



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
30 OCTOBER 2018

REPORT ON: WINTER PLAN (2018/19) – NHS TAYSIDE AND PARTNER
ORGANISATIONS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB59-2018

1.0 PURPOSE OF REPORT

To inform the Dundee Integration Joint Board of the Winter Plan (2018/19 – NHS Tayside and Partner Organisations (the Winter Plan) to be submitted on behalf of NHS Tayside and its partner organisations to the Scottish Government. The Winter Plan sets out the arrangements across Tayside to support season's variations across health and social care services and describes the level of preparedness. A copy of the Winter Plan is attached at Appendix 1.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the content of the report and approve and agree the plan as presented at Appendix 1.
- 2.2 Notes the detailed actions for the Dundee Health and Social Care Partnership as detailed in Section 4.6 of this report and Section 4.4 of the Winter Plan.

3.0 FINANCIAL IMPLICATIONS

Additional resources are provided through NHS Boards in support of Preparing for Winter 2018/19. NHS Tayside's share of the resource is £737k. This additional resources is managed through the Unscheduled Care Programme Board who are currently allocating resources to support service initiatives.

4.0 MAIN TEXT

- 4.1 Each year NHS Boards and Health and Social Care Partnerships are asked by the Scottish Government to prepare a Winter Plan which ensures that plans and systems are in place to support early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers during the winter period. The development of the winter plan takes into account the Scottish Government's winter planning correspondence Preparing for Winter, 2018/19 and Supplementary Checklist of Winter Preparedness. It was collaboratively developed across all key partners and stakeholders within Tayside. The plan will apply from 1 November 2018 until 31 March 2019.

- 4.2 The Scottish Government's 'Preparing for Winter' (2018/19) correspondence, defines the priorities as follows:
- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly;
 - Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge;
 - Flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required;
 - Whole System Escalation Framework and plans with all partners to respond to variations in predictive forecasts on an hourly, daily and weekly basis;
 - Robust business continuity management arrangements across local health and social care systems;
 - Plans in place to significantly increase staff flu vaccination across local health and social care systems.
- 4.3 The Winter Plan within Tayside is a whole system health and care response to ensure the needs of the population are met over the winter period through resilience and effective planning. It aims to provide safe and effective care for people using services by ensuring appropriate levels of capacity and staffing are in place to meet unexpected activity levels in communities and across the acute sector.
- 4.4 The Winter Plan has a specific focus on maintaining 'business as usual' through periods where services may be reduced, such as public holidays, and to prepare for and respond to increased demand arising from seasonal flu and adverse weather. The Winter Plan, through an approach of prevent, inform, respond and communicate will address the following key areas:
- Resilience;
 - Unscheduled/Elective Care;
 - Out of Hours Services;
 - Community Services;
 - Seasonal Influenza/Influenza-like Illnesses/Norovirus;
 - Respiratory Pathway;
 - Mental Health;
 - Data Forecasting and
 - Communication.
- 4.5 The Scottish Government allocates additional funding to NHS Boards and Health and Social Care Partnerships to support the implementation of the local Winter Plans. For the Tayside Board area the allocation for 2018/19 was £737,734k. This resource is allocated through the Unscheduled Care Programme Board. A Winter Planning Sub Group was established to consider learning from the winter of 2017/18 and to proactively plan for initiatives which will maintain key services over public holidays and periods of increased illness. In line with the aims of the Unscheduled Care Programme Board, the plans place an emphasis on the prevention of illness through self-care and the maintenance of people out with hospital settings through appropriate triage and support. The Unscheduled Care Programme Board has allocated the available resources across initiatives which proactively deliver:
- Increased weekend discharge rates;
 - Earlier in the day discharges; and
 - Adequate festive staffing cover, across acute, primary and social care settings, to ensure that discharges can be maintained at required rates.

4.6 Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership are detailed in section 4.4 of the Winter Plan and include:

- Further development and embedding of the Dundee Enhanced Community Support including the acute element of the model;
- Developing Acute Frailty Model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA;
- Extension of Acute Frailty model to Emergency Dept and Acute Surgical Receiving Unit;
- Embedding 7 day discharge service with increased AHP provision and recruitment of additional discharge coordinator to complement increase in medical, pharmacy and ambulance resource;
- Introduction of daily conference call between Integrated Discharge Hub and Resource Matching Unit to ensure accurate prioritization of social care resource;
- Introduction of daily safety huddle in the Integrated Discharge Hub to complement Daily Dynamic Discharge;
- Further development of 'Step Down to Assess' model – investment in 6 step down flats and ring fenced social care resource to complete assessment outwith hospital setting;
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds in Mackinnon Centre for younger adults to complete assessment in a community setting following brain injury rehabilitation;
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow;
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource;
- Recruitment of additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays;
- Continued promotion of Power of Attorney Campaign to reduce no of guardianship requests made;
- Ongoing development of Anticipatory Care Planning;
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready;
- Extension of COPD Team to improve support to people following discharge;
- Development and expansion of the care home team;
- PEOLC improvement work in care homes;
- Increase investment in domiciliary care resource;
- Embed the practice of proactive review of all delayed patients on a daily basis by case holder;
- All health and social care staff will be encouraged to accept the flu vaccination.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

Risk 1 Description	While every effort has been made to anticipate the potential implications of the winter period, should there be unprecedented exceptional circumstances, the Winter Plan may be insufficient to manage the increased demand for services and any implications for staffing, capacity or service delivery. In these circumstances there would be a negative impact on: Inpatient capacity and flow; Discharge of patients from hospital; Ability to deliver community services; A&E attendance
Risk Category	Service Delivery, Health and Wellbeing, Financial
Inherent Risk Level	Likelihood 2 x Impact 5 = 10
Mitigating Actions (including timescales and resources)	Winter Plan is robust and agreed across partners. Regular communication with escalation procedures agreed. Resources allocated to support initiatives.
Residual Risk Level	Likelihood 2 x Impact 2 = 4
Planned Risk Level	Likelihood 2 x Impact 2 = 2
Approval recommendation	Agree to implement Winter planning arrangement as described within the Winter Plan.

7.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

There are no directions required through this report.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	x
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

David Lynch
Chief Officer

DATE: 22/10/18

Diane McCulloch
Head of Health and Community Care



Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board



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Executive Leads for Winter

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Vicky Irons, Chief Officer, Angus, Health & Social Care Partnership

David Lynch, Chief Officer, Dundee, Health & Social Care Partnership

Rob Packham, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Executive Summary

NHS Tayside, and its partner organisations have taken a collaborative approach for winter planning in 2018/19 through the Tayside Unscheduled Care Board.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care – Six Essential Actions Improvement Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim to improve patient safety, flow and sustainable performance in unscheduled care.

The winter plan has been developed in collaboration with key partner organisations as well as being part of the local Unscheduled Care Action Plan. It is underpinned by the Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2018/19 and Supplementary Checklist of Winter Preparedness.

This year we are determined to learn from previous winter challenges and to proactively invest in initiatives that will maintain our key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside is undergoing transformation and much of this work is integrated into our winter plan.

The winter plan has been developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2018/19) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Emergency Departments, delayed discharge performance, inpatient/day case, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over this winter. Our plan is strengthened by resilience planning and business continuity arrangements to provide to NHS Tayside Board, Scottish Government and our population for winter period November 2018 – March 2019.

In response to the needs of our frail, elderly population and patients with chronic conditions affected by winter, a whole system Health and Social Care approach to develop an integrated plan was essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care in the right setting. Third sector involvement is through the Health and Social Care Partnerships.

The focus on improved resilience over the festive period taking account of learning from previous winters and recommendations within the Scottish Government's Improving Health and Social Care Service Resilience over Public Holidays Review Report, (December 2017), will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multiprofessional input to the safety and flow huddle infrastructure seven days per week.

This Winter Plan will be supported by a suite of measures across the system. This will include the use of the 'SafeCare' System which provides information in relation to staffing capacity within each ward as well as System Watch providing predictive data to inform decision support for the Safety and Flow Triggers and Escalation Framework. This will be further supported by weekly look back to encourage system learning and continuous improvement.

Particular mention must be made of the effect of the new NHS Tayside medical model: This is an “Assess to Admit” model and has at its core the principal tenet of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Health and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable.

Professional to other professional communication can share decision making and discharge home from an assessment area to complete investigation and treatment has become the norm. This has seen our bed occupancy remain at an optimal level and the reduction in boarding has improved patient experience. This data is illustrated in Appendix 1.

1. Introduction

1.1 Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes to effectively manage the potential challenges associated with the winter period for 2018/19 and delivering against the national and local targets and standards for Health and Social Care.

This is to ensure that Tayside is as prepared as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources, involving planning, discussions and feedback, learning from previous experience, assessing winter risk and agreeing shared approaches going forward for winter 2018/19. These sources include;

- Six Essential Actions, Unscheduled Care Programme
- Tayside Winter Planning Group
- Tayside Winter Pressure Response Group Report February 2018
- Tayside Local Resilience Partnership: Debrief of Adverse Weather & Winter Response Plan 2018
- NHS Scotland Directorate for Health Performance and Delivery; Preparing for Winter 2018/19
- NHS Scotland Directorate for Health Performance and Delivery; Winter Preparedness: Self Assessment Guidance
- Partners', sectors' and services' winter plans and surge plans
- NHS Tayside local Review of Winter 2017/18 Workshop (March 2018)

Review and local feedback has informed that the winter period November to March creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the key headings of the 'Supplementary Checklist of Winter Preparedness' (2018/19) detailed below in the approach taken to deliver the winter plan aims:

1.3 Approach

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

- Resilience
- Unscheduled/ Elective care
- Out-of-Hours
- Norovirus
- Seasonal Influenza/ Influenza like illness
- Respiratory Pathway
- Key partners/ Services
- Mental Health. This has been added as a priority by our board.

The plan will be delivered, with each of the key areas underpinned by the following approach of prevent, inform, respond and communicate with corresponding key actions as follows:

Prevent:

Illness and Admissions within our population and staff:

- Infection Prevention and Control - Prevent illness in the first place
 - Flu Campaign, Respiratory Pathway
- Community based care : Enhanced Care Support (ECS)
- Shared decision making: Professional to Professional advice
- Assess to admit Ninewells and Perth Royal Infirmary, 60 to 65% discharge rate

Inform:

Whole System Escalation Framework:

- System Pressures, Triggers & Escalation
- Safety and Flow Huddles
- Data Intelligence - using and applying information and intelligence to planning
 - Use of common themes in all learning
 - Predictive Data:
 - Out-of-Hours, NHS 24, General Practice
 - New “System watch” all can access
 - Health Protection Scotland (HPS)

Respond:

**Whole System Escalation Framework & Business Continuity Planning
(Health Social Care & Partner Organisations)**

- Actions/Response to local triggers
- Departmental/sector winter action cards
- Pressure period hospital site huddle framework
- Communication plan – local knowledge & use of escalation & response processes
- Winter Plan two weekly planning meetings become operationally focussed from October

Business as Usual is the primary aim:

Strategies include:

- Increased capacity over and post public holiday
- Use data intelligence of pressures (Orthopaedics & Medicine for the Elderly)
- Whole system communication: optimise huddles and responses
- Urgent & planned care - Festive planning
- Respiratory Pathway – acute and community
- GP/Primary Care Services/Out-of-Hours capacity planning
- Health & Social Care Capacity
- Scottish Ambulance Service additional vehicle capacity
- Learning from national Public Holiday review

Plan for more Business as Usual Capacity

Unscheduled Care Board/Winter funding to prevent admission/ promote flow:

- Increase AMU capacity: 65% discharges
- More beds within footprint for medicine: two sites
- Increase Respiratory Unit capacity in Ninewells
- Increase business as usual to seven days/ longer days
- Ambulatory seven days,
- More senior decision makers over public holidays

Communicate:

- Communicate Identified pressures and the action needed to maintain Business as Usual
- Communicate Whole System Approach

- Final Winter Plan submission to Scottish Government by 31 October 2018
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning funding for 2018/19.

The aim for 2018/19 is to proactively invest in work that will aim to maintain "business as usual". This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu and adverse weather.

Preparing for Winter funding as well as the Unscheduled Care Programme 6EA funding, will be allocated across the eight target areas detailed throughout the Tayside Winter Plan 2018/19. In accordance with national 'Preparing for Winter' (2018/19) guidance, planning and through the continuous improvement work of the Unscheduled Care Programme, Funding will also be specifically targeted to deliver across the following areas:

- Increased weekend discharge rates
- Earlier in the day discharges
- Adequate festive staffing cover, across acute primary and social care settings, to ensure that discharges can be maintained at required rates

Related key areas to Tayside are indicated to be:

- Increased social care funding in Angus to reduce delayed discharges.
- Increased bed numbers in Tay Ward, Perth Royal Infirmary for Perth and same day discharge, social support
- Acute frailty beds in Ninewells to boost and target capacity.
- Near patient testing for Flu prevent unnecessary admissions for Influenza like illnesses.

Appendix 2 provides detail of the indicative funding allocation to services.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board as these funding allocations are to pump prime services and enable tests of change to be implemented over the winter period it is expected that a progress report is completed and submitted to the Unscheduled Care Board. This report will include details around each initiative, funding allocated, spend to date with any variance, aligned outcome measures, progress update and exit strategy.

1.5 Approval of Plan

The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the table below:

Table 1.

Date	Format	Committee / Board
17 August	First Draft	Senior Operational Leadership Meeting

17 September	First Draft	Executive Leadership Team Meeting
26 September	First Draft	Winter Planning Group
27 September	First Draft	Tayside Board Development Day
27 September	First Draft	Unscheduled Care Programme Board
24 October	Final Approval	Angus Health & Social Care Integration Joint Board
25 October	Final Approval	Unscheduled Care Programme Board
25 October	Final Approval	Tayside Board
30 October	Final Approval	Dundee City Health & Social Care Integration Joint Board
By 31 October	Final Approved	Scottish Government
6 November	Final Approval	Performance and Resources Committee
30 November	Final Approval	Perth & Kinross Health & Social Care Integration Joint Board

1.6 Governance Arrangements

- An Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership and will use measures to assess the impact of the plan.. Please see Reporting Structure Diagram (Appendix 3)
- An Unscheduled Care Programme Team is in place led by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support teams for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each Board meeting.
- Newly formed weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input
- A new clinically-led and managerially-enabled operational structure for acute services
- Whole system Safety and Flow Huddle process reviewed to include an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, where to go for services and public health messages

2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning include ensuring optimal patient flow through the hospital journey in particular to delivering against the 4 hour emergency access target as well as ensuring a robust whole system approach to planning for winter as part of the overall approach to the safe and effective delivery of unscheduled care.

This Winter Plan has been developed with a commitment to the Unscheduled Care Programme, 6 Essential Actions using a collaborative approach across Health and Social Care Partnerships to whole system planning across the local system and services. Progress of the 6 Essential Actions local improvement work is continuous, focussed on key actions to improve unscheduled care in all settings.

In addition, this Winter Plan has been developed aligned to the Transforming Tayside Plan and associated Improvement Programmes with shared priorities, focus and areas for improvement, working across partnership groups.

Key drivers to inform the winter planning are illustrated in Appendix 4.

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

Tayside continuously strives to meet local and national standards and performance targets which focus on delivering high quality, safe, person-centred care. To do this we must deliver national standards and targets on an ongoing basis regardless of the pressures periods across the system. Tayside is fully committed to improving weekend and earlier in the day discharges and as such will establish trajectories to work towards in relation to this as set out in the Cabinet Secretary's letter of 31 August 2018.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Zero delayed discharges following 72 hours of being ready for discharge
- Early initiation of flu vaccination programme to capture critical mass of staff with a target of >50% of staff vaccinated
- Site surge plans with an acute frailty unit being introduced to optimise care
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand
- Standardised approach to departmental action plans
- Using whole system triggers and escalation with clear and timely communication
- Maintain performance against the 12 week treatment time guarantee (TTG)
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
 - 31-day target from decision to treat until first treatment, regardless of the route of referral.
 - 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Business Support Unit, produce and provide data all year round in relation to the above standards and targets. Appendix 5 illustrates some of the key data to support

capacity and flow. The data reflects the hard work our services have put in to lessen pressure on Emergency Department and associated flow through inpatient beds before, during and after recent winters over the past two years. Emergency Department performance has consistently remained above the national target of 95% of patients treated within four hours of attendance over this period, with the exceptions of December 2017 on both of our Emergency Departments, and January 2018 in Ninewells. The pattern of data suggests these breaches to be the result of attributable variation, due in this instance to an outbreak of flu/ flu-like symptoms in key patient and staff groups. is fully committed to achieving improvement trajectories for weekend and earlier in the day discharges to

This plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond.

2.2 Lessons Learned from Winter 2017/18

The following section outlines the key lessons learned from the review of the 2017/18 winter period. Key themes around areas that worked well and areas for improvement were collated and fed back into the Scottish Government's Health & Social Care: Local Review of Winter 2017/18 (April 2018) Report. This report is available separately.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2018/19.

Main themes highlighted regarding areas of good practice include:

- Business Continuity Team was set up locally at senior management level working in collaboration with partner organisations across Health and Social Care
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plans
- Business Continuity management arrangements/plans to manage and mitigate against key disruptions in particular to the impact of adverse weather
- Staff had worked collaboratively during seasonal illness and adverse weather periods to ensure the best possible care for patients
- OOH provision had been very strong with capacity coming near to matching demand.
- Emergency Department waiting times had been one of the strongest performing areas in Scotland
- Many GP practices reported that they coped well with good planning
- Having knowledge of vulnerable people in the community allowed services/support to continue to be delivered utilising a good whole system winter plan.

Common themes across all local reviews identified for improvement include:

- Lack of whole system escalation and response
- Need to have clearly defined roles and responsibilities for both the Safety and Flow Huddles and Escalation Framework
- Lack of Operational Awareness of Escalation Framework including Triggers and Action Cards
- Loss of business continuity over public holiday periods
- There was a feeling that data intelligence had been available but our systems were not optimised to respond to this in time
- Need for earlier decision making regarding step-down/cancellation of services

The Tayside Winter Plan will aim to improve these areas highlighted from the local review as well as the key priorities indicated within the 'Preparing for Winter' (2018/19) correspondence, as follows:

- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly.
- Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge.
- Flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required.
- Whole System Escalation Framework and plans with all partners to respond to variations in predictive forecasts on an hourly, daily and weekly basis.
- Robust business continuity management arrangements across local health and social care systems.
- Plans in place to significantly increase staff flu vaccination across local health and social care systems.

3. Winter Plan 2018/19

The Tayside Winter Plan 2018/19 is set out under the following key headings in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

- Resilience
- Unscheduled/ Elective care
- Out of Hours (OOH)
- Norovirus
- Seasonal Influenza/ Influenza-like illness
- Respiratory Pathway
- Key partners/ Services
- Mental Health. This has been added as a priority by our board.

3.1 Resilience Preparedness

NHS Tayside and its partner organisations have robust business continuity management arrangements and plans in place. Tayside wide groups involving all partner organisations such as the Tayside Resilience Partnership (TRP) meet regularly with a Winter Pressure Plan in place describing the structure and key areas to be addressed in the Tayside response to extreme winter pressure. The purpose of the Tayside Winter Plan is to:

- Provide information about the potential effects and local impact of the winter pressure
- Identify early and longer term actions for TRP
- Identify strategic objectives for TRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

The TRP links directly with the Tayside Significant Infection Group around the co-ordination, command, control and communication required in the event of a significant winter pressure alert being triggered.

In addition, local resilience plans and response arrangements are considered through the Tayside Local Resilience Partnership.

3.1.2 Adverse Weather

Themes highlighted were in particular to staff transport and accommodation and, as such, a short life working group which includes Support Services and Resilience Planning has been set up to ensure these issues are addressed in advance of this winter. Actions from this group include:

- Review of current organisational procedure for 4x4 vehicles to be undertaken with priority in advance of winter period
- The list of volunteers to be collated highlighting any challenges/risks to procedure around obtaining volunteer List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather

- A 'Vital Signs' communication to be sent out seeking volunteer standby drivers
- Training and guidance for NHS Tayside volunteer drivers
- Structure to monitor requests for essential transportation of critical staff, criteria to establish 'essential' staff, dedicated email to collate requests across NHST including IJB's
- Contact arrangements to be co-ordinated for NHS Tayside wide volunteers
- Duty Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Early and continued engagement with Local Resilience Partnership
- Engagement with Arnold Clark - this would be dependent on number of volunteer drivers
- Links to existing plans, NHS Tayside Contingency Arrangements, Adverse Weather Policy
- Link to HR policies
- Ownership - operational rather than service specific

3.1.3 Scottish Ambulance Service (SAS) Resilience Planning

The Scottish Ambulance Service maintains a comprehensive contingency planning framework to manage the consequences of when the level of demand exceeds the ability of the Service to meet it. The Generic Capacity Management Contingency Plan and Resource Escalatory Action Plan (REAP)¹ Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

SAS manages capacity and contingency through the REAP, which establishes levels of 'stress' within service delivery, whether from increased demand or reduced resource, and identifies measures to be implemented to mitigate the impact of such stress. Measures are service-wide and include activity from the Operational Divisions, Ambulance Control Centres (ACCs), National Risk and Resilience Department (NRRD), and Airwing.

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances. For example cancelling all non-essential meetings to allow the managers to provide support and concentrate on the management of resources / shift coverage etc.

The REAP is followed with a few additional directives for adverse weather:-

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

¹ Scottish Ambulance Service. 2016.Version 6., Generic Contingency Plan, Capacity Management Incorporating the Resource Escalatory Action Plan – REAP

Our finance plan has recognised the pivotal role played by SAS and we have committed to funding extra weekend vehicles for the winter period. This is in addition to separate SAS national funding.

3.1.4 System Wide Escalation Framework

The Whole System Safety and Flow Triggers and Escalation Framework has been produced to assist in the management of health and social care capacity across Tayside and Fife when the whole system, or one constituent part of the system is unable to manage the demand being placed upon it.

The aim of this Framework is to provide a consistent approach to provision of care in times of pressure by:

- Enabling local systems to maintain quality and safe care
- Providing a consistent set of escalation levels, triggers and protocols for local services to align with their existing business as usual and escalation processes
- Setting clear expectations around roles and responsibilities for all those involved in escalation in response to surge pressures at local level, within local authorities, and partner agencies
- Seeking to work within consistent terminology across partner organisations for person centred care

The whole system framework is currently under review in advance of winter 2018/19. The reviewed framework will be tested with partners to bring about a consistency to local approaches, improve management of system-wide escalation, encourage wider co-operation, and make local and regional oversight more efficient and effective. The framework will bring together the variance in operational escalation systems and protocols across the partner organisations across Tayside to manage local and regional monitoring of operational pressures.

A recurring theme from our learning was that our whole system framework last winter missed opportunities for clear and simple communication of decisions. This has been addressed with simplification and clarity of huddles to allow staff at all levels to deliver consistent and relevant decision making.

3.1.5 Pressure Period Hospital Site Huddle Framework

The Safety & Flow Huddle process is fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

The current arrangement of daily, weekend and public holiday Safety & Flow Huddles as outlined in Appendix 6 provides a Safety & Flow Huddle framework across seven days at both Ninewells Hospital and Perth Royal Infirmary.

There are currently four huddles across NHS Tayside sites with input from the Integrated Joint Boards and Community Services. The huddle process steps up to address demand when required during pressure periods in winter. The Huddle process is being revised to reflect feedback from last winter's review of process, areas to be considered include:

Timing & Frequency

- For the key winter pressure periods, huddles will move to two priority meetings with timings to be confirmed. The aim will be to review overnight performance and admission numbers will be available on a "Red, Amber, Green" rating.

- Afternoon huddles will also move time (to be confirmed). These will be led through the Triumvirate structure.

Communication

- Clear and co-ordinated expectations of Information that each service can provide, trigger points that require action to maintain “business as usual” and what response is needed to achieve this.
- This aims to meet the call for rapid deployment of surge capacity.
- De-escalation as soon as the pressure is managed to prevent loss of engagement of staff.

3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

NHS Tayside has seen significant change in its management structure in 2018. Triumvirates have been established and a clinically led and managerially delivered ethos embedded. A template for local services to develop their own Winter Action Plan has been drawn up. This follows the approach laid out at the start of this plan:

- Prevent illness and admission
- Inform of pressures and escalation
- Response required to maintain Business as Usual
- Communicate - When to de-escalate and recover

This has been tested within several areas and cascaded through the Operational Executive Team, Partnerships and the Unscheduled Care Board. The Action Card Template is attached in Appendix 7.

The Winter Action Card has been shared across the following services for potential use:

Acute Sector:

- Medicine
- Surgery
- Orthopaedics & Trauma
- Critical Care
- Theatres
- Radiology & Diagnostics
- Out patient
- Emergency Departments

Health and Social Care Partnerships:

- Angus
- Dundee
- Perth & Kinross

The card is a single sided document that allows all services from a whole clinical care group to a small team of specialist nurses to organise their response to winter pressure. The aim is that it can be held by the team to co-ordinate planning for public holidays as well as combining to describe a whole system approach.

3.1.7. Safety and Flow - Using and Applying Information and Intelligence to Planning

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning.

Feedback highlighted that our systems were not optimised, around being prepared and responding to demand on time.

Data intelligence from the following services should be considered to inform planning:

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)

Public Health will co-ordinate and report HPS data weekly to support better use of data for predictive decision making. This will be fed into the Triumvirate structure and cascaded out to sites and partners via site wide huddles.

The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the current epidemiological picture on influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch will also be used locally to support forecasting of demand and capacity. The enhanced version of System Watch will be available from late September 2018 with development of local processes linked to the daily Safety and Flow Huddles, to make full use of this predictive data.

Summary of Key Actions for Resilience

Adverse Weather

- Transport - procedure review for 4x4 vehicles
- Staff accommodation & catering arrangements
- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships

SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional funding for extra weekend vehicles

System Wide Escalation Framework

- Review, test and implement Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

- Revised timing & frequency of Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

- Use of Winter Actions Cards to support resilience planning across services

Safety and Flow Using and Forecasting and Applying Information Intelligence to Planning

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems

4. Unscheduled and Elective Care Preparedness

This is recognised as a key area for NHS Tayside. There has been considerable change to the bed model within Ninewells Hospital and the Transforming Tayside programmes will continue to have major changes on the configuration of services.

NHS Tayside will maximise theatre efficiency by focussing on treating urgent and cancer patients to ensure that our most urgent elective cases are treated promptly over the festive period. This will eliminate the short notice cancellation of non-urgent elective cases during the winter/ festive pressure period. Simultaneously we will focus on maximising our day case activity through our dedicated day case facilities ward at Perth, Ninewells and optimise Stracathro to maintain a consistent level of elective activity during the winter pressure period.

Key activities regarding unscheduled and elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent scheduled care as a priority
- Planned/Elective Care shut down over public holiday periods. Emergency and cancer care remain a priority
- Cancellation of non urgent scheduled care surgery to create unscheduled care capacity
- Respiratory Surge Plan
- 'Hot Clinics' pre and post public holidays within Medicine this will involve seeing patients who require rapid assessment in a clinic style set-up to prevent unnecessary admission to investigate
- 7 day Ambulatory Care cover from 8am to 8pm, from 1st December 2018 to 31st March 2019 with Medical cover at weekends for surge beds
- Acute Frailty Unit commissioned. Staffing will be challenging but since adopting this model within the Acute Medical Unit this has contributed to increased flow and reduced bed occupancy
- In preparation Medicine has agreed to use a Red, Amber, Green (RAG) status on available beds on the medical floor from September to drive flow and optimise care
- Driving forward aspects of the Transforming Tayside programme: Same day diagnostics and Orthogeriatric Pathway
- The agreement for Prof to Prof discussion between Paediatrics and Medicine (AMU) regarding in-school 16-18 year olds being admitted to Paediatrics to create additional capacity
- Review of non urgent outpatient clinics to support potential staff redeployment for urgent care over days where there is often a high DNA rate i.e. Christmas Eve and Hogmanay where urgent and urgent suspect cancer patients are more likely to attend
- Consider opportunities to increase bed footprint temporarily without additional staffing resource

4.1 Emergency Department (ED) - Winter Preparedness

Tayside ED attendances have been static over the last five years. Data does however indicate that the dependency scoring and age of patients presenting to the ED are increasing. With this comes the requirement to deliver a greater and more intensive level of care in the ED which impacts on patient flow within the department. This is evidenced by an increase in the number of 4 hour breaches and a shift in the average ED length of stay from 2-3 hours to 3-4 hours.

Due to the demand led nature of Emergency Medicine, the service is subject to peaks in attendances resulting from seasonal illness such as influenza and injuries resulting from

adverse weather. Festive public holidays and the resultant reduction in Primary Care services also impacts on ED attendances with the need for staff to redirect non-emergency patients to alternative services such as local pharmacies, NHS 24 and OOH. Surges in departmental activity can also occur due to timings of emergency ambulance arrivals, resulting from ambulance control dispatch procedures, which impact significantly on ED patient flow – evidenced by a recent ED review exercise.

To ensure the continued delivery of timely, high quality emergency care across Tayside adequate medical and nursing staffing of both Emergency Departments is essential.

To allow us to consistently deliver this over the winter period consideration will be given to both nursing and medical staffing arrangements i.e. additional junior doctor on late / night shift to bolster medical staffing during anticipated peaks of ED activity in Ninewells ED such as public holidays / December weekends.

Improvement work will continue using the ED breach analysis data to inform areas for consideration. This currently involves a focus on the 'Front Door' pathway, patient flow from ED and Acute Medical Admissions Unit (AMU), including diagnostics (chest x-rays) carried out on route from ED to AMU.

4.2 System Wide Planning

System-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Medical floor nurse co-ordinator post to support timely discharge and flow
- Within surgery there is a twice weekly senior charge nurse (SCN) staffing huddle to review next 72 hour period and identify concerns which may be mitigated through an internal plan
- Additional sessions for medical staff (including junior doctors)
- Seven day working over winter period across NHS Tayside and partner organisations i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

4.3 Angus Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Angus Health and Social Care Partnership include:

- Development of an Angus Care Model incorporating a full review and utilisation of community hospitals including Psychiatry of Old Age (POA).

- Discharge checklist reviewed. Test of change in North localities and Care Homes underway.
- Range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision).
- A Day of Care Audit in POA was undertaken to capture meaningful information about availability and alternatives to admission, as well as considering barriers and challenges to timely discharge.
- Improved focus on Anticipatory Care Planning (ACPs), and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs.
- Enhanced Community Support (ECS) continues to work effectively. A sharing and learning event will take place in September to review ECS across Angus and provide an opportunity to share good practice and inform future developments.
- Additional care management to Discharge Co-ordinator Team role
- Senior nurse for Palliative and End of Life Care (PEOLC) in Angus appointed. The post holder will work alongside staff in community hospitals and care homes to improve care, in addition to working on developing a PEOLC improvement plan. The plan for PEOLC will include all areas where people are cared for and supported.
- Enablement and Response Team established in December 2017 continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This will be reviewed to examine capacity.
- Personal Care Services are 7 days and we are attempting to strengthen co-ordination /matching processes.
- Help to Live at Home is in its concluding stages. Resource allocation meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity.
- We have appointed a Mental Health Officer (MHO) team manager which has reduced the length of guardianship delays and improved the guardianship process to enable identification and status of all cases. Awareness training sessions have been provided to staff.
- Continuing to promote Power of Attorney across Angus.
- Providers are supportive of 7 day discharges however, discharge planning from Acute Hospital requires review.
- Developing a pilot for AHP, 7 day service in Arbroath Infirmary, to provide cover Saturday, Sunday and public holidays from November 2018 to March 2019.
- Examination of 24 hour discharge model in Dundee for applicability in rural setting.
- Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells.
- Proactive review of all non complex patient delays on a daily basis by Health & Social Care Partnership senior staff.
- A pilot has commenced with the introduction of three intermediate care beds in the North East locality.
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination.
- Managers to be requested to share rationale for effective winter holiday planning with all staff and highlight that the Monday following the festive weekend breaks should not be routinely used as a day off thereby creating a 5 day weekend.
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIU opening times and arrangements for community pharmacies, dentists etc.

The Angus Hospital Admission & Discharge Management Group Improvement Plan is detailed as Appendix B in the Integrated Joint Board (IJB) Report. The NHS Tayside Winter Plan 2018/19 will be submitted to the IJB meeting on 24 October 2018.

4.4 Dundee Health and Social Care Partnership

Key areas highlighted as part of the system wide winter planning in the Dundee Health and Social Care Partnership include:

- Further development and embedding of the Dundee Enhanced Community Support service including the acute element of the model
- Developing Acute Frailty model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA
- Extension of Acute Frailty model to Emergency Department and Acute Surgical Receiving Unit
- Embedding seven day discharge service with increased AHP provision and recruitment of additional discharge coordinator to complement increase in medical, pharmacy and ambulance resource
- Introduction of daily conference call between Integrated Discharge Hub and Resource Matching Unit to ensure accurate prioritisation of social care resource
- Introduction of daily safety huddle in the Integrated Discharge Hub to complement Daily Dynamic Discharge
- Further development of 'Step Down to Assess' model – investment in six step down flats and ring fenced social care resource to complete assessment outwith hospital setting
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds in Mackinnon Centre for younger adults to complete assessment in a community setting following brain injury rehabilitation
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource
- Recruitment of additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays
- Continued promotion of Power of Attorney campaign to reduce number of guardianship requests made
- Ongoing development of Anticipatory Care Planning
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready
- Extension of COPD Team to improve support to people following discharge
- Development and expansion of the care home team
- PEOLC improvement work in care homes
- Increase investment in domiciliary care resource
- Embed the practice of proactive review of all delayed patients on a daily basis by case holder
- All health and social care partnership staff will be encouraged to accept the flu vaccination

4.5 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are

discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.

The key developments are;

- Additional Surge Beds in Tay ward
- Respiratory Telehealth Pathway Test of Change Rural Perthshire
- Enhanced Social Care Support to target same day discharge from A&E, AMU, ASRU and SSM
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge
- Additional Social Care Interim Placements
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams
- All health and social care staff will be encouraged to accept the flu vaccination
- Implementing Frailty Model at PRI. A Frailty Team is being implemented as a key strategy in ensuring that people with frailty are identified and assessed at the PRI front door, enabling identification of the correct pathway at the earliest opportunity. Clinical decision making for positively screened patients is enhanced through a comprehensive geriatric assessment (CGA), and transitions to identified pathways are supported by quality information, communication and collaboration. The implementation dovetails with the “assess to admit” project, which also implements the frailty screening at the earliest opportunity.
- Ongoing developments with Integrated Care Teams and links to Enhanced Care Support (ECS)
- Increased staff resource to PRI Discharge Hub and develop service criteria
- Ongoing developments with HART team and successful recruitment

4.6 Fife Health and Social Care Partnership

North East Fife is a key area for NHS Tayside. Their Acute and Community plan for winter preparedness will be submitted as the NHS Fife Winter plan however we recognise the need to work with our partners in Fife and will continue to develop links to ensure continuity of services.

Current improvement work as part of the Unscheduled Care and Transforming Tayside Programmes include collaborations across Tayside and Fife Health and Social Care Partnerships to reduce delayed discharges. The work involving discharge teams across all localities is aimed at supporting an effective, timely, person centred discharge process with the development of a fully integrated acute hospital discharge service, working 7 days per week and functioning via the same agreed planned date discharge pathway across the localities.

Summary of Key Actions for Unscheduled and Elective Care Preparedness

Acute Sector

- Flexible Staffing plans to enable rapid deployment of surge capacity as required: Staff rosters aligned with demand and patient acuity including all professions; Medical, Nursing, AHP, Pharmacy
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- 7 Day Ambulatory Care
- Respiratory Surge Plan
- Theatre Scheduling
- Planned /Elective Care shutdown over holiday period
- Orthogeriatric Pathway
- Review of non urgent Outpatient Clinics to support staffing resource

Health and Social Care Partnerships

- Enhance Community Support Services
- Anticipatory Care Planning
- 7 day discharge services and increased AHP provision
- Discharge Hubs supporting discharge planning
- Development of acute frailty models

5. Out of Hours Preparedness

5.1 Out of Hours Services

Planning for Out of Hours services includes the following actions:

- Increased capacity with number of GP shifts over the festive period
- NEWS (National Early Warning Score) pathways are in place to ensure rapid identification of deteriorating patient
- An Advanced Paramedic Practitioner will be based in the Kings Cross Primary Care Emergency Centre, Dundee to consult patients
- GP triage – it is intended that additional GP triage shifts will cover the busy public holiday periods with a view to increasing the time, appointing patients the following morning rather than within a four hour period, or dealing with problems over the telephone where appropriate.
- Community pharmacies can deal with minor illnesses with direct referral to out-of-hours where required
- Access to mental health out-of-hours crisis team to triage patients
- NHS24 prediction data is not available until late October but where this and out-of-hours service data differ, capacity will be planned around the greater of the two.
- Resource availability over festive public holiday period confirmed for all Primary Care Emergency Centres at Arbroath Infirmary, Kings Cross Health and Community Care Centre and Perth Royal Infirmary including GP shifts, drivers, nursing staff etc
- Annual leave applications from 17th December 2018 to 6th January 2019 will be considered on an individual basis but are unlikely to be compatible with maintaining full staff availability. Duty manager in place over the festive period

- The management team monitor activity weekly and decide on any extra capacity required.
- 10 cars will be available for use over the two festive holiday weekends to assist with the expected level of demand of home visits at peak times. (Three more than base level)
- Increase GP triage to two GPs on 25/26 December 2018 and 1/2 January 2019
- All Practices are contacted pre festive period requesting that they keep patient special notes up to date
- Demand Management - resources will be targeted around priorities across Tayside by the team leaders and dispatchers. Patients will be offered transportation to other Primary Care Emergency Centres if no alternatives can be identified
- Out-of-hours service staff will email a briefing in December to all staff outlining the arrangements for the festive period and winter period (January to March) which will include extra staffing and escalation plans and communication arrangements with NHS24 and other agencies both internal and external
- Tayside out-of-hours and NHS24 communicate regularly. Agreement around escalation process and local contingency arrangements for local centres. Agreement reached around the sharing of information between NHS 24 and out-of-hours.
- Contact arrangements are in place for a clear process for reporting vehicle faults and breakdowns over the public holiday period and emergency out-of-hours contact list is available to the management team in case of severe weather.
- An enhanced payment for GPs is offered across the festive period to support shift coverage
- A process has been developed to ensure effective and efficient use of the Scottish Ambulance Service paramedic service.

Summary of Key Actions for Out of Hours Preparedness

Out of Hours Service

- Resource availability over the Festive period
- Increased availability of cars
- Increased capacity re GP cover of festive period
- Demand management - resources targeted around priorities across Tayside
- Access to Mental Health OOH Crisis Team to triage patients
- OOH escalation process in collaboration with NHS 24

6. Infection Prevention and Control

6.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

6.2 Norovirus Training and Communications

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to the rapidly changing norovirus situation. In addition there is established communication with Health & Social Care Partnership Leads and via Governance Forums to ensure the partnerships are aware of norovirus publicity materials and are prepared to distribute information internally and locally as appropriate, to support the 'Stay at Home Campaign' message.

To further support the communications and training requirements in preparation for Norovirus the following is in place:

- IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.
- Winter preparedness roadshow and raising awareness through education sessions for clinical managers / SCNs commenced by IPCT Sep 2018
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: New prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also support the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

6.3 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on HPS website

Communications regarding bed pressures and norovirus ward closures will be managed through an agreed distribution list which will detail bay or ward closures due to a known or suspected infection is in place.

IPCT will ensure that the partnerships and NHS Tayside are kept up to date regarding the national norovirus situation by communicating HPS national prevalence data on a weekly basis. Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure any system modifications required to reduce the risk of future outbreaks. The HPS Hot Debrief tool is currently used with clinical teams for this purpose. Lessons learnt are shared as required across clinical teams and at Safety, Clinical Governance and Risk Meetings and SCN Forums.

To ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period there will be an on-call microbiologist available 7 days per week.

6.4 PPE Procurement (Flu and Norovirus)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal influenza like illness/norovirus that might coincide with, severe weather and festive holiday periods. Key actions for this winter include:

Key actions for this winter include:

- FFP3 Staff testing and fit tested, maintenance of staff fitting programme.
- Early procurement stock management of PPE
- Assurance of governance for respiratory powered hoods (3 in Ninewells, 2 in PRI)

6.5 Seasonal Flu

6.5.1 Flu Vaccination Programme

All Health Care staff have access and will be encouraged to accept the annual flu vaccination. Plans to significantly increase staff flu vaccinations across health and social care systems are in place and include:

- Flu vaccinations clinics began late September with Occupational Health sessions taking place in Ninewells and PRI several weeks earlier this year
- Peer vaccination will also take place in clinical areas to boost the staff uptake of the Flu vaccination.
- Staff also able to attend participating community pharmacies to be vaccinated
- Target for 2018 is to achieve > 50% of staff vaccinated compared to last year's uptake of 37%; This was double the year before.
- Vaccination Programme Manager has attended Head of Nursing Forum to plan requirements for the peer vaccination programme.
- Medical leads will also be asked to consider peer vaccination programme to boost uptake numbers.
- A call for peer vaccinators: training session carried out on 6th September 2018 for staff interested in peer vaccinating.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination

6.5.2 Flu Communication Campaign

The NHS Tayside Communications Team has a communications plan in place specific to seasonal flu vaccination. NHS Tayside communications promotes our flu vaccination campaign to all NHS Tayside staff and volunteers, as well as members of the public in at-risk groups. Posters are produced for each area with details of local staff clinic sessions on NHS Tayside sites and key messages about protecting yourself and your family, your patients and the service. Information about public vaccination clinics in surgeries and pharmacies across Tayside are advertised in the local media and on social media.

6.5.3 Near Patient Testing for Flu

A subgroup has prepared a review of all Scottish Boards using Near Patient testing in 2017/18 findings have been considered locally with the decision to implement within Tayside. A business case has been prepared for near Patient Testing with a target of avoiding ward closures due to Flu to maximise flow and reduce risk of harm to patients. It is proposed the 'Preparing for Winter' funding will be used to support this in addition to a planned and budgeted way to maximise bed utilisation across the main hospital sites.

A short term working group has assessed the evidence of benefit of this approach and identified that there is likely to be a reduction in bed closures and also a considerable reduction in the time to patients receiving appropriate anti viral medication which will reduce the duration of their illness.

6.5.4 Care Home Flu Management and High Risk Groups

Public Health will monitor vaccination rates for High Risk, over 65s, Long Term Health Conditions and Pregnant Woman. The care home vaccination lead sits on Unscheduled Care Programme Board and will provide rapid updates regarding current status and impact of Flu within care homes.

Information on flu vaccination for residents is sent out to all local care homes by Public Health. The Health Protection Team, within Public Health also support all local homes with their management of respiratory outbreaks. Information regarding home closures due to outbreaks is routinely shared with the Communications Team, IPCT and the Resilience Team.

Summary of Key Actions for Infection Prevention and Control

- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- IPCT plans in place now to support the execution of Norovirus Preparedness Plan in advance of season
- IPCT guidance on Staff website and HPS Website
- Awareness and roadshow sessions for winter preparedness
- Prioritisation Flow chart to aid decision making at the 'front door'
- Procurement and adequate resource availability
- Plans to increase staff Flu Vaccination Uptake: Programme - commenced one month earlier this year (September) for staff, peer vaccination programme to increase uptake
- Communication Campaign specific to seasonal illness including Flu
- Near Patient Testing for Flu

7. Respiratory Pathway

Winter planning in respect of the Respiratory Pathway will aim to ensure there is an effective, co-ordinated respiratory service provided. Clinicians across the relevant Primary and Secondary Care Services will have the required information and knowledge regarding their local pathways for patients with different levels of severity of exacerbation in their area. There is effective discharge planning in place for people with chronic respiratory disease including COPD delivered seven days by the respiratory clinicians, with additional help from respiratory liaison team.

Plans are also in place to enhance home support respiratory services in particular for COPD patients post discharge.

People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated in Emergency Departments, Acute Admitting Units and hospital sites as well as GP and OOH services.

Anticipatory Care Planning is completed for people with significant COPD, and palliative care plans are in place across the Respiratory Pathway for those with end stage disease. **7.1**

7.1 Respiratory Pathway Communications

As part of the wider Winter Planning Communications Strategy across the Health and Social Care Partnerships information and messages in relation to keeping warm throughout the winter months and potential adverse weather are well displayed at key points of contact, and are covered as part of any clinical review.

In addition, as part of the Communications Plan to support the work of the Respiratory Pathway and Service, 'Business Card' style information cards around Flu and Respiratory illness as part of the prevention approach will be distributed across all localities, GP, Primary Care and OOH services

Summary of Key Actions for Respiratory Pathway

- Enhanced Home support to respiratory services in particular to COPD patients post discharge
- Effective Discharge planning for patient with COPD, 7 days by Respiratory Clinicians
- Access to Oxygen Therapy hospital sites, GP and OOH services
- ACP for patients with Significant COPD and Palliative Care plans for those with end stage disease are in place across respiratory pathway
- Communication plans to support the work of the Respiratory Pathway and service
 - Information Cards - Prevention approach

8. Mental Health

Access to Mental Health Services is a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care as such we have added this as one of our key priorities and recognise that this must continue beyond winter.

Our Unscheduled Care Board will be joined by the Associate Director and Associate Nurse Director for Mental Health to ensure representation of Mental Health Services as part of the Unscheduled Care Programme of improvement work. Mental Health and Learning Disability Services are actively working to strengthen connections with Winter Planning and the Unscheduled Care Board. There will be a requirement to build enquiry into the Safe Affordable Workforce (SAW) process about how the proposed clinical and staff models meet the mental health and well being needs of people in acute care.

As a start, to support winter planning arrangements in Mental Health in particular to meeting demand and facilitating flow through Emergency Departments, it is proposed that the Psychiatry Liaison Team capacity will be enhanced with winter planning funding to support seven day working.

In addition, Mental Health services are reviewing their trigger, escalation and business continuity plans including the development of Winter Action Cards in line with other areas using this approach for winter planning. Site Safety and Flow Huddles across Mental Health Services are also in place to support the triggers and escalation process, sharing safety, demand and capacity information. All of these processes aimed at ensuring robust business continuity management arrangements are in place to maintain business as usual throughout the winter period.

Summary of Key Actions for Mental Health

- To meet demand through ED enhance Psychiatry Liaison Team Capacity
- Escalation, Business Continuity arrangements and Winter Action Cards implemented across Mental Health Services to support winter and resilience planning

9. Communication Strategy

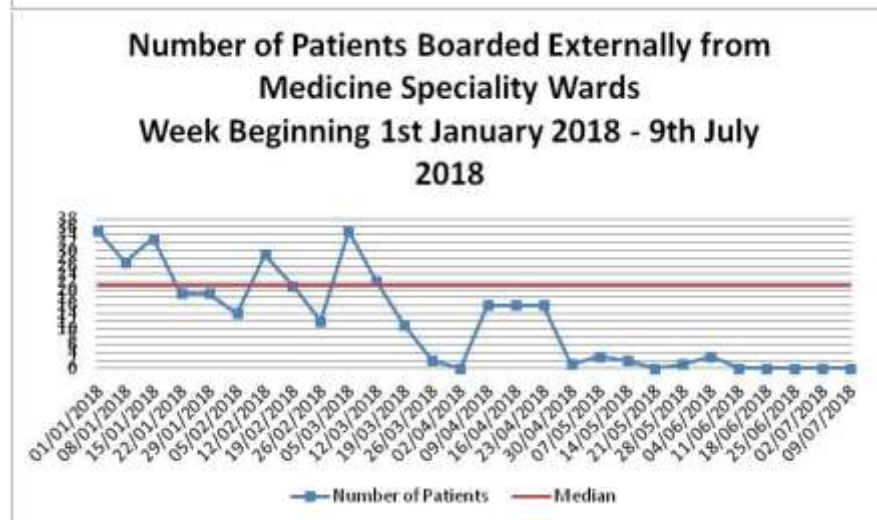
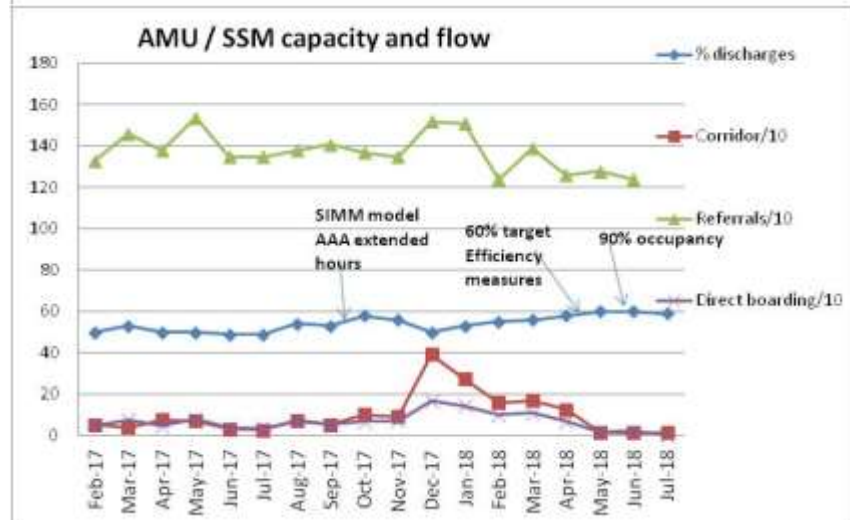
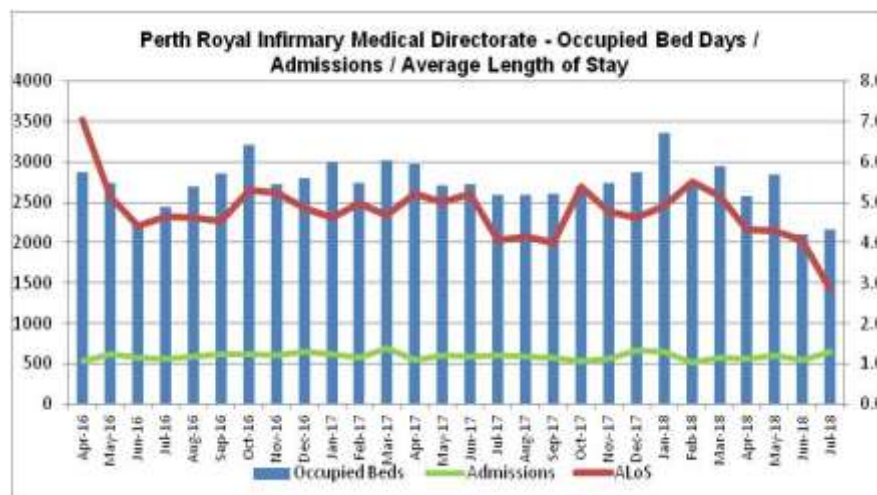
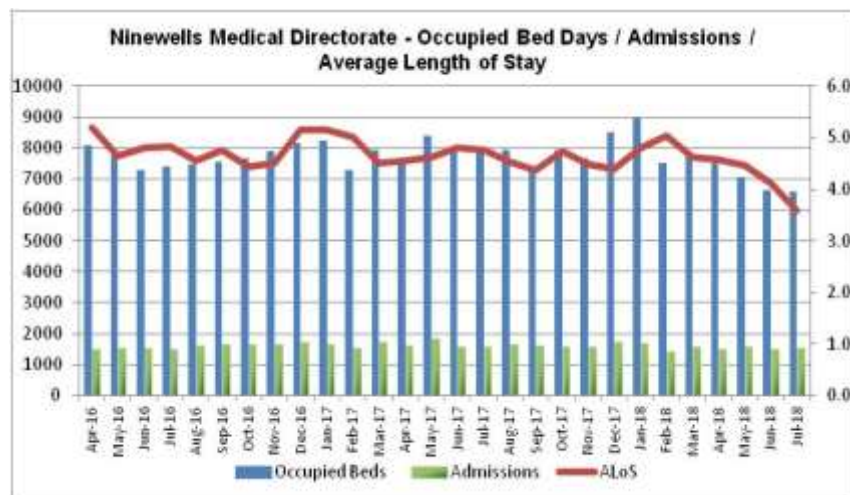
The NHS Tayside Communications Team has communication plans in place specific to the winter period including adverse weather and seasonal illness including Influenza, influenza like illness and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the best channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Team updates the NHS Tayside website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website.

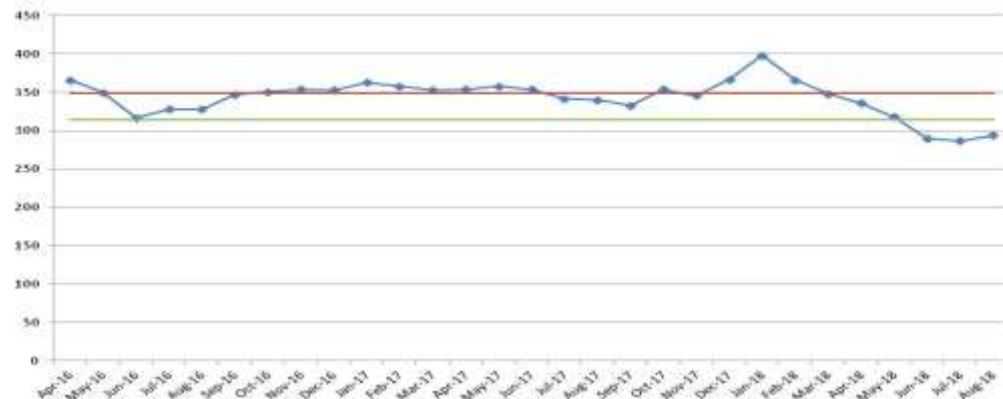
The Communications Team will continue with regular press releases reminding people where to go seek appropriate support out of hours and over the holiday period. They will have a public communications strategy to raise awareness of access arrangements over the festive period, which includes an advertising campaign in local media with GP, pharmacy and MIIU opening hours. This is supported by regular social media and website posts to share information and signpost to available services.

Appendix 1 Medicine - Bed Occupancy and Boarding



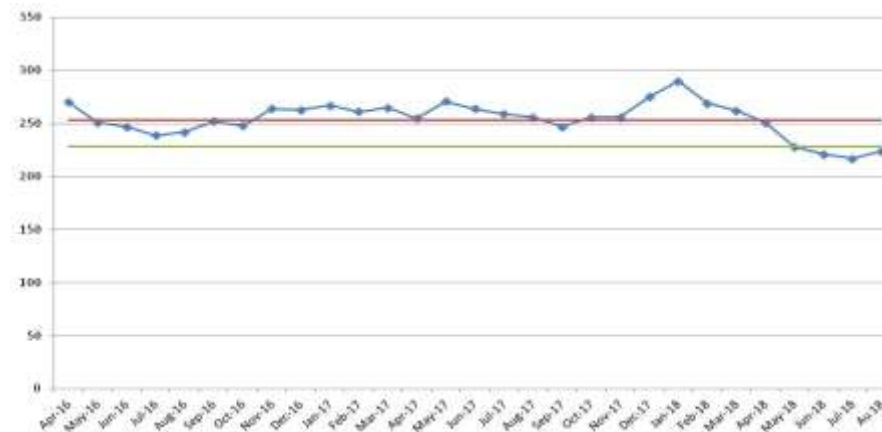
Tayside Medicine Bed Days Occupied

Green line (90% occupancy) is 314 beds, Red line 349 beds occupancy



Ninewells Medicine Occupancy

Green line = 90% occupancy 228 beds, Redline = 100% is 253 beds



Perth Medicine Occupancy

PRI Medical Directorate - Monthly Daily Average vs Medical Bed Complement

Green line = 80% occupancy 87 beds

Redline 100% occupancy = 96 beds



Appendix 2 Winter Preparedness Funding

WINTER PLANNING 2018/19

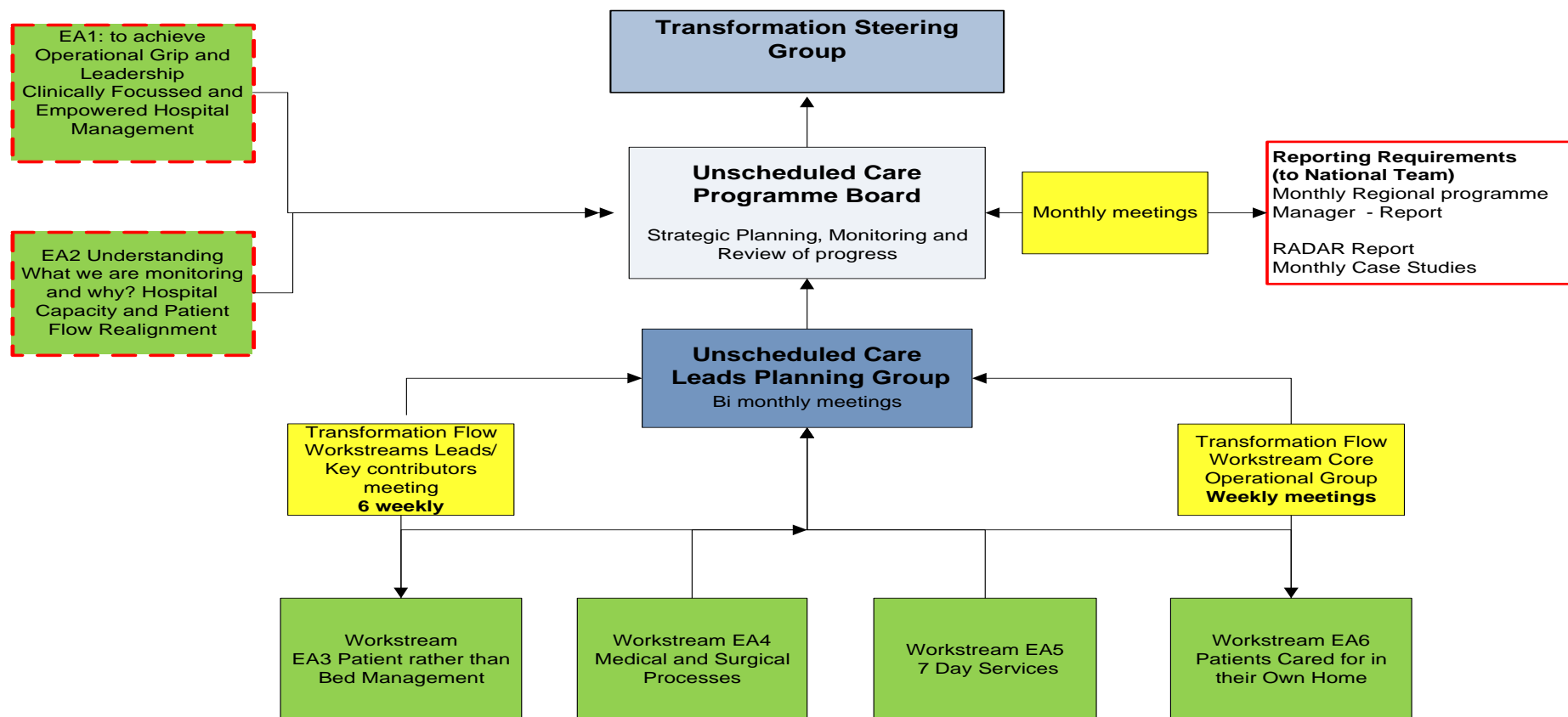
PROPOSED PLAN TO DELIVER SG PRIORITIES

	Description	£
Funding		
Funding		£737,734
Proposed Commitment against Priority		
2 Unscheduled / Elective Care	Additional beds at Nws (12) and PRI (4)	£487,995
5 Seasonal Flu	Near Patient Testing Equipment & Consumables	£72,700
6 Respiratory Pathway	Essential winter equipment for timely diagnostic discharge	£58,201
7 Key Partners / Services	Enhanced Social Care Support to target same day discharge	£98,838
8 Mental Health	Psychiatry Liaison Service	£20,000
Total Cost		£737,734
SURPLUS /(DEFICT)		(£0)

Note 1 Funding is allocated in two tranches, 60% released initially (Oct) followed by 40% once satisfactory evidence of planned priorities has been provided through your draft winter plans.

Appendix 3 Reporting Structure

NHS Tayside Unscheduled Care Programme Reporting /Meeting Structure



Unscheduled Care Leads Planning Group: to include Clinical/Service Leads, Programme Board Chairs, Programme Manager & Improvement Support – agree priority actions from Programme Plan, activity planning, issues and risks. Programme Board Agenda Planning

Workstream Groups: to include site/locality teams involved as well as identified workstream leads. Testing and Implementation of agreed activities/interventions. Reports to Leads Planning Group via workstream leads

Appendix 4 Winter Plan Driver Diagram

TAYSIDE WINTER PLAN 2018/19

AIM

To ensure optimal patient flow through the hospital journey, delivering against the 4 hour emergency access target.

To ensure robust whole system approach to planning for winter as part of our overall approach to the safe and effective delivery of unscheduled care

PRIMARY DRIVERS

A commitment to the 6 Essential Actions of Unscheduled Care Programme

A collaborative approach to whole system planning across the local system with key partners

Being well prepared for the additional pressures placed on local systems associated with ~~Winter~~ aligned to 'Preparedness for Winter' Guidance Document:

- Seasonal Influenza Like illness
- ~~Norovirus~~
- Severe weather
- Additional public holidays

Adopting a balanced approach to the planning and delivery of safe and effective and unscheduled care during times of peak demand

Robust Whole System Triggers and Escalation Framework

SECONDARY DRIVERS

Unscheduled/Elective Care

- (Festive Shutdown) Urgent and Elective Capacity Planning and strategies for additional surge capacity (across all partnerships) including patient flow and bed management
- Capacity and flow plan in place for each part of the system with arrangement for targeted 7 day working
- Standard approach to planning in place
- Respiratory Surge Plan developed

Infection Prevention and Control arrangements in place for:

- Flu Vaccination Programme
- Near Patient Testing
- ~~Norovirus~~
- PPE access OOH

Resilience Planning

Adverse Weather Protocols/Guidance reviewed and in place
 Patient and staff transport (4by4)
 Staff accommodation and hospitality arrangements
 What's App Protocol – Adverse ~~Weather~~.
 Data intelligence - use of predictive data to inform

A Whole system, Escalation, Triggers and Local Response in place:

Each department /sector has an agreed action card to manage the additional pressure predicted on the system to ensure safe service delivery to include Hospital Services, OOH, General Practice, Health and Social Care Partnerships, Scottish Ambulance Service.

- Local Winter Action Cards:
- Local Business Continuity Plans and Response/De-escalation
- Safety and Flow Huddle Process

Communication and Engagement

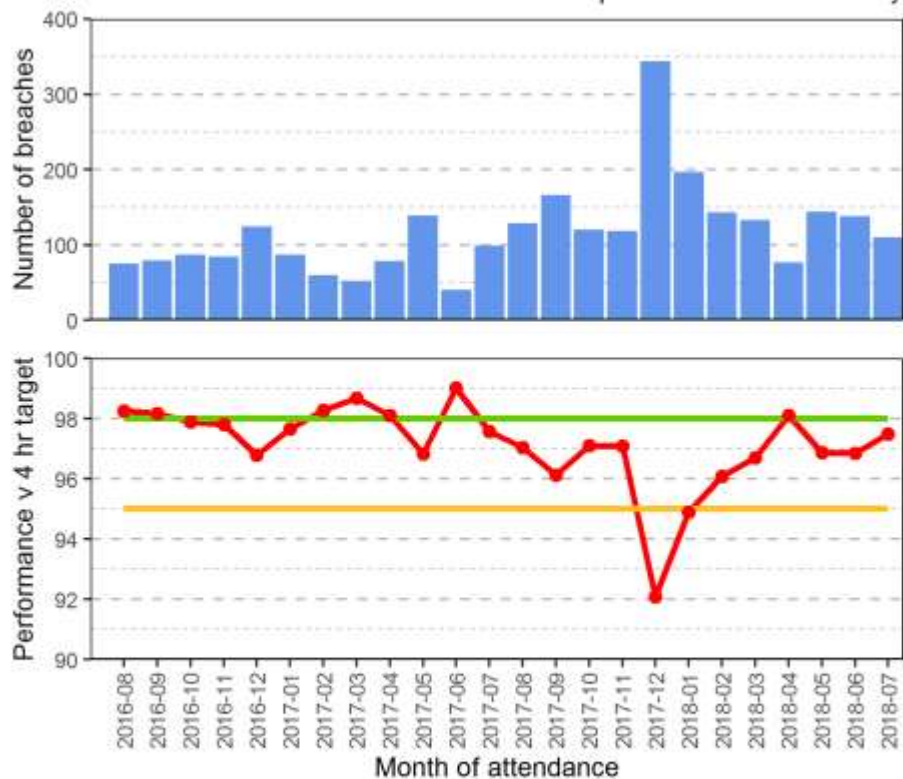
Plan and schedule in place including Festive Period 'Ready ~~Reckoner~~' available

Appendix 5

Ninewells Hospital

A&E: 4 hour Breaches in Ninewells

Unplanned attendances only

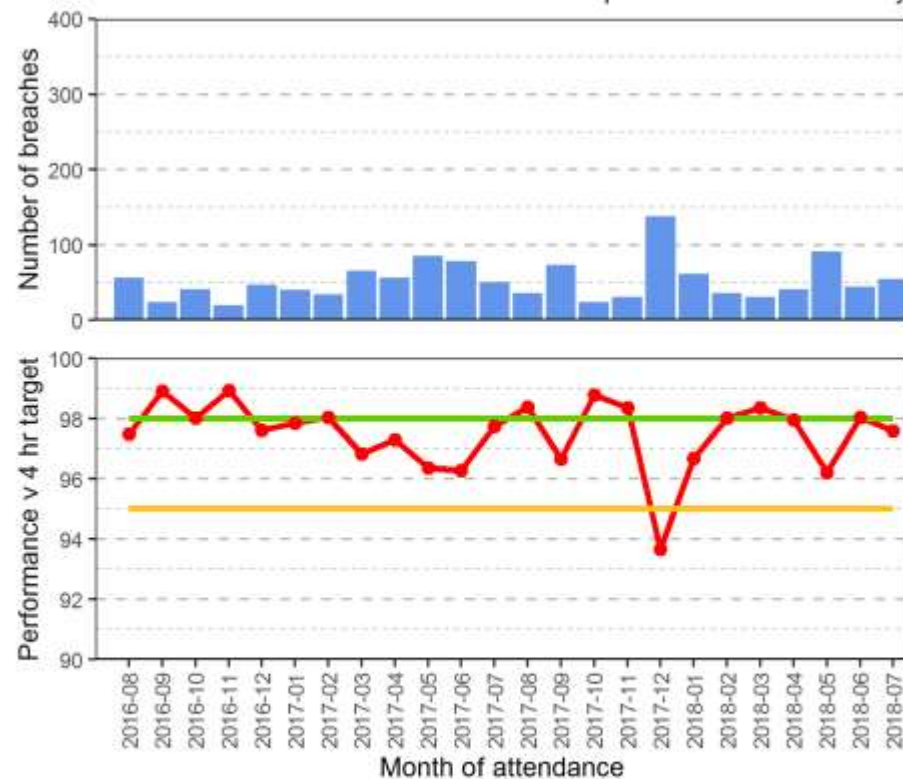


4 Hr Breaches % within 4 Hrs Local Target National Target

Perth Royal Infirmary

A&E: 4 hour Breaches in Perth Royal Infirmary

Unplanned attendances only

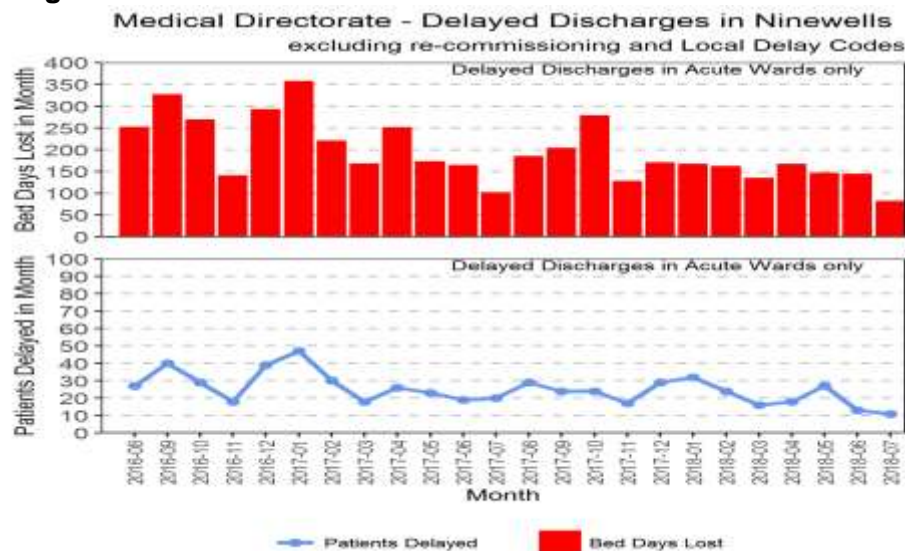


4 Hr Breaches % within 4 Hrs Local Target National Target

Appendix 5a Patients in Inappropriate Locations – Boarding Bed Days



Measure 4 - Patients in Inappropriate Locations - Delayed Discharges: No. of patients and bed days lost. Medicine Directorate and Surgical Directorate

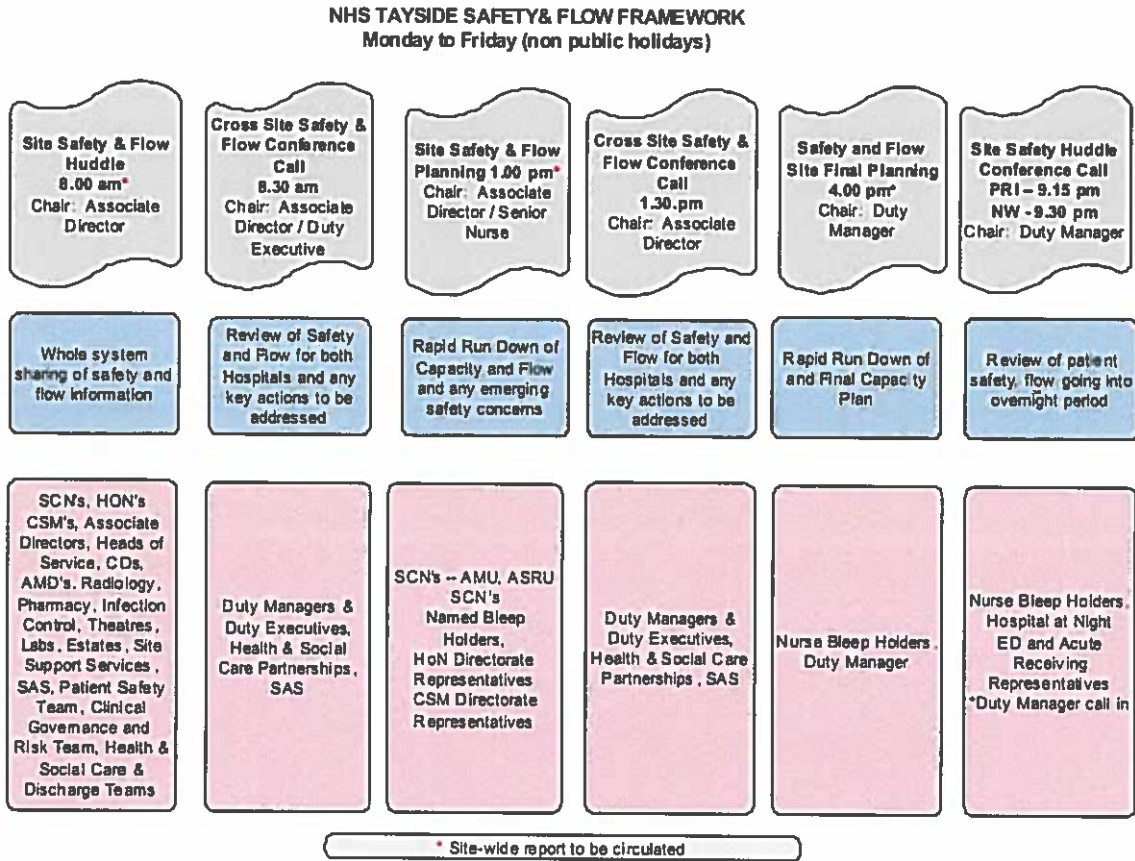


Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements

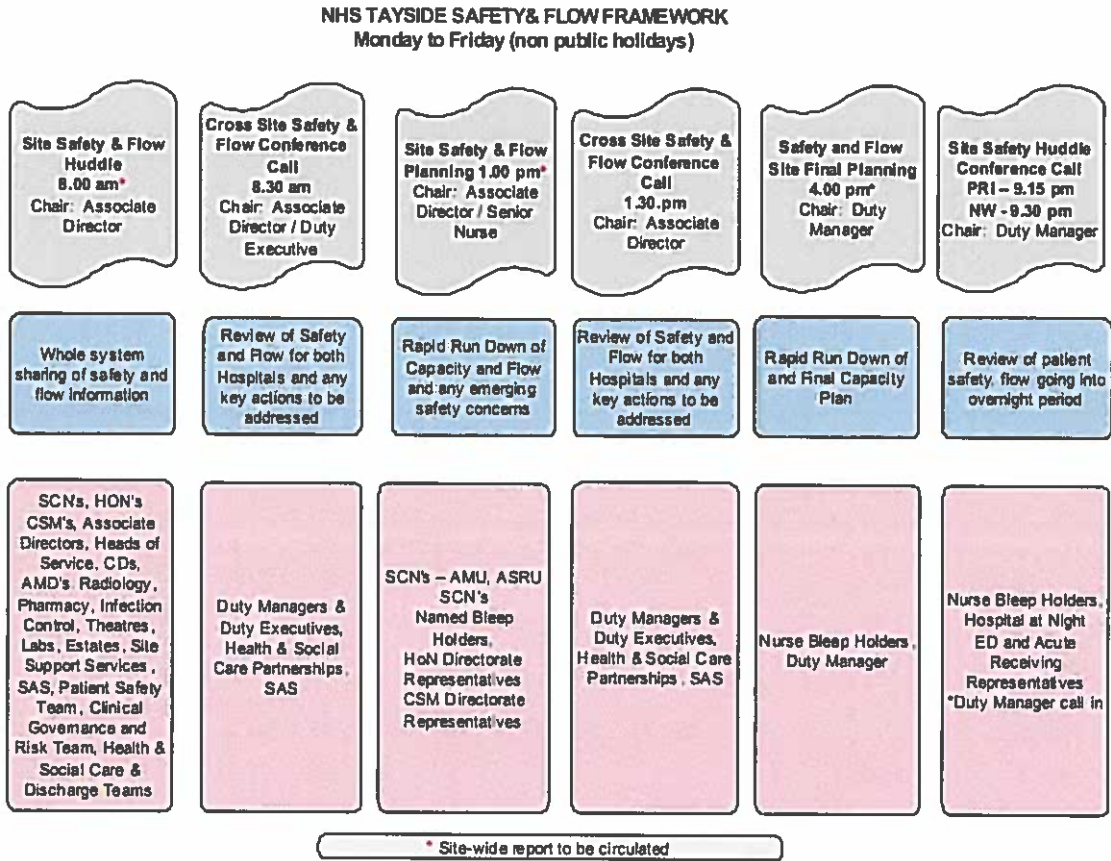


Appendix 6 Safety and Flow Huddle


SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

Safety & Flow Framework for Business as Usual, Weekend and Public Holiday Working

Figure 1: Monday to Friday Huddle Arrangements



Appendix 7 Winter Action Card Template

<p>WINTER ACTION CARD</p> <p>DEPARTMENT: LOCATION: (e.g. Ninewells, PRI)</p>	
<p>YEAR ROUND PLANNING – BUSINESS AS USUAL (Summary of Activity)</p>	
<p><i>Example:</i> <i>Workforce Planning and development, Staff duty rotas</i> <i>Support Services – equipment, stores and transport</i> <i>Information Technology</i> <i>Risk of patient becoming delayed on their pathway is minimised</i></p>	
<p>WINTER PREPAREDNESS – PLANNING AHEAD</p>	
<p><i>Develop activity plans for winter: Festive shutdown, elective and urgent care</i> <i>Ensure timely and continuous access to local infrastructure services including:</i> <i>Workforce Capacity Plans, Staff duty rotas</i> <i>Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times</i> <i>Support Services - equipment, stores and Transport(SAS), Information Technology</i></p> <p><i>Data Intelligence to inform planning, monitoring and action for winter capacity, activity, pressures and performance</i></p> <p><i>Instigate discharge planning at weekends & before pressure periods/public holidays</i></p> <p><i>Communication internal/external</i></p>	
<p>ALERT/TRIGGERS</p>	
<p><i>Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:</i> <i>Pressures on timely and continuous access to local infrastructure services including:</i> <i>Workforce capacity – staff duty rotas</i> <i>Support Services - equipment, stores and transport, Information Technology</i></p> <p><i>Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken</i> <i>Communication of Demand Capacity pressures via Hospital site huddle Framework</i></p> <p><i>Communication internal/external</i></p>	
<p>ESCALATION – Action & Response</p>	
<p><i>What do we need to know?</i></p> <p><i>Staffing levels</i> <i>Local Priorities</i> <i>Roles/responsibilities</i> <i>Demand capacity data from hospital site huddles/partner agencies</i> <i>Communications internal/external</i></p> <p><i>Consider:</i> <i>7 day working</i> <i>Duty rota cover</i> <i>Flexible ways of working</i></p>	
<p>DE-ESCALATION - Stepdown</p>	
<p><i>How will we know we can step down?</i></p> <p><i>Workforce capacity levels</i> <i>Demand Capacity levels etc</i></p>	