



## **JOINT WINTER PLAN 2017-18**

### **Aim**

- 1.1 To request approval for the Joint Winter Plan for 2017/18.

### **Background**

- 2.1 NHS Borders and Scottish Borders Council, 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, with a particular focus on the festive period. The 2017/18 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 Health & Social Care Integration Joint Board (IJB) on 28<sup>th</sup> August.
- 2.2 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.
- 2.3 Following the evaluation of last year's winter plan it was recommended that this year's Winter Plan should focus on:
  - Work to reduce the number of people requiring admission.
  - To manage the daily patient flow through the system more effectively
  - To reduce delays in transfer and discharge of patients across health and social care systems

### **Summary**

#### **Expected demand**

- 3.1 Activity last winter was minimally changed from the previous year:
  - There was a 5% increase in activity through the Emergency Department during last winter, but this was mostly related to an increase in minor injury and illness patients.
  - Admissions to the BGH increased by 2% - there was a fall in medical admissions but an increase in surgical admissions
- 3.2 However there were ongoing pressures on bed capacity, due to a one-day increase in average length of stay compared to other periods of the year. Occupancy also

increased to an average 88.9% at midnight and 92.9% at midday, an increase of 1.1% compared to the previous year.

- 3.3 Delayed Discharge occupied beddays increased by 18% compared to the previous year, equivalent to a total average 30 beds occupied by delayed discharges, an increase of 4.5 beds compared to the previous year.
- 3.4 The impact of these pressures was a requirement for up to 36 surge beds being required above core bed capacity, especially in January 2017.

### Winter Planning Actions

- 4.1 The 2017/18 Winter Plan sets out a wide range of action to address these pressures for the coming winter:
1. Actions to reduce the impact of winter on population health – flu vaccination, self-management plans for high-risk respiratory patients, anticipatory care plans for nursing home residents
  2. Range of actions to ensure that service capacity matches expected increased demand – additional capacity in BECS and Emergency Department, recruitment to actual and predicted staff vacancies, support service capacity planning
  3. Actions to actively avoid unnecessary admissions of patients and to discharge patients from hospital care when clinically fit. These include;

Action	Reduction in bed requirement
Increase Acute Assessment Unit capacity and opening hours	0.5
Establish Surgical assessment unit	3
Criteria-led discharge planning (increase in weekend discharges)	3
Transitional care bed expansion (Grove House)	2
Additional beds in Waverley Care Home for homecare waits	0.5
HCSW team based in Knoll to provide short-term homecare to enable discharge	2
Total	11

4. Planned additional staffed inpatient capacity in appropriate locations;

Action	Additional beds
Flexible inpatient capacity in Medical Assessment Unit	8
Flexible capacity in Borders Stroke Unit	2
Flexible capacity in Community Hospitals	2
Step-down beds within former inpatient capacity in Day Hospitals	16-20
Total	28 -32

### Financial Plan

- 5.1 As there is no funding available to support the Winter Plan, funding sources for most actions detailed within the Winter Plan has been identified. Work is underway to identify funding sources for the remainder.

5.2 A full financial plan will be presented as part of the regular reporting to the IJB.

### Monitoring

- 6.1 A detailed action plan has been developed to monitor delivery of each of these actions. The Winter Planning Board oversees the action plan. A draft high-level project plan is attached as appendix 1.
- 6.2 A weekly monitoring scorecard was established last winter, capturing key indicators of performance against prediction. This is being revised and will provide a weekly scorecard demonstrating performance against this years predicted trajectory for both demand and capacity. This will form the basis of reporting to the IJB.
- 6.3 Progress against the overall programme will be monitored through the Winter Planning Board, chaired by the Chief Officer.

### **Recommendation**

The Health & Social Care Integration Joint Board is asked to **note** this update on the Joint Winter Plan 2017/18.

<b>Policy/Strategy Implications</b>	Request from the Scottish Government that a whole system Winter Plan is developed and signed off by the Health Board.
<b>Consultation</b>	The Winter Plan is being prepared by and in conjunction with stakeholders. The plan will be reviewed by Clinical Executive Operational Group, Strategy and Performance Committee, SBC Corporate Management Team and Integrated Joint Board.
<b>Risk Assessment</b>	Will be undertaken as part of development of Winter Plan
<b>Compliance with Board Policy requirements on Equality and Diversity</b>	Winter Plan will be assessed using Equality and Diversity Scoping template Plan.
<b>Resource/Staffing Implications</b>	Resource and staffing implications of the Winter Plan will be addressed through the development of the plan

### **Approved by**

<b>Name</b>	<b>Designation</b>	<b>Name</b>	<b>Designation</b>
Robert McCulloch-Graham	Chief Officer Health & Social Care		

### **Author(s)**

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