

Scottish Borders Health & Social Care  
Integration Joint Board



Scottish Borders  
Health and Social Care  
PARTNERSHIP

Meeting Date: .....17 September 2018.....

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**SCOTTISH BORDERS HEALTH & SOCIAL CARE PARTNERSHIP  
WINTER PLAN 2018-19**

<b>Purpose of Report:</b>	To brief the Board on the Joint Winter Plan.
<b>Recommendations:</b>	The Health & Social Care Integration Joint Board is asked to:  a) <b>Note</b> the Joint Winter Plan 2018/19.
<b>Personnel:</b>	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan
<b>Carers:</b>	
<b>Equalities:</b>	Final Winter Plan will be assessed using Equality and Diversity Scoping template Plan.
<b>Financial:</b>	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan
<b>Legal:</b>	Request from the Scottish Government that a whole system Winter Plan is developed.
<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.

## **SCOTTISH BORDERS HEALTH AND SOCIAL CARE PARTNERSHIP WINTER PLAN 2018-19**

### **Background**

The Scottish Borders Health and Social Care Partnership, 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. The 2018/19 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 20<sup>th</sup> August 2018 and is presented for approval.

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 national and local targets.

Scottish Borders Health and Social Care Partnership like many other partnerships experienced a very difficult winter period extending across 20 weeks during 2017/18. Unscheduled demand for medical beds and the large number of delayed discharges meant that priority for beds had to be removed for elective patients meaning a significant level of inpatient and day case cancellations and the requirement for a large number of surge beds across the Borders General Hospitals (BGH), community hospitals and the opening of Craw Wood as a discharge to assess facility. The BGH length of stay increased by 15% and the Scottish Borders saw an increase in the delayed discharge position. The summer months have continued to show an increase in demand in the Emergency Department, June and July showing increases of 6.1% and 4.3% respectively.

The evaluation of last year's winter plan was presented to the Board in June 2018. The learning provided a focus for the development of the 2018/19 Winter Plan.

### **Summary of Winter Plan for 2018/19**

Clinical engagement and integrated working has been at the heart of this year's winter planning process. A Winter Debrief session was held for BGH clinical leads in May which provided the basis for a number of improvement activities aimed at increasing capacity across both Health and Social Care.

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*

Utilising the demand profiles of 2017/18 and further local intelligence throughout the summer, a bed model for winter 2018/19 was developed. The plan seeks to increase capacity through enhanced staffing levels across seven days in the BGH, reducing delays for patients, and providing more appropriate alternative care settings.

Based on the unscheduled demand from December 2017 – March 2018 and building in a 3% increase, the total numbers of beds required are **370 beds**. This assumes:

- A BGH elective programme balanced against expected periods of high demand that protects 10 elective beds during January and 17 throughout the rest of the winter period
- Assumes 3% increase in activity (typical for previous years, was 6% last year)
- The Acute Assessment and Surgical Assessment Units are protected from bedding
- Models assumes capacity to meet worst day for occupied bed days

The 2018/19 Winter Plan should create capacity equivalent to **375 beds**. The breakdown of this:

- |                                |                    |
|--------------------------------|--------------------|
| ○ Core beds                    | 300 beds           |
| ○ Surge beds (BGH & CH)        | 23 beds            |
| ○ Surgical Assessment          | 6 bed equivalents  |
| ○ Hospital to Home             | 20 bed equivalents |
| ○ Craw Wood (relaxed criteria) | 10 bed equivalents |
| ○ Reduction BGH LOS            | 10 bed equivalents |
| ○ Reduction in CH LOS          | 6 bed equivalents  |
| ○ TOTAL                        | <b>375 beds</b>    |

The High Level Project Plan (Appendix 1) details those activities that will increase the capacity required to manage the winter demand. Appendix 2 summarises those key activities and associated Key Performance Indicators.

### Financial Plan

Allocation from NHS Scotland is still to be determined.

### Monitoring

The Winter Planning Board will oversee progress against plan and a refreshed weekly monitoring scorecard is being established, capturing the key indicators which will monitor performance against prediction. 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.

## Appendix 1 NHS Borders High Level Project Plan

Winter Plan 2017/18	September				October				November				December				January			
	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
<b>Admission Avoidance</b>																				
Match demand and capacity / review BECS rotas																				
Anticipatory Care Plan for all care home residents																				
<b>ED</b>																				
Increase medical and nurse staffing																				
Increase RAD to 7 day service																				
<b>Expand Crawwood Criteria</b>																				
Expand criteria to reduce delays																				
<b>Implementing Hospital to Home - 20 beds</b>																				
Full Implementation of Team																				
<b>Reduced Length of Stay - BGH - 10- beds</b>																				
Increased weekend medical cover																				
Increased Pharmacy cover																				
Increased social work access																				
Establish Hospital at Weekend																				
Enhance DDD with the inclusion of criteria led discharge																				
Increase utilisation of Discharge Lounge																				
Extend Ambulatory Care																				
<b>Reduced length of Stay - Community - 6 beds</b>																				
Enhance multi-disciplinary decision-making and coordination																				
<b>Reduce Delays</b>																				
Day of Care Audit Plus																				
Weekly Delayed Discharge Meeting																				
<b>Patient Flow Management</b>																				
Review Escalation Policy																				
Implement new Site and Capacity Team																				
Review Boarding Policy																				
Refocus Weekend Planning Meeting																				
Implement weekend huddles																				
<b>Safer Services</b>																				
Protect Acute Assessment Unit																				
Protect Surgical Assessment Unit																				
Infection Control Plan																				
Severe Weather Plan																				
<b>Staff Wellbeing</b>																				
New monthly BGH Staff Awards																				
Staff Wellbeing champion																				
Flu vaccination plan																				
Targeted wellbeing activities																				

## Appendix 2 Summary of NHS Borders Winter Plan Objectives and KPIs

<u>Objectives</u>	<u>Activities</u>	<u>Key Performance Indicators</u>
<i>Increase Weekend Discharge</i>	7 Day RAD Service	<i>% Weekend Discharges</i>
	Increased Weekend Medical Cover	
	Enhanced Weekend Pharmacy Service	
	Increased Weekend Social Work Access	
	Establish Hospital @ Weekend	
	Increase discharge to Care Homes and POC	
<i>Increase Capacity To Meet Demand</i>	Winter Surge Ward	<i>Length of Stay ED First Assessment Breaches Cancelled Electives Ambulatory Care Numbers</i>
	Elective Cessation Plan	
	ED Twilight Shifts	
	Enhanced BECS during Public Holidays	
	Increase AHP capacity	
	Enhance Ambulatory Care	
<i>Improve Patient Flow</i>	New Site & Capacity Team	<i>4 Hour EAS Breaches Pre 12pm Discharges Delayed Discharges</i>
	Daily Dynamic Discharge Re-launch	
	Unscheduled Care Improvement Forum	
	Escalation Policy Review	
	Establish Rapid Assessment and Transfer	
<i>Reduce Delays</i>	Establish central Borders Hospital to Home	<i>Delayed Discharges Community Hospital DD Less than 28 Days Length of Stay</i>
	Community Hospital capacity	
	Weekly Delayed Discharge Meeting	
	Day of Care Audit Plus	
<i>Safer Services</i>	Review BGH Boarding Policy	<i>Boarders AAU Bedded/Functioning SAU Bedded/Functioning</i>
	Protect Acute Assessment Unit	
	Protect Surgical Assessment Unit	
	Infection control plan	
	Severe weather plan	
	Winter Communications strategy	
<i>Staff Wellbeing</i>	New monthly BGH Staff Awards	<i>Reduced Sickness Absence</i>
	Staff Wellbeing Champion	
	Flu vaccination plan	
	Targeted Wellbeing Activities	