

Meeting: Board Meeting

Date: 24.10.18 Agenda Item: 7.4

Paper Number:

Location of Full Report:

Author: Dr. Ron Culley, Chief Officer IJB

Executive Sponsor: Mrs. Chris Anne Campbell, Nurse Director

Title: WINTER PLAN 2018-19 REVISED

| Purpose: | To provide the Board with the revised Winter Plan for 2018-19 in line with | |
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| | Scottish Government requirements. | |

| Recommendation: | The Board / Committee is invited to: | | |
|------------------------|--------------------------------------|----------|--|
| | Note for Information / | | |
| | Assurance | | |
| | Approve | Approval | |
| | Discuss | | |

Summary / Key Points:

This should provide sufficient information to enable the committee to understand the key points of the paper being presented. If covering a large complex document specific pages or sections of relevance should be highlighted. This should enable members to contribute to a focused discussion and, if necessary, make an informed decision.

The Scottish Government Cabinet Secretary for Health and Sport has written to boards with regard to preparing for winter 2018. In addition to previous years the Health Secretary is:

- Demanding local improvement trajectories for weekend discharges rates to be agreed by the end of November.
- Earlier in the day discharges, against local improvement trajectories.
- Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates. This should include clinical staff, pharmacists, AHPs, auxiliary and domestic staff.



Christmas and New Year fall on Tuesday / Wednesday this year creating the appearance of stretching the holiday period a bit further. However, the Monday should not be used as a day off thereby creating a 5 day weekend.

The Health Secretary is seeking assurance that Boards maintain discharge rates at weekends and public holidays as if those were normal weekdays with appropriate levels of staffing in place. This will require sufficient senior medical and other clinical staff cover to allow appropriate decision making and social work teams to pick up referrals and assessments. This should include pharmacist cover to ensure that patient discharge is not delayed due to prescription waits. It will also require Health and Social Care Partnerships to incentivise independent and voluntary sector providers to arrange immediate packages of care, rather than waiting until the end of the period.

Medical and Nurse Directors have been charged with providing an immediate leadership steer to staff and set and monitor specific weekend and earlier in the day discharge trajectories to secure weekday discharge levels at the weekend by the end of November. Our A&E department already performs well in achieving the waiting time targets for patients to be seen in less than 4 hours. However, the majority of our discharges from the wards tend to be after 12midday. Therefore improvement is required in this area whether weekday or weekend. The Pharmacy staffing will require review during this period as traditionally we have maintained an on call service as opposed to scheduled shifts.

We have updated last year's winter plan along with a supplementary checklist of winter preparedness. A draft copy has been submitted to the Scottish Government and aa letter has been sent to all Boards received to;

- include an Executive Summary setting out key actions that are being taken to help prepare for this winter.
- include a table setting out what additional capacity / resource will be purchased as a result of your total winter allocation.
- clearly set out planned actions which will avoid unnecessary admissions.
- include a commitment to establish clear improvement trajectories for weekend and earlier in the day discharges as set out in the Cabinet Secretary's letter of 31 August.
- include a commitment to maximizing elective theatre capacity over the winter/festive period including day cases to ensure that elective performance is not adversely impacted during the winter period.



| Risk: | Are there any significant risks related to this topic? ✓ | | | |
|--------------------------|--|----------|--|--|
| | Yes V No | | | |
| | If yes, please describe below: | | | |
| | These risks are defined separately, e.g. the risk of delayed discharges, capacity, TTG | | | |
| | Risk Register – If the risk on the Corporate Risk Register please detail, including the specific Risk ID | | | |
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| | | | | |
| Competence | Does the topic have any impact on the following Governance Standards: ✓ | | | |
| Financial Impact | Yes No 🗸 | | | |
| | If yes, please describe below: | | | |
| | Additional funding allocated for SG for Winter Planning | | | |
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| Clinical Impact | Yes No No | | | |
| | If yes, please describe below: | | | |
| | Defined within existing risk assessments regarding bed capacity, infection | | | |
| | control etc | | | |
| Human Resource Impact | Yes No No | | | |
| ımpuet | If yes, please describe below: | | | |
| | Changes to traditional staffing models within AHP disciplines over public | | | |
| | holidays | | | |
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| Approval | Committees presented to: | Date: | | |
| Pathways | SOD | 02/10/18 | | |
| | ICMT | 04/10/18 | | |
| | CMT | 1/10/18 | | |
| | Committees to be presented to: | Date: | | |
| | Board | 24/10/18 | | |
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