

NHS Borders

Chair & Chief Executive's Office

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John Connaghan CBE
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Date 02 November 2020
Your Ref
Our Ref RR/KM

Dear John,

NHS Borders Response to your Letter Dated 22nd October 2020 Preparing for Winter 2020/21.

Thank you for your letter of 22 October 2020 which requires us to provide evidence of our preparedness for winter.

We have now had an opportunity to review this and have attached a copy of Annex A & B. We understand Annex C is a reference tool for boards internal use rather than an expected return and therefore we have not included this as part of our response. We have also taken the opportunity to provide updates on critical actions identified in your letter:

Test and Protect

NHS Borders continues to work as quickly as possible to have the defined levels of Contract Tracing Workforce in place from 8am to 8pm 7 days a week. This service is currently predominantly staffed by existing staff redeployed from other services which is adding pressure to our wider service. However we are actively progressing further recruitment to release these staff back to their core service as well as ensuring the staffing for Test & Protect is more sustainable over the coming months.

Seasonal Flu and Covid Vaccine programmes

With the responsibility for delivery of the majority of vaccinations being transferred to the health boards NHS Borders has developed a whole system response to ensure the successful delivery of the influenza vaccination programme. GPs have maintained responsibility for the 2-5 year olds and the under 65 at risk, with the remaining cohorts the direct responsibility Health Board staff.

For the majority of the population, a series of community vaccination clinics have been established to ensure people receive their vaccination as close to home as possible. In addition, selected Community Pharmacies are offering vaccinations to social care workers



providing direct care and district nursing are supporting the vaccination of care home residents and housebound patients. Alongside this, the primary school programme, the NHS staff vaccination programme and the maternity pathway continues as they have previously. All vaccinations are being progressed with enhanced measures to address the COVID-19 requirements and opportunistic vaccinations will be provided to inpatients in the acute and community hospitals.

We are now half way through delivering vaccinations to Cohort 1 and we are refining our community vaccination clinic model in preparation for delivery to any subsequent cohorts. We are currently carrying out an urgent stock take of our vaccine supply particularly for the over 65's. Current information suggests that as a result of the high levels of uptake that there is a significant risk that demand for vaccinations will outstrip vaccine supply. Support with early release of further vaccines is therefore critical to our ability to meet complete the actual demand in the existing cohorts even before consideration is given to extending the programme to further cohorts.

It should be noted that for both Test and Protect and Seasonal Flu we have had to source staff from other clinical and admin roles across NHS Borders. Whilst we are complementing these through external recruitment campaigns it is not expected that we will be able to source sufficient additional staff to resource these completely. This means that the levels at which we are able to remobilise our services will continue to be impacted, as well as other business as usual activities across our corporate departments. In managing this we will continue to be guided by the priorities set out by the Scottish Government.

With regards to a COVID-19 vaccine programme we are in the early stages of planning how this will be delivered, applying the lessons learned from the extended Seasonal Flu programme to this locally. It will be extremely helpful if we continue to receive information on the planned model as this is developed so that expectations on national / local responsibilities are confirmed as quickly as practical and we have as much time as possible to understand the logistical requirements and work with partners to put in place a robust and well communicated programme for our local population.

Redesign of Urgent Care

Following verbal confirmation at our Annual Review on 7th October that we should progress on the basis that our requested "Redesign of Urgent Care" funding bid has been accepted we have been progressing our plans to put in place a redesigned service. Recruitment is now underway to increase staffing in the Borders Urgent Care Centre (BUCC) which will include the COVID-19 Hub and Assessment Centre, scheduled Minor Injuries service, Ambulatory Care and NHS Borders 'single point of access' ("flow centre"). The BUCC is on track to be in place by the revised implementation date at the beginning of December 2020. Readiness assessment templates continue to be submitted routinely.

We have now received our funding allocation for urgent care. Unfortunately this is significantly lower than the estimated costs that were submitted and we were given reassurance at our Annual review and remobilisation plan review meeting would be funded. We will therefore be urgently reviewing whether we are able to deliver the proposed model. We would therefore request urgent clarification around further funding for this essential workstream.

Funding

We anticipate expenditure of £1.467m will be required in order to fully implement our winter plan. Within this, the single largest component is the creation of a 30 bedded winter ward at an expected cost of £0.98m. In order to meet safe staffing levels it is anticipated that increased bed provision over winter will require supplementary workforce at premium rate (i.e. agency).

Our financial plan for 2020/21 identified internal resources of £0.7m available to support winter plans with the assumption that any further expenditure above this level would be addressed through additional revenue allocation. An allocation of £0.204m is now confirmed, leaving a shortfall of £0.563m against the resources required to fully implement the plan.

There remain other areas of our wider remobilisation plans for which resource allocations confirmed to date do not fully address the expenditure requirements identified within our plans (e.g. Test & Protect, reshaping urgent care(see above) and a sustainable Public Health service). It is likely that, should further funding not be available, we will need to consider actions available to contain costs within the available resources, including scaling back aspects of our remobilisation where necessary, particularly within our planned care services.

Update on the Winter Section of our Remobilisation Plan

NHS Borders Health and Social Care System have established a robust plan to prepare for the increased demand the winter period brings to healthcare services in an environment dramatically altered by COVID-19. The Winter Planning Board (WPB) was formed in July 2020 and has applied learning from previous years in the development of a plan that has formed a key workstream in the remobilisation of services from the initial COVID-19 wave.

This year's plan has approached alleviating the anticipated winter pressures by engaging the Whole System in the creation of winter capacity and building resilience. All Clinical Boards and services submitted 'bids' aimed at reducing admissions, speeding up patient flow processes, reducing length of stay, reducing any delay in discharge, or supporting care in the community to prevent re-admission to hospital.

The delivery of the Winter Plan is overseen by the Integrated Winter Planning Board, chaired by the Director of Nursing, Midwifery & Acute Services. The Board reports to both the Health Board and the Council as well as updating the IJB.

As with our plan for Winter 2019/20, this year's plan is very much joint work with input and membership from Scottish Borders Council, Social Care, NHS Borders, the Third Sector and the IJB.

Review of Previous Years to Develop the 2020/21 Plan

In order to understand the expected level of demand on inpatient services, analysis of previous three year's activity was undertaken and a predictive model created that:

- Has been used to understand the level of bed capacity required this winter
- Was used to map projects aimed at meeting the required level of bed capacity to ensure plans will meet demand across the system

A number of components of the previous winter plans have been incorporated into this year's plan; augmenting Emergency Department Medical capacity out of hours, strengthening Medical and Pharmacy cover at the Borders General Hospital (BGH) at weekends, extending the Rapid Assessment and Discharge Service, and increasing Garden View capacity.

Summary of Winter Plan for 2020/21

Integrated working and clinical engagement has been at the heart of this year's winter planning process. The 2020/21 Winter Plan aims to achieve the following:

- Providing increased support across the Whole System over winter
- Blended working across Health & Social Care to meet increased demand
- Patient flow will be improved throughout the whole system
- Care will be enhanced in the community and fewer patients will be delayed
- Services will be safer
- Staff wellbeing will improve

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 again for this year's plan. One of the primary changes in this year's winter plan is the introduction of 'Discharge to Assess' which will be implemented to enable patients who do not require an acute hospital bed, to be safely discharged and go home with a multi-disciplinary team providing support to allow for recovery and reablement. The strengthening of the Home First team with AHP capacity across all localities and closer working with Social Care has built the foundations to make this possible this winter.

This year's plan also aims to avoid admissions when this is not in the patient's best interest. A new mental health community response team aimed at avoiding social admissions for patients with dementia and pulling this patient group out of BGH front door areas will be trialled.

Another key component of previous year's plans will be the opening of a winter beds at the BGH to ensure sufficient inpatient acute hospital capacity is in place.

The BGH Escalation policy was reviewed and updated in 2018//19. This supported improved patient flow and safety across the site. This policy is currently under review ahead of this winter to incorporate any further learning from last winter. Refresher effective patient flow management sessions are also being delivered across flow critical areas of the BGH ahead of winter to ensure resilient processes as we head into winter.

Planning staff cover across the two 4-day festive weekends is underway and aims to ensure sufficient levels to support discharge. Senior site leadership will be in place across these weekends to ensure safe patient flow is maintained.

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 2020 until end January 2021. A day case elective programme will run throughout the winter period. This approach will be factored into the waiting times trajectories to ensure that NHS Borders will meet the revised March trajectory, in light of COVID 19.

Additional Capacity and Resource for Winter

Below are the high level details of areas of additional capacity and resource which we are putting into place for the winter period, as agreed through the Winter Planning Board:

- Borders Emergency Care Service- increased staffing at weekends
- Staffing for surge capacity
- Weekend medical cover
- AHP staffing- extend
- Weekend pharmacy cover
- On-site testing
- Weekend domestic and portering
- Contingency plan- additional surge

Surge Bed Capacity

Please see **Annex B** for the details of available COVID-19 surge (general and ICU) beds within our acute hospital. There remains the ability to create up to 20 ICU beds in response to increase COVID-19 activity and to create over 110 non-ICU COVID-19 inpatient beds. Within this it should be noted that when the capacity is needed for more than 22 COVID-19 inpatients or 4 COVID-19 ICU patients it is expected that our elective profile will need to be reduced. The Health Board is also currently exploring how we can deliver CPAP outside of our ICU facility, although this is limited because of the scale of our ITU workforce and the physical constraints of our estate. However a plan is being developed and this would allow up to 5 patients on CPAP outside ICU.

We hope the above, alongside the attached Annexes provides the additional information requested in your letter of 22 October but please do not hesitate to contact us should you require and further clarification

We look forward to hearing from you.

Best wishes,

Ralph Roberts
Chief Executive

Robert McCulloch-Graham
Chief Officer Health & Social
Care

Nicky Berry
Director of Nursing, Midwifery &
Acute (Chair of the Winter
Planning Board)

Annexes

Annex A- Winter Checklist

Annex B- COVID-19 Surge Bed Capacity Template