

T: 0131-244-1826  
E: shirley.rogers@gov.scot

To:

1. Chief Executive, NHS Dumfries & Galloway
2. Chief Officer, Dumfries & Galloway HSCP

Cc:

1. Chair, NHS Dumfries & Galloway
2. Chair, Dumfries & Galloway HSCP

22 November 2018

Dear Colleague

### **WINTER PLANS 2018-19**

Thank you for lodging your winter plan which has now been reviewed against the priority actions for local systems this winter as set out by the Cabinet Secretary:

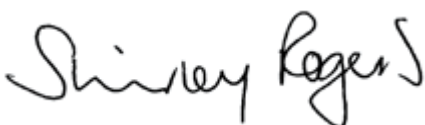
- Clear alignment between hospital and social care
- Appropriate levels of staffing to be in place across the whole system to facilitate constant discharge rates across weekends and holiday periods
- Local systems to have detailed demand and capacity projections to inform their planning assumptions
- Maximise elective activity over winter – including protecting same day surgery capacity

The Cabinet Secretary is now content for you to publish your winter plan. This should now be published as a standalone document on your Boards website and should include the preface you provided which has been replicated in the annex.

Boards are asked to send a link to their published plan to the Scottish Government's [Winter Planning Team Mailbox@gov.scot](mailto:Winter.Planning.Team.Mailbox@gov.scot) once it is available.

I very much appreciate the effort that has gone into preparing this year's winter plans and we will continue to support you throughout the winter period.

Yours sincerely



Shirley Rogers

## **Annex: Winter Plan – Preface**

### **NHS Dumfries & Galloway**

Acute Surge Beds – 13 (+14 beds available at the weekend)

We are currently funding additional sessions in a number of specialties including orthopaedics, general surgery and urology to support waiting times and ensure we have additional flexibility over the winter period. Locums are in place to ensure we are working towards a 52 week year and can cover the on call where we have consultant vacancies in a number of specialties.

We are finalising when we will reduce elective surgery by reviewing peak periods of demand on previous years, it is anticipated that we will limit this to the shortest period of time, estimated to be around 2 weeks in January. Within this period we will have two emergency theatres running that both orthopaedics and general surgery can access. We will have 4 week and 7 day predictions within the acute weekly waiting times and DCAQ meetings. This will support operational awareness and planning based on predicted demand and we will alter capacity within theatres and outpatients accordingly.

The following funding will be used to provide additional capacity to minimise the impact on business as usual.

£50k will fund additional staff to cover over the weekends and additional cover to accommodate public holidays and festive season (including backfill etc.). This will assist with increasing weekend discharges and reducing unnecessary bed days.

£190k will fund the additional Winter/Surge beds within DGRI which will include 13 additional winter ward beds for general medicine and the Short Stay Unit to remain open at the weekends, providing a further 14 beds in times of high demand.

£125k to increase pharmacy, medical cover (one consultant and one middle grader) and additional SAS support to provide rapid review and early discharge.

£47,300 to trial a discharge lounge within DGRI and increase flow coordinators within both Acute and Community, this should support reduced length of stay, improve delayed discharges, increase bed capacity earlier in the day to improve patient flow and reduce impact on 4 hour target.

£58k to increase GP, Community Pharmacy and Mental Health input throughout the winter period including Sunday provision of Community Pharmacists. This should again reduce admissions along with a further £180k funding from CASS for additional care packages to support early supported discharges.

Locally the Partnership has invested heavily in the Nithsdale in Partnership (NiP) and an Integrated Respiratory Team within Community. NiP is a multidisciplinary team supporting rapid response; both teams will reduce hospital admissions by supporting GPs and timely discharge of patients within Acute.