



Winter Plan

NHS Tayside and Partner Organisations

NHS Tayside Unscheduled Care Board

2021/22

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Executive Leads for Winter

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

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

Operational Leads for Winter

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Executive Summary

NHS Tayside, the Health and Social Care Partnerships of Angus, Dundee and Perth & Kinross, Scottish Ambulance Service, and other key stakeholders continue to take a collaborative approach towards preparedness and planning for winter 2021/22 through the Tayside Unscheduled Care Board and other key strategic and operational fora across these organisation's.

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

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

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

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

The winter plan has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisation's will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning and business continuity arrangements to provide a comprehensive plan to NHS Tayside Board, Scottish Government, and our population for winter period December 2021 – March 2022.

1. Introduction

1. Aim

The Winter Plan aim is to demonstrate clear engagement and alignment between Acute Services, and Health and Social Care Partnerships for winter planning across Tayside. Setting key Partnership actions and planning processes is key to effectively manage the potential demands associated with this more complex and challenging winter period of 2021/22.

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, their families and staff.

1.2 Rationale and Planning Assumptions

This Winter Plan has been informed by external and internal sources; has involved extensive planning, discussions and feedback, including learning from previous experience; has assessed winter risk and developed shared approaches for winter 2021/22. These sources include:

- Unscheduled Care National Programme; 6EA Building on Firm Foundations Programme; and Redesign of Urgent Care Programme
- Tayside Winter Planning Core Group
- Tayside Winter Planning Operational 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 Winter Overview 2021-2022
- Scottish Government Preparing for Winter correspondence & Winter Preparedness: Self Assessment Guidance 2020/21
- Scottish Government's Re-Mobilisation Plan correspondence

Review and local feedback of demand for services so far in 2021 has informed that this winter period creates a number of challenges for all partners delivering access to safe, timely health and social care services. The main challenges are reflected by the Scottish Government's recommended areas for consideration detailed below in the approach taken to deliver the winter planning aims.

1.3 Approach

Tayside Unscheduled Care Programme Board

The Tayside Unscheduled Care Programme Board has responsibility for supporting and facilitating the implementation of the National Urgent & Unscheduled Care – 6 Essential Actions Improvement Programme across NHS Tayside and the 3 Health and Social Care Partnerships residing within the Tayside Boundary.

The Tayside unscheduled care board have set out the intention to align the National programme Workstreams against local strategic priorities for 2021-22 under the following Workstreams:

Collectively, these Workstreams are represented as a compass

- Navigating Journeys of Care // Interface Care
- Enhanced Discharge Community Support // Optimised Discharge
- Redesign of Urgent Care // Alternatives to Admission
- Winter and contingency planning

Winter and Surge Planning are integral to the priorities and deliverables of the programme and is incorporated to ensure an aligned and cohesive approach across the whole system of care. The success of Tayside's winter plan in previous years has been through alignment with the Tayside Unscheduled Care portfolio. This year, the Tayside Winter plan will focus on the same key priorities, building on local learning from both winter and pandemic responses.



Primary Aim: Business as Usual

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



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, Sapovirus, Astrovirus, Rotavirus and Adenovirus. .
- **Maintaining Unscheduled and Planned Care**
- **Capacity and Demand Analysis**: with a Command Centre enabled Hub including surge capacity analysis that adheres to safe distancing within the hospital.
- **An enhanced Influenza Vaccination Programme** for patients and Health and Social Care Staff.
- **Testing for viruses**.
- **Respiratory and Critical Care Pathways** planning for the safe management of Severe COVID-19 and Influenza, including the modification of the estate where required to further reduce risk of Nosocomial transmission.
- **Integration of key partners/Services**.
- **Resilience and Business continuity plans tested with partners**.
 - Inc Adverse Weather
- **Out-of-Hours**.
- **Workforce Planning** including Festive rotas across primary and secondary care, in and out of hours.
- **Mental Health** (added by our Board).
- **Paediatrics** (added by our Board).

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

Prevent

-The prevention of illness and Admissions within our population and staff

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

Inform

-A Whole System Escalation Framework

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

Respond

-Local and Organisational Business Continuity Planning

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

Communicate

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

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

1.4 Finance

The Tayside Unscheduled Care Board provides the governance and oversight of the allocation of winter planning funding for 2021/22.

The aim for is to proactively invest in work that will aim to maintain access to planned and unscheduled care, minimising disruption to services, and preventing deterioration in health and escalation in care where possible. This will include periods where we may have reduced services such as public holidays and to respond to increased seasonal illness such as Influenza, COVID -19, and inclement weather.

The table below outlines the financial commitment towards the Winter Plan as well as the level of national funding which has been made available to date:

	£m
SG - Winter Planning	0.758
SG - 6 Essential Actions	0.523
NHS Tayside	0.219
Total	1.500

The Scottish Government has provided £1.281m as per the allocations in the above table which has been further enhanced by NHS Tayside to the value of £0.219m giving a total resource available of £1.5m to support the NHS Tayside Winter Plan for financial year 2021/22. This is consistent with the approach taken in previous years.

Dialogue continues with Scottish Government Finance representatives around a further tranche of winter monies before the end of the financial 21/22.

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 2021/21. In accordance with national recommendations funding will be specifically targeted on the following areas:

A scoring matrix was applied to each bid for winter and unscheduled care monies to ensure fair and transparent process.

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

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

1.5 Approval of Plan

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

Table 1.

Date	Format	Committee / Board
	Draft Approval	
5 th November 2021	Final Approval	Operational Leadership Team
22 nd November 2021	Final Approval	Executive Leadership Team
TBC	Approval	Dundee Integrated Joint Board
TBC	Final Approval	Perth & Kinross Integrated Joint Board
TBC	Approval	Angus Integrated Joint Board
16 th December 2021	Final Approval	NHS Tayside Board favourite

1.6 Governance Arrangements

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

2. Key Drivers and Changes from Previous Winters

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

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

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

The Unscheduled Care Programme key priorities for redesign and improvement for 2021/22 are illustrated in Appendix 2 with the key drivers and framework for winter planning illustrated in Appendix 3.

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

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

Specific to this winter plan are the following standards:

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

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

The NHS Tayside Health and Business Intelligence produce and provide data all year round in relation to the above standards and targets.

Appendix 4 illustrates a snapshot of the Unscheduled Care Dashboard.

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

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

2.2 Lessons Learned from Winter 2020/21




A full evaluation of the 2020/21 Winter Plan was completed in May 2021.

Key themes, learning and actions from local reviews across Tayside have informed the development and approach of the Tayside Winter Plan 2021/22.

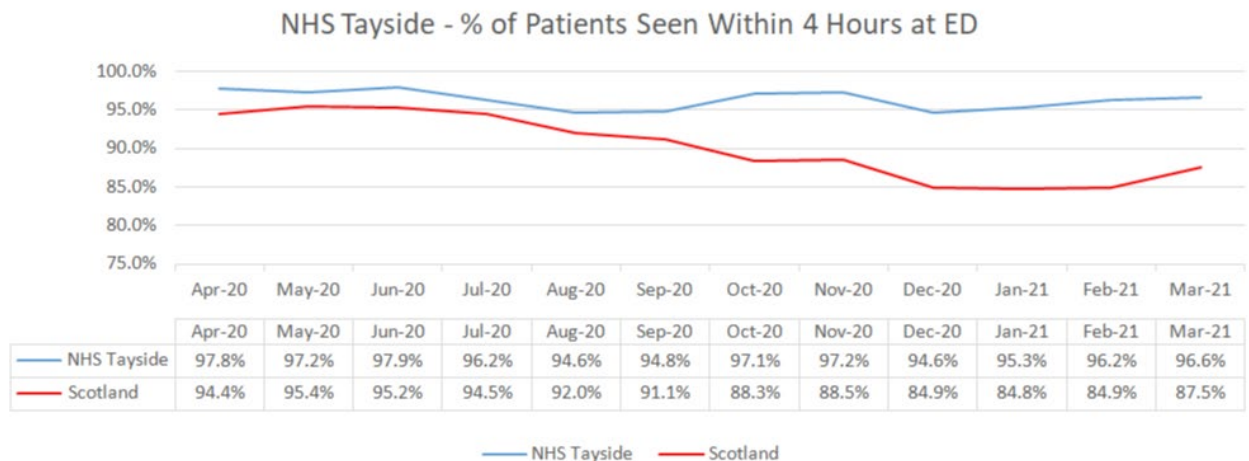
NHS Tayside performed extremely well over the winter period. Much of this was a result of whole system planning and preparation for increased demand. NHS Tayside has adopted a "Clinically led, managerially enabled" model. In practice this has led to senior doctors, managers and lead nurses working together in an honest and supportive way.

A summary of acute performance in January 2021 is shown below:

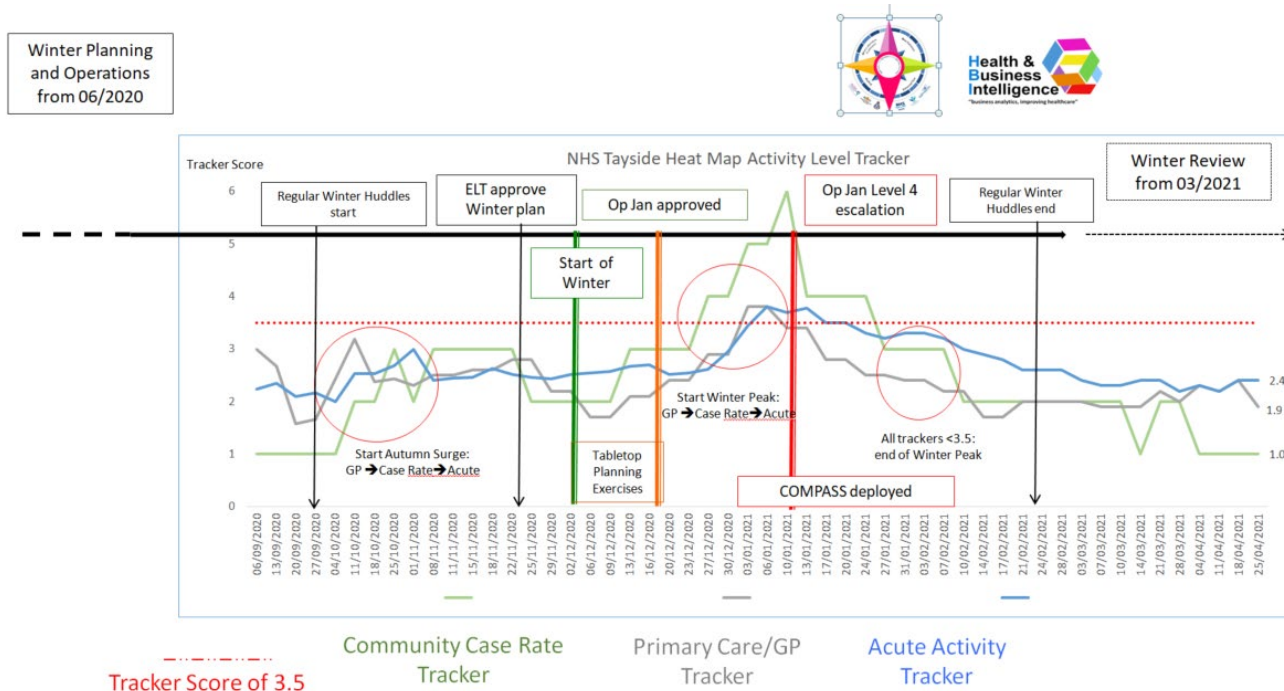
JANUARY PERFORMANCE HEADLINES

-  **95.3%** of Emergency Department attendees were seen within 4hrs (Target 95%) (Scotland 84.8%)
-  **195** medical occupied beds (88% occupancy) with **23** empty beds.
-  **190** COVID occupied beds (75% occupancy) with **47** empty beds.
-  **135** surgical occupied beds (90% occupancy) with **13** empty beds.
-  **59.3** average daily delayed discharges (Target <50)
-  **224** attendances at East Block Assessment Unit with **72%** admitted

NHS Tayside delivered performance against the 4 hour National Emergency Access Standard at a higher level than the Scottish average throughout the winter period.



Heat Map activity scores throughout winter 2020/21 were tracked over time and key events in the planning and delivery timeline are shown against this, below:



Recommendations from the evaluation of the Tayside Winter Plan 2020/21 have been used to inform the Tayside Winter Plan 2021/22 and can be summarised under the 4 main workstreams:

Plan

- Mainstream the use of the Multi Source Data Heat Map
- Establish a Strategic Activity Planning portfolio encompassing winter and contingency planning to provide clinically lead, managerially enabled dedicated support and leadership

Respond

- Continue work to refine safety & flow huddles, improving multi agency and partnership engagement
- Develop further data triggers for activity in receiving units
- Develop service, site and system wide escalation plans

Inform

- Refresh of business continuity plans across all areas
- Develop systems to ensure that demand and pressure are visible to clinical teams in a meaningful way

Communicate

- Consider how best to communicate with staff, patients and the public both in routine work and at times of escalating pressure

3. Winter Plan 2021/22

The Tayside Winter Plan 2021/22 is set out in accordance with the key priority areas aligned to the Scottish Government recommendations:

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

3.1 Resilience and Business Continuity Plans

NHS Tayside and its partner organisation's have robust business continuity management arrangements and plans in place. Tayside-wide groups involving all partner organisation's such as the Local Resilience Partnership (LRP) meet regularly throughout the year but during the winter with a particular focus on the Winter Pressure Plan which describes the structure and key areas to be addressed in the Tayside response to extreme winter pressure. 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 activity/response
- Identify strategic objectives for the LRP during winter pressures
- Describe the multi agency structure for co-ordination and delivery of outcomes

3.2 Adverse Weather

Themes highlighted from previous local reviews of 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. Areas to be considered 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 be circulated via the Risk & Resilience Planning Team for Amber/Red Weather Warnings.
- Duty Executive awareness through attendance at daily huddle meetings
- Links to existing plans, Adverse Weather Procedure, and Departmental Business Continuity Plans where learning from COVID-19 should also be reflected
- Link to HR policies
- Ownership is operational rather than service specific
- Accommodation arrangements to be clarified for 'essential' staff who are required to support core/critical services in the event of adverse weather in collaboration with Service Leads
- Catering arrangements to be clarified for 'essential' staff who are required to support core/critical services in the event of adverse weather in collaboration with Soft Facilities Management
- Transport arrangements for 'essential' staff which are required to support core/critical services in the event of adverse weather in accordance with the Adverse Weather Procedure and where all other contingency options have been exhausted.
- Early and continued engagement with Local Resilience Partnership

The final appendix (6) 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)¹ Guidance Document are used for this purpose. The Capacity Management Contingency Plan may need to be implemented in circumstances when there is: increased demand, reduced capacity, or reduced wider NHS services over festive periods.

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

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

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

- Ensuring there are shovels on each vehicle
- Additional supplies of consumables, grit/salt for the stations etc
- Map out where staff reside so that they can be directed to their nearest station rather than their base station if they can't make it there
- List and map all 4x4 vehicles so that they can be allocated to transport essential staff and patients e.g. renal/ oncology patients

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

- Liaise with the Health Board around activity and ensure any resources freed up from cancellations are used as additional staff on vehicles that require to go out in the severe weather to give us resilience

Hospital Ambulance Liaison Officer (HALO)

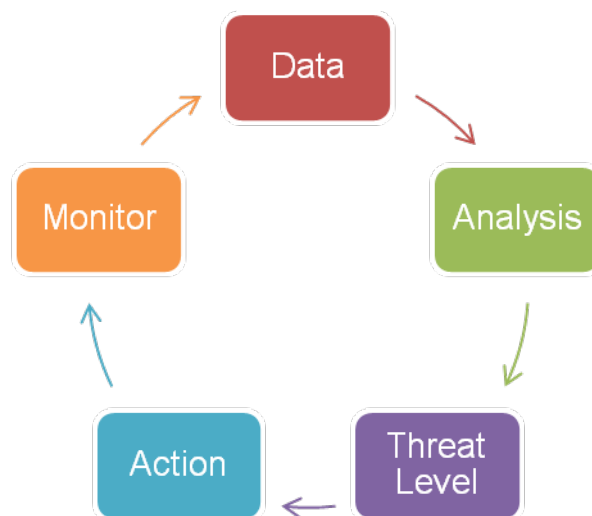
Within Tayside sits the Hospital Ambulance Liaison Officer (HALO) whose role is to work in close liaison with its Health and Social Care Partners to discuss patient flow, bed status etc in an effort to improve hospital flow and turnaround times. The post holder will report regularly to senior SAS managers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

The HALO is a member of the Tayside winter planning group which meets weekly and SAS also participate in the weekly heat map review meetings.

3.4 Escalation Strategy

This year's Winter Plan will see continued collaborative working for winter preparedness as well as building on the established Adult Pathway for escalation of COVID-19. NHS Tayside continues to redesign services in preparedness of expected winter pressures within a COVID landscape with more integrated work at between primary and secondary care and the Health & Social Care Partnerships to support safe care of patients in the most appropriate setting.

The Whole System Escalation Framework will be reviewed in advance of the winter months building on the planning cycle utilised last winter:



Escalation Strategies will seek to:

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

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

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

- Development of an Escalation Strategy , reviewing/building on current arrangements
- Identification of further 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

3.5 Pressure Period Hospital Site Huddle Framework

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

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

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

A Safety & Flow Hub is located on each acute hospital site with modern video conferencing equipment to facilitate cross site communication and access to the Command Centre System. There is co-location of the flow team and the hospital at night and hospital at weekend team to identify an area for teams to meet to promote collaborative working.

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

3.6 Winter Planning Activity/Departmental/Sector/Flexible Service Delivery Model

An information pack was developed last year to support services to develop their local plans and to bring consistency of approach to winter preparedness. The Service Preparedness Pack has been reviewed for 2021/22 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

Appendix 6 demonstrates a draft pack. This may be reviewed and updated in line with local triggers and escalation plans.

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

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

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

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

- OOH
- NHS 24
- General Practice
- Health Protection Scotland (HPS)
- Public Health
- NHS Tayside Command Centre Dashboard
- Multi Source Data Heat Map

Public Health will co-ordinate and report HPS data around COVID-19 activity to support better use of data for predictive decision making as part of threat level generation. The Infection and Prevention Control Team (IPCT) also share data from HPS regarding the

current epidemiological picture on Influenza and Norovirus surveillance data across Scotland. It is planned that this information will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.

System Watch along with the development of the Command Centre Dashboard will be used with the above PH and IPCT input locally to support forecasting of demand and capacity, providing triggers for local and system wide escalation. The Command Centre Dashboard has been significantly updated over the course of the last 12 months and now provides a wealth of real time information.

Summary of Key Actions for Resilience

Adverse Weather

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

SAS

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

Escalation Strategy

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

Pressure Period Hospital Site Huddle Framework

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

Sector Action Cards

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

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

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

4. Management of Viral Illness

Winter planning considers the required actions to ensure the safe management across Tayside of a large volume Influenza-like-illnesses which will include those patients with

potential for COVID-19, from primary care to critical care. This will sit alongside an enhanced Influenza vaccination campaign in Tayside, and improved rapid management of seasonal GI viral pathogens such as Norovirus. In this section, we deal with Influenza vaccination, PPE, and Norovirus, returning to the management of Influenza-like illnesses and COVID-19 in Section 5.

4.1 Norovirus

NHS Tayside's Infection Prevention and Control Team (IPCT) ensures that staff have access to and are adhering to the national guidelines on *Preparing for and Managing Norovirus in Care Settings* along with the HPS National Infection Prevention and Control Manual (Chapter 2 Transmission Based Precautions). IPCT provides all guidance on the Infection Prevention Staffnet site. For those staff groups who are unable to access Staffnet (Independent providers / social care teams), this information is available on the Health Protection Scotland (HPS) website.

4.1.1 Norovirus Training and Communications

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

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

IPCT provides regular updates to the NHS Tayside Communication Team regarding ward closures, and advice for staff in relation to infection prevention and control precautions, communicated over winter period.

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

4.1.2 Norovirus Planning and Control

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

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

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

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

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

4.2 PPE Procurement (Management of Viral Illness)

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

Key actions for this winter include:

- Staff are face fit tested for FFP3 facemasks and a staff face fitting programme is maintained
- Early procurement stock management of PPE 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 and Covid Booster Programme

The roll out of 2021/2022 Enhanced Flu and Covid Booster programme commenced on the 6th September 2021 with flu vaccinations being delivered to pre school children in community settings and those Over 70 or classed as Clinically Extremely Vulnerable (CEV) in General Practices across Tayside with an aim to complete delivery of Flu immunisation by mid December, this remains on target with over 100k doses delivered by 7th November 2021.

Covid booster vaccination commenced for the Over 70s and CEV on the 11th October and all eligible have now been vaccinated at the vaccination centres or in care homes settings. Housebound visit roll out has begun and will conclude by December. Vaccination of those 60 to 69 and at risk is now being progressed with co- administration of both flu and Covid boosters which will continue to mid November when the online portal for booking will open for those aged 50 to 59 and those classed as unpaid carers.

Drop-ins continue to be available for those requiring 1st or 2nd doses. To date over 727k Covid vaccinations have been delivered in Tayside and this includes over c96k booster doses (13.1% over Scottish Average of 9.9% currently) and c3k 3rd doses as part of Tranche 2.

The current target is to ensure 80% of those due their flu and Covid booster will be in receipt of this by mid December 2021. The programme will continue to vaccinate the remaining eligible population with their Covid booster when becomes due (6 month post second dose) which is anticipated will continue through to the end of March 2022.

The ongoing delivery of the current COVID-19 vaccination programme is predicated on the use of designated vaccination centres and having dedicated vaccination workforce.

4.3.1 Assessment and Delivery Staff Flu and Covid Booster Campaign

The local staff vaccination programme commenced on the 23rd of September 2021 with the national online booking system live from 20th September 2021. Vaccinations were provided within the Improvement Academy in Ninewells Hospital, Dundee, Perth Royal Infirmary site in Perth, Mackinnon Centre Dundee (for community based staff) and from Montrose Town Hall, Reid Hall Forfar and the Arbroath Community Centre. The staff clinics in IA, PRI and Mackinnon Centre have now closed and all activity transferred to the public facing clinics in Dundee Central Venue and Dewars Ice Rink. Staff are also offered the opportunity to attend Community Pharmacies for flu vaccination only and a programme of peer vaccinations will commence over the next 4 weeks to maximise opportunity for staff to receive their flu vaccination.

4.3.2 Staff Uptake Target

Staff who have attended clinics to date have been offered both flu and Covid booster vaccination when eligible (6 months from 2nd dose).

As at the first week of November 2021, the programme has delivered -

Healthcare Workers (including indep contractors) – 10,846 Flu, 10833 booster, 18,417 1st dose and 17,701 2nd dose

Social Care Workers – 2,808 Flu, 2327 boosters, 6355 1st Dose and 6250 2nd dose

Care Home staff – 1,548 Flu, 1697 boosters, 4356 1st dose and 4,077 2nd dose

Last year the programme delivered flu to 60% of staff which was the highest delivery to date and Covid 1st and 2nd dose to over 90% of total workforce. This year the target is to achieve booster delivery to over 90 % and the 70 % flu vaccination target as noted earlier in paper.

4.3.3 Vaccination Communication Campaign

The NHS Tayside Communications Team provides ongoing staff and public communication for the vaccination programme. The COVID booster and seasonal influenza vaccination campaign is 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:

Updated information to NHS Inform regarding local arrangements
General Practice to contact eligible Over 70 and CEV patients for flu jabs
Regular and ongoing media releases and social media communications to inform public how, when and where they will get vaccinated
Email communications with all health and social care staff clarifying how to book appointments
Weekly communications to Scottish Government/NHST/HSCPs/GPs/ISD re uptakes and progress

Flu and COVID vaccination Staffnet sites
NHS Tayside vaccination webpage
Regular promotion of all clinics and how to access on staffnet, Social Media, press etc
Information shared with staff re pharmacies delivering flu vaccinations for health and social care staff in each area

Appendix 8 illustrates examples of communications to promote the uptake of flu and COVID vaccination.

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

Plans are in development to ensure rapid and safe identification of respiratory infections by PCR, including COVID-19, Influenza and RSV. Two main areas of focus are:

- Enhanced Rapid Assessment Centres at Ninewells and Perth Royal Infirmary with rapid testing for respiratory viruses including SARS-CoV2.
- Frontloading diagnostics and senior clinical decision making as early in the patient pathway as possible; this will be done in conjunction with plans for an Assess to Admit strategy which is well embedded in Tayside. (see Section 6)

4.4.1 Enhanced Front Door Assessment & Testing

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

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

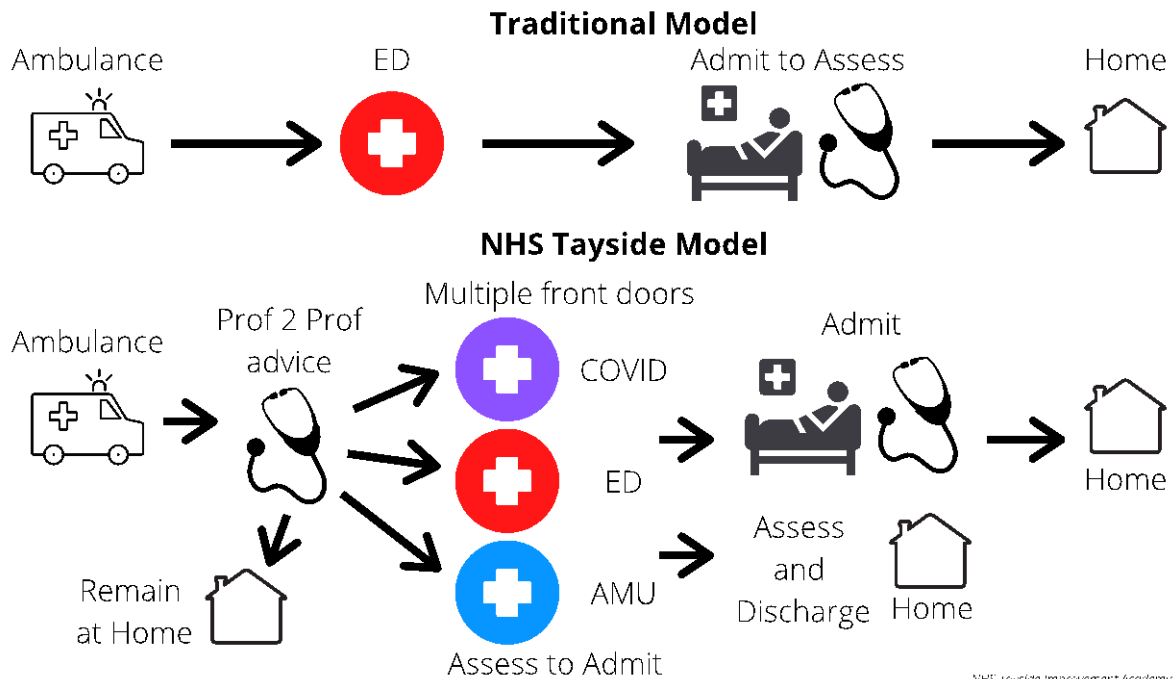
Rapid PCR based testing for Covid-19, Influenza (and RSV for paediatric patients) is available for all acute admissions to avoid admission to a bay without 1st knowing a patients infection status. Rapid testing “hot-labs” have been created, providing 24/7 testing, with results reported within 40 minutes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

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

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

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

Dedicated portering services have been implemented to ensure efficient delivery of samples the molecular microbiology service, further improving test turn-around-times.



4.4.2. Place of Care Testing

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

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

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
- The Redesign of Urgent Care
- Maintaining an ability to deliver a safe viral assessment and admissions pathway
- Escalation and de-escalation plans which are coproduced between unscheduled and planned care
- Respiratory and Critical Care Pathways planning for the safe co-ordinated management of Severe respiratory infection within hospital
- Maintain the delivery of as much diagnostic activity and elective care and treatment as possible

- Integration of key partners/ Services
- Workforce Planning including Festive rotas across primary and secondary care, in and out of hours

5.1 Flow Navigation Centre

As part of the Re-design of Urgent Care, the Flow Navigation Centre (FNC) in Tayside is well established. Referrals are received from NHS 24 and Primary Care and patients are scheduled to attend at a suitable time, when required.

The Flow Navigation centre went live in December 2020 for adults with the introduction of Paediatrics with effect from June 2021.

The number of calls received through the FNC has increased from circa 9000 to circa 30-35000 per annum.

Phase II of the RUC Programme is looking to provide greater access to a Senior Clinical Decision Maker (SCDM) within the Flow Navigation Centre for an increased range of specialties (please see below):-

- Community Pharmacy
- Scottish Ambulance Service
- Mental Health
- Primary Care Interface)
- MSK

Currently, the SCDMs are Emergency Medicine consultants and it is anticipated that other specialties will actively support the FNC to ensure that the patient is directed to the most appropriate place and receive advice and guidance from the most appropriate person.

The FNC will consider provision of this service virtually until a dedicated FNC office is available.

NHST already have strong working relationships with the SAS and have utilised Prof 2 Prof (Consultant Connect) for some time to minimise the need for hospital admission and promote redirection of patients from the ED to the appropriate care. Tayside is one of the highest performing boards in this regard.

NHST also have strong links with Primary Care and it is envisaged that we shall look to strengthen and build upon the existing and strong working practices.

The national workstreams are in the early stages of agreeing workplans for Phase II of the RUC Programme that will inform the direction of travel for NHST and enhancement of the FNC services and pathways.

5.1.2 Enhanced Community Model

Development of the enhanced community model has continued with the aim of creating a multi-professional urgent care service which provides comprehensive geriatric assessment, treatment and support for frail older people in their own homes, thereby reducing the harm caused to older people from hospital admission, and supporting colleagues in primary care. This builds on the success of the Acute Frailty Team approach and aims to further remove barriers between primary and secondary care.

A key component of this model is the introduction of a Transitions Team comprising AHP and social care staff who will assess and support patients across the boundaries between inpatient and community.

5.1.3 Emergency Department (ED) - Winter Preparedness

Demand within Tayside EDs are at an unprecedented level due to multiple factors including pressures on all other parts of the system due to the continuing effects of the Covid-19 pandemic and the easing of lockdown and return to more normal behaviours of society. This includes contact sports participation, large gatherings and social and entertainment venues re-opening)

The ability to safely isolate both Covid possible patients requiring immediate resuscitation and high risk patients, patient's who require emergency treatment remains. There is not Emergency department capacity to manage all unscheduled secondary care Covid possible presentations and a separate Covid assessment unit will be maintained.

As attendances increase and restrictions on visiting in hospital have been relaxed, maintaining social distancing in the Emergency Departments has been challenging, particularly in communal waiting areas. A number of changes have been implemented over the pandemic and subsequent winters and these continue to evolve and improve These include:

- Flow Navigation Centre – NHS 24 referrals deemed appropriate for MIU or ED scheduling or non emergency attendance are sent to a virtual waiting room for senior ED clinicians (ST4 and above, predominantly consultants) to review and offer telephone advice and triage 24 hours a day. 48 % of these patients are currently prevented from attending the ED by this high level screening. NHST is the only board in Scotland with dedicated senior doctor management of this workload
- Development of an Injury Assessment Centre (IAC) - The IAC uses the capacity from unused orthopaedic areas adjacent to the ED in the out of hour's period to meet the increased demand for "minor" injury assessment and improve departmental flow.
- Evolution of existing pathways including paracetamol poisoning and acute coronary syndrome investigation to expedite management, decrease bed occupancy and maintain patient safety and care. Improved use of ambulatory area in AMU with better communication between coordinators in ED and AMU decreases inpatient bed demand and allows clearing of ED trolley bays.
- Enhanced staffing – Development of Acute Care Practitioners (ACPs) and Advanced Nurse Practitioners (ANPs) to enhance clinician cover on both sites, including staffing IAC and progressing to integration with middle grade and junior medical rotas to add resilience to clinical cover of both sites. Winter funding is used to enhance medical cover at predictably busy times over the winter with a high uptake of shifts from both current and recent medical staff

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

Emergency Medicine and OOH/NHS 24

As part of the design and implementation of an enhanced Integrated Care Model in Tayside, the Emergency Medicine Team closely work with partners such as Primary Care, Out of Hours (OOH), NHS 24 and the Scottish Ambulance Service as well as other medical specialties to deliver care as close to the patient as possible and prevent unnecessary inpatient and ED attendances and stays.

5.1.4 Bed Modelling & Surge

There has been considerable change to the bed model within Ninewells Hospital since March 2019 to accommodate the Covid pathways. Bed positions are monitored on a daily basis to ensure a continual ongoing review of the bed requirements and ward configuration throughout the year. As part of the identified escalation plans, inpatient bed configuration will be flexed between Covid and non Covid demand as required based on occupancy levels indicated in the daily reporting.

5.1.5 Inpatient Modeling & Pathways

The Data Heat Map and further modeling provided by the Business Intelligence Unit will remain a key tool for whole system planning.

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

5.1.6. Integrated Community Care Hubs

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

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

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

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

Bed Footprint

- Build on Current Escalation Plans and the approved Tayside Adult Pathway
- Work collaboratively across the organisation
- Use guidance from Working Groups around bed spacing to this to inform clinical area setup

5.1.8 Respiratory and Critical Care Pathways

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

We continue to strive to provide timely access to Respiratory Care through the winter, recognising that there will be periods where this may be impacted by the requirement to provide unscheduled care in response to changes in threat level. In doing so, we will aim to continue to provide urgent outpatient care to lung cancer and pleural disease regardless of unscheduled activity.

Where possible we will continue routine respiratory activity, a key part of this is the significant network of Respiratory Liaison Nurses across Tayside – both in the hospital, and in the community. We will continue to develop this winter the robust use of this network to both avoid admissions for respiratory disease where possible, and to smooth transitions of care between the community and hospital.

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

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

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

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

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

Plans are in place to supplement the ICU Nurse Workforce primarily by the release of Theatre Nursing Staff including Anaesthetic Assistants, Recovery Nurses and Scrub Nurses. The guidance within the Joint Statement on developing immediate critical care nursing capacity has been used to support the development of this plan and critical care nurses will provide supervision and expertise in delivery of critical care, forming small teams with the redeployed workforce. Critical care nurses will be required to take a team working approach rather than a ratio approach to patient care in order to deal with a surge in patients requiring critical care support. The planning assumption is based on the release of one theatre team per increase in 1 ICU bed, thus elective activity will be detrimentally affected by 10 sessions per week per ICU bed increase.

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

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

5.1.9 Frailty

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

The Acute Frailty Unit (AME) is now well established, significantly contributing to front door discharges, and frailty services are well embedded within medicine, general surgery and orthopaedics.

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

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

- Medicine for the Elderly provision of care for frail elderly patients admitted to hospital who is Covid positive. The service has assumed the additional responsibility for a 15 bedded unit. This is likely to continue throughout the winter period.

5.2 System Wide Planning

Digital and Remote Consultations

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

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

5.2.1 Transport

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

5.2.2 Delayed Discharges

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

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

A greater focus on targetting social care and assessment resource at front door and community areas will reduce admissions, length of stay and therefore delays.

One of the key projects being driven through the Unscheduled Care Optimising Discharge Workstream this year will be the strengthening and further embedding of the ‘Planned Date of Discharge’ model which is the cornerstone of efficient multidisciplinary discharge planning in Tayside.

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

Inter-hospital delays

No more than 2 delays for hospital transfer in:

Dundee

Angus Community Hospitals/Psychiatry of Old Age (POA)

Perth Community Hospitals and Tay Ward

Fife

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

TOTAL of 10

Acute delayed discharge

Angus 3

Perth 4

Dundee 5

Fife 3

TOTAL 15

Acute hospital RAG status, based on this is:

Green 25 or less

Amber 26-35

Red more than 35

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

5.2.3 Workforce Planning

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

The aim is to have the appropriate levels of staffing and resilience in place across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge during weekends and the holiday periods. As such system-wide planning is in place to ensure the appropriate levels of cover needed to effectively manage predicted activity across the wider system and discharge over the festive holiday periods. Examples of this include:

- Additional senior decision makers in place over the public holiday/festive period particular to the high demand specialties of Gastroenterology and Respiratory
- Clinical Pharmacist cover as well as pharmacy distribution and dispensing centre to be available for extended opening hours to respond to service demand for medicine supply (e.g. discharge prescriptions and in-patient treatments)
- Infection, Prevention and Control Teams (IPCT) rotas organised to ensure appropriate levels of cover in particular to days following the festive break/public holiday periods
- Nursing rosters are managed in accordance with NHS Tayside Roster policy: Patient demand and acuity is managed in accordance with Safecare to support reallocation of staff

- Consideration will be given to skills and education requirements for staff being moved or deployed to new areas. As far as possible, this will be agreed before winter and if possible, align individual staff to identified wards where they will have confidence to be redeployed during the winter months
- Additional medical staff (including junior doctors) resource
- Seven day working over winter period across NHS Tayside and partner organisation's i.e. AHPs, pharmacy and SAS. This is pan-Tayside and covers home care providers as well as high dependency areas. This has been planned and funded through winter plan money to increase the likelihood of sessions been filled
- Procurement of supplies e.g. PPE/facial protection

6. Integration of key partners/Services

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

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

6.1 Angus Health and Social Care Partnership

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

- Development of the Angus Care Model continues, incorporating a full review and utilisation of community hospitals including a review and redesign of the Psychiatry of Old Age (POA) discharge pathway. Roll out of Integrated Care in NE locality. Angus Care Model work to develop joint working opportunities and improve communication between AHP's and 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. This work has progressed well in Care Homes.
- 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. Seeking approval for 2 WTE B4 Generic support workers to be added to nursing rota in Community Hospitals to promote the enablement approach with patients during the evenings and weekends".
- We continue to progress with a range of actions to of developments to support people in the community experiencing mental health problems e.g. testing ECS for Community Mental Health Services in NE localities

- A Senior Nurse Primary Care has been appointed who is supporting the Senior Nurse for Unscheduled Primary Care to support both scheduled and unscheduled pathways.
- Progress continues to be made with actions within the Palliative and End of Life Care (PEOLC) Improvement Plan.- this work includes:
 - robust identification of carers support needs
 - ongoing educational support for Care Homes, Care at Home and Community Nursing teams. This includes production of e-learning materials for COVID-19 mobilisation and support.
 - supporting families to administer as required sub-cut medicines
 - All patients on housebound caseload offered the opportunity to have and ACP discussion and documented.
 - promoting use of Near Me technology as a means of reviewing patients
- Enablement and Response Teams (ERT) continue 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 has been requested.
- Personal Care Services operate 7 days/week and we are attempting to strengthen co-ordination and matching processes. There are recognised challenges with recruitment and retention in this area.
- 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.
- Work continues to embed an Integrated Discharge hub this includes work to improve pathway from acute to community.
- Weekly Proactive review of all non complex patient delays by Health & Social Care Partnership senior staff. Now includes rep from Adult MH Work ongoing to improve pathways and joint working from inpatient to community in Adult MH
- HEAT map developed and updated twice weekly to identify pressures in all operational areas. Regular attendance at the bi-weekly NHS Tayside Winter & Contingency Operational Group where Angus HSCP HEAT Map information informs a whole system overview.
- All Health & Social Care Partnership staff has 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/Tuesday PH of the Christmas and New Year weeks be considered as an opportunity to therefore reducing long weekends to three days.
- AHSCP website regularly updated to include: information on travel appointments during severe weather and prospective cancellation of clinics, MIIU opening times and arrangements for community pharmacies, dentists etc.
- Development of a telecare product guide for staff, designed to help our workforce to be more informed about the range of telecare available to support people to live independently in a homely setting.
- Following a successful test of change we are awaiting the outcome of a application to purchase 20 KOMP units through NHS Charities Together funding to alleviate loneliness, social isolation falls prevention.
- The Integrated Overnight Service in Angus (IONA), continues to provide a home visiting service to support urgent and unscheduled primary care overnight in

partnership with out of hours GPs and the wider multi-disciplinary team. 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.
- Working with Dundee and Perth to review pathways from Acute in-patient (Ninewells and RVH) to develop a streamlined, joined up approach to discharge
- Heat Map updated twice weekly to identify hot spots in Angus

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 and development of the multidisciplinary urgent care service.
- Continued strengthening of awareness 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.
- Further investment in advanced practice model, and in AHP recruitment to promote community rehabilitation model.
- 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.
- Ongoing development of improved communication between Integrated Discharge Hub and Safety and Flow Hub to ensure cross site situational awareness.
- Development of the social care commissioning model to improve efficiency of allocation.
- 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.
- Further investment in social care to support early discharge over winter.

- Redesign of stroke/Neuro pathway to improve patient flow and develop more robust community rehabilitation services.
- 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.
- Improve pathways of care and support for the increasing number of patients with substance misuse issues and develop a robust partnership approach between community and inpatient services.

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, update and test update Business Continuity Plans, Festive Directory, and Winter Action Cards.
- Work in partnership with all sectors to ensure winter resilience planning for vulnerable adults in localities.
- All health, social care and care home staff will be encouraged to accept the flu vaccination.
- Review service priority and RAG status report to ensure effective communication protocols in place between services and senior managers to ensure that potential system pressures are identified as they emerge and escalation procedures are invoked.
- Enhance capacity as part of Interface Approach to rapidly assess and turn around patients, where appropriate, to be managed at home and support development of Frailty at Front Door Model .
- Test overnight care pathways in Locality Integrated Care Team in Perth City to provide an alternative to admission and optimize the use of inpatient activity
- Further enhance the Locality Integrated Care Service to provide 7 day service.
- 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 use of Royal Voluntary Service complimentary discharge service embedding 'Home from Hospital' in discharge process.
- Continue proactive review of all delayed patients on a daily basis by case holder and discharge teams across the HSCP including community hospital bed base, supported by Local MDT meetings.
- Increase Discharge Coordinators in PRI to support timely discharge.
- Further 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.
- Continue to develop the Care Home Model and Senior Nurse roles to support the Care Home infrastructure
- 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.

- Further develop the Specialist Community Respiratory Service across Perth & Kinross.
- Enhance the LiNCs and MFE model with additional Advanced Nurse Practitioners and develop the clinical model across P&K with MFE Consultants and Clinical Fellows.
- Test the Hospital At Home model as part of the national HIS approach and integrate into our Locality Integrated Team approach.
- Complete ACPs for people with significant COPD in the community and agree method to share with out of hours services.

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.

6.5 Primary Care

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

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

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

Primary Care will continue to provide a dynamic and responsive model for management of COVID-19 and patients with symptoms of COVID-like illness as set out in our escalation plan below if needed.

We have established the first weekly data gathering exercise in general practice to track activity across 20-30 'sentinel' Tayside practices. This is representing around 40% of the Tayside registered population and will be utilised to adjust service design where needed, public messaging and inform on predicted increases of admissions to secondary care.

We will primarily utilise the expertise of the patient's own GP where this is most suitable and can be accommodated safely. Noting the national direction, resources and footprint required during the daytime, we have an ongoing review of the CAC with our GP Subcommittee in Dundee. This will ensure practices are supported where needed, investments made where feasible in premises to allow safe management of those with infectious respiratory illness and to reduce down the CAC as is allowable with agreement of the GP Subcommittee.

With the creation of the Flow Hub, we have worked hard to maintain established pathways within primary care. Patients can continue interact with primary care and community services as always. Patients can still call their own GP practice for urgent care too and are supported to get the right care, in the right place. In the out of hours period, we have dramatically improved the interface with Emergency Department colleagues utilising the shared Adastra system on the Flow Hub.

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 OOH, developing educational opportunities and close professional to professional support. Moreover, we are exploring shared training opportunities for trainees between paediatrics, OOH general practice and the Emergency Department.

Primary care also includes the other contacted services – community pharmacy, optometry, and dentistry as well as the allied health and social care colleagues. The former will continue to be proactively supported via Primary Care Services, escalating concerns as required, with the later reporting in via their respective HSCPs.

The established escalation plan for COVID assessment centres across Dundee, Perth and Angus is set out below. This would not be envisaged to be enabled unless there is overwhelming pressure upon practices compromising safe care.

Regular bespoke communications throughout Primary Care is in place via newsletter, advice available to practices. Primary Care, zoom sessions which have proved popular can be more frequent as needed.



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

Summary of Key Actions for this Sections 5 & 6

Acute Sector

- Workforce Planning/Flexible Staffing plans
- 7 Day working across multiprofessions and partner services i.e. SAS, Pharmacy and AHP
- Acute Frailty Pathway
- 7 Day and extended hours in Ambulatory Care
- Enhanced Respiratory and Critical Pathways
- Theatre Scheduling
- Planned escalation in response to identified triggers
- Agreed clinically prioritised service delivery model

Health and Social Care Partnerships

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

Primary Care

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

7. Out of Hours (OOH) Preparedness

In addition to the anticipated increase in demand for unscheduled care it is likely that there will be an increase in usual seasonal viruses and possibly COVID-19. In order to continue to provide safe, effective care, Tayside OOH plan to provide capacity across the three main areas of:

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

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

The following specific challenges and solutions have been identified:

- There is a risk that not all shifts will be filled due to known workforce challenges. Escalation is an important aspect of our winter planning along with identifying early problem areas and having agreed contingency processes in place.

- OOH is operationally responsible for the CAC, currently operating on a regional basis 24/7. Tracking activity and having the appropriate trigger mechanisms in place in order to move to the next phase of escalation and adapting the delivery model accordingly is being articulated both in our local plans and in conjunction with secondary care colleagues on a system wide basis. OOH is represented in all the major groups and forums.
- This year there is a 4 day Public Holiday General Practice shut down for both Christmas and New Year. We await a decision as to whether Practices may be asked to open on some of these days.
- Usage of Near Me/Attend Anywhere will be increased
- In anticipation of paediatric contacts increasing this year, there is a plan to implement a model that has dedicated GP(s) working weekends collaboratively with colleagues from Paediatrics. Again by utilising technology we hope to prevent unnecessary admissions and keep appropriate cases in the community.
- The 'flu vaccination campaign will be supported both by offering peer vaccinations and undertaking opportunistically where this is appropriate
- OOH has well developed staffing contingency in place and robust procedures for dealing with inclement weather.

Summary of Key Actions for Out of Hours

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

8. Mental Health and Learning Disability

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

Winter planning for Inpatient Mental Health & Learning Disability Services for 2021/22 will deploy a multi-disciplinary and person-centred approach to the management of unscheduled care to effect a co-ordinated focus on further improving patient safety, access and service 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 the 4 hour emergency standard.
- Ensuring winter preparedness and response within COVID-19 endemic time periods, while maintaining and building upon established 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 across all three Health and Social Care Partnerships.
- Enhanced multi-service co-ordination of discharge processes to ensure safe and timely discharge of patients from inpatient settings.
- 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 active involvement of primary care services to support the management of unscheduled care demands through a whole system transitions model with the capacity to engage with community based mental health services and discharge HUBs.
- Participation in the staff vaccination programme with targets set to increase the numbers of staff uptake relative to previous years.
- Reduced footfall in all inpatient settings through revised shift patterns and, where practicable, through flexible working, home working and use of digital technology.
- Implementation of real-time capacity and flow dashboards within Inpatient Mental Health & Learning Disability Services, linked to the NHS Tayside Command Centre using key metrics to monitor crisis referrals, liaison referrals, inpatient occupancy, inpatient admissions, inpatient discharges and home treatment caseloads.
- Building referral pathways with the Scottish Ambulance Service to further enhance access to crisis care with connections to the Flow Navigation Centre and NHS 24.
- Monitoring and refreshing Winter Action Cards to respond reflexively to developments throughout winter months.
- Implementing measures to enable staff to support reach others wellbeing in ways that complement established service provided by Occupational Health and Wellbeing Service.
- Maintaining Business Continuity Plans and Hospital Evacuation Plans.
- Implementing a programme of COVID-19 Infection Prevention and Control Audits to strengthen service preparedness.
- Optimising inter-services opportunities to avoid admissions and access alternative resolutions to known bed management challenges that arise over the winter period, to improve patient experience of mental health treatment and manage unscheduled care demands through multi-disciplinary working.
- Contributing to the corporate risk management of EU Exit response and proactive service management of related risks in regard to unscheduled care demand.

Mental Health & Learning Disability inpatient services continue to deploy the National Unscheduled Care Six Essential Actions, Building on Firm Foundations Programme as a framework to underpin and continuously improve the service's approach to safe and effective patient flow.

Summary of Key Actions for Mental Health

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

9. Communication Strategy

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

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

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

The Communications Team will continue sharing the Right Care, Right Place messages around how and where to access the right healthcare for people's needs e.g. 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

10. 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 and Covid vaccination in staff
- Ensuring adequate supplies of PPE
- Managing all patients with infectious illness in appropriate level of PPE as per 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

Alternatives to Admission

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

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

Appropriate utilisation of isolation rooms and cohort areas

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

Enhanced level 2 and 3 support

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

Supported discharge

- Early morning discharge round between 7-8 am
- Nurse led discharge criteria for common conditions particularly respiratory

- Access to “take home medications” for common discharge prescriptions
- 7/7 access to AHP support
- Link with transport hub for patients with no means of transport home 24/7
- Enhanced Paediatric Community Nursing team support on discharge

Scheduled Care – maintaining services

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

Staffing

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

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

Appendix 1 Winter Preparedness Funding Summary

Funding	Description		
NHS Tayside/Scottish Government		£1,500,000	
Commitment against Priority:			
PREVENT	Initiatives to support unscheduled care, optimising care closer to home preventing admissions	USC & Winter	£
	Funding across Health and Social Care Partnerships to prevent admissions/attendance managing care closer to home, supporting discharges, Palliative Care and Out of Hours additional funding	Perth & Kinross	131,000
		Angus	154,000
		Dundee	329,000
ASSURANCE & BUSINESS AS USUAL	Initiatives to support Unscheduled Care as well as capacity & workforce planning to ensure winter flow		
	Workforce Planning for winter demands inc Medical and Nursing	Acute	349,000
	Surgery/Orthopaedics/Specialist Surgery	Operations Directorate	204,000
	Emergency Medicine		
	Front Door Support		
	Labs/Rapid Testing		
	Respiratory	Mental Health	67,000
	Theatres		
	Transport		
	Mental Health		
	Pharmacy Support		
	Portering		
Contingency/ Unallocated			266,000
TOTAL OF BIDS			1,500,000

Appendix 2 Unscheduled Care Programme Portfolio

Tayside Interface Care Group: Tayside Unscheduled Care Board

Care Closer to Home

Reducing Attendances

Reducing Admissions

Reducing Length of Stay

Whole system of care offering greater integration and sustainability as a system of care for patients

The Tayside unscheduled care board have set out the intention to align the National programme workstreams against local strategic priorities for 2021-22 under the following workstreams:

1. Navigating Journeys of Care – **Interface Care**
2. Enhanced Discharge Community Support
3. Re-design of Urgent Care
4. Winter and contingency planning

Collectively, these workstreams are represented as a compass. Bringing together and building upon a whole system, integrated approach of work, in the delivery of safe and effective unscheduled care, managing demand across acute services, the three Health and Social Care Partnerships, Primary Care and our partner agencies, primarily NHS24 and the Scottish Ambulance Service.



Unscheduled Care Portfolio



Appendix 4 Safety and Flow Huddle

NHS Tayside Acute Hospitals Daily Site Safety & Flow Huddles: Monday–Friday

WHEN	WHAT	WHERE*	WHO*
0830 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team / Associate Director Attendance required from: Specialty Bleep holders Radiology, Pharmacy, Infection Control, Theatres, Labs, Estates, Soft Facilities, Discharge Co-ordinators for relevant H&SCPs (Fife, Angus, Dundee, Perth & Kinross)
0900 hours	System Safety & Flow Conference Huddle - Including COVID-19 Update	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Associate Director Attendance required from: Flow Leadership Teams for Ninewells and PRI Scottish Ambulance Service, representatives from H&SCPs, Infection Control, Pharmacy, Estates, Soft Facilities, Mental Health Services
1100 hours	Nursing Staff Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Lead Nurse / Flow Leadership Team Attendance required from: Specialty Bleep holders
1130 hours	Delayed Discharge Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team Attendance required from: Discharge Co-ordinators for H&SCP (Fife, Angus, Dundee, P&K)
1300 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team / Associate Director Attendance required from: Specialty Bleep holders / Senior Nurses as required
1330 hours	System Safety & Flow Conference Huddle	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Associate Director / Flow Leadership Team Attendance required from: Flow Teams for Ninewells and PRI Scottish Ambulance Service, representatives from H&SCPs and Mental Health Services
1600 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team Attendance required from: Specialty Bleep holders
1900 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team Attendance required from: Specialty Bleep holders

* Please note that due to social distancing measures in place, only the Flow Leadership Team should attend the Ninewells Hospital or Perth Royal Infirmary Safety & Flow Hubs for these huddles. All others should join virtually wherever possible, including Specialty Bleep holders

NHS Tayside Acute Hospitals Daily Site Safety & Flow Huddles – Weekends & Public Holidays

WHEN	WHAT	WHERE*	WHO
0830 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team Attendance required from: Specialty Bleep holders
0900 hours	System Safety & Flow Conference Huddle - Including COVID-19 Update	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Duty Executive Attendance required from: Flow Leadership Teams for Ninewells and PRI, Mental Health Representatives
1100 hours	Nursing Staff Review for Acute Hospitals	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Lead Nurse / Flow Leadership Team Attendance required from: Specialty Bleep holders
1300 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team / Duty Manager Attendance required from: Specialty Bleep holders
1600 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team / Duty Manager Attendance required from: Specialty Bleep holders
1630 hours	System Safety & Flow Conference Huddle	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Duty Executive Attendance required from: Flow Leadership Teams for Ninewells and PRI, Mental Health Representatives
1900 hours	Operational Hospital Site Huddle Ninewells Hospital or Perth Royal Infirmary	Hospital Site Safety & Flow Hubs (NW & PRI) or Virtual Attendance	Chair: Flow Leadership Team Attendance required from: Specialty Bleep holders

* Please note that due to social distancing measures in place, only the Flow Leadership Teams should attend the Ninewells Hospital or Perth Royal Infirmary Safety & Flow Hubs for these huddles. All others should join virtually wherever possible, including Specialty Bleep holders.

Appendix 5 Resilience Useful Websites

RESILIENCE PLANNING – WINTER PREPAREDNESS – USEFUL WEBSITES

[Resilience>Winter Preparedness](#)

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

Appendix 6 – Flu Communications Campaign

NHS
Tayside

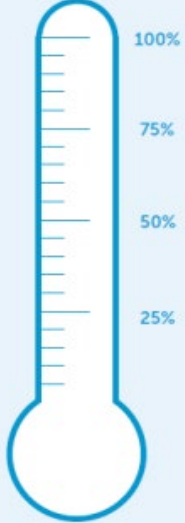
Flu
IS SERIOUS

Staff flu vaccination

How are we doing?

Ward/Department

Total number of staff



100%
75%
50%
25%

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

Flu
IS SERIOUS

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



Help protect yourself, others and the NHS.

Your local peer vaccinator is:

Name:

Call/Email:

Appendix 7 illustrates examples of communications to promote the uptake of flu and COVID vaccination.

**Drop in and #GrabAJab
in Angus** 

Reid Hall, Forfar
Arbroath Community Centre
Montrose Town Hall
7-days-a-week 11am-5pm

First jabs for over 12s
Second jabs for over 18s who are 8 weeks since first

Visit www.covidthayside.scot.nhs.uk
or @NHSTayside for more details

**Drop in and #GrabAJab
in Dundee** 

**Dundee Central Vaccination
Centre, High Street
(former Zara Store)**
7-days-a-week 11am-5pm

First jabs for over 12s
Second jabs for over 18s who are 8 weeks since first

Visit www.covidthayside.scot.nhs.uk
or @NHSTayside for more details

**Drop in and #GrabAJab
in Perth & Kinross** 

Dewars Centre, Perth
7-days-a-week 11am-5pm

Atholl Leisure Centre, Pitlochry
23 & 24 October 9am-6pm

Blairgowrie Town Hall
18-21 October 9am-6pm

First jabs for over 12s
Second jabs for over 18s who are 8 weeks since first

Visit www.covidthayside.scot.nhs.uk
or @NHSTayside for more details

COVID Boosters - What you need to know

Who	Where				How				When	Flu Jab	
	Community Vaccination Centre	Staff Clinic	In Own Home	In Care Home	Blue Envelope	Online Booking	Phone Call	In Care Home		Same Appointment (if eligible)	Separate Appointment
Over 70	✓				✓				October		✓
Clinically Extremely Vulnerable	✓				✓				October		✓
Severely Immunosuppressed (Dose 3)	✓				✓				October	✓	
Care Home Resident				✓				✓	September/ October	✓	
Care Home Staff	✓	✓		✓		✓		✓	From September	✓	
Frontline Health and Social Care	✓	✓				✓			From September	✓	
Housebound			✓				✓		From October	✓	
60-69 years old	✓				✓				October/ November	✓	
Over 16 with Health Condition	✓				✓				October/ November	✓	
50-59 years old	✓					✓			Portal open mid Nov	✓	
Unpaid Carer	✓					✓			Portal open mid Nov	✓	
Household Contact of Immunosuppressed	✓					✓			Portal open mid Nov	✓	

Visit www.nhstayside.scot.nhs.uk or @NHSTayside for more information



Flu vaccinations - What you need to know

Who	Where					How				When	COVID Booster	
	Community Vaccination Centre	Staff Clinic/ Pharmacy	In Own Home	In Care Home	GP	Blue Envelope	Online Booking	Phone Call	In Care Home		Same Appointment (if eligible)	Separate Appointment
Over 70					✓			✓		September/ October		✓
Clinically Extremely Vulnerable					✓			✓		September/ October		✓
Severely Immunosuppressed (Dose 3)	✓					✓				October	✓	
Care Home Resident				✓					✓	September/ October	✓	
Care Home Staff	✓	✓		✓			✓		✓	From September	✓	
Frontline Health and Social Care	✓	✓					✓			From September	✓	
Non-frontline NHS	✓	✓					✓	✓		From September		✓
Housebound			✓					✓		From October	✓	
60-69 years old	✓					✓				October/ November	✓	
Over 16 with Health Condition	✓					✓				October/ November	✓	
50-59 years old	✓						✓			Portal open mid Nov	✓	
Unpaid Carer	✓						✓			Portal open mid Nov	✓	
Household Contacts of Immunosuppressed	✓						✓			Portal open mid Nov	✓	

Visit www.nhstayside.scot.nhs.uk or @NHSTayside for more information

