



# Winter Plan

## NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

**2020/21**

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## **Executive Leads for Winter**

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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 continue to take a collaborative approach towards preparedness and planning for winter 2020/21 through the Tayside Unscheduled Care Board and other key Winter Planning groups across these organisations.

The NHS Tayside Unscheduled Care Programme Board formed in 2016 has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Tayside and the three Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated Winter plan is essential. Acute services, Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) and staff side partners have been involved in the development of the NHS Tayside Winter plan to ensure timely access to the right care in the right setting. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning is significantly more complex this year due to the requirement to respond to the unprecedented demands of the COVID-19 pandemic. The Tayside Winter Plan has been developed in line with the principles of the national Unscheduled Care programme including the Redesign of Urgent Care, Six Essential Actions - Building on Firm Foundations, and taking full account the priorities for winter set out within the Scottish Government's Re-Mobilisation Plan correspondence to Boards on 21st July 2020. The work also takes cognisance of the Scottish Government's extant winter guidance and checklist. All three Health and Social Care Partnership plans sit within the overarching Tayside and Partners Winter Plan demonstrating the continued level of partnership and integrated working. The Winter Plan articulates the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures, within the COVID-19 landscape.

Learning from previous winter challenges as well as building on what has worked during recent months in response to managing COVID-19 has informed winter planning this year. 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 unscheduled admissions. NHS Tayside continues re-design services in preparation of expected winter pressures within a COVID landscape, with this work detailed throughout the winter plan building on the information contained in the NHS Tayside remobilisation plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. As part of this, Tayside teams will utilise rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses to ensure patients are placed in the most appropriate setting for their care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilization of resources over the winter period. Finally, an enhanced and ambitious Influenza vaccination programme across Tayside sits at the forefront of our plan this year.

The winter plan has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisations will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning and business continuity arrangements to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2020 – March 2021.

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# 1. Introduction

## 1. Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Acute Services, and Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes is key to effectively manage the potential demands associated with this more complex and challenging winter period of 2020/21.

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

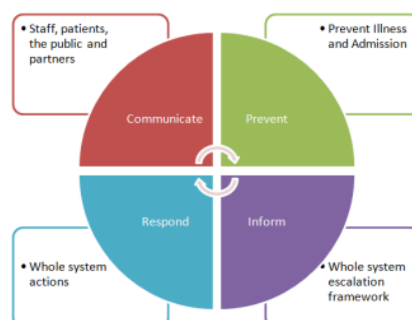
This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2020/21. These sources include:

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme; and Redesign of Urgent Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2020/21
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- 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
- Scottish Government's Re-Mobilisation Plan correspondence 21st July 2020

Review and local feedback has informed that this winter period within a COVID-19 landscape creates a number of challenges for all partners delivering health and social care services. The main challenges are reflected by the Scottish Government's recommended areas for consideration (July 2020) detailed below in the approach taken to deliver the winter planning aims.



## 1.3 Approach



The success of Tayside's winter plan in previous years has been through a focus of increasing what we already do well and ensuring the appropriate capacity, workforce, skills and senior decision makers are available at key times. This year the plan will focus on the same key priorities, enhanced with learning from the initial response to COVID-19.

The scope of the plan is whole system with a focus on the following key areas in line with the Scottish Government guidance:

- **Management of Viral Illnesses:** COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease; and the potential impact of Norovirus.
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis:** with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Test and protect and impact of COVID-19 on near/rapid patient testing for viruses.**
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of nosocomial transmission.
- **Integration of key partners/Services.**
- **Resilience and Business continuity plans tested with partners.**
  - Inc Adverse Weather
- **Out-of-Hours.**
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added 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

#### -The prevention of Illness and Admissions within our population and staff

- Infection Prevention and Control: Prevent illness in the first place
  - Influenza Campaign, Respiratory Disease Pathways
- Community based care: Enhanced Care Support especially in the frail elderly population.

- Rehabilitation at home or community rather than hospital.
- Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments and a Navigation Flow Hub.
- Assess to Admit: Ninewells and Perth Royal Infirmary - >65% discharge rate.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

## **Inform**

### **-A Whole System Escalation Framework**

- Understanding System Pressures with data driven Trigger warnings & planned Escalation.
- Regular Safety and Flow Huddles across 7 days.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.
  - Use of common themes in all learning
  - Predictive Data:
    - Out-of-Hours, NHS 24, General Practice
    - 'System watch' for unscheduled admissions
    - Health Protection Scotland (HPS) data, tailored to Tayside
    - Command Centre, with system triggers
    - Public Health information

## **Respond**

### **-Local and Organisational Business Continuity Planning**

- Actions/Response to local, organizational, and national triggers.
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans.
- Hospital site safety & flow framework.
- Communication plan : covering staff, patients the public and our partners.
- Regular multi agency Winter Plan planning meetings already established and ongoing.

## **Communicate**

### **-Informing our staff, patients, and the public in Tayside**

- Communicate identified pressures and the action needed to maintain access to planned and unscheduled care in hospital and in community and homely settings.
- Robust local Business Continuity Plans.
- Communicate Whole System Approach with improved Visual Aid communication of key pathways and escalation processes to staff.
- Final Winter Plan agreed by acute services, Integrated Joint Boards and NHS Tayside Board.
- Tayside wide Winter Communication Campaign keeping our staff, patients and the public informed.
- Festive signposting messages and directory of key services and contacts communicated across Health Social Care & Partner Organisations.

## **1.4 Finance**

The Tayside Unscheduled Care Board provides the governance and oversight of the allocation of winter planning funding for 2020/21.

The aim for 2020/21 is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimising disruption to services, and preventing deterioration in health and escalation in care where possible. This will include periods where

we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19, and inclement weather.

£1,500,000 has been agreed by NHS Tayside for both Unscheduled Care and Winter funding.

Preparing for winter funding as well as the Unscheduled Care Programme funding will be allocated across the target areas detailed throughout the Tayside Winter Plan 2020/21. In accordance with national recommendations funding will be specifically targeted on the following areas:

- Management of viral illness
- Delivering care closer to home
- Integration of key Partner/Services
- Reducing Avoidable Attendances and admissions, scheduling attendances wherever possible
- Maintaining access to Unscheduled and Planned Care
- Maintaining Capacity and effective patient flow
- Workforce: ensuring appropriate levels of staffing are in place across the whole system - with adequate staff available across acute, primary and social care settings

The funding has been allocated across the bids for Unscheduled Care and winter initiatives aligned to the Unscheduled Care portfolio, and the approach taken for winter planning:

**Prevent - Initiatives to support Unscheduled care, optimising care closer to home, and avoidance of admissions:**

Additional funding has been confirmed across all three Health and Social Care Partnerships to avoid admissions to hospital, keeping patients close to home wherever possible, and supporting discharges. In addition, funding has been allocated to the Out of Hours Service.

Initiatives funded include:

- Enhanced Care at Home Services
- Care at Home Winter Support
- Overnight care
- Home First/Prevention of falls
- Discharge Co-ordinator/Hospital Discharge Team
- Additional Social Care Hours

**Assurance and Maintenance of Services - Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow across areas including:**

- Increased Workforce - including Medical and Nursing
- Surgery/Orthopaedics/Specialist Surgery
- Medicine/Medicine for the Elderly
- Emergency Medicine
- Front Door Support
- Labs/Rapid Testing
- Respiratory
- Cardiology

- Theatres
- Transport
- Palliative Care
- Mental Health

**Appendix 1** details the level of investment allocated against the areas.

As part of the governance and reporting arrangements of the Unscheduled Care Programme Board, as these funding allocations are to support services to rapidly redesign 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
29 <sup>th</sup> October 2020	Draft Approval	Gold Command
28 <sup>th</sup> October 2020	Final Approval Approval	Operational Leadership Team
	Final Approval	Executive Leadership Team
27 <sup>th</sup> October 2020 (TBC)	Final Approval	Dundee Integrated Joint Board
28 <sup>th</sup> October 2020 (TBC)	Final Approval	Perth & Kinross Integrated Joint Board
28 <sup>th</sup> October 2020 (TBC)	Final Approval	Angus Integrated Joint Board
17 <sup>th</sup> December 2020	Final Approval	NHS Tayside Board

## 1.6 Governance Arrangements

- The Winter Plan will be presented to Silver & Gold Command for approval.
- 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.
- An Unscheduled Care Programme Team is in place supported by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support team 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 NHS Tayside 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 processes 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, and where to go for services and public health messages.

## 2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes relate to the Re-design of Urgent Care, building on the firm foundations of the Six Essential Actions Unscheduled Care Programme; delivering care closer to home, with prevention of admission where possible; ensuring optimal patient flow through the hospital journey as well as ensuring a robust whole system approach to communication and planning for winter.

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

The Unscheduled Care Programme key priorities for redesign and improvement for 2020/22 are illustrated in Appendix 2 with the key drivers and framework for winter planning illustrated in Appendix 3.

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

Tayside has been highly commended over recent years for its integrated approach to delivering unscheduled care pathways and performance against the 4-hour emergency access standard. During the initial response to COVID-19, Tayside has remained the highest performing territorial board. This has been achieved through working together with partner agencies., developing approaches to care provision with acute and community services, primary care, Scottish Ambulance Services (SAS) and NHS 24. The approach within the winter plan is aimed at continuing and building on this success. The winter planning approach is also aligned with the Cabinet Secretary's expectations that significant steps will be made this winter to implementing a consistent approach to urgent care pathways with the ultimate goal of developing a model across all urgent care that is 24/7, that encompasses ED, MIU, Primary Care, Mental Health, SAS and NHS 24. Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care.

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 vs weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme. The aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict demand across the system.
- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan.
- 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 4 illustrates a snapshot of the Unscheduled Care Dashboard.

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 2019/20

The following section outlines the key lessons learned from the review of the 2019/20 winter period as well as what has worked well during the management of Covid-19.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2020/21.

NHS Tayside performed extremely well over the winter period. Much of this was a result of whole system planning and preparation for increased demand. NHS Tayside has adopted a “Clinically led, managerially enabled” model. In practice this has led to senior doctors, managers and lead nurses working together in an honest and supportive way. Staff came through winter resiliently. Winter ‘started’ in September but we were able to maintain 79-84% occupancy even at peak demand.

### Summary of Successes and Key Achievements

#### ED Performance:

This was first class when set against national data.

- In 2017 Tayside followed the trend of a drop in performance but less than the rest of Scotland. This year's performance had been maintained throughout the winter period.
- All areas recognise that we have a role in pulling patients through from ED and back home again.
- Culture of respect and communication.

#### **Length of stay for older people:**

By identifying frailty and preventing deterioration, we have reversed the trend that older people have the longest stay in hospital. This has had a significant effect on occupied bed days. Community alternatives to admission kept hospital admissions low, but safely, with no increase in readmissions.

#### **Bed occupancy/ Delayed discharges:**

We detected that delayed discharges were increasing and the Unscheduled Care Board challenged partner organisations to try and reduce patients waiting for discharge. This occurred just before the festive season and optimised our admission capacity and can be seen in the maintenance of ED performance. Delivery of increased social care was jointly funded by Health and Social Care Partnerships and winter planning funding.

#### **Maintaining Elective Capacity:**

Use of an elective stand down period over public holiday period allowed a reduction in cancellation rate and planning to use increased day case capacity to maintain elective activity but still retain capacity for increased emergency admissions. Only 9 patients were cancelled from September 2019 onwards.

#### **FLUCON: 'Flu Contingency Planning**

- Staff vaccination rose from 18% 3 years ago to 57%.
- Influenza planning group started early in summer 2019.
- Use of Near Patient Testing, with half of patients going home on antiviral treatment after a 20 min test.
- Escalation plan for increased admissions with cohorting to protect other patients. No ward was closed, and this was achieved in collaboration with laboratory services, and Infection and Prevention Control Teams.
- Stewardship of testing to maintain financial control.
- This approach was at the heart of the COVID-19 response and the Winter Team worked closely with the Executive Team to prepare and respond.

#### **Summary of Learning from Winter 2019/20**

- Planning through the Unscheduled Care Board, with a whole system approach to winter planning and one single plan for Tayside.
- Finance at the heart of planning, with allocation of money early to allow homecare and partnerships to recruit. Reallocation of funding that can't be spent on areas that can.
- Senior medical engagement and visible senior leadership at Huddles.

#### **Unscheduled Care and Covid-19 Review**

Review sessions were held on 6<sup>th</sup> & 12<sup>th</sup> May 2020 involving members of the Unscheduled Care Board with a wide range of representation across acute and community and partner organisations. The aim of these sessions was to establish what has worked well during the

management of COVID-19 and highlight priority areas for consideration going forward into winter and beyond as part of the wider Unscheduled Care Work Plan for 2020/22.

Areas highlighted that worked well and taken forward to inform the development of the Winter Plan includes:

- Inpatient Modelling/Pathways work
- Discharge Pathways
- Interface Communications
- Continued Development and use of IT Systems in supporting remote and digital consultations
- Integrated Care Models
- Primary Care Assessment Models
- Pathways: COVID-19, Shielded and Palliative
- Care closer to home/Self Care at Home
- Workforce development and capacity



### 3. Winter Plan 2020/21

The Tayside Winter Plan 2020/21 is set out in accordance with the key priority areas aligned to the Scottish Government recommendations July 20/21:

- **Resilience and Business Continuity Plans** tested with partners
  - Inc Adverse Weather
- **Management of Viral Illness** – COVID -19/Seasonal Influenza/ Influenza like illness/Respiratory Disease and the potential impact of Norovirus
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff
- **Test and protect and impact of COVID-19 on near patient testing for Influenza**
- **Maintaining Unscheduled and Planned Care**
  - **Capacity and Demand** analysis including surge capacity that adheres to safe distancing
  - **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza
  - **Integration of key partners/ Services**
  - **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours
- **Out-of-Hours**
- **Mental Health** (added by our Board)
- **Paediatrics** (added by our Board)

#### 3.1 Resilience and Business Continuity Plans

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 the LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

#### 3.2 Adverse Weather

Themes highlighted from previous local reviews of winter in relation to the effects of adverse weather were mainly in relation to staff transport and accommodation. Transport due to adverse weather whilst managing COVID-19 will provide an additional challenge this winter. Areas to be considered for this coming winter include:

- Staff will be encouraged to be self resilient. Staff are requested to sign up to Met Office weather alerts so that sufficient advance warning of adverse weather can inform operational readiness.

- Organisational weather alerts will only be circulated via the Communications Team for Amber/Red Weather Warnings.
- Duty Executive awareness of status – linked into daily huddle meetings via the Whole System Safety and Flow Framework
- Links to existing plans, Adverse Weather Policy, and Departmental Business Continuity Plans
- Link to HR policies
- Ownership is operational rather than service specific
- Accommodation arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Service Leads
- Catering arrangements to be clarified for 'essential' staff in the event of adverse weather in collaboration with Soft Facilities Management
- Transport arrangements to be confirmed for 'essential' staff in the event of adverse weather in collaboration with Service Leads and Transport Hub
- Early and continued engagement with Local Resilience Partnership
- Establishment of a Transport Hub or equivalent to manage and co-ordinate transport requirements for staff and patients in the event of extreme/adverse weather
- COVID/Adverse Weather will be reflected in service/areas Business Continuity Plans.

The final appendix (8) within this Winter Plan includes a list of useful websites for ease of reference to inform resilience planning as part of winter preparedness.

### 3.3 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)<sup>1</sup> 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, the cancellation of 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

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

- 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

### Hospital Ambulance Liaison Officer (HALO)

Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with its Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers to ensure early appraisal of any arising issues in order that plans can be executed or adapted effectively and resources directed appropriately.

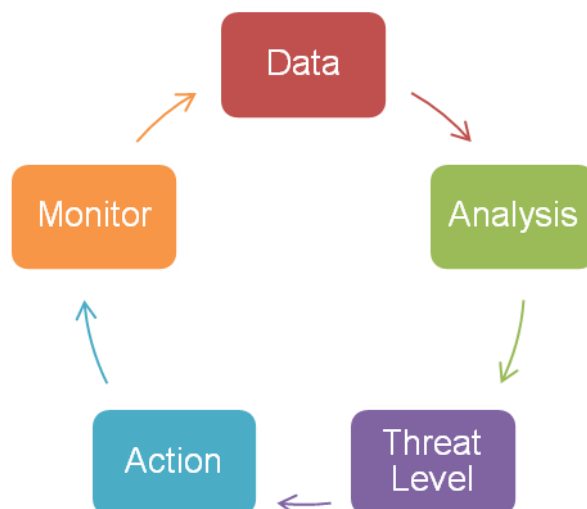
The HALO is a member of the Tayside winter planning group which meets weekly.

### 3.4 Escalation Strategy

It is recognised that meeting the demands of winter this year will be more challenging than ever before. Given the potential competing of a continued response to COVID-19 and maintaining access to both unscheduled and planned care, it is essential we have an effective Escalation Strategy and plans in place to support an appropriate response to increased demand across health and social care services.

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on what has worked during recent months in response to managing COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at between primary and secondary care to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework was reviewed in advance of the previous winter, however in light of the current Covid-19 landscape this year's Escalation Strategy is being re-designed to ensure it reflects the changed demand and inclusion of a dedicated assessment and admission stream for patients with suspected or confirmed Covid-19. We are creating an comprehensive series of data streams, combining to make a site-wide threat-level that will result in a series of actions designed to reduce the threat, which can be reviewed at senior level at least twice-weekly. Data includes COVID community and hospital activity, non-COVID clinical activity, and staffing. Our process will be as follows:



Escalation Strategies will seek to:

- Enable local systems to maintain quality and safe care.
- Provide a consistent set of escalation levels, triggers and protocols for acute services and HSCPs alongside local services to align with their existing business as usual and escalation processes.
- Set 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.
- To work within consistent terminology across partner organisations for person centred care.

The Command Centre and Safety & Flow Framework will continue to be fundamental in identifying triggers and supporting the subsequent escalation processes required in response to system pressures.

Actions in progress as part of winter preparedness and planning include:

- Leaders group established to lead on the development of an Escalation Strategy , reviewing/building on current arrangements
- Identification of Triggers (including in response to anticipated surges in COVID-19 activity), and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams
- Potential Use of Local Winter Action Cards reviewed version of 2018/19 template

### **3.5 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, in real time.

The current arrangement of daily Safety & Flow Huddles across 7 days as outlined in Appendix 5 provides Consistent senior managerial and professional nursing leadership across the acute hospital sites with daily calls facilitating engagement with partner organisations.

There are currently four safety & flow huddles across NHS Tayside acute hospital sites each day with input from the Health and Social Care Partnerships and partner agencies. There are professional nursing leads on each site, supported by a Clinical Care Group Manager a Duty Executive.

The Safety & Flow Hub is located in an area within the main Ninewells hospital site which was refurbished last year with modern video conferencing equipment to facilitate cross site communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

The aim is to support real time flow management and medium term planning, using data and triggers from the Command Centre Dashboard, which will include data on loco-regional COVID-19 activity as well as our usual predictive data. This will be used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity due to winter and also COVID-19 specific demands.

### 3.6 Winter Planning Activity/Departmental/Sector Winter Action Cards

A template is available for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used in previous winters has been reviewed for 2020/21 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

A draft Action Card Template is attached in Appendix 6. This may be reviewed and updated in line with local triggers and escalation plans.

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.

### 3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness

The use of information and data is critical for effective forecasting of unscheduled and elective winter demand and capacity planning. Data intelligence from the following services will be considered to inform threat planning as discussed above:

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)
- Public Health
- NHS Tayside Command Centre Dashboard

Public Health will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. 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 along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The enhanced version of the Command Centre Dashboard will be available in advance of winter 2020 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

- Links to across resilience and contingency planning and adverse weather policies arrangements across Health and social care Partnerships
- Staff accommodation, catering and transport arrangements
- Transport Hub or equivalent to manage transport requirements in the event of extreme weather conditions

### SAS

- REAP - for capacity management and contingency planning
- Additional directives regarding adverse weather planning
- Additional winter funding for extra ambulance crew/vehicles
- Hospital Ambulance Liaison Officer

### Escalation Strategy

- Development of an Escalation Strategy, designed around the specific COVID-19 appropriate requirement of Winter 2020-21, and reviewing/building on current arrangements
- Identification of Triggers and development of Escalation and De-escalation Plans
- Local Service/Operational Leads identified to ensure local escalation plans are in place, accessible and communicated to their local teams

### Pressure Period Hospital Site Huddle Framework

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

### Sector Action Cards

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

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

- Effective forecasting and data intelligence for unscheduled and elective winter demand, planning accordingly through the use of predictive data systems
- Command Centre Data and Triggers to inform escalation plans in the management of viral illness such as Influenza and COVID-19, as well as other system pressures

## 4. Management of Viral Illness

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with potential for COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

### 4.1 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.

#### **4.1.1 Norovirus Training and Communications**

There is an established communications process between the IPCT and the Health Protection Team to optimise resources and response to a 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
- 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.

#### **4.1.2 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 hospital demand and norovirus related 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 health & social care 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 Professional Forums.



Winter funding will be made available this year for the purchase of a rapid test programme for GI pathogens, including PCR testing for Norovirus. This will enable more rapid diagnoses and appropriate isolation 7 days a week.

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.

## **4.2 PPE Procurement (Management of Viral Illness)**

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal influenza like illness, norovirus and Covid-19 that might coincide with severe weather and festive holiday periods.

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement stock management of PPE co-ordinated via Bronze PPE Group
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

## **4.3 An Enhanced Influenza Vaccination Programme**

This year within the context of the COVID-19 pandemic, and in line with national recommendations, NHS Tayside aim to deliver a seasonal influenza programme that prioritises vaccinations to protect the most vulnerable, as those most at risk from flu are also the most vulnerable to COVID-19.

In addition to offering seasonal influenza vaccination to the groups eligible groups in line with the 2019/20 programme, the Scottish Government have broadened the eligible cohorts for influenza vaccination including an extended age range for adult influenza; household contacts of individuals who are shielding; and expansion of the health care worker (HCW) programme to include social care workers (SCW) providing direct care to vulnerable groups.

An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff commenced in late September 2020.

### **4.3.1 Assessment and Delivery Staff Flu Campaign**

The staff flu programme offers flu vaccinations for all eligible NHS Tayside employees which equates to 13,258 staff. The extension of the programme to include eligible social care staff, working in residential care, nursing homes and domiciliary care settings will account for a further 9909 individuals across Tayside. This means an overall cohort population of 23,167 eligible health and social care workers in Tayside.

### **4.3.2 Staff Uptake Target**

As well as expanding the eligible cohorts it is anticipated that concerns about COVID-19 may increase the demand for influenza vaccination this year. In recent years the target has been set at 60% however for this year the target has been increased. Locally, it has been agreed that staff flu vaccination planning should be based on ambitious uptake target of 75% of the Tayside eligible staff cohort. Consequently a considerable increase in resources and development of the current delivery model is required to facilitate the administration of a significantly greater number of vaccines for staff. A 75% target, coupled with the extension to social care workers would require a significant increase in vaccine administration from 7000 vaccines administered 2019/20 to planned delivery of 17,375 vaccines in 2020/21.



Plans to significantly increase staff flu vaccinations across health and social care systems to meet target of >75% are in place and include:

- 'Flu vaccinations scheduled clinics (to maintain social distancing) began in late September within Occupational Health in Ninewells and PRI.
- Enhanced Peer Vaccination has also started early in clinical areas to boost the staff uptake of the 'Flu vaccination, and has seen excellent uptake so far.
- Additional venues have been identified to carry out vaccination of Health and Social Care Staff safely.
- Staff also able to attend participating community pharmacies to be vaccinated.
- Volunteers recruited through Health have the opportunity to get their Influenza vaccination as part of the Influenza Vaccination Programme.
- Plan to use in-hospital vaccination to "catch up" vulnerable patient who have missed community vaccination.
- Use of IT systems to book vaccination appointments in addition to the collation of vaccination uptake data.

### 4.3.3 Influenza Communication Campaign

The NHS Tayside Communications Team in collaboration with Angus, Dundee and Perth & Kinross Health and Social Care Partnerships have a communication plan in place specific to seasonal 'flu vaccination. The influenza vaccination campaign will be promoted to all NHS Tayside, Health and Social Care, Care Home staff and volunteers, as well as members of the public in at-risk groups.

The Communication strategy includes the following:

Communication and Engagement Plan developed
Updated information to NHS Inform regarding local contact arrangements
General Practice to distribute letters
Copy and circulation of consent forms for staff via payslip distributor
Early communications release re change of programme and appointment basis to staff
Communication with all clarifying how appointments are made in each locality
Weekly communications to Scottish Government/NHST/HSCPs/GPs/ISD re uptakes and progress
Vaccination cards and stickers prepared for distribution to people vaccinated
Communication re: how to access training to vaccinate and different vaccinations materials
Update of website re guidance for links on training
Update and maintenance main 'Flu webpage
Regular promotion of all clinics and how to access on staffnet, Social Media, press etc
Comms to review HSCPs FAQs and provide over arching FAQ for programmes
Information to be gathered re: pharmacies and clusters of pharmacies delivering vaccinations for social care staff available in each area

In addition, as in previous year's key messages about protecting yourself and your family, your patients and the service will be available. 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 NHS Tayside's 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.

**Appendix 8** illustrates examples of poster communications sent to staff as part of the Communications Campaign to promote the uptake of the Influenza Vaccination.

#### **4.4. Test and protect and impact of COVID-19 on near patient testing for Influenza**

Plans are in development to ensure rapid and safe identification of viral illnesses, including COVID-19 and Influenza, across the organisation from primary care to secondary care. Two main areas of focus are:

- Enhanced Rapid Assessment Centres at Ninewells and Perth Royal Infirmary with rapid testing for respiratory viruses including SARS-CoV2.
- Frontloading diagnostics and senior clinical decision making as early in the patient pathway as possible; this will be done in conjunction with plans for Navigation Flow Hubs (see Section 6), part of the Scottish Government's plans for the Re-Design of Urgent Care 2020.

##### **4.4.1 Enhanced Front Door Assessment/Winter Rapid Assessment Centres**

Work is ongoing to develop clinical pathways for those patients who would benefit from an enhanced assessment in advance of admission to a downstream hospital bed. This will primarily be those who require a rapid viral test or those who it is felt could avoid admission with access to diagnostics, further clinical assessment or referral to community support services.

Use of an "assess to admit" model will also ensure that inpatient bed resource is only utilised for those patients who cannot be safely cared for in another setting. The Rapid Assessment Centres will work closely with Primary Care COVID assessment Centres (CAC), GPs, GP OOH and community teams. If admitted to hospital, NHS Tayside has, and will develop further, defined, comprehensive, and accessible COVID-19 and Influenza Clinical Management Pathways involving clinical assessment, therapeutics, and access to research studies (see Section 6).

##### **4.4.2. Place of Care Testing**

Discussions are ongoing nationally around a solution for rapid place of care testing; NHS Tayside has strong representation within these groups. When available, rapid testing will be made available in PRI, Acute Surgical Receiving Unit (ASRU), COVID-19 Assessment Unit (Ward 42) and the Tayside Children's Hospital.

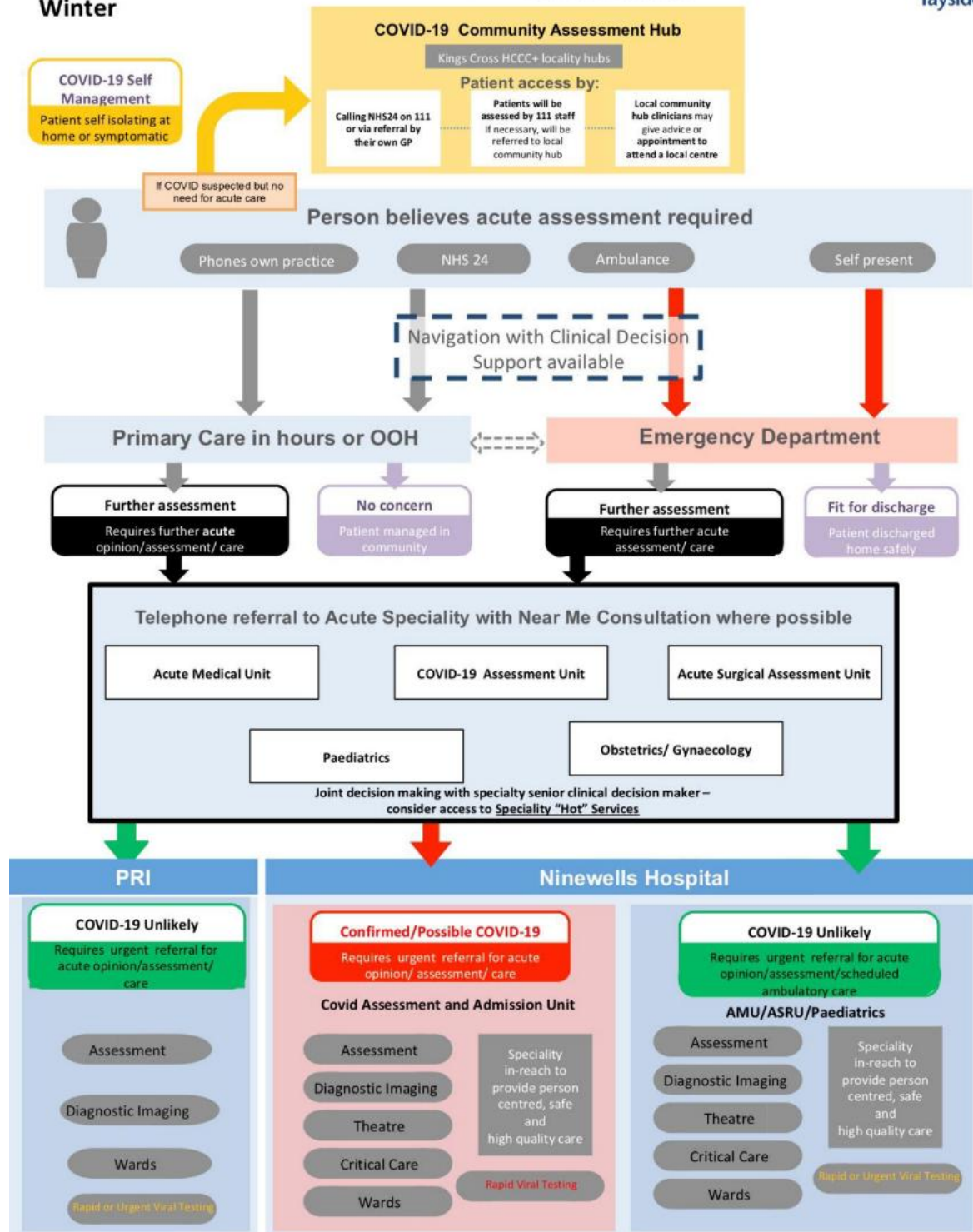
From the beginning of November, it is anticipated that a "hot lab" in Ninewells Hospital will provide testing for SARS-CoV2 and Influenza A/B with a running time of approximately 30-45 minutes.

# Visual Summary

## Whole System Patient Pathways during Winter

Pathway of patients requiring assessment or access to acute care

Version 1: 20 October 2020



## Summary of Key Actions for Managing Viral Illness

### Norovirus:

- IPCT plans in place to support the execution of Norovirus Preparedness Plan in advance of season
- Communications, Guidance and training for staff by IPCT
- Prioritisation Flow chart to aid decision making at the 'front door'
- Staff access to and adherence to national guidance on Preparing for and Managing Norovirus in Care Settings
- Planning and Control
- Norovirus Control Measures and plan available to all staff across health and social care partnerships
- Rapid Testing for Norovirus and GI Pathogens for rapid diagnosis

### PPE

- Procurement and adequate resource availability

### Enhanced Influenza Vaccination Programme

- Plans to increase staff Flu Vaccination Uptake: Programme - commenced late September for staff with convenient clinic locations; vaccination by appointment to ensure safety and infection control measures in a COVID-secure manner; peer vaccination programme to increase uptake
- Staff uptake target >75%
- Influenza Communications Campaign and supporting action plan

### Test and Protect

- Rapid and Near Patient Testing for COVID-19 and Influenza
- Winter Rapid Assessment Centres for assessment and management of suspected serious COVID-19 and Influenza, closely linked to community COVID Assessment Centres
- Enhanced front door assessment

### Other

- IPCT guidance on Staff website and HPS Website
- Communication Campaign specific to seasonal illnesses

## 5. Unscheduled and Elective Care Preparedness

Unscheduled and Planned Care preparedness and planning for winter include:

- Capacity and Demand analysis including surge capacity that adheres to safe distancing (See Section 3 for details of this)
- Signposting to the most appropriate place of care with a Navigation Flow Hub
- Scheduling unscheduled care
- Maintaining an ability to deliver a separate COVID stream
- Unscheduled and Planned Care including Surgery Escalation Pathways and an improved hospital environment
- Respiratory and Critical Care Pathways planning for the safe co-ordinated management of Severe COVID-19 and Influenza within hospital
- Support the delivery of as much elective care and treatment as possible
- Integration of key partners/ Services

- Integrated Care between Primary and Secondary streams
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

## 5.1 Navigation Flow Hub

This is under development as part of the Re-design of Urgent Care, and will support the Winter Strategy of scheduling as much Unscheduled Care as possible. The figure below demonstrates the Flow Navigation Centre Model:



### 5.1.2 Enhanced Community Model

A key component of avoiding admissions this winter will be access to enhanced care at home and support for patients out of hospital.

Winter funding has been allocated to support this ambition and through the collaborative approach to winter planning already described, pathways that cross community and hospital boundaries.

### 5.1.3 Emergency Department (ED) - Winter Preparedness

Attendances at EDs have increased as lockdown measures have eased and it is anticipated that this will continue as progress is made through the phases of the Scottish Government Routemap.

The ability to safely isolate both COVID-19 possible patients requiring immediate resuscitation and shielding patients who require emergency treatment remains. There is insufficient Emergency department capacity to manage all unscheduled secondary care



COVID-possible presentations and a separate COVID-19 assessment unit will be maintained as part of the Winter Rapid Assessment Centre described in section 5.

As attendances increase and restrictions on visiting in hospital are relaxed, maintaining social distancing in the Emergency Departments will be challenging, particularly in communal waiting areas. A number of innovative tests of change will be carried out in advance of winter with the aim of implementation, which will be led by the Clinical Director for Emergency, Urgent and Integrated Care. These include:

- Virtual Waiting Room – Potentially pilot virtual waiting room for referrals to ED from NHS 24 as part of national Unscheduled Care Programme.
- Quality Improvement project looking at Avoidable Attendances from Care Homes.
- Exploring options for patients who are stable and awaiting results of investigations to inform their plan of care either in alternatives to clinical bays in ED (“Fit to Sit” ) or return to a hot clinic (potential for virtual consultation) or, ambulatory area.

Tayside’s Unscheduled Care Board and unscheduled care performance remains the highest nationally and the Unscheduled Care Board is represented by all relevant health and care partners and has identified key priorities for the integrated remobilisation plans.

#### **5.1.4 Bed Modelling & Surge**

There has been considerable change to the bed model within Ninewells Hospital throughout 2019/20 with the required current bed modelling work continuing to have major changes on the configuration of services this year.

As part of the identified escalation plans, inpatient bed configuration will be flexed between covid and non covid demand, as required.

#### **5.1.5 Inpatient Modelling & Pathways**

There will be a specific focus on inpatient modelling across both acute main sites, building on the successes of the remodelling of inpatients during COVID-19. In addition, pathways work across Surgery and Medicine will continue as a priority within Unscheduled Care and Winter plans, as well as further development of the Assess to Admit models at the Front Door. Robust discharge pathways are essential going forward, involving the continued discharge planning and collaborative work across acute, community and discharge teams.

#### **5.1.6. Integrated Community Care Hubs**

Integrated Community Care Hub Models are also a priority development, strengthening and building upon recent successful whole systems and interface communications. Collaborative efforts are aimed at preventing admissions, assessing and treating patients in a community setting closer to their home. Rapid testing in relation to respiratory illness and timely access to diagnostics are key components of the Assess to Admit and Integrated Community Care Hub Models alongside collaborative working across Out of Hours and NHS 24 promoting a multi-professional, whole system approach.

#### **5.1.7 Pathways: building efficient pathways to support patient care for Winter**

As outlined above, pathways are being developed to safely manage the range of respiratory viral illness, including COVID-19 and Influenza, this winter. This includes:

- Building on what has been developed for COVID-19 (dedicated viral assessment area)
- Implement a sustainable system for timely access to professional to professional clinical advice, including a Navigation Flow Hub
- Assess to Admit area with rapid viral testing to be able to determine the best pathway for each patient. This will include a rapid turnaround time for testing and diagnostics such as bloods, x-ray, and other diagnostic requirements.
- Perth Site to be able to adapt capacity to meet demand and avoid the need for patient transfer to Ninewells for capacity reasons alone

#### Bed Footprint

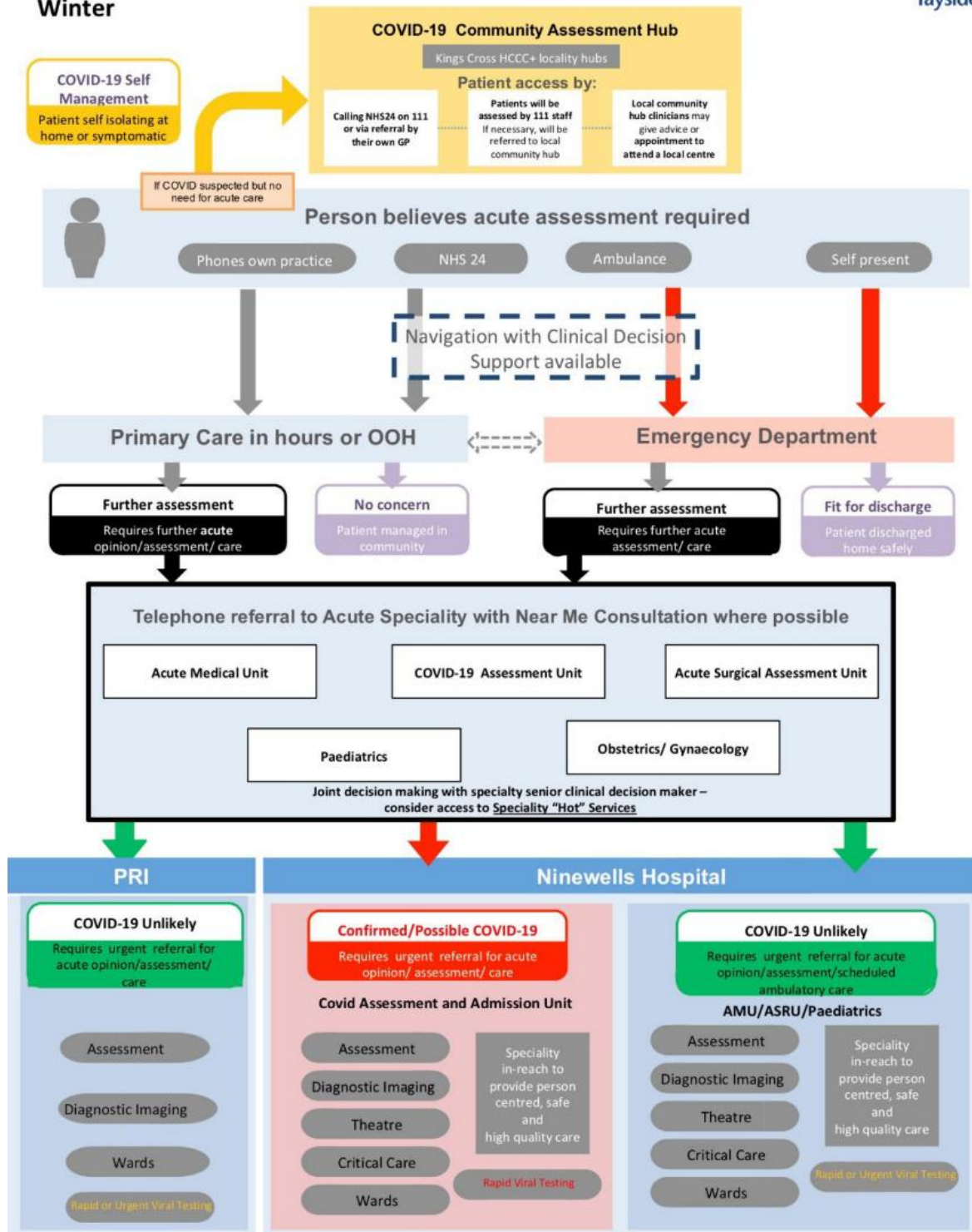
- We will build on Current Escalation Plans
- Work collaboratively across the organisation
- Use guidance from Working Groups around bed spacing to this to inform clinical area setup

## Visual Summary

### Whole System Patient Pathways during Winter

Pathway of patients requiring assessment or access to acute care

Version 1: 20 October 2020



### 5.1.8 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a significant consideration for this winter's plan.



We continue to strive to provide timely access to routine Respiratory Care through the winter, recognising that there will be periods where this may be impacted by the requirement to provide unscheduled care in response to changes in threat level. In doing so, we will aim to continue to provide virtual outpatient appointments, recognising that ensuring complex chronic respiratory illness is vital in preventing clinical deterioration through the winter. A key part of this is the significant network of Respiratory Liaison Nurses across Tayside – both in the hospital, and in the community. We will continue to develop this winter the robust use of this network to both avoid admissions for respiratory disease where possible, and to smooth transitions of care between the community and hospital.

Respiratory was one of the first departments to remobilise Face to Face New Assessments at NHS Tayside and will aim to provide as much capacity for this as possible in a COVID-secure way, this winter. Cancer and bronchoscopy services have been re-modelled to provide ongoing critical services in times of enhanced COVID activity.

Dedicated respiratory pathways for acute COVID-19 and Influenza pneumonic illnesses which require inpatient and critical care input remain active from the initial Covid response 1, with the ongoing and flexible safe provision of Level 1, Level 2, and Level 3 respiratory care for patients with confirmed COVID-19, possible COVID-19, and for those without COVID-19. We have enhanced training of staff in our Acute COVID Assessment Unit (Ward 42) for the delivery of CPAP and NIV, and have developed in-house pathways for the management of both Severe Influenza and COVID-19 available on our relevant Staffnet pages. These will remain under active review.

Respiratory staffing will be modelled to allow as much inpatient activity as possible to enhance the front-door and inpatient senior decision-making as in previous winters. This will improve our ability to provide safe ambulatory management of patients where possible, and to ensure discharge to the community is safe and timely in a period where acute respiratory illness is a challenge.

Planning for an increase in provision of critical care capacity is essential to enable us to be prepared for the anticipated surge in patients presenting to secondary care in acute respiratory distress over winter is critical. Taking account of the normal winter pressures exacerbated by the impact of COVID 19, there is a risk that predicted demand may exceed critical care capacity within days to weeks depending on the rapidity of rise of patients. Our Level 3 Critical Care Escalation Plan, submitted to the Scottish Government, outlines how we can increase our capacity by 4 times the number of Level 3 beds that we provide in the region under business as usual service conditions. Our plan for intensive care is to maintain a separate COVID ICU over the winter period. Following assessment of the hospital footprint to take account of critical infrastructure requirements to support assisted mechanical ventilation, we have dedicated our Theatre Admission Suite footprint for this purpose.

However, workforce remains a critical risk for all escalation plans and it is recognised that care of a critically ill patient requires specific expertise, knowledge and skills within the critical care environment. Our continued challenge remains the number and competency of the medical (junior and senior), nursing and Allied Health Professions staff to provide safe care for high numbers of critically ill patients. The last wave showed the very high ICU mortality and prolonged length of ICU stay of those who survived to ICU discharge.

Plans are in place to supplement the ICU Nurse Workforce primarily by the release of Theatre Nursing Staff including Anaesthetic Assistants, Recovery Nurses and Scrub Nurses. The guidance within the Joint Statement on developing immediate critical care nursing capacity has been used to support the development of this plan and critical care nurses will provide supervision and expertise in delivery of critical care, forming small teams with the redeployed workforce. Critical care nurses will be required to take a team working approach

rather than a ratio approach to patient care in order to deal with a surge in patients requiring critical care support. The planning assumption is based on the release of one theatre team per increase in 1 ICU bed, thus elective activity will be detrimentally affected by 10 sessions per week per ICU bed increase.

Plans are in place to supplement the Allied Health Professions critical care workforce. In Physiotherapy, this supplementation will come primarily from staff experienced in respiratory care and on-call who work from other areas of the service. The planning assumption is one Physiotherapist per 4 additional critical care beds. Occupational therapy, Dietetics and Speech and Language therapy are undertaking modelling and workforce planning to support clinical need and increased demand. The deficits created by this deployment of staff will be minimised and mitigated where possible through implementation of the pan-Tayside AHP contingency planning model and mutual support but it is recognised that it may detrimentally affect other elements of service delivery.

We have a deficit of registered nurses to scale up to a total of 44 ICU beds, therefore beyond 22 ICU patients capacity we would be looking to invoke our "mutual aid" protocols from other adjacent health boards.

### **5.1.9 Frailty**

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community and through improving the management of frail patients when they present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

In addition, enhancing the care for surgical and orthopaedic frailty assessment and management is a key focus for the Unscheduled Care Board, supported by the Winter Plan, to work towards a reduced length of stay and rapid rehabilitation where required in a setting closer to home.

This integrated model with care as close to the patient as possible with rapid access to specialty advice is central to the vision for service delivery and local mobilisation plans. This will be underpinned by technology to enable virtual review and consultation across the Tayside geography.

Community based facilities for services such as routine phlebotomy are being considered for mainstreaming and pilots of new chronic disease management models will continue throughout the next phase of mobilisation ensuring that the most effective elements of the initial response to the pandemic can be made sustainable and spread, where appropriate to support winter demands.

## **5.2 System Wide Planning**

### **Digital and Remote Consultations**

The Digital Directorate has committed to a range of system upgrades and interface developments that will support the requirements of the winter planning groups. Point of Care testing will be enhanced by the implementation of an interface from TrakCare (Patient Administration System) to provide patient location information at the point of testing, along with upgrade and additional interfacing to the patient infection control system ICNet. These developments will ensure more robust support, safety and efficiency to the testing and infection control methods in time for the winter period. This will be beneficial to the safety of patients and staff.

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as Referral Guidance Help, Consultant Connect systems and the continued promotion of telephone consultations. The “Digital by default” approach is a priority area of development for unscheduled care and will be a critical consideration of winter plans.

### 5.2.1 Transport

Sustaining and continued support to the long term establishment of the Transport Hub is central to supporting unscheduled patient care and transportation requirements. This includes hospital site transfers, hospital admissions from community to acute, as well as patient stepdown and discharge.

### 5.2.2 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through daily dialogue and action via the Safety and Flow Framework and Flow Hub. This will continue through the winter period, involving senior managerial colleagues when required.

The use of a data driven “threat level” for winter will allow unambiguous communication of capacity and drive specific actions. We recognise that our delayed discharges are lower than other areas but recognise that these are patients who should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on patients as well as flow through our system.

In consideration of the priority areas for winter planning 2020/21 there are specific actions described from an Acute and Partnership perspective aimed at reducing the level of delayed discharges. These in addition to all the improvement and redesign work which is being progressed via the Unscheduled Care Programme.

During the winter period, Tayside aim to maintain delayed discharges within agreed levels:.

#### **Inter-hospital delays**

No more than 2 delays for hospital transfer in:

Dundee

Angus Community Hospitals/Psychiatry of Old Age (POA)

Perth Community Hospitals and Tay Ward

Fife

Hosted services (Palliative care and the Centre for Brain Injury Rehabilitation)

**TOTAL of 10**

#### **Acute delayed discharge**

Angus 3

Perth 4

Dundee 5

Fife 3

**TOTAL 15**

Acute hospital RAG status, based on this is:  
Green 25 or less  
Amber 26-35  
Red more than 35

These delayed discharge levels are monitored daily within the Flow Hub as a key component of the Safety and Flow Framework.

### 5.2.3 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration in Unscheduled Care and throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing demand. Planning will be required to consider a workforce which is mobile, available over 7 days working across service boundaries, where required.

The aim is to have the appropriate levels of staffing and resilience 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:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- 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: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months
- 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 medical staff (including junior doctors) resource
- 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

## 6. Integration of key partners/ Services

The Winter Plan from NHS Tayside encompasses all our partner organisations, including the relevant HSCPs, who have been integral in the development of this year's plan. A brief summary of their involvement and contribution to enhanced care this winter follows.

There is ongoing engagement from the Scottish ambulance Service and HSCPs in the weekly multi agency winter planning meeting and threat level determination discussion.

## 6.1 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. Angus Care Model work to develop joint working opportunities and improve communication between AHP's/Enablement Response Team (ERT) and work to further develop Enhanced Community Support (ECS)/ERT
- Discharge checklist established for patients being discharged to Care Homes from Community Hospitals.
- The 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) acknowledging the access to respite is dependent on the COVID-19 situation and restrictions.
- Anticipatory Care Planning (ACPs) all reviewed as part of COVID-19 response and this will continue 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 from a clinical, personal and legal perspective
- Enhanced Community Support (ECS) continues to work effectively. An action plan is currently being developed to enhance and focus the rehab/enablement ethos of ECS, particularly the AHP and ERT interfaces. Further review of the MDT meeting that is core to ECS is due to commence shortly, including the availability of adequate IT facilities to enable effective remote MDT meetings.
- Senior Nurse for Unscheduled Primary Care has been appointed and recruitment to a Senior Nurse Primary Care post is currently underway to support both scheduled and unscheduled pathways.
- Palliative and End of Life Care (PEOLC) Improvement Plan has been established - this work includes:
  - robust identification of carers support needs
  - ongoing educational support for Care Homes, Care at Home and Community Nursing teams
  - supporting families to administer as required sub-cut medicines
  - promoting use of Near Me technology as a means of reviewing patients
- Enablement and Response Team 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 operate 7 days/week 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.
- Continue 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. ERT operate 7 days per week to support 7 day discharge.
- Support care homes and ensure safe transfer of patients.
- Scoping underway to move towards six/seven day services for AHP. Limited workforce capacity to undertake this on a voluntary basis at present. Test of change

with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells.

- Tests of Change continue within Surgical and Orthogeriatrics units at Ninewells with a view to developing an Integrated Discharge hub.
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff and rota developed for weekly attendance at the winter planning huddles.
- Joint working with discharge hub at Ninewells to improve pathway from acute to community.
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination.
- Reinforce the priority of staff testing in the community.
- Review the option for the Monday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days.
- 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.
- Successful funding through the Community Trust for 14 KOMP technology units to support falls prevention.
- The Integrated Overnight Service in Angus (IONA), where MIIU staff and the out of hours GPs provide a multi-disciplinary approach to overnight care and offer a more flexible service by seeing patients at home, will continue.
- CARES (Covid-related Advice on Rehabilitation, Enablement and Support) is a new service developed in Dundee but for all the Tayside population. The advice line is staffed by Physiotherapy and Occupational Therapy and they have links to local services across Tayside that they can refer callers to, as required. Since the service began in July of this year, 20 Angus callers have accessed the service. Patients have been referred to Speech and Language therapy, Nutrition and Dietetics, Community Listening Service as well as local PT and OT services.
- Support a co-ordinated public messaging communication campaign.
- Support staff to work flexibly through the use of technology.
- Complete readiness assessment for the combined impacts of COVID-19 second wave, winter and BREXIT.

## 6.2 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:

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital.
- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes.
- Expansion of the existing social care/community nursing assessment service developed in response to the Covid Hub model to support community triage.
- Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS H@H trial.
- Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource.
- Strengthening of 3rd Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work.
- Development of a 7 day model of working across Partnership services.



- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care.
- Development of intermediate care provision for older people with mental health problems.
- Remodelling of Integrated Discharge Hub to support improved patient flow.
- Ongoing home care and deteriorating improvement work in the community.
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies.
- Continued development of an amputee pathway to improve patient flow.
- Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience.
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff.
- Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff.
- Development of community diagnostic services - initially phlebotomy.
- Further investment in social care to support early discharge over winter.
- Refinement of stroke pathway to improve patient experience.
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

### 6.3 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. This year's planning is more challenging than previous years as we are not only preparing for winter but also a potential resurgence of COVID-19, therefore this year's plan will be underpinned by P&K HSCP remobilisation plan.

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.
- Work in partnership with General Practice to deliver the seasonal flu vaccination programme.
- All health, social care and care home staff will be encouraged to accept the flu vaccination.
- Enhance capacity at PRI Front Door to rapidly assess and turn around patients, where appropriate to be managed at home.
- Test an integrated evening and overnight service aligned to the Locality Integrated Care Service (LInCS) to provide rapid triage, assessment and support for deteriorating patients to prevent admissions and support discharge.
- Enhance the Hospital Discharge Social Work Team to support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA).
- Promote and 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.

- 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.
- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover.
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings.
- Recruit to additional district nursing resource to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area.
- Develop and implement a Specialist Community Respiratory Service across Perth & Kinross.
- Enhance the LInCS and MFE model with additional Advanced Nurse Practitioners.
- Develop Clinical Fellow MFE model into community hospitals to support capacity and flow.

## 6.4 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.

## 6.5 Primary Care

Primary care will continue to work across partnerships and interfaces to maximise efficiency and effectiveness of community care. This will be led by a strong collaboration both at partnership level and across primary care at the Primary Care CCT.

We will collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme noting that this will be the largest ever influenza vaccination programme ever delivered.

We will continue to work both in hours and out of hours to champion and excel in community-based care wherever this is the safest and most appropriate care option for patients in multidisciplinary teams.

Primary Care will continue to provide a dynamic and responsive model for management of COVID-19 and patients with symptoms of COVID-like illness as set out in our escalation plan. We will utilise the expertise of the patient's own GP where this is most suitable but retaining the utility of the CAC for patients who require an assessment in person.



If a Flow Hub is created, patients can continue interact with primary care and community services as always. Patients can still call their own GP practice for urgent care too and are supported to get the right care, in the right place.

Paediatrics and General Practice continue to work together in developing their successful models of unscheduled care including use of technology such as near me, combined working within covid assessment centres, developing educational opportunities and close professional to professional support.

A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus is set out below.



- Stage minus 1 – very low prevalence/demand
  - CAC Fall back from Kings Cross to Ninewells
  - Advantages: no requirement for as much GP/nursing/practice input; rapid COVID POC test
  - Disadvantages: Less GP input and less broad expertise in assessment. Risks on capacity at Ninewells
- Stage 0 – low prevalence/demand
  - Stable CAC Kings Cross salaried input with regular HCSW/ANP support
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Advantages: Sustainable, less requirement for ad hoc input
  - Disadvantages: Limited capacity
- Stage 1 – increasing prevalence/demand
  - Maintained CAC with salaried GP, extra ad hoc GP/supporting HCSW
  - GP practice hot rooms, CAC where needed, GP practice triage
  - Escalation 'into' practices if required from salaried GPs
    - Advantages: sustainable potentially, best person triages, keeps CAC requirements lowest, least likely to overwhelm systems
    - Risks: increase pressure on practices potentially
- Stage 2 – moderate prevalence/demand
  - Increase use of CAC; cluster hubs/PRI as needed and redirecting ?COVID triage to 111 where required.
  - Increase workforce to support CAC structure including GPs, paediatrics and other secondary care input
    - Advantages: Maintains practice/main CAC structure
    - Risks: CAC/Cluster might not be able to cope without more resource; like stand down some primary care services
- Stage 3 – high prevalence/demand
  - Escalate back up local CACs and full redeployment from practices back to CAC Kings Cross, Angus and P&K.
    - Advantages: Provides logistical structure beyond practices
    - Risks: Must stand down other primary care services to provide workforce

## Summary of Key Actions for this Sections 5 & 6

### Acute Sector

- Workforce Planning/Flexible Staffing plans
- 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
- Enhanced Respiratory and Critical Pathways
- Theatre Scheduling
- Planned escalation in response to identified triggers
- Agreed clinically prioritised service delivery model

### Health and Social Care Partnerships

- Enhanced Community Support Services
- Anticipatory Care Planning/ Planned End Of Life Care in Care Homes
- Discharge Hubs supporting discharge planning
- Workforce Planning
- Enhanced support to Care Homes
- Further development of acute frailty models
- Promotion of Flu vaccinations across community HSCP workforce
- Development of Community Diagnostics Service

### Primary Care

- Cross Partnership collaborations and working
- Use of IT technology – digital consultations
- A proposed escalation plan for COVID assessment centres across Dundee, Perth and Angus

## 7. Out of Hours (OOH) Preparedness

It is anticipated that the winter period will be much busier this year due to an expected increase in COVID and COVID type presentations in addition to the anticipated increase in demand for unscheduled care. In order to continue to provide safe, effective care, Tayside OOH plan to increase capacity across the three main areas of:

- Telephone consultation and advice
- Face to face assessment
- Home visiting.

The OOH service will increase the number of clinical shifts that are available, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends.

The following specific challenges and solutions have been identified:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.
- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in

order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.

- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- Usage of Near Me/Attend Anywhere will be increased
- In anticipation of paediatric contacts increasing this year, there is a plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community.
- The 'flu vaccination campaign will be supported both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather.

### Summary of Key Actions for Out of Hours

- Resource availability over the winter season including arrangements for dealing with influenza and Covid-19
- Resource availability over the Festive period
- Demand management - resources targeted around priorities across Tayside
- OOH Escalation Process in place - agreed with key stakeholders
- Additional Triage/ Professional Advice to support whole system working
- Enhanced collaborations/consultations with Acute and Paediatric Colleagues
- Increased use of digital technology to support digital consultations

## 8. Mental Health and Learning Disability

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

Winter plans for mental health services will adopt a multi-disciplinary and person-centred approach to that of unscheduled acute care to improve patient safety and flow and performance through:

- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment).
- Developing rapid review system for any patient breach of 4 hour standard.
- Ensuring winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment.
- Proactively working to manage demand for inpatient admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care.
- Enhanced implementation of safe and timely discharge of patient from hospital.

- Effective inter-agency planning between inpatient service and community mental health teams.
- Proactively building and deploying partnership working to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model with the capacity to engage with community based mental health services and discharge HUBs.
- Participation in the staff vaccination programme with targets set to increase the numbers of staff uptake.
- Reduce footfall in all departments using flexible working, home working and digital technology wherever practicable.
- Reduce cross service re-deployment of staff to safeguard mental health and learning disability services.
- Work towards the establishment of a real-time capacity and flow dashboard, linked to the Tayside Command Centre using key metrics to monitor crisis referrals, liaison referrals, inpatient occupancy, inpatient admissions, inpatient discharges and home treatment caseloads.
- Work with the Scottish Ambulance Service to establish direct referral pathways to crisis care with connections to the Flow Navigation Centre.
- Monitoring and refreshing Winter Action Cards to respond reflexively to developments throughout the winter months.
- Implementing measures to enable staff to support reach others wellbeing.
- Maintaining Business Continuity Plans and Hospital Evacuation Plans.
- Undertake a programme of COVID-19 Infection Prevention and Control Audits to strengthen preparedness.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands.
- Contributing to the corporate risk management of EU Exit arrangements and proactive service management of related risks in regard to unscheduled care demand.

Mental Health & Learning Disability inpatient services will continue to use the National Unscheduled Care Six Essential Actions, Building of Firm Foundations Programme as a framework to underpin and continuously improve their approach to safe and effective patient flow.

### Summary of Key Actions for Mental Health

- Winter preparedness and response in a COVID-19 endemic time period maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment
- The avoidance of admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care
- Building partnerships to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model.

## 9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, 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 most effective 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 a media campaign around access to healthcare when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

## 10. Paediatrics

The Paediatric Winter Plan for NHS Tayside very much builds on the key concepts of the Tayside Winter Plan. Paediatrics is a seasonal specialty with children and young people < 16 years old accounting for 25% of the population and at least 25% of unscheduled health contacts over winter, effectively managing the flow of unwell children is key to supporting the winter plan.

The key concepts and actions for this winter are:

### **Illness prevention (patient)**

- Ensuring safe treatment and escalation plans are in place for clinically vulnerable children
- Promoting and supporting influenza vaccination for this group
- Asymptomatic staff testing for those working with vulnerable groups as defined by Scottish Government

### **Illness prevention (staff) and promoting attendance**

- Promoting Influenza vaccination in staff
- Ensuring adequate supplies of PPE
- Managing all patients with respiratory illness in FFP3 even when Covid negative (HPS guidance)
- Ensuring a supportive environment for staff to support resilience by embedding reflective practice sessions into clinical team regular meetings, continuing with learning from excellence, supporting leave requests
- Ensuring adequate staffing to account for anticipated absence with test and protect and isolation

### **Staying informed**

- Access and contribution to the Command Centre Dashboard

- Contributing to safety huddle

## **Unscheduled care - supporting flow**

### **Admission avoidance**

75% of patients referred to the Paediatric Assessment Unit (PAU) are discharged within 2 hours of arrival independent of source of referral or time of day. The Paediatric Assessment Unit does provide a vital service for short term observation and investigation but previous attempts at joint working with referrers has changed referral practice and over the last 2 years referrals to PAU have decreased by 19%. Conversely attendance for primary care assessment, NHS 111, SAS contacts and ED attendances have all significantly increased. We will continue to support this with enhanced joint working:

- Adjusted referral pathways direct to specialty ie Dermatology and Orthopaedics rather than referral via Paediatrics
- Use of Consultant Connect
- Supporting a cohort of GPs to develop a Paediatric interest and work jointly with Paediatrics and Primary Care OOH
- Utilise Near-me for joint assessment with Primary Care
- ED support to SAS and NHS 111 via navigation flow hub call line
- Providing increased Paediatric support to a medically unwell child assessment stream in ED

### **Appropriate utilisation of isolation rooms and cohort areas**

- Covid triage questions applied to both patient and carer
- Appropriate room prioritisation plan in place
- Supported by rapid or point of care testing when available

### **Enhanced level 2 and 3 support**

- Room adaptation to provide safe AGP environment in ward 29
- Agreed national retrieval pathways in the context of Covid
- Agreed NHST pathways for managing Level 3 Paediatric care should transfer to national service be delayed/ capacity exceeded

### **Supported discharge**

- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory
- Access to “take home medications” for common discharge prescriptions
- 7/7 access to AHP support
- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

## **Scheduled Care – maintaining services**

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions** – Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.



- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

## **Staffing**

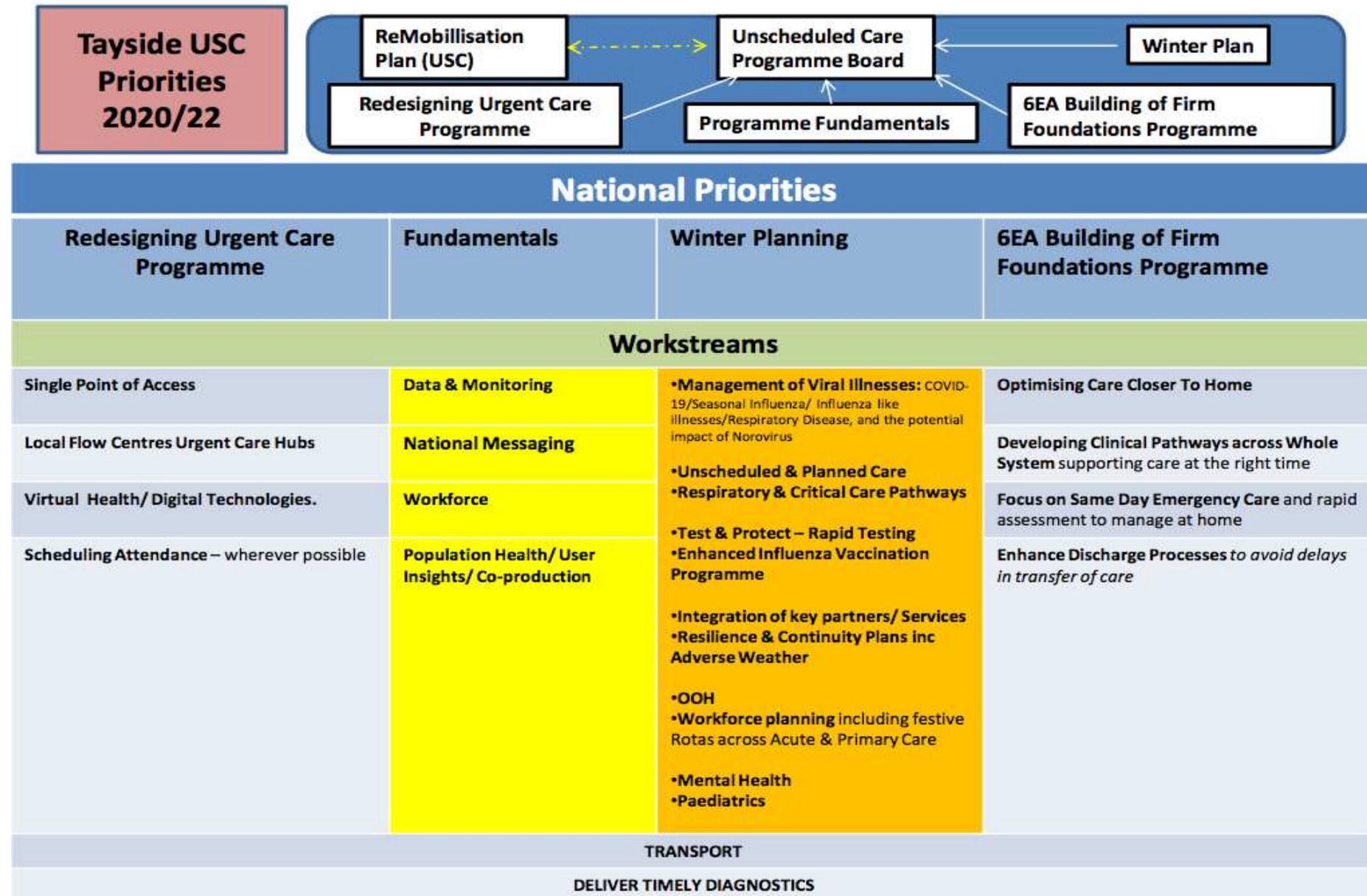
To support anticipated increase in admission numbers and complexity of managing high volumes of patients in a high risk Covid pathway

- all part time nursing and medical staff have been offered additional hours
- additional shifts have been supported in GP OOH by primary care medical team and in ED by paediatric senior medical team
- enhanced domestic services provision has been requested for “hot cleans”

## Appendix 1 Winter Preparedness Funding Summary

Funding	Description		
NHS Tayside/Scottish Government		1,500,000	
Commitment against Priority:			
PREVENT	Initiatives to support unscheduled care, optimising care closer to home preventing admissions	USC & Winter	£
	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	Perth & Klnross	265,000
		Angus	200,000
		Dundee	263,000
		OOH/Primary Care	100,000
ASSURANCE & BUSINESS AS USUAL	Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow		
	Workforce Planning for winter demands inc Medical and Nursing Surgery/Orthopaedics/Specialist Surgery Medicine/Medicine for the Elderly Emergency Medicine Front Door Support Labs/Rapid Testing Respiratory Cardiology Theatres Transport Palliative Care Mental Health	Acute	534,000
		Tayside Wide	78,000
		Mental Health	60,000
TOTAL OF BIDS			£1,500,000

## Appendix 2 Unscheduled Care Programme Portfolio 2020



## Appendix 3 Winter Plan Framework

# Unscheduled Care Portfolio

### Winter Plan Priority Areas

#### Winter Plan

1. Management of Viral Illnesses
2. Unscheduled and Planned Care
3. Capacity and Demand analysis
4. An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff
5. Test and protect and impact of COVID-19 on near/rapid patient testing for Influenza
6. Respiratory and Critical Care Pathways
7. Integration of key partners/ Services
8. Resilience and Business continuity planning Inc Adverse Weather
9. Out-of-Hours
10. Workforce Planning
11. Mental Health
12. Paediatrics

### Approach

**PREVENT**  
Illness and Admissions within our population and staff

**INFORM**  
Whole System Escalation Framework

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

**COMMUNICATE**  
Whole System Approach Planning and Messaging

### Deliverables

#### Illness and Admissions within our population and staff:

Infection Prevention and Control  
Community based care: Enhanced Care Support (ECS) especially in the frail elderly population  
Rehabilitation at home or community rather than hospital  
Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments  
Integrated Care Hubs  
Assess to Admit

#### Whole System Escalation Framework:

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

#### Whole System Escalation Framework & Business Continuity Planning:

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 planning meetings becoming operationally focused from September

#### Communicate identified pressures and actions

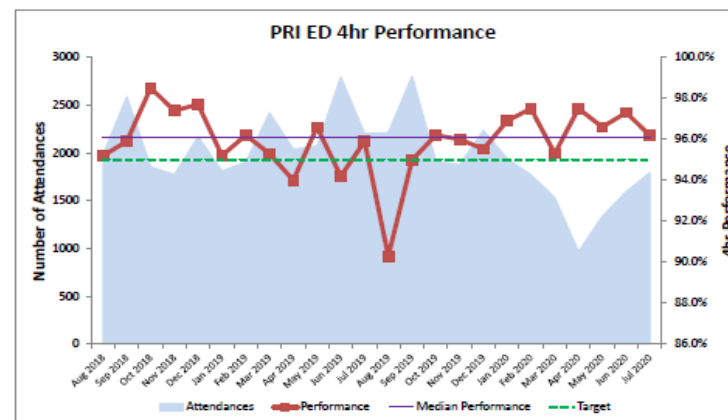
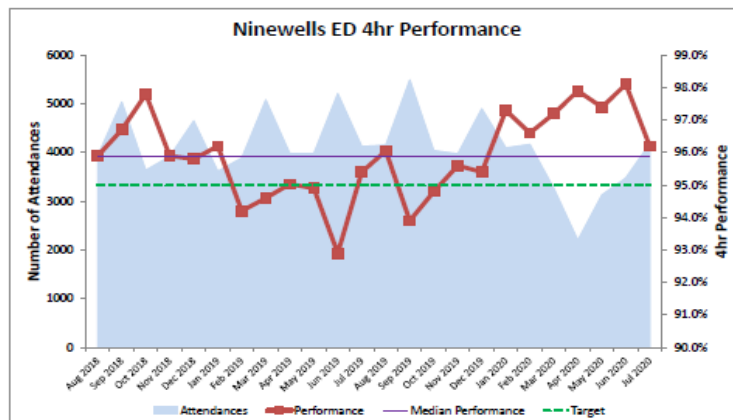
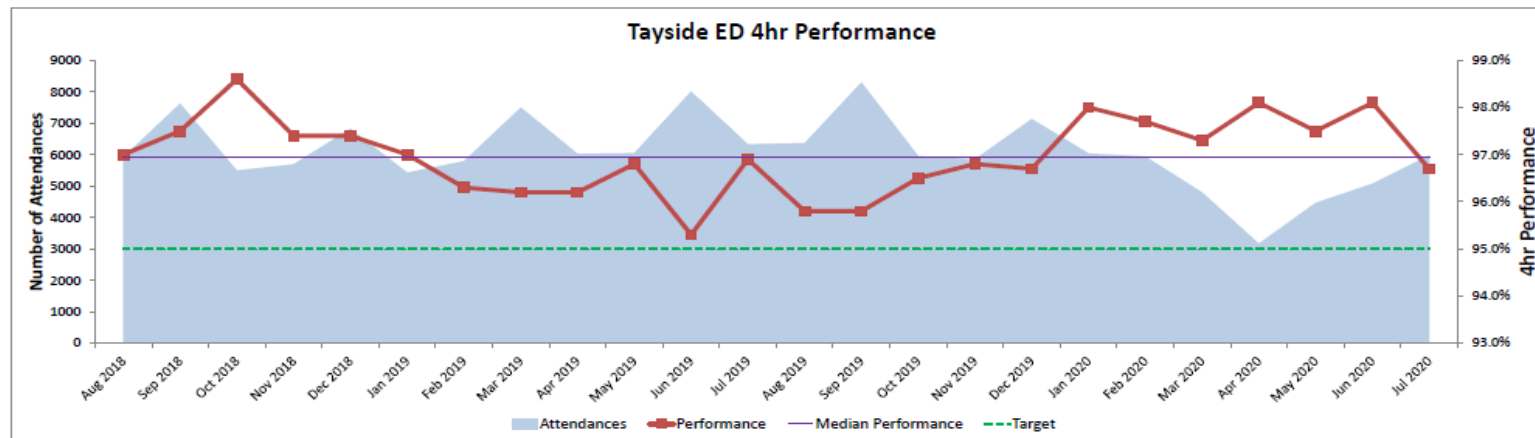
Communicate Whole System Approach with improved Visual Aid communications  
Tayside wide Winter Communication Campaign (internal/external)  
Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

## Appendix 4 Unscheduled Care Pack Snapshot of Measures

### ED Performance

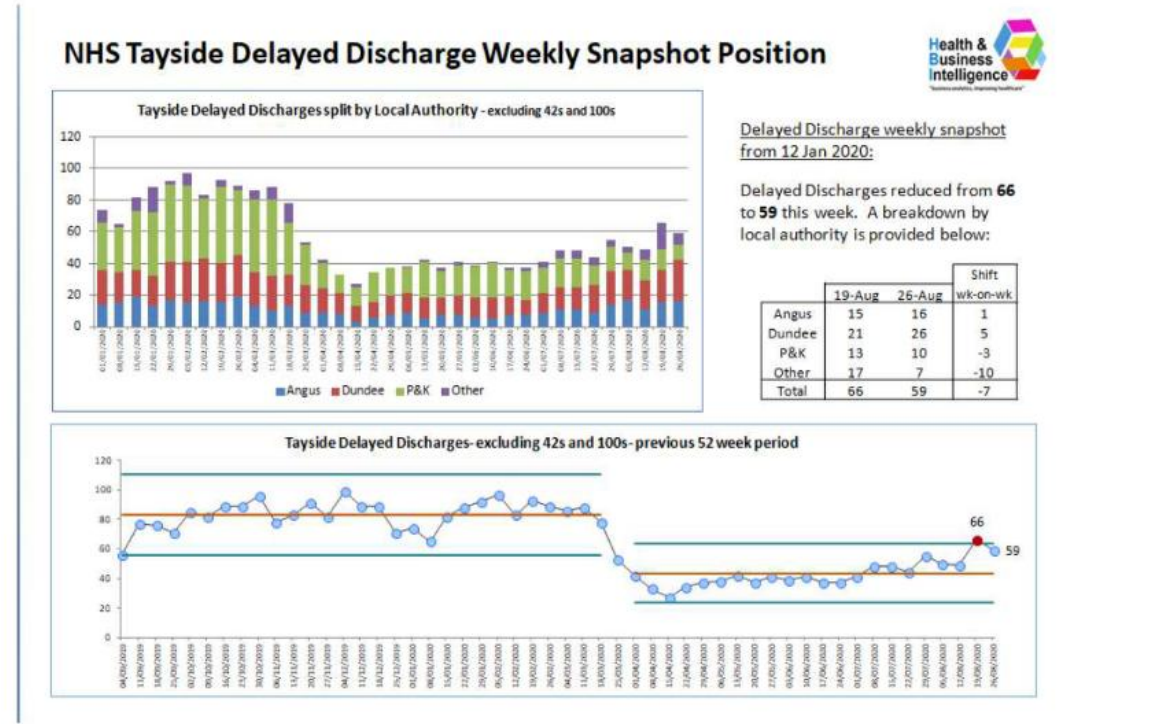
#### NHS Tayside Emergency Departments

Unscheduled ED Attendances by site & 4 Hour Performance %

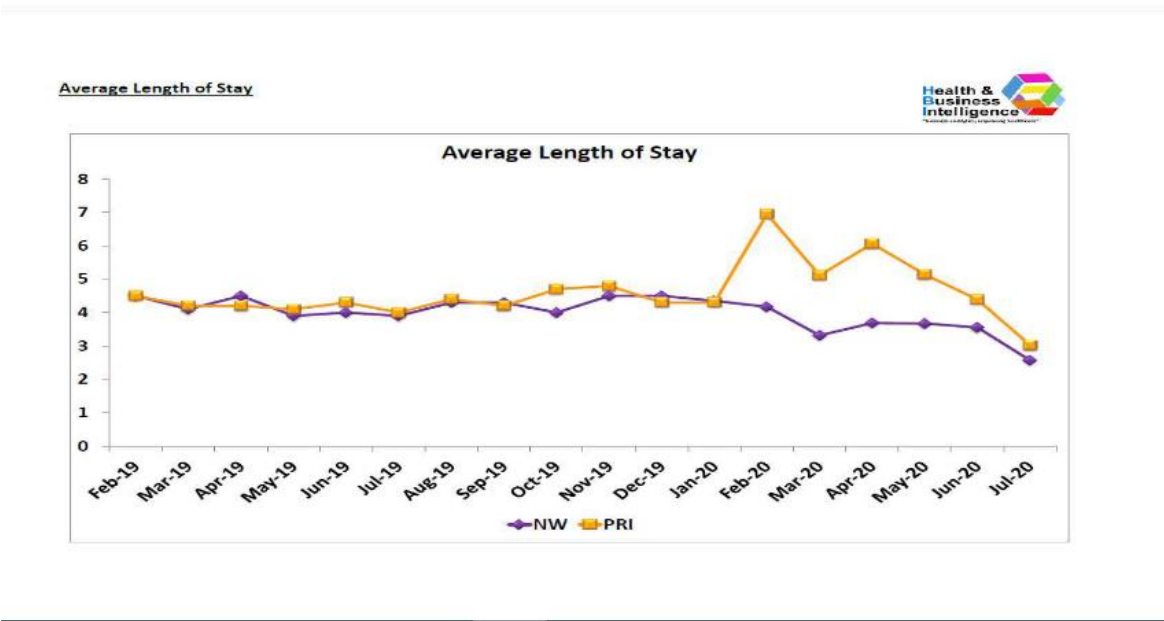


# Delayed Discharge Snapshot

## Delayed Discharges



## Average Length of Stay



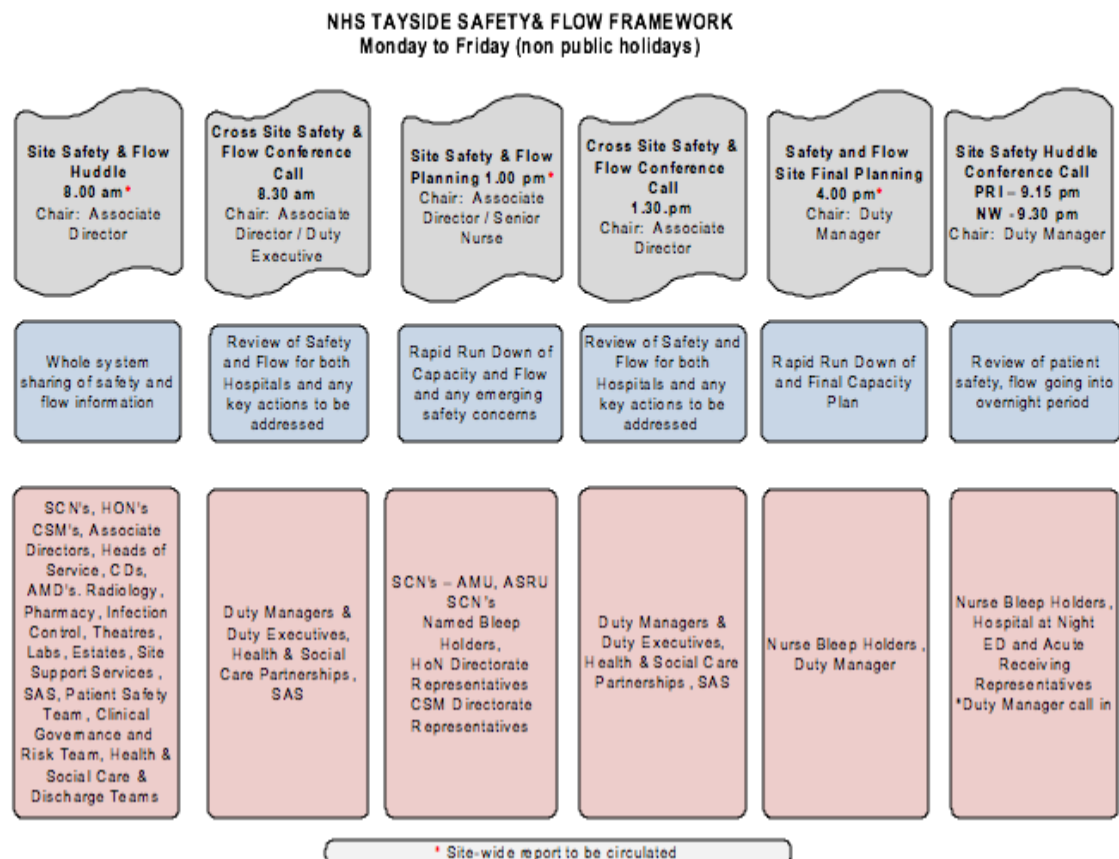


## Appendix 5 Safety and Flow Huddle

### 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 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*

## Appendix 7 Resilience Useful Websites

### RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES

#### [Resilience>Winter Preparedness](#)

- **Preparing Scotland: Scottish Guidance on Resilience**  
<http://www.scotland.gov.uk/Publications/2012/03/2940>  
"Core" guidance on resilience, covering resilience philosophy, principles, structures and regulatory duties
- **Ready Scotland**  
<http://www.readyscotland.org/>  
Is a site to assist with preparing for and dealing with emergencies with dedicated severe weather pages, themed to the main weather risks
  - [Cold, snow and ice](#)
  - [Storms and strong winds](#)
  - [Rain and flooding](#)
- **Traffic Scotland**  
<http://trafficscotland.org/>  
Real time and future traffic information for Scotland
- **Dundee City Council**  
Dundee City Council webpage which provides further links and information you may need during adverse weather conditions.  
<http://www.dundeeccity.gov.uk/winterweather/>
- **Perth and Kinross Council**  
<http://www.pkc.gov.uk/>
- **Angus Council**  
Website relating to business continuity and emergency planning issues.  
<http://www.angus.gov.uk/emergencyplanning/>
- **Fife Council**  
Homepage of Fife Council  
<http://www.fifedirect.org.uk/>
- **Met Office**  
<http://www.metoffice.gov.uk/>  
As the UK's official weather service the Met Office plays a vital role in helping the country to be aware of and cope during times of extreme weather. The Met Office can help you plan your day-to-day activities by providing accurate and reliable weather forecasts on TV and radio, in print, and online.
- **Scottish Environment Protection Agency (SEPA)**  
<http://www.sepa.org.uk/>  
SEPA's main role is to protect the environment and human health.  
SEPA is also responsible for delivering Scotland's flood warning system.  
<http://floodline.sepa.org.uk/floodupdates/>
- **Keep in Touch via Social Media**  
Facebook and Twitter – NHS Tayside, Police Scotland, Tayside Division and the Local Authorities all regularly update their social media accounts with relevant information, especially over the winter.

## Appendix 8

**Flu**  
IS SERIOUS

**Staff flu vaccination**  
**How are we doing?**

Ward/Department

Total number of staff

100%

75%

50%

25%

See Staffnet, Staff Brief and Vital Signs for details of how to get your free flu vaccination

**Flu**  
IS SERIOUS

**With COVID-19 around, it's more important than ever to get your free flu vaccine.**



**Help protect yourself, others and the NHS.**

Your local peer vaccinator is:

Name:

Call/Email: