



NHS TAYSIDE –WINTER PLAN 2011/12

1. PURPOSE OF THE REPORT

To inform the Executive Management Team of the arrangements across NHS Tayside in relation to winter planning (including the Festive period) January - March 2012

2. RECOMMENDATIONS

The Executive Management Team are requested to endorse and support the NHS Tayside Winter Plan 2011/12.

3. EXECUTIVE SUMMARY

The Scottish Government each year requests the submission of a winter plan which indicates how NHS Tayside and partners intend to meet the potential increase in demand for services over the winter, and festive period.

The recommendations for Winter Planning for 2011/12 remain the same as 2010/11 and are detailed as follows

- Collaboration - with CHP, Social Work and other partnership agencies i.e SAS
- Escalation – Effective escalation plans which includes all key stakeholders
- Emergency Demand, Capacity & Activity – Use of System Watch to predict emergency activity in order to create the necessary capacity
- Management Information – Daily bed meetings should take place twice daily and ensure consultant medical staff have a greater awareness of capacity and demand issues
- Elective Demand, Capacity & Activity – Accurate modelling over the festive period to plan elective capacity and optimise the use of bed capacity, including the maximisation of community hospital beds
- Annual Leave – Ensure appropriate numbers of consultant medical staff are on site to deal with the predicted activity over the festive period
- Boarding – Eliminate boarding of patients as a solution to bed capacity problems
- Discharges – The level of discharges over the festive period should be improved

NHS Tayside Performance 2010/11

Throughout the winter period 2010/11 (5th January – 31st March 2011) there was

- a total of over **17,000** attendances
- a level of boarding ranged from **0.5% to 4%**
- a **98.4%** achievement for A&E 4 hour target
- **21** elective procedures postponed
- good collaborative working with partnership agencies
- effective use of the capacity management plan and escalation procedures

4. MEASURES FOR IMPROVEMENT

It is critical that the services can demonstrate the impact and progress of the winter plan, which will be used to justify its achievements

A set of measures will be developed and agreed based on the Dimensions of Quality.

Quality Dimension	Measures for Improvement
Person Centred	<ul style="list-style-type: none">• Number of patients with daily goals using the 5 key discharge questions• Patient experience• Number of complaints and positive acknowledgements of care received
Safe, Effective & Efficient, Equitable	<ul style="list-style-type: none">• Number of bed-days in each sector• Number of emergency attendances and admissions with a focus on LTC and over 65yrs• Number of corridor waits• Number of boarders• Number of IR1'a• HAI Indicators• Average length of stay• Number of elective's cancelled
Timely	<ul style="list-style-type: none">• Number of patients seen by a senior decision maker within 4 hours of admission

5. FINANCIAL IMPLICATIONS

The following costs will require to be met to support increased demand and patient flow over this potentially busy period:-

- Ninewells – Facilities and Operations - £21,000
Acute Medicine - £46,000
- NHS Tayside OOH Services - £51,000
- Scottish Ambulance Service Additional transfer/discharge work
(to support transfer/discharge of patients in early evenings/weekends)

These additions to the workforce were identified as contributing significantly to patient flow over last winter period and funding has been included in departments baseline budgets.

6. DELEGATION LEVEL

Carol Goodman, General Manager, Directorate of Medicine.

The winter and festive planning leads for each area are:-

Directorate/CHP	Lead
Medicine	Jillian Galloway and Gail Pennington
Surgery	Derek Wilson and Jim Foulis
Access	Kerry Wilson
Dundee CHP	Karen Anderson
Angus CHP	Liz Goss
Perth and Kinross CHP	Sue Muir
OOH	Lisa Prudom
Infection Control	Dawn Weir
Information Services	Nikola Singers

7. RISK ASSESSMENT

It must be acknowledged that whilst every effort is made to ensure patient flow is maintained over the festive and winter periods there may be occasions when demand outstrips capacity for a short period.. To minimise the problems arising from such situations we will continue to use predictive data along with the continuation of, and increase in, the daily capacity and flow meetings with key stakeholders focussing on robust discharge information and timely intervention. This information will also feed into twice weekly conference calls between NHST/ NHS Fife and partner agencies focussing on predicted activity / capacity in the coming 72hrs.

There is a potential risk in relation to the planned move (or relocation) within NHS Fife commencing Monday 19th December 2011 with full move scheduled for Monday 16th January 2012.

8. IMPLICATIONS FOR HEALTH

To improve the overall patient flow and ensure that where possible, patients in their journey of care are in the most appropriate environment, to provide care appropriate to their level of need.

9. TIMETABLE FOR IMPLEMENTATION AND LEAD OFFICER

The key milestone dates are identified within the winter plan and are monitored by Carol Goodman, General Manager and Executive Lead for Winter Planning.

10. CONSULTATION INFORMING, INVOLVING & CONSULTING WITH PUBLIC & STAFF

The winter planning for each CHP and within Directorates has been led by identified individuals who have consulted widely in the preparation of their part of the plan. There has also been consultation with Scottish Ambulance Service, Public Health, Infection Control, Communications Team and Out of Hours Service leads.

11. EQUALITY & DIVERSITY IMPACT ASSESSMENT

N/A

12. HUMAN RESOURCES IMPLICATIONS

N/A

13. LEGAL IMPLICATIONS

N/A

14. IT IMPLICATIONS

Discussion underway with IT regarding the development of a “winter” portal on staffnet.

15. HEALTH & SAFETY IMPLICATIONS

N/A

16. BACKGROUND

The use of the capacity management plan remains the cornerstone of ensuring that flow is managed as effectively and efficiently as possible throughout the year but especially over the winter period. Following feedback from key stakeholders regarding patient flow and roles and responsibilities, action cards to support the capacity management plan have been developed. Discussions with IT have taken place to develop a “Winter Portal” on staffnet detailing key information regarding status across the whole system, outcomes from conference calls, the weekly performance summary and adverse weather updates. It will also act as a central point for storing templates for capacity / flow meetings, action cards / flowcharts. It is anticipated that this cascade communication system in tandem with the capacity management plan will deliver a more responsive approach to managing individual and system wide demand. Table top exercises to test out the capacity management plan are planned for October and November

Mrs C Goodman
General Manager & Executive Lead Winter Planning
Medicine Directorate

Mr G Marr
Chief Executive

Mrs J Galloway
Clinical Services Manager
Medicine Directorate

November 2011