



Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

2019/20

Contents

Executive Leads for Winter	4
Executive Summary	5
1. Introduction	7
1.1 Aim	7
1.2 Rationale and Planning Assumptions	7
1.3 Approach	7
1.4 Finance	9
1.5 Approval of Plan	10
1.6 Governance Arrangements	10
2. Key Drivers and Changes from Previous Winters	12
2.1 Striving To Deliver High Quality, Safe, Person-Centred Care	12
2.2 Lessons Learned from Winter 2018/19	13
3. Winter Plan 2019/20	15
3.1 Resilience Preparedness	15
3.1.2 Adverse Weather	15
3.1.3 Scottish Ambulance Service (SAS) Resilience Planning	16
3.1.4 System Wide Escalation Framework	17
3.1.5 Pressure Period Hospital Site Huddle Framework	17
3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards	18
3.1.7. Safety and Flow - Using and Applying Information and Intelligence to Planning	18
Summary of Key Actions for Resilience	19
4. Unscheduled and Elective Care Preparedness	20
4.1 Emergency Department (ED) - Winter Preparedness	20
4.2 System Wide Planning	21
4.3 Angus Health and Social Care Partnership	21
4.4 Dundee Health and Social Care Partnership	23
4.5 Perth & Kinross Health and Social Care Partnership	24
4.6 Fife Health and Social Care Partnership	25

Summary of Key Actions for Unscheduled and Elective Care Preparedness	26
5. Out of Hours Preparedness.....	26
5.1 Out of Hours Services.....	26
Summary of Key Actions for Out of Hours Preparedness	27
6. Infection Prevention and Control.....	27
6.1 Norovirus	27
6.2 Norovirus Training and Communications	28
6.3 Norovirus Planning and Control	28
6.4 PPE Procurement (Flu and Norovirus).....	29
6.5 Seasonal Flu	29
6.5.1 Flu Vaccination Programme.....	29
6.5.2 Flu Communication Campaign.....	29
6.5.3 Near Patient Testing for Flu	30
6.5.4 Care Home Flu Management and High Risk Groups	30
Summary of Key Actions for Infection Prevention and Control.....	30
7. Respiratory Pathway.....	30
Summary of Key Actions for Respiratory Pathway.....	31
8. Mental Health.....	31
Summary of Key Actions for Mental Health	32
9. Communication Strategy.....	32
Appendix 1 Winter Preparedness Funding Summary	33
Appendix 2 Reporting Structure.....	34
Appendix 3 Unscheduled Care 6EA 2019/20 Priorities	35
Appendix 4 Winter Plan Driver Diagram	36
Appendix 5 Measures.....	37
Appendix 6 Safety and Flow Huddle	41
Appendix 6 Safety and Flow Huddle	42
Appendix 7 Winter Action Card Template	43

Executive Leads for Winter

Lorna Wiggin, Director of Acute Services, NHS Tayside

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

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

Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have taken a collaborative approach towards preparedness and planning for winter 2019/20 through the Tayside Unscheduled Care Board.

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

All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the increased level of partnership thinking and integrated working. It is underpinned by the Unscheduled Care Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2019/20 and Supplementary Checklist of Winter Preparedness.

This year collaborative working has continued for winter preparedness with learning from previous winter challenges. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside continues to undergo transformation and much of this work is integrated into our winter plan.

The winter plan has been developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2019/20) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Partner organisations to reduce attendances, managing and avoiding admissions, with Emergency Departments and acute service areas to focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over this winter. Our plan is strengthened by resilience planning and business continuity arrangements to provide to NHS Tayside Board, Scottish Government and our population for winter period December 2019 – March 2020.

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

The focus on improved resilience over the festive period taking account of learning from previous winters and actions from the Local Review of Winter 2018/19 Scottish Government's Report (May, 2019), will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multiprofessional input to the safety and flow huddle infrastructure seven days per week.

This Winter Plan will be supported by a suite of measures across the system. This will include the use of the 'SafeCare' System which provides information in relation to staffing capacity within each ward as well as System Watch providing predictive data to inform

decision support for the Safety and Flow Triggers and Escalation Framework. This will be further supported by weekly look back to encourage system learning and continuous improvement.

The NHS Tayside Medical Model is embedded, with the “Assess to Admit” model, at its core the principal tenet of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Health and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable.

Professional to other professional communication can share decision making and discharge home from an assessment area to complete investigation and treatment continues as the norm. This has helped to maintain our discharge rate from Acute Medicine Unit (AMU) and Acute Medicine for the Elderly (AME) at >65%.

1. Introduction

1.1 Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes to effectively manage the potential challenges associated with the winter period for 2019/20 and delivering against the national and local targets and standards for Health and Social Care.

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

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources, involving planning, discussions and feedback, learning from previous experience, assessing winter risk and agreeing shared approaches going forward for winter 2019/20. These sources include;

- Six Essential Actions, Unscheduled Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2019/20 Workshop (March 2019)
- Scottish Government Health & Social Care: Local Review of Winter 2018/19 Report (May 2019)
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2019/20
- Partners', sectors' and services' winter plans and surge plans

Review and local feedback has informed that the winter period December to March creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the key headings of the 'Supplementary Checklist of Winter Preparedness' (2019/20) detailed below in the approach taken to deliver the winter plan aims:

1.3 Approach

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2019/20) guidance:

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

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

Prevent:**Illness and Admissions within our population and staff:**

- Infection Prevention and Control - Prevent illness in the first place
 - Flu Campaign, Respiratory Pathway
- Community based care : Enhanced Care Support (ECS)
- Rehabilitation at home or community rather than hospital
- Shared decision making: Professional to Professional advice
- Assess to Admit - Ninewells and Perth Royal Infirmary, >65% discharge rate

Inform:**Whole System Escalation Framework:**

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

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

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

Business as Usual is the primary aim:**Strategies include:**

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

Plan for more Business as Usual Capacity

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

- Increase AMU capacity: >65% discharges
- More beds within footprint for medicine: two sites
- Increase Respiratory Unit capacity in Ninewells
- Increase business as usual to seven days/ longer days
- Ambulatory seven days
- More senior decision makers over public holidays/Festive Holidays
- Adequate Festive Staffing cover across acute, primary and social care setting including: Pharmacists, AHPs, Social Care Staff, Porters

Communicate:

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

- Final Winter Plan submission to Scottish Government by 31 October 2019
- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight required around the allocation of winter planning funding for 2019/20.

The aim for 2019/20 is to proactively invest in work that will aim to maintain "business as usual". This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu and adverse weather.

Preparing for Winter funding as well as the Unscheduled Care Programme 6EA funding, will be allocated across the eight target areas detailed throughout the Tayside Winter Plan 2019/20. In accordance with national 'Preparing for Winter' (2019/20) recommendations funding will be specifically targeted to deliver a key focus on the following areas:

- Reducing Attendances
- Managing/Avoiding Admissions wherever possible
- Reducing Length of Stay
- Focus on Flow through Acute Care
- Workforce – appropriate levels of staffing are in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and holiday periods. Adequate festive staffing cover across acute, primary and social care settings

The funding has been allocated in three phases in line with the winter planning approach:

Phase 1 Prevent

- Additional funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges
- Out of Hours additional funding

Phase 2 Assurance - Initiatives to ensure winter flow

- Extended Ambulatory Service, late access to senior decision maker support
- Seven day rehabilitation model of care
- Near patient testing for Flu prevent unnecessary admissions for Influenza like Illnesses
- Cardiology initiatives
- Pharmacy
- ED additional junior medical cover
- Respiratory

Phase 3 Provision of Surge Beds

- Acute Medicine for the Elderly (AME) beds in Ninewells to boost and target capacity.
- Increased (surge)bed numbers across both acute main sites and same day discharge, social support

Appendix 1 provides detail of the indicative funding allocation to services.

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

1.5 Approval of Plan

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

Table 1.

Date	Format	Committee / Board
19 September	First Draft	Winter Planning Group/Executive Leads for Winter
23 September	First Draft	Executive Leadership Team Meeting
23 September	First Draft	Chief Executive Officers of Angus, Dundee Perth & Kinross Localities
23 September	First Draft	Scottish Government
25 September	First Draft	Unscheduled Care Programme Board
24 October	Final Approval	Unscheduled Care Programme Board
29 October	Final Approval	Dundee Integrated Joint Board
30 October	Final Approval	Angus Integrated Joint Board
31 October	Final Approval	NHS Tayside Board
31 October	Submission	Scottish Government
November (date to be confirmed)	Final Approval	Perth & Kinross Integrated Joint Board

1.6 Governance Arrangements

- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership and will use measures to assess the impact of the plan. Please see Reporting Structure Diagram (Appendix 2)
- An Unscheduled Care Programme Team is in place led by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support teams for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key

measures to enable an overall risk score to be presented. This is presented and discussed at each Board meeting.

- Weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input
- Clinically-led and managerially-enabled operational structure for acute services
- Whole system Safety and Flow Huddle process including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, where to go for services and public health messages

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2. Key Drivers and Changes from Previous Winters

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

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

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

Unscheduled Care 6EA Programme key priorities for 2019/20 are illustrated in Appendix 3 with the key drivers to inform the winter planning illustrated in Appendix 4.

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

Tayside continuously strives to meet local and national standards and performance targets which focus on delivering high quality, safe, person-centred care. To do this we must deliver national standards and targets on an ongoing basis regardless of the pressures periods across the system. Tayside is fully committed to sustaining delivery of the 95% Emergency Access Target and National Waiting Times Plan and as such, will establish trajectories to work towards in relation to this as set out in the Chief Executive, NHS Scotland and Director General Health and Social Care's letter of 4th September 2019.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges
- Early initiation of flu vaccination programme to capture critical mass of staff with a target of >60% of staff vaccinated
- Site surge plans to optimise care
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand
- Standardised approach to departmental action plans
- Using whole system triggers and escalation with clear and timely communication
- Maintain performance against the 12 week treatment time guarantee (TTG)
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
 - 31-day target from decision to treat until first treatment, regardless of the route of referral.
 - 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets. Appendix 1 illustrates some of the key data to support capacity and flow. Measure 1 in particular illustrates ED performance with the last 6 to 12 months showing a downward trend in the NHS Tayside Emergency Medicine performance against the 4 hour standard across both the Ninewells and Perth Royal Infirmary departments. The senior nursing and medical teams have had extensive discussions about the decline in performance to delineate cause and identify potential areas for quality improvement work to return performance to previous levels. The top breach category continues to be 'wait for first assessment', as such a workforce review has been carried out, with recruitment plans in place to address the staffing shortfall

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

2.2 Lessons Learned from Winter 2018/19

The following section outlines the key lessons learned from the review of the 2018/19 winter period. Key themes around areas that worked well and areas for improvement were collated and fed back into the Scottish Government's Health & Social Care: Local Review of Winter 2018/19 (May 2019) Report. This report is available separately.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2019/20.

Main themes highlighted regarding areas of good practice include:

- Business Continuity Team was set up locally at senior management level working in collaboration with partner organisations across Health and Social Care
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plans
- Whole system collaborative approach – Step Up Step down, communication
- Dedicated communication channels across the system to improve preparedness and planning
- Safety and Flow Huddles involving Partnership as well as Local Partnership Huddles
- Winter Planning meeting structure monthly, weekly & cross site huddles effective in promoting cross site and service working
- Built on relationships, promoting Business as Usual, trusting in good systems
- Emergency Department waiting times had been one of the strongest performing areas in Scotland
- Supported clinical risk assessment and management decisions at the front door
- Acute Medicine for the Elderly (AME)
- Increased senior clinical decision makers, including senior nurses over the public holiday period, to support a reduction in weekend discharge rates
- Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary showing very significant benefits
- Additional GPs on duty to deal with the increased winter demand had a positive impact not only for OOH Service itself but impacted positively on the system as a whole
- Earlier Flu Vaccination Campaign

- Point of Care Testing - Increased awareness, knowledge , education amongst staff and patients to prevent admissions
- Infection Prevention and Control - positive feedback in particular around the prevention of illness within our population and staff as well as the winter preparedness and planning - less reactive, planning in advance, promoting the 'prevent' message.
- Winter period was busy for OOH, the nature of the flu season last winter meant that there was a lot of lower level illnesses that OOH were able to deal with successfully in the community
- Winter preparedness for adverse weather communications campaign including the use of Smarty the Penguin to promote winter wellness

Common themes across all local reviews identified for improvement include:

- Despite increased seven day working, acute sites remained full on Sunday there is a need to increase weekend discharges and maximise ambulatory care over seven days
- Recruitment challenges, in particular problems recruiting to vacant therapy posts over winter reduced the ability to assess and discharge
- Reduction in homecare impacted adversely on inpatient bed capacity

The Tayside Winter Plan will aim to improve areas highlighted from the local review as well as the key priorities indicated within the 'Preparing for Winter' (2019/20) correspondence, as follows:

- Promoting all year round planning with a business as usual
- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- Continuing with the development and investment of the infrastructure to support escalation and early resolution at weekends
- A focus on home care planning/Enhanced Community Support services with the aim of reducing attendances and admissions by managing care closer to home
- Continual access to senior decision makers who can support rapid assessments to avoid unnecessary admission and ensure effective discharge
- Focus on flow through acute with flexible staffing plans to enable the rapid deployment of surge capacity as soon as it is required
- Effective forecasting for unscheduled and elective winter demand and plan capacity accordingly
- Focus on reducing delayed discharges, continuing to support care in the right setting and an improved patient experience
- Staffing across multi-professions to facilitate efficient and effective patient care seven days a week, specifically during weekends and holiday periods
- Focus on frailty across all applicable services
- Plans in place to continue to increase staff flu vaccination across local health and social care systems

3. Winter Plan 2019/20

The Tayside Winter Plan 2019/20 is set out under the following key headings in line with the Scottish Government 'Preparing for Winter', (2019/20) guidance:

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

3.1 Resilience Preparedness

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

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

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

3.1.2 Adverse Weather

Previously themes highlighted from the local review of winter in relation to the effects of adverse weather were staff transport and accommodation. These issues were addressed by a short life working group which included Support Services and Resilience Planning in advance of winter last year. Areas addressed will remain the same for this coming winter:

- Organisational procedure for 4x4 vehicles review undertaken and policy in place
- The list of volunteers to be collated for 2019/20 highlighting any challenges/risks to procedure around obtaining volunteer
- List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather
- A 'Vital Signs' communication to be sent out seeking volunteer standby drivers
- Training and guidance for NHS Tayside volunteer drivers

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

3.1.3 Scottish Ambulance Service (SAS) Resilience Planning

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

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

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

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

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

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

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

3.1.4 System Wide Escalation Framework

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

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

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

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

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

3.1.5 Pressure Period Hospital Site Huddle Framework

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

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

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

Communications

- Clear and co-ordinated expectations of Information that each service can provide, trigger points that require action to maintain "business as usual" and what response is needed to achieve this for example aiming to meet the call for rapid deployment of surge capacity
- Clear expectation of role and responsibilities as part of the safety and flow huddle process

- De-escalation as soon as the pressure is managed to prevent loss of engagement of staff
- Huddle Reports format and content review
- Data Dashboard to inform huddle

The revised Safety and Flow Huddles process will involve the Clinical Care Group Manager huddle taking place at 12:00 hrs. The huddle format will stay the same. Consideration is being given to changing the timing of the morning huddle to 08:30am and combining the Perth and Ninewells site huddles into one. There will be Senior Nurses based each day on a rota system in both flow hubs, 2 nurses in Ninewells and 1 nurse in Perth. They will be supported by a Leadership Team each day comprising of a Clinical Lead, Clinical Care Group Manager and a Lead Nurse.

Flow Hub: An area within the main hospital site has been refurbished with modern video conferencing equipment to facilitate cross site communication. This will improve real time flow management with co-location the flow team with the hospital at night and hospital at weekend team. By indentifying an area for teams to meet this will promote collaborative working.

3.1.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

NHS Tayside has seen significant change in its management structure over in 2018/19. Triumvirates have been established and a clinically led and managerially delivered ethos embedded.

A template for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used previous winter is being reviewed for 2019/20 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

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

The Action Card Template is attached in Appendix 6.

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

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

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

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

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

- OOH

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

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

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

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

Summary of Key Actions for Resilience

Adverse Weather

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

SAS

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

System Wide Escalation Framework

- Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

- Revised Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process
- Flow Hub

Sector Action Cards

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

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

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

4. Unscheduled and Elective Care Preparedness

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

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

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

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent scheduled care as a priority
- Planned/Elective Care shut down over public holiday periods. Emergency and cancer care remain a priority
- Cancellation of non urgent scheduled care surgery to create unscheduled care capacity
- Surge Plans across main sites including respiratory
- 7 day and extended Ambulatory Care cover from 8am to 8pm, from 1st December 2019 to 31st March 2020 with Medical cover at weekends for surge beds
- Acute Frailty Unit to contribute to increased flow and reduced bed occupancy
- In preparation Medicine have now embedded a Red, Amber, Green (RAG) status on available beds on the medical floor from September to drive flow and optimise care
- Driving forward aspects of the Transforming Tayside programme: Orthogeriatric Pathway
- Continue with Prof to Prof discussion between Paediatrics and Medicine (AMU) regarding in-school 16-18 year olds being admitted to Paediatrics to create additional capacity
- Late evening senior decision maker support – AMU
- Rehabilitation model of daily care within wards – 7 days to support discharge process
- Implementation of Day Case Cardiology Lounge, extended cardiac device implantation service and Cath Lab Sessions
- Review of non urgent outpatient clinics to support potential staff redeployment for urgent care over days where there is often a high DNA rate i.e. Christmas Eve and Hogmanay where urgent and urgent suspect cancer patients are more likely to attend

4.1 Emergency Department (ED) - Winter Preparedness

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

In response to this analysis the ED team will provide extra junior doctor shifts to decrease the time to first assessment and this has been put in place as a priority funding allocation as part of the winter plan.

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

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

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

4.2 System Wide Planning

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

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

4.3 Angus Health and Social Care Partnership

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

- Development of the Angus Care Model continues incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway
- Discharge checklist reviewed. Test of change in North localities and Care Homes underway
- Range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision)
- A Day of Care Audit in POA was undertaken to capture meaningful information about availability and alternatives to admission, as well as considering barriers and challenges to timely discharge
- Improved focus on Anticipatory Care Planning (ACPs) and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs
- Enhanced Community Support (ECS) continues to work effectively. A sharing and learning event has taken place to review ECS across Angus and provide an opportunity to share good practice and inform future developments
- Additional care management investment to be provided to support Discharge Co-ordinator Team role
- Senior Nurse for Palliative and End of Life Care (PEOLC) in Angus appointed. The post holder will work alongside staff in community hospitals and care homes to improve care and have developed a PEOLC improvement plan. The plan for PEOLC includes all areas where people are cared for and supported
- Enablement and Response Team established in December 2017 continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity is required
- Personal Care Services are 7 days and we are attempting to strengthen co-ordination /matching processes
- Help to Live at Home is in its concluding stages. Resource Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity
- We have appointed a Mental Health Officer (MHO) team manager which has reduced the length of guardianship delays and improved the guardianship process to enable identification and status of all cases. Awareness training sessions have been provided to staff
- Continuing to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges however, discharge planning from Acute Hospital requires review
- Successful pilot for AHP, 7 day service in Arbroath Infirmary, to provide cover Saturday, Sunday and public holidays from November 2018 to March 2019. Scoping out a solution to sustain this on a permanent basis
- Examination of 24 hour discharge model in Dundee for applicability in rural setting.
- Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells
- The Discharge Team is involved in a Test of Change to develop a Tayside Integrated Discharge Hub
- Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff
- A pilot has commenced with the introduction of three intermediate care beds in the North East locality. Evaluation underway
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination

- Managers to be requested to share rationale for effective winter holiday planning with all staff and highlight that the Monday following the festive weekend breaks should not be routinely used as a day off thereby creating a 5 day weekend
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc
- Introduction of CM2000 to approximately 12 personal care providers across Angus.
- Funding received from the Scottish Government Technology Enabled Care Programme to undertake a project entitled 'Check TEC Out' which enables people to test a range of telecare equipment for up to 4 weeks, before purchasing themselves. Initial test of change successful and additional improvement funding received to test expansion of range 'on offer'
- ASCHP participating in the iHub Living and Dying Well with Frailty Collaborative. Working with 21 other HSCPs we aim to improve earlier identification, anticipatory care planning and shared decision-making, and support a multidisciplinary approach so that people living with frailty get the support they need, at the right time and at the right place
- The new Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs to provide a multi-disciplinary approach to overnight care, offers a more flexible service by seeing patients at home

The Angus Hospital Admission & Discharge Management Group Improvement Plan is detailed in the Integrated Joint Board (IJB) Report. The NHS Tayside Winter Plan 2019/20 was submitted to the IJB meeting on 30 October 2019.

4.4 Dundee Health and Social Care Partnership

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

- Further development and embedding of the Dundee Enhanced Community Support (DECSA) service including the acute element of the model
- Further development of the Acute Frailty model with enhanced support from Integrated Discharge Hub and strengthen links with ECS/DECSA
- Additional AHP and Discharge Coordinator resource funded through Unscheduled Care Board to extend the Acute Frailty model to Emergency Department and Acute Surgical Receiving Unit
- Continue to develop seven day discharge service across the whole system
- Expansion of Home First model over the winter period to ensure timely discharge
- Linking of Integrated Discharge Hub safety huddle to the wider cross site huddles to enhance whole system communication and escalation
- Expansion of 'Step Down Housing' model to incorporate substance misuse/homelessness pathway
- Further development of intermediate care model to enable completion of assessment in a more homely environment with provision of rehabilitation
- Provision of step down beds for younger adults to complete assessment in a community setting following brain injury rehabilitation
- Remodeling and realignment of resource allocation processes to enable Integrated Discharge Hub to ensure focus remains on patient flow
- Continued investment in Resource Matching Unit to ensure efficient allocation of social care resource
- Additional Mental Health Officer located in Integrated Discharge Hub which has reduced guardianship delays

- Continued promotion of Power of Attorney campaign to reduce number of guardianship requests made
- Ongoing development of Anticipatory Care Planning
- Ongoing development of a range of specialist accommodation with support through the strategic commissioning process to support adults with mental health problems and learning disabilities to leave hospital when they are ready
- Extension of COPD Team to improve support to people following discharge
- Development and expansion of the care home team
- Planned End of Life Care (PEOLC) improvement work in care homes
- Development of a Rehab Pathway which focuses the provision of social care more closely on rehabilitation
- Focus on the development of an ANP workforce which will enhance the community model
- All health and social care partnership staff will be encouraged to accept the flu vaccination

4.5 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources.

The key developments are;

- Review and update Business Continuity Plans, Festive Directory and Winter Action Cards
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- Continue to promote National Power of Attorney Campaign across Perth & Kinross
- Additional Surge Beds in Tay ward
- Implement a Health & Social Care Perth City Supported Discharge service to increase capacity and support to actively 'pull' patients from PRI acute sector wards
- Develop and recruit to enhanced intermediate community care and specialist respiratory services to support more people at home.
- Work with Dunkeld GP Practice to commence implementing MDT improvements to identify people living with moderate to severe frailty
- Develop with British Red Cross home support option
- Expand the Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge
- Ensure process in place to continue to authorise care home placements rapidly over Festive Period
- Improvement plan to increase flow through Tay Ward back to Perth city
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Undertake a Day of Care Audit in POA wards Murray Royal Hospital to identify improvements
- All health and social care staff will be encouraged to accept the flu vaccination
- Continue to develop and deliver frailty team linked to emerging Acute Frailty Unit to support the potential surge in emergency admissions

- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover
- Ongoing developments with HART team following successful recruitment
- Collaborate with Third Sector for additional volunteer drivers as and when required
- Agree process for senior manager to participate in weekend cross site huddles during winter period
- Explore Friday huddle sessions for Partnership Services to support capacity and flow at weekends
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings
- Realignment of AHP staff to the Unscheduled Care flow across Perth Royal Infirmary linked to development of AME (Ward 1).
- ANP rapid assessment for Perth city for the deteriorating patient with workforce plan to extend to other localities.
- Development of community crisis admission pathway to community hospitals through ANP's and GP's
- Falls intelligence group set up to look at prevention indicators.

4.6 Fife Health and Social Care Partnership

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

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

Summary of Key Actions for Unscheduled and Elective Care Preparedness

Acute Sector

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

Health and Social Care Partnerships

- Enhance Community Support Services
- Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
- 7 day discharge services and increased AHP provision
- Discharge Hubs supporting discharge planning
- Development of acute frailty models

5. Out of Hours Preparedness

5.1 Out of Hours Services

Planning for Out of Hours services includes the following actions:

- Increased capacity with number of GP shifts over the festive period
- NEWS (National Early Warning Score) pathways are in place to ensure rapid identification of deteriorating patient
- An Advanced Paramedic Practitioner will be based in the Kings Cross Primary Care Emergency Centre, Dundee to consult patients
- GP triage – it is intended that additional GP triage shifts will cover the busy public holiday periods with a view to increasing the time, appointing patients the following morning rather than within a four hour period, or dealing with problems over the telephone where appropriate.
- Community pharmacies can deal with minor illnesses with direct referral to out-of-hours where required
- Access to mental health out-of-hours crisis team to triage patients
- NHS24 prediction data is not available until late October but where this and out-of-hours service data differ, capacity will be planned around the greater of the two.
- Resource availability over festive public holiday period confirmed for all Primary Care Emergency Centres at Arbroath Infirmary, Kings Cross Health and Community Care Centre and Perth Royal Infirmary including GP shifts, drivers, nursing staff etc
- Annual leave applications from 17th December 2019 to 6th January 2020 will be considered on an individual basis but are unlikely to be compatible with maintaining full staff availability. Duty manager in place over the festive period

- The management team monitor activity weekly and decide on any extra capacity required.
- 10 cars will be available for use over the two festive holiday weekends to assist with the expected level of demand of home visits at peak times. (Three more than base level)
- Increase GP triage to two GPs on 25/26 December 2019 and 1/2 January 2020
- All Practices are contacted pre festive period requesting that they keep patient special notes up to date
- Demand Management - resources will be targeted around priorities across Tayside by the team leaders and dispatchers. Patients will be offered transportation to other Primary Care Emergency Centres if no alternatives can be identified
- Out-of-hours service staff will email a briefing in December to all staff outlining the arrangements for the festive period and winter period (January to March) which will include extra staffing and escalation plans and communication arrangements with NHS24 and other agencies both internal and external
- Tayside out-of-hours and NHS24 communicate regularly. Agreement around escalation process and local contingency arrangements for local centres. Agreement reached around the sharing of information between NHS 24 and out-of-hours.
- Contact arrangements are in place for a clear process for reporting vehicle faults and breakdowns over the public holiday period and emergency out-of-hours contact list is available to the management team in case of severe weather.
- An enhanced payment for GPs is offered across the festive period to support shift coverage
- A process has been developed to ensure effective and efficient use of the Scottish Ambulance Service paramedic service.

Summary of Key Actions for Out of Hours Preparedness

Out of Hours Service

- Resource availability over the winter season including arrangements for dealing with influenza.
- Resource availability over the Festive period
- Increased availability of cars for home visiting
- Additional Triage/ Professional Advice to support whole system working.
- Increased capacity re GP cover of festive period
- Demand management - resources targeted around priorities across Tayside
- Access to Mental Health OOH Crisis Team to triage patients
- OOH Escalation Process in place - agreed with key stakeholders

6. Infection Prevention and Control

6.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet

(Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

6.2 Norovirus Training and Communications

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

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

- IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.
- Winter preparedness and raising awareness through education sessions for staff commenced by IPCT September 2019.
- A collaborative event with colleagues from NHS Tayside Health Protection Team in relation to a local Significant Hospital Infection Incident Tabletop Exercise was successfully held on Friday 06 September 2019 with approximately 72 key stakeholders. The event focused on a hospital response to an infectious incident taking into account systems and communication required to be able to rapidly respond
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

6.3 Norovirus Planning and Control

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

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

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

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

6.4 PPE Procurement (Flu and Norovirus)

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

Key actions for this winter include:

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

6.5 Seasonal Flu

6.5.1 Flu Vaccination Programme

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

- This year's target is >60%
- Flu vaccinations clinics will begin late September with Occupational Health sessions taking place in Ninewells and PRI several weeks earlier this year
- As in previous years, having Flu vaccination clinics within the Ninewells concourse area have been particularly successful in boosting staff uptake of the vaccination mainly due to the convenience of the location. Flu clinics will be held there this year again for a three month period
- Peer vaccination will also take place in clinical areas to boost the staff uptake of the Flu vaccination.
- Staff also able to attend participating community pharmacies to be vaccinated
- Vaccination Programme Manager has attended Head of Nursing Forum to plan requirements for the peer vaccination programme.
- Medical leads will also be asked to consider peer vaccination programme to boost uptake numbers.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination

6.5.2 Flu Communication Campaign

The NHS Tayside Communications Team has a communications plan in place specific to seasonal flu vaccination. The team promotes our flu vaccination campaign to all NHS Tayside staff and volunteers, as well as members of the public in at-risk groups.

A Communications Pack is produced for each area with posters giving details of local staff clinic sessions on NHS Tayside sites, participating community pharmacies offering the jab, 'myth busters' and key messages about protecting yourself and your family, your patients and the service. Information about public vaccination clinics in GP surgeries across Tayside are advertised in the local media, NHS Tayside website and on social media.

Regular updates about staff clinic sessions are shared through weekly e-bulletin LowDown, standalone e-bulletins targeted at staff on individual sites and on the homepage of our staff intranet and dedicated intranet flu page. Myth-busting digital assets, photographs and

quotes from staff getting vaccinated and 'talking head' videos using members of staff are also shared widely with staff and the public.

6.5.3 Near Patient Testing for Flu

Near Patient Testing was successfully carried out in winter 2018/19 contributing to reducing admissions and avoidance of ward closures due to Flu, maximising flow and reducing risk of harm to patients. The 'Preparing for Winter' funding 2019/20 will be used to support Near Patient Testing for Flu again, in addition to a planned and budgeted way to maximise bed utilisation across the main hospital sites.

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

6.5.4 Care Home Flu Management and High Risk Groups

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

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

Summary of Key Actions for Infection Prevention and Control

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

7. Respiratory Pathway

Winter planning in respect of the Respiratory Pathway will aim to ensure there is an effective, co-ordinated respiratory service provided. Clinicians across the relevant Primary and Secondary Care Services will have the required information and knowledge regarding their local pathways for patients with different levels of severity of exacerbation in their area.

There is effective discharge planning in place for people with chronic respiratory disease including COPD delivered seven days by the respiratory clinicians, with additional help from respiratory liaison team.

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

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

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

7.1 Respiratory Pathway Communications

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

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

Summary of Key Actions for Respiratory Pathway

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

8. Mental Health

Access to Mental Health Services is a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are as unscheduled care as such we have added this as one of our key priorities and recognise that this must continue beyond winter. There will be a requirement to build enquiry into the Safe Affordable Workforce (SAW) process about how the proposed clinical and staff models meet the mental health and well being needs of people in acute care.

To support winter planning arrangements in Mental Health, in particular to meeting demand and facilitating flow through Emergency Departments, Psychiatry Liaison Team provides support seven days per week.

Mental Health services are reviewed their trigger, escalation and business continuity plans and have developed Winter Action Cards in line with other areas using this approach for winter planning. Site Safety and Flow Huddles across Mental Health Services are also in place to support the triggers and escalation process, sharing safety, demand and capacity information. A proposal for an in-patient Capacity and Flow Coordinator will be implemented which will incorporate monitoring capacity of Tayside wide intensive home treatment teams to ensure provision of early supported discharge All of these processes aimed at ensuring robust business continuity management arrangements are in place to maintain business as usual throughout the winter period.

Summary of Key Actions for Mental Health

- Implement proposal for In Patient Capacity and Flow Co-ordinator 5 days per week
- To meet demand through ED enhance Psychiatry Liaison Team Capacity
- Escalation, Business Continuity arrangements and Winter Action Cards implemented across Mental Health Services to support winter and resilience planning

9. Communication Strategy

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

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

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

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

Appendix 1 Winter Preparedness Funding Summary

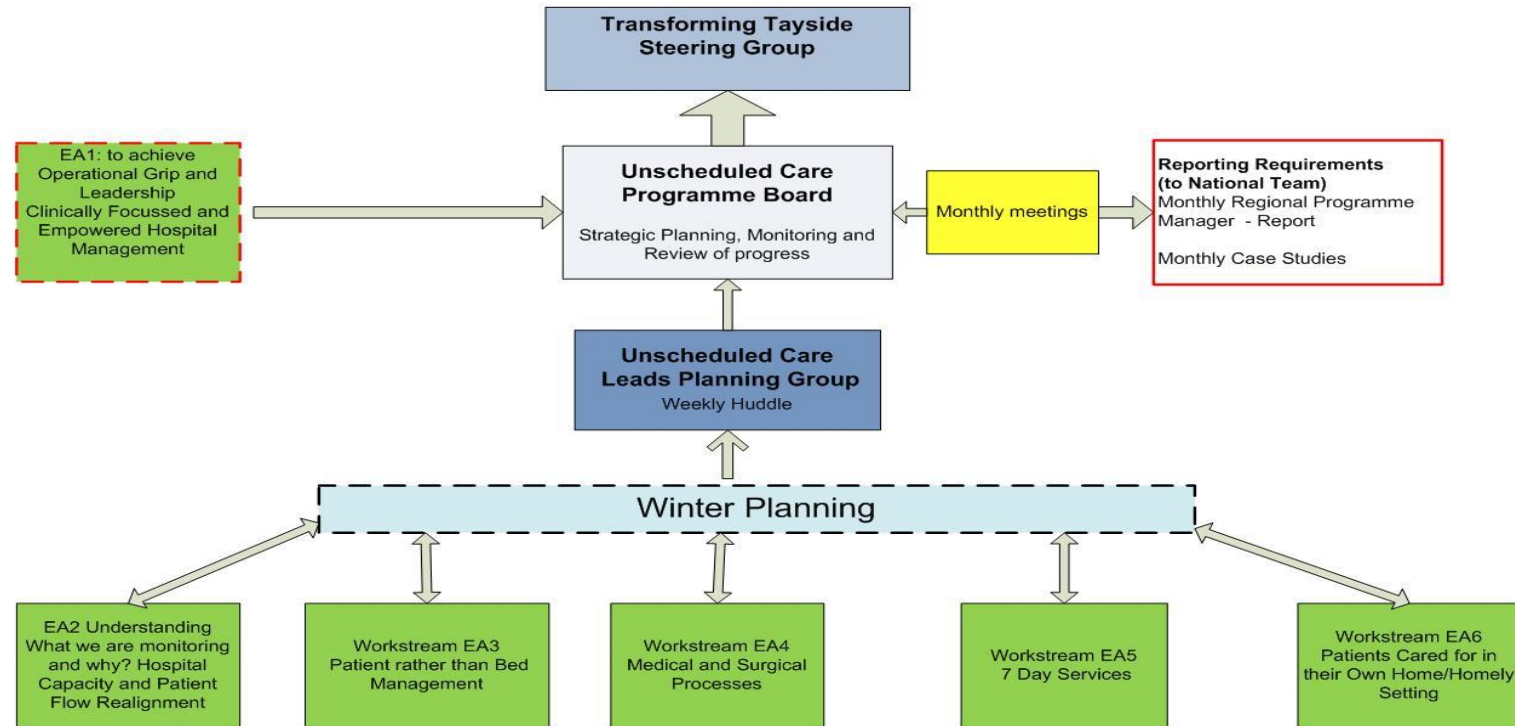
WINTER PLANNING 2019/20

PROPOSED PLAN TO DELIVER SG PRIORITIES

	Description	£
Funding		
Funding Scottish Government		£368,938
Funding NHS Tayside	To match last year's allocation of £737,734	£368,796
Proposed Commitment against Priority		
Phase 1	Prevent <ul style="list-style-type: none"> Additional funding across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges Out of Hours additional funding 	£273,435
Phase 2	Assurance - Initiatives to ensure winter flow <ul style="list-style-type: none"> Extended Ambulatory Service, late access to senior decision maker support Seven day rehabilitation model of care Near patient testing for Flu prevent unnecessary admissions for Influenza like Illnesses Cardiology initiatives Pharmacy ED additional junior medical cover Respiratory 	£242,285
Phase 3	Provision of Surge Beds <ul style="list-style-type: none"> Acute Medicine for the Elderly (AME) beds in Ninewells to boost and target capacity. Increased (surge)bed numbers across both acute main sites and same day discharge, social support 	£852,507
Total Cost		£1,368,227
SURPLUS /(DEFICT)		(£630,493)

Appendix 2 Reporting Structure

NHS Tayside Unscheduled Care Programme Reporting /Meeting Structure



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

Workstream Groups: to include site/locality teams involved as well as identified workstream leads. Testing and Implementation of agreed activities/interventions. Reports to Unscheduled Care Board via clinical area representative

Appendix 3 Unscheduled Care 6EA 2019/20 Priorities

NHS Tayside Key Priorities for Delivering Unscheduled Care 6EA 2019/20



National Emergency Access Target
Sustained delivery of the **95% target**, and work to **deliver the 98% standard**.

Key National Milestones 2019/20



Systematic removal of breach reasons to maximise patient flow through the ED and acute assessment areas to eliminate crowding and exit block.



Avoiding attendance and admission wherever clinically appropriate.



Eradicate boarding and minimise **all delays** where admission is required.



Reduce variation in out of hours, weekends and across 7 days.



Support patients to be cared for at home whenever appropriate.

NHS Tayside Operational Plan

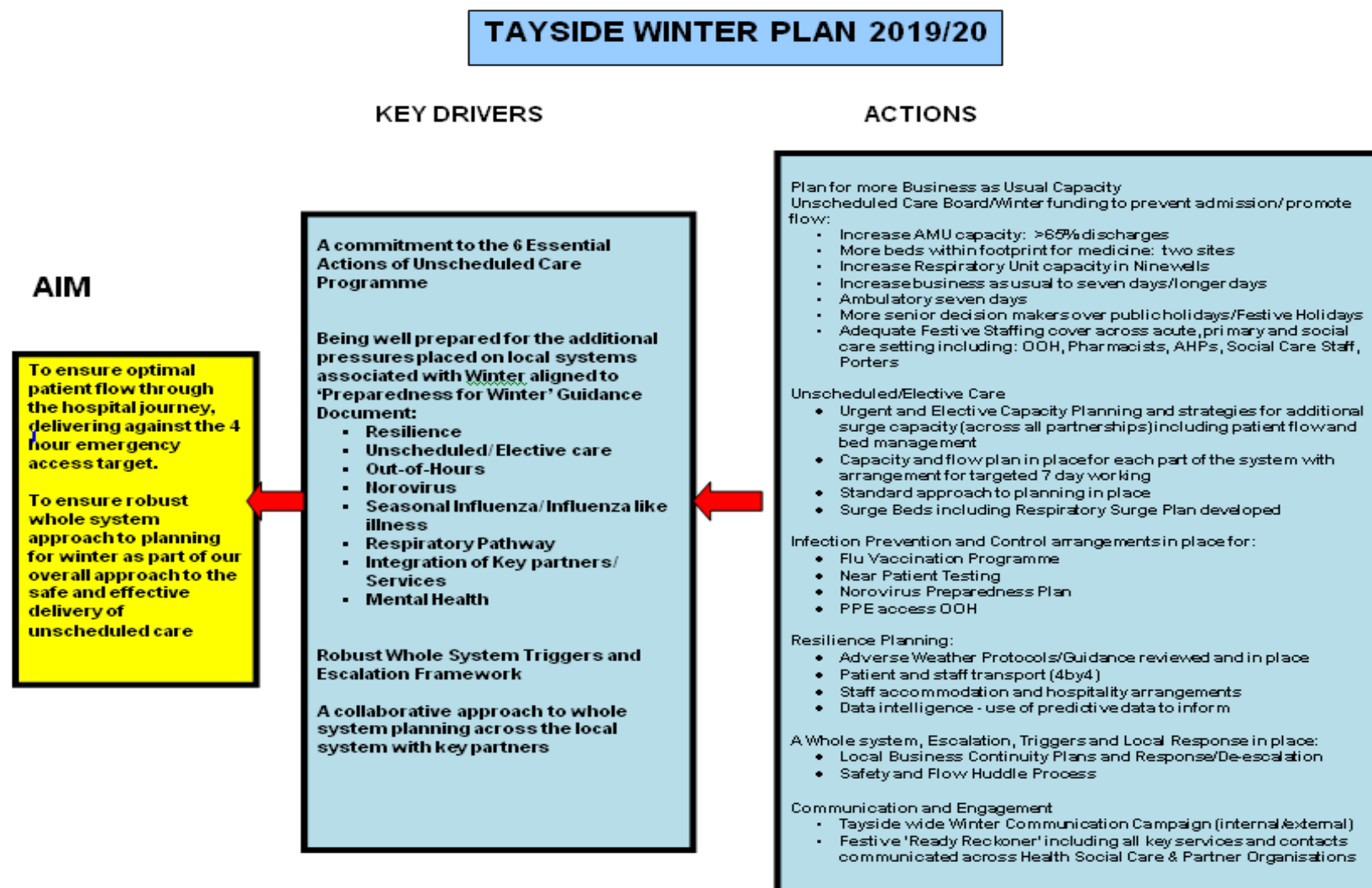
The plan is aligned to Transforming Tayside 2019-2022, our corporate plan to make sure we deliver safe, accessible, effective, high-quality, person-centred care for everyone in Tayside.

Our commitment to Unscheduled Care in 2019/20 is to:

- focus on **frailty** irrespective of age
- promote earlier **time-of-day** of discharge
- increase **weekend** discharges
- increase **hospital front door** discharges
- reduce **length of stay**
- deliver more **timely** diagnostics
- focus on **admission** and referral avoidance
- focus on **review** of **unscheduled surgical pathways**
- focus on **redesign** of **orthopaedic trauma pathways**



Appendix 4 Winter Plan Driver Diagram

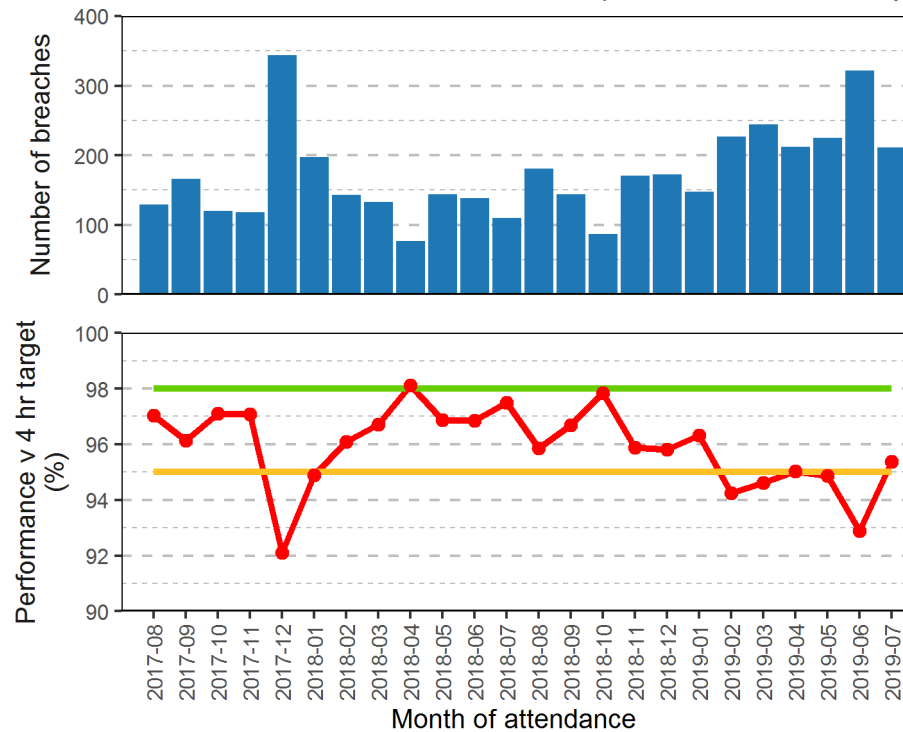


Appendix 5 Measures

Measure 1 – ED Performance

A&E: 4 hour Breaches in Ninewells

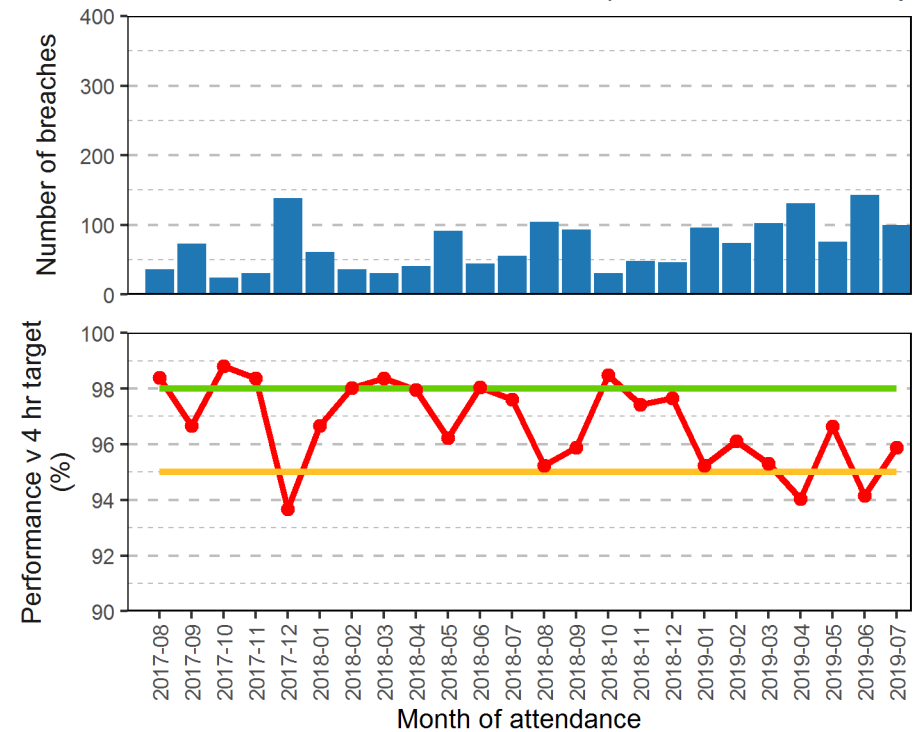
Unplanned attendances only



■ 4 Hr Breaches
 ● % within 4 Hrs
 — National Target
 — Local Target

A&E: 4 hour Breaches in PRI

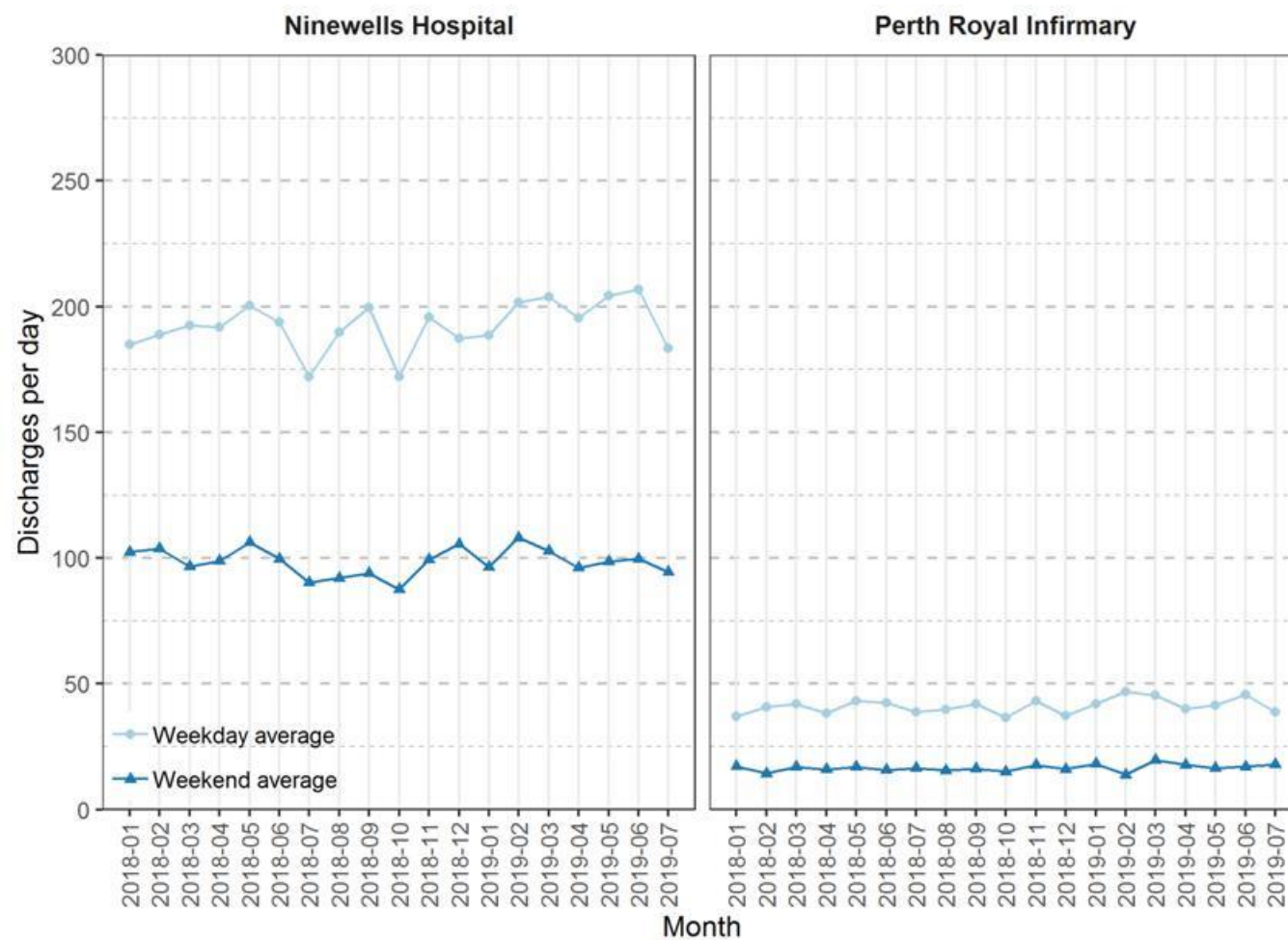
Unplanned attendances only



■ 4 Hr Breaches
 ● % within 4 Hrs
 — National Target
 — Local Target

Measure 2 - Weekday v's Weekend Discharges

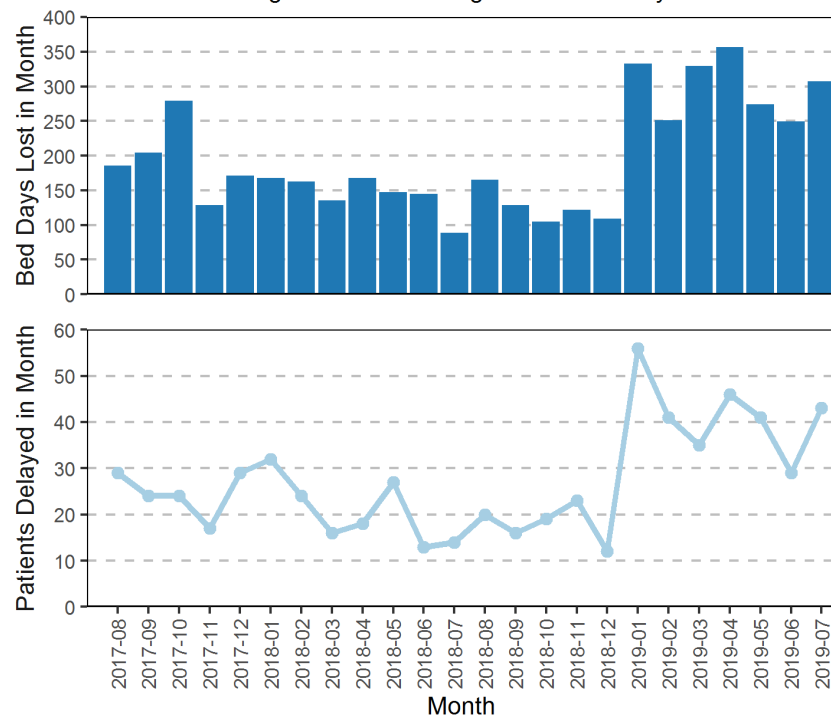
Weekday and weekend daily discharges



Measure 3

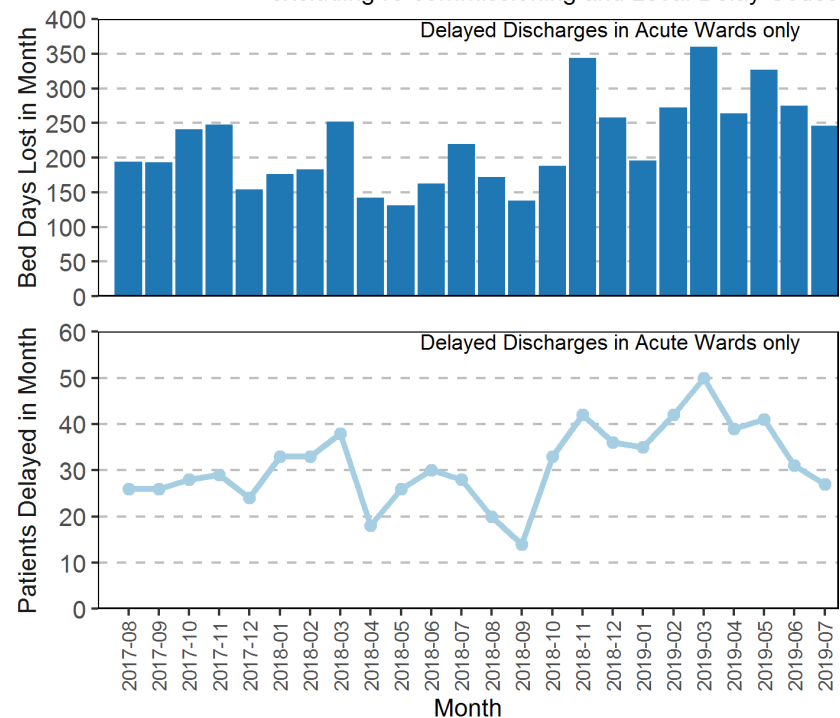
Patients in Inappropriate Locations - Delayed Discharges: No. of patients and bed days lost. Medicine Directorate and Surgical Directorate

Medical Directorate - Delayed Discharges in Ninewells
excluding re-commissioning and Local Delay Codes



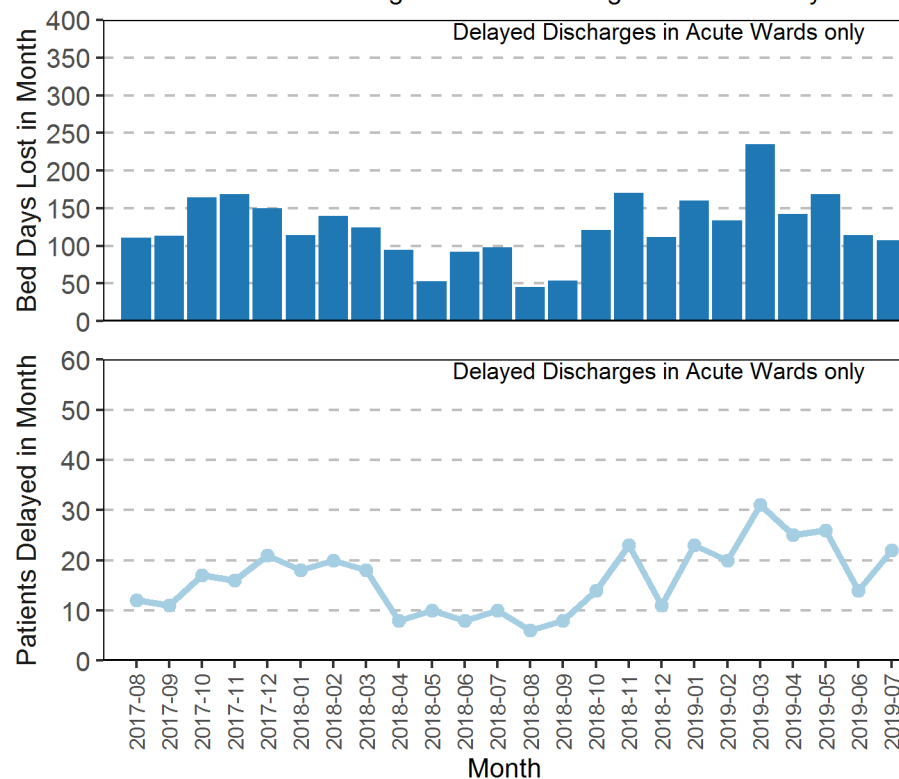
Bed Days Lost Patients Delayed

Medical Directorate - Delayed Discharges in PRI
excluding re-commissioning and Local Delay Codes

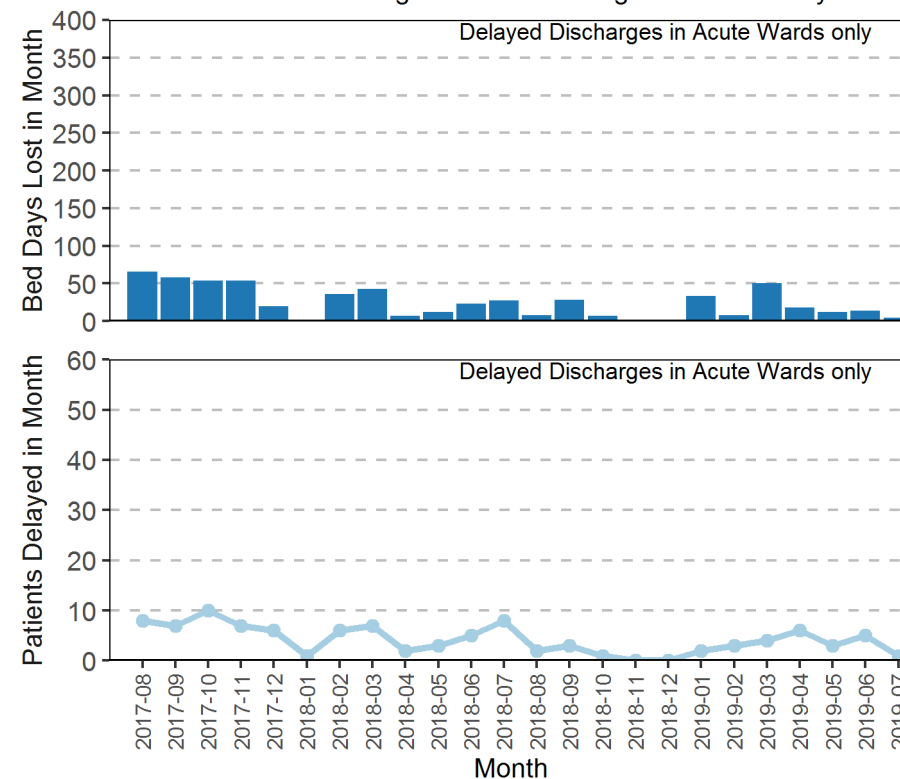


Bed Days Lost Patients Delayed

Surgical Directorate - Delayed Discharges in Ninewells
excluding re-commissioning and Local Delay Codes



Surgical Directorate - Delayed Discharges in PRI
excluding re-commissioning and Local Delay Codes



■ Bed Days Lost ● Patients Delayed

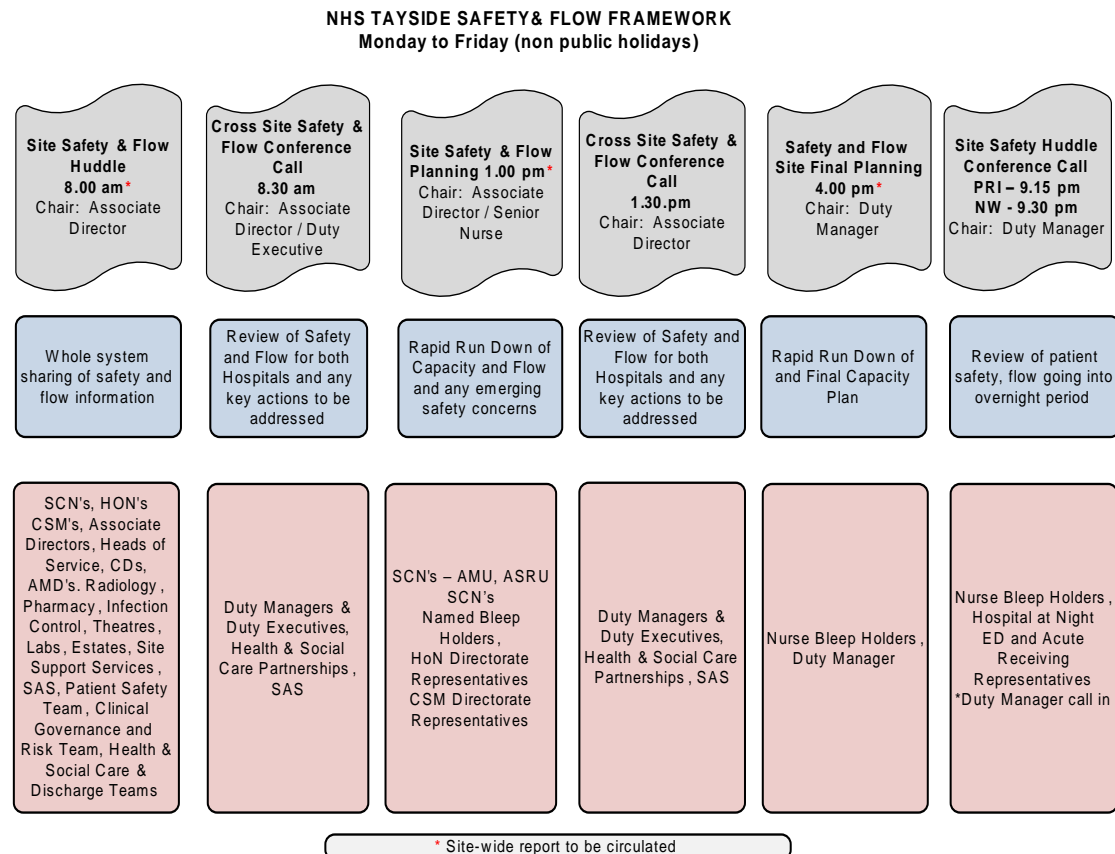
■ Bed Days Lost ● Patients Delayed

Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

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

Figure 1: Monday to Friday Huddle Arrangements

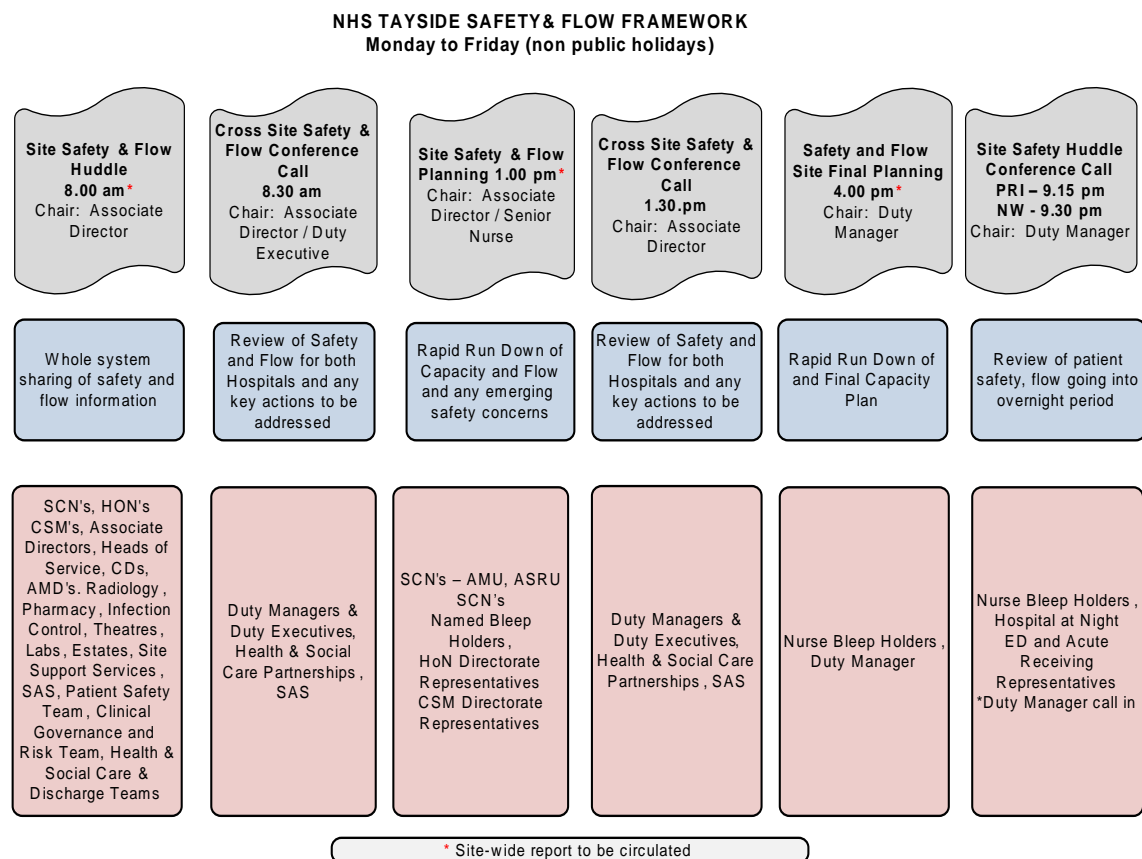


Appendix 6 Safety and Flow Huddle

SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

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

Figure 1: Monday to Friday Huddle Arrangements



Appendix 7 Winter Action Card Template

WINTER ACTION CARD



DEPARTMENT:

LOCATION: (e.g. Ninewells, PRI)

YEAR ROUND PLANNING – BUSINESS AS USUAL (Summary of Activity)

Example:
 Workforce Planning and development, Staff duty rotas
 Support Services – equipment, stores and transport
 Information Technology
 Risk of patient becoming delayed on their pathway is minimised

WINTER PREPAREDNESS – PLANNING AHEAD

*Develop activity plans for winter: Festive shutdown, elective and urgent care
 Ensure timely and continuous access to local infrastructure services including:
 Workforce Capacity Plans, Staff duty rotas
 Sufficient levels and numbers of senior decision makers from all sectors are duty rostered at all times
 Support Services - equipment, stores and Transport(SAS), Information Technology*

Data Intelligence to inform planning, monitoring and action for winter capacity, activity, pressures and performance

Instigate discharge planning at weekends & before pressure periods/public holidays

Communication internal/external

ALERT/TRIGGERS

*Consider triggers: seasonal illness, adverse weather, effects on staffing, service pressures:
 Pressures on timely and continuous access to local infrastructure services including:
 Workforce capacity – staff duty rotas
 Support Services - equipment, stores and transport, Information Technology*

*Use of predictive data from partner agencies to inform alerts/triggers and actions to be taken
 Communication of Demand Capacity pressures via Hospital site huddle Framework*

Communication internal/external

ESCALATION – Action & Response

What do we need to know?

*Staffing levels
 Local Priorities
 Roles/responsibilities
 Demand capacity data from hospital site huddles/partner agencies
 Communications internal/external*

*Consider:
 7 day working
 Duty rota cover
 Flexible ways of working*

DE-ESCALATION - Stepdown

How will we know we can step down?

*Workforce capacity levels
 Demand Capacity levels etc*