ITEM No …11…….

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 28 AUGUST 2018**

REPORT ON: **UPDATE ON DELAYED DISCHARGE AND UNSHEDULED CARE IMPROVEMENT PROGRAMMES**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB36-2018**

1.0 PURPOSE OF REPORT

1.1 This report sets out the improvement actions across the Dundee Health and Social Care Partnership to tackle delayed discharge and unscheduled care. The report details the Home and Hospital Transition Improvement Plan and updates the Integration Joint Board on the work of the Unscheduled Care Board.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress made against the 2017/18 Home and Hospital Transition Improvement Plan as reported in section 4.2.3 and agrees the proposed improvement plan for 2018/19 as detailed in Appendix 1.

2.2 Agrees the continued funding allocated to the delayed discharge projects as detailed in Appendix 2 and instructs the Chief Finance Officer to include recommendations for this funding in the 2019/20 budget statement.

2.3 Notes the work of the Unscheduled Care Board and the change projects associated with this work-stream as detailed in section 4.3.

2.4 Notes the requirement to produce a Winter Pressures plan and requests that this be submitted for IJB consideration prior to submission to the Scottish Government and notes the winter pressures outcome report for 2017/18 attached at Appendix 3.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications, the improvement plan will be delivered within current budgets, and through resources allocated to the Partnership through Unscheduled Care funding to test new models of working. The cost of delayed discharge change projects of £694,000 as outlined in Appendix 2 will be fully funded from Delayed Discharge Funding allocated to Dundee Health and Social Care Partnership.

4.0 MAIN TEXT

4.1 Background to Discharge Management

4.1.1 A delayed discharge is a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date (ISD Delayed Discharges Definitions and Data Recording Manual).

4.1.2 The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and their indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged;
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

4.1.3 Standard delays are defined by ISD Scotland as delays where the standard maximum delay period applies. This includes patients delayed due to awaiting assessment, care packages, housing, care home or nursing placements. The standard maximum delay period is now 72 hours. Code 9 Complex delays are used by ISD Scotland to describe delays where the standard maximum delay, therefore 72 hours, is not applicable. This is in recognition that there are some patients whose discharge will take longer to arrange and would include patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, Patients for whom an interim move is deemed unreasonable or where an adult may lack capacity under adults with incapacity legislation

4.1.4 The partnership's performance in relation to discharge management is reported quarterly to the Performance and Audit Committee. Over the last year our performance has highlighted a positive trend towards an overall reducing number of people who are delayed where the standard maximum delay period applies with our current performance halved since 2016/17. Where the standard maximum delay period applies the partnership has maintained a sustained reduction in the bed days lost for older people. For adults who have a complexity of circumstances the main reasons for delay is where a person has a complexity of circumstances are due to awaiting completion of Guardianship processes, awaiting a place in specialist facility, awaiting completion of complex care arrangements and exercising their statutory right of choice. We continue to work towards developing a range of supports and options which will further improve our position.

4.1.5 In May this year a detailed analysis of unscheduled care admissions was submitted to the Performance and Audit Committee. The report noted that Dundee has a high 28 day readmission rate although this varied by speciality and age; that there was a high level of preventable admissions with Chronic Obstructive Pulmonary Disease identified as a particular area if significance and an above average emergency bed day rate, although again this varied by age. The partnership will work to improve these areas across this financial year.

4.2 Home and Hospital Transition Improvement Plan

4.2.1 Within Dundee a Home and Hospital Transitions Group (the Group), chaired by the Head of Health and Community Care, oversees performance and improvement actions in relation to Discharge Management. The Group aims to ensure that citizens of Dundee are supported at home, but when people do have to go to hospital they are only there as long as they need to be. Each financial year the Group sets out the improvement actions for the following year. These actions reflect the previous year's performance, identified gaps and new national targets. A copy of the Home and Hospital Improvement Plan for 2018/19 is attached at Appendix 1.

4.2.2 The Scottish Government allocated a ring fenced budget for the improvement of delayed discharges at a local level. This budget was mainstreamed as part of the 2017/18 budget settlement, however as the partnership had allocated the funding to projects and redesign work with a 2 – 3 year span, it was agreed to maintain the fund as a change fund until the completion of the project and redesign phase.

4.2.3 The funding has been successful and an initial evaluation of the projects at the end of the last financial year identified the following improvements:

- Introduction of a daily conference call between the Integrated Discharge Hub and the Resource Matching Unit identified patients who require a care package upon discharge at an earlier stage and facilitated more timely discharge.
- Further step down accommodation supported people awaiting alternative housing to move into temporary accommodation. This accommodation can also be used to support a phased assessment as people work towards discharge

- Further development of step down options as a means of enabling patients to have a period of intermediate care and rehabilitation in a non-acute setting
- Allocation of a budget for funding care home placements to the Integrated Discharge Hub and implementation of resources to support assessment for 24 hour care to take place in a more homely setting. This has resulted in timeous decision making and a reduction of delays for this reason.
- The introduction of the Resource Matching Unit has ensured better use of in-house and external resources with services planned to be available in line with the Planned Date of Discharge process.
- Recruitment of two additional Mental Health Officers so continue to reduce delays due to awaiting guardianship reports.
- Promotion of the Power of Attorney Campaign as a means of reducing requirement for Guardianship will reduce future delays as a result of Guardianship requirements.
- Development of a range of specialist accommodation through strategic commissioning so as to support adults with a mental disorder/learning disability to be able to leave hospital when they are ready.
- Introduction of the Moving Assessment into the Community has facilitated more timely discharges.
- The Step Down to Assess Model has supported older people who might have been discharged directly from hospital to a care home to return home with wrap around care.
- The Mackinnon Centre for Brain Injury project supports people to continue their rehabilitation within a community setting.

4.2.4 A copy of the allocated funding for 2018/19 is attached at Appendix 2. Projects will be asked to submit their final evaluation during this financial year. From this, the Group will make recommendations for sustainable continuation of the project or for projects to work towards their exit strategies. It is envisaged that these recommendations will be included within the 2019/20 budget statement.

4.3 Unscheduled Care

4.3.1 Improving unscheduled care across Scotland is a key ministerial priority for the Scottish Government. Through the National Unscheduled Care, 6 Essential Actions Improvement Programme, the aim is to improve the timeliness and quality of patient care from arrival to discharge from the hospital and back into the community, aiming to ensure that 95% of patients attending Emergency Departments anywhere in Scotland are seen, treated and discharged or admitted with four hours, ultimately working towards 98%. Significant improvements have been made across NHS Scotland however it was recognised that more needed to be done to ensure these successes are sustainable; as such, the launch of the new improvement focused approach Unscheduled Care Programme in May 2015, based on six fundamental actions is aimed at progressing and sustaining improvements.

4.3.2 The Unscheduled Care Programme is aimed at achieving safe and effective care delivered to every patient, every time without unnecessary waits, delays and duplication through the implementation of six essential elements:

1. Clinically Focused and Empowered Hospital Management
2. Capacity and Patient Flow Realignment
3. Patient rather than Bed Management – Operational Performance
4. Medical and Surgical Processes arranged for Optimal Care
5. Seven day services targeted to increase weekend and earlier in the day discharges
6. Ensuring patients are cared for in their own homes or a homely setting.

4.3.3 The Scottish Government recognise that for NHS Boards to maintain progress they must increase their whole system focus, with engagement and alignment of primary, secondary, voluntary and third sector organisations, which are vital to a whole system approach as well as supporting the ambition of safe, effective and person-centred care. In 2017, NHS Tayside established an Unscheduled Care Board (the Board) which has secondary and primary care representation and which includes the three Health and Social Care Partnership areas. This collaborative working group provides a leadership role to the improvements across both acute and community care. A number of the Dundee redesign programmes are aligned to

this work. The Board takes a leadership role in supporting the development of the NHS Tayside Integrated Clinical Strategy.

4.3.4 The Scottish Government allocated additional financial resources to progress the Unscheduled Care programme. This resource is in part pre-prescribed in that the resources are to be used to develop an improvement team which includes clinical leadership, improvement and data analysis and project management. The remainder of the resource can be utilised to support local change projects.

4.3.5 Over the last year the following projects were tested:

- Implementation of Whole System Safety and Flow Triggers
- Implementation of multidisciplinary Daily Dynamic Huddles across acute sites
- Testing of a Discharge Lounge in Ninewells Hospital and Perth Royal Infirmary
- Further development of the Professional to Professional model
- Testing of seven day discharge with increased Allied Health Professionals, Hospital Co-ordinators, Pharmacy and Scottish Ambulance Services resources
- Testing of a new Chronic Liver Disease pathway
- Further embedding of the Dundee Enhanced Community Support – Acute
- Improving approaches to Anticipatory Care Planning

4.3.6 The Scottish Government confirmed to NHS Tayside on 3rd August 2018 that the Tayside Unscheduled Care funding allocation would be £470,894. This resource will be used to continue the clinical and improvement leadership with the remainder allocated to further improvement projects. As with many change funds, the Board has received a higher level of proposed change initiatives than the fund can support. A process of assessment and criteria matching has commenced and the Board will confirm the successful change projects shortly. Within Dundee we will seek to further embed seven day discharges and work with both general and specialist medicines to support the development of new discharge and unscheduled care pathways.

4.4 Winter Pressures Plan

4.4.1 NHS Boards and Health and Social Care Partnerships are required each year to submit a report to the Scottish Government setting out their intended actions to manage the season pressures occurring in winter. These pressures can include an increase in respiratory infections and injuries from slips and falls. While the extended partnership recognises that the level of demand across the full year requires a similar response, the plan sets out the actions to be taken to address and increase in demand across Emergency Departments, the impact of extended public holiday close down of services, actions to be taken should weather conditions deteriorate and the potential need for additional inpatient beds and community services.

4.4.2 The winter of 2017/18 tested the plan for Tayside with an increase in reported incidents of flu and deteriorating weather. Dundee performed well and the escalation of the plan ensured that the wider Dundee Partnership (Dundee City Council ,NHS Tayside and Dundee Health & Social Care Partnership) supported actions which ensured that people were safe in their homes and when travelling, unnecessary admissions to hospital were avoided through the introduction of alternative assessment, diagnosis and treatment models in the community and that people were supported to leave hospital as soon as possible to ensure that inpatient services could treat those in need.

4.4.3 A copy of the 2018 winter report for Tayside which sets out the performance during this period is attached at Appendix 3.

4.4.4 The Scottish Government has confirmed their intention to release additional financial resources to Board areas to address winter pressures and support the plans. The completion of the Tayside Winter Pressures Plan will be developed and agreed by the Unscheduled Care Board and signed off by NHS Tayside and Health and Social Care Partnerships. A copy of this plan will be presented to the IJB for consideration prior to submission to the Scottish Government. The Scottish Government are yet to confirm the financial allocation for the Tayside area.

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	That the Home and Hospital Transitions Improvement Plan and the Unscheduled Care Action Plan are not fully implemented and do not achieved the desired outcomes.
Risk Category	Operational
Inherent Risk Level	Likelihood (3) x Impact (4) = Risk Scoring 12
Mitigating Actions (including timescales and resources)	The plans sit across a range of service areas and are aligned to a number of other redesigned work. In assessing the programmes the ability to implement proposed changes has been used as a key criteria.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring 9
Approval recommendation	This risk should be accepted.

7.0 CONSULTATIONS

The Chief 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.

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

9.0 BACKGROUND PAPERS

None

David Lynch
Chief Officer

DATE: 13 August 2018

Diane McCulloch
Head of Health and Community Care

Appendix 1 Home and Hospital Improvement Plan

HOME & HOSPITAL TRANSITION IMPROVEMENT ACTION PLAN

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer
National Outcome 1: Healthier Living and National Outcome 5: Reduce Health Inequalities	• **National Indicator 1**: % of adults able to look after their health very well or quite well • **National Indicator 12**: Emergency Admission Rate (per 100,000 people aged 18+) • **National Indicator 13**: Rate of emergency bed days for adults	Use Unscheduled Care Information to clarify and understand local performance, gaps in service and redesign pathways in one specialist area.	Diane McCulloch Lynne Morman
		Further develop use of technology enabled care as a means of enabling people to live independently and look after their own health.	Alexis Chappell
		Further embed Enhanced Community Model for support for Older Adults and consider the Community Model for Support with Adults as a means of reducing emergency admissions and enabling people to live independently and look after their health in their own home or homely setting.	Locality Managers
		Further develop awareness and use of anticipatory care plans for all Adults where a plan would be of benefit to the Adult.	Jacqueline Thomson
		Test and further develop models of self-care	Shona Hyman
National Outcome 2: Independent Living	• **National Indicator 18**: % of adults with intensive care needs receiving care at home • **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting	Expand the 'Moving Assessment into the Community' project for older people to develop a frailty model for people of all ages.	Jenny Hill
		Expand the 'Moving Assessment into the Community' project to specialist areas and test pathways.	Lynne Morman
		Increase our investment in intermediate forms of care such as step up/step down accommodation and support for all adults.	Locality Managers
		Further develop discharge planning arrangements for adults with mental ill-health and learning disabilities.	Arlene Mitchell
		Further develop discharge planning arrangements for adults with physical disability and acquired brain injury.	Beth Hamilton
		Evaluate current project and seek further investment in resources which support assessment for 24 hour care taking place at home or home like settings.	Mike Andrews Lynne Morman Craig Willox
		Redesign services to ensure rapid access to palliative services.	Beth Hamilton David Phillips Karen Lesslie

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer
		Review access to end of life services so that people are supported in their place of choice.	Beth Hamilton
		Review patient pathways between Carseview Hospital and the community.	Arlene Mitchell Lynne Morman
		Support the redesign of specialist services discharge pathways through redesign of referral and response models	Jenny Hill
National Outcome 2: Independent Living	• **National Indicator 18**: % of adults with intensive care needs receiving care at home • **National Indicator 15**: Proportion of last 6 months of life spent at home or in a community setting	Further expand the fully Integrated Discharge Management Team by incorporating specialist workers to improve communication, facilitate better outcomes and further develop opportunity for discharge assessment for all patients at Ninewells.	Karen Gall Lynne Morman Lee Foggarty
		Promote Power of Attorney through local campaigns as a means of increasing number of Power of Attorneys so that Adults are not waiting in hospital settings for decisions about their care upon discharge.	Alexis Chappell
		Review and remodel care at home services to provide more flexible responses	Beth Hamilton Karen Lesslie David Phillips
		Further develop models of Community Rehabilitation to support transitions between home and hospital	Alexis Chappell Matthew Kendall
		Further embed seven day discharge.	Lynne Morman Jill Crichton
National Outcome 3: Positive Experiences and Outcomes	• **National Indicator 5**: % of adults receiving any care or support who rate it as excellent or good	Develop and implement discharge management procedures and guidance to promote consistency in practice in relation to discharge management and use of planned date of discharge.	Lynne Morman
		Establish and implement a Discharge Management Learning Framework and Learning Networks as a means of promoting and enabling consistency in practice and ensuring effective person centred communication during transition between hospital and home.	Lynne Morman

National Health And Wellbeing Outcomes	Indicators which Demonstrate Improvement and Contribute To National Health And Wellbeing Outcomes	Actions To Achieve Indicators and Outcomes Cross Referenced by National Health and Wellbeing Outcome Indicator	Lead Officer
		Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being	Karen Lesslie David Phillips Gill Reilly
National Outcome 6: Carers are Supported	• **National Indicator 8**: % of carers who feel supported to continue in their caring role	Implement a statement and pathway for involving Carers in discharge planning process in line with section 28 of the Carers (Scotland) Act 2016 in partnership with Carers and Carers Organisations	Lynne Morman
National Outcome 7: People are Safe	• **National Indicator 14**: readmission to hospital within 28 days	Further implement the planned date of discharge model so that patients , carers are involved in a well-planned discharge and have coordinated follow up care where required upon discharge	Lynne Morman Karen Gall
	• **National Indicator 16:** Falls rate per 1,000 population in over 65's	Further develop post discharge support to people with long term conditions in order to contribute to a reduction in emergency hospital admission and readmission to hospital.	Beth Hamilton District Nursing AHP
		Further develop local fall pathway initiatives to reduce risk of falls.	Matthew Kendall
National Outcome 9: Resources are used Efficiently and Effectively	• **National Indicator 20**: % of health and care resources spent on hospital stays where the patient was admitted in an emergency.	Establish integrated systems and processes which support information sharing and improved communication (All Indicators)	Alexis Chappell Lynne Morman Lynsey Webster Joe Donnelly
		Review the systems and mechanisms for reporting around discharge management and provide regular reports into the Performance and Audit Committee.	Alexis Chappell Lynne Morman Lynsey Webster
		Work with the Unscheduled Care Board to implement the Unscheduled Care board Action Plan	Diane McCulloch
		Work with Partners to develop the 2018/19 Winter Pressures Plan and ensure arrangements are in place to support any escalation of the plan	Diane McCulloch

Appendix 2 – Delayed Discharge Funding – Change Projects – 2018/19

	PROJECT	DESCRIPTION	LINK TO UNSCHEDULED CARE	FUNDING (£s)
1	Increased Home Care	To improve flow from Enablement Services to longer term care.	6	160,000
2	Resource Matching Unit	Management and organisation of social care referrals; service providers and quicker identification and makes best use of resources.	6	122,000
3	Extension of the COPD Team	Dedicated team to improve follow up support following admission to hospital and promote and sustain self-care approaches.	6	100,000
4	Community Nursing – Advanced Nurse Practitioner Post	Community Nursing input into multi-disciplinary team approach to assessment and treatment.	6	40,800
5	Increased Mental Health Officer (MHO) Input.	MHO based with Hospital Team to facilitate guardianship application and reduce delays in hospital.	6	44,000
6	Nursing Co-ordinator (Delayed Discharge Team)	Increased nursing input with facilitated quicker assessment and support discharge from hospital.	2	45,000
7	Acute Frailty Service	Medical input to support the approach to Acute Frailty Service, including community outreach.	4	72,000
8	Step Down Housing (Magdalen Yard Road)	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	6	10,000
9	Step Down Housing (Gourdie Place)	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	6	11,000
10	Step Down Housing (Craigmont Road)	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	6	10,900
11	Step Down Housing (Mental Health)	Step Down Housing supports people delayed in hospital awaiting alternative accommodation and /or assessment in a home environment.	6	10,900
12	Winter Pressures Resource	Resources held to manage demand during winter.	6	67,400
				694,000

Tayside 2018 Winter Pressure Response Group Report

FINAL

Executive Summary

Introduction

Between mid-December and mid-January 2018, NHS Tayside and the three Tayside Health and Social Care Partnerships (HSCPs), experienced an exceptional demand on services. In anticipation of such events, NHS Tayside and the three Integration Joint Boards prepare an annual Winter Plan. On 3rd January 2018 the Winter Plan was activated by the four Chief Operating Officers/Chief Officers and the Tayside Winter Pressures Response Group (TWPRG) was established to manage the non-hospital related issues particularly where additional support might help achieve the objective of reducing demand on health and care services

Impact

Services experienced an increase in demand from the latter part of the week of 4th – 11th December as a result of a rise in trauma related admissions attributable to the sub-zero temperature between 10th and 11th December 2017. From 11th December there was a rapid rise in respiratory related attendances and across Tayside, the number of positive flu diagnoses increased four-fold from the 18th to 25th December.

Outcome

The daily meetings and strict adherence to infection control protocols both in hospital and in the community ensured that bed capacity was well managed, discharge processes were maintained, mortuary facilities were addressed sensitively and staffing for critical areas was at all time secured. The Tayside response is being considered as a model of good practice at a national level.

Recommendations

- NHS Tayside Board, Angus, Dundee City and Perth & Kinross Integrated Joint Boards are each asked to note this report.

Dr Jackie Hyland, Consultant in Public Health Medicine on behalf of the Tayside Winter Pressures Response Group

April 2018

Tayside 2018 Winter Pressure Response Group Report
FINAL

1. Introduction

Between mid-December and mid-January 2018, NHS Tayside and the three Tayside Health and Social Care Partnerships (HSCPs), experienced an exceptional demand on services. In anticipation of such events, NHS Tayside and the three Integration Joint Boards prepare an annual Winter Plan. On 3rd January 2018 the Winter Plan was activated because there was:

- An exceptional number of patients presenting to hospital, GP practices and in the community with respiratory conditions and flu-like illnesses;
- A high number of medical admissions were impacting on available capacity in all acute and community hospitals;
- There was a high demand on primary care and social care services;
- Acutely unwell inpatients' length of stay was impacting on patient flow.

Given the extent of the pressure the incident was escalated to draw in additional support from partners in the Local Resilience Partnership, in line with Tayside Resilience Planning process. The purpose of this extended support is to take action to reduce unnecessary contact with health and social care, and seek additional staffing and supplies out with the Winter Plan procedures.

2. Process

On 4th January the NHS Tayside Consultant in Health Protection was advised that exceptional measures had been put in place on 3rd January 2018 to manage the very high demand for clinical care affecting service delivery in the acute sector, primary care and Integrated Health and Social Care Partnerships in Tayside. The Tayside Winter Plan had been activated and the Chief Officers had started holding Huddles at 0830, 1330, 1630 and 2130.

2.1 Risk Assessment

An initial assessment by the Health Protection Team (HPT), based on laboratory notifications for influenza (ECOSS) indicated that since 15th December 2017 there had been a three-fold increase in influenza A diagnoses in the community in Tayside. In addition, the number of cases was three times the number at the same time in 2016/17. As influenza A case numbers are an indicator of respiratory illness in the community, this provided an explanation for some of the very high demand on services.

2.2 Risk Management

It was agreed that Tayside Winter Pressures Response Group (TWPRG) (Appendix 1) would be established to manage the non-hospital related issues so that the Huddles could focus on bed management and staffing in collaboration with care services. The key areas of work for the TWPRG were to:

- Reduce where possible, less urgent demands on NHS and care staff time through the provision of public messaging about the appropriate service for health related concerns;
- Support the provision of public messaging about caring for flu at home;
- Promote awareness amongst core businesses and services of the need to take early action to prevent spread of infection amongst staff;

- Identify at-risk individuals and agree support to prevent illness and hospital admission.

Membership of the TWPRG was drawn from a standing group which had been in operation under the title of the Tayside Significant Infections Group. This had been set up and running since 2015 to manage such an eventuality. The membership of this group was adjusted to reflect the demands from partner organisations in the Winter Pressure Incident.
The TWPRG met by teleconference on Monday 8th- Thursday 11th on a daily basis, and then once on Monday 15th and Thursday 18th January 2018. By the 18th January it was agreed that the impact of flu had peaked and was reducing, and this was reflected in a progressive reduction in health and care service demands. Summary notes and supporting materials were circulated following each meeting.

2. Outputs

Members of the TWPRG reported on issues where additional support might help achieve the objective of reducing demand on health and care services. The Table below summarises the key actions and timescales for completion.

Table 1. TWPRG Actions and outputs

Specific Services			
Services	**Action**	**Progress**	**Outcome**
NHS Tayside hospital services	NHST hospitals prioritising services and stopping non-urgent clinical services	Ongoing at 18/01/2018 but demands decreasing.	Releasing service provision for care of critically ill patients.
IHSCP	Acceleration in community support including increasing support from the liaison service and agency use.	Rapid assessment and discharge managed on a daily basis to free up hospital beds.	At all times the hospital maintained some capacity for urgent admissions.
Primary Care	Increase in GP demands from Care Homes so letter sent by Primary Care to Care Homes, requesting bundling of cases to reduce frequent GP visits.	GP service demands high but not increasing.	Urgent assessments maintained.
GP and IHSCP	GPs referring to acute frailty team in Dundee area to reduce preventable admissions.	Rapid assessment for home care and support.	Reduce preventable admissions.
Local Authorities	In anticipation of further ice Local Authorities arranged for priority gritting to reduce accidents outside Residential and Care Homes.	Focussed gritting implemented to reduce falls.	Trauma emergency department attendances remained stable despite freezing temperatures and attendances below previous years for the week 01/01/18-08/01/18.
NHS Tayside, Local Authorities and Resilience Co-ordinator	Mortuary capacity reviewed.	Data from death registrations collected to provide early estimate of demand for mortuary, funeral service and crematorium demands.	Mortuary capacity at Ninewells approaching capacity so additional capacity sought within Tayside. Despite rising number of deaths adequate facilities maintained. Plans prepared should further capacity be required.

NHS Tayside laboratory	Monitoring of virology samples to determine stages of the incident	Virology results reported positivity rate of 47% for flu sample results at the peak of the incident (week of the 25th December) and remained high until the week of the 8th January.	Positivity dropped to 27% for flu samples by 18/01/2018 and the contribution of other viral infections decreased. Weekend staff put in place; came in 7.5 hours on Sundays During the week staff set up a 3rd run overnight to report first thing, (on top of daily duties)
NHS Tayside Estates and Facilities	Confirmation of fuel stocks, risk prioritization of Planned and Reactive maintenance to maintain essential plant, equipment and facilities and liaison with Local Authority Partners to ensure grounds were kept clear of snow and ice to facilitate access to essential services and reduce risk of slips and falls.	Throughout	Services maintained
All Services			
Services	**Action**	**Progress**	**Outcome**
Business Continuity Plans	Monitor sickness rates and activate Business Continuity Plans if services affected by staff illness or absence.	Hospital and Care services sourcing additional staffing to maintain services. GP services struggling to maintain staffing levels.	Hospital services maintained. Additional support sought to manage basic but essential care in the community for skin ulcer management to prevent admissions.
Supplies	Review PPE in both NHS and non-NHS services. NHST stocks and fuel supplies secured. Tamiflu supplies secured by previous arrangements.	NHS procurement alert received from supplier. Non-NHS facilities reported reducing stocks of PPE.	National Procurement agreed to send advice to all Health Boards about how to access PPE stocks. NHST checked internal stocks. Non-NHS services advised on PPE requirements. Health Protection Scotland agreed to ask Care Inspectorate to press the use of PPE with licensed care providers.
Communications			
Infection prevention and control advice for professionals	Advice to NHS and Care Home staff	Emphasis on symptom based approach to respiratory symptoms Creation of a Winter bug toolkit on Staffnet homepage so rapidly visible and accessible.	Aide Memoir for flu and vomiting circulated widely.
Infection prevention and control advice for visitors	Provision of information to visitors that symptomatic visitors should not visit relatives.	Information in public domain both locally and nationally.	Increased visitor information regarding importance of preventing spread of infection from themselves to others.

Infection prevention and control advice for carers	Advice on infection prevention and control for social carers requested.	Generic NHS advice made appropriate for wider audience.	Leaflet circulated via IHSCPs and sent to HPS for wider circulation. World Health Organisation hand hygiene poster circulated.
Infection control prevention and advice for the public	Request for public information about staying safe.	NHS Inform information and "Know Where to Go" poster published in press and social media on 4/01/2018. Flu posters sought from a number of agencies.	Approximately 30, 000 hits on the NHS inform information and 20, 000 on the "Know Where to Go" poster by 11/01/2018. NHS24 provided generic info-graphic on flu on 15/01/2018. Delay in sourcing national flu advice poster but NHS poster circulated on 18/01/2018.
Immunisation	Requests for information on eligibility for immunisation, including children.	Children's programme completed and children's vaccine not available to buy. Data on vaccine uptake not available until March.	NHS Health Scotland arranged for vaccination advice to be re-launched to provide further vaccine uptake and community protection
Media requests	Media requests for information on flu strains.	NHST, other NHS Boards, Health Protection Scotland, Scottish Government responding to press queries. NHS 24 providing advice on symptoms and management. Health Scotland providing advice on flu vaccine. Immunisation Scotland producing advice on vaccinations. No national poster for flu available for circulation. Each agency responding independently to media enquiries. Flu strain enquiries receiving a mix of responses.	Health Protection Scotland (HPS) arranged discussion teleconference on 12/01/2018 with Health Board (HB) Health Protection Teams (HPTs). Agreed that HPS would manage queries about the flu strain and would produce a plain English version of communication lines for HBs. HPS would share material prepared by HBs in response to queries to avoid duplication of effort.

3. Timeline

A very initial review of the data suggested that in the week 4th – 11th December there was an increase in trauma related admissions and this might be attributable to the sub-zero temperature between 10th and 11th December 2017. [1]

From 11th December there was a rapid rise in respiratory related attendances as a proportion of all attendances at the Emergency Departments. The number of cases was well in excess of cases at the same time in previous years and continued at a higher level until the 8th January.

Across Tayside, the number of positive flu diagnoses increased four-fold between the 18th to the 25th December and continued at this level until the first week of January 2018. Flu (A and B) accounted for 60% of laboratory diagnosed respiratory illness and other respiratory viruses accounted for the remaining 40% of diagnoses. The NHS Weekly Trend Information shows that the hospital services absorbed a considerable volume of cases until the critical point was reached to activate the Winter Plan. This, and strict adherence to infection control protocols, ensured that

[1] Weather in December https://www.timeanddate.com/weather/uk/dundee/historic?month=12&year=2017

via the daily huddles bed capacity, discharge management, workload and staffing for critical areas, were secured. (See Appendix 2)

4. Outcome[2]

The demand placed on NHS Tayside throughout this period resulted in many of the services provided experiencing significant pressure. Consequently this had a negative impact on standards such as Emergency Department waiting times and the number of operations cancelled. The following sections provide a summary of activity across the system from 1st December 2017 to 14th January 2018.

4.1 Emergency Department (ED)

ED attendances at both Ninewells and PRI were high throughout the period, particularly from week ending 7th December to 31st December 2017. Ninewells attendances during week ending 7th December highlight this well; attendances peaked at close to 1,200 during this week which is in excess of 200 additional attendances than the same period last year. The level of activity was driven by two factors in particular: a significant increase in the Trauma during week of 11th December; and a significant increase in respiratory (flu like symptoms) over the Christmas week. This resulted on additional pressure on ED due to the acuity of these patient groups and the level of care they required when presenting.

The level of activity and acuity of patients had a detrimental effect on ED 4 hour wait times. The number of 4 hour breaches increased significantly and performance against the standard deteriorated throughout the period until week ending 31st December 2017, where performance began to recover on both sites.

4.2 Admissions and Discharges

The volume of activity experienced within ED over the period is reflected in emergency admission and discharge analysis over the same period. Ninewells Hospital in particular experienced a consistently higher volume of admissions and discharges than the same period last year. For example, throughout the Christmas week, there were 690 emergency medical admissions to Ninewells hospital, 20% higher than the same period last year. PRI did not experience the same consistent level of demand; however did experience weeks where admission and discharges exceeded that of same period last year.

Emergency surgical admissions in Ninewells also experienced a consistently higher demand than last year; however, not to the same extent as medicine. Additionally, increased activity in PRI, when compared to last year, was limited to week of 18 December when the volume of admissions was close to double that of last year.

4.3 Bed Occupancy

Bed occupancy in both Ninewells and PRI followed a similar pattern as ED admissions and acute emergency admissions particularity acute medical beds. Occupancy peaked week of 07 January reaching 107% in both Ninewells and PRI and aligns with the prevalence of respiratory flu like presentations at ED. Additionally, boarding increased on both sites during this period which may account for the 100% plus bed occupancy.

Acute surgical beds experienced lower occupancy rates over the period; however did experience increases in line with ED peaks in trauma attendances and pressure on acute medial beds. Occupancy was particularly low over the festive period which will

[2] Data supplied supplied by Kenny Scott and Jenni Woods, NHST Business Unit

have been driven by the step down of elective activity over this period. When compared to the previous year however, occupancy was higher in every week throughout the period. Surgical bed occupancy in PRI was around 25% lower than in Ninewells.

4.4 Average Length of Stay (ALOS)

ALOS for emergency medical patients in Ninewells consistently lower than the same period in 2016/2017. PRI showed a similar pattern; however was more variable week on week. Elective medical ALOS in Ninewells tended to remain above that of last year and is reasonably consistent between 1 and 2 days. Elective ALOS in PRI is more variable and experiences significant change week on week e.g. 31st December 0.7 days; 7th January 13 days; 14th January 0.2 days.

Surgical emergency ALOS followed a similar pattern to emergency medical ALOS and was generally lower than 2016/2017 in Ninewells. PRI is considerably more variable changing notably on a week on week basis. Surgical elective ALOS in Ninewells is reasonable consistent, albeit higher than the same period last year. It should be noted there was an increase from 24th December to 7th January. The experience in PRI over the period appears to be similar to Ninewells; however elective ALOS started to rise from 10th December and continued to remain high at 14th January 2018.

4.5 Patients in Inappropriate Locations – Boarding

Medical boarding days in both Ninewells and PRI were, on the whole, significantly reduced when compared to the previous year. PRI in particular experienced minimal boarding days until 7th January where there was a small increase. From a Ninewells perspective, there were fewer peaks than the previous year, notably at the beginning of January 2018 where although there was a rise, it was not nearly as significant as the position in January 2017.

Surgical directorate boarding days were minimal on both sites which is a significant improvement on the previous year. There was no surgical boarding over the period where elective activity was stood down on both sites.

4.6 Patients in Inappropriate Locations – Delayed Discharges

Delayed discharges are reported to 31st December 2017 and in Ninewells, the volume of medical patients delayed was significantly less than the previous year. This was most apparent over the Christmas week. As would be expected, this had a positive effect on the number of bed days lost to delays over the period. In PRI, the volumes are similar to the previous year throughout December until the Christmas week when, as with the Ninewells position, this improved.

Delays experienced by surgical patients over the period remained lower than the levels experienced last year most notably on the PRI site during the first half of December 2017, when there were far fewer delays.

4.7 Patients in Inappropriate Locations – Patients Waiting for a Bed

Predictably, the number of patients experiencing corridor waits on both sites worsens as the pressures increased on ED. Ninewells remained consistently higher than last year throughout December. This peaked during week of 31st December when 185 patients experienced a corridor wait. The numbers in PRI are more variable week on week and improved compared to the same period 2016/2017, until the Christmas week, where the position deteriorated significantly.

4.8 Cancelled Operations Due to Bed Pressures

Cancellations due to bed pressures are most prevalent within surgery. Throughout the December 2017 period, there were significantly more cancellations than the 2016 period. These peaked on both sites when the system was under pressure mid-December, then immediately after New Year.

There were no medical elective cancellations on the Perth site; however, Ninewells did experience cancellations during the early part of December 2017.

4.9 Bank and Agency Usage

Medical and surgical bank usage in Ninewells was slightly higher when compared to the same period last year, although following a very similar pattern of usage across the period. Agency usage remained very similar to last year.

On the PRI site, medical bank usage was higher than the same period last year; however, agency usage remained fairly consistent. Surgical bank and agency usage increased on the whole over the Christmas period.

4.10 Minor Injury Units (MIU)

Across NHS Tayside, attendances at MIUs increased by around 5% in December 2017. This equates to 431 attendances. Attendances at Arbroath Infirmary MIU experienced the largest increase, of nearly 500 attendances over the period. Further analysis undertaken revealed a small decrease in the number of patients who were transferred to an acute hospital over the period.

5. Impact from Respiratory Infections

National data on respiratory infections has since been received and the findings relevant to Tayside can be seen below. These demonstrate that the pressure on services were not attributable to respiratory of Influenza infections alone. They also suggest that the impact on the community both in Care Homes and amongst the younger population was significant. *Please note-*

- *these are preliminary results and the observations may change when the data is updated.*
- *these results only represent respiratory infections that were notified to the Health Protection Team. Other illnesses will have contributed to the extreme pressure on hospital and community service but are not necessarily captured through this reporting system.*

1. Data for severe acute respiratory illness (SARI) and admissions to ITU in Tayside in this flu season (2017/18 to date) show:
    a. the number of admissions to ITU for **SARI** was low,
    b. the diagnosis for all the ITU SARI cases was Influenza A,
    c. patients were aged between 15-65+ with 50% aged 45-64 years old,
    d. 75% had not been vaccinated,
    e. 100% received antivirals,
    f. there were no deaths,
    g. no outbreaks were reported in the hospital setting.

2. The data for Acute Respiratory Infections (ARI) for Care Homes show that in the flu season for 2017/18 to date:

a. there were 13 Care Home Outbreaks (3.1 per 100 000 population – average for Scotland was 1.8 per 100 000 but there was a very wide spread of data),
b. the majority of outbreaks were caused by Influenza A,
c. antivirals were prescribed for treatment in 46% of Care Home outbreaks,
d. antivirals were not prescribed for prophylaxis in any incident,
e. 23% of care home cases required hospital admission,
f. Tayside had a Care Home related case fatality rate of 10% (Scottish rate 5.1%).

3. The data for all Influenza cases show that Tayside had the highest number of Influenza B cases and the highest rate of Influenza B infection in Scotland (162 per 100 000 compared with 28 per 100 000 for Scotland).

   A full interpretation of these data will be available at the end of the winter season when information from all areas in Scotland is reviewed and analysed.

6. Media analysis[3]

News coverage locally and nationally demonstrated the importance of public sector organisations maintaining a good working relationship with the press. As newspapers reported about winter pressures, they also reported on staff members' hard work and published key messages NHS Tayside wanted the public to receive. In thirty-two winter pressure related articles archived by the Communications department, overall coverage was predominantly neutral. Twenty-six (81%) were neutral, five (16%) were positive, and only one (3%) was negative. The positive coverage focussed squarely on the hard work and dedication of NHS staff, particularly A&E workers for providing excellent care under exceptional pressures. One editorial in the Courier acknowledged the increased number of people needing treatment and went on to praise staff.

'There is no doubting the outstanding loyalty of NHS staff. Ensuring they have the means to provide the best possible care must be a top priority.'

An editorial in the Evening Telegraph referred to A&E staff as 'heroes'.

'Their bosses are rightly proud of the fact they worked extras hours and took on extra duties, and those who sought their help will be grateful for the care and attention they received in their hour of need, even if they had to wait a wee bit longer than expected.'

In addition to reports of ward closures, more than half of the articles contained key messages from NHS Tayside about safeguarding against slips and falls; not attending A&E departments except with emergency conditions; seeking appropriate treatment elsewhere, such as NHS 24 and local GP surgeries; advice for taking care of flu-like symptoms at home; and not visiting friends and relatives in wards if there was a possibility a person could have the flu. Of the thirty-two articles, eighteen (56%) contained at least one of these messages.

7. Conclusion

The demand on health services exceeded that in previous years and delivery was complicated by the Festive holiday commitments. However, the rapid activation of the Winter Plan and the mobilisation of the TWPRG ensured that all services and partners were engaged and participating at an early stage.

The cross-Tayside collaboration through daily meetings ensured that bed capacity was well managed, discharge processes were maintained, mortuary facilities were

[3] Information provided by NHST Communications Department and analysed by Greg Baker PH Department

addressed sensitively and staffing for critical areas was at all times secured. Strict adherence to infection control protocols both in hospital and in the community had a crucial part to play in preventing spread of infection amongst staff, patients and the public. The Tayside response is being considered as a model of good practice at a national level.

Appendix 1

Tayside Winter Pressure Response Group Membership

The following list includes everyone who received papers. Not everyone on the list attended the meetings/teleconference and not everyone attended every meeting/teleconference – attendance was based on circumstances.

Designation / Organisation

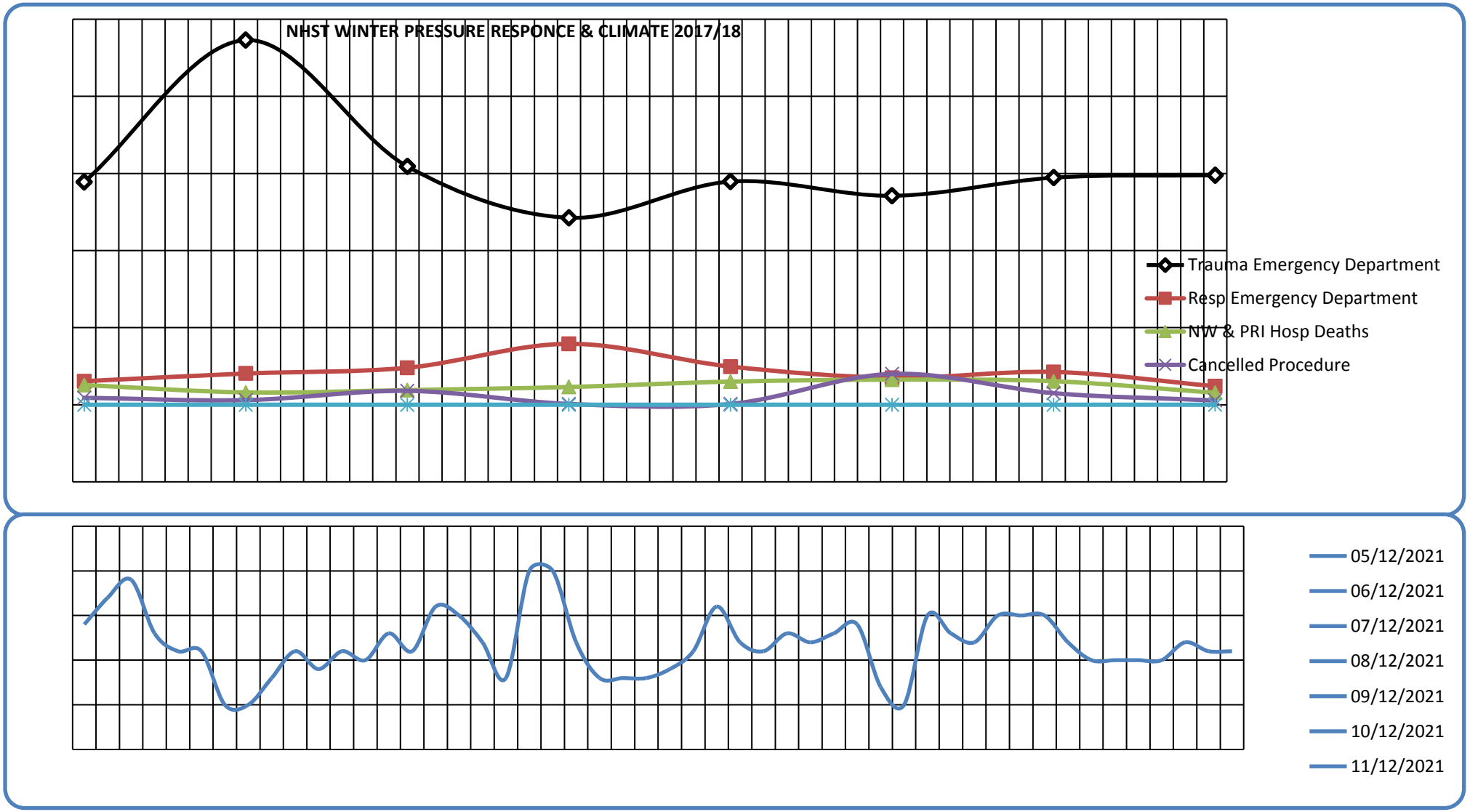
Resilience & Security Manager, Scottish Water
Head of Property, NHST
Public Health Officer, NHST
Joint Clinical Group Director (Diagnostics)
Customer Relationship Manager, Scottish and Southern Energy
Communications Manager, NHST
Learning & Development Coordinator, Tayside LRP
CPHM NHS Fife
Lead Nurse Infection Prevention and Control NHST
Associate Nurse Director NHST
Board Secretary, NHST
Consultant Paediatrician, NHST
Lead Nurse P&K Health & Social Care Partnership
Lead Nurse, Angus HSCP
Head of Ambulance Service, Scottish Ambulance Service
Manager, Community Medicine, PKHSCP
HM Coastguard, Coastal Operations Area Commander (Grampian)
Locality Manager, Dundee Health and Social Care Partnership
Health, Safety and Wellbeing Manager, Perth & Kinross Council
Health Protection Team, NHST
Clinical Laboratory Manager, NHST
Consultant in Public Health Medicine, NHST (Chair)
Consultant Microbiology (Infection Control), NHST
Emergency, Events & Resilience Planning, Operational Support Division, Police Scotland
Acting Head of Safety Services, University of Dundee
Civil Contingencies Officer
Locality Manager Dundee Health & Social Care Partnership
Head of Resilience, NHS Tayside
Consultant, OHS
Resilience Officer, SEPA
Community Safety & Resilience Service Manager, DCC
Consultant Radiologist, NHST/Lead Acute Services Pandemic Flu
Health & Social Care Integration, DCC
Quality & Services Manager, Primary Care NHST
Head of Service, Health and Community Care, Dundee HSCP
Consultant Virologist Medical Microbiology, NHST

Met Office Advisor
Area Manager, SEPA
Readiness & Resilience Manager Scotland, APHA
Senior Resilience Co-ordinator, North of Scotland
Chief Executive, PKHSCP
Consultant in Microbiology, NHST
Consultant Emergency Medicine, A&E, NHST
Transformational Programme Lead

Consultant in Public Health Pharmacy, NHST
Executive Director, P&KC
Medical Director, NHST
Scottish Government
Resilience Manager, Angus Council
Head of Health Community Care, North Angus
Resilience Planning Advisor, NHST
Resilience Specialist, Scottish Water
Associate Medical Director, NHST
Director of Public Health, NHST
LMC Tayside
Chair NoSRRP
Health & Social Care Integration, PKC
Medical Director, Primary Care, NHST
Chief Operating Officer, NHST
Chief Executive, Angus Council
Director of Strategic Change, Chief Executive, NHST
General Manager, Surgery, NHST

NHS Weekly Trend Information - as at 22nd January 2018

Source: Business Unit and PH Department NHST



Appendix 2

Social Media Statistics for NHS Tayside Winter Pressure Response 2017/18

Facebook

Type of post	How many times	Reach
Sunday pharmacy opening times	7	23,041
NHS 24 video – catch it, bin it	1	7758
NHS 24 Know Who To Turn To	15	60,772
Press Release: Looking after flu at home	3	56,452
NHS Inform website	28	69,466
Press Release: Help us prevent the spread of flu	19	69, 466

Twitter

Type of post	How many times posted	Reach
Sunday pharmacy opening times	5	12
NHS 24 video – catch it, bin it	1	37
NHS 24 Know Who To Turn To	20	373
Press Release: Look after flu at home	1	
Press Release: Help us prevent the spread of flu	9	9

Source: NHS Tayside Communications Department

Appendix 3

Tayside Winter Pressure Response Group Feedback

The Group were asked for feedback on their experience of the response to the Tayside Winter Pressure Incident 2017/18. The questions posed were:

1. What did you and colleagues do that made an impact?

2. What did others do that you felt made a real difference?

3. Could any of these processes be incorporated into practice on a more routine basis?

4. Any other comments?

The responses have been collated below.

What made a difference?

Effective Preparation

- Winter planning sessions were held early in the winter season to raise awareness of winter response arrangements.
- Business Continuity sessions were held with key staff at the start of the winter season to consider staff shortages and the implications on the delivery of critical services.

Incident Co-ordination

- Hospital "huddles" were held to review secondary care capacity and the Tayside wide Winter Pressures Response Group was established to take action to reduce demand on primary and secondary services.
- A whole system adaptive response was implemented to bring together key players - but alignment of meetings is also essential to support engagement.
- Information was shared on how winter pressures were impacting across the NHS, SAS and NHS24 in order to identify any issues that might have been relevant to the Tayside episode.

Service delivery

- In-patient bed management was arranged to prevent cross infection.
- Care Home requests for GP assessments were bundled to make efficient use of time and resources.
- Rapid collation of virology and hospital activity data supported decision-making and forward planning.
- Daily monitoring of mortuary capacity, number of death registrations, throughput at crematoria, throughput through burial, and the lead time from registration of death to cremation/burial ensured availability of services and that timescales did not impact unnecessarily on the grieving process.
- NHS Tayside and Local Authority Partners co-operated to ensure grounds were kept clear of snow and ice to facilitate access to essential services and reduce risk of slips and falls.

- Rapid and pragmatic solutions to issues were identified and implement as they arose – this helped build trust.

Communication

- Daily meetings were kept short but enabled information exchange, agreement on actions and supported the rapid dissemination of information.
- Flu information was made available on Staffnet and adapted and circulated for use in the community setting.
- Information was disseminated to ensure heightened awareness of infection control procedures in hospital and community settings.
- Early communication with GP practices meant they were more "in the loop" and were then better able to inform patients.
- The open and honest environment that supported conversations and position statements ensured that everyone contributed and this was essential to a positive outcome.

Could any of these processes be incorporated into practice on a more routine basis?

The following suggestions were made:

- There was useful learning from the HSCP/primary/secondary care interface which could be incorporated into practice.
- Suitable guidance material for public could be made available at a national level the start of each winter season.
- Confirmation could be sought that winter planning processes are in place at the beginning of each winter season.
- Respiratory infection trends could be reviewed and discussed formally from early December.
- Mortuary information (body storage capacity) could be monitored to ensure early action is taken where storage is approaching capacity.
- Ambulatory Assessment Unit could be open for longer hours and at weekends.
- Continual 'virus' awareness to reduce the burden of respiratory viral infections (any novel respiratory viral pathogen) acquired through healthcare-associated infections should be maintained through a 'symptom-based i.e. transmission based precautions' approach.
- Adequate supplies of PPE in hospital and community (including social care) settings should be maintained throughout the year and plans in place for contingencies.

Any other comments?

- *Very useful series of meetings which highlighted the fact that NHST/partners are both proactive and well coordinated when it comes to incident response.*

- *The high level of executive team engagement, listening and actions undoubtedly provided an organisational context that enabled a multi-disciplinary whole system approach.*

- *The commitment and flexibility of staff within NHST was clearly evident during this time in particular.*

- *Staff worked extra hours when required to ensure increased demands for tests, advice and actions were met in a necessarily timely manner. This was all achieved efficiently and in a spirit of co-operation.*

- *People felt that they were supporting each other.*