## Executive Summary

The attached progress report provides an update on the development of a robust Winter/Surge Plan, that incorporates the needs and requirements for ensuring sustainability and patient flow throughout Winter and any periods of surge demand both internally for the Trust, and across the wider local health economy.

### Strategic Priorities

- **Quality and Safety**
- **Healthcare Standards**
- **People and Innovation**
- **Community and Partnership**
- **Financial Strength**

### Operational Objectives

- **QS8** Develop a long-term clinical services site strategy and wider health strategy for the optimal configuration of acute, community and primary care services
- **HS1** Ensure bed capacity meets demand supported through wider health partnership solutions
- **HS2** Improving the timely flow of patients from admission to discharge
- **HS3** Deliver all key performance targets
- **CP1** Develop an integrated service strategy in conjunction with all health and social care partners

### Board Assurance Framework (BAF) Risks

- **Deliver Safe Care** or patients may suffer avoidable harm and poor clinical outcomes and experience
- **Achieve safe and efficient Patient Flow** or we will fail the national quality and performance standards
- **Clear Clinical Service Vision** or we may not deliver the best services to patients
- **Good levels of Staff Engagement** to get a culture of continuous improvement or staff morale and patient outcomes may not improve
- **Appoint Board members in a timely way** or may impact on the governance of the Trust
- **Achieve a Financial Risk Rating of 3** to be authorised as an FT

### Care Quality Commission (CQC) Domains

- **Safe**
- **Effective**
- **Caring**
- **Responsive**
- **Well led**

### Outcomes

- **Care and welfare of people who use services** - People should get safe and appropriate care that meets their needs and supports their rights.
- **Assessing and monitoring the quality of service provision** - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.
| Recommendation | The Board is asked to: ☐ Receive ☒ Note ☐ Review ☐ Approve the SaTH Winter Plan progress update. |
SaTH Winter/Surge Plan

Summary of Progress to Date

The Trust's Winter/Surge Plan has been prepared as part of the SaTH Surge Plan which is in line with recommendations made by the Area Team.

The document is live and will be updated following the scheduled surge planning meetings which commence from the week of 22nd July 2013.

The plan will form part of a joint health and social economy plan and aims to provide a unified approach across SaTH and the Local Health and Social Economy.

Each site will hold its own individual surge plan to deliver its respective requirements and to provide site ownership and accountability. These form the basis for the SaTH Surge Plan. Each site has produced a plan on a page, building on the lessons learnt from last winter.

Winter planning meetings will be held weekly if required throughout the winter period. These will be used to review the performance of the previous week and to plan for the coming week utilising Escalation Management System [EMS] predictions.

The Plan will operate from October 2013 through to March 2014 and the principles can also be used for the planning of any expected surges, e.g. Bank Holidays.

Seven day working is one of the key principles, both in the SaTH Surge Plan, and should be the aim for the Local Health and Social Care Economy Plan which is under development.

An A-Z will be produced giving an in-depth plan of available resources across the Trust and Local Health and Social Care Economy. This will be supported by a Bed Management procedure book.

A Hospital Full Protocol has been agreed for this year, and SaTH's internal bed escalation triggers have been reviewed and improved.

To ensure that surge capacity is available bed modelling by site has been completed. This has informed the development of the Surge Plan, e.g. how to create additional medical capacity without compromising elective work. These solutions are in the process of being agreed and costed. Surge capacity needs to be available across the whole health economy but to date no discussions have taken place. It is anticipated that the ATOS workstream 'optimising capacity' will have some impact but other plans over and above this also need to be in place. The CCG's have assigned a manager to the development of the Local Health and Social Care Economy Winter/Surge Plan.
Planning assumptions include:
- Continued delivery of LoS reductions using Check Chase Challenge;
- No increase in LoS due to winter (included in bed model);
- Discharge and admission rates remaining static for this period.

Peak Planning Timelines:
- Peak pressure in discharge from secondary care will be w/c 16th December 2013;
- Peak pressure in primary care will be w/c 16th December 2013 and pre New Year as patients flow out into the community or social care settings;
- Specific admission pressure is expected from 26th December 2013;
- Peak pressure for social care will be from early January 2014 to mid February 2014.

The Trust will have a 3 tier system of dashboards to support site pressures. These are currently under development.

All departments are currently planning their own individual actions to support the Winter/Surge Plan.

The Communications Team will play a key role in keeping the public and patients informed and will communicate key messages over any surge periods.

The Trust surge capacity is only 10 beds on Ward 32E therefore the delivery of all of the ATOS schemes are fundamental to the success of the Surge Plan. Delivery of the 4 hour A&E performance target in Quarter 3 & 4 is dependant on the whole health economy’s ability to respond to the surge in activity.

It is proposed that the fully costed internal Winter/Surge Plan alongside the Whole Health and Social Care Economy Plan is brought back to the October Trust Board.

Debbie Kadum
Chief Operating Officer
July 2013