



# Winter Plan

**NHS Tayside and Partner Organisations**

**NHS Tayside Unscheduled Care Board**

**2020/21**

## Contents

Executive Leads for Winter .....	5
Executive Summary .....	6
1. Introduction .....	7
1. Aim.....	7
1.2 Rationale and Planning Assumptions .....	7
1.3 Approach .....	7
1.4 Finance.....	9
1.5 Approval of Plan .....	10
1.6 Governance Arrangements.....	11
2. Key Drivers and Changes from Previous Winters.....	11
2.1 Striving To Deliver High Quality, Safe, Person-Centred Care .....	12
2.2 Lessons Learned from Winter 2019/20 .....	13
3. Winter Plan 2020/21.....	15
3.1 Resilience and Business Continuity Plans .....	15
3.2 Adverse Weather .....	15
3.3 Scottish Ambulance Service (SAS) Resilience Planning.....	16
3.4 Escalation Strategy.....	17
3.5 Pressure Period Hospital Site Huddle Framework.....	18
3.6 Winter Planning Activity/Departmental/Sector Winter Action Cards .....	18
3.7 Safety and Flow - Using and Applying Information and Intelligence to Planning and Preparedness.....	19
Summary of Key Actions for Resilience .....	20
4.1 Norovirus.....	20
4.1.1 Norovirus Training and Communications .....	21
4.1.2 Norovirus Planning and Control .....	21
4.2 PPE Procurement (Management of Viral Illness).....	22
4.3 An Enhanced Influenza Vaccination Programme .....	22
4.3.1 Assessment and Delivery Staff Flu Campaign .....	22

4.3.2 Staff Uptake Target.....	22
4.3.3 Influenza Communication Campaign.....	23
4.4. Test and protect and impact of COVID-19 on near patient testing for Influenza.....	24
4.4.1 Enhanced Front Door Assessment/Winter Rapid Assessment Centres .....	24
4.4.2. Place of Care Testing .....	24
5.1 Navigation Flow Hub.....	27
5.1.2 Enhanced Community Model.....	27
5.1.3 Emergency Department (ED) - Winter Preparedness .....	29
5.1.4 Bed Modelling & Surge .....	29
5.1.5 Inpatient Modelling & Pathways.....	29
5.1.6. Integrated Community Care Hubs.....	29
5.1.7 Pathways: building efficient pathways to support front door Winter Planning .....	30
5.1.8 Respiratory and Critical Care Pathways.....	30
5.1.9 Frailty.....	31
5.2 System Wide Planning.....	31
5.2.1 Transport.....	32
5.2.2 Delayed Discharges.....	32
5.2.3 Workforce Planning (including Festive rotas across primary and secondary care, in and out of hours) .....	33
6. Integration of key partners/ Services.....	34
6.1 Angus Health and Social Care Partnership.....	34
6.2 Dundee Health and Social Care Partnership .....	35
6.3 Perth & Kinross Health and Social Care Partnership .....	36
6.4 Fife Health and Social Care Partnership.....	37
6.5 Primary Care .....	37
Summary of Key Actions for this Sections 5 & 6 .....	38
7. Out of Hours (OOH) Preparedness .....	39
Summary of Key Actions for Out of Hours .....	39
8. Mental Health and Learning Disability .....	39

Summary of Key Actions for Mental Health.....	40
9. Communication Strategy.....	41
10. Paediatrics .....	41
Appendix 1 Winter Preparedness Funding Summary .....	44
Appendix 2 Unscheduled Care Programme Portfolio 2020 .....	45
Appendix 3 Winter Plan Framework .....	46
Appendix 4 Unscheduled Care Pack Snapshot of Measures .....	47
Appendix 5 Safety and Flow Huddle.....	49
Appendix 6 Winter Action Card Template .....	50
Appendix 7 Resilience Useful Websites.....	51

## **Executive Leads for Winter**

Lorna Wiggan, Director of Acute Services, NHS Tayside

Gail Smith, Interim Chief Officer, Angus, Health & Social Care Partnership

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

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

## Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service, and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2020/21 through the Tayside Unscheduled Care Board and other key Winter Planning groups across these organisations.

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

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

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

Learning from previous winter challenges as well as building on what has worked during recent months in response to managing COVID-19 has informed winter planning this year. Investments in initiatives have been aligned to maintain key services over public holidays and periods of increased illness as well as to try and prevent illness and unscheduled admissions. NHS Tayside continues re-design services in preparation of expected winter pressures within a COVID landscape with this work detailed throughout the winter plan. Specifically, utilising rapid testing for SARS-Cov-2 alongside Influenza and other winter viruses, with more integrated work at the 'front door' between primary and secondary care, and the use of co-ordinated responses to predicted and actual demand, will allow safe management of patients and improved flow through NHS Tayside organisations.

The winter plan has been developed with a focus ensuring 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 and collaborative work with our Partner organisations will help reduce attendances, manage and avoid unnecessary admissions, allowing Emergency Departments and acute service areas to focus on patient care and flow through our organisation. This will be done whilst still delivering quality cancer, mental health, and outpatient services, and in doing so deliver against national standards and maintain progress over this winter. Our plan is strengthened by resilience planning and business continuity arrangements to provide to NHS Tayside Board, Scottish Government and our population for winter period December 2020 – March 2021.

---

## 1. Introduction

### 1. Aim

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

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

### 1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources, involving planning, discussions and feedback, learning from previous experience, assessing winter risk and agreeing shared approaches going forward for winter 2020/21. These sources include;

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme and Redesign of Urgent Care Programme
- Tayside Winter Planning Group
- NHS Tayside local Review of Winter 2020/21
- Partners', sectors' and services' winter plans and surge plans
- Tayside local review and learning from Covid-19
- Scottish Government Health & Social Care: Local Review of Winter 2018/19 Report (May 2019)
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2019/20
- Scottish Government's Re-Mobilisation Plan correspondence 21st July 2020

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

### 1.3 Approach

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

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

- Management of Viral Illnesses: COVID-19/Seasonal Influenza/ Influenza like illnesses/Respiratory Disease, and the potential impact of Norovirus.
- Unscheduled and Planned Care
- Capacity and Demand analysis with a Command Centre-enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.

- An enhanced Influenza Vaccination Programme for patients and Health and Social Care Staff.
- Test and protect and impact of COVID-19 on near/rapid patient testing for viruses.
- Respiratory and Critical Care Pathways planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of nosocomial transmission.
- Integration of key partners/Services.
- Resilience and Business continuity plans tested with partners.
  - Inc Adverse Weather
- Out-of-Hours.
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours.
- Mental Health (added by our Board).
- Paediatrics (added by our Board).

The plan will be delivered, with each of the key areas underpinned by the following approach of Prevent, Inform, Respond and Communicate with corresponding key actions as follows:

### **Prevent**

#### **The prevention of Illness and Admissions within our population and staff:**

- Infection Prevention and Control - Prevent illness in the first place
  - 'Flu Campaign, Respiratory Disease Pathways
- Community based care: Enhanced Care Support especially in the frail elderly population.
- Rehabilitation at home or community rather than hospital.
- Shared decision making: enhanced Professional to Professional advice with use of virtual shared assessments and a Navigation Flow Hub.
- Assess to Admit - Ninewells and Perth Royal Infirmary - >65% discharge rate.
- Rapid Assessment and Testing for Winter Viruses including SARS-CoV2 and Influenza.

### **Inform**

#### **A Whole System Escalation Framework:**

- System Pressures, Triggers & Escalation.
- Regular Safety and Flow Huddles.
- Data Intelligence - using and applying information and intelligence to planning with a dashboard command centre.
  - Use of common themes in all learning
  - Predictive Data:
    - Out-of-Hours, NHS 24, General Practice
    - 'System watch" all can access
    - Health Protection Scotland (HPS) data
    - Command Centre, with system triggers

### **Respond**

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

- Actions/Response to local and organisational triggers
- Departmental/sector winter Action Cards/Escalation and Business Continuity Plans
- Pressure period hospital site huddle framework
- Communication plan – local knowledge & use of escalation & response processes



- Winter Plan planning meetings become operationally focused from September

**Business as Usual is the primary aim**

**Strategies include planning for more Business as Usual Capacity when required:**

Unscheduled Care Board/Winter funding to deliver care closer to home, prevent admission/promote flow

- Increased capacity over and post public holiday
- Urgent & planned care - Festive planning
- Adequate winter/festive staffing cover across acute, primary and social care setting including: OOH, GPs, Pharmacists, AHPs, Social Care Staff, Support Services
- More senior decision makers over public holidays/Festive Holidays
- Hot Transfer Teams
- Use data intelligence to highlight pressures
- Whole system communication to optimise huddles and responses
- Respiratory Pathways – acute and community
- Critical Care Pathways
- Scottish Ambulance Service additional vehicle capacity
- Transport – supporting patient requirements
- Learning from Local Review of Winter and COVID -19 response

**: Communicate**

- Communicate Identified pressures and the action needed to maintain Business as Usual
- Robust local Business Continuity Plans
- Communicate Whole System Approach with improved Visual Aid communication of key pathways and escalation processes to staff
- Final Winter Plan approved by mid of October 2020
- Tayside wide Winter Communication Campaign (internal/external)
- Festive ‘Ready Reckoner’ including all key services and contacts communicated across Health Social Care & Partner Organisations

## 1.4 Finance

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

The aim for 2020/21 is to proactively invest in work that will aim to maintain “business as usual” and prevent deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as flu, COVID -19 and inclement weather.

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

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

- Management of viral illness
- Delivering care closer to home
- Integration of key Partner/Services
- Reducing Attendances - Managing/Avoiding Admissions wherever possible
- Unscheduled and Planned Care

- Capacity and patient flow realignment
- Workforce – ensuring appropriate levels of staffing are in place across the whole system - with adequate festive staffing cover across acute, primary and social care settings

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

**Prevent - Initiatives to support unscheduled care, optimising care closer to home preventing admissions:**

Additional funding has been confirmed across all three Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges, as well as additional funding to the Out of Hours Service, Initiatives funded include:

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

**Assurance and Business as Usual - Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow:**

- Workforce Planning for winter demands inc Medical and Nursing
- Surgery/Orthopaedics/Specialist Surgery
- Medicine/Medicine for the Elderly
- Emergency Medicine
- Front Door Support
- Labs/Rapid Testing
- Respiratory
- Cardiology
- Theatres
- Transport
- Palliative Care
- Mental Health

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

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

## 1.5 Approval of Plan

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

Table 1.

<b>Date</b>	<b>Format</b>	<b>Committee / Board</b>
27 <sup>th</sup> October 2020	Draft Approval	Unscheduled Care Programme Board
27 <sup>th</sup> October 2020 (TBC)	Final Approval	Dundee Integrated Joint Board
28 <sup>th</sup> October 2020 (TBC)	Final Approval	Perth & Kinross Integrated Joint Board
28 <sup>th</sup> October 2020 (TBC)	Final Approval	Angus Integrated Joint Board
December 2020 (TBC)	Final Approval	NHS Tayside Board

## 1.6 Governance Arrangements

- The Unscheduled Care Board is chaired by the Associate Medical Director for Medicine and Head of Service, Health and Community Care for Dundee Health & Social Care Partnership and will use measures to assess the impact of the plan.
- An Unscheduled Care Programme Team is in place supported by a programme manager, and with an improvement advisor and data analyst for each major site. These posts form part of the support teams for unscheduled care, continuous improvement and the implementation and evaluation of the winter plan.
- Resilience and Business Continuity arrangements and management plans are in place and have been tested prior to winter.
- NHS Tayside's Board Assurance Framework has a corporate whole system risk related to capacity and flow. A scoring system has been developed for the key measures to enable an overall risk score to be presented. This is presented and discussed at each NHS Tayside Board meeting.
- Weekly Senior Operational Leadership meeting chaired by Medical Director with senior clinical and managerial input.
- Clinically-led and managerially-enabled operational structure for acute services .
- Whole system Safety and Flow Huddle process including an additional huddle with key partners during pressure periods throughout winter i.e. Public Holidays.
- A Tayside-wide severe weather plan is in place including triggers for multi-agency coordination.
- Communications teams will inform the public and staff on planning for winter, where to go for services and public health messages.

## 2. Key Drivers and Changes from Previous Winters

Key drivers for winter planning this year include learning from previous winters and building on what has worked well over during the COVID-19 pandemic period. Key themes and national drivers relate to the redesign of urgent care, building on the firm foundations of the Six Essential Actions Unscheduled Care Programme; delivering care closer to home, prevention of admission where possible, ensuring optimal patient flow through the hospital

journey as well as ensuring a robust whole system approach to communication and planning for winter.

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

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

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

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

Specific to this winter plan are the following standards:

- 4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%).
- Earlier in the Day Discharges - Hour of Discharge (inpatient wards).
- Weekend Discharge Rates - Day of Discharge weekday vs weekend discharges
- Reduction in delayed discharges.
- Early initiation of Influenza vaccination programme to capture critical mass of staff within the enhanced Flu Vaccination Programme where the aim is to increase vaccination uptake to 70 -75%. This will include Health Care, Social Care, Care Home staff and Residential staff
- Site surge plans to optimise care.
- Use of information and intelligence from HPS, Primary Care, OOH Services and NHS 24, co-ordinated by our Business Unit, to predict secondary care demand.
- Standardised approach to departmental action plans.
- Using whole system triggers and escalation with clear and timely communication
- Plans to maintain urgent and urgent suspicion of cancer pathways, and then deliver in line with clinical prioritisation of patients waiting and to achieve the activity plan submitted through our remobilisation plan
- Maintain achievement of waiting times standards for patients with a newly diagnosed primary cancer
  - 31-day target from decision to treat until first treatment, regardless of the route of referral.

- 62-day target from urgent referral with suspicion of cancer, including referrals from national cancer screening programmes, until first treatment.

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets. Appendix 4 illustrates a snapshot of the Unscheduled Care Dashboard

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

## 2.2 Lessons Learned from Winter 2019/20

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

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

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

### Summary of Successes and Key Achievements

#### ED Performance:

This was first class when set against national data.

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

#### Length of stay for older people:

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

#### Bed occupancy/ Delayed discharges:

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

#### Maintaining Elective Capacity:

Use of an elective stand down period over public holiday period allowed a reduction in cancellation rate and planning to use increased day case capacity to maintain elective

activity but still retain capacity for increased emergency admissions. Only 9 patients were cancelled from September 2019 onwards.

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

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

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

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

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

Review sessions were held on 6<sup>th</sup> & 12<sup>th</sup> May 2020 involving members of the Unscheduled Care Board with a wide range of representation across acute and community and partner organisations. The aim of these sessions was to establish what has worked well during the management of COVID-19 and highlight priority areas for consideration going forward into winter and beyond as part of the wider Unscheduled Care Work Plan for 2020/22.

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

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

### 3. Winter Plan 2020/21

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

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

#### 3.1 Resilience and Business Continuity Plans

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

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

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

#### 3.2 Adverse Weather

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

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

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

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

### 3.3 Scottish Ambulance Service (SAS) Resilience Planning

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

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

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

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

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there

---

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



- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients
- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

### **Hospital Ambulance Liaison Officer (HALO)**

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

## **3.4 Escalation Strategy**

Resilience, one of the key areas of focus in the 2019/20 Winter Plan included a Whole System Safety and Flow Escalation Framework to assist in the management of health and social care capacity across Tayside providing a consistent approach to provision of care in times of pressure.

It is recognised that meeting the demands of winter this year will be more challenging than ever before. Given the potential triple threats of COVID-19, Influenza, and seasonal orthopaedic admissions, it is essential we have an effective Escalation Strategy and plans in place to manage the impact across health and social care services.

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on what has worked during recent months in response to managing COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at the 'front door' between primary and secondary care to allow safe management of patients and improved flow through NHS Tayside organisations. In support of these collaborative efforts across services, escalation strategies are more critical than recent years in maintaining optimum service provision against the anticipated winter pressures.

The Whole System Escalation Framework was reviewed in advance of the previous winter, however in light of the current Covid-19 landscape this year's Escalation Strategy will be further reviewed to ensure it reflects any changes to service design, delivery and this year's anticipated winter pressures.

Escalation Strategies will seek to:

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

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

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

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

### **3.5 Pressure Period Hospital Site Huddle Framework**

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

The current arrangement of daily, weekend and public holiday Safety & Flow Huddles as outlined in Appendix 5 provides a Safety & Flow Huddle framework across seven days at both Ninewells Hospital and Perth Royal Infirmary.

There are currently four huddles across NHS Tayside sites with input from the Integrated Joint Boards and Community Services. There are Senior Nurses based each day on a rota system in both flow hubs, supported by a Leadership Team each day comprising of a Clinical Care Group Manager and a Lead Nurse/Clinician.

The huddle process steps up to address demand when required during pressure periods in winter.

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

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

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

A template is available for local services to develop their own Winter Action Plan was developed to bring consistency of approach to winter preparedness. The Action Card used in previous winters has been reviewed for 2020/21 to ensure suitability for use across all Health and Social Care Services. This follows the approach laid out at the start of this plan:

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

The Action Card Template is attached in Appendix 6.

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

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

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

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

Public Health will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making. The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the current epidemiological picture on Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH/IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The enhanced version of the Command Centre Dashboard will be available in advance of winter 2020 with development of local processes linked to the daily Safety and Flow Huddles, to make full use of this predictive data.

## Summary of Key Actions for Resilience

### Adverse Weather

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

### SAS

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

### Escalation Strategy

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

### Pressure Period Hospital Site Huddle Framework

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

### Sector Action Cards

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

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

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

## 4. Management of Viral Illness

Winter planning is aimed at ensuring the safe management across Tayside of a large volume Influenza-like-illnesses inc. COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

### 4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control

Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

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

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

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

- IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.
- Winter preparedness and raising awareness through education sessions for staff
- Dedicated Transmission Based Precaution education sessions provided as per IPC Annual Training Programme
- Norovirus leaflets and posters provided to NHST by HPS shared across the Health and Social Care Partnerships
- Infection Prevention and Control: NHS Tayside prioritisation flow chart to aid decision making at 'front door'
- Information on Norovirus is sent out to all local care homes by Public Health. The Health Protection Team also supports the management of all outbreaks of diarrhoea and vomiting within care homes, and Public Health routinely informs the IPCT, Communication Team and Resilience Teams regarding the closure of homes.

#### **4.1.2 Norovirus Planning and Control**

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

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

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

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

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

## 4.2 PPE Procurement (Management of Viral Illness)

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

Key actions for this winter include:

- FFP3 Staff testing and fit tested, maintenance of staff fitting programme
- Early procurement stock management of PPE co-ordinated via Bronze PPE Group
- Assurance of governance for respiratory powered hoods
- Sign posting to educational resources for donning and doffing of PPE

## 4.3 An Enhanced Influenza Vaccination Programme

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

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

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

### 4.3.1 Assessment and Delivery Staff Flu Campaign

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

### 4.3.2 Staff Uptake Target

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

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

**Flu vaccinations clinics will begin late September within Occupational Health in Ninewells and PRI**

- Peer vaccination will also take place in clinical areas to boost the staff uptake of the Flu vaccination.
- Additional venues identified to carry out vaccination of Health and Social Care Staff
- Staff also able to attend participating community pharmacies to be vaccinated
- Medical leads will also be asked to consider peer vaccination programme to boost uptake numbers.
- Volunteers recruited through Health have the opportunity to get their Influenza vaccination as part of the Influenza Vaccination Programme
- Plan to use in-hospital vaccination to “catch up” vulnerable patient who have missed community vaccination
- Use of IT systems to book vaccination appointments in addition to the collation of vaccination uptake data.

### 4.3.3 Influenza Communication Campaign

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

The Communication strategy includes the following:

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

In addition, as in previous years key messages about protecting yourself and your family, your patients and the service will be available. Regular updates about staff clinic sessions are shared through weekly e-bulletin LowDown, standalone e-bulletins targeted at staff on

individual sites and on the homepage of NHS Tayside's staff intranet and dedicated intranet flu page. Myth-busting digital assets, photographs and quotes from staff getting vaccinated and 'talking head' videos using members of staff are also shared widely with staff and the public.

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

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

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

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

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

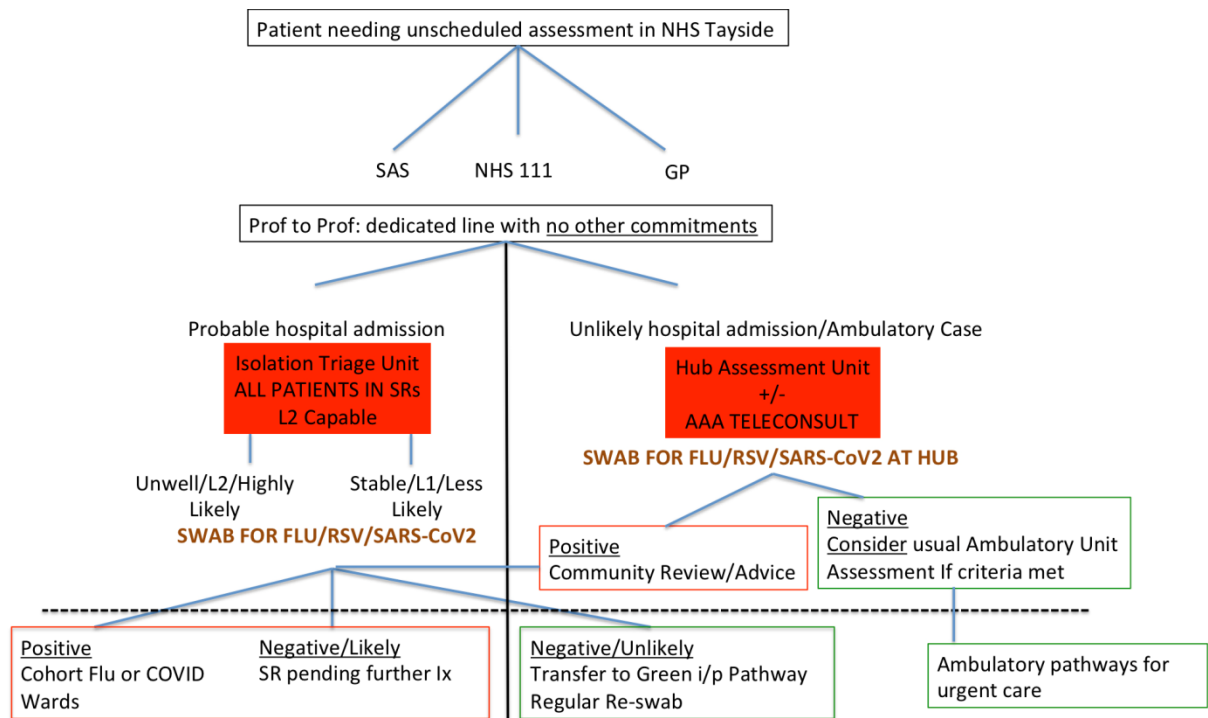
Use of an "assess to admit" model will also ensure that inpatient bed resource is only utilised for those patients who cannot be safely cared for in another setting. The Rapid Assessment Centres will work closely with Primary Care COVID assessment Centres (CAC) and community teams. If admitted to hospital,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

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

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

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





## Summary of Key Actions for Managing Viral Illness

### Norovirus:

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

### PPE

- Procurement and adequate resource availability

### Enhanced Influenza Vaccination Programme

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

### Test and Protect

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

### Other

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

## 5. Unscheduled and Elective Care Preparedness

Unscheduled and Planned Care preparedness and planning for winter include:

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

- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

## 5.1 Navigation Flow Hub

This is under development as part of the Re-design of Urgent Care, and will support the Winter Strategy of scheduling as much Unscheduled Care as possible. The figure below gives an overview of this.

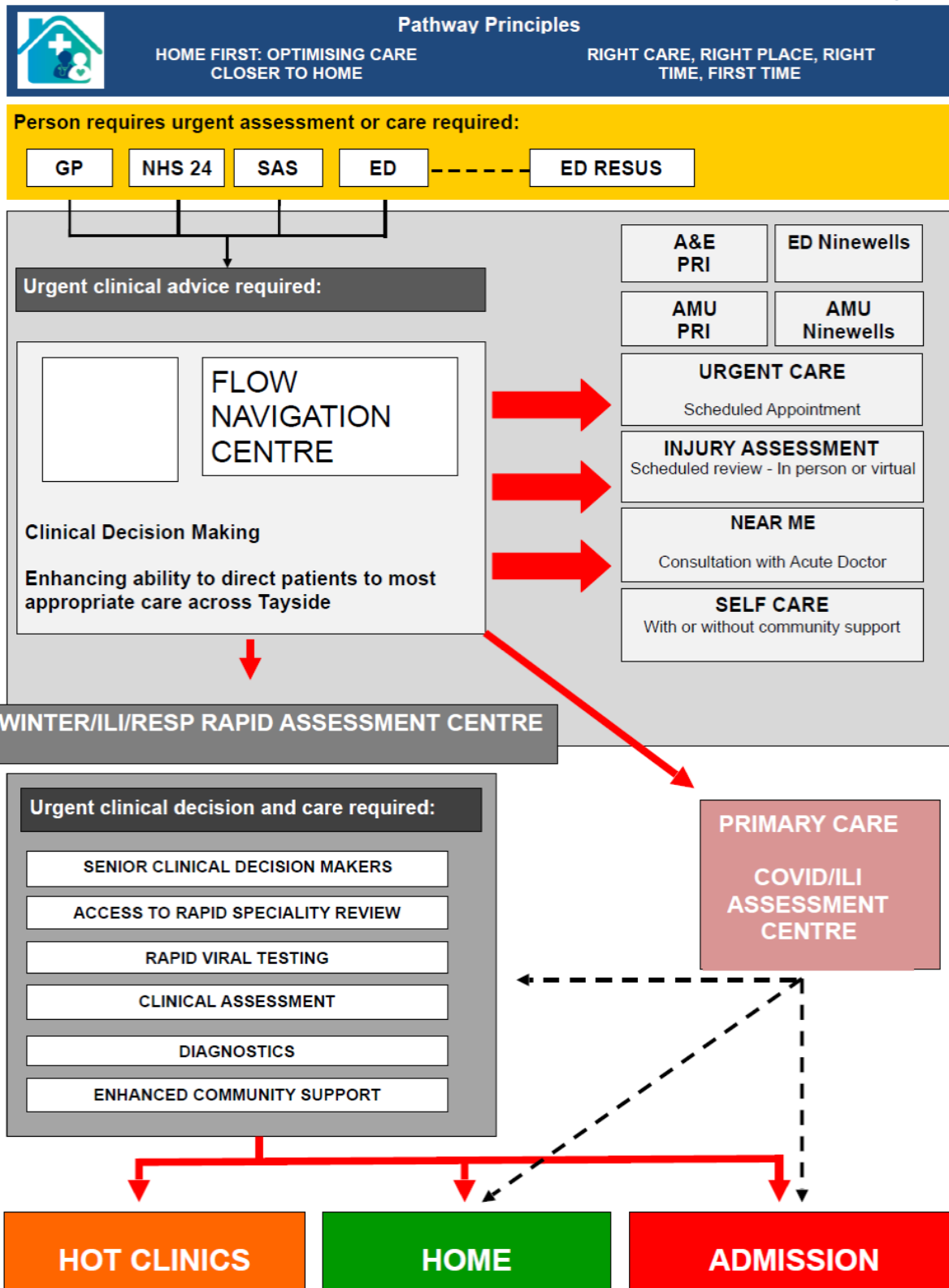
As part of this development, a test of change commenced on 14<sup>th</sup> September 2020 with a dedicated Emergency Department telemedicine shift from 0900 – 2200. SAS crews from Perth and Kinross will contact the Emergency Consultant dedicated to providing advice to discuss each case and determine the most appropriate point of access for the patient. The aim of this approach is to reduce secondary transfers and avoid travel out of Perth and Kinross for those patients who can safely receive their care close to home.

### 5.1.2 Enhanced Community Model

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

In Perth & Kinross, for example, a small group has begun looking at a multi agency pathway for managing patients with respiratory symptoms at home. This involves SAS, the community Respiratory service and secondary care. The Respiratory Managed Clinical Network will support development and evaluation of this pathway and the ambition would be to spread this approach if it is proven to be successful.

# Visual Overview: Accessing Care for Winter



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

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

The ability to safely isolate both COVID-19 possible patients requiring immediate resuscitation and shielding patients who require emergency treatment remains. There is insufficient Emergency department capacity to manage all unscheduled secondary care COVID-possible presentations and a separate COVID-19 assessment unit will be maintained as part of the Winter Rapid Assessment Centre described in section 5.

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

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

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

### 5.1.4 Bed Modelling & Surge

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

### 5.1.5 Inpatient Modelling & Pathways

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

### 5.1.6. Integrated Community Care Hubs

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

### 5.1.7 Pathways: building efficient pathways to support front door Winter Planning

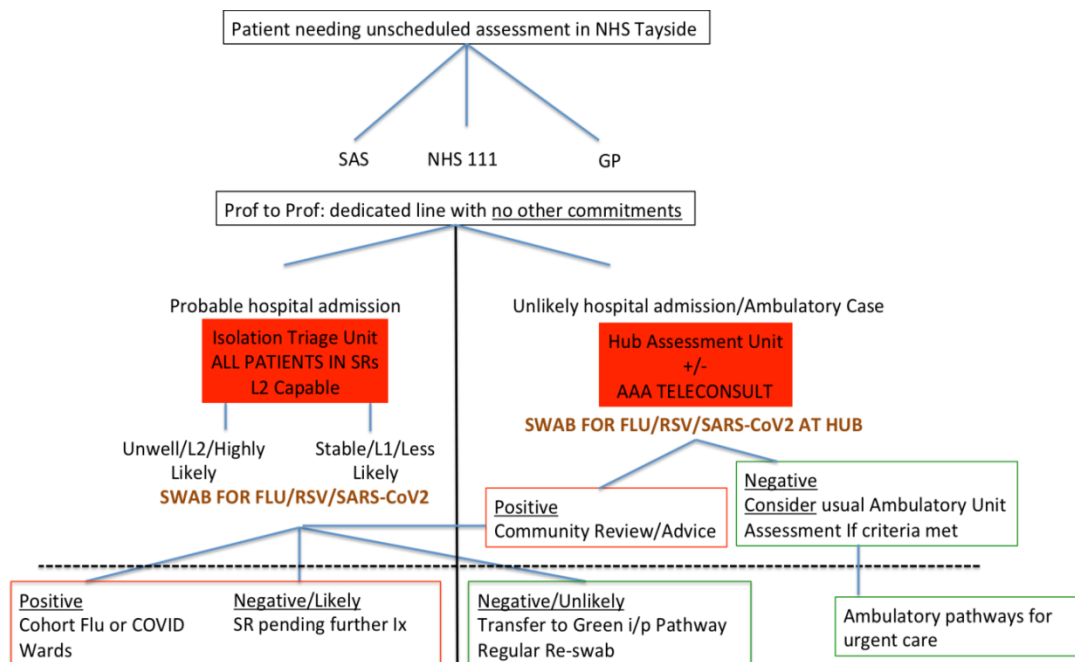
As outlined above, pathways are being developed to safely manage the range of respiratory viral illness, including COVID-19 and Influenza, this winter. This includes:

- Building on what has been developed for COVID-19 (ie East Block as Winter Respiratory Viral Illness Triage Unit)
- Implement a sustainable Prof to Prof programme for quick and easy interaction with GP colleagues, including a Navigation Flow Hub
- Assess to Admit area with rapid viral testing to be able to determine the best pathway for each patient. This will include a rapid turnaround time for testing and diagnostics such as bloods, x-ray, and other diagnostic requirements.
- Perth Site to be able to adapt capacity to meet demand and avoid the need for patient transfer to Ninewells

#### Bed Footprint

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

#### Potential Pathway:



### 5.1.8 Respiratory and Critical Care Pathways

The management of Respiratory illness - particularly those patients with severe Influenza and COVID-19 - is a major part of this Winter's Plan. Separate to this, we will strive to continue to provide as much Business as Usual Respiratory Care through the Winter, recognising that there will periods where this may need to be de-escalated in response to triggers and pressures as set out in section 3. In doing so, we will always continue to provide a significant amount of virtual outpatient appointments, recognising that management of

complex outpatient respiratory illness will help prevent future deterioration through the winter. Respiratory was one of the first departments to remobilise Face to Face New Assessments at NHS Tayside and will aim to provide as much capacity for this as possible in a COVID-secure way, this winter. Cancer and bronchoscopy services have been remodelled to provide ongoing critical services in times of enhanced COVID activity. Dedicated respiratory pathways for acute COVID-19 and Influenza pneumonic illnesses which require inpatient and critical care input remain active from wave 1, with the ongoing and flexible safe provision of Level 1, Level 2, and Level 3 respiratory care for patients with confirmed COVID-19, possible COVID-19, and for those without COVID-19. We have enhanced training of staff in our Acute COVID Assessment Unit (Ward 42) for the delivery of CPAP and NIV, and have developed in-house pathways for the management of both Severe Influenza and COVID-19 available on our relevant Staffnet pages.

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

### **5.1.9 Frailty**

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

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

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

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

## **5.2 System Wide Planning**

### **Digital and Remote Consultations**

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

Remote Consultations and the continued development and use of IT is agreed as a key area for Unscheduled Care, with further growth and spread in the use of Near Me in particular as well as Referral Guidance Help, Consultant Connect systems and the continued promotion of telephone consultations. Digital by default is key going forward for this priority area of unscheduled care and in support of winter plans.

### 5.2.1 Transport

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

### 5.2.2 Delayed Discharges

To prevent and manage delayed discharges, NHS Tayside constantly benchmark using national data, working as a team with our social care partners to minimise delays through daily dialogue and action via the Safety and Flow Huddles and Flow Hub with the winter plan aiming to reflect this activity.

The use of a RAG status on bed capacity in our medical unit has allowed unambiguous communication of capacity and flow and we are looking to develop this for delayed discharges. We recognise that our delayed discharges are lower than other areas but recognise that these are patients who could be cared for in other areas, most commonly at home or a more homely location. We are still working to improve as we recognise the effect of delays on patients as well as flow through our system.

In consideration of the priority areas for winter planning 2020/21 there are specific actions described from an Acute and Partnership perspective aimed at reducing the level of delayed discharges. These in addition to all the improvement and redesign work we are doing via the Unscheduled Care Programme we aim to have delayed discharges within the following levels:

#### **1. Inter-hospitals**

No more than 2 delays for hospital transfer:

Dundee/RVH/KCC no more than 2

Angus Community Hospitals/Psychiatry of Old Age (POA) 2

Perth Community Hospitals and Tay Ward 2

Fife 2

Hosted services palliative care/CIBR 2

**TOTAL of 10**

#### **2. Acute delayed discharge**

Angus no more than 3

Perth 4

Dundee 5

Fife 3

**TOTAL 15**

Acute hospital RAG status for this (1 plus 2) is:

**Green 25 or less**

**Amber 26-35.**



**Red more than 35**

**Total delayed discharges (acute + step-down/POA)**

Angus no more than 10

Dundee 20

Perth 20

**TOTAL 50**

**RAG status for total Delayed Discharges:**

**Green 50 or less**

**Amber 51-65**

**Red more than 65**

These delayed discharge levels will be monitored daily within the Flow Hub as a key component of the Safety and Flow Huddles and are aligned to the Flow Hub/ command centre RAG status:

### **5.2.3 Workforce Planning (including Festive rotas across primary and secondary care, in and out of hours)**

Workforce planning cuts across all of acute and community services. This will be a key consideration in Unscheduled Care and throughout winter aiming to develop an agile and flexible workforce to meet the needs of uncertain and changing situations. Planning will be required to consider a workforce which is flexible around work base and location, 7 day working across required services and workforce development to support self care in the community.

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:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff
- To manage staffing gaps in ward areas, proposed focused update for staff being moved or deployed through the clinical educators/Practice Education Facilitator with familiarisation to new areas, documentation and ways of working before winter and if possible aligning individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Medical floor nurse co-ordinator post to support timely discharge and flow
- Within surgery there is a twice weekly senior charge nurse (SCN) staffing huddle to review next 72 hour period and identify concerns which may be mitigated through an internal plan

- Additional sessions for medical staff (including junior doctors)
- Seven day working over winter period across NHS Tayside and partner organisations i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

## 6. Integration of key partners/ Services

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

### 6.1 Angus Health and Social Care Partnership

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

- Development of the Angus Care Model continues, incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway. Angus Care Model work to develop joint working opportunities and improve communication between AHP's/Enablement Response Team (ERT) and work to further develop Enhanced Community Support (ECS)/ERT
- Discharge checklist established for patients being discharged to Care Homes from Community Hospitals.
- The range of interventions which were applied last winter can be applied this year depending on severity of demand (e.g. free short term respite provision in certain circumstances, additional incentives to providers for prompt engagement, increase in ERT provision) acknowledging the access to respite is dependent on the COVID-19 situation and restrictions.
- Anticipatory Care Planning (ACPs) all reviewed as part of COVID-19 response and this will continue and staff education. Work focused on raising awareness amongst public and staff, use of technology and accessing/sharing information, and ensuring carer support aligned with ACPs from a clinical, personal and legal perspective
- Enhanced Community Support (ECS) continues to work effectively. An action plan is currently being developed to enhance and focus the rehab/enablement ethos of ECS, particularly the AHP and ERT interfaces. Further review of the MDT meeting that is core to ECS is due to commence shortly, including the availability of adequate IT facilities to enable effective remote MDT meetings
- Senior Nurse for Unscheduled Primary Care has been appointed and recruitment to a Senior Nurse Primary Care post is currently underway to support both scheduled and unscheduled pathways
- Palliative and End of Life Care (PEOLC) Improvement Plan has been established - this work includes:
  - robust identification of carers support needs
  - ongoing educational support for Care Homes, Care at Home and Community Nursing teams
  - supporting families to administer as required sub-cut medicines
  - promoting use of Near Me technology as a means of reviewing patients
- Enablement and Response Team continues to improve community capacity by developing an innovative approach to support care at home, provide preventative enablement and respond to short term care needs. This has been reviewed and additional capacity is required
- Personal Care Services operate 7 days/week and we are attempting to strengthen co-ordination/matching processes

- Help to Live at Home is in its concluding stages. Resource Allocation Meetings are held jointly with private and third party providers to improve the matching process and to enable increase in capacity
- Continue to promote the National Power of Attorney Campaign across Angus.
- Providers are supportive of 7 day discharges however, discharge planning from Acute Hospital requires review. ERT operate 7 days per week to support 7 day discharge
- Support care homes and ensure safe transfer of patients.
- Scoping underway to move towards six/seven day services for AHP. Limited workforce capacity to undertake this on a voluntary basis at present. Test of change with Dundee HSCP to provide Care Management support to ensure timely discharge of Angus patients in Ninewells
- Tests of Change continue within Surgical and Orthogeriatrics units at Ninewells with a view to developing an Integrated Discharge hub
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff and rota developed for weekly attendance at the winter planning huddles
- Joint working with discharge hub at Ninewells to improve pathway from acute to community
- All Health & Social Care Partnership staff have access and will be encouraged to accept the annual flu vaccination
- Reinforce the priority of staff testing in the community.
- Review the option for the Monday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days
- AHSCP website to be updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIU opening times and arrangements for community pharmacies, dentists etc
- Successful funding through the Community Trust for 14 KOMP technology units to support falls prevention.
- The Integrated Overnight Service in Angus (IONA), where MIU staff and the out of hours GPs provide a multi-disciplinary approach to overnight care and offer a more flexible service by seeing patients at home, will continue
- CARES (Covid-related Advice on Rehabilitation, Enablement and Support) is a new service developed in Dundee but for all the Tayside population. The advice line is staffed by Physiotherapy and Occupational Therapy and they have links to local services across Tayside that they can refer callers to, as required. Since the service began in July of this year, 20 Angus callers have accessed the service. Patients have been referred to Speech and Language therapy, Nutrition and Dietetics, Community Listening Service as well as local PT and OT services.
- Support a co-ordinated public messaging communication campaign
- Support staff to work flexibly through the use of technology
- Complete readiness assessment for the combined impacts of COVID-19 second wave, Winter and BREXIT
- The NHS Tayside Winter Plan 2020/21 will be submitted to the IJB meeting on 28 October 2020.

## 6.2 Dundee Health and Social Care Partnership

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

- Reinvestment of intermediate care resource to further develop robust community rehabilitation model to support and promote earlier discharge home from hospital

- Building on the Frailty at the Front Door model already successfully implemented in AME unit, by developing a community triage service for those frail patients who may be able to receive appropriate care and treatment in their own homes
- Expansion of the existing social care/community nursing assessment service developed in response to the Covid Hub model to support community triage.
- Further development of ECS/DECSA to support Hospital at Home. Identified as pilot site for HIS H@H trial
- Focus on implementation of eligibility criteria to reduce reliance on scarce social care resource
- Strengthening of 3rd Sector interface to promote the use of alternative community supports as part of Home First strategic redesign work
- Development of a 7 day model of working across Partnership services
- Development of a community capacity situational awareness communication system to promote better whole system working across primary and secondary care
- Development of intermediate care provision for older people with mental health problems
- Remodelling of Integrated Discharge Hub to support improved patient flow
- Ongoing home care and deteriorating improvement work in the community
- Additional investment in the falls and community rehabilitation pathways through Remobilisation monies
- Continued development of an amputee pathway to improve patient flow
- Expansion of the MFE Frailty model, into Surgical and Orthogeriatrics to improve patient experience
- Continued development of joint working arrangements across Tayside Partnerships to promote standardised models of working and simplified referral pathways for clinical staff
- Implementation of a flu campaign which covers patients over 55, vulnerable groups and staff
- Development of community diagnostic services - initially phlebotomy
- Further investment in social care to support early discharge over winter
- Refinement of stroke pathway to improve patient experience
- Fully establish the Mental Health Discharge Hub to extend transitional care to 6 days and support mental health in-patient stays that are as brief as possible whilst preserving safety.

### 6.3 Perth & Kinross Health and Social Care Partnership

The focus of the winter plan and improvement actions for Perth & Kinross Health & Social Partnership is to ensure that people get the right care, at the right time, in the right place, avoiding unnecessary admissions to hospital and ensuring that, once admitted, people are discharged as soon as they are ready, contributing to better health outcomes and making best use of resources. This year's planning is more challenging than previous years as we are not only preparing for winter but also a potential resurgence of COVID-19, therefore this year's plan will be underpinned by P&K HSCP remobilisation plan

The key developments are;

- Review and update Business Continuity Plans, Festive Directory, and Winter Action Cards
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- Work in partnership with General Practice to deliver the seasonal flu vaccination programme
- All health, social care and care home staff will be encouraged to accept the flu vaccination

- Enhance capacity at PRI Front Door to rapidly assess and turn around patients, where appropriate to be managed at home
- Test an integrated evening and overnight service aligned to the Locality Integrated Care Service (LInCS) to provide rapid triage, assessment and support for deteriorating patients to prevent admissions and support discharge
- Enhance the Hospital Discharge Social Work Team to support the flow through hospital for those with more complex assessment needs and statutory support such as Adults with Incapacity Act (AWIA)
- Promote and expand the Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Extended AHP Weekend Working for OT and PT staff within acute services to facilitate assessment and discharge
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Integrate the Discharge Hub and Hospital Discharge Team and put in place a rota for weekend / public holiday cover
- Collaborate with Third Sector for additional volunteer drivers as and when required
- Review of Care Home liaison staff to support complex discharges to Care Homes from hospital settings
- Recruit to additional district nursing resource to enhance the support provided to care homes. This is in line with Scottish Government's National Guidance to NHS Boards and HSCP's to ensure appropriate clinical and care professionals take direct responsibility for the professional support required for each care home in each area.
- Develop and implement a Specialist Community Respiratory Service across Perth & Kinross
- Enhance the LInCS and MFE model with additional Advanced Nurse Practitioners.
- Develop Clinical Fellow MFE model into community hospitals to support capacity and flow.

## 6.4 Fife Health and Social Care Partnership

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

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

## 6.5 Primary Care

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

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

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

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

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

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

### **GP input to content & ADD NEW ESCALATION PLAN**

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

##### Acute Sector

- Workforce Planning/Flexible Staffing plans. Staff rosters aligned with demand and patient acuity including all professions: Medical, Nursing, AHP, Pharmacy
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- Orthogeriatric Pathway
- 7 Day and extended hours in Ambulatory Care
- Enhanced Respiratory and Critical Pathways
- Theatre Scheduling
- Planned /Elective Care shutdown over holiday period
- Review of non urgent Outpatient Clinics to support staffing resource

##### Health and Social Care Partnerships

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

## 7. Out of Hours (OOH) Preparedness

We anticipate the winter period being much busier this year due to an expected increase in COVID and COVID type presentations. In order to deal with this we plan to increase our capacity across the three main areas of: telephone consultation/advice, face to face assessment and home visiting. We will increase the number of clinical shifts that we have on offer, throughout the winter months (November to February) by offering additional evening shifts in Dundee and Perth and for the busiest times of the weekends. We note the following specific challenges and solutions:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.
- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.
- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- We will increase our usage of Near Me/Attend Anywhere.
- In anticipation of paediatric contacts increasing this year, we plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community
- We will be supporting the flu vaccination campaign both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather

### Summary of Key Actions for Out of Hours

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

## 8. Mental Health and Learning Disability

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

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

- Ensuring patient safety, flow and sustainable performance against the 4 hour emergency wait standard (this will include patients arriving at the emergency department and those presenting for Crisis Care assessment)
- Developing rapid review system for any patient breach of 4 hour standard
- Ensuring winter preparedness and response in a COVID-19 endemic time period by maintaining and building upon our COVID and Non COVID pathways of care for patients who may have symptoms and also require mental health care and treatment
- Proactively working to manage demand for inpatient admission to hospital through ensuring community resilience and effective use of intensive home treatment models of care
- Enhanced implementation of safe and timely discharge of patient from hospital
- Effective inter-agency planning between inpatient service and community mental health teams
- Proactively building and deploying partnership working to support mental health and learning disability transitions, and primary care services to manage unscheduled care demand through the development of a whole systems transitions model with the capacity to engage with community based mental health services and discharge Hubs.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands
- Contributing to the corporate risk management of EU Exit arrangements and proactive service management of related risks in regard to unscheduled care demand.

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

### Summary of Key Actions for Mental Health

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



## 9. Communication Strategy

The NHS Tayside Communications Team has communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Tayside communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike.

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

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

The Communications Team will continue with a media campaign around access to healthcare when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

## 10. Paediatrics

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

The key concepts and actions for this winter are:

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

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

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

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

### **Staying informed**

- Access and contribution to the Command Centre Dashboard
- Contributing to safety huddle

## Unscheduled care - supporting flow

### Admission avoidance

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

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

### Appropriate utilisation of isolation rooms and cohort areas

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

### Enhanced level 2 and 3 support

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

### Supported discharge

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

### Scheduled Care – maintaining services

- **Outpatients.** > 50% of Paediatric outpatient space has been converted into PAU space. To maintain service the majority of consultations are on Near-me. Paediatric procedures clinics have been set up closer to home for patients. There are adequate facilities for patients who require face to face consultation.
- **Day Case Medical Admissions** – Clinical Investigation Unit space enhanced to free inpatient bed spaces. Capacity and prioritisation may alter if local Covid prevalence increases significantly.
- **Elective Surgery.** Will be preserved as much as possible however Paediatric Level 2 care capacity may limit some major surgery. Should local Covid prevalence increase significantly capacity and prioritisation may need altered accordingly.

## **Staffing**

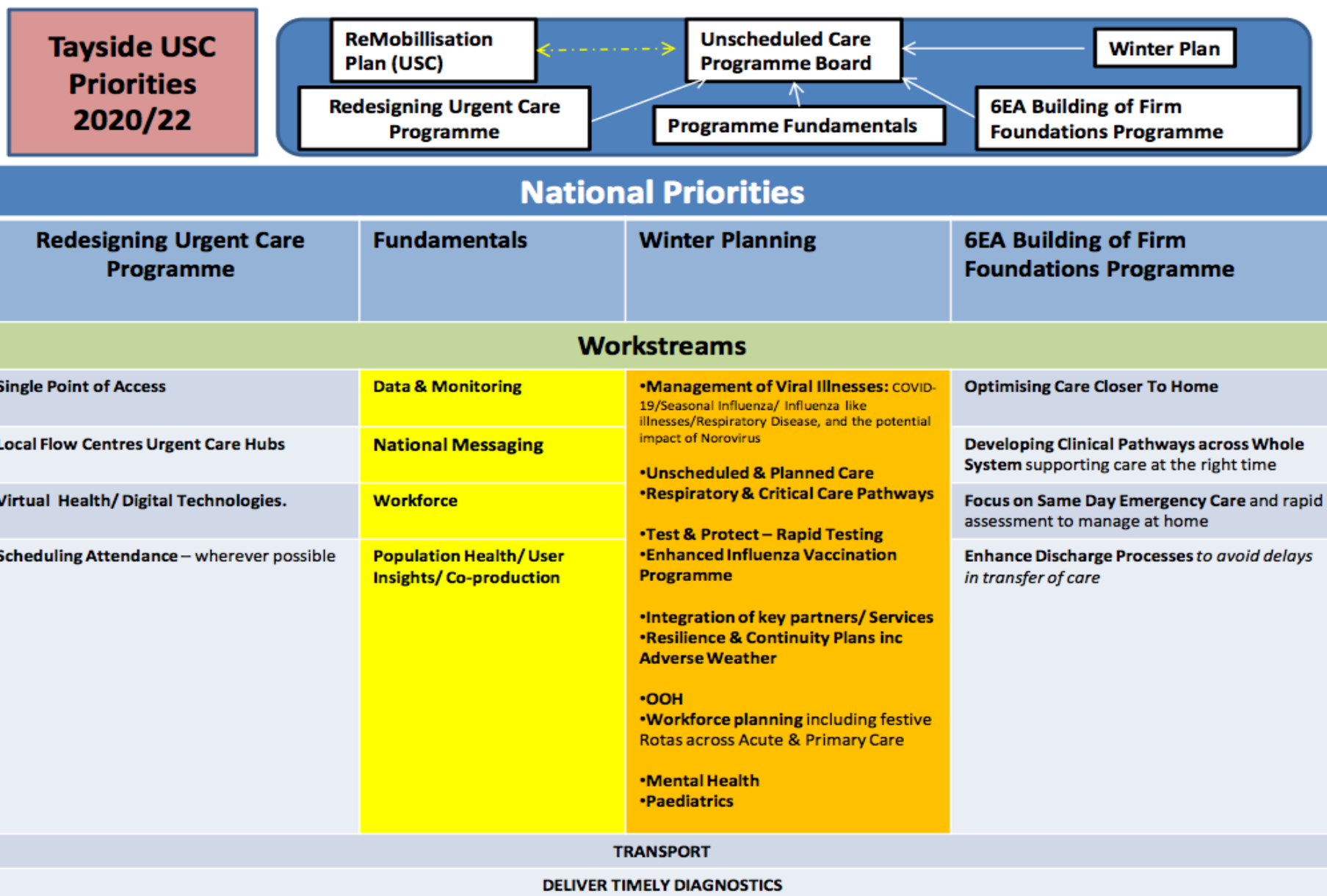
To support anticipated increase in admission numbers and complexity of managing high volumes of patients in a high risk Covid pathway

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

## Appendix 1 Winter Preparedness Funding Summary

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

## Appendix 2 Unscheduled Care Programme Portfolio 2020



## Unscheduled Care Portfolio

### Winter Plan Priority Areas

#### Winter Plan

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

### Approach

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

**INFORM**  
Whole System Escalation Framework

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

**COMMUNICATE**  
Whole System Approach Planning and Messaging

### Deliverables

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

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

#### Whole System Escalation Framework:

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

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

Actions/Response to local triggers  
 Departmental/sector winter action cards  
 Pressure period hospital site huddle framework  
 Communication plan – local knowledge & use of escalation & response processes  
 Winter Plan planning meetings becoming operationally focused from September

#### Communicate identified pressures and actions

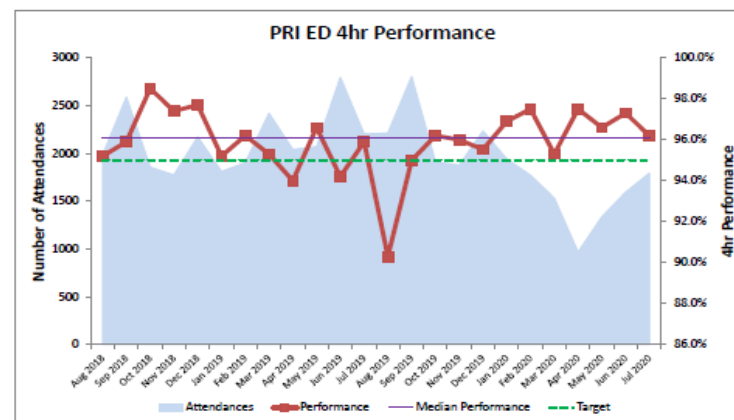
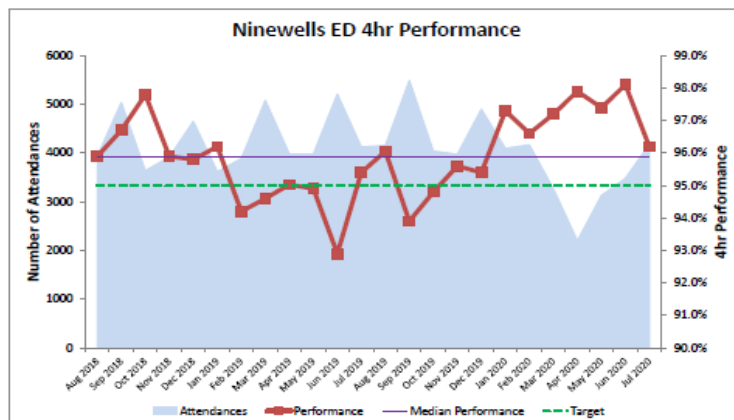
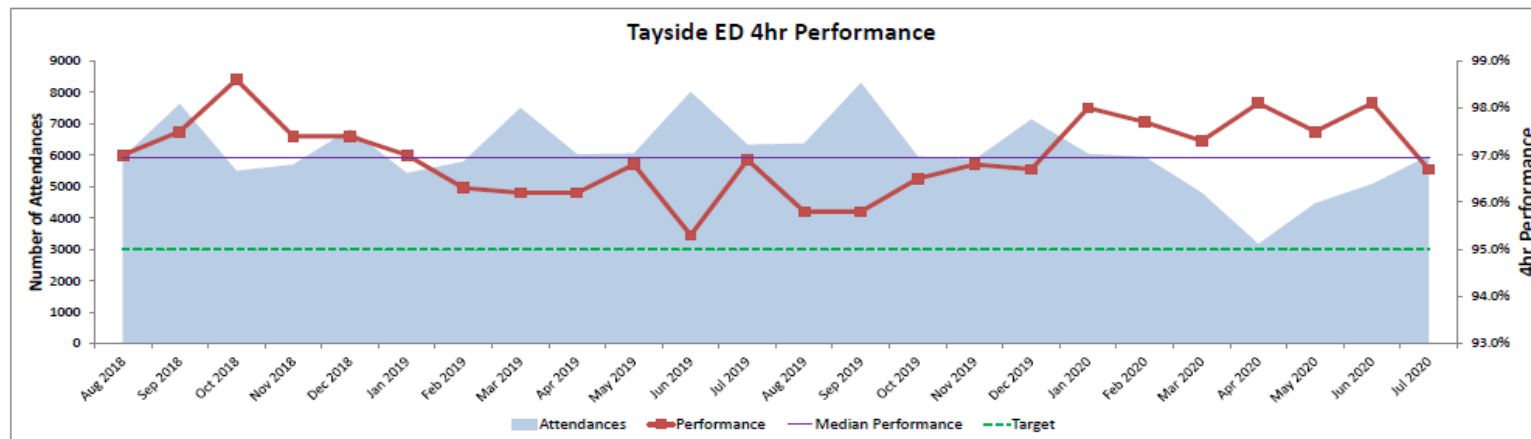
Communicate Whole System Approach with improved Visual Aid communications  
 Tayside wide Winter Communication Campaign (internal/external)  
 Festive 'Ready Reckoner' including all key services and contacts communicated across Health Social Care & Partner Organisations

## Appendix 4 Unscheduled Care Pack Snapshot of Measures

### ED Performance

### NHS Tayside Emergency Departments

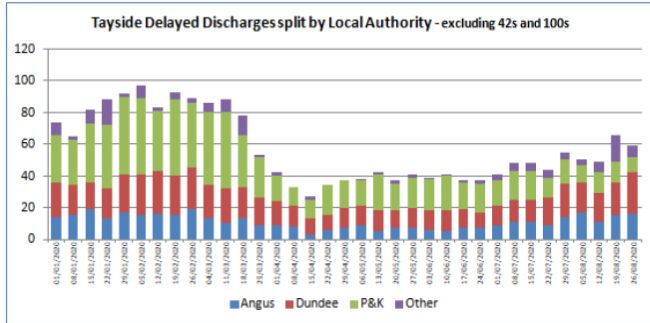
Unscheduled ED Attendances by site & 4 Hour Performance %



# Delayed Discharge Snapshot

## Delayed Discharges

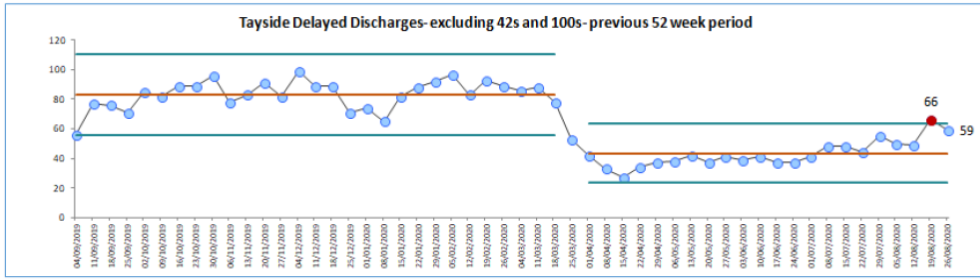
### NHS Tayside Delayed Discharge Weekly Snapshot Position



Delayed Discharge weekly snapshot from 12 Jan 2020:

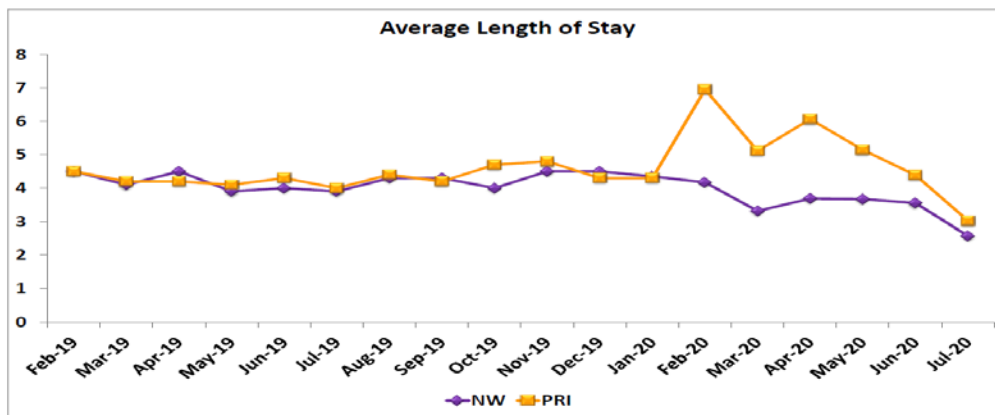
Delayed Discharges reduced from 66 to 59 this week. A breakdown by local authority is provided below:

	19-Aug	26-Aug	Shift wk-on-wk
Angus	15	16	1
Dundee	21	26	5
P&K	13	10	-3
Other	17	7	-10
<b>Total</b>	<b>66</b>	<b>59</b>	<b>-7</b>



## Average Length of Stay

### Average Length of Stay



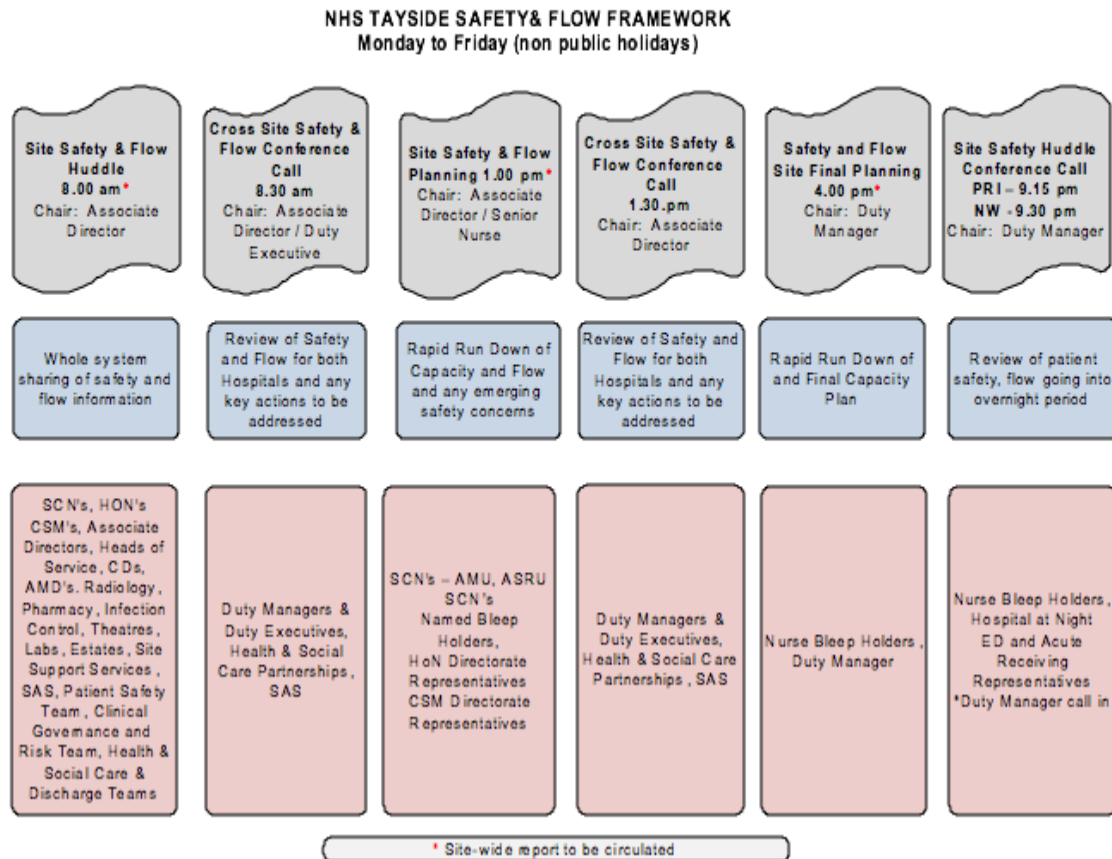


## Appendix 5 Safety and Flow Huddle

### SAFETY AND FLOW HUDDLES NINEWELLS AND PRI

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

**Figure 1: Monday to Friday Huddle Arrangements**



## Appendix 6 Winter Action Card Template

### WINTER ACTION CARD

DEPARTMENT:

LOCATION: (e.g. Ninewells, PRI)



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

*Example:*

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

#### WINTER PREPAREDNESS – PLANNING AHEAD

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

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

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

*Communication internal/external*

#### ALERT/TRIGGERS

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

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

*Communication internal/external*

#### ESCALATION – Action & Response

*What do we need to know?*

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

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

#### DE-ESCALATION - Stepdown

*How will we know we can step down?*

*Workforce capacity levels  
Demand Capacity levels etc*

## Appendix 7 Resilience Useful Websites

### RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES

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

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