



PERTH AND KINROSS INTEGRATION JOINT BOARD

Council Building
2 High Street
Perth
PH1 5PH

13/12/2022

Attached is a supplementary agenda for the hybrid meeting of the **Perth and Kinross Integration Joint Board** being held on **Wednesday, 14 December 2022 at 13:00**.

If you have any queries please contact Committee Services - Committee@pkc.gov.uk.

Jacquie Pepper
Chief Officer – Health and Social Care Partnership

Please note that the meeting will be recorded and will be publicly available on the Integration Joint Board pages of the Perth and Kinross Council website following the meeting.

Voting Members

Councillor Michelle Frampton, Perth and Kinross Council
Councillor David Illingworth, Perth and Kinross Council
Councillor Sheila McCole, Perth and Kinross Council
Councillor Colin Stewart, Perth and Kinross Council (Vice-Chair)
Bob Benson, Tayside NHS Board (Chair)
Martin Black, Tayside NHS Board
Beth Hamilton, Tayside NHS Board
Jacqui Jensen, Tayside NHS Board

Non-Voting Members

Jacquie Pepper, Chief Officer- Health and Social Care Partnership/Chief Social Work Officer, Perth and Kinross Council
Jane Smith, Chief Financial Officer, Perth and Kinross Integration Joint Board
Sarah Dickie, NHS Tayside
Dr Sally Peterson, NHS Tayside
Dr Lee Robertson, NHS Tayside
Dr Emma Fletcher, NHS Tayside

Stakeholder Members

Sandra Auld, Service User Public Partner
Bernie Campbell, Carer Public Partner
Lyndsay Glover, Staff Representative, NHS Tayside
Stuart Hope, Staff Representative, Perth and Kinross Council
Ian McCartney, Service User Public Partner
Maureen Summers, Carer Public Partner
Sandy Watts, Third Sector Forum

Perth and Kinross Integration Joint Board

Wednesday, 14 December 2022

AGENDA

7.5 TAYSIDE WINTER PLANNING REPORT 2022/23 (APPENDIX 1) 5 - 50

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Winter Preparedness Plan

NHS Tayside and Partner Organisations

2022/23

Executive Leads for Winter

Lorna Wiggan, Director of Acute Services, NHS Tayside
Gail Smith, Chief Officer, Angus, Health & Social Care Partnership
Vicky Irons, Chief Officer, Dundee, Health & Social Care Partnership
Jacqui Pepper, Chief Officer, Perth & Kinross, Health & Social Care Partnership

Operational Leads for Winter

Dr Andrew Reddick, Clinical Service Director, Winter & Contingency Planning
Susan Paterson, Associate Director, Women, Children & Families
Jillian Galloway, Head of Community Health and care Service, Angus HSCP
Jenny Hill, Head of Service Health & Community Care, Dundee HSCP
Evelyn Devine, Head of Health, P&K HSCP
Louise Ewing, General Manager, Inpatient Mental Health, Crisis, IHTT and Liaison

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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 2022/23 through the Tayside Urgent & Unscheduled Care Board and other key strategic and operational fora across these organisations.

The NHS Tayside Urgent & Unscheduled Care Programme Board supports and facilitates the implementation of the National Urgent and Unscheduled Care Programme (refreshed in 2022) 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 delivering 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 and this approach has proven successful over recent winter periods. Acute Services, Health and Social Care Partnerships, including Primary Care, 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 is maintained. Third sector involvement has been through the Health and Social Care Partnerships.

Winter planning has become increasingly complex and the requirement to maintain timely access to unscheduled care is now prioritised alongside the ongoing requirement to respond to COVID-19 / Flu and the requirement to maintain planned care. The Tayside Winter Plan has been developed in line with the principles of the national Urgent & Unscheduled Care programme. 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 which has served us well to date. The Tayside Winter Plan articulates the resilience and response NHS Tayside and its partner organisations will have in place to cope with expected winter pressures.

Learning from previous winter responses and further consolidation of the learning from the COVID-19 response and remobilisation activity has informed winter planning this year. Consolidation of the principles of managing unscheduled care and embedding of the proactive planning and response framework used previously remains the cornerstone of our winter plan.

Given the complexity of healthcare delivery it is recognised that it is difficult to prescribe a hospital infrastructure that can respond to the dynamic need of a system recovering from pandemic, and therefore a set of principals based on ARHAI guidance have been provided to support local clinical risk assessment and decision making when delivering care to a person with a suspected viral infection including suspected or confirmed COVID.

Thus, a key focus of the plan is viral management and Tayside teams will again 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 and that potential transmission is minimized.

Predicted and actual demand data will drive our coordinated responses to support safe care for patients, thus maximizing resources over the winter period. Finally, further tranches of the COVID-19 and Influenza vaccination programme continue across Tayside.

The focus of our winter plan is to ensure that our response to increased demand and system pressures are incorporated into “business as usual” systems as far as possible; recognising that increased pressure may be experienced in circumstances other than winter. In addition, linkage between winter plans and business continuity plans is being strengthened to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2022 – March 2023.

1. INTRODUCTION

1.1 Aim

The Winter Plan aim is to articulate the strategic actions in place to manage the anticipated demands associated with a challenging winter period of 2022/23. This will be underpinned by Operational Plans for each HSCP and the Acute Care Division. Clear engagement and alignment between Acute Services, the Health and Social Care Partnerships and SAS regarding winter planning can be demonstrated across Tayside and this “whole system” ethos is critical to delivery of a successful winter plan.

The Winter Plan is intended to ensure that Tayside is prepared as far as possible for the coming winter period in order to minimize any potential disruption to services and ensure quality of care is maintained at times of pressure.

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 2022/23. These sources include:

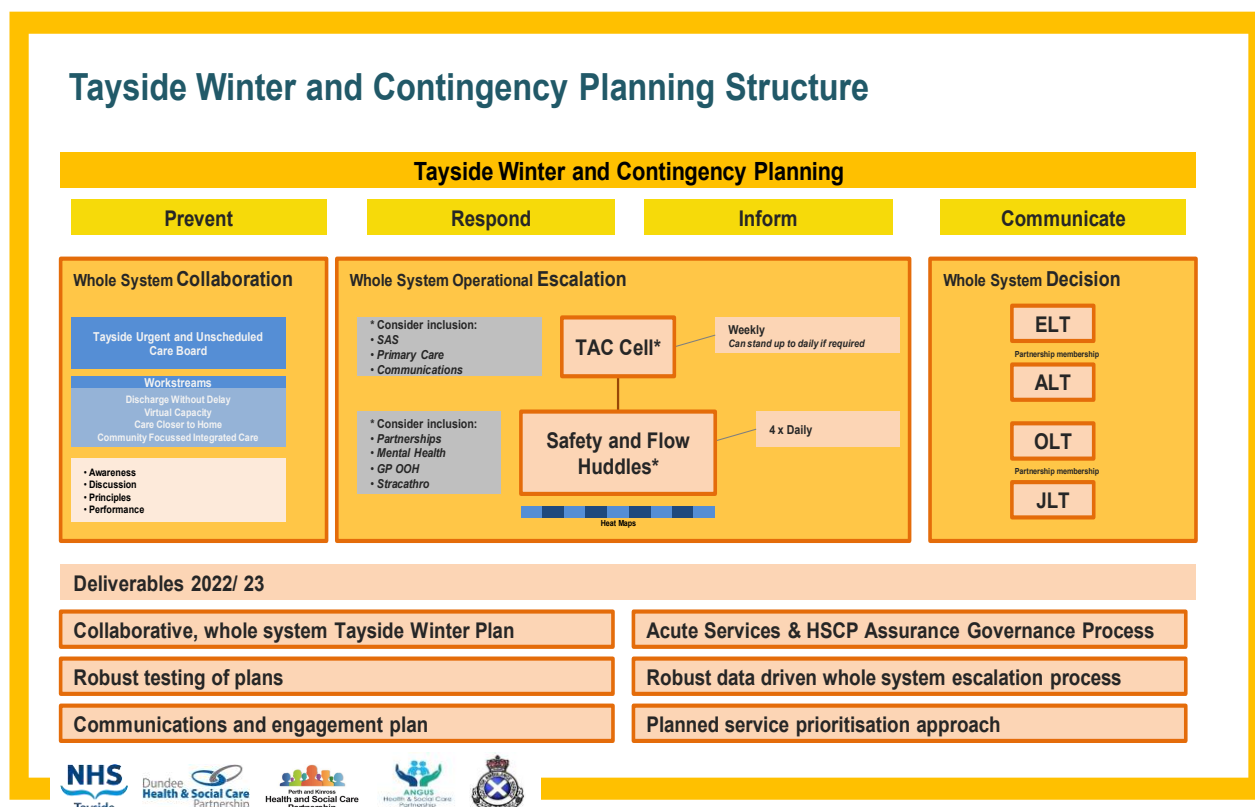
- Urgent & Unscheduled Care National Programme;
- NHS Tayside local Review of Winter 2021/22
- Analysis of available data modelling
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Winter Resilience Overview 2022-23
- Scottish Government's Re-Mobilisation Plan correspondence

Review and local feedback of demand for services so far in 2022 indicates that this winter period creates a number of challenges for all partners delivering access to safe, timely health and social care services. The main challenges are reflected by the Scottish Government's recommended priorities, detailed below.

1.3 Approach

Winter Planning – An Integrated Model

It has been recognised that building responsive escalation frameworks into existing structures ensures improved visibility, wider collaboration and supports the aim of “doing more of what we do well” at times of pressure.



The Tactical Cell meeting frequency will be responsive to whole system pressures and service disruption status.

Primary Aim: Business as Usual

A flexible and responsive plan to do more of what we do well

Prevent

Illness and Admissions within our population and staff

Respond

Whole System Escalation Framework

Inform

Whole System Pressure Heat Map

Communicate

Strategic and operational whole system communication

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

- **Priority 1: Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.**
- **Priority 2: Focus on the expansion supporting and maintaining our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.**
- **Priority 3: Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.**
- **Priority 4: Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.**
- **Priority 5: Protect planned care with a focus on continuing to reduce long waits.**
- **Priority 6: Prioritise care for the most vulnerable in our communities.**
- **Priority 7: Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.**
- **Priority 8: Work in partnership across health and social care and where necessary with other partners to deliver this plan.**

NHS Tayside will deliver these national priorities in line with the operational delivery model described above.

1.4 Finance

NHS Tayside received a letter dated 11th August 2022 which set out plans to launch a National Urgent and Unscheduled Care Collaborative and confirmed the Boards share of the National £50m funding announcement for 2022/23 to be £2.75m.

The importance of the messaging within this letter is relevant as the funding allocation replaces funding for UC – 6 Essential Actions; Redesign Urgent Care and crucially the annual funding for winter planning, as well as the final year agreed funding for the Discharge without Delay and Ambulatory Interface Care Programmes.

This represents a funding reduction to NHS Tayside of £0.704m on the previous year with the £2.75m in totality being aligned to supporting the costs of the Redesign of Urgent Care Programme (RUC). This has left the Board with no funding to invest in improvements to support winter.

Unscheduled Care and Winter Planning funding traditionally has been provided to fund respective programmes of coordinated improvements and historically this process has seen Tayside deliver some very favourable winter performances with minimal surge of bed base allowing scheduled activity to continue uninterrupted.

Given the shortfall of essentially the UC/Winter budget, Tayside will need to deliver a very focused plan building on our Dwd foundations and maximising the productive opportunities to such an extent that over winter, our delayed discharge position is RAG status green for all three HSCPs, specifically maximum of 65 delays across Tayside. Specific focus will happen immediately on acute hospital delays with all respective Tayside HSCPs committed to minimal delays and green RAG status, with maximum 15 acute delays across the three partnerships. Trajectories have been agreed. The risks of not delivering on this are prolonged hospital stays due to discharge delay, prolonged time in ED due to limited access to hospital beds with an inevitable deterioration in 4-hour target performance, increased use of unscheduled hospital beds, spilling into elective, and ultimately causing the cancellation of planned care.

The Tayside Unscheduled Care Board provides the governance and oversight of any funding relevant to winter 2022/23. Specific to the Dwd funding stream and contained within HSCP reserves was an allocation of £390k carried forward from 2021/22 which has been allocated to support the intended outcomes of the Dwd programme, with progress against each measured through the USC Board.

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
4 November	Draft Approval	Operational Leadership Team
Informal ELT 9 November 2022	Approval	Executive Leadership Team
14 December 2022	Approval	Dundee Integrated Joint Board
14 December 2022	Approval	Perth & Kinross Integrated Joint Board
7 December 2022	Approval	Angus Integrated Joint Board
24 November 2022	Final Approval	NHS Tayside Board

1.6 Governance Arrangements

- The Winter Plan will be presented to the Executive Leadership Team for approval
- The Urgent & Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service for Health, Angus Health & Social Care Partnership, and will use agreed measures to assess the impact of the plan.
- An Urgent and Unscheduled Care Programme Team is in place supported by a Programme Manager and an Improvement Advisor. These posts form part of the support team for Urgent and Unscheduled care, in continuous improvement approaches 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 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.
- Whole System Tactical Cell with senior clinical and managerial input to review system trends and take account of known system predictors
- 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.
- The Communications Team has a 12 week proactive communications strategy which will inform patients, public and staff on planning for winter, and where to go for services and public health messages.

2. KEY DRIVERS AND APPLICATION OF LEARNING FROM PREVIOUS WINTER EXPERIENCES

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 provision of care in the right place at the right time and maintaining the ability to deliver planned care at times of pressure. Maintaining a whole system approach communication and responding to pressure is a key driver for winter.

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

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

Tayside has been highly commended for use of data to support an integrated approach to delivering unscheduled care pathways. This is evidenced in performance against the 4-hour emergency access standard where NHS Tayside remains the highest performing territorial board in Scotland, within a context of national performance reduction against this standard due to increased pressure and demands in Emergency Departments.

NHS Tayside continuously strives to meet local and national standards which focus on delivering high quality, safe, person-centred care. Acute services continue to work closely and collaboratively 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 our winter plan continues to build on this success.

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%).
- Continue to embed Planned Date of Discharge (PDD) culture
- Earlier in the Day Discharges – 20% of discharges to be prior to 12md.
- Weekend Discharge Rates - Day of Discharge weekday vs. weekend discharges with local target of 20% of all discharges occurring at weekends.
- Length of Stay – optimise patient pathways to ensure timely discharge.
- 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, coordinated 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 as clinical priority and subsequently deliver the long waits plan as our next planned clinical priority as set out in 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.

Initially developed to support planning for Winter 2020/21, the multi source data heat map has become a well embedded tool for use across NHS Tayside. Heat map indicators are being reviewed and refined in advance of the winter period and new maps have been created for mental health and pediatrics to ensure that assessment of system pressure is as comprehensive as possible.

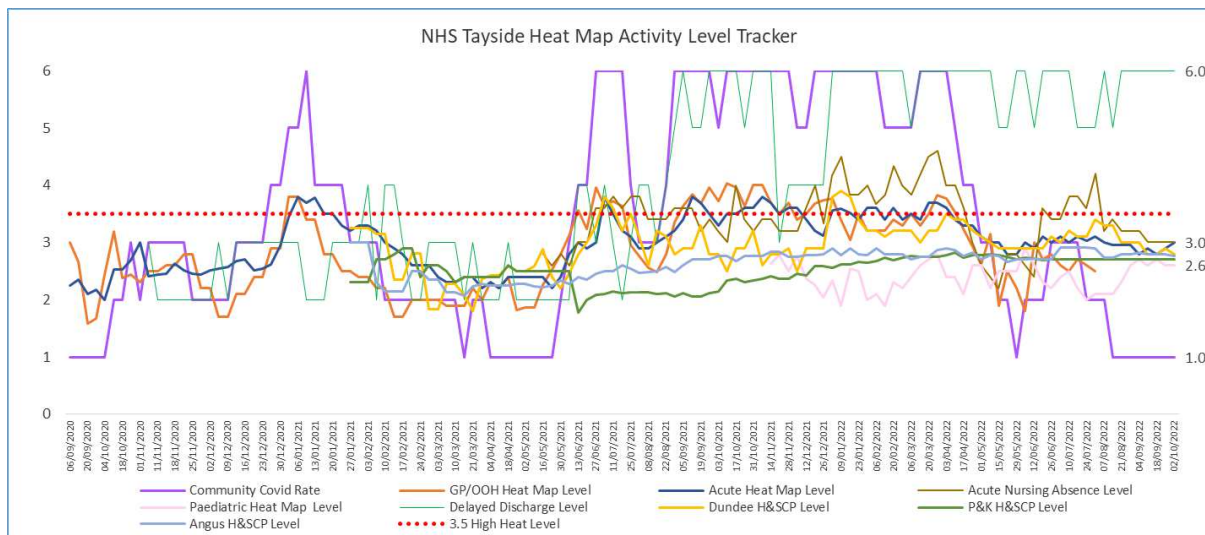
This winter plan reflects the collective actions NHS Tayside and its partner organisation's will take to achieve our intention to provide a consistent high quality of service for all of our patients throughout winter and beyond. This includes actions relating to prevention and management of seasonal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

2.2 Lessons Learned From Winter 2021/22

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2022/23.

NHS Tayside has performed extremely well over the last two winter periods, therefore the focus of preparing for the increased resilience required in our system to deliver the Right Care in the Right Place is underpinned by whole system planning and collaboration; thus preparation for increased demand is built into "business as usual" which ensures Tayside is not only prepared for winter, but for any other unforeseen surge in system pressure. 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 a collective and supportive way.

Data demonstrates the anticipated seasonal variation in demand across the system and it is expected that the Heat Map will continue to be a useful strategic planning tool for managing both unscheduled.



Collectively, the data trends support the delivery of key interventions to maintain activity and the delivery of safe care over the winter period.

Priority local actions are outlined below:

Plan

- Continue the use of the Multi Source Data Heat Map
- Develop further Heat Maps for planned care and maternity services
- Business Continuity Plans to be updated and tested
- Service and Site escalation plans to be refined to reflect changes to footprint and management of Covid

Respond

- Refine safety & flow huddles, improving multi agency and partnership engagement
- Develop further data triggers for activity in receiving units
- Update Command Centre system to reflect operational changes to better support real time safety and flow management

Inform

- Establish clear lines of escalation and dissemination, both within care Divisions and HSCPs and in “real time” via the Safety & Flow Hubs
- Develop systems to ensure that demand and pressure are visible to clinical teams in a meaningful way

Communicate

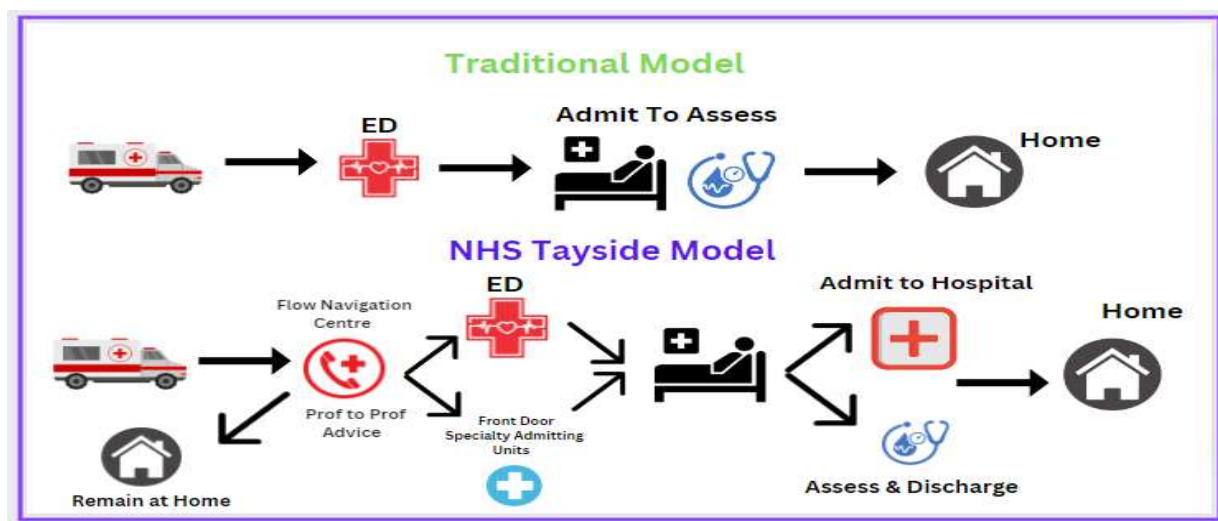
- Utilise various communication strands to ensure visibility of key messages for winter
- Support NHST 12 week winter Communications Plan

3. WINTER PREPAREDNESS PLAN 2022/23

The Tayside Winter Plan 2022/23 is set out in accordance with the key priority articulated by Scottish Government:

Priority 1: Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time

Tayside has a strong ethos of providing care in the right place at the right time, first time. This is evidenced by the delivery of integrated care across the health and social care partnerships and primary care in addition to the Redesign of Urgent Care and establishment of the Flow Navigation Centre which facilitates direct access to a senior clinical decision maker for urgent care. With use of professional to professional decision support telephone lines, primary care clinicians and the regional ambulance service can directly access senior clinical decision makers in other specialties to ensure fully informed shared decision making regarding the best place and pathway of care.



Priority 2: Focus on the expansion of our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce

Tayside has recognised the challenges facing workforce recruitment and retention. In particular several new roles have been introduced in nursing, AHP and social care to diversify the workforce and attract staff with alternative backgrounds and qualifications. Opportunities for career progression for existing staff have also been progressed.

Priority 3: Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu

The Tayside Vaccination programme continues to progress with the Winter 2022/23 schedule active from 5th September 2022. The Vaccination Programme Board continues to meet to ensure strategic oversight of the Programme

Priority 4: Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter

The successful “whole system” approach taken to winter planning in Tayside continues this year with the Tayside Winter Plan being co-produced by partner organisations. This is underpinned by a tactical and operational framework which recognises the value of a joint approach

Priority 5: Protect planned care with a focus on continuing to reduce long waits

Work to address the longest outpatient and Treatment Time Guarantee waits will continue over the winter months. Escalation plans have been developed to recognise the importance of maintaining planned care and data is utilised in a proactive way to achieve this

Priority 6: Prioritise care for the most vulnerable in our communities

Access to care in the right place at the right time is facilitated for all Tayside residents. Specific arrangements are in place to ensure that the most vulnerable members of our communities receive the care that best meets their needs and that services work together to ensure that all service users and patients have a voice

Priority 7: Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care

Equitable access to care remains a key principle and the role of unpaid carers is recognised and valued by NHS Tayside

Priority 8: Work in partnership across health and social care and where necessary with other partners to deliver this plan

The Tayside Winter Plan describes how partners work together at all levels to deliver the aims and ambitions described within the plan

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisation's 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 throughout the year but during the winter with a particular focus on the Winter Pressure Plan which describes the structure and key areas to be addressed in the Tayside response to extreme winter pressure.

3.2 Adverse Weather

NHS Tayside Adverse Weather Plan has been updated and is in place to support staff, line managers and the Safety & Flow Hubs to take the necessary actions to ensure safe staffing levels are maintained at times of adverse weather. This includes use of weather warnings and alert systems to inform, links to Business Continuity Plans for provision of service in the event of reduces staff availability and practical arrangements regarding supported transport and accommodation.

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)¹ Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity, or reduced wider NHS services over festive periods.

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

The REAP provides the actions to cope with increased demand at any point, with SAS making decisions regarding what is relevant for the circumstances for example, 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

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

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

Local SAS senior leadership are working with Tayside senior managers to develop a joint escalation plan to support timely access to care for patients. This will be utilised by operational teams and the Safety & Flow Hubs to manage capacity day to day.

3.3.1 Hospital Ambulance Liaison Officer (HALO)

Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with Hospital and 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 participates in the daily Safety & Flow Huddles and work closely with the Safety & Flow Hubs.

3.4 Escalation Strategy

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on the established escalation plans currently supporting activity across the system. NHS Tayside continues to develop patient pathways and identify innovative opportunities to redesign services to improve quality and efficiency. Maintaining whole system safety and flow is a key priority and integrated work at between primary and secondary care and the Health & Social Care Partnerships continues to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework will be reviewed in advance of the winter months building on the planning cycle utilised last winter which articulates the strategic actions to be considered at the different activity levels as defined by the Heat Map.

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

3.5 Safety & Flow Framework

The Safety & Flow Escalation Framework provides clear operational guidance for the management of capacity and flow to optimise patient safety and experience.

Maintaining the flow of patients through the acute hospitals is essential to optimising availability of hospital capacity to manage periods of high demand.

This framework includes:

- Roles and responsibilities relating to patient flow, admission and discharge
- Management of the daily site and system wide huddle meetings
- Management of inpatient capacity and demand and process for escalations both inside and outside of the organisation
- The principles of patient flow through the hospital

The aim of this framework is to provide clear guidance and escalation procedures for staff directly involved in the management of patient safety and flow throughout the acute hospital sites to support the following:

- Use of Command Centre data to identify potential challenges with capacity and flow
- Proactive rather than reactive responses
- Defined responsibilities for staff involved in flow management
- Defined responsibilities of staff
- Defined escalation and decision making framework
- Concise and clear actions

This framework enables the effective management of fluctuations in demand and capacity so that associated risks can be mitigated or controlled within acceptable limits. The framework is designed to mitigate the risk of further escalation and ensures an appropriate response from key staff members to contribute to a reduction in escalation status. The framework aims to ensure that every emergency admission is allocated a bed within four hours and that no elective admission is cancelled because of lack of bed availability.

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 reflects daily Safety & Flow Huddles across 7 days, with 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 per day across NHS Tayside acute hospital sites with support from the Health and Social Care Partnerships and partner agencies. There are dedicated professional nursing leads on each site, supported by a managerial lead, a Duty Director in hours and a Duty Executive out of hours. This model is in place 7 days a week through the winter period.

A Safety & Flow Hub is located on each acute hospital site with modern video conferencing equipment to facilitate cross site, cross system 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 predictive data. This is used to inform the implementation of escalation plans discussed above to manage the pressures on service capacity.

3.6 Flexible Service Delivery Model

The Tayside winter team developed a preparedness pack to support individual clinical services to develop their local plans and to bring consistency of approach to winter planning. The Service Preparedness Pack will be reviewed for 2022/23 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

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

The strategic actions aligned to the NHS Tayside response level indicated by the multi-source data heat map are shown below:

Response Level	Descriptor	Proposed Strategic Actions
0	No Disruption	<ul style="list-style-type: none"> • Services operating as normal • Continuous review of bed footprint
1	Increasing Demand	<ul style="list-style-type: none"> • Additional clinical resource (eg: medical clerking shift) • Increased access to diagnostics (evenings) • Support expedited discharge from hospital • Review bed footprint • Review transport arrangements and availability • Communicate escalating tier to partner organisations
2	Minimal service disruption	<ul style="list-style-type: none"> • Prepare escalating bed footprint • Review ability to provide routine outpatient clinics and P3 surgery • Communicate escalating tier to partner organizations • Start planning potential staff redeployment for Stages 3-4
3	Significant Disruption	<ul style="list-style-type: none"> • Consider Non Urgent/non-USC Clinics step down if staff required clinically elsewhere • Consider deferral of some P2 Surgery • Deferral of P3 Surgery • Re-deploy staff to support moving back to Activity Level 2 • Communicate escalating tier to partner organizations • Consider enhanced staff support and wellbeing requirements
4	Extreme	<ul style="list-style-type: none"> • All outpatient activity stood down inc. Virtual • Consider deferral of P2 Surgery if staff required clinically elsewhere • Maintain and protect inpatient bed capacity and theatre access for P1 patients. • Focus resource on delivery of P1 Surgery • Ensure enhanced staff support and wellbeing requirements • Total organizational focus on moving back to Activity Level 3

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 planning as discussed above:

- OOH
- NHS 24
- General Practice
- NHS Tayside Infection Prevention & Control Team
- ARHAI Scotland (ARHAI)
- Public Health
- NHS Tayside Command Centre Dashboard
- Multi Source Data Heat Map

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 ARHAI Scotland regarding the current epidemiological picture on Covid-19, 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 Command Centre Dashboard has been significantly updated over the course of the last 12 months and now provides a wealth of real time information.

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 and Flu, and other respiratory viral pathogens 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..

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 \(scot.nhs.uk\)](https://www.scot.nhs.uk/care-settings/norovirus/) along with the ARHAI Scotland National Infection Prevention and Control Manual (Chapter 2 & 3). IPCT provide 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 ARHAI Scotland website.

4.2 Norovirus Training and Communications

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

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.

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

- Winter preparedness and raising awareness through education sessions and communication briefs for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by ARHAI Scotland 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 and IPC Team support the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

4.3 Norovirus Planning and Control

IPCT plans are in place to support the execution of the Norovirus Preparedness Plan before the season starts. Norovirus Control Measures are accessible to all staff across Health and Social Care Partnerships on NHS Tayside's Staffnet intranet site, or on ARHAI Scotland 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 join the daily hospital huddles and Infection Prevention & Control is a standing item for discussion.

IPCT will ensure that the health & social care partnerships and NHS Tayside are kept up to date regarding the national Norovirus situation by communicating ARHAI Scotland 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 ARHAI Scotland 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.

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.

4.4 PPE Procurement (Management of Viral Illness)

Clinical areas must ensure adequate resources are in place to manage potential outbreaks of seasonal respiratory viruses including 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
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

4.5 An Enhanced Influenza Vaccination and Covid 19 Booster Programme

The roll out of 2022/2023 Enhanced Flu and Covid Booster programme commenced on the 5th September 2022 with Covid and Flu vaccinations being delivered to health and social care staff and those citizens in care homes or domiciliary settings.

Vaccinations to those over 65 commenced on the 19th September 2022 (in age descending order) with all citizens being offered an appointment by the end of October 2022.

Vaccination of those under 65 “at risk” and those aged 50 to 64 years old has now commenced and will continue throughout November and beginning of December 2022. The programme is on schedule to meet the JCVI and SG request to accelerate the programme offering all those eligible the opportunity for vaccination by the 5th December 2022.

To date (30th October) NHS Tayside has delivered over 150k Flu vaccinations and approx 120k covid vaccinations. Vaccination teams are also supporting (in parallel with the Autumn/Winter campaign) the provision of travel and other out of schedule vaccinations. This work also includes assisting sexual health services with the provision of monkeypox vaccinations.

Flu vaccines are also being delivered to pre-school children in community settings and to those aged 5 and above within primary and secondary schools

4.6 Safe Assessment and Admission of Patients with Viral Symptoms

Plans are in development to ensure rapid and safe identification of respiratory infections.

- Rapid testing for respiratory viruses including SARS-CoV2 will be available on both acute hospital sites
- Patient pathways have been revised in line with national guidance around ongoing testing and isolation requirements for Covid-19

4.7 Enhanced Front Door Assessment & Testing

NHSTs Molecular Microbiology Service has created and embedded, “gold standard” PCR based testing for a wide range of viral and bacterial pathogens.

The service, staffed by highly skilled Scientists and developed in close collaboration with colleagues across the organization, IPCT and HPT, is available 24/7, and offers the following testing streams;

➤ *Symptomatic Patients – Respiratory Infection*

Rapid PCR testing for Covid-19, Influenza (+/- RSV) is available for all acute symptomatic admissions to avoid placement in a patient ward bay without confirmation of patient infection status. Rapid testing “hot-labs” have been created, providing 24/7 testing, with results reported within 40 minutes (average) of sample receipt.

PCR testing for an additional 25 viral and bacterial causes of respiratory tract infection is available for use across primary and secondary care. This service development is being expanded to a 7 days a week service, with results available same day.

➤ *Symptomatic Patients – Gastroenteritis*

PCR testing for 25 gastrointestinal pathogens, including those associated with outbreaks, (e.g. Norovirus, Sapovirus), bed-blocking (E. coli O157) and unnecessary admissions & investigations, is being rolled out 7 days a week, with results available the same day. This “1st for Scotland” development aims to improve patient management, support the IPCT and HPT in their work, and aid “front door” and community decision making.

➤ *Asymptomatic Patients – Sars-CoV-2 screening*

Rapid PCR testing for Covid-19 is available for acute asymptomatic admissions to avoid admission to a bay without 1st knowing a patients infection status. Rapid testing “hot-labs” have been created, providing 24/7 testing, with results reported within 40 minutes (average) of sample receipt.

Urgent Sars-CoV-2 testing (average time to result 4 hours) and Routine Sars-CoV-2 testing (average time to result 6 hours), are available to service users, ensuring NHSTs Sars-CoV-2 testing times are the most rapid of all large headboards.

Dedicated portering services are in place to ensure efficient delivery of samples the molecular microbiology service, further improving test turn-around-times.

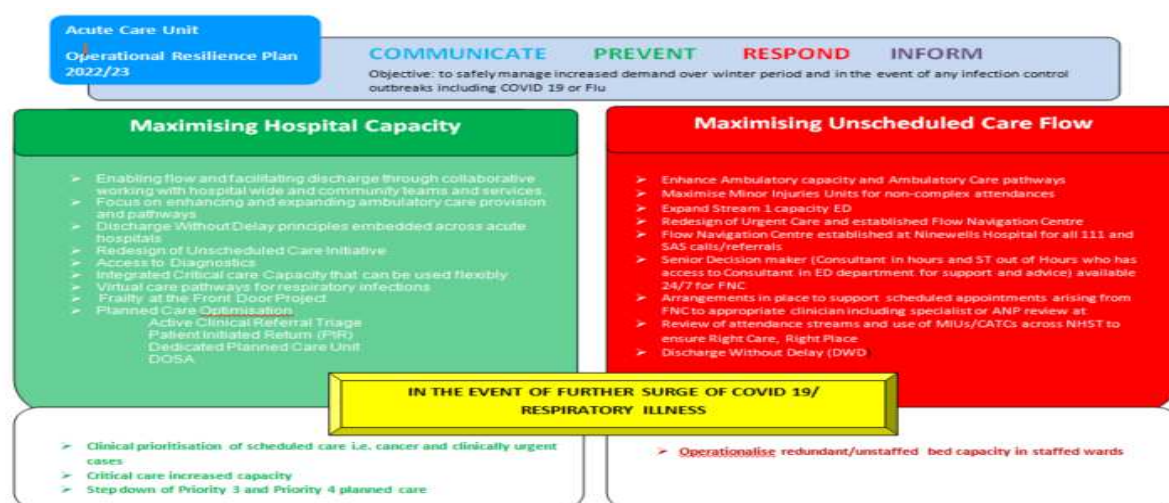
5. ACUTE SERVICES UNSCHEDULED AND PLANNED CARE PREPAREDNESS

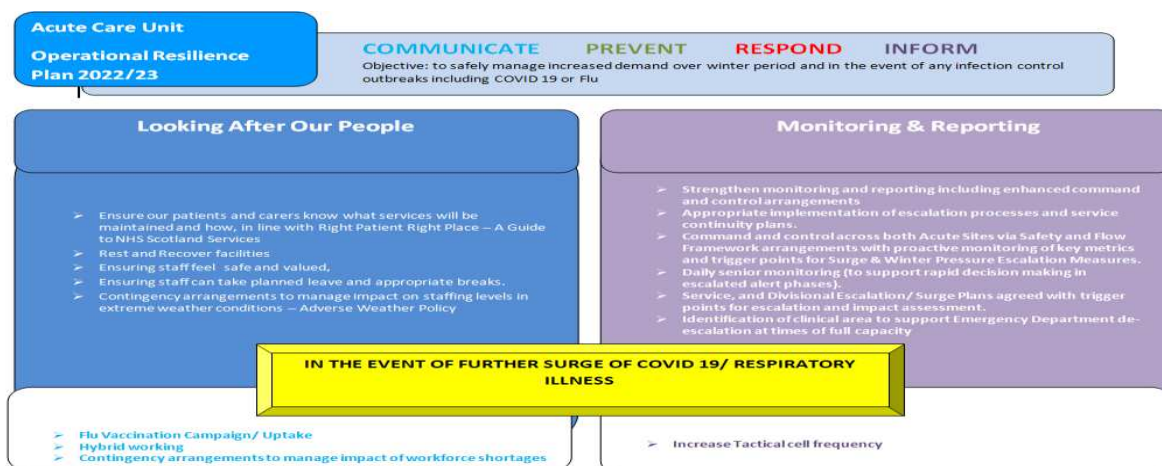
An operational plan for Acute Services for the winter period has been developed to describe arrangements for Unscheduled and Planned Care preparedness and planning for winter.

This includes:

- Capacity and Demand analysis including surge capacity
- Escalation plans for each care division
- Maintaining an ability to deliver a safe viral assessment and admissions pathways for planned and unscheduled care
- Escalation and de-escalation plans which are coproduced between unscheduled and planned care
- Respiratory and Critical Care Pathways planning for the safe coordinated management of Severe respiratory infection within hospital
- Maintain the delivery of as much diagnostic activity and planned care and treatment as possible
- Workforce Planning including Festive duty rosters across primary and secondary care, in and out of hours

The Operational Resilience Plan reflects the Acute Care Unit Winter principles, targets and operational actions to ensure that we deliver the required increased resilience and achieve the Right Care in the Right Place making sure that everyone can access the care they need quickly and safely. It sets out reasonable measures and processes that are required to be in place for patient safety, effective workforce plans, and assurance that contingency plans are in place to address periods of increased unscheduled care demand over the winter and any further surges of respiratory illness including COVID19.



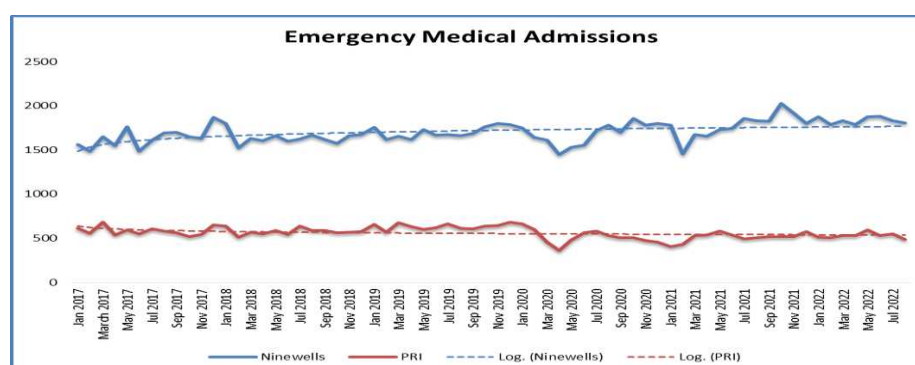


5.1 Bed Modelling & Surge

There has been considerable change to the bed model across Tayside hospitals since March 2019. Firstly to accommodate the Covid pathways and more recently to support increased unscheduled demand while also ensuring capacity for planned care. Bed positions are monitored on a daily basis to ensure a continual ongoing review of the bed requirements and ward configuration throughout the year. As part of the identified escalation plans, inpatient bed configuration will be used most efficiently to accommodate demand as required based on occupancy levels indicated in the daily reporting.

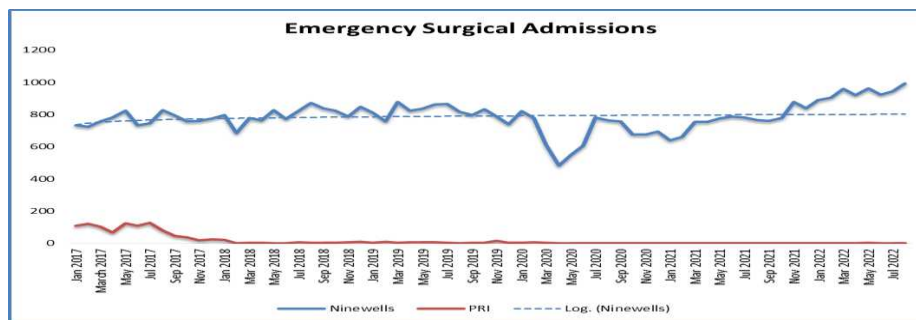
Data demonstrates sustained high levels of demand in Medicine with increasing demand seen in Surgery and Orthopaedics.

Medical Unscheduled Admissions January 2017 – August 2022

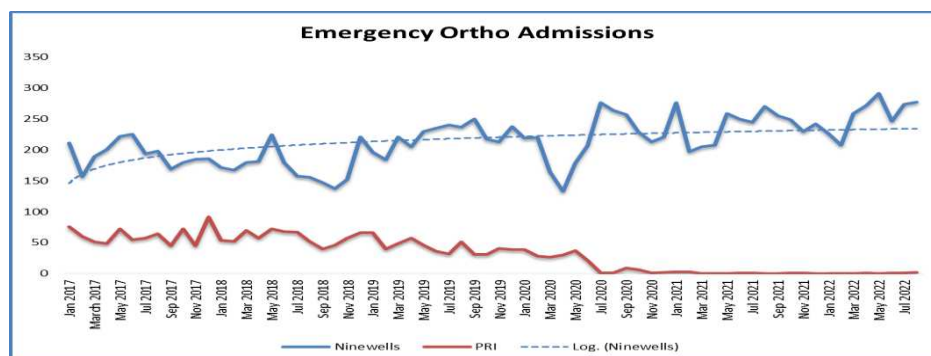


Surgical Unscheduled Admissions January 2017 – August 2022

NB. Acute surgical receiving unit assessment patients were all recorded as Inpatient admissions from November '21 onwards



Ortho Unscheduled Admissions January 2017 – August 2022



5.2 Inpatient Modeling & Pathways

The Data Heat Map and further modeling provided by the Health & Business Intelligence Team will remain a key tool for whole system planning and escalation triggering.

Responding to anticipated pressure, a whole system approach will be taken to maintaining the robustness of all elements of the patient pathway; in and out of hospital with the aim of providing care as close to home as possible.

Demand capacity predictions have been completed and used to support proactive capacity planning:

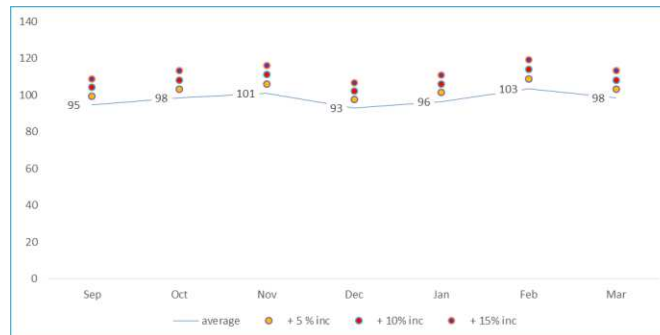
Ninewells Total Unscheduled Admissions – Predicted Demand

Includes Medical, Surgical and Orthopaedic

Average monthly demand based on actual activity September 2021 – March 2022, divided by number of days in the month

Ninewells Unscheduled Admissions							Per Day		Modelled Increase - per day		
	16/17	17/18	18/19	19/20	20/21	21/22	Average over 3 year period:	Post-Covid average	Based on post-Covid Winter average		
									+ 5 % inc	+ 10% inc	+ 15% inc
Sep		2661	2605	2732	2716	2840	89	95	99	104	109
Oct		2582	2532	2813	2760	3049	85	98	103	108	113
Nov		2576	2600	2798	2669	3027	89	101	106	111	116
Dec		2831	2743	2763	2715	2879	90	93	98	102	107
Jan	2506	2765	2761	2787	2698	2990	89	96	101	106	111
Feb	2365	2374	2560	2638	2311	2897	87	103	109	114	119
Mar	2595	2590	2754	2387	2634	3048	85	98	103	108	113

Daily predicted demand:



PRI Total Unscheduled Admissions – Predicted Demand

Includes Medical, Surgical and Orthopaedic

Average monthly demand based on actual activity September 2021 – March 2022, divided by number of days in the month

PRI Unscheduled Admissions							Per Day		Modelled Increase - per day		
	16/17	17/18	18/19	19/20	20/21	21/22	Pre-Covid 3 year average	Post-Covid average	Based on post-Covid Winter average		
									+ 5 % inc	+ 10% inc	+ 15% inc
Sep		650	631	645	516	522	21	17	18	19	20
Oct		626	611	670	516	522	21	17	18	19	19
Nov		610	635	702	478	517	22	17	18	19	20
Dec		771	651	723	455	575	23	19	19	20	21
Jan	800	715	724	705	413	516	23	17	17	18	19
Feb	737	562	621	636	433	508	23	18	19	20	21
Mar	835	639	730	489	534	535	24	17	18	19	20

Daily predicted demand:



5.3 Pathways: Building Efficient Pathways to Support Patient Care for Winter

As outlined above, pathways are being developed to safely deliver care closer to home, where possible. This involves collaborative working between secondary care, primary care, SAS and community teams.

Through the work of the Urgent & Unscheduled Care Board and the Planned Care Board, collaborative improvement work is ongoing to ensure that patient pathways are reviewed and

where necessary redesigned to ensure quality and alignment with strategic priorities and aims.

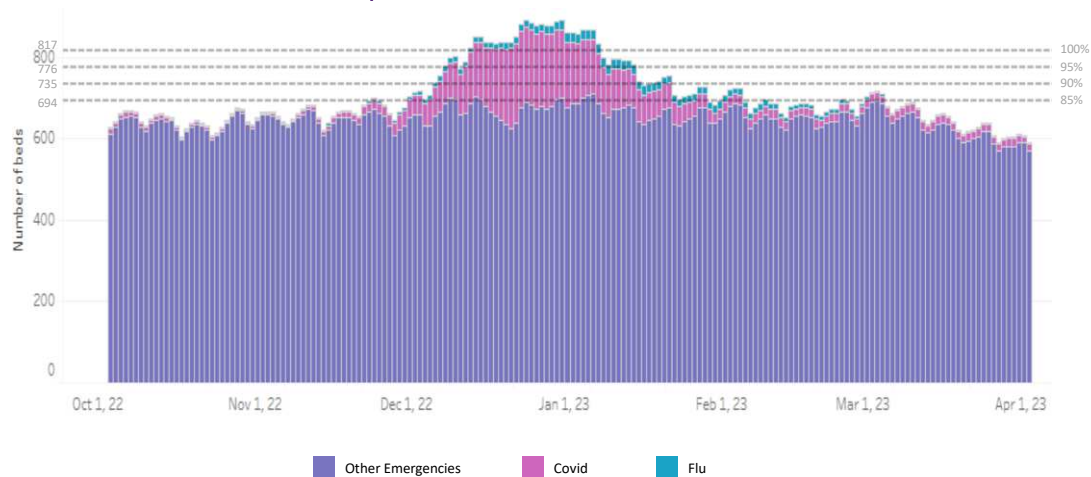
5.4 Respiratory and Critical Care Pathways

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

SEIR is an epidemiological model used to predict infectious disease dynamics by compartmentalizing the population into four possible states: Susceptible (S), Exposed (E), Infectious(I), and Removed(R).

The models below demonstrate 2 possible scenarios should viral illness escalate. It should be noted that these models are “worst case” and not “most likely” scenarios.

Scenarios 2: SEIR 13 + Flu Separated

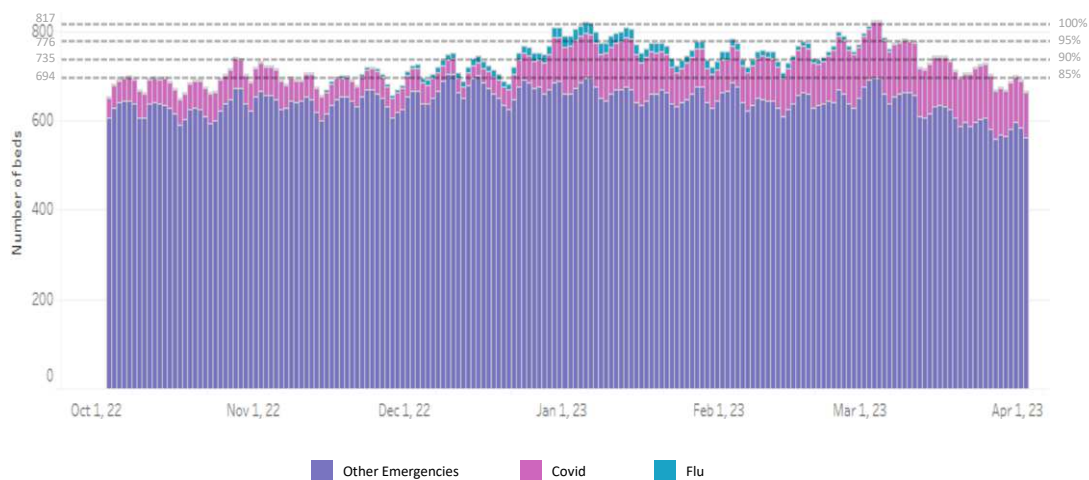


Note: prediction excludes Critical Care, Day Case, Inpatient Electives, Paediatrics, Maternity, Obstetrics

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SEIR 13 is based on the emergence of a new COVID variant on the background of low vaccine uptake and a sustained demand on non viral unscheduled activity.

Scenario 4: SEIR 21 + Flu Separated



Note: prediction excludes Critical Care, Day Case, Inpatient Electives, Paediatrics, Maternity, Obstetrics

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SEIR 21 utilises previous bed occupancy data to model predictions for timings of increased viral admissions. These assumptions are reflecting the significant COVID demand due to Omicron last winter and therefore are likely to be in excess of those anticipated without a similar new variant

As part of "Living with Covid" NHS Tayside have moved to one front door and imbedded a viral pathway within our AMU in Ninewells. Additional respiratory senior decision makers have been identified to provide enhanced cover to this viral pathway both in the AMU and also for the anticipated high level 2 workload that Medical HDU will experience this Winter. A viral pathway has also been developed within the AMU at Perth Royal Infirmary so that Perth and Kinross patients can be cared for as close to home as possible in their base hospital.

The Respiratory Team are also developing virtual care pathways for respiratory infections aimed at admission avoidance and shortening length of stay for those patients that do need admission. These pathways will include acute clinics, ambulatory unit assessments and input from the respiratory Liaison nurse and hospital at home teams. The Covid oxygen therapy at home service and domiciliary oximeter monitoring, which worked so well in Tayside during the Pandemic, will be extended to other conditions causing respiratory failure as part of the efforts to enhance resilience of bed capacity.

Critical Care capacity has developed in a more integrated way with shared facilities that can be used flexibly to accommodate an increase in high dependency or intensive care patients. The temporary conversion of a redundant inpatient ward has created additional intensive care beds thus enabling capacity escalation in response to a further respiratory viral surge.

5.5 Frailty

NHS Tayside will continue to take forward the national initiatives to deliver older people's standards in the community through improving the management of frail patients when they

30

present to hospital. This will be part of the Frailty at the Front Door Project which is key in supporting the Tayside Winter Plan.

The Ninewells Hospital Acute Frailty Unit (AME) is now well established, significantly contributing to front door discharges, and frailty services are well embedded within Medicine, General Surgery and Orthopaedic Services. An Acute Frailty Unit for Perth is in development with Secondary Care and community teams working closely together.

The service continues to be enhanced through a whole system, integrated approach. Key elements include:

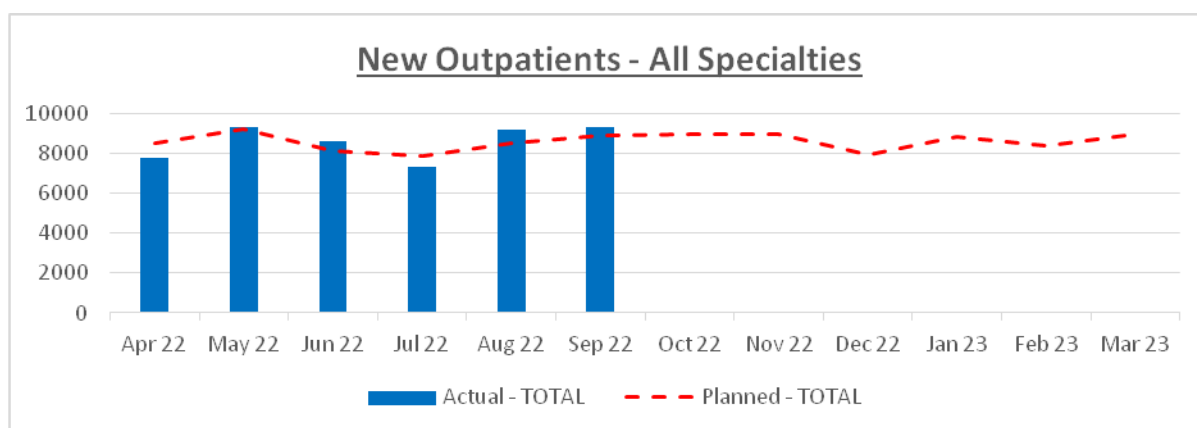
- Optimised discharge planning throughout frailty services with education and training around the appropriate use of planned date of discharge (PDD) and the multidisciplinary approach.
- Improved links with the Integrated Discharge Hub to achieve the above including weekend discharging.
- Development of urgent care community model to ensure patients has the opportunity to be cared for in their own homes when appropriate, providing an alternative to hospital admission.
- Development of transition team to enable early discharge to continue assessment and rehabilitation within the patient's home. This model reduces hospital induced dependency, delirium and infection.

5.6 Planned Care Optimisation

In addition to the measures described in the plan to facilitate timely access to Unscheduled Care, Tayside are committed to providing as much planned care as possible. Diagnostic, Outpatient and Operative work will continue throughout the winter months and a focus on those patients experiencing the longest waits will be maintained. The following improvement initiatives demonstrate the ongoing approach to building efficiency and resilience into planned care pathways to minimise the impact of increasing unscheduled demand over winter.

➤ *Outpatient Demand Modelling:*

NHS Tayside are committed to delivering on average 8500 new outpatient appointments per month with a continued focus on meeting the revised waiting times targets for both December 2022 and March 2023. It is not anticipated that unscheduled care will impact on achieving this level of activity. As a minimum NHS Tayside will deliver this level of activity which is monitored via the Scottish Government



➤ **ACRT:**

To support delivery of the new outpatient activity described above and to ensure that clinicians maximise capacity for those patients who need to be seen (whether that be face to face or remote consultation), NHS Tayside clinicians are engaged in Active Clinical Referral Triage. ACRT performance is measured through the National Heatmap using the proxy measures of “Advice Given” or “Referred back to GP” until such time there is an agreed national measurement definition. NHS Tayside engages with colleagues from CFSD on a monthly basis to discuss local performance against the Heatmap. Tayside performance in this area remains consistently positive.

➤ **Patient Initiated Return (PIR):**

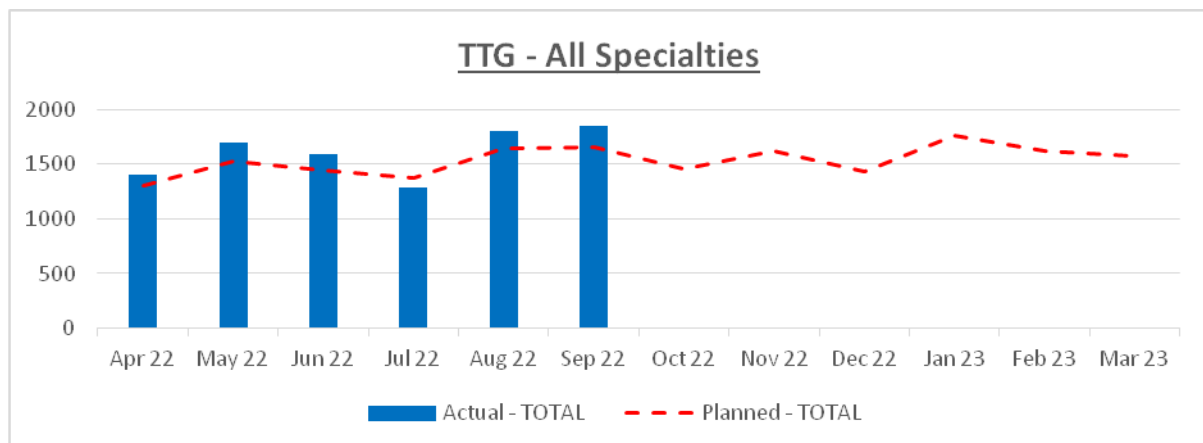
To ensure that outpatient capacity is optimised and to meet the ongoing demand for new patients NHS Tayside is adopting the Patient Initiated Return pathway for return patients. This allows the patient to opt back into secondary care at the time when they require this which then frees up capacity within scheduled clinics for new patient activity. NHS Tayside is in the early stages of adopting this pathway with full implementation in the Rheumatology Service and about to be implemented in both Gynaecology and Dermatology. Again performance in this area is measured via the National Heat map and the planned care support team continues to engage in this with colleagues from CFSD.

➤ **Surgical Activity (inclusive of Day Surgery)**

NHS Tayside has elective capacity across all three hospital sights with dedicated wards to support this activity. Stracathro hospital delivers day case and short stay non-complex surgical activity with Perth Royal Infirmary delivery mainly non complex activity that requires a slightly longer stay in hospital post operatively. Ninewells hospital provides capacity for mainly emergency/trauma surgery and complex elective surgery and there are 2 dedicated wards to support this activity. All opportunities to maximise day case capacity is undertaken and performance against this is part of the National Heat map. Although a definition of measurement has not been agreed nationally, NHS Tayside continue to monitor performance against the British Association of Day Surgery Rating(BADs).

NHS Tayside are committed to delivering on average 1500 elective surgical procedures (TTG) per month with a continued focus on meeting the revised waiting times targets for those patients having waited over 104 weeks. As a minimum NHS Tayside aims to continue to deliver this level of activity over the winter period which is monitored via the Scottish Government Planned Care activity submission, the chart below is an extract from this submission.

There remains a system risk for elective surgical activity if unscheduled activity exceeds existing and surge capacity, it may be necessary to use staffed scheduled beds in extremis.



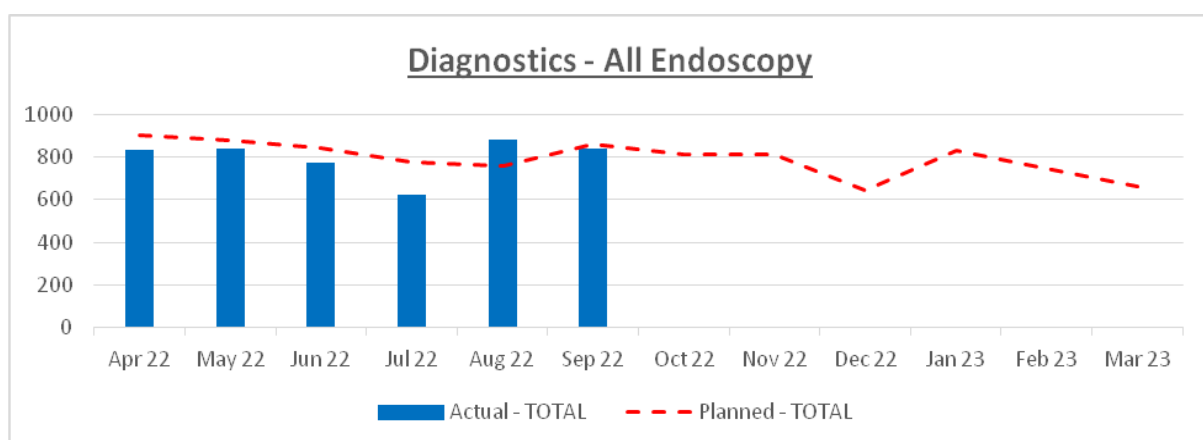
Diagnostic Capacity:

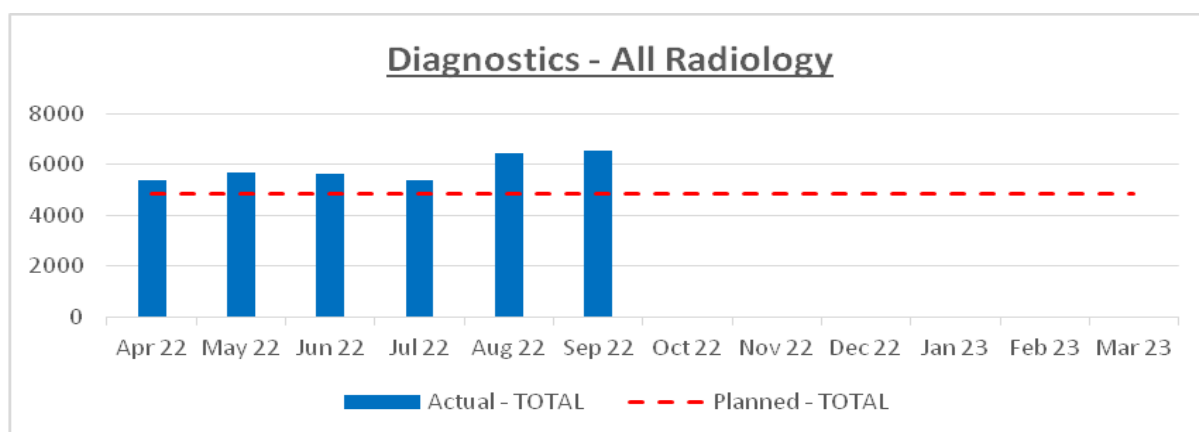
Radiology will continue to provide a robust scheduled care provision across Ninewells, Perth, Stracathro and our Satellite sites during the winter months.

Our service now operates certain modalities over an extended shift pattern 7 days a week to drive our requirement to meet the 6 week waiting time target. Extended provision of scheduled care has been optimised on Perth specifically and Stracathro to enable more flexibility on the Ninewells Campus to respond to the increased in-patient demand.

Our capacity is supported by the University of Dundee CT and MRI scanners and 2 MRI scanners from private sector partners.

Endoscopy activity is delivered across 2 sites in Tayside Monday to Friday with weekend activity delivered on the Ninewells supported by the Independent Sector within the Vanguard Mobile Unit. This will continue throughout the winter months, the planned activity is monitored via the Scottish Government monthly submission.





➤ *NECU Pilots*

The National Elective Coordination Unit was established recently to support the coordination of elective capacity across NHS Scotland by enabling the reallocation of available resources (workforce/physical footprint) to those Boards with a specific need to achieve the revised waiting times targets. Support has been provided to some boards to support clinical validation and small number of procedures undertaken mainly in the western boards. Early discussion are underway with the NECU team to ascertain the requirements of NHS Tayside and if they can be aligned to any of the potential available resource.

5.7 Digital and Remote Consultation

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 RefHelp, 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.

5.8 Transport

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




5.9 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.

A greater focus on targetting social care and assessment resource at front door and community areas will reduce admissions, length of stay and therefore delays. One of the key projects being driven through the Urgent & Unscheduled Care Board this year will be the strengthening and further embedding of the ‘Planned Date of Discharge’ model which is the cornerstone of efficient multidisciplinary discharge planning in Tayside. During the winter period in Tayside, the aim is for our Health & Social Care partners to maintain delayed discharges within agreed levels.

RAG status key:

	 Red	 Amber	 Green
A	>30	15-30	≤15
D	>50	25-50	≤25
P&K	>50	25-50	≤25
T	>130	65-130	≤65

Key: A - Angus, D - Dundee, P&K - Perth & Kinross, T - Tayside target excluding non-Tayside DD

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

Acute Delayed Discharge (GREEN RAG TARGET)

Angus 3

Perth 6

Dundee 6

Fife 3

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

5.10 Workforce Planning

Workforce planning is a critical consideration for all acute and community services. This will be a key consideration across sites and services 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 re-allocation 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
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisation's 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 collaborative whole system frameworks described above.

6.1 Angus Health and Social Care Partnership

We anticipate the winter period being much busier this year due to general increase in demand across all of health and social care. The focus of the winter plan and improvement

actions for Angus 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. A major part of our plan is not just increasing resources within services, but also how we optimise communication and relationships to ensure we are making best use of these additional resources. This year's planning is more challenging than previous years as we are not only preparing for winter but also continue to recover from the COVID-19 pandemic as well as ensure plans are in place for any resurgence of COVID-19 or other seasonal viruses.

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

- Taking a coordinated approach to allocate Scottish Government funding to support; Winter planning, expanding Care at Home-MDT approach and Interim Care by:-
 - *Increasing capacity in care management across older people, physical disabilities, AIDARs and CMH*
 - *Increase capacity to support enablement by 10 Social care officers*
 - *Access to telecare*
 - *Increasing capacity in Occupational Therapists, Physiotherapists and Speech and Language Therapists and working with HR in relation to international recruitment*
 - *Increasing capacity in community nursing*
 - *Supporting day care*
 - *Supporting access to community equipment and adaptations*
 - *Increasing home care assessors*
 - *Increasing social workers and social work senior practitioners*
 - *Employment of additional care home review officer*
 - *Access to interim care home beds*
 - *Supporting GP Out of Hours*
- As part of the Urgent and Unscheduled Collaborative:
 - *Progress implementation of improvement action plan to support discharge without delay, including the roll out of planned date of discharge in community hospitals and establishment of discharge team*
 - *Angus commits to maintaining Delayed Discharge Green RAG status*
 - *3 for acute Ninewells*
 - *15 for all delays including complex delays*
 - *Progress pathway review of urgent primary care 24/7*
- Proactive review of unmet needs for social care provision through the use of day care capacity and community alarm
- Hospital at Home - identify clear areas for clinical pathways at home but the principles are followed. Work being progressed to explore virtual capacity through productive opportunity via unscheduled care board.
- Anticipatory Care Plans focus through realistic medicine using the Respect Tool
- Review priority bandings for people awaiting AHP input
- Explore hybrid roles within the AHP professions

- In adult mental health utilise staff flexibly across Angus to meet demand and will continue to use 3rd sector agencies and supports as appropriate to meet less complex mental health and wellbeing need and reduce demand on secondary care mental health services.
- Employment of a Discharge social worker and 2 Assistant Practitioners to support good discharge planning and early consideration of discharge needs in mental health, to reduce delays in discharge from hospital. We are working with partners across the mental health pathway to utilise PDD and have developed new processes and protocols to support.
- AIDARS Service has developed a new joint health/ social work duty system to support an open access referral process where people and their families can contact the service for advice or onward referral to other 3rd sector partners, thereby reducing time to access appropriate supports.
- All staff have been provided with agile working tools to support engagement/ contact either within clinic based settings or where required in peoples own homes or communities, including access to phones for those most in need.
- AIDARS has developed out of hours clinics within Arbroath area and plans to develop this within north east localities to support engagement in the winter months. The service is also working with Community Pharmacy colleagues to expand contact/ supports within pharmacy settings to support easier access to treatment/ supports during the winter months.
- Streamline processes for AWI and Guardianship - OIS reviewed and implemented, training underway and improvements being evidenced.
- Identification of 12 surge beds in Prosen ward Whitehills to support capacity and flow
- Review OOH social work service in partnership with Dundee HSCP to support GP Out of Hours
- All health, social care and care home staff will be encouraged to accept the flu vaccination
- 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.
- 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 across Angus.
- Work with partners to ensure risks cost of living crisis are mitigated as far as possible
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Continue raising profile and importance of Power of Attorney
- Signposting for accessing urgent and unscheduled care
- Aim to increase opening hours of minor injury unit in Arbroath to 10pm
- Continue to populate Heat maps to support whole system planning

6.2 Dundee Health and Social Care Partnership

Dundee Health and Social Care Partnership will continue to work collegiately with all partner agencies to contribute to the seamless delivery of care as close to the person's own home as possible, promoting early discharge wherever appropriate, and developing enhanced care and treatment services in the community as a means of preventing admission wherever possible.

Key actions are:

- Review cross Partnership communication strategy to ensure daily RAG status is accurately reported, understood and actions taken when necessary
- Ensure all service specific business continuity plans are up to date
- Covid/flu vaccination programme communicated and made available across all Partnership staff
- Continuation of improvement work to increase efficiency across social care particularly in relation to interagency communication within geographical areas
- Publication of daily RAG status for delayed discharge performance
- Publication of daily service specific RAG status
- Contribution of RAG information to the Tayside wide heat map in order to further develop our understanding of the whole system performance and pressures
- Continue to develop the Dundee Enhanced Care at Home Team to increase the provision of care delivered closer to home as an alternative to hospital admission
- Commissioning of Discharge to Assess social care service as a means of supporting early discharge from hospital and more accurate prescription of social care resource
- Linking of AHP transitions service with Discharge to Assess to ensure all social care provision is focused on promotion of independence
- Continued implementation of social care Eligibility Criteria
- Ongoing development of advanced practice roles in community to support clinical care and assessment closer to home
- Additional social care recruitment
- Additional social work recruitment
- Rolling recruitment programme for inpatient AHP staff
- Roll out of Planned Date of Discharge policy across all ward areas
- Surge bed availability on RVH site to support capacity and flow
- Focus on AME unit for early discharge/Discharge to Assess work to support whole system capacity and flow
- 8 bedded unit in Turriff House and 6 bedded unit in Menzieshill House for step down care
- Interim care placements offered for all patients who may be delayed in hospital awaiting other services
- Step down housing contracts in place to support discharge for patients awaiting rehousing
- Ongoing development of relationships with 3rd Sector colleagues particularly in relation to the accurate deployment of social care resource

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.

The key developments are;

- Review, update and test 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.

- All health, social care and care home staff will be encouraged to accept the flu/covid vaccination.
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Development of Frailty at Front Door Model.
- Promote and expand the use of Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCT including community hospital bed base, supported by Local MDT meetings and PDD implementation.
- Continuation of agency staffing within Care at Home until March 2023
- Continuation of 18 x Interim beds, currently approved until 30 September 2022, proposed to be extended to 31 March 2023
- Additional hours within community teams (incl. AHP and Community Nursing and Social Workers.)
- Continue to work with acute colleagues and Primary Care GPs to introduce an urgent care pathway to support rapid discharge from hospital and prevent hospital admission from community
- Increase the recruitment to HART from 10 Social Care Officers above budgeted establishment to 25, therefore an additional 15 posts
- Further investment in AHP Resilience
- Peripatetic team for MFE and Community hospital to support Senior Leadership Team Capacity to ensure safe care and 7-day cover
- Review of Pool Cars across the health and social work teams to add additional capacity where required to ease pressure on community staff/fuel costs
- Collaborate with Third Sector for additional volunteer drivers as and when required.
- Continue to develop the MFE model with additional Advanced Nurse Practitioners and further develop the clinical model across P&K with MFE Consultants
- Roll out Rockwood Frailty Score/Approach across Locality Teams and integrate with MFE approach
- Further integration with Virtual Hub/Hospital At Home model
- Develop the interface approaches in line with Discharge without Delay Pathways
- Ongoing recruitment to the Living Well teams in localities as part of Care at Home Approach
- An extra 9 social workers and 6 social work assistants have been recruited to enhance assessing and reviewing capacity across social work teams
- Ongoing use of Interim Bed Model to support Capacity and Flow
- Royal Voluntary Service and Live Active funded posts to ensure those entering an interim placement are kept active and stimulated
- Enhanced Volunteering Approach with the recruitment of Community Circles post and Volunteer Coordinator Post and newly commissioned Volunteer Coordination App
- Additional funding allocated to Crossroads for provision of Carer respite and CAH.
- Additional social prescribers' posts have been funded and recruited to, with the aim of intervening early, enhancing wellbeing and addressing social isolation.
- Extension of a Community Brokerage service, which supports people to identify the social care support which is right for them and assists them to put that support in place and access local support and activities in the community.

6.4 Primary Care including Out of Hours

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 continue to collaborate across partnerships and with public health to deliver the expanded influenza vaccination programme.

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.

In OOH we plan to increase our capacity across the three main areas of: telephone consultation/advice, face to face assessment and home visiting. We will increase the number of clinical shifts that we have on offer, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends. We note the following specific challenges and solutions:

- Complete predictive modelling for the festive period to ensure staffing levels match the predicted demand
- Senior clinical decision makers to be available on all shifts
- Work with HSCPs to increase the support for care homes
- 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.
- Will increase our usage of Near Me/Attend Anywhere where clinically appropriate to do so.
- In anticipation of paediatric contacts increasing this year, we 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
- Supporting the flu vaccination campaign 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
- Continue to work with AHP and other services ie paediatrics to provide involvement of multidisciplinary approach
- Work with NHS 24 and Pharmacy first to support signposting of patients to the most appropriate care setting
- Continue the professional to professional advice
- Support Care homes and nursing homes in timely response to calls
- Continue to work with Mental health to ensure good access to mental health crisis teams and services
- Continue to populate heat map to support whole system planning

6.5 Fife Health and Social Care Partnership

North East Fife represents a key interface for NHS Tayside, as we provide unscheduled patient pathways for the North East Fife population as well as provide several regional scheduled pathways including Vascular, Plastic Services, and Head and Neck Cancer. We recognise the need to collaborate with our partners in NHS Fife in the development of winter preparedness at both a strategic and operational level to ensure that patients receive the right care in the right place and we will continue to build on our existing relationships to ensure continuity of services.

7. MENTAL HEALTH AND LEARNING DISABILITY

Access to Inpatient Mental Health & Learning Disability Services is both a national and local priority. NHS Tayside recognises that the majority of mental health acute presentations are unscheduled and, as such, are included as one of the service's key priorities for winter, in addition to recognising that effective flow management must continue beyond winter.

Key areas of focus for winter 22/23 include:

- Review of Business Continuity Plan to ensure readiness to act
- Membership of Unscheduled Care Board to ensure mental health is represented and included in all developments
- Redesign of Crisis Care, to include revised Pathway and the implementation of a revised workforce plan to support more senior decision makers at front door
- Separation of Crisis and Intensive Home Treatment function to enhance provision, to support people to remain at home
- Review of Community Police Triage with key stakeholder involvement
- Support the development of community hubs (as part of the Crisis redesign work) to prevent admission
- 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)
- Engagement in Interface meetings with colleagues in Acute Services to support revision of Interface document
- Supporting the community redesign and Pathways work to manage demand for inpatient admission to hospital
- Roll out of Planned Date of Discharge (PDD) across the General Adult Psychiatry in patient estate
- Employment of discharge co-ordinator to sit within central hub to support progress of actions in relation to discharge without delay
- Consider adoption of similar model as in Acute, with agreed levels of delays in mental health
- Work collaboratively with Dundee discharge hub to support weekend discharges
- Development of 7 day working for pharmacy in mental health
- Development of mental health HEAT map to align to NHS Tayside approach and to support appropriate escalation
- Creation of a Safety and Flow hub on the Carseview site with equipment to support whole system communication
- Development of command centre within mental health to support capacity and demand analysis; including surge capacity and pass bed use
- Commitment to attend whole system multi professional safety and flow huddles
- Development of contingency plans with Learning Disabilities, CAMHS and Psychiatry of Old Age to support in patient service in extremis

- Encourage uptake of flu and covid vaccinations

Summary of Key Actions for Mental Health

- Crisis and Urgent Care redesign to improve Pathways and prevent hospital admissions; to include implementation of revised workforce model
- Revision of Community Police Triage
- Improved contingency plans with key partners
- Roll out of PDD across GAP in patient estate
- Development of mental health heat map to support triggering and escalation

8. COMMUNICATION STRATEGY

The NHS Tayside Communications Team has developed a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, seasonal illness and accessing services over the festive period. In addition there are assets to be used as needed for incidents such as adverse weather. 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 sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g. 111 for urgent care, A&E when life-threatening, and what to do 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.

9. 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

Illness prevention (staff) and promoting attendance

- Promoting Influenza and Covid vaccination in staff
- 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

Alternatives to Admission

75% of patients referred to the Paediatric Assessment Unit (PAU) at Tayside Children's Hospital 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 i.e. 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

- Viral 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.

