



NHS Tayside

Winter Resilience Plan

2023/24

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders have continued to take a collaborative approach towards preparedness and planning for winter 2023/24 supported by Tayside Unscheduled Care Board and the Winter Planning Advisory Forum.

The NHS Tayside Winter Resilience Plan is underpinned by the Unscheduled Care Collaborative and Redesign of Urgent Care Programme, taking full account of the Scottish Government's Winter 23/24 Preparedness Programme and Checklist.

The winter plan has been developed based upon the key areas highlighted in the checklist to ensure early prevention and response, to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services.

Improvement work continues with our Partner organisations to optimise hospital attendances, manage and avoid admissions, while our acute service areas focus on the flow through acute care, cancer, mental health and outpatient services, to deliver against national standards.

The focus on improved resilience over the festive period taking account of learning from previous winters will ensure arrangements are in place to mitigate disruption to critical services. The plan will be underpinned by full business as usual continuity arrangements and daily management of safety, capacity and flow through the NHS Tayside Safety and Flow Triggers and Escalation Framework with senior clinical and management leadership and multi-professional input to the safety and flow huddle infrastructure seven days per week.

The Winter Resilience Plan will be supported by a suite of data and information tools including use of Command Centre, Safe Care and the Winter Planning Heatmap. This will be further supported by weekly look back to encourage system learning and continuous improvement.

A whole system Health and Social Care approach to develop an integrated plan is essential. The Tayside and Fife Health and Social Care Partnerships, the Scottish Ambulance Service (SAS) as well as staff side/partnership representation have been involved in the development of the plan to ensure timely access to the right care, in the right place, first time. Third sector involvement is through the Health and Social Care Partnerships.

Executive Leads for Winter

Chief Officer, Acute Services, NHS Tayside

Chief Officer, Angus, Health & Social Care Partnership

Chief Officer, Dundee, Health & Social Care Partnership

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

1. Introduction

1.1 Aim

The aim of the 2023/24 Winter Plan is to demonstrate collective and collaborative engagement between Acute Services and Health and Social Care Partnerships to improve capacity and system resilience through aligned planning. Setting critical improvement actions to effectively manage the challenges associated with the winter period whilst continuing to deliver against the national and local targets and standards for Health and Social Care. Using data modelling and learning from previous years to inform a system response to anticipated pressures.

NHS Tayside Winter Resilience Planning will continue to build upon the design and delivery of a whole system framework for predicting, responding to, and managing peak periods of unscheduled activity. This will include a focus on whole system communication and response to support both unscheduled demand and urgent, cancer and planned elective care as possible.

1.2 Planning Approach

The 2023/24 Winter Plan has been informed by external and internal sources, with a focus on delivery of the agreed Scottish Government Winter Plan priorities, with an emphasis on prevention to reduce avoidable demand:

1. **Where clinically appropriate, ensure people receive care at home, or as close to home as possible.**
2. **Through clear and consistent messaging, we will have a strong focus on prevention and give people the information and support they need to better manage their own health and care, and that of their families.**
3. **Support delivery of health and social care services that are safe and sustainable.**
4. **Maximising capacity and support wellbeing of our workforce to meet demand.**
5. **Protect planned care with a focus on continuing to reduce long waits.**
6. **Prioritise care for the most vulnerable in our communities.**
7. **Work in partnership to deliver this Plan.**

NHS Tayside continue to develop a multi-disciplinary approach to building capacity and maintaining operational resilience aligned to national strategy:



Capacity	Capacity management to support winter surge response. This includes maximising capacity where possible through good practice, and increasing virtual capacity to support people in their own home
Improve	Throughout the year there have been a number of improvement programmes and initiatives to increase productivity and care within services.
Engage	Coordinating our communications across NHS Scotland will support better patient flow and provide reassurance to the public on where to get help when required. Internal communications across services will support whole-system working.
Resilience	Resilience planning and preparedness will support surge responses across services so protect services and provide coordinated response.
Monitor	Improved monitoring at a national level of NHS Scotland and social care systems will support greater response coordination.

The scope of the NHS Tayside Winter Resilience Plan is whole system with a focus on the following key areas in line with the Scottish Government Winter Preparedness Checklist - Areas of Assurance:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

1.3 Finance

Similar to last year, funding for 2023-24 is integrated across all Urgent and Unscheduled Care programmes to provide a holistic fund to support shared decision making and collaborative working that systematically works through the priorities. Therefore, there is no separate “Winter” funding allocation.

Scottish Government stated that funding must be used to support delivery of the Boards improvement plan for urgent and unscheduled care, reflecting the Delayed Discharge and Hospital Occupancy Plan and based on priority areas. Through the local Urgent & Unscheduled Care Board, agreement was reached that the funding received will be used to support the continuation of the workforce models to deliver the Flow Navigation Centre and Injury Assessment service models, providing the Board with the greatest opportunity to maximise delivery against the core set of measures.

The funding allocation for 2023/24 (before pay award uplift) is £2.254m. It should be noted that this funding presents a reduction of 18% (£0.495m) on the funding allocation provided in 2022/23 which the Board has had to absorb to ensure the performance of the 95% 4-hour emergency target is maintained.

1.4 Approval of Plan

The process and timeline for preparation, review and approval of this plan:

Date	Format	Committee / Board
13 th October	Draft	Acute Leadership Team & Chief Officers of Angus, Dundee Perth & Kinross Localities
18 th October	Draft	Winter Planning Advisory Group
18 th October (virtual)	Draft	Unscheduled Care Programme Board
23 rd October	Approval	Executive Leadership Team
26 th October	Approval	NHS Tayside Board

The Health & Social Care Partnerships have contributed to the overarching plan and have taken their HSCP specific plans through their respective IJB's in October.

1.5 Governance Arrangements

- Development, delivery and monitoring of the Winter Plan is a key responsibility of the Urgent and Unscheduled Care Board and the Winter Planning Advisory Group. The Urgent and Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Community Health and Care Services, Angus Health & Social Care Partnership. The Winter Planning Advisory Group has whole system representation.
- An Urgent and Unscheduled Care Programme Team is in place led by a programme manager, these posts form part of the support team for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and a Winter Planning Tabletop Exercise is planned for 8 November.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow.
- Whole system Safety and Flow Huddle process including key partners 365 days per year. This will be extended through the winter period to include members from our HSCPs.
- A Communication Strategy for winter is in place and will inform the public and staff on our planning for winter, public health messages and where to go for access to services.

2. Lessons Learned from Previous Winter 22/23

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the 23/24 Winter Plan.

What worked well?

- Best 4 hour performance in Scotland, consistently
- Analysis of all 8/12 hour breaches with improvement action noted
- Heat Maps & Command Centre invaluable; flexible use of footprint and workforce to mitigate site pressure and safety
- Culture of collaborative working within and out with acute services
- Whole System Working; Tayside Tactical Cell introduced (multi-system reporting and response to system pressures)
- Alignment of escalation frameworks between the divisions in acute
- Resilience link invaluable and undertaken through various routes
- Alignment with existing structures
- Daily reporting to executive level to provide assurance any heat in the system is managed
- Daily planned care huddle to review elective cases based on bed capacity

What could be improved?

- Identification of a formal lead for acute for the whole winter period to ensure good coordination
- Tactics were often identified, worked up and not progressed; resulted in confusion at times and possible missed opportunities
- Lack of SG funding to support additionality
- Formulation and sign off of Winter Plan must be timely
- Testing of winter resilience before winter critical
- Introduction of seasonal model for planned surgery to reduce cancellations
- Virtual capacity pathways and UQ LoS to maximise patient flow (admission avoidance / discharge planning)
- Focus on PDD across all areas – increase morning / weekend discharges
- Consistency in approach to boarding; often mixed messages
- Alternative strategies to ensure safe staffing levels and reduce reliance on supplementary staff

Approach for 2023/24

- Agree strategic aims across the whole system
- Review and refine metrics and tolerances within data Heat Map
- Identify key leads in each area and ensure representation (both for planning and response)
- Agree timelines for completion/approvals
- Recognise plans will be *dynamic* and as such strategic and tactical plans should not be too detailed
- Align plans to existing work ongoing and ADP/MTP goals
- Review acute site safety and flow framework with a focus on communication and response
- Ensure visibility of plans prior to the start of winter

3. Winter Resilience Plan 2023/24

The Tayside Winter Resilience Plan 2023/24 is set out using the key headings aligned to the Scottish Government Winter Preparedness Checklist:

- Resilience Preparedness
- Urgent & Unscheduled Care
- Intermediate/Step Down Care
- Primary Care
- Primary Care Out-of-Hours
- Planned Care
- COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
- Workforce
- Digital & Technology

An overview of the work progressing in each of these areas to support delivery of our Winter Plan aim is provided below. Detailed operational-level divisional plans are progressing to support delivery of the strategic ambitions. An example of this is attached in Appendix 1 and 2.

Through the Winter Planning Advisory Group, the performance and delivery of the operational plans and actions will be reviewed using RAG status methodology and exception reporting, seeking solutions from across the system and progress of the escalation framework as appropriate. Monitoring tool attached in Appendix 3.

3.1 Resilience Preparedness

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

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

The LRP links directly with the Tayside Health Protection Team around the co-ordination, command, control and communication required in the event of a high consequence infectious disease winter pressure being triggered.

3.2 Adverse Weather

The annual review of NHS Tayside Adverse Weather Plan has been undertaken for 2023/24. Previous themes highlighted from the local review of winter in relation to the effects of adverse weather were staff transport and accommodation. The plan was updated to reflect the new on-call structure/roles and the addition of a Safety and Flow Hub Action Card. Areas for this coming winter include:

- Organisational procedure for 4x4 vehicles reviewed and policy in place
- List of available 4x4 vehicles, locations, access arrangements/keys etc
- List of lease owners who have 4x4 vehicles available
- There is a process for seeking additional 4x4 vehicles
- Accommodation arrangements for 'essential' staff in the event of adverse weather available
- Structure to monitor requests for extremis assistance
- Duty Manager/Executive awareness of status – linked into daily huddle meetings/Whole System Safety and Flow Framework
- Early and continued engagement with Local Resilience Partnership
- Links to existing plans, NHS Tayside Contingency Arrangements, Adverse Weather Policy
- Link to HR policies/Once for Scotland Policy: [NHSScotland Once for Scotland Policy DL \(2022\) 35 Interim National Arrangements for Adverse Weather](#)
- Ownership - operational rather than service specific

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

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

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

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

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

3.4 System Wide Escalation and Flow Huddle Framework

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

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

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

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

There are currently four huddles per day on the Ninewells and PRI hospital sites with a whole system huddle at 9am each day that includes Mental Health and SAS colleagues, through winter 23/24 members of our HSCP and Primary Care/Out of Hours teams will join this to encourage whole system awareness and escalation as required.

Flow Hubs on the Ninewells and PRI sites are now well established and continue to support real time flow management through collaborative working.

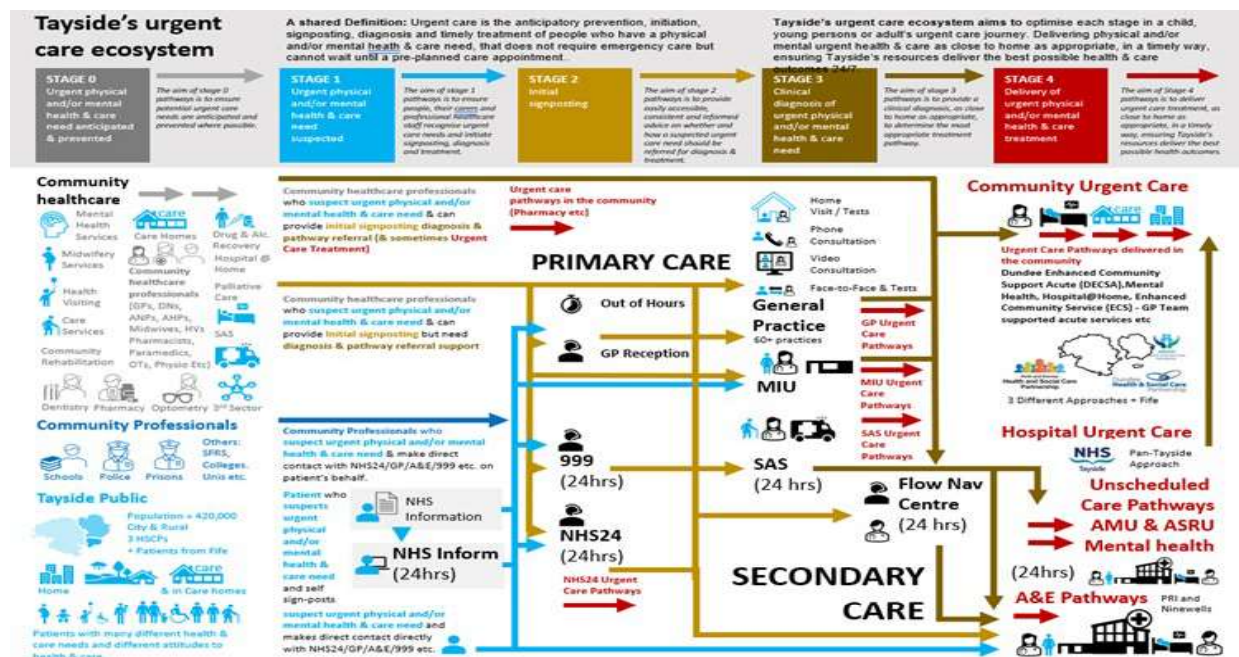
The Tayside Tactical Cell will be operationalised as required, as we move into the peak winter period December to February 2024. This whole-system real time forum to support immediate system pressures worked well through winter 2022/23.

3.5 Speciality-Level Escalation Plans/Winter Action Cards

Winter Planning action cards and escalation plans are being progressed across all key speciality areas to support consistent and effective decision making. These will support both the frontline teams and Safety and Flow Leadership teams in delivering a consistent and agreed approach to implementation of escalation measures. Example plan attached in Appendix 4.

The action cards/escalation plans will all be stored within a dedicated winter plan section in the NHS Tayside Resilience App for ease of access in and out of hours.

4. Urgent & Unscheduled Care



The vision for the Urgent and Unscheduled Care Board is to work across health and social care to sustainably improve the timeliness, quality and experience of care for people accessing urgent and unscheduled care across Tayside. Five key strategic aims have been agreed supported by key enablers and are detailed below:

1. Optimising Urgent and Unscheduled Care Access
2. Integrated Community Care
3. Care Closer to Home
4. Optimising In-Patient Flow
5. Performance 95

Each strategic priority has an associated workstream with key stakeholders and deliverables. They are supported by workplan/change packages and dashboards to demonstrate outcomes.

Key Enablers

1. Virtual Capacity
2. Discharge Without Delay
3. Winter Planning

1. Robust responsive operational management

Tayside acute hospital sites (PRI and Ninewells Hospital) have robust operational clinical NHS Tayside & Partner Organisations Winter Plan 2023-24 Page 11 of 30

leadership and management arrangements in place 24 hours a day, 7 days a week. This ensures there is a strong, real-time understanding of the status of each site to support the delivery of high-quality, safe, and timely care and patient flow.

Each site has a dedicated duty 'Team of the Day' consisting of an operational manager and senior nurse; supported by a Duty Director. Medical input is provided through the Clinical Care Group structure, providing subject expertise which informs and supports further decision-making. Medical staff attend the site huddles and consultants also engage with the duty team for support as required. The team is available on site 8am to 8pm and located in the Patient Safety and Flow Hub on each site. In the out-of-hours period, a Duty Manager is on-call for each acute site to immediately respond to issues, supported by a Duty Director. The team is also supported by an Executive on Call.

2. Improve morning and weekend discharges and optimising patient flow (Discharge Without Delay (DWD))

The hospital discharge team participate in the acute site huddles each morning and provide a detailed briefing to the Safety and Flow Team each day. NHS Tayside continues to have a strong focus on the DWD programme and has made significant investment in this.

Focussed workstreams continue to support Planned Date of Discharge (PDD) delivery on all major wards in Tayside, including Community Hospitals - 7-day working, and weekend discharges are key. Improving performance of discharges as early in the day as possible.

The final arm of the DWD programme is Optimising Patient Flow. The aim of this work is to deliver flow performance in all Tayside inpatient ward / speciality in line with Upper Quarter Length of Stay by April 2024. An Optimising Patient Flow programme, led by the Urgent & Unscheduled Care Senior Nurse, is in place. Success of this programme is central to NHS Tayside Winter plan.

This programme (aligned to other work) is aimed at significantly contributing towards the 4 partner agencies equally delivering on pre-agreed flow performance targets. Service and workforce plans this winter are based on meeting these upper quartile targets:

Medicine Ninewells LOS <4days

Perth Medicine LOS <5days

Surgical LOS < 4.5 days

Ortho LOS < 7 days

Step-down hospital LOS <28 days

Delayed discharge position RAG GREEN for acute but also total delays

These performance targets are all reliant and interdependent of all agencies working together and delivering against their specific actions.

3. Rapid assessment and streaming out of ED

Tayside acute services operate several "front doors" with acute admissions being referred directly into medical and surgical receiving areas, as well as directly to speciality wards, including stroke medicine, paediatrics, renal medicine, neurology, haematology, oncology and specialist surgery.

Some key areas are supported by a framework of pre-hospital decision support which facilitates Prof-to-Prof communication between Primary Care, SAS, Out of Hours Service, and hospital clinicians to ensure Right Care, Right Place, First Time. This provides a senior

clinical decision maker at the point of referral to ensure that patients are placed on the correct pathway first time and that alternatives to admission are considered.

The medicine pathway from ED to AMU involves a direct nurse-to-nurse referral to ensure there are minimal delays to patients moving from ED into Medicine pathways. Work is progressing to develop this within Surgery and Orthopaedics Pathways to reduce delays. Critically unwell patients are referred medic to medic to ensure safe transfer for ongoing management.

4. Monitor breach by reason, time and cause

All ED breaches are reviewed daily by the ED team, as well as being visible through the Command Centre at Executive level. A flash report is provided daily to detail all breach reasons and highlight any key themes and learning. Any themes identified are raised with Departments and Divisions to ensure improvement actions are identified. An 8 /12 breach report is also produced on a weekly basis and shared at Executive level.

5. Emergency Physician in Charge (EPIC)

There is an EPIC in charge from 0800 – 0100 Monday to Friday and 0800-2200 on weekends at the Ninewells site. This role is supported by a Stream 2 (Majors) Consultant 0800-0000 (Monday -Sunday).

In Ninewells Emergency Department, there is an 8 bedded Ward (Emergency Department Observation Unit), and Ward/FNC Consultant 0800-1700 and dedicated FNC Consultant 1400-2200 (Monday-Friday). The PRI site has a Consultant Monday-Friday 0900-1700. The Tayside Emergency Department provides a consultant-led pre-hospital Trauma Team and a Consultant-led Major Trauma response.

4.1 Target Operating Model

Aligned to the national approach, utilising performance data in our planning and preparedness, a target operating model for unscheduled care delivery has been progressed in NHS Tayside.

With the support of our HBI team, demand and capacity modelling has provided the basis for understanding and anticipating the required unscheduled acute hospital capacity through the anticipated winter peak periods, based on the principles of 95% occupancy levels and a 10% reduction in patient Length of Stay.

This has allowed our Clinical Care Group teams to work collaboratively to define a target operating model for both the Ninewells and PRI hospital sites to support increased unscheduled admissions while maintaining urgent and cancer care delivery.

The success of the target operating model is based upon consistent reduced length of stay and green status delayed discharge position. Whole system collaboration to achieve this will be critical.

5. Intermediate/Step Down Care

This year's winter period is expected to be busier due to increased demand across all health and social care services. The primary focus continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when readiness permits. This approach contributes to improved health outcomes and maximises resource utilisation.

Consistent and sustainable performance against the following key performance indicators will be essential:

1. RAG acute delays green

Angus ≤ 3 delays
 Dundee ≤ 6 delays
 P&K ≤ 5 delays

2. Total reportable delays green

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

3. Community hospital LOS 28 days or less

5.1 Angus Health and Social Care Partnership

Outlined below are the specific actions for Angus HSCP.

The Angus HSCP plan involves matching capacity & demand within services but also emphasises optimising communication and relationships to make the most efficient use of these additional resources.

Key areas highlighted as part of the system-wide winter planning include:

- Business Continuity Plans in place across all services
- Angus is committed to maintaining a Green RAG status for Delayed Discharge, as per Tayside DWD programme, with:
 - 3 or less for acute Ninewells Hospital
 - 15 or less for all types of delays, including complex cases such as Mental Health, Learning disability, and Older Peoples Services.
 - No patients will wait for community hospital / step down bed this winter from acute
 - Arbroath Infirmary and Whitehills will continue to deliver LOS well within 28 day Tayside target
- Conduct proactive daily reviews of delayed patients by case holders and discharge teams across the HSCP, including those in community hospital beds, with support from Local MDT meetings.
- Actively assess social care ensuring efficient use of all resources to support.
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Robust processes in place to ensure PDD is implemented across all community hospitals
- Winter Planning Partnership Contingency Group established
- Future Care Planning/ReSPECT – encourage conversations and completion of future care plans which may prevent hospital admissions for those patients most vulnerable.

- Evaluate service priority and RAG status reports and attendance at the whole system safety and flow huddles to establish effective communication protocols between services and senior managers, ensuring timely identification of potential system pressures and activation of escalation procedures.

There is an operational winter plan for Angus HSCP to support the actions described above as well as an escalation framework to support maintaining green RAG status. Supporting staff health and wellbeing will continue to be supported throughout the winter period.

5.2 Dundee Health and Social Care Partnership

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

- Business Continuity Plans in place across all services
- Ongoing work to create manual data packs within community urgent care to demonstrate impact and carry out further testing – on the basis that IT infrastructures are disjointed
- Enhanced recruitment into social care regarded as 'Business as Usual'
- Surge capacity already enabled on RVH site
- Interim care home placements funded on a 'Business as Usual' basis when necessary, when social care is unavailable
- Partnership Oversight Report published weekly to monitor pressure areas and feed into the whole system heat map
- Intensive implementation of PDD policy across Tayside ongoing with dataset available to identify problematic areas – led by newly appointed Senior Nurse for Urgent & Unscheduled Care
- Plans in place to expand existing DECAHT service as a means of promoting earlier discharge and prevention of admission
- Development of multi-professional Transitions Team to support discharge of frail patients
- Lead ANP structure now established to support development of whole system pathways of care
- Early intervention and prevention approach remobilised within ECS to focus activity around GP clusters with support from inpatient geriatricians and DECAHT input
- Discharge Team now embedded fully in ward and working across pathways
- Adverse weather conditions policy ready to be invoked in community service
- Intensive programme of improvement work ongoing within social care to promote greater efficiency
- Social care service commissioned to focus on urgent care and front door areas
- GAP community discharge hub in place (Business as Usual)
- Additional band 4/5 staff recruited to AHP service to compensate partially for recruitment shortages in senior AHP staffing
- Winter Planning Partnership Contingency SLWG set up
- Dundee remains committed to meet RAG status green (6 or less acute delays and 25 or less total delays) and maximum 2 patients waiting step down bed from acute per day, as per previous RAG agreed delays position via Tayside DWD programme. Dundee remains committed to progressing RVH LOS towards 28 days

5.3 Perth & Kinross Health and Social Care Partnership

The key developments within the P&K Health and Social Care Partnership to support appropriate care, in a timely manner, in the most suitable setting are;

Business Continuity & Resilience

- Having maintained a consistent, low amber status over the summer months, PKHS CP remains committed to achieving and sustaining green RAG status over the winter period with the intention that no more than five Acute patients will experience delays in their discharge process, and no more than 25 patients will experience delays across the whole system. This will be a significant challenge in the context of our local demographics and without additional winter pressure funding this year. We will continue to assist in maintaining a length of hospital stay in community hospitals within the 28-day NHS Tayside target
- Reviewing, updating and testing Business Continuity Plans; Reviewing and updating lists of particularly vulnerable people across P&K;
- Encourage uptake of winter vaccines; and
- Working with home safety partners, community wardens and community organisations to provide simple home safety and winter resilience advice.

Community focused integrated care

- Community Flow Navigation: implementing a process to efficiently manage referrals from GPs, care homes, hospital front door, and hospital discharge to ensure people are directed to the right care from the right person at the right time;
- Integrated bases: forming integrated staff bases across Perth & Kinross to further support collaboration and more efficient working practices;
- End of Life Care: implementation of a structured and integrated approach for end of life care, to make sure people who are receiving this type of care can access it easily and receive the support they need quickly; and
- Advance Care Planning / ReSPECT: encouraging staff to initiate conversations with patients and families to create an understanding of what is important to that person for their future care.

Optimising Flow

- Ambulatory Care: working in partnership with Acute colleagues to support the opening of the Ambulatory Care area at PRI;
- Care at Home Transformation: streamlining of referral processes for HART and Care at Home. Increasing efficiency in HART through automated scheduling that will reduce travel time and increase direct contact time;
- Transfer the Living Well team resource to deliver core Care at Home services to support people returning home from Crieff and Blairgowrie Community Hospitals;
- Early Discharge Project: we will continue and expand (further 250 hours) the early discharge project to get people home from PRI emergency department and from all acute medical wards if they do not need to be in hospital to receive care. This extension will continue until March 2024;
- Surge beds: we will maintain Tay ward at increased bed level (+50%) until March 2024;
- Seven day discharge service: we are implementing a test of change for the Integrated Discharge Hub (IDH) to provide a seven day service;
- Interim placements: release of capacity for short-term placements from hospital to in-house care home provision.

Urgent Care

- Hospital at Home is currently operating Monday to Friday 0800-1800 at a start-up level from August 2023 in Perth City.
- Implementing Advanced Nurse Practitioner (ANP) single point of triage for urgent care; and

- Exploring ways to build Advanced Practice capability within our existing community teams.

Engagement with stakeholders

- Working with the NHS Tayside and Perth & Kinross Council communications teams to make sure our messaging is easily understood, accurate, consistent and accessible;
- Developing materials to share with staff, key statutory, third, and independent sector stakeholders and with the general public, which will set out our position for the winter 2023/24 period.

Staff wellbeing and culture change

- Staff wellbeing and culture change: investment in What Matters to You? events and the P&K Offer to promote a culture of collaboration and understanding and maintain staff wellbeing and resilience through the challenging winter period and beyond;
- Encouraging staff uptake of Covid and flu vaccinations, and sharing information on how they can access the vaccinations service.

5.4 Primary Care and Out of Hours

Primary care and Out of Hours (OOH) 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 with NHS Tayside. We will continue to work both in hours and out of hours to champion and excel in community-based care through multidisciplinary teams, wherever this is the safest and most appropriate care option for patients. In OOH we are planning to accommodate an expected increase in activity of 15%.

We will:

- Complete predictive modelling for the winter period (November 2023 - March 2024) to ensure MDT staffing levels support the predicted demand - we have a 70% salaried workforce to rely upon over this period and we pay an enhanced rate for Christmas and NY PH
- Ensure senior clinical decision makers are available on all shifts to ensure effective clinical operational management / support
- Review and update service escalation and contingency plans
- Increase our usage of Near Me video consultations where clinically appropriate to do so
- In anticipation of increased paediatric contacts during the winter period, we will ensure sufficient GP coverage and utilisation of our Paediatric Advanced Nurse Practitioner in busier periods
- Continue to follow robust procedures for dealing with inclement weather
- Continue to work with NHS 24 and Pharmacy first to support signposting of patients to the most appropriate care setting
- Continue to deliver professional to professional advice
- Support Care homes and nursing homes in timely response to calls
- Continue to work with mental health services to ensure good access to mental health crisis teams and services
- Continue to populate heat map to support whole system planning

A detailed OOH Winter Action Plan was submitted to SG with the Winter Checklist response.

[OOH Winter Action Plan](#)

6.Planned Care

Throughout the winter period, NHS Tayside will continue to maximise theatre efficiency by focussing on treating urgent and cancer patients as a priority, and longer waiting routine elective cases where feasible.

To support delivery of the Unscheduled Target Operating Model, the surgical teams will focus on increased delivery of day case procedures through the peak unscheduled demand periods to minimise the need for inpatient beds.

Surgical teams will continue to optimise the elective only theatre resource at of Stracathro.

Key activities progressing to support elective care preparedness across main hospital sites include:

- Theatre scheduling to determine the management of the unscheduled care/cancer and clinically urgent procedures as a priority
- Reduction in non-urgent elective surgery to create unscheduled care capacity, optimising day surgery
- Continue elective care prioritisation meetings to align to available capacity
- All elective orthopaedic operating will stop at the Ninewells site for peak unscheduled demand period, increasing bed availability on orthopaedic wards for trauma cases. Vacated theatre will support a 3rd trauma list to be shared by orthopaedics and plastic surgery
- Full day functional Theatre Admission Suite (TAS) by mid-November 2023 on the Ninewells Hospital site. This will support an increased level of day case work for all specialities as we reduce the level of inpatient elective work to support an increase in unscheduled admissions.
- Ambulatory Assessment area created in PRI through relocation of CIU
- Reduced elective medicine activity through peak winter period to support flow

NHS Tayside will continue to refer patients to Golden Jubilee and NHS Highland through the NTC Programme allocation for Orthopaedic and General Surgery procedures. We will also continue to link with the National Elective Co-ordination Unit (NECU) for any national capacity to support long waiting patients.

7.COVID-19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing

7.1 Infection Prevention and Control

The Infection Prevention and Control Team (IPCT) will continue to follow the National Infection Prevention and Control Manual (NIPCM) with regard to Winter 23/24. The delivery of Infection Prevention and Control education during this period will be in line with ARHAI Scotland and NHS Education for Scotland. This collaborative piece of work sees the relaunch of the set key messages with 9 Infographics. The IPCT have arranged Awareness Sessions for staff and public over the next few months with emphasis being on the 9 infographics. [9 Infographics](#)

The IPCT will continue to be proactive with regard to the surveillance of Respiratory and GI infections. The Senior management Team will continue to be actively involved in the Winter

Preparedness Group and in doing so this will allow the sharing of local and national intelligence within the organisation.

7.2 Health Protection Team

Health protection team in NHS Tayside are planning for winter and are working with care homes to ensure ready for winter and potential surges of Covid-19, other respiratory viruses and norovirus. Outbreak plans are in place for outbreaks including respiratory viruses and norovirus.

7.3 Vaccination Programme

NHS Tayside central vaccination services provide staff access to vaccination across Tayside in -

- Staff only appointment-based clinics on acute sites
- Appointments for staff in all rural venues and central public clinics
- Flu vaccination at local pharmacies
- Drop-in clinics on all sites
- Peer vaccination for both flu and covid vaccinations being rolled out across acute areas again this year to support further opportunities for staff
- Occupational Health teams supporting vaccinations on Ninewells site for staff to access vaccination later in programme to support mop up

Clinics are advertised on internal staffnet, local social media and through regular staff bulletins as well as posters on wards with links to relevant information on NHS Inform.

A staff vaccination tracker will be shared and collated to provide individual areas as well as a whole system overview of uptake.

The public winter vaccination programme for Covid and Flu vaccinations commenced on the 4th of September with early rollout of flu to those 50 to 64 or under 65 at risk and then covid and flu to those aged 65 to 74. JCVI guidance for this winter campaign suggested later vaccination of those most vulnerable to provide maximum protection over the winter period. This was then rephased to bring vaccination of those at risk forward due to concerns regarding a new strain but this requirement has now been stood down. All vaccination appointments have now been circulated and teams have commenced vaccination of those aged over 75 and those with weakened immune systems. The majority of carehomes have received their first visit and the programme is on track to ensure all citizens are offered an appointment before 11th December. This will provide greatest protection over the winter and in advance of the Festive period. Uptake in Tayside is consistently above the Scottish Average in all areas.

Childrens Flu vaccinations in schools and pre-school clinics have progressed as planned and are on schedule to be completed by the beginning of December with some minor disruptions due to school strikes.

8.Mental Health

A Programme of work is underway to drive improvement towards 85% occupancy, reduced Length of Stay and reduction in the number of delayed discharge, all of which support winter planning. Actions to support this work include:

- Refresh of BCP
- Surge bed and escalation plan (10 additional beds available across MH estate)

- Development of HEAT map for mental health
- Use of data for forecasting and planning
- Safety and Capacity huddles embedded and involvement in wholesystem huddles now routine
- Appointment of Discharge Co ordinator August 2023
- Rapid Run-Down Plan implemented September 2023
- PDD fully embedded across GAP by end of October 2023
- Promote earlier in day discharges
- Launch of Hope Point in Dundee
- Improvements made to Early Supported Discharge
- Workforce Planning (focus on CRHTT Team and Intensive Home Treatment),
- Introduction of out of hours site co ordinator on Carseview site, October 2023
- Support NHST vaccination programme
- Introduction of revised admissions pathway to support step up/step down approach

9. Communication Strategy

The NHS Tayside Communications Team has a comprehensive communications strategy to cover the winter months. This includes planned staff and public communications on vaccination, prevention and self-care of seasonal illness and accessing services over the festive period.

The team works with the clinical lead for winter to produce regular videos with key messages for the public, focusing on topics relevant to the current situation in hospitals and the community. In addition, there are assets to be used as needed for incidents such as adverse weather.

As in previous years, the Communications Team supports 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 throughout the winter period. This is targeted at staff, patients, and the public alike. 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 'Keep Well in Winter' pages on the NHS Tayside website and the 'Winter Zone' on Staffnet with all relevant winter information. Ready Scotland is also promoted on the front page of its website.

The 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.

10. Workforce

The aim is to have the appropriate levels of staffing in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods.

As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods.

Examples of this include:

- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy, Health roster are provided six weeks in advance. Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- Whilst every effort has been made cross system to ensure capacity for increased winter activity can be absorbed within the funded footprint, it is recognized there may be a period where unfunded capacity is required.
- Due to ongoing nursing workforce challenges, the senior nursing team will ensure in the event of requiring to utilise unstaffed beds, that a robust risk assessment of staffing to support realignment of resource is undertaken to safely care for patients using the toolkit available including Safecare; Roster perform and collapsible hierarchy models.
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Development of action card to aid decision-making to support implementation of collapsible hierarchy aligned to increased demand or reduced resource

10.1 Allied Health Professions (AHP)

The Allied Health Professions (AHP) directorate team have worked collaboratively with services managers and professional leads from across all professions and organisations to plan for a system of mutual support and professional prioritisation to maintain essential functions of AHP services whenever possible throughout winter 2023 / 2024. A comprehensive guide which details the escalation plans as agreed by all professions has been developed [Tayside AHP Winter Contingency Plan 23-24](#), with the understanding this is subject to ongoing review for service demand and capacity.

The majority of AHPs in Tayside are employed by NHS Tayside (each council also employs Occupational Therapists) but the professions are operationally managed across the three health and social care partnerships and the clinical care groups of NHS Tayside. Some professions already work within the structure of a single Tayside wide service whilst Occupational Therapy and Physiotherapy are managed across all parts of the system. All AHPs working within integrated systems, already work to the principles within the AHP professional and operational interface guidance document which aims to support the role of the operational leader, the individual and the professional lead to navigate matters such as professional issues, practice development, personal development, workforce issues and capability.

This escalation plan simply applies the understanding of utilising the professional leadership available to support operational management decisions and actions to the challenges of workforce planning and winter contingency escalation.

It is well documented through strategic risks and all organisational structures that some of the professions are experiencing staffing shortages and are listed on the national shortage occupation list (SOL).

Whilst teams already work well within multi disciplinary structures for support and shared working, some essential tasks require the expertise of an individual from a specific registered profession.

This plan offers a clear process for considering mutual support as one solution to workforce or capacity challenges across the system. Whilst each operational area has systems for supporting workforce needs, we have recent and ongoing experience of areas having significant challenges with minimal solutions available to them within their operational structure. There is an established AHP bank but this has limited staff available at this point due to the National shortage of AHPs. Work is ongoing to further develop this. This solution limits the need to escalate to costly agency or bank recruitment and offers robust evidence of alternative solutions being considered before an agency solution is used.

Services can identify their workforce challenge and raise it to the Tayside AHP command group. This group will seek to agree any staffing capacity that can be released to support the need across Tayside in collaboration with service leads and professional leads. The plan employs a 5 tier escalation process and the group would seek support from services in lower tiers on a flexible, temporary or short term basis. A comprehensive communication strategy is employed to ensure all parties are kept informed of progress.

10.2 Staff Wellbeing

It is recognised that our staff are our greatest asset as we approach the winter period. Supporting their wellbeing requires to be a priority as part of our preparedness. The Staff Wellbeing Service and the Department of Spiritual Care will support staff in a proactive and timely manner.

We will meet weekly with the winter planning group:

- Giving the opportunity for managers to bring issues concerning staff support to our attention
- To remind managers that the support is available for them also
- To give reminders of how the service can be accessed over all inpatient sites 24/7

As a service we will undertake:

- To provide regular check ins with all wards and areas over Tayside
- To provide opportunities for proactive support to areas in need
- To develop resources to help staff over winter and share these through comms
- To support the work of the Staff Wellbeing Champions

10.3 Volunteer Service

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported.

Following on from the 18-week pilot of a volunteer discharge support service in 2022/23, anticipates funding of this service being in place in key acute ward areas through the winter period – short stay and frailty wards – with further refinement and development of the model.

The service involved volunteers calling patients for up to five consecutive days following discharge. Calls included questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services. Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones.

11.Digital & Technology

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

11.1 Command Centre & Heat Map

The Command Centre continues to evolve to meet planning and management of flow including: bed reconfiguration: viral illness rate and impact on resource availability; 4 hour wait position.

A short life working group has progressed a refresh of the whole system heat map for winter 23/24, copy attached Appendix 5. As we move to business as usual post-covid, the heat map has been revised and extended to include a more reflective range of measures for this winter period.

This will be generated and widely circulated on a weekly basis to inform the whole system position. This will be reviewed through the Winter Planning Advisory Group and subsequent escalation, or de-escalation of plans agreed and implemented.

11.2 Resilience App

To support winter planning arrangements, the NHS Tayside Alert App is to undergo a development change to add in a section on Winter Resilience. This will create a Section to be able to view our escalation plans and SOPs and will be available to all Safety & Flow staff who are responsible for managing optimal patient flow as well as our Mental Health H&SCP/ Primary Care & OOH colleagues who contribute to the safe and efficient management of our unscheduled care pathways. The Risk & Resilience Planning team are supporting with the creation of the broadcast group and associated documentation upload.

The intention is for this to move from 'winter planning' to business as usual over the next year or so. Accessibility to information in and out of hours as well as off site, will provide greater consistency in approach and decision-making, allowing the most efficient use of available resource.

11.3 Outcome and Performance measurement

The following measures will provide an overview of the whole system temperature and specific areas of pressure/challenge. The data will be reviewed daily and weekly through the Safety & Flow Huddles and Winter Planning Advisory Group and Tactical Cell forum:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95%)
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards)
- Weekend Discharge Rates - Day of Discharge weekday v's weekend discharges
- Reduction in delayed discharges to meet green RAG status
- Early initiation of flu vaccination programme to capture critical mass of staff
- Achieve target operating model for unscheduled admissions
- Use of information and intelligence from Primary Care, OOH Services and NHS 24 to predict secondary care demand.
- Standardised approach to speciality – level escalation plans
- Monitor planned care cancellation rates

Performance against these measures will be provide within the Board Business Critical weekly reports and updates to the Board Business Critical Gold forum.

The 23/24 winter plan, inclusive of the actions relating to prevention and management of seasonal illness, reflects the collective actions NHS Tayside and its partner organisations will take to achieve our intention to provide a consistent high quality of service for all our patients throughout winter and beyond

Appendix 1 - Acute Services Divisional Winter Plan Example

Medicine Division – Winter Planning Action Plan														
Plan / Month Anticipated RAG Status	September		October		November		December		January		February		March	
Bed Base - Ninewells	265	90% Occ	265	90% Occ	265	90% Occ	269	295	295	295	269	269	269	90% Occ
Bed Base - PRI	125	90% Occ	125	90% Occ	125	90% Occ	131	131	131	131	131	131	125	90% Occ
	CIU (PRI) relocated to Critical Care to allow development of Ambulatory Assessment Area (PRI)		Flow Team fully established (LL)		Ward 6 (Ninewells) substantive staffing establishment - 18 beds (LL)		Increased MFE workforce to support flow		Increased MFE workforce to support flow		Increased MFE workforce to support flow			
	Develop pathways for Ambulatory Assessment Area (PRI) (LL/MD)		Acute Frailty established (Ninewells) (LL/CAP)		Pan Tayside call handling for AMU implemented (MD) Possible Cost Implication -10PA		Increase senior input on Public Holidays (exc. 25/12)		Increase senior input on Public Holidays (exc. 01/01)					
	Discussion required Point of Care Testing (Flu) (WA/MD)		Team based training focussing on use of Command Centre (Bed Base) (Medical staff) (MD) 31 October 2023		Medicine Ninewells LOS : 3.8 days		Review opportunity to open CIU on Public Holidays (exc. 25/12)		Review opportunity to open CIU on Public Holidays (exc. 01/01)					
	Winter Clinical Lead appointed		Define and socialise roles and responsibilities in relation to flow (LL/CF)		Medicine PRI LOS: <5 days		Cardiology / Respiratory elective activity reduced to support flow (from 18/12)		Cardiology / Respiratory elective activity reduced to support flow					
	Ward escalation plans / triggers to be defined (LL/CF): Ward 1 - 6 Complete, Ward 42 - Complete, ED - Complete, AMU - LN, SSM - LN, AME - CAP, CCU - Complete, PRI - Complete		Process in place to ensure ongoing training of Bleepholders (Flow) (LL/CF)		Face Fit Testing complete for all appropriate staff - accurate records available (ALL)		Additional Respiratory input to Front Door (from 18/12)		Additional Respiratory input to Front Door					
Plan	Speciality escalation plans / triggers to be defined: Viral / Non-Viral (JG) Speciality: Respiratory - Complete, CIU - Complete, MFE - HE / CAP Stroke - Mt. / JB, General Medicine - Complete, Cardiology - Complete Gastroenterology - Complete Infectious Diseases - Complete		Senior Nurse role altered according to winter prediction and escalation to manage flow: Senior Nurses 07.30am - 07.30pm Monday - Friday (exc. PH) during amber and red periods Saturday / Sunday and overnight > Band 6 (LL/CF)		Extend Respiratory in-reach to 8pm		Extend Respiratory in-reach to 8pm		Extend Respiratory in-reach to 8pm					
	Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Medicine Flow - DWD: (CF/CAS) Promote LIVE data entry across all ward areas (Trakcare) Promote morning discharges across all wards (inc. appropriate sitting out of patients) Morning 'Board Rounds' in place across all wards All Medicine wards achieve UQ LOS		Ward 6 (Ninewells) bed base increased to 22 Beds (4-4) (LL)		Ward 6 (Ninewells) bed base increased to 25 Beds (4-4) (LL)		Ward 6 (Ninewells) bed base increased to 22 Beds (4-4) (LL)			
	Full implementation of 'Green-Dot' process for patients transferring to downstream wards from AMU (LL/JG)		Ambulatory Assessment Area established (PRI) 9 October 2023 (LL/MD)		Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status		Delayed Discharges @ Green RAG Status			

Appendix 2- Angus HSCP Winter Plan Example

Angus HSCP Winter Planning	Lead	Target Date	Progress
Action Support external Care at Home and Care Home providers to develop and implement Business Continuity plans.	Lindsey Foreman	31/10/2023	All Care homes and care at home providers have had a request to provide BCP to HSCP. Scottish Care can provide support re compiling a BCP.
Develop and implement a corporate Business Continuity Plan for Angus IUB.	Abigail Stewart	31/10/2023	On track. POA and MFE updated. Community nursing meeting next week. CTAC under development.
Review individual service business continuity plans (ensure workforce planning/ safe care covered).	All service leads	31/10/2023	On track
Review critical service activities.	All service leads	31/10/2023	On track
Develop and implement service escalation procedures.	All service leads	31/10/2023	Meeting 17th to map out escalation as per OPEL framework
Develop and implement winter communications plan for Angus, including public messaging and key partner communication protocols, e.g. joint planning with LA to increase frequency of grtting, etc.	Angus UUC Communication & Engagement Subgroup	31/10/2023	Awaiting national assets to be shared.
Implementation of Whole System Discharge Planning Local Improvement Plan.	Cindy Graham	30/09/2023	Complete
Review metrics used in Heat Maps	Paul Feltham & Jenni Woods	31/10/2023	JG to discuss with PF and JW
Establish Angus Ambulatory Urgent Care Centre and test over winter period.	Scott Jamieson	30/11/2023	POC meeting held with key stakeholders 2/10/23. Design discussion meeting 11/10/2023 and follow up 17/10/2023
Strengthen links between SAS, MIU, OOH, ANPs (Urgent Care) and the Respiratory Service to ensure people with an exacerbation are reviewed timously.	Lynn Shepherd	30/11/2023	Discussions ongoing with SAS to raise awareness. OOH referral pathway under development.
Explore the use of Medlink to provide remote monitoring for respiratory patients.	Scott Jamieson	30/11/2023	
Explore ways in which patients identified as being at high risk of admission can be identifiable on contact with GP OOH and acute services.	Scott Jamieson	30/11/2023	
Develop action plan to take forward recommendations from My Health, My Care, My Home.	Lindsey Foreman	31/10/2023	Meeting on 28th Sep to review actions and plan working groups for implementation. Working group established for recommendations relating to Urgent Care and meeting 23/10/2023.
Consider block booking external Care at Home providers to provide enablement and response support to support prevention of admission and hospital discharge.	Lindsey Foreman	Ongoing	We already have IC contract in place which is under utilised. There is no evidence of pressure on the market that we need to look at block contract.
Test a new approach for delivering integrated enablement, nursing and AHP support – utilizing the Enablement & Wellbeing practitioners and aligning these practitioners to the Enablement & Response Team to support hospital discharges.	Eileen Smith	31/10/2023	This is not feasible as none of the practitioners have completed rotations across services are completed
Ensure Angus HSCP representation at cross site safety flow huddle meetings	Cindy Graham & Deborah McGill	01/10/2023	Cindy taking forward. Need to consider how these will be covered OOH for AHSCP.
Explore role of voluntary and third sector organizations to support care at home, and of live care and provide practical support to people who are ready for discharge.	Lindsey Foreman & Cindy Graham		Jeni shared details of the Maire Curie services that are on offer to support end of life care. Need to consider learning from Care about Angus funding last year. Request for Angus Carers reps to be included on ECs and Moving IC provision from Cairnie Lodge to Saxon Grove and potential increasing capacity from 6 to 8 or 10 but this would have implications for
Increase interim care home beds to support assessment and rehabilitation.	Lindsey Foreman	30/11/2023	
Primary Care, Inc OOH Winter Planning			
Action Complete predictive modelling for the winter period (November 2023 - February 2024) to ensure staffing levels support the predicted demand	Lead	Target Date	Progress
Review and update service escalation and contingency plans	Debbie McGill	31/10/2023	15% increase in activity anticipated and shifts planned around this. Will be under continuous review.
Explore co-location of SW OOH / CA with OOH primary care / IONA.	Debbie McGill Catherine Carrie & Lindsey Foreman	30/11/2023	In progress. Will be included in escalation framework Community alarm call hub are not mobile and would not be able to co-locate. This is due to the systems in use and equipment.

Appendix 3 - Winter Preparedness Checklist – Monitoring Tool

Subsection	SG Assessment	Current RAG
Overarching Principles	Partially Ready	
Resilience Preparedness	Ready	
Communication	Ready	
Step Up / Step Down	Ready	
Urgent & Unscheduled Care	Partially Ready	
Planned Care	Ready	
Digital Assets	Ready	
Primary Care	Ready	
Prisons	Ready	
Social Care	Ready	
Workforce	Ready	
Seasonal Outbreak	Ready	

Appendix 4 - Service Level Escalation Plan Example

Ninewells Clinical Investigation Unit (CIU) Escalation Process – Winter 23/24 V3 DRAFT

Green - Clinical Investigation Unit – Monday to Friday

CIU functioning entirely as Admission Avoidance/Virtual Capacity Unit - Monday to Friday
 Infusion Bay - 10 Chairs; CIU - 10 beds, 2 trolleys, 4 chairs
 Delivering all Infusions, Urgent Suspected Cancer, Urgent and Elective activity

Amber - Compressed CIU – Monday to Friday

Trigger Point: temporary reduced Medicine bed base for predefined period or sustained increase in Medicine admissions >7 consecutive days
Decision to Escalate to Amber ??
Footprint: Infusion Bay compressed to create 6 Medical Beds plus whatever CIU not using overnight, 6 chairs; CIU - 14 CIU beds, 0 trolleys, 0 chairs
 (Daily bed allocation: Cardio – 6-10, Endoscopy – 2, Gastro – 0-2, Resp – 0-3)
Delivering: CIU compressed activity (Lidocaine patient cohort re-directed to PRI), protecting critical scheduled Infusion activity, Urgent Suspected Cancer and Urgent elective activity
Low Risk of cancelled/delayed CIU patients presenting as Emergency admissions in AMU/ED

Red - Compressed CIU + Peak Winter Surge Capacity 18/12/23 to 31/01/24 – Mon to Fri (incl. 26/12/23 and 02/01/24)

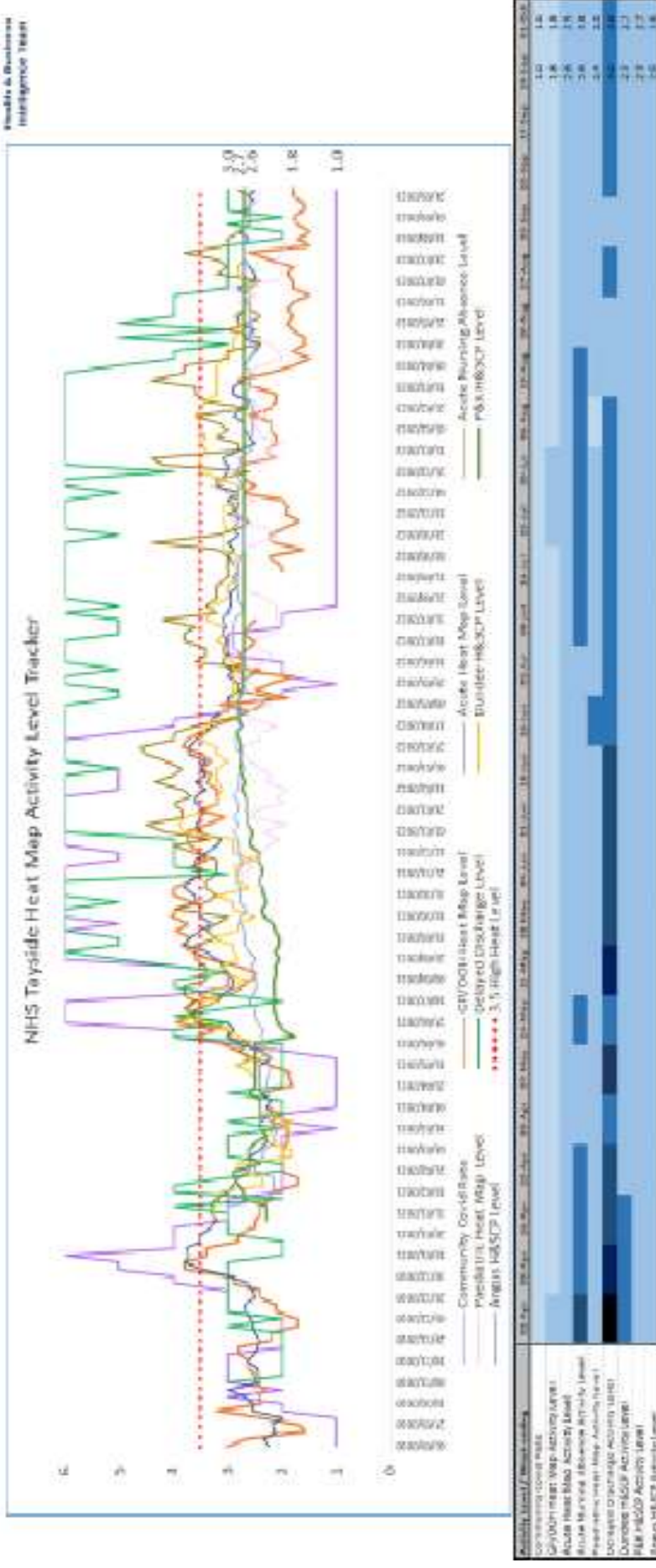
Trigger Point: sustained increase in Medicine, Surgical, Ortho admissions for >7days OR Peak Winter Medicine Bed model
Decision to Escalate to Red ??
Footprint: Infusion Bay - 6 Medical Beds, 6 chairs; CIU – 4-6 Medical beds Monday to Friday; CIU 10 beds (reduced daily bed allocation to each speciality by 1-2 beds), 0 Trolleys, 0 chairs
Delivering: Lidocaine patient cohort re-directed to PRI, Nebuliser Therapy re-directed to East Block, protecting critical scheduled Infusions and Urgent Suspected Cancer activity, delaying/cancelling Urgent activity (Clinical Decision Making via bi-weekly meeting with Respiratory, Gastro and Cardiology)
Amber Risk of cancelled/delayed CIU patients presenting as emergency admissions in AMU/ED

Extremis

Trigger Point: Winter site capacity exceeded
Decision to Escalate to Black ??
Footprint: Infusion Bay – 6 Medical Beds, 6 chairs; CIU - 12 medical beds Monday to Friday; CIU 4 beds
Delivering: Lidocaine patient cohort re-directed to PRI, Nebuliser Therapy to East Block, protecting critical scheduled Infusions, delaying Urgent Suspected Cancer activity, cancelling/delaying all Urgent activity (Clinical Decision Making via daily meeting with Respiratory, Gastro and Cardiology)
Red Risk of cancelled CIU patients presenting as emergency admission in AMU/ED

Appendix 5 - Whole System Heat Map

Tayside Whole System Heat Map Activity Level Tracker, as at 1st October 2023



- GPH/GOH = Activity level 1.8.** Rise in Covid Community Rate. OOH centre attendances remain high especially at the weekend. GP advice calls remain fairly static, with home visits increasing during the week and reducing at the weekend. % GP staffing availability at 87% during the week and 69% over the weekend.
- Acute = Activity level 2.8.** Covid positive patients in hospital increased from 8 to 27. Non-Covid med: all ward midnight % occupancy at 76%. Ninewells AMU admissions at a daily average of 42 admissions, with midnight % occupancy at 85%. Ninewells AS&PU admissions at a daily average of 30 admissions, with midnight % occupancy at 75%. 4 corridor walk last week. all Ninewells. ED attendances remain fairly static. 4-hour performance improved to 94.3% in Ninewells and 83.0% in PPH.
- Paediatrics = Activity level 2.8.** High admission to MVSD on Tues. High % midnight occupancy MVSD Assessment Mon, Wed & Fri. High volume of ED attendances = 18yr in PPH on Mon.
- H&SCP = Dumbie activity level 2.7 Amber. Ambis activity level 2.8 Amber. P&S activity level 2.7 Amber.** Staff shortages and bed closures creating ongoing pressures for step-down care. Delayed discharges within an acute hospital bed increased from 25 to 27.
- Acute Nursing Absence = Activity level 2.8**