



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
19 DECEMBER 2017**

REPORT ON: WINTER PLANNING ARRANGEMENTS

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB58-2017

1.0 PURPOSE OF REPORT

To inform the Integration Joint Board of the Winter Planning arrangements and Unscheduled Care Improvement Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the content of the cover report and NHS Tayside Winter Plan 2017/18 (attached as appendices 1 and 2) which were presented to the NHS Tayside Board Meeting held on 26 October 2017;
- 2.2 Approves and endorses Dundee Health & Social Care Partnership's contribution to the Winter Plan;
- 2.3 Notes the Improvement Plans that underpin the Winter Plan;
- 2.4 Notes the Resilience Plans for winter preparedness.

3.0 FINANCIAL IMPLICATIONS

The financial implications for Dundee Health & Social Care Partnership of the winter plan arrangements as set out in this report will be contained within existing budgeted provision and available funding streams..

4.0 MAIN TEXT

- 4.1 The NHS Tayside Winter Plan 2017/18 (the Plan) describes the collaborative approach to planning for “winter” by NHS Tayside and the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross. The plan forms the local Unscheduled Care Action Plan, is aligned to the Five Year Transformation Plan and is underpinned by the Six Essential Actions for Unscheduled Care. This plan has been written taking full account of the winter planning guidance ‘The National Unscheduled Care Programme: Preparing for winter 2017/18’ (DL (2017) 19).
- 4.2 The aim of the Plan is to assure NHS Tayside Board, the Scottish Government and the population of Tayside that plans and systems are in place to support the early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	This is a Tayside plan. There is a risk that the plan is not achieved as described and there is an increase in the number of people delayed leading to boarding of patients and cancellation of elective operations.
Risk Category	Operational, Financial
Inherent Risk Level	15 – Extreme
Mitigating Actions (including timescales and resources)	Local planning is in place to ensure the Dundee partnership will fulfil its requirements. The impact on the system will be monitored daily. Christmas/New Year plans will be completed.
Residual Risk Level	9 - High
Planned Risk Level	6 - Moderate
Approval recommendation	Given the moderate level of planned risk it is recommended that the level of risk is accepted.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

None.

David W Lynch
Chief Officer

DATE: 24 November 2017

Diane McCulloch
Head of Service



Item Number
NHS Tayside Board
26 October 2017

Winter Planning Arrangements

1. PURPOSE OF THE REPORT

The purpose of this report is to present to NHS Tayside Board the Winter Planning arrangements and Unscheduled Care Improvement plan. This plan describes the collaborative approach to planning for “winter” by NHS Tayside and the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross. The plan forms our local Unscheduled Care Action Plan, is aligned to our Five Year Transformation Plan and is underpinned by the Six Essential Actions for Unscheduled Care. This plan has been written taking full account of the winter planning guidance ‘The National Unscheduled Care Programme: Preparing for winter 2017/18’ (DL (2017) 19).

The aim of the Winter Plan 2017/18 is to assure NHS Tayside Board, the Scottish Government and the population of NHS Tayside that plans and systems are in place to support the early intervention and action at points of pressure and to minimise the potential disruption to services, people who use services and their carers. The winter period described as being between 1 November 2017 and 31 March 2018. This plan also is strengthened by our NHS Board contingency and resilience planning that is already in place.

Importantly this is an integrated plan and work has been ongoing to ensure partnerships and acute services are developing cohesive plans for winter and with key partners such as the Scottish Ambulance Service (SAS). Our winter plan this year focuses on resilience, festive period arrangements in addition to the temporary arrangements put in place alongside our more sustainable improvement plan for year round service delivery. A separate plan is in place for broader aspects of unscheduled care which is overseen by an Unscheduled Care Programme Board and appointed clinical leads.

The National Unscheduled Care Programme, uses the Six Essential Actions for Improving Unscheduled Care to inform its approach. The Six Essential Actions are:

- Clinically focused and empowered hospital management
- Hospital capacity and patient flow (emergency and elective) realignment
- Patient rather than bed management
- Medical and surgical processes arranged to improve patient flow through the unscheduled care pathway
- Seven day services appropriately targeted to reduce variation in weekend and out of hours working
- Ensuring patients are optimally cared for in their own homes or a homely setting.

2. RECOMMENDATIONS

The Board is asked to:

1. Approve and endorse the winter plan for submission to Scottish Government

2. Approve the festive arrangements
3. Note the improvement plans that underpins the winter plan
4. Note the resilience plans for winter preparedness in place

3. EXECUTIVE SUMMARY

The Winter Plan 2017/18 aims to support the best use of locally available resources as demand rises and /or capacity is limited in order to sustain safe, effective and person-centred care in line with our quality ambitions. It is recognised at both a local and national level that all year planning is required for unscheduled care. The Winter Plan is the escalation plan that enhances and supports the Board Local Unscheduled Care Improvement Plan. To further support the Winter Plan there is a system wide Escalation Plan and each Health & Social Care Partnership has their own detailed local plans. The escalation plans have agreed systems and process to respond to increased demand or capacity pressures with an escalation framework for health and social care with agreed actions and triggers.

In planning for Winter 2017/18 there is recognition of a number of key challenges and a focus on how these will be addressed:

- Elective Activity - NHS Tayside has reviewed elective activity over a three week period 18 December 2017 – 8 January 2018 to support the predicted rise in unscheduled care admissions circa 7% (650 patients) over December and ring fenced capacity for elective / expedited cancer pathway and urgent surgical cases
- The interim divert in place from 21 August for all unscheduled general surgery from Perth Royal Infirmary to Ninewells Hospital to support capacity & flow at Perth Royal Infirmary will remain in place
- Capacity within acute services – an agreed whole system response to the findings from the Day of Care audits and delayed discharge plans is being agreed to ensure availability of bed for unscheduled care underpinned by a robust escalation response if required
- Staffing - staffing rotas will be in place by November 2017 this will include the management and professional support over weekends and public holidays.
- Additional services will be put in place by key support services like Pharmacy, Radiology, Facilities and Transport
- Norovirus - the NHS Board has clear policies and procedures for the management of norovirus, including providing guidance to care homes to help keep patients in those homes should they acquire norovirus
- Flu immunisation - a robust programme of immunisation to address the flu virus has been established for both NHS Tayside staff and the public. Staff are being supported to access flu immunisation in order to protect patients, minimise staff's risk of exposure and reduce potential absence from work. The most vulnerable in the population i.e. children, people with underlying health conditions and the elderly have been invited to uptake immunisation in order to promote health and minimise the risk and impact that flu on these group
- Managing in severe weather - contingency plans are in place across all agencies should this situation arise, including access to suitable vehicles

The winter plan aims to minimise the potential disruption to services and improve outcomes for those who need to access services. This includes preventing delays in patients being discharged from hospital and preventing unnecessary admissions to hospital.

This paper provides an overview of the plan and associated improvement actions. The plan builds on learning from winter 2016/17 from what worked and what did not. This plan is built jointly partnership with all Health and Social Care Partnership and NHS Tayside

4. REPORT DETAIL

The plan is a whole system health and care response to ensure the needs of our population are met over the winter period through resilience and effective planning in particular for frail elderly and those who are acutely ill. Our plan aims to provide safe and effective care for people using services by ensuring effective levels of capacity and staffing are in place to meet unexpected activity levels in communities and across our acute sector.

This plan is underpinned by full business continuity arrangements and daily management of capacity and flow through our established leadership and safety and flow huddle infrastructure.

This Winter Plan will be supported by a suite of measures across the system which will enable informed decision-making implemented through our safety huddle framework which includes escalation processes. This will be supported by weekly look back to encourage system learning and continuous improvement.

5. CONTRIBUTION TO NHS TAYSIDE'S STRATEGIC AIMS

The plan is based on the 2020 Vision for Health and Social Care describes a health and social care system which is centred on:

- integrated health and social care services;
- a focus on prevention, anticipation and supported self-management;
- day case treatment as the norm where hospital treatment is required, and cannot be provided in a community setting;
- care being provided to the highest standards of quality and safety, with the person at the centre of all decisions;
- ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

This plan supports the NHS Tayside Local Delivery Plan, Five Year Transformation Plan and the Strategic Improvement Plans of the Health and Social Care Partnerships in Perth & Kinross, Dundee and Angus. 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%)
- Zero delayed discharges over two weeks and working toward discharge from hospital within 72 hours of being ready for discharge.

6. MEASURES FOR IMPROVEMENT

See full report for detailed measurement plan

7. IMPACT ASSESSMENT & INFORMING, ENGAGING & CONSULTING

There is a dedicated communication and engagement process which supports this plan. Stakeholders have been engaged in the development of this plan and include all Chief Officers of the Health and Social Care Partnerships, General Managers and clinicians. A winter planning session was held on 22 August 2017 to support development of the plan document in partnership with clinicians and managers.

The session covered key issues such as

- Resilience
- Unscheduled / Elective care
- Health & Social Care Plans
- Seasonal Flu

- Respiratory Pathway
- Management information
- Out of Hours
- Governance
- Integration of Key Partners / Services

As in previous years, the Communications Team support the organisation's preparations for winter through the local and national winter campaigns.

NHS Tayside proactively links with the '*Be Healthwise This Winter*' campaign, 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.

The '*Be Healthwise This Winter*' and Ready Scotland campaigns are featured on the NHS Tayside website using the digital assets provided by the national campaigns. We will also run a norovirus campaign with many messages featuring over the winter months.

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 Corporate 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.

The communications department has a proactive approach to ward closures to norovirus outbreaks and alerts all media outlets, updates social media and NHS Tayside website to every incident as soon as alert received from Infection Control Department. Clear key messages are deployed, including details of any visiting restrictions. NHS Tayside communications also actively promotes Norovirus publicity materials and national campaign assets and shares widely through social media channels, including Facebook and Twitter and local media.

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. National campaign digital assets are also included on NHS Tayside's website and social media.

8. PATIENT EXPERIENCE

The plan takes a whole system health and social care response to support the best use of locally available resources as demand rises and/or capacity is limited in order to sustain safe, effective and person-centred care.

9. RESOURCE IMPLICATIONS

As in previous years, Scottish Government has committed additional resource to all territorial Boards in supporting dedicated, multidisciplinary teams to improve patient flow. NHS Tayside's share of this resource is £392k.

The Health and Social Care Partnership has invested in additional capacity in the Health, Social Care and third sector workforce through Change Fund, Integrated Care Fund and latterly the Delayed Discharge funding streams to support both the unnecessary admission to hospital and prevention of discharge delay.

10. RISK ASSESSMENT

There are four key areas within NHS Tayside strategic risk profile that this plan has the potential to impact upon, these are:

- Access to elective care service over the festive period
- 4 hours emergency access target
- Delayed Discharge target
- Capacity and Flow
- Financial Performance

11. LEGAL IMPLICATION

There are no known legal implications

12. INFORMATION TECHNOLOGY IMPLICATIONS

There are no known IT implications that are not already being addressed as part of NHS Tayside E-Health Plan

13. HEALTH & SAFETY IMPLICATIONS

There are no known Health and Safety Implications

14. HEALTHCARE ASSOCIATED INFECTION (HAI)

There are no healthcare associated infection implications

15. DELEGATION LEVEL

Chief Operating Officer
Chief Officers of Health & Social Care Partnership in Angus, Dundee and Perth & Kinross

16. TIMETABLE FOR IMPLEMENTATION

November 2017-March 2018

17. REPORT SIGN OFF

Lorna Wiggin
Chief Operating Officer

Lesley McLay
Chief Executive

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

18. SUPPORTING DOCUMENTS

NHS Tayside Winter Plan
'The National Unscheduled Care Programme: Preparing for winter 2017/18' (DL (2017) 19)'.
'

NHS Tayside

Winter Plan 2017/18

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Introduction

NHS Tayside and health and its partner organisations have taken a collaborative approach for winter planning in 2017/18 through the Tayside Unscheduled Care Board.

The winter plan has been developed as part of our local Unscheduled Care Action Plan in line with our 5 year Transformation programme, is underpinned by the Six Essential Actions taking full account of the winter planning guidance 'The National Unscheduled Care Programme: Preparing for winter 2017/18' (**DL (2017) 19**).

The winter plan focuses on early prevention and intervention with actions agreed for points of pressure in order to minimise potential disruption to services and continue to provide safe and effective care of our population. Our plan is strengthened by resilience planning and business continuity arrangements to provide assurance and aims to provide assurance to NHS Tayside Board, Scottish Government and our population for winter period November 2017 – March 2018.

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 and the Ambulance Service (SAS) have participated in workshops to develop the plan to ensure timely access to 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 will see some alternative arrangements in place this year combined with sustainable improvement which will underpin year round sustainability.

A separate plan is in place for broader aspects of unscheduled care which is overseen by the Unscheduled Care Programme Board and the programme team and has clear clinical leadership.

This plan will be underpinned by full business continuity arrangements and daily management of safety, capacity and flow NHS Tayside established safety and flow framework with senior clinical and management leadership and multiprofessional input to safety and flow huddle infrastructure 7 days per week.

This Winter Plan will be supported by a suite of measures across the system and the use of Safe Care which will provide decision support for the Safety and Flow Framework and escalation processes (see appendix 1). This will be supported by weekly look back to encourage system learning and continuous improvement.

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%)
- Zero delayed discharges following 72 hours of being ready for discharge

Governance & monitoring Infrastructure for 2017/18

- An Unscheduled Care Board is established chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care Dundee Health & Social Care Partnership and will use flow measures to assess the impact of the plan.
- An Unscheduled Care Programme Team is in place including a Programme Manager, and in addition 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.
- Senior Leadership and operational meetings with membership across acute and health and social care services. Chief Officers, Heads of Health, Community care and General Managers and Associate Nurse Directors are members of whole system committees and working group.
- Chief Officers Group in place for Perth and Kinross with established attendance and contribution from General Manager and Associate Nurse Director for Perth Royal Infirmary for specific flow and capacity issues related to Perth Royal Infirmary
- A Tayside wide severe weather plan is in place including triggers for multi-agency coordination.
- Daily staffing levels for our acute hospitals are monitored through Safe Care system as part of our rostering system and daily safety and flow huddles.
- Supporting human resource policies are in place covering severe weather, adverse conditions and service disruption.
- Communications teams disseminate information with update website informing the public and staff on planning for winter, where to go for services and public health messages

Winter planning

NHS Boards and Health and Social Care Partnerships have a responsibility to undertake effective Winter Planning to ensure that the health and social care needs of the population continue to be met in a timely and effective manner regardless of any increases in demand or additional challenges associated with the winter period.

There is clear focus on community services through enhanced community support to prevent admission where possible due to the continuing pressures on inpatient beds and challenged with workforce deficits. The available workforce has a direct bearing on NHS Tayside ability to create additional beds in times of increased pressure. These are known as "surge beds". As a result, delivery of the actions within the plan must be achieved.

The Scottish Government asks Health Boards to ensure they have plans for the following:

- Resilience (plans to keep services going when there are unexpected or major pressures, including adverse weather)
- Communications to staff and public regarding plans and know who to turn to
- Unscheduled and Elective Planning (plans to provide correct staffing levels, facilities and beds to care for both emergency patients and patients who are attending for planned operations).
- Out of Hours Services planning
- Norovirus outbreak plans

- Seasonal Flu plan
- Robust Respiratory Pathway to manage increased respiratory admissions over winter

A full evaluation of the winter plan delivery for 2015/16 compared to the Scottish Government self-assessment framework was undertaken and has informed the preparation of this winter plan.

Managing winter pressures

This will ensure that leadership, and information intelligence is available to help inform decision making and infrastructure that allows responsive management of capacity.

- Triumvirate site management is in place with Associate Site Director, Associate Nurse Director and Associate Medical Director identified for the Perth Royal Infirmary and Ninewells Hospital sites.
- Health and Social Care Partnerships are established with integrated management teams, weekly capacity and discharge meetings in place. These weekly meetings highlight and respond to challenges in delayed discharges.
- A daily huddle framework is in place with attendance from senior clinical staff and support services chaired by a senior leader. Huddles take place at 08.00, 13.30, 16.30 and 21.30 daily on weekdays to identify and respond to safety concerns and system pressures. Health and Social Care Partnership employees are participating in daily huddles. A cross site huddle in partnership with Scottish Ambulance Service is in place daily on weekdays.
- Safety Huddles, focus on proactive discharge planning including, pre noon discharges/ weekend discharges.
- Divert protocol developed for Perth Royal Infirmary and Ninewells Hospital
- Standard operating procedures and action cards in place – update and revised with escalation process. Embedded as part of the Hospital safety and flow huddle.
- *System Watch*¹ predictors are utilised to anticipate the level of emergency admission. Utilising the improved communication and leadership of the Safety Huddles, *has ensured* a focus on proactive discharge planning including, pre noon discharges, weekend discharges, utilisation of discharge lounge and criteria led discharge.
- 98% performance against the four hour standard is a top priority for NHS Tayside linked to patient safety outcomes. Where there are waits out with the four hour standard these are reviewed, lessons learned and disseminated. There is regular daily and weekly review of performance.
- A day of care audit completed in Perth Royal Infirmary & Perth & Kinross Community Hospitals September 2017 to inform changes.
- Reorganisation of acute hospital management arrangements ensures a site-specific approach and senior management presence from 8.00 to 20.00 hours, including the weekend daytime hours and with 24 hour on-call support.
- A review of support services such as portering, cleaning, pharmacy and transport will be undertaken to ensure capacity is aligned to demand, not just within hours, but also across 7 days and out of hours periods

Staffing

- Daily staffing levels are monitored through Safe Care system as part of our rostering system and daily safety & flow huddles supporting placement of staff in areas of staffing pressure and high patient acuity

¹ www.isdscotland.org/Products-and-Services/System-Watch

- SafeCare is a system which indicates if a clinical area has a safe level of staffing at the time that the data regarding patient acuity (the Shelford Scale) is entered into the HealthRoster programme
- There will be proactive recruitment of newly qualified nursing professionals in October and November to fill any current vacancies as part of ongoing recruitment campaigns.
- GP Out-of-Hours service is working to 80% GP shifts for festive period filled by October 2017.

Delivering Scheduled care

It is important that NHS Boards ensure that their focus is on unplanned admissions which can be higher in winter periods. However to ensure a whole system approach NHS Tayside has reviewed how planned care will be delivered to ensure they can both be delivered safely together at times of pressure

- NHS Tayside as part of its festive arrangements will support additional capacity for unscheduled care through a clinically prioritised approach to elective capacity from 18 December 2017 to 8 January 2018, along with expedited cancer pathway and urgent surgical cases
- An interim divert is in place effective from 21 August for all unscheduled general surgery in Perth Royal Infirmary to Ninewells Hospital to support unscheduled medicine capacity and flow at Perth Royal Infirmary
- We will continue to optimise the use of theatre capacity across all of our theatre estate but especially at Stracathro hospital where there is ring fenced elective surgery capacity
- 7 day AHP support across our orthopaedics wards at Perth Royal Infirmary and Ninewells Hospital supporting pathways of care and early discharge
- Optimisation of Theatre Admission Suite (TAS) for Surgery and Orthopaedic patients to reduce overcrowding on wards on day of admission and / or admitting day before surgery for non clinical reason.
- Cancer/Urgent Patient flow during festive period with multidisciplinary team meetings during festive period. Within Colorectal service a generic email has been set up for specialist nurses to manage any urgent queries/patients. Festive period leave planned to ensure Cancer Tracking Team, Specialist Nurses and Consultants are available to support a no delays in patient journey
- Transport arrangements to be discussed with patients at pre admission, e.g. Pre Assessment clinics/Out-Patients to ensure all journeys meet the criteria for Scottish Ambulance Service transport services.
- Ambulance workshops planned for November to inform / update and train staff regarding ambulance booking and criteria and other available transport options
- Planned Endoscopy list reduced for planned appointments to an increase in capacity for inpatient and urgent care over festive period

Delivering Unscheduled care

Surge capacity will be challenging to create due to nurse staffing availability. The focus has to be on how we use our available footprint and reduce delays to in-patient journeys by working in partnership with health and social care and a number of measures that maintain effective discharges and appropriate admission avoidance and the care of frail older people and those with chronic conditions who are at risk of hospital admission through optimum anticipatory care over the festive period. This will require close collaboration between all

teams that contribute to effective discharge and admission over this period and a shared understanding of each other's local plans.

Avoidance of Admission

- An Acute Frailty Team in Acute Medicine Unit at Ninewells Hospital and at front door at Perth Royal Infirmary. The Acute Frailty Team consist of pharmacy, Medicine for the Elderly consultant, Occupational therapy and Physiotherapy staff. The Acute Frailty Team will in-reach 1630-2030 and review all patients over age 75 to ensure continuity for patients in Acute Medicine Unit /Short Stay Medicine for 48 hours. It supports a reduction in emergency bed days use by over 75 year old people supporting improved pathways of care and preventing unnecessary admission or prolonged stays in hospital
- The Clinical Investigation Unit in Medicine will have increased capacity for semi planned admission by identifying elective pathways for certain conditions what will avoid unscheduled admission via the Acute Medical Unit e.g. DVT, liver disease, anaemia and heart failure this supports reduction in boarding in Medicine in particular ward 4 compared to previous winter and an overall reduction in emergency bed days used in Medicine.
- Dundee Enhanced Community Support rapid Assessment (DECSA) will put in place a specialist advanced nurse practitioner to ensure coordination & continuity of care working with local GPs and community nursing to deliver timely and proactive multidisciplinary response to the identification of need by promoting care planning that puts older people in control
- Enhanced Community Support is in place in all other localities supporting the achievement of personal outcomes, promoting independence, wellbeing and resilience and supporting a flexible, person-centred approach to individualised pathways.
- A professional to professional GP advice line to the Acute Medical Unit Ninewells is available Monday to Friday which supports preventing avoidable admissions and enhanced primary and secondary care communication and relationships.
- Extended Ambulatory Assessment in the Acute Medical Unit in Ninewells Hospital up to 20.00hrs weekdays and opening on a Sunday 1200- 1700 supporting reduction in avoidable admissions at weekend
- Ambulatory Care Models Being Assessed In PERTH ROYAL INFIRMARY

Maintaining effective discharges

- Discharge lounge Perth Royal Infirmary and Ninewells Hospital will support increased pre noon discharges from 31% to 40% as well as safe and effective discharge planning increased patient experience and effective working with Scottish Ambulance Service.
- Weekend discharge coordinator in place to support Ninewells Hospital and Perth Royal Infirmary – working as joint discharge hub with social care facilitating safe discharge / transfer from hospital at weekend liaison and negotiation with patients, their relatives / carers, and multi-disciplinary / multi-agency teams to identify and arrange the most appropriate support or discharge destination for each individual once they are medically, socially and functionally fit for discharge or transfer from hospital.
- Discharge hubs in Perth Royal Infirmary and Ninewells Hospital to work together to support Perth & Kinross patient's repatriation/ early supported discharge Dundee and Angus have an integrated and dedicated hospital discharge hub; jointly with social work. The Hub Group (Dundee/Angus Discharge Task and Finish Group) hold Priority Huddles weekly.
- Daily Dynamic Discharge in orthopaedic in Ninewells and commenced in surgery. Full out programme underway with Daily Dynamic Discharge champion to support roll out in medicine. This work supports a reduction in average length of stay, increase in number

of discharges and improvement in performance against emergency access target. Supports Increase in number of discharges pre-noon and less discharges late in the evening

- Work closely with Scottish Ambulance Service as a key partner at our daily huddles to manage capacity and determine changes to Scottish Ambulance Service that support more evening and weekend discharges.
- Twice daily review by a consultant in acute assessment areas ensures active care management Cardiology, Medicine for the Elderly, Respiratory and Gastroenterology teams to do both morning and evening in-reach into Acute Medical Unit morning in-reach with daily decision-making reviews and multi-disciplinary rounds focusing on facilitating discharge when patients are deemed medically and therapeutically fit
- Weekly delayed discharge review meetings Perth & Kinross, Dundee and Angus with hospital management and Health & Social Care managers.
- Weekly meeting between Medicine for the Elderly Consultants and Psychiatry of Old Age to discuss delays in discharge and capacity across the two services in Perth Royal Infirmary.
- Daily multidisciplinary Board rounds in place with further multidisciplinary team meetings planned throughout the week to agree Planned Date of Discharges.

Anticipatory Care

- Medicine for the Elderly consultants in place to support management of frail elderly patients working between acute and primary care setting /community hospitals
- Early Frailty Identification algorithm to identify COPD patients in the community who are frail and at risk of admission to hospital. This supports managing patients within their own home and prevents unnecessary admissions to hospital and providing access to a rapid response team to reduce admission to acute care.
- Focus of developing an Anticipatory Care Plan for dementia with a specific focus on Care Homes and the Advanced Dementia Practice Model ensuring Prognostic Palliative Score are recorded on e-KIS (electronic key information summary for GP's) and the paper Anticipatory Care Plan for all care home residents with a diagnosis of dementia.
- Improving outcomes of patient's with decompensating liver disease by recruiting a Specialist Hepatology Nursing Team to work with the medical and nursing staff within ward 2 Ninewells Hospital managing patients within their own home and prevent unnecessary admissions to hospital. Reducing the level of unscheduled care and reducing hospital length of stay by increasing access to short stay wards for assessment and treatment rather than the acute ward.
- Strata tool in place to link patient information systems between the community and acute services to enable community care teams to identify patient needs and anticipate future care needs

Supporting capacity and flow

- Electronic Whiteboards implemented in all acute wards and in many Community Hospital settings that support improved communication and information sharing
- Review of Pharmacy support for oncology to ensure no delays on care over the festive and winter period
- Additional Physiotherapy and Occupational therapy in the Acute Medical Unit to support extended working hours 0800- 2000 Monday to Friday and 0830 – 1630 Saturday / Sunday in Ninewells and in Perth Royal Infirmary
- Additional AHP input into Arbroath Infirmary covering seven days

- Readmissions analysis underway to understand why patient are readmitted following hospital care. This will help us better understand target some patient population to explore improvements in care pathways
- Advanced Nurse Practitioner support across the surgical floor in Ninewells, coordinating junior doctor activities for unscheduled surgical admissions.

Care in a community setting

- Health and Social Care Partnerships have developed plans to address expected levels of demand over the winter period including additional care at home staff, additional commissioned hours, temporary care home capacity and tests of change for home care in reach and service retention
- Proactively reduce non-complex (excluding Code 9) patient delays by co-ordinating available health and social care capacity
- Full review and utilisation of capacity in community hospital and step down/up beds and Intermediate care models including residential and Nursing Home Care support care in a community setting
- There has been a strong focus on Anticipatory Care Planning and identification of 'at risk' individuals through ²SPARRA and other mechanisms are shared and proactively managed through social work-GP liaison arrangements and e-KIS. There is now a more concentrated Anticipatory Care Planning work focussed on dementia and deteriorating frail person for 2017/18
- Promote Power of Attorney through local campaigns as a means of increasing number of applications, so that adults are not waiting in hospital settings for decisions on their care upon discharge
- Additional hours to the Mental Health Outreach Service in Dundee to respond to requests for Guardianship reports.

Specifically each of the partnership has programmes of activities that further support their communities as follows:

Angus

- The 'Help to Live at Home' programme in Angus continues to develop our home care local market for private and third party providers of care with the aim to increase efficiency and capacity of home care provision.
- In partnership with the third sector and Social Enterprise Care in Angus work in partnership with the aim to provide increased befriending, volunteer driving and home support Home Care market in Angus incentivising private providers in harder to reach areas.
- Promote Power of Attorney through local campaigns as a means of increasing number of applications, so that adults are not waiting in hospital settings for decisions on their care upon discharge.
- Mental Health Officer recruited to address guardianship delays.
- Review In-Patient Care provision in Community Hospitals.
- Review Residential and Nursing Care Home provision.

² www.isdscotland.org/Health-Topics/Health-and-Social.../SPARRA/

Dundee

- The Resource Matching Unit is now established and along with the increase resource provision has increased capacity and efficiency of the care at home service.
- There has been the implementation of 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
- Develop an 'early indicator of deteriorating health and well-being tool', for use by front line social care staff in to reduce the instances of hospital admissions, increase the use of preventative interventions, and assist people to look after their health and well-being
- Support more people to be assessed at home or a homely setting rather than in hospital by completing and evaluating the 'Moving Assessment into the Community' project for older people in Dundee.
- In Dundee we have put in place an Integrated AHP model for enablement and rehabilitation in Dundee community; colocated enablement, social work and health OT and community physiotherapy providing single point of access to improve access, reduce duplication, share skills and support more elderly people at home
- Dundee Smart Flat and Step Down Housing Service in place to support care at home
- Social Work Occupational Therapy Service and Equipment with a single shared pathway across Health for accessing equipment and adaptations

Perth & Kinross

- Home care protocol/policy in place
- Additional home care Integrated Intermediate Care Model packages and ability to increase capacity through the use of intermediate care beds
- Joint Perth & Kinross health improvement plans in place to support more placement locally
- Review of the community provision for patients requiring Psychiatry of Old Age to enhance the available community support and support care home provides to care for residents in house rather than seeking admission
- The Discharge Hub in PRI and local community hubs will continue to support care in the community to provide care at home and also to support timely discharge. The hub is already supporting prevention of delays in hospital
- The new Home care contracts are in place and will be consolidated to support increased supply.
- Implementation of the Older People's Service Improvement Plan this winter with discharge to assess models planned from January 2018
- Acute frailty and acute medicine receiving pathway development and tested

Preparing for winter

This section focuses on our preparation and plans for resilience and business continuity in the event of any outbreak or norovirus or influenza or respiratory infections. The section details our plans for communication and services that are provide to support the public over the winter period (OOH) to know who to turn or and where and how to access services when GP services are closed.

Resilience

- Escalation contact details updated for Dundee, Perth and Kinross and Angus
- Resilience micro web site in place to promote to staff and include as one stop for huddle information "how staff can staff section"

- Escalation / divert document published on micro site for staff
- Rota for duty cover for festive period will also be placed on the micro site
- Escalation and trigger framework (OPEL framework) published and tested with all Heath and social care and SAS partners prior to 31 October. Action cards to be updated and published on micro site that support escalation plans.
- Multi-agency pandemic flu scenario testing completed
- Permanent 24hrs-a-day teleconferencing facility to allow staff to set up an unplanned teleconference call at any time of the day or night
- 4x4 adverse winter weather protocol in place

Effective communication

NHS Tayside will ensure there are robust communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.

- NHS Tayside website provides all festive provision information for staff. We use the Met Office [National Severe Weather Warning System](#) to provide information on the localised impact of severe weather events. Action cards in place
- NHS Tayside proactively links with the 'Be Healthwise This Winter' campaign, 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. The 'Be Healthwise This Winter' and 'Ready Scotland' campaigns are featured on the NHST website using the digital assets provided by the national campaigns. We will also run a norovirus campaign with many messages featuring over the winter months. The public facing website <http://www.readyscotland.org/> will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies
- Local 'Know who to turn to' campaigns, supported by local redirection policies in A&E to educate patients about the most appropriate professional to meet their needs. A&E / MIU joined up messages
- A directory of services and alternatives to admissions is published on the NHS Tayside website covering primary and community services and also third and independent sector social care provision.
- Social Media used to provide 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 with Plan Proactive Facebook / Twitter campaign
- Communication to all care homes with key messages regarding OOH support, festive closures etc
- The Corporate 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
- Public communications strategy to raise awareness of access arrangements over the festive period and includes advertising campaign in local media with GP, pharmacy and Minor Injury Unit opening hours. Supported by regular social media and website posts to share information and signpost to available services. Cascade through locality groups and web resources e.g. community watch
- The Communications Department has a proactive approach to ward closures to norovirus outbreaks and alerts all media outlets, updates social media and NHS Tayside website to every incident as soon as alert received from Infection Control Department. Clear key messages are deployed including details of any visiting restrictions.

- The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message.
- Ready reckoner regarding key contact & service levels are available for all staff to - these will be further developed and shared across the health and care system in 2016/17
- Messages to staff re professional responsibility regarding flu/norovirus and winter vomiting
- Renal staff will manage communication to patients and GP regarding dialysis in conjunction with SAS over the festive period.
- Discharge coordination through joint working Dundee & P&K discharge hubs to maximise patient flow. Messages to all staff re locality discharge pathways published onto resilience micro site including Fife discharge pathway
- Communications - Protocol for Issuing Information to Patients, Public, Staff and Visitors During Service Disruption/Cancellation
- Communications - Pandemic Influenza Preparedness and Response Communications and Engagement Plan

Out-of-Hours Preparedness

- From November – March out-of-hours will have additional Medicine for the Elderly expertise supporting GP decision making via Medicine for the elderly on call team to work with GP and Specialist Nurse.
- Paediatric trained GPs will work specific sessions to see sick children and monitor at out-of-hours centre rather than referring to the Paediatric Assessment Unit where appropriate.
- NEWS (National Early Warning Score) pathways are in place following to ensure rapid identification of deteriorating patient
- An Advanced Paramedic Practitioner will be based in the Kings Cross Primary Care Emergency Centre to consult patients
- GP triage – it is intended that addition GP triage shifts will cover the busy public holiday periods with a view to increasing the time disposition and 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 eight day festive public holiday period confirmed for all Primary Care Emergency Centres - Arbroath Infirmary, Kings Cross Health and Community Care Centre, Perth Royal Infirmary including GP shifts, drivers, nursing staff etc
- Annual leave applications from 22 December 2017 to 5 January 2018 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 27 / 28 December 2017 and 2 / 3 January 2018

- 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 during December a briefing newsletter to all staff outlining the arrangements for the festive period and winter period January to March including 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.
- Out-of-hours escalation process is under discussion with NHS24
- Contact arrangements are in place for a clear 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.
- The evening and overnight district nursing services in both Dundee and Perth are co-located with the out-of-hours service. Both formal and informal communication is improved with case discussions and working together on complex cases
- Regular meetings in place with Emergency Department to liaise with A+E Consultants regarding services and any issues which arise.
- A list of community pharmacists that will be open over the festive period in addition to rota will be published. Contractor lists are available on intranet. Additional supplies of drugs will be ordered for the festive period.
- Links are in place with Social Work departments across Tayside to identify what/when/where services will be available over the festive and winter period through the Tayside capacity planning structure
- Nursing Homes can contact the out-of-hours service using the 'Fast Track' number to whereby the nurse is providing a triage rather than a non clinical NHS24 triage to determine urgency. Designated GPs are available to call the nursing homes back regarding specific cases

Preparing for and Implementing Norovirus Outbreak Control Measures

NHS Tayside has a comprehensive plan in the event of any outbreak which is robust and tested

- Infection Prevention and Control Teams will be required to confirm they have read the revised guidance Health Protection Scotland Norovirus Outbreak Guidance. The Health Protection Team will update local guidance / resources and circulate alongside nationally-produced materials advising care homes on timely preparation, identification and management of norovirus cases and outbreaks due to be refreshed in September 2017. Health Protection Scotland usually update norovirus guidance in the autumn of each year.
- Specific communication will be in place with regards to outbreak in the community setting such as care home and residential homes with regards to reopening and closures. This will also be communicated at the daily capacity and flow huddles
- Update advice/standards to care homes/residential care setting re receiving patients post outbreak /infection
- Infection Prevention and Control Teams will be supported in the execution of a Norovirus Preparedness Plan before the season

starts. NHS Tayside Health Protection Team routinely works and communicates closely with Infection Prevention and Control Teams through established phone and email pathways, providing confidence that relevant information will promptly be shared. Risk assess each case and liaise wards

- Health Protection Scotland Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff; with all up to date national and local guidance is accessed via the Norovirus Section on the Infection Control site of Staffnet.
- Organisational awareness raised by Norovirus Vital Signs which will be issued October 2017.
- Daily hospital huddles held at Ninewells Hospital and Perth Royal Infirmary where Infection Prevention and Control Teams will be in attendance/ update daily
- Communication includes engagement via the NHS Tayside Communications Team to alert and inform relevant stakeholders e.g. patients, visitors, staff, public via local media, pop up banners, etc.
- There is direct communication with Dundee University Medical School to minimise any impact on teaching
- Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. This is included within standard procedures.
- On receipt of national norovirus situation, information received weekly from Health Protection Scotland is distributed by Infection Control General Manager to Executive and Director generic distribution list.
- Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the Infection Prevention and Control Teams the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge. This is incorporated into ongoing communication/education throughout the year. Clinical areas referred to are included.
- Microbiologist on call 24/7. To provide adequate Infection Prevention and Control Teams cover across the whole of the festive holiday period and Infection Control Nurses rostered either onsite/on call over festive period. Microbiology offers enhanced weekend service for respiratory and norovirus testing in peak virus season
- Infection Control Team alerted to issues via hospital wide daily safety huddles where relevant to respond to rapidly changing norovirus situations, e.g. the closure of multiple wards over a couple of days.
- There is a direct line of communication and collaborative working between Infection Control & Support Services re forward planning/resource allocation of Domestic Services, Laundering Services including curtain changing staff to support additional cleaning and readiness for ward/bay re opening
- A generic Infection Control email is available to support current communication channels to optimise resources and response to the rapidly changing norovirus situation.
- Publicity materials to spread key messages around norovirus and support the 'Stay at Home Campaign' message will be widely distributed throughout NHST ayside.

Seasonal Flu, Staff Protection and Outbreak Resourcing

NHS staff

There is substantial evidence available which recommends staff vaccination against flu:

1. By being vaccinated, staff are less likely to transmit infection, even if asymptomatic, and can therefore reduce morbidity and/ or mortality in vulnerable patients.
2. As well as an investment in staff and patient health and wellbeing health care workers can act as positive role models for patients aged 65 and over, those with long-term health conditions and pregnant women to take up the offer too.
3. The vaccine is safe and there are sufficient supplies to vaccinate the workforce.

It is important that staff are vaccinated against seasonal flu, particularly front-line staff and those working in areas where patients might be at greater risk (paediatric, oncology, maternity, care of elderly, haematology, critical care facilities). The aim is to vaccinate 50% of front line staff as poor influenza vaccine uptake by staff and patients does lead to additional requirements for antiviral prophylaxis if outbreaks occur in wards.

Achieving uptake targets remains a challenge, including among clinical staff. Planning for programme delivery in 2016/17 will revisit options for seeking to increase uptake especially in these staff groups. We will ensure the following actions are taken:

- All of our staff has easy and convenient access to the seasonal flu vaccine. In line with recommendations in Chief Medical Officer (CMO) Letter (2014) 12 clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations however we will coordinate a vaccination programme with partners including a peer vaccination programme
- As in previous years, peer vaccinators will work across multiple shift times in areas with high risk patients. Occupational Health services additionally offer drop-in appointments at major healthcare sites, and community pharmacies are funded to vaccinate any NHS Tayside employee.
- Guidance is available from OHSAS and leaflet to staff when not to stay off work
- Medical staff awareness of prophylactic antiviral treatment will be enhanced and a survey re campaign effectiveness to community / care
- Staff education to ensure appropriate personal protective equipment is worn when dealing with suspected cases of transmissible infection and that there are sufficient supplies of type IIR masks in areas. Proactive refresher session to manage outbreaks in demo rooms.

Outbreak management

The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.

- The Health Protection Team will implement its established incident or major incident management plans and procedures as and when warranted – co-ordinated with Board-level resilience responses.
- Robust communication pathways between Infection Prevention and Control Teams and Health Protection Team are well-established, including direct phone/page numbers, continuously staffed admin/call-handling provisions, generic team email addresses, and out-of-hours arrangements.
- Access ICT equipment planned proactive engagement with clinical areas e.g. flu repellent mask / respirator / face fit test high risk areas
- Influenza H1N1/Pandemic Flu Hospital Response Plan - Emergency Clinical Management Action Cards in place
- Influenza H1N1/Pandemic Flu Hospital Response Plan & Local Resilience Partnership Pandemic Flu Response Plan in place
- Early Autumn marketing Flu campaign to >65 and condition specific including Severity of Flu messages

- Appointment of Vaccination Programme Manager and established co-ordination group
- Processes are in place for circulation of guidance from Chief Medical Officer and other relevant sources on use of antivirals to clinical professionals.
- Close liaison between Public Health Consultants in Health Protection and Pharmacy, and with Ninewells Pharmacy, will ensure timely supply of antivirals and/or vaccine for targeted administration as required.
- The Health Protection Team receives the regular flu activity updates from Health Protection Scotland, and these are monitored by a designated Consultant and Nurse specialists. The team is well-practised at using established communication pathways, both ad-hoc (e.g. email distribution lists) and routine (e.g. newsletters), to promptly forward and provide summaries of key updates and advice to clinical colleagues.

Respiratory Pathway

Respiratory conditions are recognised as a significant factor in additional winter pressures and were a particular feature of 2015/16. A specialist respiratory service is in place and will be augmented with the following:

- NHS Tayside will put in place COPD exacerbation follow up in Dundee / Angus and Perth & Kinross to support patients to stay in their own home.
- Ceiling of care pathway for COPD in test such as e.g. baseline oxygen saturation that supports proactive patient management.
- Trial with Scottish Ambulance Service paramedics to have referral rights refer to community out-of-hours teams (Tayside).
- Put in place rescue packs early steroids / antibiotics for known brittle COPD patients.
- Local guidance and information is in place to promote self-management and supported self-management and will be communicated as part of communication plan.
- The respiratory pathway links with Anticipatory Care Plans and telehealth.
- Promote range of respiratory guidelines and public information leaflets.

Festive Period Planning

The festive period planning covers the period where normal working will be affected by the public holidays over the Christmas and New Year period. For this year, this will cover a three week period – 18th December 2017 to 7th January 2018.

During this period, the aim will be to ensure that appropriate health services are available to meet the changed pattern of demand and to ensure that people have appropriate access to all services in a timely fashion. In particular, services are planned to address the expected winter surges in unscheduled activity particularly following the public holidays. The aim of the Winter Plan is also to mitigate the impact on services in January as a result of lost capacity during the festive period. This will require aligned levels of staffing across the sectors to ensure effective discharge and appropriate admissions.

Evidence from previous festive periods also demonstrates that a large number of planned operating theatre lists are stepped down for the following reasons; Surgeon, Anaesthetist and wider staff group planned leave; increase unscheduled care demand and fewer patients wishing to have surgical intervention at this time. In view of this the General Manager, Associate Medical Director and Clinical Lead for theatres reviewed the theatre schedule and provided a plan from 18 December 2017 to 8 January 2018 for Ninewells, Perth Royal Infirmary and Stracathro that supports a realignment of capacity and staffing to ensure that appropriate health services are available to meet the changed pattern of demand.

A review of the previous year's seasonal downturn shows a natural reduction of approximately 30% of theatre sessions. Over the three week period it is proposed to provide

sufficient theatre sessions to accommodate all emergency, trauma, clinically urgent, clinically prioritised routine elective and cancer surgery. It is anticipated that this planned approach will support the expected surges in unscheduled activity.

A revised theatre schedule has been prepared and agreed, following discussion with Clinical Leads. This outlines the theatre sessions which will continue to run each day over this period. The table below provides a summary of this schedule for both Ninewells and Perth sites.

<u>Ninewells</u>	Sessions Planned to Run	<u>Perth</u>	Sessions Planned to Run
Week commencing 18th December	84	Week commencing 18th December	23
Week commencing 25th December	45	Week commencing 25th December	12
Week commencing 1st January	45	Week commencing 1st January	12

As described above there will still be sufficient theatre sessions to accommodate emergency, trauma, clinically urgent, clinically prioritised routine elective and cancer surgery. The table below provides an estimate of the volume of this activity over the 3 week period.

APPROXIMATE ACTIVITY WHICH WILL CONTINUE TO BE DELIVERED								
Specialty / Site	Emergency / Urgent			Cancers (New Patients only)	Elective Routine - Clinically Prioritised			
	Nwells	PRI	Total	Total	Nwells	PRI	SXH	Total
Ophthalmology	4	0	4	0	83	0	0	83
Orthopaedics	100	24	124	0	38	38	0	76
Plastic Surgery (inc Breast)	50	0	50	22	26	0	0	26
General Surgery	63	20	83	13	24	29	0	53
Urology	8	0	8	7	25	49	0	74
Gynaecology	9	0	9	2	15	0	0	15
ENT	2	0	2	2	31	0	0	31
OMFS	4	0	4	0	7	0	0	7
Neurosurgery	6	0	6	0	10	0	0	10
Obstetrics	77	0	77	0	20	0	0	20
Vascular Surgery	19	0	19	0	7	0	0	7

Oral Surgery	1	0	1	0	5	0	0	5
Total	341	45	386	46	291	116	0	407

The emergency / urgent activity is based on activity that was undertaken in the previous year and will be subject to some variation as will the clinically prioritised cases.

The benefits of taking a planned approach over the festive period are as follows:

- Access to timely care for those patients who require an unscheduled admission
- Staffing deployed across services to support changed patterns of admissions
- Co-ordination of staff leave will support maximising of theatre capacity from 8 January 2018
- Detailed work is being undertaken to confirm the reduction in Clinical Supplies spend and supplementary spend

The risks associated with this proposal are:

- Potential impact on personal TTG guarantees as outlined below:

TTG Position 2017/18										
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
June Trajectory included in LDP	1668	2010	2421	2785	3176	3473	3834	4195	4571	4890
Actual Patients > 12 weeks	1668	1630	1780	1787						
Current Revised Forecast				1787	1822	2005	2603	3164	3581	3935

Measures

1. Business continuity plans tested with partners.

Outcome:

- The board has fully tested business continuity management arrangements / plans in place to manage and mitigate against key disruptive risks including the impact of severe weather.

Local indicator(s):

- progress against any actions from the testing of business continuity plans.

2. Escalation plans tested with partners.

Outcome:

- Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.

Local indicator(s):

- attendance profile by day of week and time of day managed against available capacity
- locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours
- all indicators should be locally agreed and monitored.

3. Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.

Outcomes:

- Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.
- The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.
- Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.

Local indicator(s):

- daily and cumulative balance of admissions / discharges over the festive period
- levels of boarding medical patients in surgical wards
- delayed discharge
- community hospital bed occupancy
- number of Social Work assessments including variances from planned levels.

4. Strategies for additional surge capacity across Health & Social Care Services

Outcome:

- The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services is agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.

Local indicator(s):

- planned additional capacity and planned dates of introduction
- planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;
- planned number of additional intermediate beds in the community and the planned date of introduction of these beds;
- levels of boarding.
- planned number of extra care packages
- planned number of extra home night sitting services
- planned number of extra next day GP and hospital appointments

5. Whole system activity plans for winter: post-festive surge / respiratory pathway.

Outcome:

- The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.

Local indicator(s):

- daily number of cancelled elective procedures;
- daily number of elective and emergency admissions and discharges;
- number of respiratory admissions and variation from plan.

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

Outcome:

- NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.

Local indicator(s) :

- Agreed and resourced analytical plans for winter analysis.

7. Workforce capacity plans & rotas for winter / festive period agreed by October.

Outcomes:

- Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.
- Maintain discharges at normal levels over the two 4 day festive holiday periods

Local indicator(s):

- workforce capacity plans & rotas for winter / festive period agreed by October;
- effective local escalation of any deviation from plan and actions to address these;
- extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements.
- number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges

8. Discharges at weekends & Public holidays

Outcome:

Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.

Local indicator(s):

- % of discharges that are criteria led on weekend and bank holidays;
- daily number of elective and emergency admissions and discharges.

9. The risk of patients being delayed on their pathway is minimised.

Outcome:

- Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these

units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.

Local indicator(s):

- distributions of attendances / admissions;
- distribution of time to assessment;
- distribution of time between decision to transfer/discharge and actual time;
- % of discharges before noon;
- % of discharges through discharge lounge;
- % of discharges that are criteria led;
- levels of boarding medical patients in surgical wards.

10. Communication plans

Outcome:

- The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.

Local indicator(s) :

- daily record of communications activity;
- early and wide promotion of winter plan

11. Preparing effectively for norovirus and influenza.

Outcome:

The risk of norovirus and influenza outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17) and other national guidance which is incorporated as it is updated.

Local indicator(s):

- number of wards closed to norovirus;
- application of HPS norovirus guidance.
- Number of wards closed due to influenza virus

12. Delivering seasonal flu vaccination to public and staff.

Outcome:

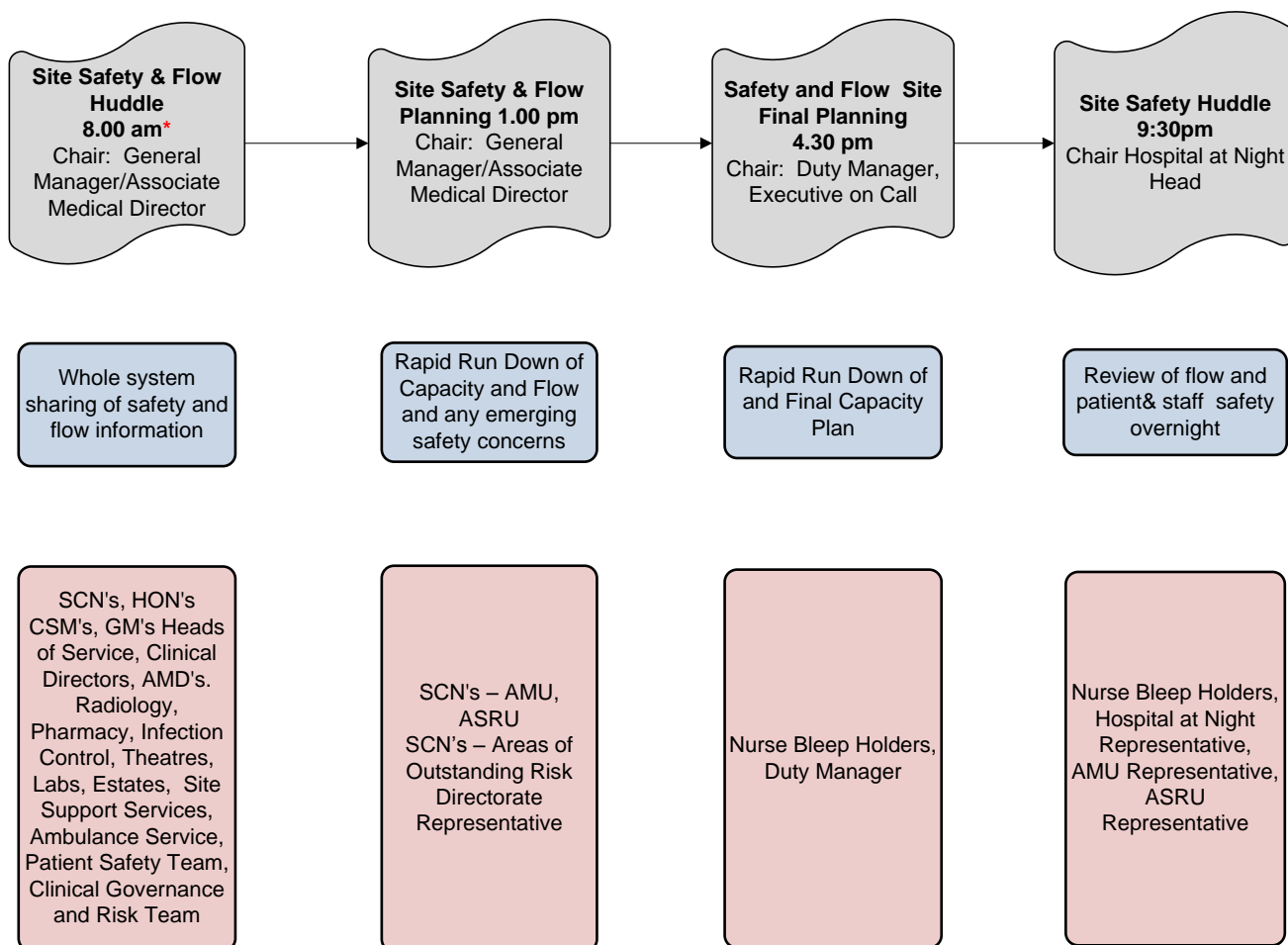
- CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.

Local indicator(s):

- % uptake for those aged 65+ and 'at risk' groups;
- % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

Appendix 1
Safety and Flow Huddle Diagram

NHS TAYSIDE SAFETY & FLOW



* Site-wide report to be circulated following 8am huddle

