

Health & Social Care: Local Review of Winter 2018/19

NHS Board, HSCPs:	NHS Tayside Dundee, Angus & Perth and Kinross HSCP SAS	Winter Planning Executive Lead:	Lorna Wiggin, Director of Acute Services, NHS Tayside Vicky Irons, Chief Officer, Angus, Health & Social Care Partnership David Lynch, Chief Officer, Dundee, Health & Social Care Partnership Gordon Paterson, Chief Officer, Perth & Kinross, Health & Social Care Partnership Dr Elaine Henry, Clinical Lead Winter Planning
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Introduction

As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

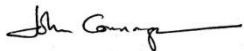
We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Completed reviews should be sent to Winter_Planning_Team_Mailbox@gov.scot by no later than close of play on **Friday 3 May**.

Thank you for your continuing support.

JOHN CONNAGHAN CBE



**Chief Performance Officer, NHSScotland
and Director of Delivery and Resilience**

Introduction

NHS Tayside, and its partner organisations have taken a collaborative approach for winter planning in 2018/19 through the Tayside Unscheduled Care Board.

The winter plan was developed in collaboration with key partner organisations as well as being part of the local Unscheduled Care Action Plan. It was underpinned by the Six Essential Actions taking full account of the Scottish Government's winter planning correspondence, 'Preparing for Winter' 2018/19 and Supplementary Checklist of Winter Preparedness.

This year we were determined to learn from previous winter challenges and to proactively invest in initiatives to maintain our key services over public holidays and periods of increased illness as well as to try and prevent illness and admissions. NHS Tayside is undergoing transformation and much of this work was integrated into our winter plan.

The winter plan was developed based upon the key areas highlighted in the 'Preparing for Winter' Guidance (2018/19) to ensure early prevention and response to minimise potential disruption to services and ensure that we continue to provide safe and effective care of our population and timely access to services. In particular, continuous improvement work with our Emergency Departments, delayed discharge performance, inpatient/day case, cancer, mental health and outpatient services, to deliver against national standards and maintain progress over the winter.

Approach

The scope of the winter plan was whole system with a focus on the following key areas in line with the Scottish Government 'Preparing for Winter', (2018/19) guidance:

- Resilience
- Unscheduled/ Elective care
- Out-of-Hours
- Norovirus
- Seasonal Influenza/ Influenza like illness
- Respiratory Pathway
- Key partners/ Services
- Mental Health

Local Review of Winter 2018/19

A local Winter Wash-Up Session was held on Monday 25th March 2019. The aim of the session was to review and reflect on this winter period 2018/19, using the learning to inform and plan ahead for the year ahead's system pressures, winter and all year round planning. The session was broadly attended with representation from across Health and Partners Organisations.

The session was introduced by the Head of Service Health and Community Care, Dundee Health and Social Care Partnership, Clinical Lead for Winter Planning and Associate Medical Director, providing an overview of the approach to winter planning taken and sharing data to demonstrate the outcomes achieved as a result.

Following this, attendees worked in groups with facilitated discussions based upon the approach taken in the winter plan of:

Prevent – Illness and Admissions within our population and staff

Inform and Respond – Whole System Escalation Framework & Business Continuity Planning

Business as Usual Strategies – review of winter Improvement Projects/Initiatives

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

The groups were asked to consider the following questions in each group:

What went well?

What could have gone better?

Key Lessons

Feedback from this local review of winter is detailed throughout the sections of this report.

1 | Clear alignment between hospital, primary and social care

The winter plan set out how the activities and approach would respond with an escalation of our business as usual activities and continuation of capacity and flow improvements to minimise disruption to service provision and to improve outcomes for patients and staff across hospital, primary and social care services.

The Tayside Unscheduled Care Board developed the detailed implementation plan for resilience and flexibility going into winter and ensured robust assessment of bids and allocation of resources to:

- Provide additional funding for care at home placements in our regions to keep people at home to prevent them becoming hospital patients
- Support an “Assess to Admit” model in community and with PRI and Ninewells which has at its core the principal of realistic medicine that patients wish to be cared for in their own homes. Several strands across the whole Health and Social Care community mean that enhanced social care, community nurses, therapists and doctors see that hospital admission is not inevitable and therefore an additional funding for Health & Social Care Partnerships to increase the support available in communities and to support earlier in the day discharge. This was a combination of additional consultant physician workforce at weekends to increase the ambulatory care assessment in hospital and to increase social care and allied health professional (AHP) capacity. Respiratory medicine increased their Consultants working at the weekend and public holidays as well as increased respiratory nurse specialists. The Gastroenterology team increased staffing on public holidays to increase endoscopy to support early diagnosis also supports decision making, improved patient experience and creates capacity and flow with ability to discharge earlier for some patients. Investment in AHP hospital resource meant increased ability to discharge patients over seven days.
- The increase in senior clinical decision makers, including senior nurses over the public holiday period, learning from the public holiday review led by Sir Lewis Ritchie, to support weekend discharge rates resulted in a 20% increase in weekend discharges. This covered medical specialties and included Consultants as well as specialist nurses and junior staff to help admit patients, There was an extra “Clerking shift” to help with first assessment and this also provided training in acute care.
- Redesign the inpatient bed model through additional beds and service set up to meet patient needs. The additional 12 beds at Ninewells Hospital were not simply “surge beds” but enabled the ongoing progression of the Acute Medicine and Medicine for the Elderly model. This included identifying a designated Acute Medicine for the Elderly (AME) unit where all frail people from Medical Assessment Unit (AMU West) were transferred into. This allowed the designated Frailty Team to undertake a comprehensive multi-disciplinary review over a 24-72 period, with aim of assessing people’s needs and discharge from acute hospital. By transferring frail people timely from the Acute Medical Unit, AME increased overall capacity for non-frail people in AMU allowing these patients time to be assessed by the Acute Medical team over a 24-48 hour period. Again aimed at timely discharge from hospital. The number of patients cared for through the AME Unit from 3 December to 11 March was 327. The full evaluation to end March is being completed for the Unscheduled Care Board and early data shows the mean length of stay at 2.5 days with 80% of patients discharged on the planned day of discharge. This is a benefit for patients, families and care providers.
- The aim of AME project was to accommodate the predicted 10-15% increased admission numbers over winter months by increasing front door discharge rate from Acute Medical area by more than 10% from standard target of 60% to over 65% hence minimising increased admissions into Ninewells Hospital. This has been maintained and is evidenced by a reduction in bed occupancy and by maintaining the four hour ED performance.

- Increase the Medicine for the Elderly step down winter beds at PRI by four and implement the separation of scheduled and unscheduled acute inpatient wards to maintain elective performance and provide care in the right setting. Tay Ward beds fluctuated over the period from 18 to 20 (four to six additional beds). This has been hugely successful as there has been no cancellation of elective cases at PRI as a result of bed capacity issues. There was only one elective case cancelled at Ninewells due to bed pressures.
- Provide funding to improve service resilience for extra Out of Hours General Practice (GP) sessions and for more GP advice calls to reduce pressure on our Emergency Department (ED). This would mitigate disruption to critical services and support patients to self manage illness at home.
- Invest in professional to other professional communication to share decision making and discharge home from hospital assessment areas to complete investigation and treatment. This support has kept our bed occupancy at an optimal level (90%), reduced patients in inappropriate settings (boarding) and improved patient experience.
- Improve the prevention and management of influenza like illness through investment in near patient testing equipment to prevent unnecessary admissions for flu like illness, to reduce the need for ward closures and impact on patient care. Only one bay was closed this winter due to flu. Patients were tested and started on appropriate anti viral medication within 20 minutes and half of patients were discharged with a positive diagnosis who didn't require admission. A full comparison with the introduction of near patient testing this year will be reviewed at the May meeting of the Unscheduled Care Board.
- Targeted campaign to significantly increase Flu vaccine uptake compared to previous years with peer vaccinators at the heart of our programme. Increased uptake from 18% two years ago and second worst performance in Scotland last year to 54% and an ambition to break through 60%
- Investment for the first time at winter to increase the support available from the psychiatric liaison service to increase assessment within acute admission units and to improve time to assessment which is core to "Treat as One" for patients with co-existing Mental and Physical ill health issues in our acute general hospital. Dedicated Specialist Mental Health Nurse input was provided to the care of deliberate self-harm patients requiring psychiatric assessment. Evaluation to date has demonstrated that patients are being seen in a timely fashion which means they are not having unnecessarily prolonged stays in hospital. This is good for patients individually as they get a timely assessment and management plan, and leave a stressful environment. Staff have also given feedback the positive impact that this service has made.

1.1 What went well?

One particular area of impact was investing in staff to provide care at home. This allowed discharge of people to the care of community teams, with the system being agile and responsive enough that when it was realised there was not enough home care packages there was the ability to reallocate some winter funding slippage to this to enable more people to go home. This allowed wards with limited bed capacity to discharge people to their home environment where they wanted to be. Another area of particular merit is the “assess to admit” model across the whole of the system. This allowed senior nursing, AHP and medical staff to visit patients at home allowing the provision of high quality care at home without a traditional model of hospital admission

One of the main sources of investment was in the Acute Medicine for the Elderly Assessment Unit (AME). Although this model introduced increased winter bed availability, this was not simply surge beds that ran in a traditional secondary care inpatient bed model that many other board areas have opened. The AME unit assessed and discharged on average 100 people per month with a mean length of stay of 2.5 days with the majority of patients actually going home on their planned date of discharge. The ward was also very popular with existing nursing staff applying to work in the area and has been assessed by the multi professional teams as an ideal way of going forward looking after these patients. This model will be a priority for unscheduled care at Ninewells and PRI as part of the Operational Plan.

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions to improve alignment of Hospital, Primary and social Care Services is detailed as follows:

General Feedback

- Supported clinical risk assessment and management decisions at the front door
- Approach Whole system collaborative – Step Up Step down
- Acute Medicine for the Elderly (AME)
- Promoting that hospital is not the best place if care accepted
- Dedicated communication channels across the system to improve preparedness and planning
- Winter funding for trainees to allow extra medical workforce into the evening and weekends
- Meeting structure monthly, weekly & cross site huddles effective in promoting cross site and service working
- Built on relationships, promoting Business as Usual, trusting in good systems
- Robust planning of pathway of clinical pathways

Key partners/ Services

- Whole system working and communication
- Cross site communication
- Partnership huddles locally

- Dundee discharge hub 'tests of change; in new areas

NHS Tayside Communications

- Information provided quickly, improved sharing of messages
- More co-ordinated and memorable messages
- Good assistance from Comms Team for Infection Control messages
- Felt more joined and connected across Partnership
- Regular info issues to staff
- Use of social media more successful, regular posts and messages to support the winter campaign
- Evening Telegraph series to promote winter campaign
- Communication to public, patients and staff on access arrangements over festive period

Winter Preparedness /Adverse Weather

- Use of Smarty the Penguin to promote winter wellness
- Winter Zone on Tayside Intranet Well updated including key information required for the winter period

Respiratory Pathway

Enhanced Home support to respiratory services in particular to COPD patients post discharge

- Effective Discharge planning for patient with COPD, 7 days by Respiratory Clinicians
- Access to Oxygen Therapy hospital sites, GP and OOH services
- ACP for patients with Significant COPD and Palliative Care plans for those with end stage disease are in place across respiratory pathway
- Communication plans to support the work of the Respiratory Pathway and service
 - Information Cards - Prevention approach
- Clinics provided in Health settings and Care Homes and offered to Care Providers.
- 'Mop Up' plan in place to ensure all staff could receive Flu vaccine.

Out of Hours (OOH)

Winter Planning monies in OOH were used to put additional GP shifts into the weekend rota (Saturday and Sunday) throughout the months of December and January. This enabled OOH an additional GP in the base at the busiest times to deal with increased patient demand. Demand for OOH increases during the winter period due increasing levels of viral, respiratory and gastric illnesses in the community. Cases are dealt with well before they become more serious and likely to require hospital input. Having additional capacity for the busiest periods not only benefits patients it means that the staff working feel supported thus they are more likely to perform better and its less likely that there will be sickness absence. For OOH it also has the positive impact that it encourages GPs to work in the Service and we are less likely to encounter

problems with rota coverage which impacts negatively patient safety. A fuller rota, within a well functioning OOH Service benefits the whole system including day time Practice and hospital based services.

In addition to the GP's seeing patients, the Service also used some of its allocation to put on additional telephone advice shifts. GPs provide professional to professional advice for a range of services including SAS, community nursing, nursing homes and community pharmacy. Having a dedicated GP to answer these calls means that these Services and professionals are not kept waiting for a response and this ensures that they are able to keep patient flow moving and work efficiently. This is particularly important for the Ambulance service. Having the opportunity to obtain clinical advice from the GP also helps prevent unnecessary hospital admissions and if answered speedily means that there is less likelihood of the patient being transported to hospital as others can't obtain the advice they need within a reasonable timescale. Providing telephone advice not only assists the OOH Service its very beneficial for others and ensures all parts of the system are working together effectively to deliver the best care possible for patients.

What Worked Well?

- Shift uptake – shifts were filled and additional capacity achieved.
- Additional GPs on duty to deal with the increased winter demand has a positive impact as outlined above not only for OOH Service itself but impacts positively on the system as a whole.
- Winter period was busy for OOH, the nature of the flu season this year meant that there was a lot of lower level illnesses that we were able to deal with successfully in the community.
- Being included in the wider NHS Tayside winter planning process from the outset was very welcome. We were able to contribute and felt involved. The weekly meetings were very helpful – it felt joined up and was well organised and managed centrally

Mental Health

Perth Royal Infirmary

There has been a trial of dedicated Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary (PRI) over the last two months. This test of change is now complete, showing very significant benefits this change has delivered. All patients presenting with deliberate self-harm require a psychiatric assessment prior to discharge. The existing arrangement relies on the input of the on-call Psychiatry doctor from Murray Royal Hospital. Due to their other responsibilities assessments are often delayed until later in the day, and on occasion the following day. In addition, patients are only reviewed if they are referred between 9-11am – so a patient presenting after this time who is fit for discharge will not be seen until the following day. Finally, patients who are receiving any form of active medical treatment, even if it will be completed before the next opportunity for review, are not seen. The benefits seen in PRI as a result of this change are as follows;

- Patients are being seen in a timely fashion which means they are not having unnecessarily prolonged stays in hospital. This is good for patients individually as they get a timely assessment and management plan, and leave a stressful environment. As importantly this has an impact on patient flow and bed availability, increasing our capacity to admit patients. As you know there are very significant pressures on length of stay and bed occupancy in unscheduled care in PRI. Whilst we recognise psychiatric services are under significant pressure, we cannot afford unnecessary delays in access to emergency psychiatric assessment.
- A proportion of this group of patients “discharge against medical advice” while waiting for assessment, thus not getting the psychiatric assessment and follow-up they need. Furthermore, higher risk patients who wish to self-discharge need to be detained under the Mental Health Act to ensure they do stay for psychiatric assessment, which creates unnecessary distress for the patients, and has significant work force and cost implications as they often require 1 to 1 nursing care.
- The availability of the specialist nurse service at Perth Royal Infirmary meant that patients were receiving the same high quality and timely assessments as they receive at Ninewells Hospital, The specialist nurses have also been able to provide us with advice on the management of psychiatrically unwell patients still receiving active medical treatment, improving the standard of care they receive as inpatients, and providing essential support for ward staff looking after these often complex and challenging patients. NHST is committed to equity of access to services and this is particularly important in potential vulnerable patients with mental health problems. The present arrangement falls well short of services in Dundee.
- The nurses have also been able to deliver assistance for the care of non-self-harm psychiatric patients. Previously we have not been able to access regular General Adult Psychiatric review of these patients whilst in Perth Royal Infirmary due to a lack of capacity amongst Perth Psychiatry Services.

Angus

Local Angus Mental Health Community Services show no variance, change in referral patterns or other pressures as a result of the winter season

Scottish Ambulance Service (SAS)

The Unscheduled Care and Winter funding finance plan recognised the pivotal role played by SAS and as such there was a commitment to fund extra weekend vehicles for the winter period. This was in addition to separate SAS national funding.

1.2	What could have gone better?
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Feedback around what could have gone better in relation to improving alignment of Hospital, Primary and Social Care Services is detailed as follows

Unscheduled/ Elective care

- Many of the successful initiatives this winter have been driven within medicine. The focus of the next Unscheduled care board meeting in early May will be to move this focus to surgery, orthopaedics and specialist services.
- Embed the culture of frailty across the whole acute service.
- Still full up on Sunday – need to increase weekend discharges and maximise ambulatory care over 7 days.
- Problems recruiting to vacant therapy posts over winter reduced the ability to assess and discharge.

- Reducing homecare impact on inpatient bed capacity .
- Reduced Homecare staff increased agency hospital staff
- Staffing is a major challenge. Recruitment of Newly qualified practitioners is underway.

Key partners/ Services

The provision of homecare services has risen significantly over the past few years however there were some challenges around provision of services over the winter period and learning needs to be taken from that. It is acknowledged that we cannot continue to grow this resource at the rate we have up until now and need to get smarter as a HSCP about how resource is used to make sure its available for those who need it. This includes reviewing eligibility criteria, promoting more robust assessment models including assessment at home, making better use of technology and really promoting self care and early intervention.

- Look at shorter, focused home care
- Make Home Assessment and Recovery Team (HAART) more multi-professional/ more therapists

Out of Hours

From OOH perspective there is nothing that the service would change due to it not working well. From workload predictions know the best time to increase capacity and where additional shifts will be more useful are known. The time of some of the shifts were slightly altered just to differentiate what they were for the GPs booking them (in future this will be less of an issue as a new rota system allows a description of the shift), this however did not have any adverse impact.

1.3 Key lessons / Actions planned
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Organisational

- Organisational support to realise prevent planning
- Ensure early planning for winter

- Leadership – planned, co-ordinated whole system priority
- Leadership – dedicated winter plan USC clinical lead
- Promoting all year round planning with a Business as Usual approach

Unscheduled/Elective Care

- Take frailty into surgery

Key partners/ Services

- Integrating discharge planning pathways in the 3 HSCPs
- Coordination of transport
- Must prioritise Homecare

Out of Hours

For consideration going forward for 2019/20, increasing capacity in Angus with an additional GP on duty afternoon and evening for the base, for the same period would be helpful. Patients often walk in to the MIU rather than go through NHS 24 so increasing capacity during the peak winter period would be useful particularly as the car shifts are busy and there is not much opportunity for the visiting GP to support any surge at the base.

Mental Health

Perth Royal Infirmary

Trial of dedicated Specialist Mental Health Nurse input to the care of deliberate self-harm patients requiring psychiatric assessment at Perth Royal Infirmary (PRI) recommendation to continue this service as business as usual , PRI reporting great benefits for this vulnerable patient group, as well as improvements in bed capacity.

General

- Cross site calls same time over 7 days
- Robust system to have clinician every day
- Data Systems to support Safety and Flow Huddles: Use IT/Trak to inform huddle thinking and plans
- Explore Frailty Tool & supporting IT system used Victoria Hospital Kirkcaldy/ NEWS on Trak
- Consider how diverts are managed and communicated
- Transport – key priority consideration of timing planning co-ordination to impact on admission/discharge timing
- Volunteer transport cannot be booked for urgent cases
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2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

2.1 What went well?

Support an “Assess to Admit” model in community and with PRI and Ninewells which has at its core the principal of realistic medicine that patients wish to be cared for in their own homes.

- Additional funding for Health & Social Care Partnerships to increase the support available in communities and to support earlier in the day discharge. This was a combination of additional consultant physician workforce at weekends to increase the ambulatory care assessment in hospital and to increase social care and allied health professional (AHP) capacity. Respiratory medicine increased their Consultants working at the weekend and public holidays as well as increased respiratory nurse specialists. The Gastroenterology team increased staffing on public holidays to increase endoscopy to support early diagnosis also supports decision making, improved patient experience and creates capacity and flow with ability to discharge earlier for some patients. Investment in AHP hospital resource meant increased ability to discharge patients over seven days.
- Increased senior clinical decision makers, including senior nurses over the public holiday period, learning from the public holiday review led by Sir Lewis Ritchie, to support weekend discharge rates resulted in a 20% increase in weekend discharges.
- Prioritisation to staff out of hours and Home care. The budget spend was assessed monthly to ensure that any underspend was identified and this was redirected during the winter period to increase OOH shifts for GPs and to provide a further 300 hours of homecare in January when this was identified as a pressure.
- The acute physicians recognised the effect that they had in decision making at times of pressure so during the winter period they flexed their working patterns to match increased admissions.
- Respiratory services has worked an asymmetrical job plans for years. They increase inpatient capacity in Nov. This year demand was lower so they delivered increased out-patient capacity to aim to reduce waiting times.
- In previous years we have seen a decrease in discharges at time of peak activity. This was not the case this year.
- Senior team members joined the cross site Huddle calls. This meant that core USC leads and senior managers and HSC partners could inform about pressures in their parts of the system and respond with a whole system approach. When one area was under acute pressure i.e. Orthopaedics during a frosty spell the On Call teams felt involved and supported but did not need to join meetings when they were of little direct benefit.

2.2 What could have gone better?

- Plan to increase senior decision makers across all acute areas.

- Vacancies and staff sickness required the use of agency staff. Work already underway to recruit Newly qualified staff in the Autumn and recruitment of therapists was delayed but more whole system understanding of the effects of this.
- Sickness and vacancies in junior medical staff also saw pressures but appointment of Rota co-ordinators and Clinical director for Rotas in response
- Drive to increase pre-booking of ambulances is being championed by senior nurses.
- Review of weekend pharmacy underway to see if increased dispensary hours are more effective than extra pharmacists.
- Review on going of 7 day discharges across PRI site to ensure weekend discharge rates maintained and increase at times of pressure

2.3	Key lessons / Actions planned
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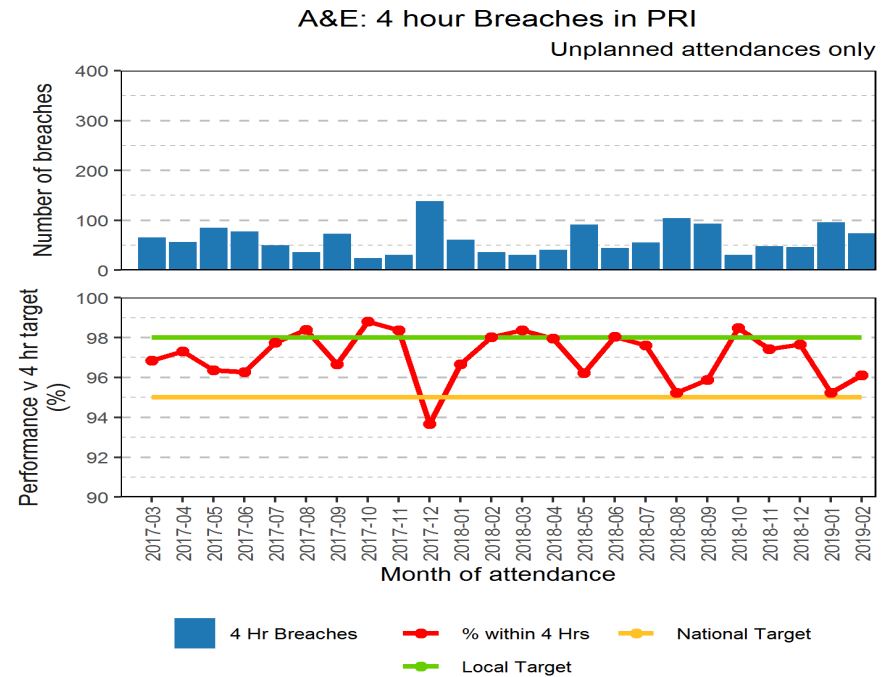
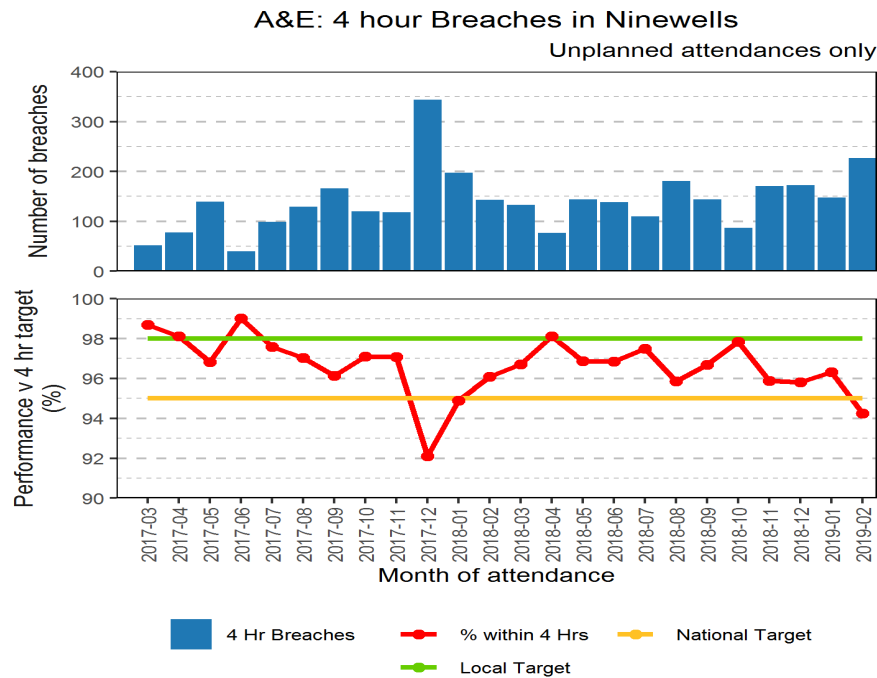
- Whole system approach key
- Flexible increase in senior staff
- Widen effects to surgery and specialist services
- Prevention of illness worthwhile
- Whole system calls at same time: Don't add any more meetings!
- Respect and kindness: Trust your colleagues

3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

The winter plan set out the standards to be measured. The full impact of the winter plan effectiveness will be reviewed at the Unscheduled Care Board Meeting on 8 May 2019 when the end March validated data is available from the Business Unit and other partner organisations. Data available to end February, where available is provided below

3.1 What went well?

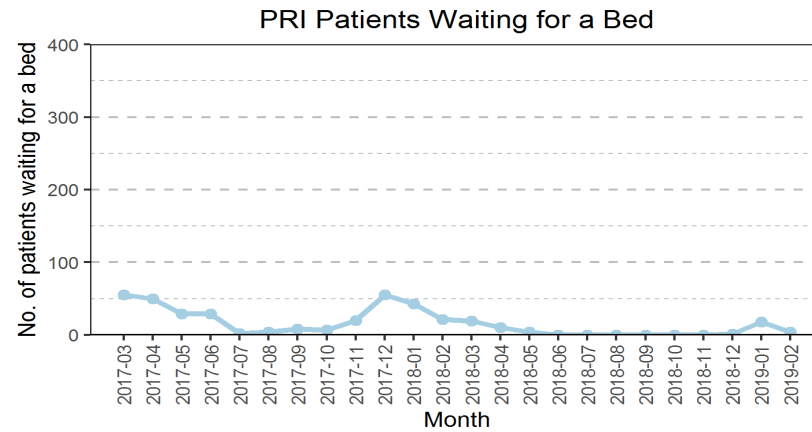
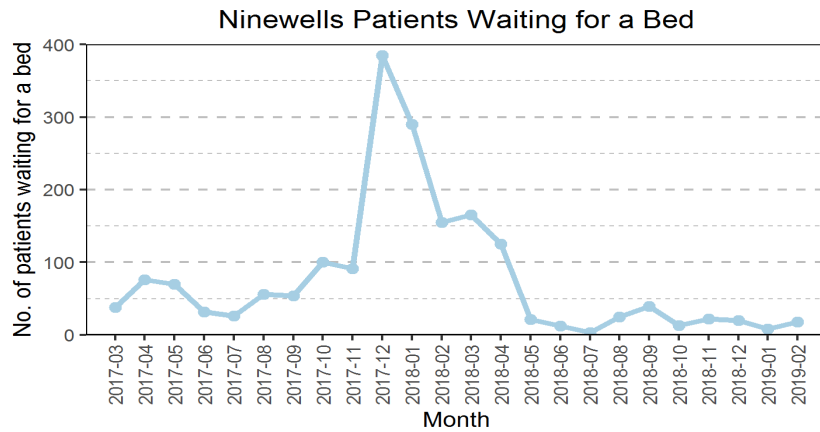
Emergency Access Standard - Four hours from arrival to admission, discharge or transfer for ED treatment (95% with stretch target of 98%). NHS Tayside remained the top performing mainland board achieving the 95% throughout winter at PRI and Ninewells with the exception in February 2019 with performance at Ninewells at 94.2%.



Number of waits for a bed experienced each month

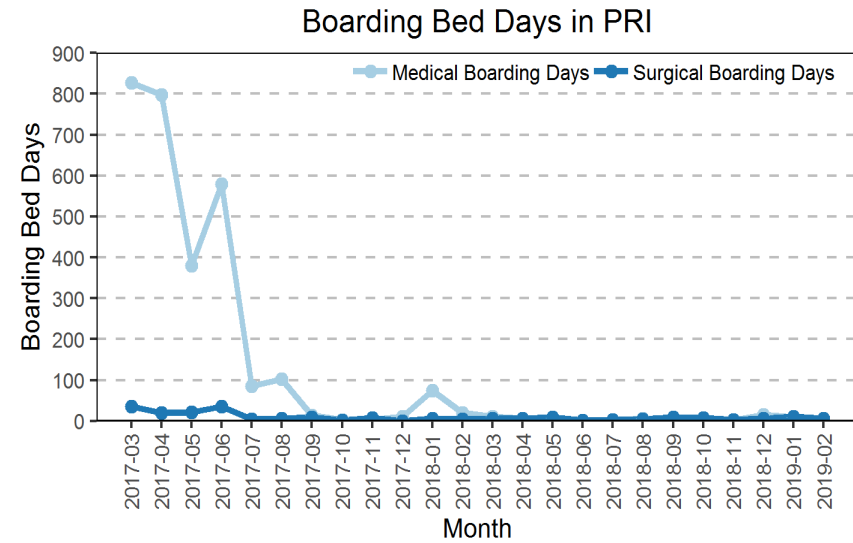
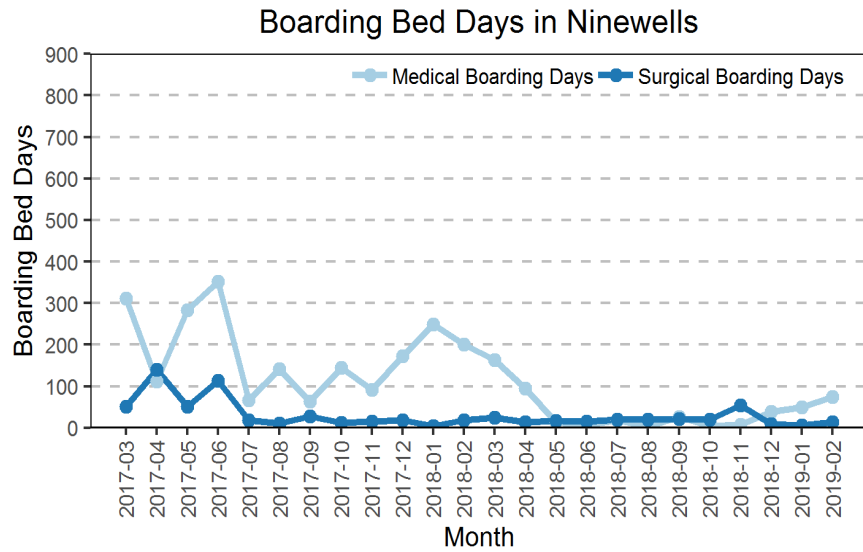
A significant improvement again this winter when compared to the previous year is demonstrated below.

At Ninewells, in the past three months (Dec-Feb 2019) there have been **46** patients who had to wait on a trolley or in a chair compared to **830** patients over the same period in 2018. At PRI, there have been **23** patients who had to wait on a trolley or in a chair compared to **119** patients over the same period in 2018.



Patients in inappropriate locations – Boarding

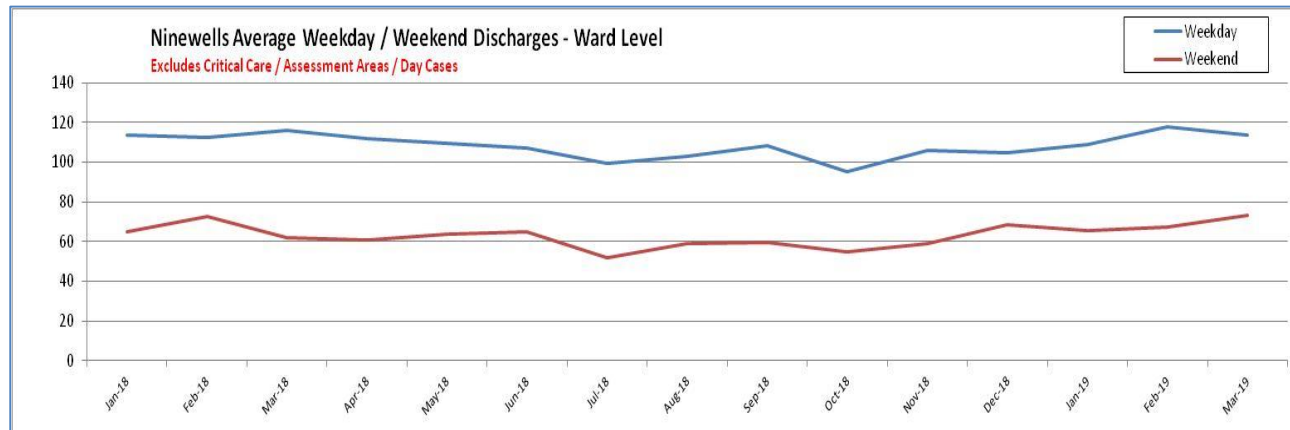
Boarding was significantly reduced this winter and we almost entirely stopped boarding outwith Medicine. This was done against the background of a reduction in beds from the footprint over the previous year.



Increase Discharge Rate from Acute Hospital

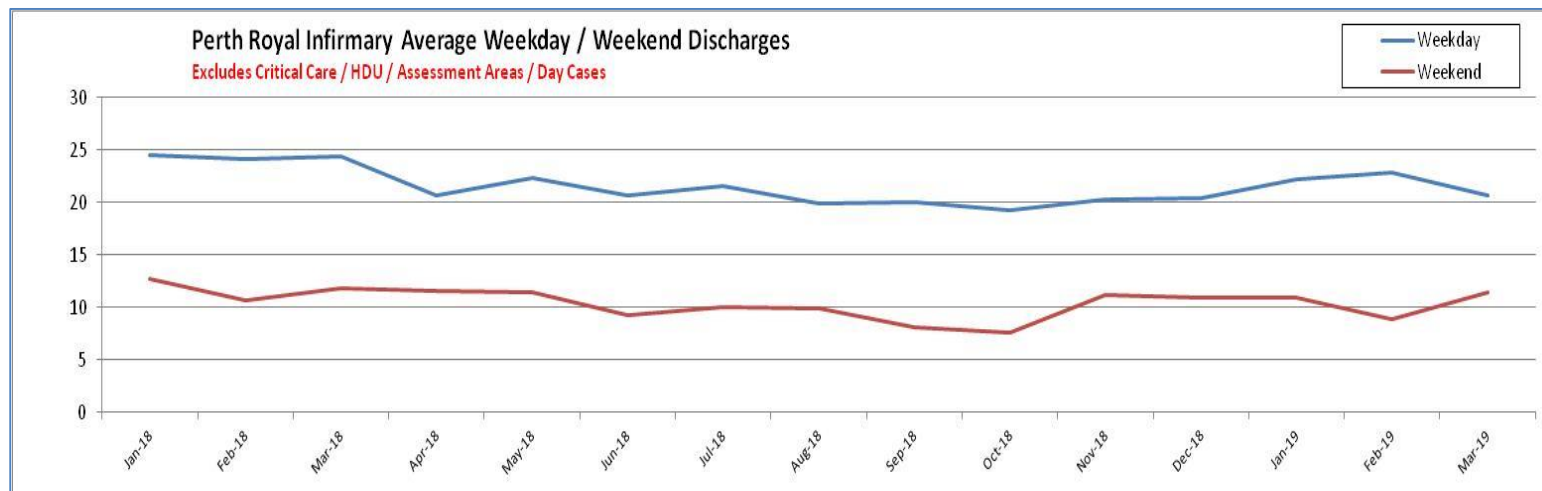
The graphs below show the increase in weekend discharge this winter at Ninewells.

Ninewells



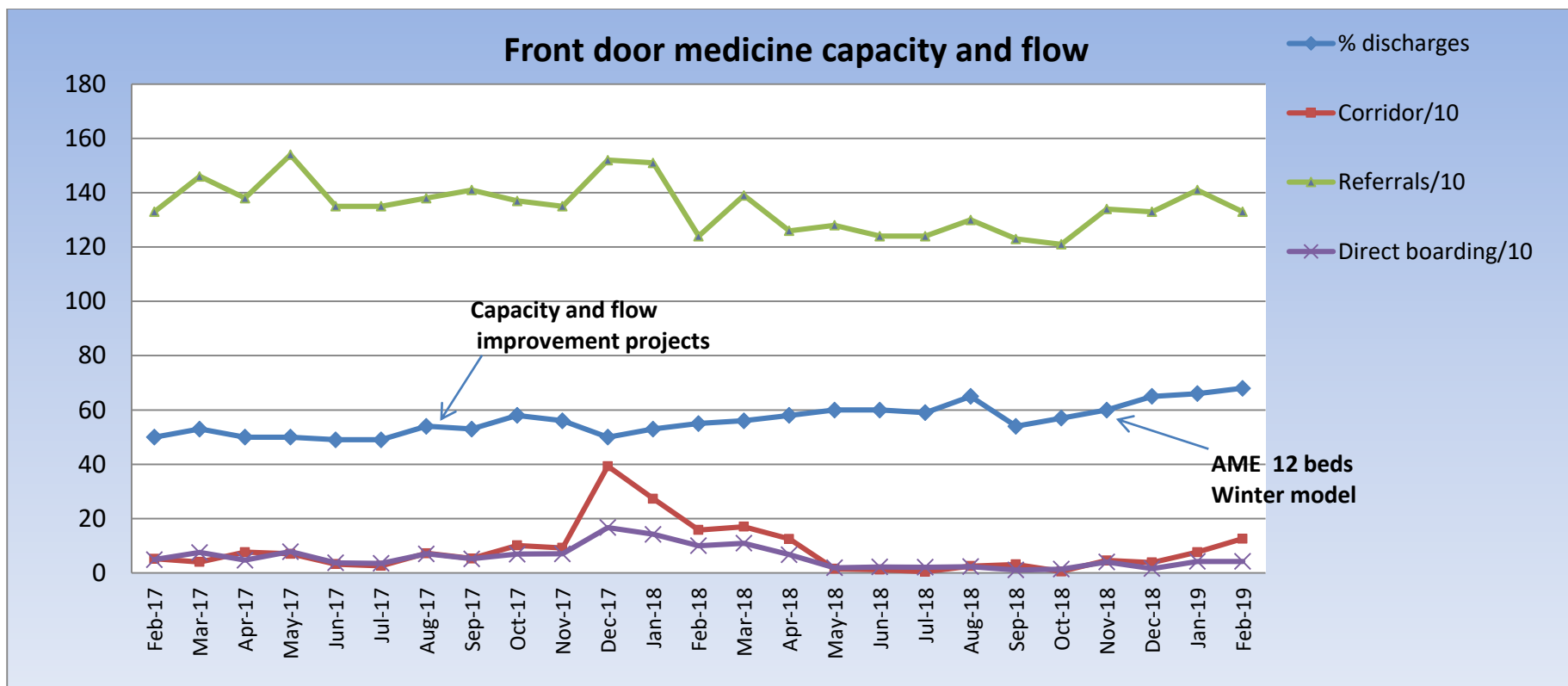
PRI

The weekend discharge rate has not increased at PRI compared to previous winter but has increased when compared to summer 2018. This will be a focus for the unscheduled care board actions for 2019/20.



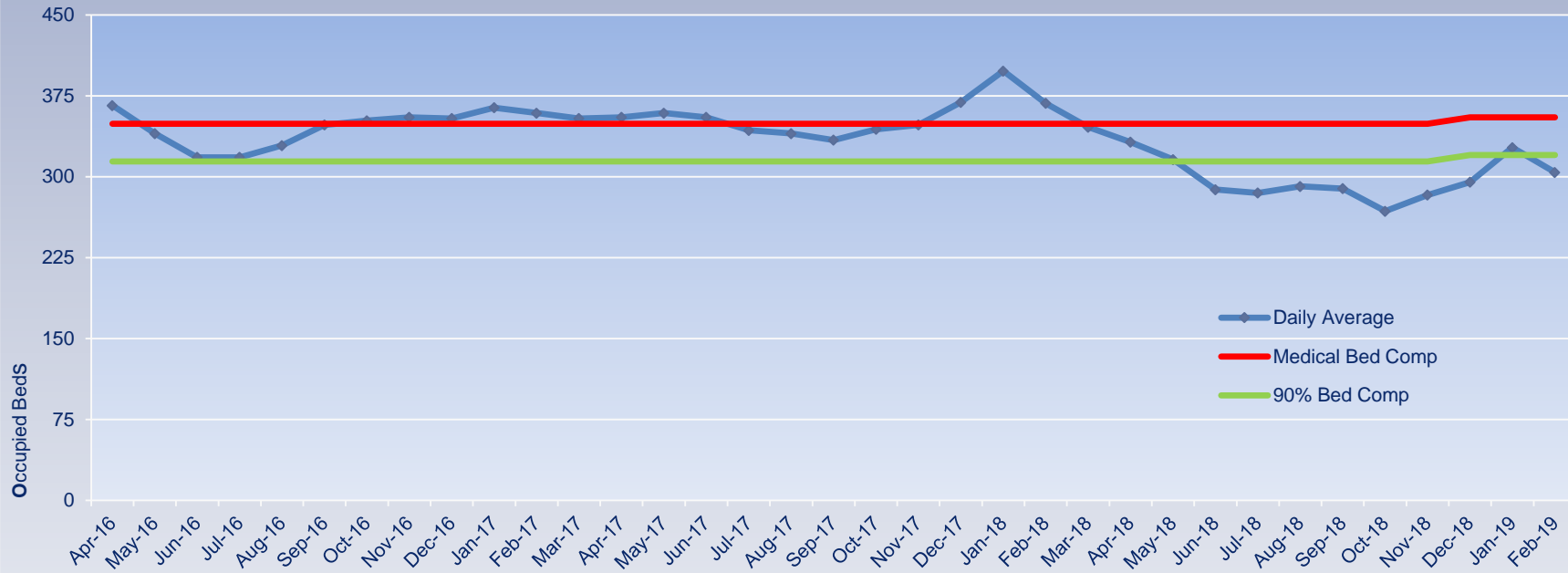
Increase AMU discharge rate > 65% and maintain ward occupancy at below 90%

An example of how flow improvement activities all marginally impact on one measure is shown below. The capacity and flow improvement journey in Ninewells Hospital began in July 2017 and has seen a sustained impact with continued improvement in the direct discharge rate from the Acute Medical Unit. The programme made up of several coordinated projects aimed to increase the discharge rate from 50 to 60% by summer 2018 and therefore by reducing admissions into Ninewells Hospital, reduce downstream ward occupancy to below 90%. The cornerstone of the Winter plan 2018-19 was to increase this discharge rate above 65% to accommodate predicted increase admission numbers (green line below), and this was achieved for the first three months of winter with a discharge rate of 68% in Feb 2019 (blue line below). March data is awaited.



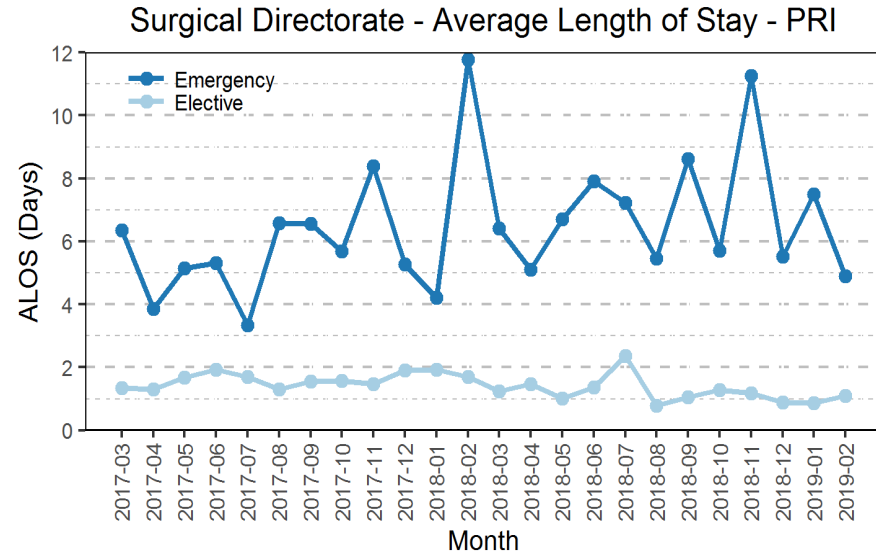
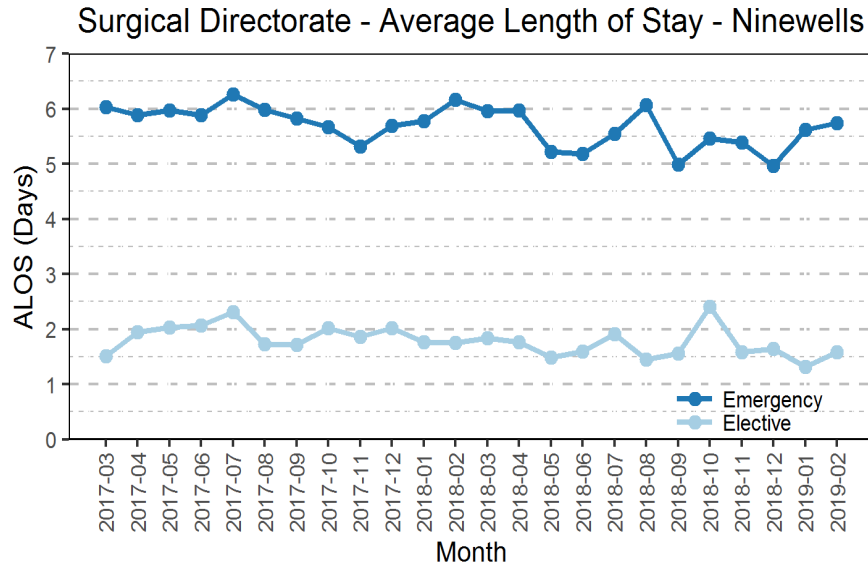
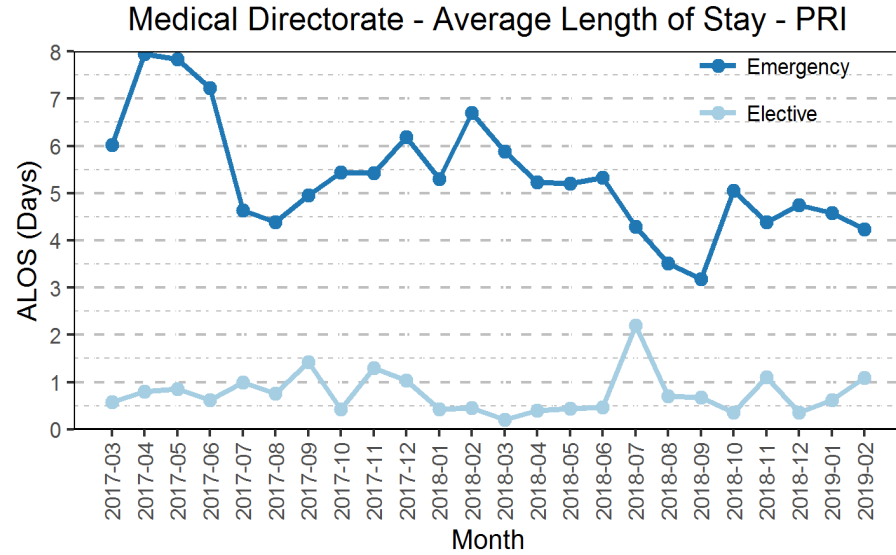
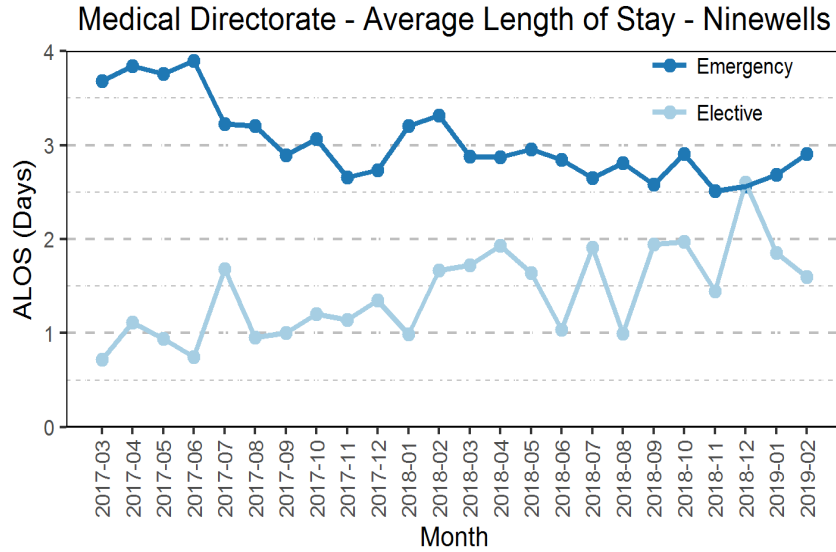
As a consequence of mitigating the predictable increased winter admissions to hospital by matching this with a model that increased Acute Medical Unit discharge rate we can see that Medicine occupancy has increased but remains around the 90% level that the organisation and the Unscheduled Care Board aspire to (blue line). This has been possible through continuous improvement projects. Most Boards in Scotland have winter occupancy in unscheduled care areas of over 100% and last year NHS Tayside peaked at 109% average monthly occupancy in January 2018.

NHS Tayside Medical Directorate - Occupied Beds Monthly Daily Average vs Medical Bed Complement



Reduce Length of Stay by this winter compared to last winter

A reduced length of stay in Medicine has been achieved when compared to last winter.



3.2 What could have gone better?

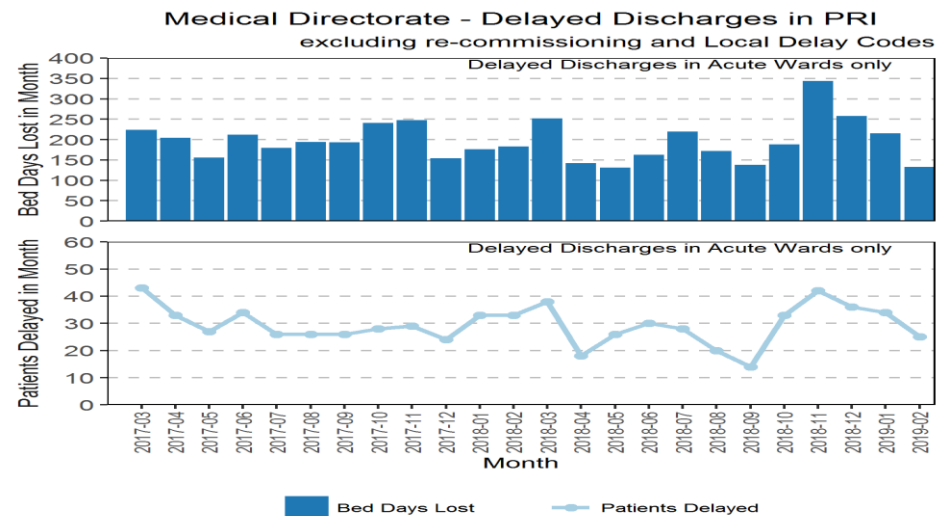
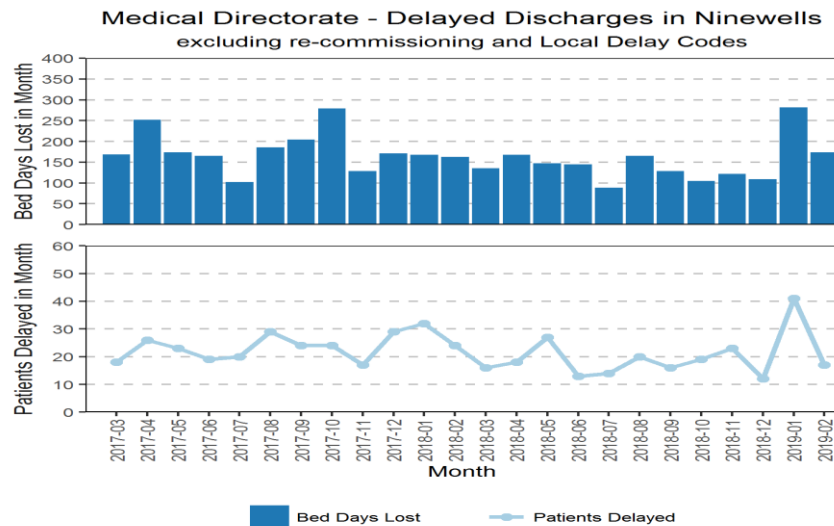
Patients in Inappropriate Locations - Delayed Discharge

During winter, the number of patients who are Dundee residents who experienced a delay to discharge at Ninewells unfortunately did increase when compared to the trajectory through the summer of 2018 which had been achieved through the Unscheduled Care Board projects including Integrated Discharge Hub. The increased number of delays was not anticipated or flagged up during winter planning and caused a marked disruption. However this was mitigated to some extent through the additional home care funding given to Dundee for short term packages of care. The AME Unit and an improved position in Angus over the winter was supported through regular discharge huddles.

The number of patients delayed in PRI improved throughout winter when compared to the November 2018 position, although this position was challenging to sustain throughout March 2019 with difficulties in maintaining the necessary hours of home care. Given the relatively small size of the unscheduled care inpatient beds, the number of bed days occupied by patients with a delayed discharge significantly impacts on capacity and flow and has resulted in diverts of unscheduled activity to Ninewells Hospital.

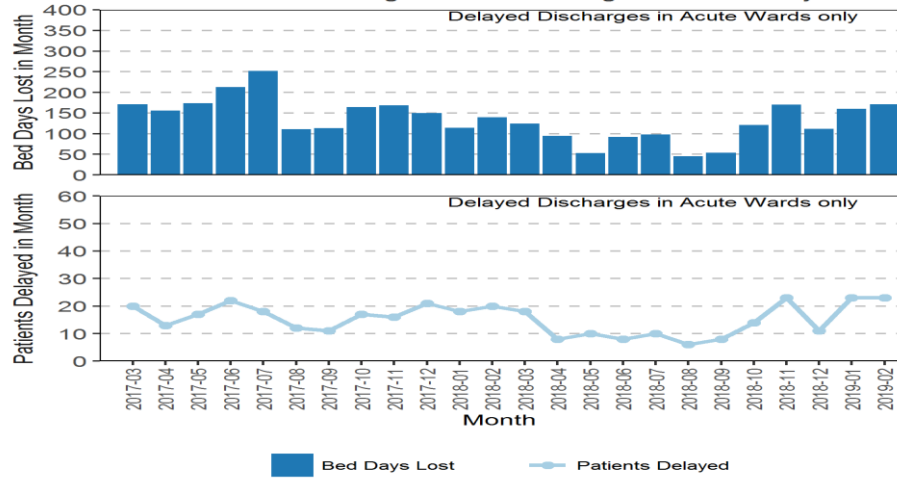
Work will be done for next winter to look at how we can ensure a system wide focus on keeping social care availability over the winter as a key step to keeping people at home as much as possible.

Medical

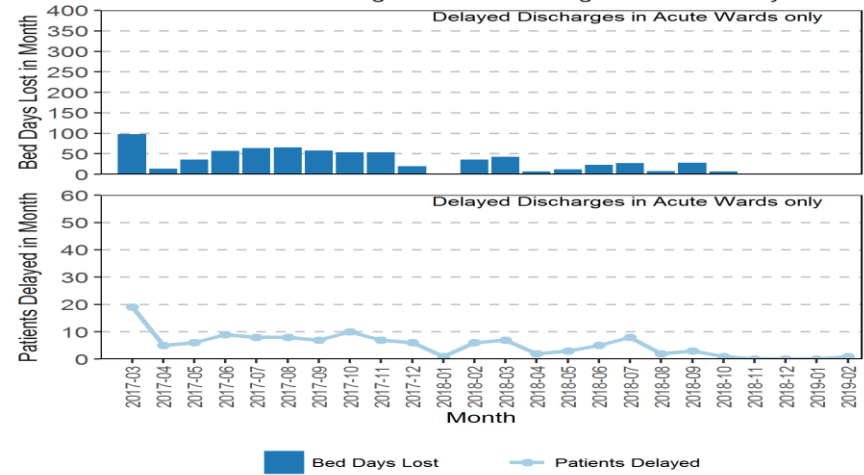


Surgical

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



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



3.3 Key lessons / Actions planned

- Empowering front line teams to reduce and manage delayed discharges, particular importance of social care and home care to prevent admission and facilitate timely discharges
- Work to ensure a system wide focus on keeping social care availability over the winter as a key step to keeping people at home as much as possible
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.

4 Maximise elective activity over winter – including protecting same day surgery capacity

4.1 What went well?

- Weekly update to all winter team of elective cancellation
- Only 1 patient had their operation cancelled due to winter bed pressures.
- Involving on call surgical and ortho Consultants in decision making during busy weekends: Colleagues felt involved and engaged in decisions
- Use of STAR weeks: these are times of peak demand such as 3 weeks over the Christmas and new year periods where elective work is reduced to maximise the ability to meet increased unscheduled demand. This has greatly reduced cancellations and the disruption and distress that this causes patients and their families.

4.2 What could have gone better?

- Better linkage to planned care.
- Work is ongoing though the major redesign process of “Shaping Surgical Services”

4.3 Key lessons / Actions planned

- Plan to look at flexing elective and unscheduled care over the year.
- Shaping surgical services is a major redesign process across the whole of Tayside
- Increased clinical leadership in programmes to increase clinical staff engagement and increase co-production with management colleagues

- Focus of Unscheduled care board will expand to surgical services over next year.

5 Escalation plans tested with partners

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

The whole system framework was aimed at improving the management of system-wide escalation, encouraging wider co-operation, and making local and regional oversight more efficient and effective. The framework was designed to bring together the variance in operational escalation systems and protocols across the partner organisations across Tayside to manage local and regional monitoring of operational pressures.

Learning from last winter was that our whole system framework missed opportunities for clear and simple communication of decisions. This year the Winter Plan aimed to address this with simplification and clarity of huddles to allow staff at all levels to deliver consistent and relevant decision making.

Scottish Ambulance Service (SAS) Resilience Planning

As described in the Winter Plan 2018/19, SAS 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 is used for this purpose. The Capacity Management Contingency Plan would be implemented in circumstances when there is: increased demand, reduced capacity or reduced wider NHS services over festive periods.

No Requirement for REAP to be implemented in Angus Community

Winter Plan 2018/19 Summary of Key Actions for Resilience included:

Adverse Weather

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

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

SAS

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

System Wide Escalation Framework

- Review, test and implement Whole System Safety and Flow Triggers and Escalation Framework with partner organisations

Pressure Period Hospital Site Huddle Framework

- Revised timing & frequency of Safety and Flow Huddle Process
- Clear and concise communications as part of Safety and Flow Huddle Process

Sector Action Cards

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

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

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

5.1 What went well?

Throughout this winter the safety and flow framework daily huddles continued over seven days with extensive multiprofessional input in comparison to previous years. This made a significant impact on the ability to make clinically informed decisions to manage care in the right setting and use Tayside wide capacity effectively. In addition, a weekly winter planning huddle was held and, during pressure points, this was stepped up to daily. The whole system ownership of integrated solutions was evident throughout this approach.

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions for resilience performed. Feedback is detailed as follows:

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

- Actions/Response to local triggers
- Departmental/sector winter action cards
- Pressure period hospital site safety and flow huddle framework in place with multiprofessional participation
- Feedback regular. Responsive in live time
- Knowing where system pressure points are helped manage separate parts of the system as part of the whole system
- Communication plan – local knowledge & use of escalation & response processes
- Winter Plan planning meetings become operationally focused from October
- Whole system Safety and Flow Huddle process in place to be escalated with key partners during pressure periods throughout winter
- Preparedness and pre-planning in relation to winter plan and associated Business Continuity Plan

Effective Preparation

- Winter planning sessions were held early in the year to plan, agree and implement winter response arrangements
- Move from winter planning group to operational group with weekly ‘huddles’ to ensure winter plans were mobilised
- Clinical Engagement throughout the winter planning process perceived increase in knowledge about whole system contribution

5.2 What could have gone better?

Whole System Escalation Framework

- Unclear expectations, roles and responsibilities, system wide across all ‘inform and respond’ escalation processes

Resilience Planning

- Dundee Community – Availability of social care at peak of winter – tendering process in December see key lessons
- Out of Hours (OOH) GP Time spent with Death Verification, Assessment roles to be considered,
- Anticipatory Care Planning (ACP) in Out of Hours and weekends, investment required to prevent admissions
- Multiple Huddles with potential to duplicate information communicated requirement to review: Terms of Reference, Functional requirements, Partnership input, operational needs and accountability
- Prioritisation according to needs of population re allocation of social care
- Better communication required in particular to social work regarding capacity risk - balance between needs in the community versus the needs in hospital
- Planning for a crisis to be inevitable within the acute hospital setting – need to shift the culture
- Infrastructure at weekend not optimum - 7 day communication can be improved, service cover dependent on good will

- Sustainability of staffing to respond to system pressure periods

Data

- Data challenges to support the Safety and Flow Huddle Process, systems not supporting the right data at the right time – e.g. Discharge Data on Edison and Trak , require dashboard to give the right information at the right time

5.3 Key lessons / Actions planned
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Key lessons learned and implemented for this year with all winter planning calls and huddles using the same huddle/ cross site call telephone number to maximise the ability for staff to join. One key change which is very difficult to measure is staff experience, however, initial feedback is that our staff felt much more involved in the winter plan and this resulted in much better communication. We had many multi agency "huddles" where our senior clinicians, senior health and social care colleagues and executive and managers were able to discuss the picture across the whole landscape over weekends and times of pressure. This allowed much more agile, patient focused decisions to be made and was done with trust and respect. This proved to be highly successful and has been the key to a cultural shift from perceived blame to integrated working across partners.

Summary of key lessons from local review event

Whole System Escalation Framework

- Infrastructure development and investment to support escalation at weekends
- Clear expectation of role and responsibilities as part of the safety and flow huddle process
- Escalation plans reviewed and further developed to ensure clear escalation actions
- Process improvement to capture actions and communicate effectiveness of these actions
- Consider options for communicating e.g. Telephone which be a barrier as well as the call criteria in the event of an escalations
- Divert Protocols have been tested now need to be reviewed
- Response process across system to be formalised

Data

- What data is required to make planning, escalation and management decisions? - Agree data set required to support
- Business Unit support for data dashboard
- Huddle reports review

6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

A Summary of Key Actions for Infection Prevention and Control from the Tayside Winter Plan 2018/19 included:

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

Communication Strategy

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

As in previous years, within the Winter Plan of 2018/19 the Communications Team aimed to 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 was viewed as the best channel for instant updates to information and was used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution.

The Communications Strategy involved key actions:

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

- Tayside wide Winter Communication Campaign (internal/external)
- Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

The Winter Wash-Up Session held on Monday 25th March 2019 offered the opportunity to receive feedback on how effective the actions were at preventing illness and admissions from our population and staff. The following sections detail the feedback given:

6.1 What went well?

From the Winter Wash-up Review Session feedback was overall positive in particular around the prevention of illness within our population and staff as well as the winter preparedness and planning.

Winter planning overall felt less reactive, planning in advance, promoting the 'prevent' message.

Summary of Seasonal Influenza/Influenza like illness feedback of what went well:

- Earlier Flu Vaccination Campaign
- Staff Vaccination – 37% last year to 54% this year
- Peer Vaccinations to increase staff uptake of Flu vaccination
- Winter Planning Group Co-ordination of Flu Campaign, reporting to a wider audience
- Point of Care Testing - Increased awareness, knowledge , education amongst staff and patients to prevent admissions
- Angus – Vaccination of 3rd Sector reducing illness
- Myth buster communication re Flu Vac
- Targeted communication about Flu
- Flu internal Campaign more successful contributing to improving vaccination uptake

NoroVirus

- Bed Closures due to Infection - there has also been an improvement with less bed closures as a result of diarrhoea and vomiting (Norovirus) when compared to previous years.

6.2 What could have gone better?

Areas highlighted from the local review that could have gone better included;

Seasonal Influenza/Influenza like Illness

- Point of Care Testing used out with Escalation procedures -‘alter prevalence’
- Point of Care Testing not undertaken in Community Hospitals
- Availability of Data re Flu Vaccination uptake in particular to staff numbers etc
- Could have been better awareness of Flu Immunisation Programme in Perth & Kinross
- ‘Keep Well in Winter’ Campaign could have been better publicised in Primary Care & Communities
- Key messages about Flu Jab needed to promote uptake

Resilience Planning

- Hospital Environment – management of ward environment and side rooms

Communication Campaign

- Availability of data/statistics about where people access information
- More focus on social media access
- Social media algorithms means not everyone sees posts on Facebook for example, consider adverts
- Video to be promoted more as not all aware of video comms
- Posters for wards - Strong messages about ward closures
- Targeted comms to range of age groups e.g. young people
- Email signature to use Smarty Penguin Logo
- How to target people outside social media and press

6.3 Key lessons / Actions planned
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Key Lessons learned around preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings include:

Seasonal Influenza/Influenza like Illness

- Focusing on Prevention of illness through Early Communications Campaign to promote Flu Vaccination Uptake
- Continue with Near point testing for Flu with a review of protocol and escalation process
- Continue to support and promote peer vaccinations
- Data availability on winter immunisation uptake, it would be helpful to have live status and regular updates, as well as feedback to services, visual use of uptake
- Consider how to address people’s concerns misconceptions about Flu Vac

Service Communications

- Share messages on department social media pages
- Key people list in Partnerships to share messages, consider ways to push through comms to partner organisations
- Ensure a focus on Primary Care as well as acute sites
- Start the Winter Campaign earlier
- Communication Strategy for all year round pressure period planning
- Infection Control to provide info on ward closures for Winter Zone in Staffnet site
- Managers toolkit to share at team meetings
- Make graphics widely available for use by departments
- Information on payslips
- Increase poster use
- Use of information screens in waiting rooms
- Communications - Media Campaign Internal and Public Campaign in the prevention of illness and adverse weather campaigns e.g. Use of 'Smarty' the Penguin to deliver key messages

7 Delivering seasonal flu vaccination to public and staff

7.1 What went well?

Seasonal Influenza/Influenza like Illness

Staff Flu Vaccination uptake has, in the past, been poor with Tayside having one of the lowest levels of uptake across the territorial board in Scotland. A whole system approach was taken this year to engage with staff and also to recruit peer vaccinators which brought us from a level of 18% of staff vaccinated 2 years ago to 54% this year. Thus moving up the attainment across Scotland and we are determined to increase this further in future. This was achieved by engagement across staff in clinical areas with our Public Health and vaccine teams and through a communication campaign.

Near Patient Testing was used for the first time. It is recognised that the rapid diagnosis of flu meant that patients were able to receive appropriate medication within 20 minutes of a swab being taken and many people were able to be discharged home with appropriate medication as we knew that hospital admission would add little to their care.

NHS Tayside Communications

- Information provided quickly, improved sharing of messages
- Good assistance from Comms Team for Infection Control messages
- Felt more joined and connected across Partnership
- Regular info issues to staff
- Use of social media more successful, regular posts and messages to support the winter campaign
- Evening Telegraph series to promote winter campaign

Seasonal Influenza/Influenza like Illness

- Flu internal Campaign more successful contributing to improving vaccination uptake
- Targeted communication about Flu
- Peer Vaccinations communications to improve staff uptake
- Myth buster communication re Flu Vac

7.2 What could have gone better?

Seasonal Influenza/Influenza like Illness

- Key messages about Flu Jab needed to promote uptake

Communication Campaign

- Availability of data/statistics about where people access information
- More focus on social media access
- Social media algorithms means not everyone sees posts on Facebook for example, consider adverts
- Video to be promoted more as not all aware of video comms
- Posters for wards - Strong messages about ward closures
- Targeted comms to range of age groups e.g. young people
- Email signature to use Smarty
- How to target people outside social media and press

7.3 Key lessons / Actions planned

As with the prevention of Illness the delivery of the seasonal flu vaccination to public and staff lessons and actions include::

Seasonal Influenza/Influenza like Illness

- Focus on the prevention of illness through early Communications Campaign to promote Flu Vaccination uptake
- Continue with Near point testing for Flu with a review of protocol and escalation process
- Continue to support and promote peer vaccinations
- Data availability on winter immunisation uptake, live status and regular updates, as well as feedback to services, and to consider the visual use of Flu Vac take
- Consider how to address people's concerns misconceptions about Flu Vac

Communication Campaign

- Provide patient/public education – in advance and during pressure times
- Consider families targeted campaign to avoid visiting the hospital
- More information to public about advantages of care at home – changing expectations

Service Communications

- Continue to share messages on department social media pages
- Key people list in Partnerships to share messages, consider ways to push through comms to partner organisations
- Ensure a focus on Primary Care as well as acute sites
- Start the Winter Campaign earlier
- Communication Strategy for all year round pressure period planning
- Infection Control to provide info on ward closures for Winter Zone in Staffnet site
- Develop a managers toolkit to share at team meetings
- Make info-graphics widely available for use by departments
- Information availability on payslips, posters, waiting rooms

8 Top Five Local Priorities for Winter Planning 2019/20

Our vision for unscheduled care is that people should only be in hospital when they cannot be treated in the community and should not stay in hospital any longer than they need to. We have, as integrated partners taken a whole system approach to identify and implement opportunities for alternatives to admission, timely discharge and improved seven-day working this winter which has been effective.

It was recognised that the shared decision making by NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service and other key stakeholders enhanced how we approached this winter plan. There will be a continued assessment of spending to monitor return on investment with the aim to deliver "business as usual" across the entire year.

The Unscheduled Care Board improvements and winter arrangements have implemented many changes within the medical and community specialities. The unscheduled care action plan for 2019/20 will move forward and extend this into our surgical services and mental health services.

In response to learning from winter, all year unscheduled care planning and ensuring the right level and skills of staff during public holidays and peak leave periods helped increase flow and patient experience. We have already seen staffing plans prepared for the spring holidays and liaison across Primary and Secondary Care for bank holidays to ensure a match between Primary and Secondary Care staff.

To ensure continuous learning and improvement from winter planning, from the “wash up” session held on 25 March 2019. A summary of Key lessons learned that will inform the actions going forward for 2019/20 are:

- Promoting all year round planning with a business as usual approach
- Focusing on prevention of illness through Early Communications Campaign to promote Flu Vaccination Uptake, continue to support and promote Peer Vaccinations
- Communications - media campaign internal and public campaign in the prevention of illness and adverse weather campaigns e.g. Use of ‘Smarty’ the Penguin to deliver key messages
- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- A focus on home care planning at least six months prior to winter is essential. There is limited capacity to increase hours during winter. Next winter we must improve our delayed discharge position significantly to continue to support care in the right setting and an improved patient experience.
- Continuing with the development and investment of the infrastructure to support escalation and early resolution at weekends
- Ensuring clear expectations, roles and responsibilities, system wide across all ‘inform and respond’ escalation processes.
- Empowering front line teams to reduce and manage delayed discharges, particular importance of social care and home care to prevent admission and facilitate timely discharges
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.
- Focus on frailty across all applicable services

Top Five Local Priorities

- Promoting all year round planning with a business as usual

- Maintaining a whole system, multi-professional, multi-agency approach to planning as well as informing and responding to system pressures
- A focus on home care planning at least six months prior to winter is essential. There is limited capacity to increase hours during winter. Next winter we must improve our delayed discharge position significantly to continue to support care in the right setting and an improved patient experience.
- Transport continues to be a key priority requiring further work around discharge planning and co-ordination to minimise delays.
- Focus on frailty across all applicable services