



**REPORT TO: MORAY INTEGRATION JOINT BOARD ON 29 NOVEMBER 2018**

**SUBJECT: SURGE PLAN 2018/19**

**BY: ROSEMARY REEVE, INTERIM PUBLIC DENTAL SERVICE  
MANAGER**

## **1. REASON FOR REPORT**

- 1.1. To inform the Board of the Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plans for 2018/19.

## **2. RECOMMENDATION**

- 2.1. **It is recommended that the Moray Integration Joint Board (MIJB) considers and notes that Health and Social Care Moray, Dr Gray's Hospital and GMed have robust and deliverable plans to manage the pressures of surge at any time of the year including Winter/Festive Period.**

## **3. BACKGROUND**

- 3.1. Throughout the year Moray Acute and Community hospitals experience fluctuating challenges with patient flow in and out of the hospitals. This is proactively managed on a daily basis through attendance at the daily Dr Gray's hospital and whole system huddles and the push/pull effect of the daily dynamic discharge process.
- 3.2. Pressure increases over the winter/festive period and into January as a result of additional illnesses (such as flu and norovirus) and where normal winter temperatures can cause increases in respiratory and cardiovascular problems affecting the most vulnerable groups in society. This then leads to an increase in the need to admit people into hospital or to provide support to people within their own homes.
- 3.3. The key to successful Surge Planning is to ensure that wherever possible, season specific challenges are pre-empted, as well as having a robust Unscheduled Care Plan reflecting the nationally recognised and recommended 6 essential actions (listed below). This includes ensuring good hospital flow

through additional surge periods, times when the demand moves above normal activity and brings additional pressure.

3.4. The Moray Surge Plan reflects the national programme of the 6 Essential Actions to Improving Unscheduled (unplanned) Care Programme. These are:-

1. Clinically Focused and Empowered Hospital Management i.e. by continuing to focus attention on improving the flow of patients through the Hospital infrastructure by means of local discussions and resolute attention on key areas within the patient journey between hospitals and from hospital back to their home(s).
2. Capacity and Patient Flow Realignment i.e. undertaking regular reviews of various data resources such as Safety Brief & Flow huddles, Community Hospital Situation Report, Breach Analysis and the Cross Sector huddles, to improve this.
3. Patient rather than Bed Management - Operational Performance i.e. review processes that support the smooth flow of patients from the hospital front door, with a specific focus on services by admission/discharge predictions, balancing capacity and demand etc
4. Medical and Surgical Clinical Processes arranged for optimal care i.e. triage to appropriate assessment, access to assessment/diagnostics etc
5. 7 day services – to smooth variation across “out of hours” and weekend working by assessing how variation can be eliminated from pathways with a focus on specific service i.e. smooth admission/discharge profile; diagnostics and support services etc.
6. Ensuring Patients are cared for in their own homes i.e. continue working in partnership with IJBs to ensure Delayed Discharge Plans can be delivered and further improve discharge processes and pathways between the acute and community settings.

#### **4. KEY MATTERS RELEVANT TO RECOMMENDATION**

- 4.1 The operational plan details how Health and Social Care Moray and Moray Acute Services, including GMed, will manage the fluctuating pressures over the year including the Winter/festive period and demonstrates that Health and Social Care Moray have pre-empted the specific seasonal challenges. The plan can be viewed in the meeting documents for this meeting at <https://moray.cmis.uk.com/moray/CouncilandGovernance/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/408/Committee/18/Default.aspx> .
- 4.2 The plan will come into effect from 1 December 2018 and will run throughout the year - December 2018 to November 2019.
- 4.3 During this period, the Moray Unscheduled Care Group/Huddle will continue to meet for the purpose of monitoring progress in relation to the completion of the actions identified within the plan and to ensure close review of admission and discharge data.

- 4.4 Progress reports and recommendations for significant actions will be escalated through existing operational reporting channels with any areas of concern being highlighted to senior managers or the senior manager on call out of hours.

## **5. SUMMARY OF IMPLICATIONS**

### **(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Commissioning Plan 2016 – 2019**

Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plan for 2018/19 are aligned with the National and Locally agreed priorities as well as the National Health and Wellbeing Outcomes.

### **(b) Policy and Legal**

None arising from this report

### **(c) Financial implications**

There are no immediate financial implications arising from the report. The Scottish Government has provided a temporary allocation of funding to support winter pressures that might be faced during 2018/19 at the level of £93k.

### **(d) Risk Implications and Mitigation**

Any risks relating to the Health & Social Care Moray, Dr Gray's Hospital and the GMed Surge Plan will be considered and recorded in Datix (risk management system NHS) and escalated where appropriate through the appropriate management structure.

### **(e) Staffing Implications**

At this time there are no staffing implications, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. By planning ahead and maintaining vigilance on staffing levels, early action will be taken as appropriate to mitigate this risk.

### **(f) Property**

There are no property implications directly arising from this report, however there are times when property issues have contributed to surge pressures and through the huddles property issues can be expedited through the appropriate departments to ensure no loss of bed capacity.

### **(g) Equalities/Socio Economic Impact**

There are no negative impacts on equality groups or any potential for infringement of individual's human rights identified. Access is equal for all people presenting for care, however there are national campaigns to focus resource to targeting people with significant health issues and

those who are elderly or suffering from long term conditions, to assist in keeping well throughout winter e.g. people suffering from chronic obstructive airways disease (COPD) who can experience significant deterioration in health during bad weather

**(h) Consultations**

The report has been for consultation with Chief Officer, Chief Financial officer, Legal Services Manager (Licencing and Litigation), Caroline Howie, Committee Services Officer and Corporate Manager and their comments have been incorporated into the report.

**6. CONCLUSION**

- 6.1 Surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. the Moray team have worked closely with all key stakeholders under the guidance of the NHS Grampian lead for Winter Planning to establish local plans in line with national guidance and good practice.**

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Background Papers: Available on request from author  
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