

## Elective Care – winter planning

Planning for elective care over the winter period consists of three elements;

### 1. Core Waiting Times planning

- Scheduling patients 6 weeks ahead to provide early alert of any capacity problems
- Ensuring patients are booked in turn to minimise variation in waiting times and increase headroom
- Continuing to work to reduce waits and increase headroom before patients breach waiting times standards

In addition, ongoing demand and capacity modelling will help identify upcoming pressures in each specialty due to reductions in capacity

These are core elements of waiting times management which will support the management of patients over the winter period

### 2. Festive period management

There are planned capacity reductions over the Christmas and New Year period as a result of planned closure of departments. The following work is being undertaken to support the management of elective operating and waiting times over this period:

- Reduction in outpatient capacity for orthopaedics during October and November. This will reduce demand for elective operations around the festive period and into January
- Early contact with patients who would be listed for treatment over the festive period to clarify availability. It is expected that large numbers of patients will not wish to be treated over this period and will choose to delay their treatment. This will ensure that theatre slots are now wasted and will provide flexibility with managing demand over the post-Xmas period. Patients will be contacted in mid-late October(?)
- Assessment of impact of closure of Day Procedure Unit on specialties using this facility to predict impact on waiting times, and measures taken to address this risk:
  - Reviewing theatre lists through January and February to allocate dates for patients who may choose not to have treatment over festive period
  - Potentially offering patients treatment in other hospitals
  - Contacting patients early (as with Orthopaedics) to clarify willingness to be treated and adjusting waiting times accordingly
- Assessment of nature of orthopaedic theatre lists over festive period to utilise elective beds most effectively. Undertaking inpatient procedures over the quiet Christmas period may allow planning for day procedures over busy early January period, reducing pressures on hospital and risk of elective cancellations. This work is intended to complete by early October and will then be fed into theatre scheduling

### 3. Overall winter planning

- Assessment of planning for inpatient lists, especially elective arthroplasties to maximise use of dedicated arthroplasty beds. Modelling is underway to identify whether a more planned gender mix would allow beds to be utilised in a more effective manner, releasing beds for wider utilisation and ensuring reduced number of cancellations. This work will be complete in early to mid October, to allow theatre schedules to be planned from December onwards
- Review scheduling of surgical specialty lists to avoid days when there are peaks of demand for inpatient beds. This will require coordination of theatre scheduling across different specialties and may require some adjustment of theatre allocations across specialties. It is not yet clear whether this will be feasible to implement for this winter.
- A sum of £133,500 has been earmarked in Waiting Times financial plan for private sector support during the winter period. This will allow for patients to be offered treatment in private hospitals where cancellations due to winter pressures have prevented local treatment.

## Elective Care Winter Pressures Action Plan

Area	Action	Responsible	When	Comments
6-week ahead booking	Maintain daily review of booking	WTs huddle	Daily	Actions taken from huddle
Book-in-turn	Rigorous review of all theatre schedules to ensure booked in turn	Sheena Byers	One-off review and weekly check	
	Weekly monitoring via headroom report/Weekly WTs report	Sheena Byers	Weekly at WTs meeting	
Establish headroom	Actions to improve headroom for specialties at or close to 12 weeks booking	Sheena Byers/Christine Hughes	Weekly WTs meeting	Actions include <ul style="list-style-type: none"> <li>- Focus on book in turn</li> <li>- Additional lists for specialties where close to breach</li> <li>- ?sendaways where necessary</li> <li>- Review of patients on WL to adjust for unavailability</li> </ul>
Reduce orthopaedic outpatient activity to reduce conversions to treatment over Xmas/New Year	Plan and action scheduling to balance demand and capacity	Fiona Currie/Wilma Cruikshank	Done	
Review outpatient activity in other specialties to see whether feasible to reduce to balance reduced operating capacity	As with orthopaedics	Christine Hughes supported by Fiona Currie	17 <sup>th</sup> Oct	Produce action plan
Contact patients who will have	Plan rota and script for	Christine Hughes	Plan by 17 <sup>th</sup> Oct Implement by	Script needs to check for other

TTG dates over Xmas and New Year to check availability and adjust	contacting patients w/c 20th Oct		20th Oct	periods of unavailability as well
Assess impact of DPU closure on DPU specialties	Review impact and take necessary actions	Christine Hughes	Review complete by 17 <sup>th</sup> Oct Action plan by 24 <sup>th</sup> Oct	Likely to involve reducing theatre lists for specialties with low WTs and additional lists for problem specialties
Agreement over inpatient/day case split over Xmas period	Balance potential take-up of lists against availability of beds	Phillip Lunts/Ali Mehdi	Complete by 17 <sup>th</sup> Oct	
Elective orthopaedic bed modelling	Analysis of best list make-up to maximise use of beds	Phillip Lunts/Bill Urquhart	Complete by 23 <sup>rd</sup> Oct	
Scheduling of inpatient surgical lists	Review to see if can be rebalanced	Bill Urquhart/Christine Hughes/Susie Thomson	Complete by 31 <sup>st</sup> Oct	
Agree process for utilisation of contingency fund		Christine Hughes	??	