support improving performance with the four hour emergency access standard, weekly monitoring reports are generated with established targets and tolerances (Appendix 2) for RAG status.

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 2 of Treatment
 - Cancer Waiting Times
 - Stroke Standards
- Number of delayed discharges
- Bed occupancy compared to target of 85%
- Maintained boarding levels
- Patient and carer experience data

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 a more appropriate environment while reducing the length of stay in the acute setting. If there is a delay in the implementation of these developments, NHS Borders has the ability to flex bed capacity by opening up to an additional 14 acute inpatient beds. This would be in addition to the beds already detailed in the plan.

There is an ambition to protect the elective programme and this will be balanced against expected periods of high demand, only re-profiling elective admissions from the end of December 2019 until end January 2020. A full day case elective programme will run throughout the winter season. This approach has been factored into the waiting times trajectories to ensure that NHS Borders will meet the agreed March trajectory.

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. The Council, through the IJB, continues to support the resource required for Garden View and Waverley step down facilities, collectively approximately £500k over the winter period. In addition the Social Work team based within the hospital has increased capacity aimed at reducing delays.

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

Weekend medical cover

AHP staffing – extend

Weekend pharmacy cover

Weekend domestic and portering

Contingency plan – additional surge

Appendix 3 provides a detailed breakdown of the additional investment to support performance along with the measurable outcomes anticipated.

The Integration Joint Board has also approved funding of £1.4m for the continuation and expansion of the following Discharge Programme services until March 2020. These services will support the delivery of the Winter Plan by preventing admissions, reducing the length of people's stay in hospital and ensuring people are cared for in the most appropriate setting:

Garden View - providing 15 step down beds

Waverley Care Home - providing 16 step down and rehabilitation beds
Hospital to Home - expanding rehabilitation and support in patient's homes to all localities.
Matching Unit - ensuring care packages are matched with patient need in a timely manner

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. The well-established BGH Site and Capacity Team will work beside the weekend hospital social work team for the first time this year to ensure a joined up approach to maintained flow into the community out of hours. Trajectories for weekend discharge rates, earlier discharge and average length of stay are in place and will be monitored weekly.

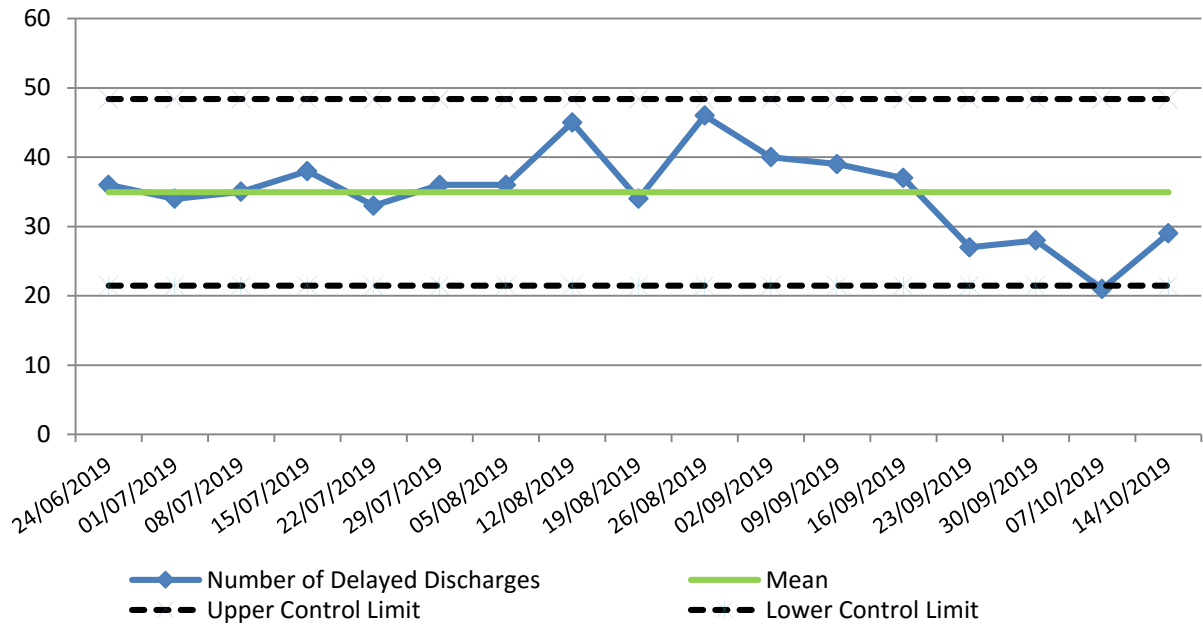
Reducing Delays

Waverley will continue to provide step down rehabilitation capacity with 16 beds open through the winter period. Garden View will operate 15 beds throughout winter to reduce patients delayed in the BGH and Community Hospitals. The START team and Matching Unit will continue to facilitate care in the community and timely discharge. A Discharge Hub model will be tested in partnership between NHS Borders and the START team through winter aiming to reduce the length of stay for patients discharge out of hospital to care. A new AWI policy will be released in early January that aims to improve flow for this patient group.

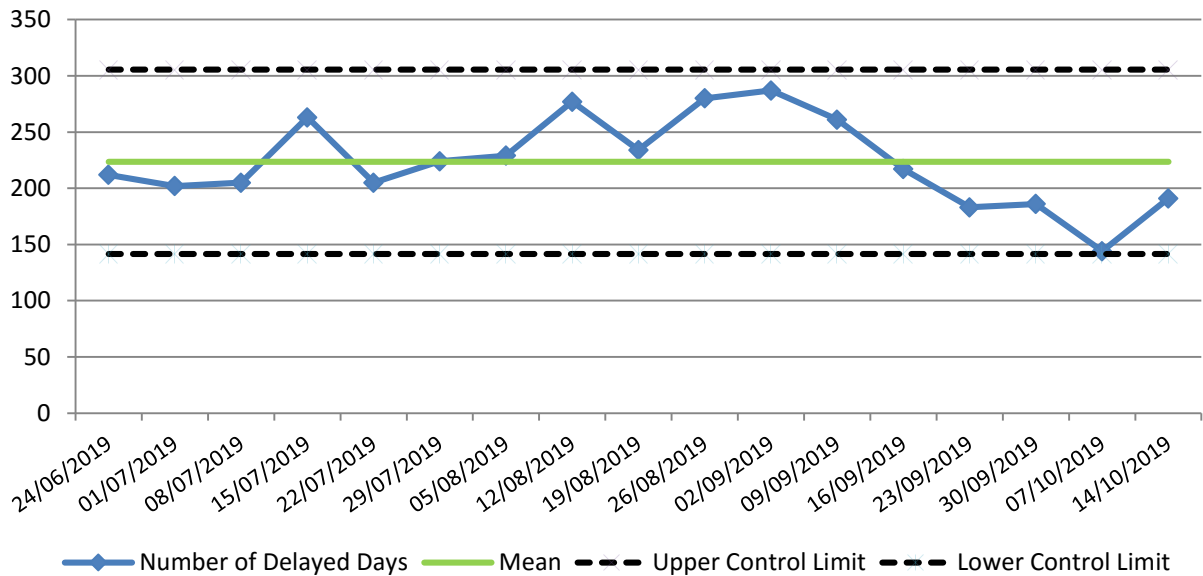
You will see from the following two charts the impact of the work for the winter plan has already beginning to have an effect. Whilst we remain cautious about identifying a definite trend and our overall target is to achieve no delayed patients across the system, our intended level of tolerance is to maintain between 15 and 20 delayed patients based on current system demand and capacity.

The interventions within the community will be evaluated within the spring and the IJB will consider whether they should be mainstreamed as part of the base budget to operate throughout the year.

Number of Delayed Discharge Patients



Delayed Days of Delayed Discharge Patients



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. The increase in Allied Healthcare Professionals across all of the Scottish Borders will enable a Discharge to Assess model that is expected to be a critical component of this year's plan.

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.

The expansion of the Hospital to Home Service to include AHPs across all five localities will focus both on reducing delays and avoiding hospital attendance and admissions. We have increased the capacity from 70 patients per month to just over 120. We continue to work closely with our GPs to link them with our care at home providers to provide further respite provision, to again avoid admissions.

We aim to, as a result of the afore mentioned initiatives and an engaging public communications plan, manage demand effectively in terms of hospital attendances. This will be measured through weekly whole system reporting, compiling data on ED attendances and GP referrals.

Primary Care

The new GP Contract introduced in 2018 and agreed by Scottish Government and the BMA has at its core the requirement for the development and implementation of a Primary Care Improvement Plan (PCIP) the aim of which is to empower GPs to function as an expert medical generalists and to enable them to focus on undifferentiated presentations, complex care, quality and leadership as well as supporting them to engage more easily in strategic and planning processes. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

The development of the PCIP is being taken forward through partnership working across the GP Sub Committee, the Health & Social Care Partnership and NHS Borders. The PCIP has 6 key priority areas which over a three year period will see the development of new

roles and posts which will support the GPs to refocus as described above and will help to broaden the capacity of primary care. The six priorities in the PCIP are:

- Vaccination Services;
- Pharmacotherapy Services;
- Community Treatment and Care Services;
- Urgent Care Services;
- Additional Professional Roles (First Contact Physiotherapy Services, Community Mental Health Services);
- Community Link Worker Services.

A recent development within the Borders has been the creation of the GP Executive Group which is now leading on both the PCIP and overall relations with our GP Services. This group has strengthened local links with other primary care services and those provided through the Council. There are now escalation routes where specific patient cases can be referred to unblock delays in getting patients home with support and into our community hospitals as well as providing respite provision to avoid admission.

Work is ongoing to provide ongoing local support for patients with long term conditions and we are exploring the introduction of a “near patient testing facility” within our outlying gp practices thus avoiding referral to the general hospital.

Our GPs Out of Hours service will increase their staffing level over public holidays and the winter weekends to met the anticipated increased demand, given past year’s experience. The co-located Emergency Department and OOH service will work collaboratively so the right patient gets seen at the right place at the right time. BECS will continue the professional to professional direct access telephone support for the mulitdisiplinary team working with the aim of preventing avoidable admissions.

NHS Borders Minor Injury Units will continue to operate as normal over the winter period, located within the four Community Hospitals.

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 again this year 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 with new business continuity planning software currently being implemented throughout NHS Borders. As part of the transition to the new software, existing business continuity plans are being enhanced and standardised. Testing schedules of plans will be developed.

NHS Borders severe weather plan will be updated by early December along with a staff transport plan and multiagency liaison plans.

Staff rotas and annual leave throughout the winter period are being managed to ensure adequate capacity to maintain patient services with particular focus on the festive period. The Site and Capacity Team (SACT) and Rapid Assessment and Discharge Team (RAD) are working through the festive period. Social Work is providing cover every day except Christmas Day, Occupational Therapy and Physiotherapy services are providing cover every day except Christmas Day and New Years Day.

Following a review of the festive rota from 2018/19, the cover provided by specialist nurses is being reconsidered.

The Winter Planning Board is reviewing the Public Holiday Review Report – *Improving Health and Social Care Service Resilience over Public Holidays* to ensure all opportunities to increase resilience are being progressed.

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.

NHS Borders is running a high profile staff campaign promoting the flu vaccination programme. To improve staff access to flu vaccination, a large team of peer vaccinators has been established who provide the opportunity for staff to be vaccinated in their clinical setting.

To optimise the impact of the Scottish Government allocation of vaccine, specific staff groups and locations in higher risk areas are being prioritised. To date NHS Borders has vaccinated 35% of staff. NHS Borders is liaising with NSS regarding the potential for further supply of vaccine.

Work not commenced	
Work progressing	
Work completed	

	September					October				November				December			
	W/C 2 nd	W/C 9 th	W/C 16 th	W/C 23 rd	W/C 30 th	W/C 7 th	W/C 14 th	W/C 21 st	W/C 28 th	W/C 4 th	W/C 11 th	W/C 18 th	W/C 25 th	W/C 2 nd	W/C 9 th	W/C 16 th	W/C 23 rd
High Level Winter Plan 2019/20																	
Admission Avoidance																	
Creation of Frailty Model at Front Door																	
Hospital to Home Prevention of Admission Pilot in Central Borders																	
Emergency Department																	
Allocate capacity (medical and nurse staffing) to meet demand																	
Increase Rapid Assessment and Discharge to 7 day service																	
Reduce delays																	
Expand Garden View criteria to reduce delays																	
Maintain Garden View at 15 beds																	
Maintain Waverley at 16 beds																	
Release new AWI policy																	
Test Discharge Hub model																	
Enhance Hospital to Home																	
Implement Robust Discharge to Assess Service																	
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																	
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																	
Strengthen Health & Social Care locality working																	
Enhance multi-disciplinary decision-making and coordination																	
Liaise with Red Cross and other Third Sector reps regarding additional support																	
Liaise with GPs via the GP Exec committee																	
Patient Flow Management																	
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																	
Safer Services																	
Protect Acute Assessment Unit (Through use of escalation policy)																	
Protect Surgical Assessment Unit (Through use of escalation policy)																	
Infection Control Plan																	
Severe Weather Plan																	
Staff Wellbeing																	
Wellness Wednesdays																	
Flu vaccination plan																	

Winter Plan 2019/20 – 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 ➤ Continue Hospital @ Weekend ➤ Increase discharge to community services 	% 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 	Length of stay (LOS) ED first assessment breaches Cancelled Electives
Improve patient flow	<ul style="list-style-type: none"> ➤ Daily Dynamic Discharge re-launch in DME and BSU ➤ Unscheduled care improvement forum ➤ Escalation policy review ➤ Establish rapid assessment and transfer/discharge 	4 hour EAS breaches Pre 12pm discharges Delayed Discharges (DDs)
Reduce delays	<ul style="list-style-type: none"> ➤ Enhancing Hospital to Home service ➤ Garden View and Waverley capacity ➤ Develop locality model ➤ Community hospital capacity ➤ Weekly Delayed Discharge (DD) meeting ➤ Test Discharge Hub 	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"> ➤ Winter Wellness 	Reduced sickness absence

Current Performance Key			
R	Under Performing	Current performance is significantly outwith trajectory	Outwith the standard by 11% or greater
A	Slightly Below Trajectory	Current performance is moderately outwith trajectory	Outwith the standard by up to 10%
G	Meeting Trajectory	Current performance matches or exceeds trajectory	Meets, exceeds or rounds up to the standard

No:	Location/Department	Indicator	Standard	Tolerance
1	Emergency Department	Emergency Access Standard (EAS)	95.00%	90.00%
2	MAU	MAU - Length of Stay (LoS) in hours	36 hrs	40 hrs
3		MAU - Pre-12 Discharges	20%	18%
4	BGH	BGH - Length of Stay (LoS) days	4.40	5.00
5		BGH - % Occupancy	85%	5% either way
6		BGH - Boarding Bed days	70	77
7		BGH - Pre-12 Discharges	20%	18%
8		BGH - Delayed Discharges	<5	<10
9		BGH - Hospital Cancellations	0	<2
10	Community Hospitals	CH - Length of Stay (LoS)	25.00	30.00
11		CH - % Occupancy	85%	5% either way
12		CH - Delayed Discharges	<8	<13
13	BGH & Community Hospital	Combined Delayed Discharges	<13	<23
14	H&SC	Garden View - Length of Stay (LoS) days	15.00	16.50
15		Garden View - % Occupancy	85%	5% either way
16		Hospital to Home - % Occupancy	tbc	tbc
17		Waverly - Length of Stay (LoS)	30.00	33.00
18		Waverly - % Occupancy (latest available)	85%	5% either way

Winter Plan Investment

Area/Service	Additional Resource	Anticipated Outcome	Measurement	Cost (£)
Emergency Department	1 x Additional ED Doctor working 4pm – 11pm everyday from January until March.	<ul style="list-style-type: none"> Reduction in ED 1st Assessment breaches Enhanced patient safety Reduction in LOS in department Minimise likelihood of overcrowding and capacity issues Ability to maintain minor flow through the department when busy. Additional support to relieve additional pressure on staff nurses 	<ul style="list-style-type: none"> EAS % 1st Assessment Breaches Minor Flow EAS % 	74,400
	1 x Additional HCSW working 11.5 hour night shift every evening from January until March.			19,700
	Additional ENP Shifts every day, currently in place but will be continued throughout January until March.			18,425
	1 x ENP 10am - 6pm, 7 days a week 1 x ENP 4pm – Midnight, 7 days a week.			
Allied Health Professionals	Increase in back door AHP resource. 2.0wte January until March. <ul style="list-style-type: none"> 1 x Occupational Therapist 1 x Physiotherapist. 	<ul style="list-style-type: none"> Reduction in delayed discharges as this will support the creation of capacity within our step down facilities. Will enhance Rehab services for patients already within the facility and reduce LOS within the step down beds. Enhanced patient safety and experience. 	<ul style="list-style-type: none"> Number of DD's LOS in Waverley LOS in BGH 	35,500
Medical Cover	Extra middle grade cover at weekends	<ul style="list-style-type: none"> Maintaining patient flow and discharges across 7 days 	<ul style="list-style-type: none"> Number of DD's Weekend D/C's 	38,400
Allied Health Professionals – RAD Team	Extension of existing RAD 5 day service to a 7 day service January until March.	<ul style="list-style-type: none"> Maintaining patient flow and discharges across 7 days Reduction in delayed discharges 	<ul style="list-style-type: none"> EAS % Number of DD's 	18,000

	Additional hours and shifts being filled by existing OT and PT staff to provide 7 day cover.	<ul style="list-style-type: none"> • Increase in prevention of admissions within the ED. • Enhanced patient safety. 	<ul style="list-style-type: none"> • Weekend D/C's 	
Border Emergency Care Service	Increase in BECS opening hours, open 24 hours on a public holiday and 8 hours the day after a public holiday.	<ul style="list-style-type: none"> • Reduction in ED attendances. • Support ED redirection. • Enhanced patient safety. 	<ul style="list-style-type: none"> • ED Re-direction rate • ED attendances (Flow 6) 	12,800
Discharge Process	Introduce discharge hub and referral process	<ul style="list-style-type: none"> • Reduce delays in discharge. • Enhanced patient safety and experience. 	<ul style="list-style-type: none"> • Number of DD's • 	47,514
Pharmacy	Increase in pharmacy cover at a weekend including Pharmacist, Technicians and Dispensers. January until March.	<ul style="list-style-type: none"> • Increase number of facilitated discharges across 7 days. • Reduction in delayed discharges waiting for medication. • Enhanced patient safety and experience. 	<ul style="list-style-type: none"> • Number of DD's • Weekend D/C's 	12,425
General Services	1 x Additional Porter 5pm – 10pm every day from January until March.	<ul style="list-style-type: none"> • Reduction in breaches waiting for porter • Help free up capacity within ED by moving patients out of the department quickly • Support patient moves from the ward to help create capacity within the wards quickly. • Ability to wash/make/move beds quickly. 	<ul style="list-style-type: none"> • EAS % • Downstream capacity 	4,827
Patient Flow	Create frailty model at front door	<ul style="list-style-type: none"> • Reduce patient length of stay. • Improved patient experience. 	<ul style="list-style-type: none"> • Length of stay 	107,734
	Open winter surge beds	<ul style="list-style-type: none"> • Increase bed capacity • Reduce delays 	<ul style="list-style-type: none"> • EAS % • Downstream capacity 	450,900

Site and Capacity Team	1 x Additional Site and Capacity Team Assistant working 10am – 6pm on a Saturday and Sunday.	<ul style="list-style-type: none"> • Reduction in delays waiting for patient moves between wards. • Ability to make/move beds quickly. • Transfer of patients to D/C lounge to create capacity, 	<ul style="list-style-type: none"> • EAS % • Downstream capacity • D/C lounge usage 	3,315
Discharge Lounge	Discharge lounge to be open 2 x additional days (Saturday and Sunday) from January until March. The opening hours will be 10am - 4pm, staffed by 1 x HCSW.	<ul style="list-style-type: none"> • Support the creation of capacity within wards. • Support reduction of breaches waiting for beds. • Improve patient experience. 	<ul style="list-style-type: none"> • EAS % • Reduction in wait for bed waits 	5,084