



GRAMPIAN

WINTER (SURGE) PLAN

2019/20

DRAFT –FOR GRAMPIAN NHS BOARD
November 2019



Aberdeenshire
Health & Social Care
Partnership



Aberdeen City Health & Social Care Partnership
A caring partnership



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Executive Summary

This document is the Grampian Winter (Surge) Plan for 2019/20. It is an overarching document for three Health and Social Care Partnerships (H&SCPs) in Aberdeen City, Aberdeenshire and Moray and for the Acute Sector of Grampian. It is representative of local Winter Plans of each of these areas and has been coordinated and produced by NHS Grampian.

This Grampian Winter (Surge) Plan sets out the planning and preparations for Winter that have taken place in each of the sectors and settings at a high level and also describes some of the investments and improvements undertaken in Grampian since the previous winter of 2018/19.

The shared learning across boards has been enhanced by the 6 Essential Actions Learning Workshops and the established Regional Programme Managers' monthly meetings which also facilitate sharing of the approaches taken to ensuring robust winter planning across other boards.

The Strategic Planning of Unscheduled Care across Grampian is led by an Integrated Planning Board for Unscheduled Care (the 3 H&SCP Chief Officers and Acute Chief Officer) with four identified priority areas, Anticipatory Care plans, Discharge Planning, Out of Hours and Palliative Care, focused across the 6 delegated services of Rehabilitation Medicine, Geriatric Medicine, Emergency Medicine, Respiratory Medicine, Palliative Care and General Medicine.

As outlined in "Preparing for Winter 2019/20" correspondence from the Chief Executive of NHS Scotland some aspects of this Winter (Surge) plan are specifically targeted to deliver a key focus on:

Reducing Attendances

- Redirection has been a feature of Emergency Department operations in both Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital and the minor injury units across Aberdeenshire and Moray for a number of years. This approach that ensures patients are seen by the right service for their specific needs is supported by year round public information through the Know Who To Turn To messaging
- The G-Med Out of Hours Professional to Professional Clinical Decision support line provides advice and decision support to Community Based staff e.g. Care Home staff, Paramedics, Community Pharmacists
- GP Practices will be set up to flex and offer additional "on the day" appointments based on actual fluctuations in demand/surge.
- Key messages to signpost patients to the most appropriate healthcare service for their needs (Know Who To Turn To) will be communicated in partnership to the public via a number of mechanisms e.g.TV & Radio Advertising, Social Media

Managing /Avoiding Admissions

- Admission avoidance is effectively supported by the delivery of Medical and Surgical Ambulatory Emergency Care services, reducing pressure on in-patient capacity.
- The introduction of a Virtual Community Ward model across GP practices in Aberdeenshire & Moray has ensured preventative measures are in place to maintain vulnerable patients in the community and reduced inappropriate hospital admissions. In addition closer working between the Virtual Community Ward and the Integrated Discharge Hub at ARI facilitates earlier discharge to home of patients in ARI.
- The positive impact seen by the introduction of a Respiratory Bundle (COPD) in winter 2018/19 aimed at reducing the number of respiratory hospital admissions. The Respiratory bundle included focused interventions to support increased self-management of adults with COPD alongside specific support from GP's, Community Pharmacists, and Community Physiotherapists. The model also included enhanced targeting through direct communication to encourage appropriate vaccination ahead of the festive period. Following positive evaluation in June 2019 plans are being developed to introduce an enhanced Respiratory Bundle in Winter 2019/20.
- The Acute Care at Home Service in Aberdeen City and the Aberdeenshire Response Care at Home Team (ARCH) operating across the Community respond to surges in demand by preventing unnecessary admissions, providing augmented care in the patients home, supporting discharge and end of life care.
- A number of care home beds in Aberdeen City HSCP will be identified to provide a "step – up" community bed provision that support avoidance of hospital admission. In addition Community Hospital beds across Aberdeenshire provide the required "step-up capacity" to avoid unnecessary acute hospital admissions and deliver care closer to patient's homes.
- Substantive funding of the Occupational Therapy & Physiotherapy resource shared across the Emergency Department, Acute Medical and Surgical Assessment Unit at Dr Gray's Hospital, Elgin where there continues to be an increase in discharges directly from these areas. This model is also replicated in the Emergency Department at Aberdeen Royal Infirmary providing identification, assessment and focused management of frail elderly at the front door.
- A test of change modelling the Integration of Aberdeen City Social Work presence within the Emergency Department at Aberdeen Royal Infirmary provides the opportunity to access resource links / knowledge to facilitate flow directly out of ED prior the patient being admitted.
- The Medical and Surgical Ambulatory Care services continue to deliver a further reduction in admissions to the Acute Medical Initial Assessment & Surgical Receiving Units.
- The Moray Out of Hours Project provide a resource to support vulnerable adults for short periods between the hours of 17.00 and 08.00, who would otherwise have potentially been

admitted to an acute hospital. Requests for support from this service can be made by the Emergency department, Out of Hours GP service, Social Work and the Scottish Ambulance Service.

Reducing Length of Stay

- In Moray, well established weekly Multidisciplinary Cross System Discharge meetings take place on Mondays. The purpose of these meetings is to provide valuable time to allow free communication between those sharing the care of patients with the key aim of ensuring every patient has a discharge plan and that all options that are appropriate for each patient is explored.
- Hospital discharge will be supported by the provision of 5 Very sheltered housing flats in Aberdeen City HSCP that will be reserved for those requiring support/care/accommodations on discharge.
- In Aberdeen City, Care Home Bed capacity (minimum of 20 social care beds) will be reserved specifically to support discharge and improve flow out of hospital.
- To enhance good practice in ensuring the right patient is cared for in the right place by the right person at the right time the Older Persons Assessment and Liaison (OPAL) team which supports decision making about admissions and transfers in the community will be directed to areas of pressure at times of surge. In addition there will be optimisation of the synergies between the OPAL team and the newly established Acute Care at Home team within Aberdeen City HSCP
- In October 2019 a “Discharge to Assess” approach was introduced for patients requiring social care input upon discharge from hospital. With interim additional social care support being provided by community based rapid response teams, patients additional social care needs will be assessed in the community setting, reducing the incidence of delayed discharge.

Focus on Flow Through Acute

- The models of safety briefs in Grampian Acute and Community Hospitals have been further developed throughout 2018/19 and are now well established as a daily occurrence with capacity and management data shared across ARI and Dr Gray’s hospitals. This has provided a better ‘grip’ on the hospital state and creates a management position that is more ready to respond to surges in demand and barriers to flow on a daily basis.
- The knowledge and information gained from this daily event can then be shared across teams, escalated across sectors and up to the Daily Cross System Huddle as well as to Scottish Government and NHS Resilience as appropriate and if necessary.
- The Discharge Hub is well established in Aberdeen Royal Infirmary and constitutes liaison nursing staff, OPAL team, social work colleagues from each of the three Partnerships and hospital discharge coordinators. At Aberdeen Royal Infirmary a test of change providing ongoing assessment of complex discharges during the weekend periods is demonstrating

a reduction in delays experienced by patients requiring assessment of complex discharge needs.

- In Dr Gray's Hospital a test of change providing a Discharge Co-ordinator supporting discharge home and transition to community hospitals is demonstrating a similar reduction in patient delays.
- A refresh of the Daily Dynamic Discharge Approach designed to ensure that local teams have everything they need to deliver tangible improvements in patient safety and flow has been supported by the 6 Essential Action Service Improvement managers on both acute sites and a number of community hospitals. A number of Discharge Co-ordinator posts across acute sites support timely and effective discharge planning and the agreed improvement trajectories for weekend and earlier in the day discharges
- To enhance good practice in ensuring the right patient is cared for in the right place by the right person at the right time the Older Peoples Assessment and Liaison team which supports decision making about admissions and transfers in the community will be directed to areas of pressure at times of surge. In addition there will be optimisation of the synergies between the OPAL team and the newly established Acute Hospital at Home team within Aberdeen City HSCP

Workforce

- Those areas that are required to respond immediately to periods of acute peaks in demand have ensured that staffing rotas are aligned accordingly, for example in the Emergency Departments and in the Acute Medical Initial Assessment areas of both Acute Sites. All frontline staffing rotas are complete at the end of October 2019.
- Leave arrangements will be co-ordinated appropriately across Acute Sector and Partnerships to ensure staffing levels accommodate not only planned leave but any contingencies (sickness etc).
- Campaigns to proactively encourage all NHS Grampian, Aberdeenshire, Aberdeen City and Moray HSCP staff, community healthcare workers, residential care home staff, social care staff, unpaid carers and paid carers to have the flu vaccinations.
- Targeted communication via displaying posters in key staff areas, electronic bulletins and details posted on the NHS Grampian and local authority intranet sites as well as messages on payslips will run from 1st October 2019. In addition flu vaccination will be offered to Aberdeenshire Transport and Infrastructure staff, in particular those essential workers associated with snow clearing and gritting.

Governance

- High level performance management of the Grampian Winter (Surge) Plan for 2019/20 will be through the System Leadership Team which is chaired by the Chief Executive and includes the Chief Officers from each of the Partnerships and the acute sector as well as executive team members from NHS Grampian.

- Each of the Health and Social Care Partnerships will follow its own local governance arrangements ensuring the local winter plan and the overarching Grampian Winter Plan are included for discussion on agenda at relevant meetings ahead of the final submission to Scottish Government.
- Performance management of underpinning organisational/sector/service winter plans is undertaken as per agreed mechanisms within local teams and areas. In support of the various plans and to ensure effective communication and integrated working over the winter period, the daily cross system huddle, which has been identified as crucial to integrated working, will support business continuity for winter as it would for any surge period.
- The Unscheduled Care operational division within the acute sector will, on behalf of NHS Grampian, submit the routine weekly management information to the Scottish Government as and when required as per an agreed template. As is currently required the Acute Sector of ARI will submit additional daily reports on any key pressures and unusually long waits in the Emergency Department; with details of the actions being taken to address the delays.
- Utilising the well-tested and appropriate escalation mechanisms, there is high-level leadership to practitioner staff in all sectors from the Grampian Medical and Nurse Directors, with consistent support and performance management across the System Leadership Team.
- The continued application of the 6 Essential Actions framework with extended membership of the 6 Essential Actions Unscheduled Care Improvement groups on both acute sites - including representatives from the Partnerships, Clinical Support Services and Facilities. This incorporates weekly monitoring of the existing winter performance indicators as well as the agreed trajectories for earlier and weekend discharges
- The robust winter planning approach adopted by Grampian since 2015/16 continues to support a thorough planning process and a cross-system Final Plan.

Surge Capacity Provision

In addition to the local investment made in Grampian by the NHS Board and the three Health and Social Care Partnerships to improve responsiveness and resilience ahead of winter 2019/20, Grampian has received a winter allocation to support the system in dealing with an anticipated surge in demand.

The winter plan commits an additional £1M which is largely spent on staffing to support additional capacity, mainly manifest in beds either in hospital or the community. The plan, for the first time this year, is aiming to use this additional staffing to maximise bed capacity in the most appropriate part of the system between ARI and Aberdeenshire Community Hospitals. It is anticipated that the majority of staff will be used to staff some additional beds in ARI but that on occasion, when there is a staffing challenge within a community hospital, that the staff could be deployed to these sites, especially if this maximises patient flow and has patients in the most appropriate environment.

For ARI the plan is to open an additional 36 beds for medical patients and 4 additional stroke beds. Part of this plan (20 beds) changes normal surgical activity within the short stay surgical unit and this is within the elective care plan and the Annual Operational Plan, both already agreed with the Board and Government.

Dr Gray's Hospital is developing a surge plan within existing resources.

Aberdeen City is opening 20 additional places within their sheltered housing complexes.

Aberdeenshire Community hospitals will work with ARI to consider the best use of the additional staffing.

Moray H&SCP has a plan, similar to the additional beds within the City, which has a small cost which will be met from the overall budget.

Key investments are described in section **J. New Developments & Service Changes Introduced Since Winter 2018/19.**

Introduction

A. Aim of Plan

1. To set out the key partnership actions, timescales and planning processes in effectively managing the potential challenges associated with the winter period for 2019/20 and delivering against the national and local targets and standards for health and care.
2. To ensure that Grampian is as prepared as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.

B. Rationale and Planning Assumptions

3. This Plan is informed and guided by various formal sources both external and internal as well as planned discussions and workshops to learn from previous experience, assess winter risk and agree shared approaches. Those sources include:
 - 6 Essential Actions National Improvement Programme
 - 6 Essential Actions Grampian Improvement Programme
 - NHS Scotland Directorate for Health Performance and Delivery; Preparing for Winter 2019/20.
 - Grampian Local Health & Social care Review of Winter 2018/19
 - Grampian Integrated Winter Planning Process; cross system planning workshops, debriefs and table top testing exercises.
 - Partners', sectors' and services' winter plans and surge plans
4. Evidence and review of local experience demonstrates that the winter period November to March creates a number of challenges for all partners delivering health and social care services. The main challenges are outlined below. This plan attempts to use learning points, in addition to demand and capacity data sourced from System Watch, from previous years to support a robust implementation plan to deliver its aim.
5. Winter 2018/19 saw many of the expected challenges associated with this period; unscheduled care attendances across Grampian increased by 2.2% with Royal Aberdeen Children's Hospital (RACH) Emergency Department reporting the greatest increase of 5.7%. There was a 3.5% increase in levels of call activity for NHS24 with minimal variation in Scottish Ambulance Service activity.

Daily emergency admissions across all sites in Grampian averaged 154.4 per day, a minimal increase of 1.3% compared to the same period in 2017/18. Elective admissions averaged 174.1 per day, an increase of 13.8% from the same period in 2017/18. In addition there was a continued decrease in non-complex and complex delayed discharges in ARI and Woodend Hospital. (Update from winter trend data Appendix 3).

6. The increased rate of high acuity and complex emergency admissions underlines the importance of surge and capacity planning; forward and surge planning is required at system and team level in order to be sufficiently prepared for the winter period. Space and available equipment should be identified in these plans and there is a requirement for a focus on

workforce capacity at a time when Christmas and New Year holidays fall. Workforce rotas that are robust and where possible, eliminate the need for locum staff, are required to be in place in advance of winter.

7. Intelligence shows that for some services there are significant surges in activity at particular points during the festive period, particularly when the calendar presents 4 day breaks for public holidays over Christmas and New Year. This can cause a backlog of activity that then presents as a surge when services resume or it can cause demand to shift elsewhere in the system, for example an increase in calls to the out of hours service.
8. Increased risk of severe weather incidents can result in significant, even extreme disruption to the normal delivery of health and social care services in Grampian. Previous experience of weather related major incidents has increased the organisational and service level understanding of the potential of such events to test the staff's ability to attend for duty; to present a risk to populations for whose care and safety we are responsible and prevent some patients from accessing clinical care. Local Business Continuity plans reflect the requirement for enhanced partnership working in such situations.
9. It is critical that we can continuously deliver high quality, person-centred care in the right place, at the right time and by the most appropriate person/team in an integrated way as far as possible. Underpinning this is a number of standards which supports the quality of care, in addition to the delivery of effective and efficient care. Performance against these standards and targets must be optimised despite the challenges outlined above.

C. Approach

10. In Grampian there is an established process for winter planning which is undertaken as a year-round planning cycle and incorporates an integrated approach with business continuity principles. Partners such as the acute services, NHS24, SAS, Health and Social Care Partnerships are key to the process and participate in joint planning and debrief exercises.
11. It is recognised that winter planning is complex and can be challenging, this is addressed by early planning at local and even team level, and by building this into sector, divisional and Board level plans. This ensures local ownership and understanding of responsibilities, actions and responses to surge levels and scenarios.
12. Another important step in the planning cycle for winter is the opportunity to learn from previous experience; much of our predictions and planning assumption come from reviewing the previous years' activity and identifying lessons to be learned. Undertaking this activity allows local teams and services to be clear about what can be improved and how plans can be refined. Doing so in an integrated way across services, sectors and partners enables a supportive forum for sharing experiences and learning across a whole system. The output from this step in the process is produced in a Local Health & Social Care Winter Report which is shared across the system and with Scottish Government.
13. Services, sectors and partners across the health and social care system in Grampian (Health and Social Care Partnerships, acute sites, G-MED, NHS 24, Scottish Ambulance Service) prepare annually updated business continuity plans relevant to their own respective organisations/services. These can include detailed flu responses, business continuity actions

and the prioritisation for core service delivery in times of surge, reduced capacity or critical incidents, escalation plans, delayed discharge plans and communication plans as appropriate.

14. Rates of delayed discharges are closely monitored by the system and each of the Partnerships is focused on managing the return of people to local communities as early as can be managed. Challenges across Grampian continue around staffing and recruitment for the care workforce, however the focus is on prioritising those patients who can and should be transferred from acute to community settings as early as possible. This is supported by integrated working across the Discharge Hub in ARI and the daily huddles in Dr Gray's and in addition a weekly Moray Cross System Discharge huddle.
15. Health and Social Care Partnerships developed and are continuing to deliver against delayed discharge action plans which aim for local solutions to reduce the rate of delayed discharges. The focus includes accurate data on bed capacity in community hospitals and use of goal setting to support the transfer from acute to community settings, and use of Daily Dynamic Discharge board rounds in the acute & community hospitals to support positive challenges for the inpatient journey.
16. In Aberdeen City and Aberdeenshire, a number of key actions deliver improvements; namely the successful recruitment and subsequent introduction of additional social work capacity that is now embedded in both the ARI and Woodend hospital sites. The 'building up' of interim bed capacity through the repurposing of unoccupied housing stock to support the early discharge of patients/clients whilst they await a more permanent care setting of their choice is being progressed.
17. It is recognised that it can be very difficult to 'flex' certain elements within the system, such as staffing and bed capacity in hospitals and nursing home settings, especially when there is limited additional funding to meet the additional and specific challenges. Winter planning in Grampian therefore acknowledges the importance of keeping people healthy, preventing unnecessary hospital admissions, anticipating demand and the reorganisation of capacity and resources to ensure effective patient flow throughout the health and care system.
18. The Scottish Government winter planning guidance informs the development of this Plan.

D. Funding of the Plan

19. With support from the Scottish Government, Grampian Health Board and the three Integration Joint Boards will spend an additional £1M to augment local winter resilience funding. The additional funding is helpful in mitigating the increased spending that can be associated with surges in demand. An integrated approach has been taken to allocating this resource with all four Chief Officers (Acute and HSCP) agreeing on how this could best be allocated. Funded activity will include surge capacity in ARI and Dr Gray's Hospitals and will also support activities focused on improving patient flow and avoiding unnecessary admissions in Aberdeen City, Aberdeenshire and Moray.
20. As in previous years it is imperative that early planning and sufficient testing of plans is complete ahead of winter to enable Grampian to be prepared to meet the challenges of winter,

and within budgets. Tabletop testing has proved highly useful and practical for all partners in previous years and these activities have been undertaken across Grampian in 2019.

21. The dates of the facilitated and scenario-based tabletop test exercises have been –

Aberdeen City HSCP	28 th June
Acute Sector ARI/DGH	24 th October
Aberdeenshire HSCP	13 th September
Moray HSCP	27 th September
Cross System/Sector	12 th November

22. Timing of these exercises is designed to provide opportunity for all partners and staff to challenge their planning and to refine and amend plans based on any learning points identified by the test. All of the tabletop testing exercises are supported by NHS Grampian colleagues and involve input from NHS Grampian Civil Contingencies, with use of appropriate and national processes for resilience management.

E. Approval of Plan

23. The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the diagram set out in Appendix 2.

Date	Format	Committee / Board
16th Sept	Draft	System Leadership Team
19th Sept	Draft	Grampian Area Partnership Forum
23rd Sept	Draft	Grampian Integrated Programme Board for USC & Delegated Services
23rd Sept	Draft	Scottish Government
2nd Oct	Final Draft	Area Clinical Forum AHP Advisory Committee Area Medical Committee GP Sub Committee Consultants Sub Committee Nursing and Midwifery Advisory Committee
10th Oct	Final Draft	Grampian Integrated USC Delivery Group
21st Oct	Final Draft	System Leadership Team
7th Nov	Final Draft for Approval	Grampian NHS Board
14th Nov	Final Approved	Scottish Government

The Draft and Final versions of the Grampian Winter Plan will be shared with the following committees for consideration

- Consultants' Sub Committee
- GP Sub Committee

- Allied Health Professions (AHP) Advisory Committee
- Grampian Area Nursing and Midwifery Committee

24. As in previous years, the final Grampian Winter Plan will be available on the NHS Grampian website following submission to and approval by the Scottish Government.

F. Governance Arrangements

25. High level performance management of the Grampian Winter (Surge) Plan for 2019/20 will be through the System Leadership Team which is chaired by the Chief Executive and includes the Chief Officers from each of the HSCPs and the acute sector as well as executive team members from NHS Grampian.

26. Each of the Health and Social Care Partnerships will follow its own local governance arrangements ensuring the local winter plan and the overarching Grampian Winter Plan are included for discussion on agenda at relevant meetings ahead of the final submission to Scottish Government.

27. Performance management of underpinning organisational/sector/service winter plans is undertaken as per agreed mechanisms within local teams and areas. In support of the various plans and to ensure effective communication and integrated working over the winter period, the daily cross system huddle, which has been identified as crucial to integrated working, will support business continuity for winter as it would for any surge period.

28. The Unscheduled Care operational division within the acute sector will, on behalf of NHS Grampian, submit the routine weekly management information to the Scottish Government as and when required as per an agreed template. As is currently required the Acute Sector of ARI will submit additional daily reports on any key pressures and unusually long waits in the Emergency Department; with details of the actions being taken to address the delays.

Key Drivers & Changes from Previous Winters

G. Striving To Deliver High Quality, Safe, Person-Centred Care

29. Regardless of the time of the year, we continuously strive to meet local and national standards and performance targets which focus on delivering high quality, safe person-centred care at the right time, in the right place and by the right person/team. A key element of this is delivering national standards and targets on an ongoing basis regardless of the pressures across the system;

- 98% of NHS 24 Priority 1 calls responded to within 60 minutes and 90% of Priority 2 calls responded to within 120 minutes

Appendix 1 – NHS Grampian winter (surge) plan

- 75% of all Scottish Ambulance New Clinical Response Model Purple Response Category A calls are responded to within 8 minutes
- Reduction in inappropriate attendances at Emergency Departments (ED / Minor Injury Units (MIUs)
- 95% performance against the 4 hour standard for Emergency Departments (ED) and Minor Injury Units (MIUs)
- Elimination of patients waiting over 12 hour for admission or discharge within ED
- Maintain delivery of the 18 week Treatment Time Guarantee (TTG)
- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Maximise the number of patients who receive care in the most appropriate setting
- Minimise the number of patients waiting to go to a community hospital
- No delayed discharges beyond 14 days

There has been further development and progress of the 6 Essential Actions Improvement Programme, which focuses on key actions to improve unscheduled care in all settings. Grampian is committed to an integrated approach to achieving improvement and demonstrating excellence in the 6 Essential Actions Programme locally and significant senior, executive, partnership and operational staff are dedicated to and involved in its delivery.

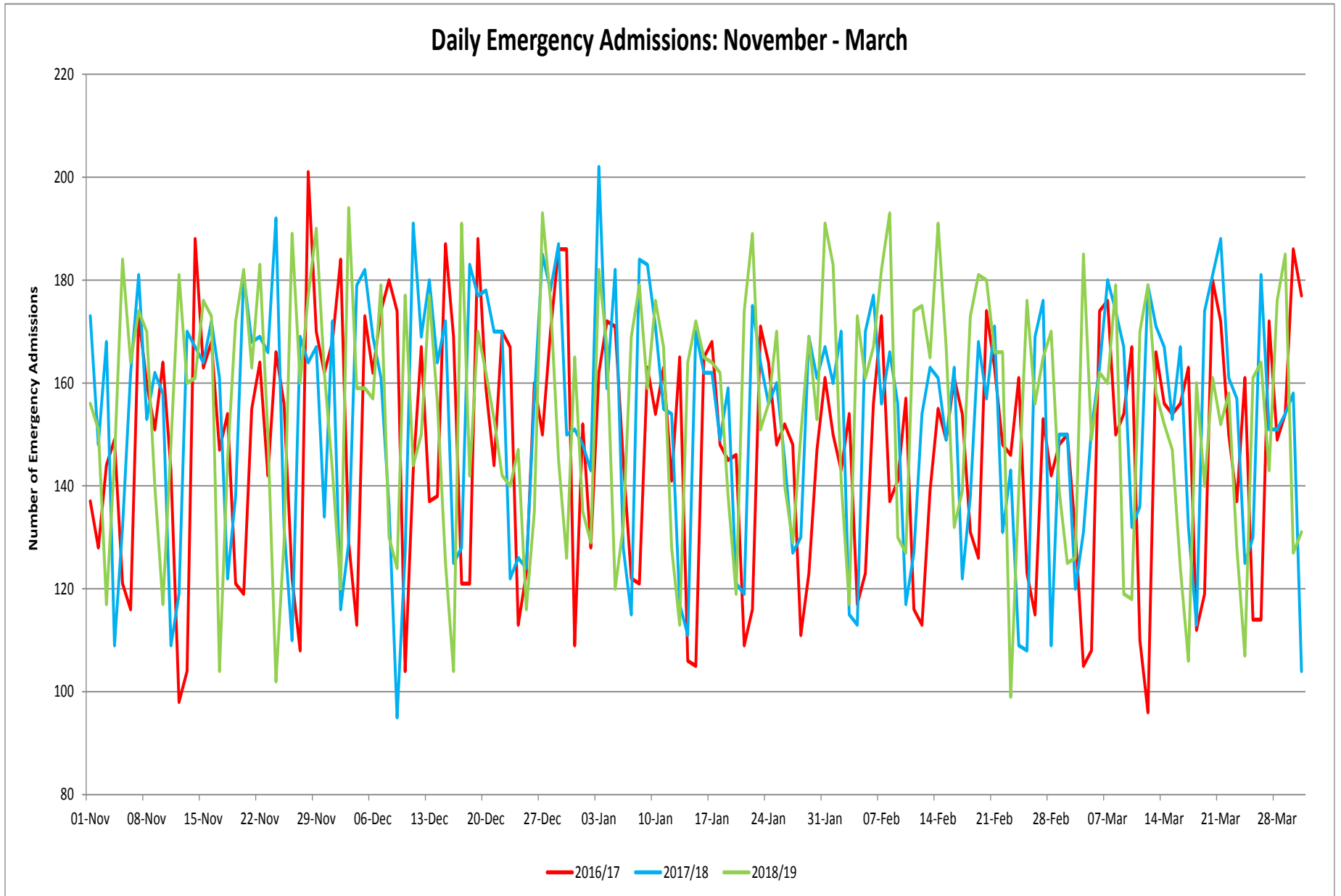
Consequently, this Plan is developed in the context of the 6 Essential Actions and unsurprisingly there are shared priorities, focus and projects as well as partnerships and groups.

Key drivers informed by the 6 Essential Actions Programme are included here:



H. Trends in Data from Previous Years

30. The NHS Grampian Health Intelligence Department, with partner colleagues, produce trend data for the winter period focussing on the previous five years, to support planning for the resources that will be required and in identifying thresholds for surge planning. In addition demand and capacity predictive data, based on data sourced from System Watch, is used. For example it can be seen from the graph below that peaks in emergency admissions take place on key dates such as Mondays, the days immediately following the festive holidays and in particular last year in the 3rd week of January.
31. The full set of trend data with key highlights is attached at Appendix 4. Activity trends and performance levels have been discussed and shared across sectors and services as part of reflecting on the previous winter in the Cross System Winter debrief event held in April 2019



I. Lessons Learned from 2018/19

32. The following section outlines the key lessons learned from the review of the 2018/19 winter period. The full report is available separately.

- The significant value of timely partnership, whole-system and intelligence driven winter planning.
- Acknowledgement in all areas that a more robust approach to winter planning and enhanced communication contributed greatly towards maintaining patient care and services during period of adverse weather and increased instances of influenza.
- Many features developed in 2018 had a positive impact on sectors' and teams' ability to manage demand and challenges.
- It was recognised that the enhanced whole-system approach and joined-up working through the development of the plan itself, cross-system huddles, regular reviews and communication led to minimal disruption to patient care during challenging times
- Cross system huddle, safety brief models and the discharge hub were all referenced as beneficial.
- Admission avoidance was effectively supported by the delivery of Medical and Surgical Ambulatory Emergency Care services, reducing pressure on in-patient capacity.
- Staffing levels due to high numbers of vacancies posed a challenge for several services in terms of managing business continuity as well as surge planning. This limited availability of bank and agency staff limited the ability to open all of the planned surge capacity.

33. A number of areas were also highlighted for further improvement which were generally focussed around the following themes:

- Communication/Cross-System Working.
 - There is still the requirement to further improve the accuracy of data such as predictive activity data. Consideration to be given to the use of System Watch data alongside local predictors to plan surge capacity and staffing resource effectively.
 - Robust communication across health and social care services still has room for improvement to ensure all health and social care operational staff are appraised of local plans.
 - Communication with the public (Know Who To Turn To) regarding expectations and responsibilities is important and key to ensuring local services are used appropriately.
 - Anticipatory Care plans could have been more effective and better communicated.
 - A desire to see equity in the degree of risk and level of responsibility held by partners across the system.
- Flow and Discharge Planning
 - The importance of sustaining the principles of the Daily Dynamic Discharge Approach across all inpatient areas is key to effective discharge planning and management.

- Building on criteria-led discharge is key to timely discharge.
- Ensuring patients are in the right place will continue to be a focus for work to reduce the number of boarded patients across both sites.
- Flexible use of ring-fenced acute beds and GP beds in the community could be further improved to support flow.
- The availability of Allied Health Professional staff, especially physiotherapists are key to facilitating discharge over the festive period in particular and weekends.
- Increased rehabilitation and enablement services are key to preventing admissions/reduce the length of stay and improved flow through Acute and Community Hospitals.
- Operation of the integrated discharge hub over public holiday periods significantly improves patient flow.

J. New Developments & Service Changes Introduced Since Winter 2018/19

34. Some of the key service and system changes that have occurred (or are due to occur) since last winter and prior to winter 2019/20 are listed below;

System

- In support of the established and embedded Integrated Joint Boards and Health and Social Care Partnerships, Grampian has an established Grampian Unscheduled Care (USC) Programme Board with membership from the Executive Lead for USC, Acute Chief Officer and 3 Partnership Chief Officers
- The role of the Unscheduled Care Programme Board is to guide the strategic direction, delivery and commissioning plans for Unscheduled Care and to monitor performance in relation to the acute services delegated for strategic planning by the Integrated Joint Boards.
- The UC Programme Board's aim is to improve people's experience of unscheduled health and social care through improving access to good quality care in community and hospital settings.
- The Unscheduled Care Programme Board is supported by the Unscheduled Care Delivery Group, a multidisciplinary group of clinical and operational staff from across the Health and Social Care partnerships, who are responsible for delivery of the commissioned model and for a system-level overview of improvements across Unscheduled Care.
- The membership of both Acute site 6 Essential Actions Unscheduled Care Improvement Groups includes representatives from the Health and Social Care Partnerships, Clinical Support Services, Facilities teams and Scottish Ambulance Services.
- The three main areas of focus for Unscheduled Care Programme action in 2019/20 are
 - Escalation Planning
 - Discharge Planning
 - Admission Avoidance

- Shared learning across boards has been enhanced by the 6 Essential Actions Learning Workshops and the established Regional Programme Managers Actions and Progress (PMAP) monthly meetings at which Tayside, Highland and Islands and Grampian teams benefit from learning and sharing regional approaches to ensuring robust winter planning.

Acute

- The models of safety briefs in Grampian Acute and Community Hospitals have been further developed throughout 2018/19 and are now well established as a daily occurrence with capacity and management data shared across ARI and Dr Gray's hospitals. This has provided a better 'grip' on the hospital state and creates a management position that is more ready to respond to surges in demand and barriers to flow on a daily basis.
- The knowledge and information gained from this daily event can then be shared across teams, escalated across sectors and up to the Daily Cross System Huddle as well as to Scottish Government and NHS Resilience as appropriate and if necessary.
- The Discharge Hub is well established in Aberdeen Royal Infirmary and constitutes liaison nursing staff, OPAL team, social work colleagues from each of the three Partnerships and hospital discharge coordinators. At Aberdeen Royal Infirmary a test of change providing ongoing assessment of complex discharges during the weekend periods is demonstrating a reduction delays experienced by patients requiring assessment of complex discharge needs. In Dr Gray's Hospital a test of change providing a Discharge Co-ordinator supporting discharge home and transition to community hospitals is demonstrating a similar reduction in patient delays.
- Redirection has been a feature of Emergency Department operations in both Aberdeen Royal Infirmary and Dr Gray's Hospital and the minor injury units across Aberdeenshire and Moray for a number of years. This approach that ensures patients are seen by the right service for their specific needs is supported by year round public information through the Know Who To Turn To messaging.
- A refresh of the Daily Dynamic Discharge Approach designed to ensure that local teams have everything they need to deliver tangible improvements in patient safety and flow has been supported by the 6 Essential Action Service Improvement managers on both acute sites and a number of community hospitals. A number of Discharge Co-ordinator posts across acute sites support timely and effective discharge planning and the agreed improvement trajectories for weekend and earlier in the day discharges.
- There has been substantive funding of the Occupational Therapy resource and along with Physiotherapy resource which is shared across the Emergency Department, Acute Medical and Surgical Assessment Unit at Dr Gray's Hospital, Elgin there continues to be an increase in discharges directly from these areas. This model is also replicated in the Emergency Department at Aberdeen Royal Infirmary providing identification, assessment and focused management of frail elderly at the front door.
- A test of change modelling the Integration of Aberdeen City Social Work presence within the Emergency Department at Aberdeen Royal Infirmary provides the opportunity to access resource links/knowledge to facilitate flow directly out of ED prior the patient being admitted.

- The Medical and Surgical Ambulatory Care services continue to deliver a further reduction in admissions to the Acute Medical Initial Assessment and Surgical Receiving Units.
- Proactive discharge planning to ensure safe, effective and timely discharge at Dr Gray's Hospital is delivered by the presence of a site wide discharge co-ordinator.

Community

- The positive impact seen by the introduction of a Respiratory Bundle (COPD) in winter 2018/19 aimed at reducing the number of respiratory hospital admissions. The Respiratory bundle included focused interventions to support increased self-management of adults with COPD alongside specific support from GP's, Community Pharmacists, and Community Physiotherapists. The model also included enhanced targeting through direct communication to encourage appropriate vaccination ahead of the festive period. Following positive evaluation in June 2019 plans are being developed to introduce an enhanced Respiratory Bundle in Winter 2019/20
- The introduction of a Virtual Community Ward model across GP practices in Aberdeenshire and Moray has ensured preventative measures are in place to maintain vulnerable patients in the community and reduced inappropriate hospital admissions. In addition closer working between the Virtual Community Ward and the Integrated Discharge Hub at ARI facilitates earlier discharge to home of patients in ARI.
- In addition to the weekly care home vacancy report (held by Aberdeen city) Aberdeenshire has established a 'real time' resource which monitors vacancies across all resources, including community hospitals, care homes, very sheltered and sheltered housing. This ensures practitioners have up to date information enabling patients/service users have access to the most appropriate environment at the right time and maximises the use of resources, supporting effective whole system flow.
- In Moray, weekly Multidisciplinary Cross System Discharge meetings have been introduced on Mondays. The purpose of these meetings is to provide valuable time to allow free communication between those sharing the care of patients with the key aim of ensuring every patient has a discharge plan and that all options that are appropriate for each patient is explored.
- Hospital discharge will be supported by the provision of 5 very sheltered housing flats in Aberdeen City HSCP that will be reserved for those requiring support/care/accommodations on discharge.
- To enhance good practice in ensuring the right patient is cared for in the right place by the right person at the right time the Older Persons Assessment and Liaison (OPAL) team which supports decision making about admissions and transfers in the community will be directed to areas of pressure at times of surge. In addition there will be optimisation of the synergies between the OPAL team and the newly established Acute Care at Home team within Aberdeen City HSCP.

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- In Aberdeen City, Care Home Bed capacity (20 social care beds) will be reserved specifically to support discharge and improve flow out of hospital.
- In Aberdeen City arrangements are in place to enable staff to consistently triage and update patients/ clients homecare provision needs in advance of winter to ensure that those in greatest need (including hospital based delayed patients) have any care home capacity directed to them on a priority basis. In addition Home care packages will be prepared in advance for activation over the festive public holidays
- A number of care home beds in Aberdeen City HSCP will be identified to provide a “step – up” community bed provision that support avoidance of hospital admission. In addition Community Hospital beds across Aberdeenshire provide the required “step-up capacity” to avoid unnecessary acute hospital admissions and deliver care closer to patient’s homes.
- Hanover Housing Development introduced in Moray provides a “close to home” nursing care model when the patients home is not an option, delivering a “step up” community bed provision that avoids admission to an acute hospital.
- The Moray Out of Hours Project provide a resource to support vulnerable adults for short periods between the hours of 17.00 and 08.00, who would otherwise have potentially been admitted to an acute hospital. Requests for support from this service can be made by the Emergency department, Out of Hours GP service, Social Work and the Scottish Ambulance Service.
- The Acute Care at Home Service in Aberdeen City and the Aberdeenshire Response Care at Home Team (ARCH) operating across the Community respond to surges in demand by preventing unnecessary admissions, providing augmented care in the patients home, supporting discharge and end of life care.
- GP Practices will be set up to flex and offer additional “on the day” appointments based on actual fluctuations in demand/surge.

Action Plan for Winter 2019/20

35. The Grampian 2019/20 Winter Plan actions are set out in the following themes:

- **Information, Communication and Escalation**
- **Joint Working and Integration**
- **Prevention and Anticipating Demand**
- **Planned Healthcare Capacity and Demand**
- **Unscheduled Care Capacity and Demand**
- **Plans for Pre, During and Post Festive Period**

K. Information, Communication and Escalation

36. Reporting to Scottish Government

Reporting to the Scottish Government will focus on the points below:

- Regular submission of admission data to ISD to inform the national modelling System Watch Project as usual practice.
- NHS Grampian will ensure that Weekly Winter Monitoring information is timeously submitted as and when requested.
- Exception/daily reporting such as a daily performance and pressures report will be undertaken as requested by the Scottish Government. This will be ensured by the Acute Sector Division of Unscheduled Care and linked to the daily, site based Safety Huddles.
- Immediate notification of significant incidents will occur as per current agreed reporting procedure for each partner organisation. Communication and sharing of such incidents will be highlighted at the daily safety huddles and the daily system huddles.
- In addition, and if required, NHS Grampian will participate in daily/exceptional reporting to NHS Scotland Resilience

37. Staff Communication

- Each partner organisation and service has plans in place for effectively communicating with local staff. Key mechanisms and focus for communicating with staff in partnership are outlined below.
 - The Winter Plan for 2019/20 and any other supporting documents/plans, along with bulletins (weather, transport, flu vaccination, norovirus etc) will be available on the NHS Grampian staff intranet and NHS Grampian website.
 - 'Attendance at Work – Adverse Conditions' is the NHS Grampian policy informally known as the 'Snow Policy' and will be highlighted to appropriate staff ahead of winter.

- Links to the national NHS Scotland winter campaign will be available on the NHS Grampian websites
- Campaigns to proactively encourage all NHS Grampian, Aberdeenshire, Aberdeen City and Moray HSCP staff, community healthcare workers, residential care home staff, social care staff, unpaid carers and paid carers to have the flu vaccinations. Targeted communication via displaying posters in key staff areas, electronic bulletins and details posted on the NHS Grampian and local authority intranet sites as well as messages on payslips will run from 1st October 2019. In addition flu vaccination will be offered to Aberdeenshire Transport and Infrastructure staff, in particular those essential workers associated with snow clearing and gritting.
- *Know Who To Turn To* (KWTTT) key messages will be displayed as a banner on the NHS Grampian intranet as well as circulated via team brief, newsletter and global email alert for staff. A local article, based on national messages will be prepared for inclusion in existing newsletters (NHS, local authorities and carers) from December 2019.
- Communication of key information on services available over the festive period such as infection control advice, pharmacy dispensing services, access to social care assessment and care packages, etc will be made available through daily safety briefs and available in each nursing and doctors ward station/room across NHS Grampian in response to communication issues highlighted in previous years.

38. Key Messages for Public

Communication Plans for 2019/20 will be agreed and implemented between October and January with the aim of:

- promoting winter health and reducing pressure on local services
- encouraging individuals to take responsibility for their own health and seek advice appropriately via the *Know Who To Turn To* (KWTTT) Campaign
- Supporting local winter health priorities such as respiratory health via the 'Don't waste a Breath' campaign and the Antibiotic Campaign.
- adding value to existing national campaigns such as flu and pneumococcal immunisation

Key messages to be communicated in partnership to the public via mechanisms outlined below.

- Targeted staff and public flu campaigns beginning early October 2019, linking with and utilising resources available through the national campaign.
- Media releases will be distributed to all local press informing the public on basic self-help messages, stocking of medications, repeat medications, surgery closures and available services over the festive period.
- From December 2019 the KWTTT campaign will communicate the self-help messages and highlight the services available to the public and is likely to include
 - Re-direction Flyer to be handed out by ED staff when appropriate
 - Targeted KWTTT messages through TV and radio advertising with the potential to reach 648,000 adults

- Targeted Social Media messages including video messages – Using Facebook’s audience definition, we can target a particular demographic Males and females, Aged 18+, who live within an 80 km radius of Inverurie and 40 km radius of Inverness (which covers the entire Grampian area). This could potentially reach 380,000 adults
- Electronic Bill Board Advertising with the potential to reach 340,000 people.
- Maintenance of the KWTTT website
- An Antibiotic Campaign from November through December 2019.
- Health points (NHS Grampian’s Health Information Centres) are located in Aberdeen, Fraserburgh, Peterhead and Elgin. Staff working in these units will be fully briefed to provide information on all our key messages to members of the public.
- NHS Inform/Healthline advice lines
- NHS Grampian will use social media, such as Twitter and Facebook, to communicate key messages and alerts
- NHS Grampian’s public website reiterates the above key messages, along with useful links to other appropriate websites e.g. NHS 24, NHS Inform, national campaigns.
- Specific communication will be in place relating to repeat prescriptions and regarding pharmacy opening times over the Christmas and New Year holidays.

39. Communication Between Key Partners

Since the embedding of new structures and strengthened relationships with the Health and Social Care partnerships, communications across Grampian are integrated with each of the partners fully represented as drivers of the production of the Winter Plan for Grampian and the actions that will underpin the achievement of its aims.

- This Plan has been developed and agreed as part of the Grampian Unscheduled Care 6 Essential Actions Programme, including communications and participation from partners such as SAS and NHS24.
- The planning process has included collaboration with the Head of Civil Contingencies.
- Approval of the plan includes all 3 Health and Social Care Partnerships.
- Approval of the planning process and timescales as well as the plan itself includes a wide range of committees within the NHSG governance structure as well as the NHS Grampian Board.
- Daily cross system huddle meeting includes representation from the acute sector, each Health and Social Care Partnership, facilities and the ambulance service. Partners participate virtually, joining via teleconference and in this way there is no barrier to participation.
- Escalation and communication in real-time with partners is as per agreed protocols.
- Effective communication protocols are in place between key partners in relation to local authority housing, equipment and adaptation services, mental health services and the independent sector.
- To use links with voluntary organisations and related weekly e-bulletins to promote key winter related messages.
- Community Pharmacies opening times are communicated to partners.
- Review communication mechanisms between NHS Grampian and other NHS Boards.

40. Press/Media

- All interview or information requests from the press or media groups will, in the first instance, be managed or if appropriate directed to the relevant organisation's Corporate Communications Department. Opportunities will also be taken to reinforce key winter messages to the public.

41. Escalation

- Each organisation/sector/service has in place agreed business continuity plans that are intelligence based and include responses to winter challenges, staff shortages and escalation procedures. These plans are underpinned by human resources policies which support and guide staff in relation to weather and travel disruption.
- Each sector will test their business continuity plans and policies during September & October 2019.
- All business continuity plans have clear escalation procedures if services are affected by weather, staff shortages or any other situations affecting delivery. This includes the provision of situation reports at operational and tactical level within the organisation and onward reporting, as necessary, to NHS Resilience and the Local Resilience Partnership.
- NHS Grampian acute sector has developed escalation policies to a high standard, based on the national publication of guidance on ED and hospital wide escalation.

Summary of Key Actions for Information, Communication and Escalation

Reporting

- Submission of weekly management information to the Scottish Government.
- Submission of daily performance and pressures reports to the Scottish Government if required.
- Exception reporting and immediate notification of any significant issues to Scottish Government.

Communicating to Public/Staff

- Implementation and regular review of the Winter Health Communication Plan which includes flu, ' , KWTTT and antibiotic campaigns.
- Targeted communication to staff on wards regarding key information during the festive period e.g. infection control advice, access to social care assessment/care packages etc, Know Who To Turn To
- Targeted KWTTT campaign in those areas with the highest users of Unscheduled Care and used in redirection.

Communication between Partners / Escalation

- Daily cross system huddles to include all partners and acute sector with Senior Decision Maker to chair.
- All sectors to test winter/business continuity plans during Sept/Oct 19.

Key Areas of Risk

- People may choose to ignore communication messages
- Ensuring wide-spread dissemination of key messages is challenging due to the wide geographical spread and vast number of staff, partners and public across Grampian.
- Ensuring penetration of messages across partner organisations.

L. Joint Working and Integration

42. Good communication is a key aspect of effective integrated working. This principle is an important aspect of the Grampian approach and is particularly critical when staff and services are under significant pressure. This section covers the various aspects being taken forward in Grampian around ensuring effective joint working over the challenging winter period.

43. In Partnership across NHS Organisations/Sectors/Services

Specific actions to enhance integrated partnership working across Grampian will occur at different levels based on the situation and are summarised below.

- Safety Briefs are now embedded features in both acute hospitals and in ARI occur up to 3 times per day. Attendance is generally around 50-60 individuals and include representation from Security, Facilities, SAS and all areas of the acute hospital. The 8am session is led by the Senior Site management team supported by the Site and Capacity Team and information is shared with staff across the hospital twice each day.
- Models of Safety briefs in Community hospitals are established but vary in format due to local requirements.
- Cross system huddles which support individual partners to anticipate and manage surges in activity at the earliest opportunity have been improved and developed even further since they were embedded.
- Feedback from winter debrief discussions has confirmed that this approach can facilitate system-wide resolutions to delivering safe care whilst effectively managing risk.
- Identified through Winter Debrief events the consistency of cross system representation at Cross System huddles now features in H&SCP planning

44. NHS Grampian, Health & Social Care Partnerships and Third Sector

- The System Leadership Team includes each of the three Chief Officers, the Chief Officer of Acute Services and members of NHS Grampian's leadership team. The Team meet weekly, alternating with formal meetings and huddles to discuss operational issues and this provides a regular and valuable opportunity to share key pressures and issues. During times of increased pressure this will support the assessment of risk equally across the whole system and the implementation of a system solution.
- The Grampian Integrated Unscheduled Care Programme Board established in May 2017 guides strategies, delivery and commissioning plans and to monitor performance in relation to the acute services delegated for strategic planning by the Integrated Joint Boards. The Programme Board's aim is to improve people's experience of unscheduled health and social care through improving access to good quality care; in community and hospital settings. The Programme Board comprises the four Chief Officers (Acute and 3 HSCP) and is supported by a multidisciplinary group of advisors.
- The Integrated Discharge Hub has developed further since its establishment in 2017 and is a partnership operational team focused on ensuring appropriate supported discharge for prioritised patients by coordinating an integrated plan and actions. Actions include liaison with professionals and families.

- NHSG has a memorandum of understanding with Community Off-Road Transport Action Group (COTAG) to assist with all logistical support during severe weather.

Summary of Key Joint Working and Integration Actions

- Established Integrated Unscheduled Care Programme Board.
- Established Integrated Unscheduled Care Delivery Group.
- Use of the daily partnership Cross System Huddle, with increased occurrence during winter.
- Regular meetings at all levels to understand prioritise and resolve system issues.
- Discharge Hub to support integrated approach to priority & complex discharges.

Key areas of Risk

- Ensuring representatives attend the daily huddle meetings and actions are followed through.
- Agencies don't fully comply with exception reporting mechanisms.
- Additional SAS Discharge Transport arrangements are not delivered in time for winter period.

M. Prevention and Anticipating Demand

45. A key purpose of the Winter Plan is to prevent, anticipate and manage potential demand. This section sets out the key actions for preventing, anticipating and managing demand over the winter period 2019/20

46. Influenza (Flu) Immunisation Programme

Seasonal influenza is an acute, viral illness that spreads easily from person to person. It is a severe threat to the public health affecting people of any age with those in higher risk groups at least 18 times more likely to experience severe illness and even death. Thousands of people in Scotland are hospitalised every year as a result of flu. Every year several outbreaks of influenza occur in hospitals and care homes across Grampian. Furthermore, it is well recognised that health and social care staff are significantly more likely to be exposed to influenza during the course of their work.

Organisations and sector/services business continuity plans include both the prevention and the containment of flu and also how services continue core business when flu increases demand on services and creates staff shortages. The Seasonal Influenza Immunisation Programme is central to all preventative initiatives.

The uptake of flu vaccination during season 2018/19 in Grampian and across Scotland actually decreased on the previous season. All eligible groups, apart from frontline health and social care staff; those over 65 years and primary school aged children decreased in line with the national decrease or slightly less.

The target uptake of 75% was not achieved in any risk group apart from the new category of those over 75 years. The most significant decreases in uptake were identified in pregnant women (down 6.8% in women with other underlying medical conditions and 3.4% in those with no other risk factors). Diabetic patients were also down 3.3%.

Uptake targets for 2019/20 are unchanged:

- **75%** Over 65 years
Under 65 years in at-risk groups
Primary school children
- **65%** Pre-school children (2-5years)
- **60%** Health and social care staff

The Grampian Flu Immunisation Programme run in conjunction with the national programme and will commence on the 1st October 2019.

The programme will continue to focus on the following target groups:

- All those aged 65 and over
- All those aged 6 months or over in a clinical risk group
- All pre-school children aged 2 -5 years
- All primary school children
- All pregnant woman, irrespective of their stage of pregnancy

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- Those living in long-stay residential care homes or other long-stay facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (not including prisons, halls of residence, boarding schools etc)
- Unpaid Carers (including young carers)
- All NHS Grampian staff, as well as all health and social care staff involved in the delivery of personal care, e.g. community health care workers, residential care staff, social care staff, unpaid carers and young carers.

The flu vaccination publicity campaign to encourage NHS staff as well as social care staff, including those working in care homes, providing care at home and in the voluntary sector, will commence at the end of September 2019. There is extensive access to vaccination for health and social care staff via GO Health services and around 70 community pharmacies across Grampian. For the first time in NHS Grampian, a Peer Flu Vaccination Programme will be initiated. Already almost 20 Peer Vaccinators have been trained and will be offering vaccination to colleagues when they are not busy with patients and it is convenient to do so. Communication with staff and partners on flu vaccination will be undertaken, using a wide range of media routes including Global Electronic Notices, Manager's letters, posters and National Campaign resources.

Local initiatives will also run alongside the national publicity campaign for the public to promote immunisation among Grampian residents who are eligible to be vaccinated.

47. Gastrointestinal (GI) Illness in Community Care Establishments e.g. Care Homes

There are long standing systems in place for reporting outbreaks of gastrointestinal illness in community establishments with vulnerable individuals for example care homes. Following reporting of the outbreak to the Health Protection Team (HPT), immediate risk assessment is undertaken and infection prevention and control measures discussed and then followed up in writing to the manager. Infection prevention and control measures include closure of the establishment to all new residents, residents returning from hospital and day care. Regular monitoring of the outbreak is undertaken until the establishment has been free of symptomatic residents and staff for 48 hours. The Health Protection Nurse Specialists undertake a review visit with many of the care homes to help them identify issues with their infection prevention and control practice.

- The Consultant in Public Health Medicine (CPHM) will, if required, activate the NHS Infectious Disease Incident Plan.
- The Infection Prevention and Control Team (IPCT) and Health Protection Team contribute to the daily Norovirus situation reports (SITREPs) that are communicated widely throughout NHS Grampian for the duration of the norovirus season.
- The HPT recommend that community residential establishments affected by an outbreak of gastrointestinal illness advise a hospital admitting a symptomatic resident of the potential infection risk. The HPT seeks to reinforce this communication by also advising, wherever possible, the IPCT directly when such a patient is being admitted.
- The Health Protection Team participates in national surveillance carried out by Health Protection Scotland (HPS).

48. GI Illness in all inpatient and hospital site departments and facilities

- The IPCT & on call Microbiologist (out with office hours) will continue to support all hospital teams with outbreak risk assessment, ongoing monitoring and management.
- The IPCT will advise via the safety brief and Healthcare Associated Infection (HAI) groups that all staff members should notify their workplace, but not report for duty if they have unexplained vomiting and or diarrhoea until free of symptoms for at least 48 hours.
- The IPCT will advise temporary suspension of therapies and other voluntary ward attendees until any affected facility is fully operational and an outbreak declared over. This may extend to an indefinite suspension for hospitals who have a high number of closures or for all sites if seasonal averages are exceeded and control proves difficult to establish.
- The IPCT will include cordless telephones within outbreak management advice when discussing environmental and equipment decontamination.
- When necessary an Incident Management Team (IMT) will be activated at the request of the Lead Infection Prevention & Control Doctor.
- The daily situation report (SITREP) describes ward/departmental/hospital closures and will include current norovirus outbreak information. This will be communicated by the IPCT admin team.
- The IPCT & HPT recommend transfers to residential settings from affected wards / departments are delayed until the outbreak declared over (once the affected facility is fully operational again), unless risk assessed as safe by IPCT and HPT in exceptional circumstances.
- The IPCT will participate with national point prevalence Norovirus surveillance programme for winter illness and submit reports to Health Protection Scotland on behalf of NHS Grampian every Tuesday (retrospectively for the previous week).
- The IPCNs will alert the organisation when the Scottish Norovirus season has started (when declared by HPS) via the daily SITREP, attendance at Acute and DGH safety briefs and via HAI groups.
- The IPCNs may attend further bed management meetings upon request, but may require to prioritise outbreak management. They will contact site and capacity teams with rolling updates.
- Alternative working hours for IPCNs during the winter period are being considered but have not been approved nor finalised as at September 2019.
- A seasonal overview will be provided by the IPCT for the NHSG cross system winter debrief 2019-2020 upon request

49. Pandemic Flu

- The Multi-Agency Grampian Major Infectious Disease/Pandemic Flu Plan sets out the structures and processes that will be used in the event of an infectious disease incident, such as pandemic influenza. The plan outlines a co-ordination of health and social care response.
- Planning assumptions for Pandemic Flu are based on the UK Influenza Pandemic Preparedness Strategy 2011 and follow a fluid DATER structure, alongside WHO pandemic phase designations
 - Detection Phase - characterised by normal health service delivery and increased surveillance for pandemic influenza strain activity locally through the Health Protection

Team, Primary Care and hospital virology services, either with or without activation of Board operational, tactical and strategic structures and functions;

- Assessment Phase - characterised by increased public health protection, primary care and pharmacy activity, with standing-up of sector and cross-system control rooms; Treatment Phase - which may be low, medium or high impact, with increasing prioritisation of service delivery in relation to scale of impact of the pandemic on health and social care delivery;
 - Escalation phase leading to postponement of elective non-urgent activity across potentially all sectors and
 - Recovery Phase - characterised by a return to 'normal' activities (e.g. catch-up on other clinical activity, staff leave and bereavement), and preparation for a potential second wave.
- Civil contingency arrangements are in place for a Local Resilience Partnership (LRP) at Grampian level and Regional Resilience Partnership (RRP) at North of Scotland Level. In pandemic influenza, these multi-agency groupings may be convened. It is critical that partner agencies make joint decisions and respond in a unified manner, with efficient and effective use of available resources, to mitigate potential consequences. An integrated health and social care response to a major infectious disease incident aims to:
 - Ensure that the Grampian health and social care systems are prepared for MID/ pandemic flu by using existing systems and governance mechanisms as the basis of the response supporting the continuation of everyday activities as far as practicable.
 - Ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.
 - Ensure that the public receive informed and timely advice and information.
 - Promoting a return to normality and the restoration of disrupted services at the earliest opportunity
 - There are additional supporting plans for excess death and specific response actions such as anti-viral collection mechanisms.

Summary of Key Anticipating Demand and Prevention Actions

- 75% of those deemed at risk of flu and those over 65 year of age should receive a flu vaccination.
- Over 50% of front line staff should receive a flu vaccination.
- Campaigns to support uptake of immunisation for both staff and public is in place.
- All sectors/service plans reflect the NHS Grampian Major Infectious Disease Plan and the phased response set out.
- Robust communication mechanisms between HPT and ICPT

Key areas of Risk

- Flu immunisation target may not be achieved due to personal choice amongst staff.
- Flu immunisation target may not be achieved due to personal choice amongst individuals in target groups.

N. Planned Healthcare Capacity and Activity

50. Optimising Elective Care and Delivery of the Treatment Time Guarantee

- NHS Grampian is committed to managing its elective and unscheduled capacity successfully and is obligated to meet the Treatment Time Guarantee (TTG) for patients. To manage the gap between capacity and demand NHS Grampian has a clinical prioritisation process, which places the patient in a queue by the clinician based on clinical need. As we are not currently in the position that we can guarantee meeting the TTG, the clinical prioritisation process is to provide risk mitigation, ensuring that the patients with the highest priority are seen first, not to address the deficit between capacity and demand. Due to the tension between planned and unscheduled care in terms of bed capacity, activity is reviewed on a daily basis.
- NHS Grampian intelligently flexes the TTG lists in the early weeks of the year to maximise the throughput of lengthy or complex cases. This supports optimal utilisation of our theatre capacity with a minimal bed base impact.
- Individual wards can view their elective and predicted unscheduled care activity two weeks in advance with a view to managing their demand proactively and minimising any risk of cancelling patients at short notice. To provide further assurance on this issue NHS Grampian has developed an Elective Activity Management Standard Operating Procedure. This procedure sets out a clinically appropriate escalation process that is clear about protecting capacity for firstly cancer cases and then patients prioritised through the new process as needing urgent care.
- The management of Elective activity during Winter 2019/20 is supported by the development of a Surgical Resilience Plan which aims to maximise elective theatre capacity, including day-case, over the winter/festive period to ensure that elective performance is not adversely affected
- The key actions of the Surgical Resilience Plan are:
 1. Daily meetings of the Surgical Division Senior Multidisciplinary team with a remit to ensure effective booking processes, management of surgical bed capacity, increases in day-case procedures, booking of any identified theatre and bed capacity for priority patients such as cancer and urgent procedures and maintain elective activity, being cognisant of bed availability across the acute hospital site.
 2. An additional ward round on Fridays with a focus on planning and facilitating anticipated weekend discharges.
 3. Patients will receive twice daily reviews by consultants to ensure clear discharge decisions and consideration of alternative places of care for patients.
 4. Prevention of unavoidable admissions by the provision of the Surgical Assessment Clinic.
 5. Maximise scheduled Day of Surgery Admissions to provide increased capacity and support patient flow.
 6. Management of surgical patients discharge in a timely manner and elimination of unnecessary delays through the use of the Daily Dynamic Discharge approach and support from the Integrated Discharge Hub.

- Acute Business Continuity planning sets out the essential services to be delivered in the context of planned care should it be necessary to activate plans.

51. Outpatient Clinics

- Acute and community outpatient activity will continue for most of the holiday period with the exception of the public holidays.

52. Admission Capacity and Effective Discharge

- The Acute Sector recognises that to maximise flow and bed efficiency, the number of patients admitted the day before surgery must be minimised. Reducing the number of patients admitted the night before surgery/procedure is a focus in the Acute Sector and the Day of Surgery Admissions units at Aberdeen Royal Infirmary and Woodend Hospital support this approach
- The winter plan commits an additional £1M which is largely spent on staffing to support additional capacity, mainly manifest in beds either in hospital or the community. The plan, for the first time this year, is aiming to use this additional staffing to maximise bed capacity in the most appropriate part of the system between ARI and Aberdeenshire Community Hospitals. It is anticipated that the majority of staff will be used to staff some additional beds in ARI but that on occasion, when there is a staffing challenge within a community hospital, that the staff could be deployed to these sites, especially if this maximises patient flow and has patients in the most appropriate environment.
- For ARI the plan is to open an additional 36 beds for medical patients and 4 additional stroke beds. Part of this plan (20 beds) changes normal surgical activity within the short stay surgical unit and this is within the elective care plan and the Annual Operational Plan, both already agreed with the Board and Government.
- Dr Gray's Hospital is developing a surge plan within existing resources.
- Aberdeen City is opening 20 additional places within their sheltered housing complexes.
- Aberdeenshire Community hospitals will work with ARI to consider the best use of the additional staffing.
- Moray H&SCP has a plan, similar to the additional beds within the City, which has a small cost which will be met from the overall budget.
- The established practice of utilising the Daily Dynamic Discharge approach across all in patient wards supports the optimisation of flow and acute bed capacity and is supported by equal focus on policies for escalation, repatriation and boarding
- Cross system barriers to transfer of patients will be addressed through daily review at the cross system huddle with action tracking and reporting. Barriers to repatriation will be escalated as required.

- Both hospital and community pharmacy plans are in place for provision of services over the winter period and community pharmacy communicates this information to partners. All are open as normal except on the public holidays when provision is made for limited access only.

Summary of Key Planned Healthcare Capacity and Activity Actions

- Use of the predictive data to effectively manage and balance planned and unscheduled activity
- Focused management of elective lists to protect patients subject to TTG and cancer target, with reference to Elective Postponement SOP where necessary.
- Surge capacity plans in place for additional, staffed beds in acute and community hospital sites.
- Use of and adherence to protocols for safe, effective discharge will be promoted through the Discharge Hubs and monitored and reviewed through the safety briefs and cross system huddles.

Key areas of Risk

- TTG Targets can be challenging in certain areas and winter pressures may present further challenge.
- Staffing vacancies and recruitment challenges experienced across Grampian may present further challenges in supporting surge capacity beds.

P. Unscheduled Care Capacity and Demand

53. Across the unscheduled system the overall activity seen over the winter period is slightly higher with wider peaks and troughs of activity evident during the three weeks covering the festive period. It is also evident that the flow through the system is more challenging.

54. SAS

As set out in the SAS Winter Plan, arrangements are in place to respond to and manage the predicted peaks in demand, including early preparation of staffing rotas during the festive period.

55. NHS 24

NHS 24 detailed Winter Plan is being developed and it is anticipated that it will incorporate:

- Prediction of activity with associated planning, to align workforce to times of peak demand Internal and External Communication strategies
- Consideration of previous performance and lessons learned incorporating elements identified within the detailed planning to minimise potential risk going forward
- Maximising use of call handlers, call operators , pharmacists and a mental health hub, staffed with Psychological Welfare Practitioners and Mental Health Nurses
- Maximising National Clinical and Call Handler support lines.
- Enhancing the patient journey and experience by maximising the amount of patients who are managed to an outcome at the first point of contact.
- Contingency planning and escalation process.
- Telephony screening messages can be applied to the telephony system in a timely manner to inform the Public of a changing situation. Through constant reappraisal of the Service Delivery Model NHS 24 have ensured that real time deployment of resource and effective utilisation of multiple skill sets aids the delivery of an efficient service.

56. Primary Care Out of Hours Service (GMED)

- GMED calls followed a very similar pattern to 2017/18, as the average number of calls was comparable (690 calls per day in 2017/18 and 630 calls in 2018/2019).

Calls per day over the Festive period were around 630 per day compared to the average 434 during the rest of the year. (Please note that these numbers include the MIU & District Nurse Consultations).

- The GMED Out-of-Hours Service Winter Plan has been updated. The plan takes full account of:
 - The need for a robust plan covering the full winter period.
 - The possibility of an outbreak of flu or other seasonal illness.
 - The possibility of adverse weather conditions.
 - Prioritisation of service to enhance capacity.
 - Above normal demands on primary care at that time of year particularly on Saturdays and public holidays throughout the period.
 - The need to provide the service over the festive period.

- The Plan discusses in detail the management of demand and capacity, what the escalation triggers are and the actions to be taken at each change of state and by whom.
- The duty rota will be finalised during November and December 2019.
- Duty On Call Manager role clarified and introduced before the winter period, so managers have enough learning opportunities on how to manage demand, staffing and equipment issues. Rota to be agreed in October 2019.
- Contingency plans in case of a breakdown of IT and/or telephone/fax systems are described as is the escalation process and how to communicate this to the media.
- Separate communications designed with Corporate Communications will be issued in order to support the public in preparation for the winter.

57. Emergency Department and Minor Injury Units

- Key actions to effectively manage the demand are outlined below:
 - Use of triage & rapid assessment as part of initial assessment.
 - Ongoing use of the redirection protocol as part of triage at front door supported by the Know Who To Turn To messaging
 - Workforce will be deployed to cover the predictable peaks in demand.
 - In ARI and Dr Gray's Hospital, the Surgical Assessment Units reduce the numbers going through A&E and therefore alleviates pressure.
 - Ongoing availability of Clinical Decision Support to provide support and advice to professionals to ensure patients receive the right care, at the right time, in the right place and by the right person/team.
 - Communication with public actions e.g. KWTTT, national campaigns to minimise inappropriate demand.
 - Ensuring the flow across the hospital and the community is effectively maintained so patients are able to receive the right care, at the right time and in the right place.

58. Acute Sector

- Policies are operational with regard to escalation, boarding and discharge which ensure clarity and consistency of practice and provide a clear understanding of patient placement and bed allocation within ARI and Dr Gray's Hospital. The decision where to place a patient in terms of speciality of care is made by medical staff only: however, bed allocation can only be undertaken by the Site and Capacity Management Teams or those working on their behalf.
- Supported by the Duty and Site Managers and in discussion with clinicians Site and Capacity Managers will give priority status to appropriate patients in both the elective and non-elective scenarios. They will work closely with the Senior Charge Nurses, Nurse Managers and the Duty Manager who will advise the Site Manager as to the current bed state and all actions taken to improve the situation. Decisions to transfer, board or discharge patients will be supported through daily safety and flow huddles providing

opportunity to highlight, discuss and escalate any barriers to flow in the sector. This will be overseen by the Site Manager and implemented by the supporting framework for site management.

- Business Continuity Plans are in place for all Grampian hospitals.

59. Primary/Community/Social Care.

Community Pharmaceutical Services will support service delivery over the winter 2018/19 and specifically the festive period via the following:

- Pharmacy First service – treatment of uncomplicated urinary tract infections and treatment of impetigo.
- Community pharmacy provision of emergency contraception
- Community Pharmacy Urinary Tract Infection (UTI) Service.
- Community pharmacy will continue to provide advice and treatment via the Minor Ailments Service.
- Community Pharmacy Unscheduled Care Patient Group Directive (urgent supply of medication).
- Community Pharmacy Unscheduled Care Patient Group Directive to issue rescue antibiotics.
- Both hospital and community pharmacy plans are in place for provision of services over the winter period. All are open as normal except on the public holidays when provision is made for limited access only. Exceptions to normal opening times will be notified.
- Community Pharmacy opening on public holidays will be notified to partners (G-MED, NHS 24, Substance misuse service etc) via the Primary Care Contracts Team and corporate communications. There will be some pharmacy coverage in all communities every day.

60. Key actions in Primary/Community Social Care are:

- Ensuring high risk individuals are identified within practices and up to date Anticipatory Care Plans are in place.
- Implementation of the COPD Bundle of interventions (Pulmonary Rehab, Inhaler Awareness, Influenza Immunisation, Antibiotic Rescue Medication & weather awareness information) delivered through GP practices and Community Pharmacies.
- Accessing real-time decision support via local networks to ensure patients receive the right care in the right place at the right time. This approach will also reduce inappropriate admissions.
- Provision of a Virtual Community Ward Model across Aberdeenshire & Moray H&SCPs.
- Utilising the capacity of the Acute Care at Home Team Model in Aberdeen City H&SCP.
- Utilising the capacity within Community Hospitals to predict and effectively manage demand for admissions and transfers. Contributing to the intelligence regarding bed capacity across Grampian.
- Community healthcare provision continues throughout winter period and business continuity plans are in place.

- The main action for surge activity is to ensure all beds are open and areas staffed appropriately. This will remain a challenge with the various workforce and winter pressures.
- No additional primary care capacity has been identified; however Health & Social Partnerships will undertake work with community planning colleagues to ensure maximum use of community resources. The management of surge activity or workforce capacity issues will be managed on the basis of service prioritisation for that day.
- Increased social care provision can be commissioned during peaks throughout the winter period. Collaborative communication will make staff aware that social care provision (and on call) is available 365 days per year through.
- During times of increased pressure social care resources are allocated according to priority and, wherever possible, Partnerships will ensure that priority is given to hospital discharge or prevention of admission.

61. Cross System Challenges

- NHS Grampian, and the three Health and Social Care Partnerships all see the crucial role that delayed discharges play in the delivery of a successful winter plan as well as an optimal experience for public and staff. Partnerships are focused on reducing the number of people who are delayed within hospitals, managing admissions wherever possible and supporting timely discharge.
- Aberdeen City HSCP will vary the allocation of Interim Social care Beds to support cross system pressures and reserve a minimum of 20 Care Home beds specifically to support discharge and improve flow out of hospital.
- Key aspects of each of the Partnerships' winter plans coincide with the delayed discharge plans and the use of the resource envelope across the whole system.

Summary of Key Unscheduled Care Capacity and Demand Actions

- Local Winter Plans which meet predicted challenges are agreed and tested during September/October 2019.
- Implementing enhanced use of redirection protocol in ED.
- Site Capacity and Management Approach in acute hospitals.
- Minimising delayed discharges by reducing the number prior to winter.
- Surge capacity plans agreed and in place.

Key areas of Risk

- Increased Acuity and complexity of presenting patients
- Pattern of increasing demand for SAS & G Med services in the face of recruitment difficulties.
- People may choose not to use self-care and may present at ED inappropriately.
- People may wait until closed primary care services reopen and the volume of demand at that time may be overwhelming.

R. Specific Plans for During and Post the Festive Period

62. All organisations and services within Grampian have/will have in place the following:

- Agreed rotas for the festive period in place by October 2019 which aims to match the forecasted demand.
- Business continuity plans which cover the delivery of resilient services over the festive period.
- Regular communication regarding local actions in their surge or winter plans via established channels e.g. safety briefs, cross system huddles, Senior Leadership Team huddles & System Leadership Team meetings.

63. SAS

- As set out in the SAS Winter Plan, arrangements are in place to respond to and manage the predicted peaks in demand, including early preparation of staffing rotas during the festive period.

64. NHS 24

- The NHS 24 Winter Plan for 2019/20 will set out how the predicted peak in service activity will be appropriately managed through adequate workforce capacity maximising the use of Call Handlers, Call Operators and Pharmacist and maximising National Clinical and Call Handler support lines. Contingency plans and escalation processes will be in place.

65. G-Med and Community Hospitals

- G-MED Winter Plan outlines the key actions for ensuring appropriate delivery of quality services which meet the demand over the winter and festive period.

66. In-Hours General Practice/Community

- GP practices will be open on the days between the public holidays. On these days some practices will embargo additional appointments for same day booking, managed via established practice of telephone triage. They have also noted that general practice is not, when fully staffed, under increased pressure at the period over Christmas and New Year but with a surge usually occurring in the first week of January and are prepared for this.
- Any significant General Practice vulnerabilities that may impact on service delivery over winter 2019/20 will be identified and escalated to senior management for action in advance of winter period.
- The three Partnerships will have community nursing cover arrangements in place for 25th and 26th December and for 1st and 2nd of January. The Out-of-Hours nurses based in G-MED will continue as normal.

67. Social Care

Key actions to effectively manage demand over the festive period are:

- Reduce number of patients with a delayed discharge prior to the festive period.
- Delivery of prompt assessment and implementation of social care packages over the festive period.
- Commissioning of specific dedicated care home beds to support discharge pressures over the winter period.
- Operation of the integrated discharge hub over public holidays. Social Workers to support discharge activity from hospitals without significant holiday period interruption.
- Work with cross system huddle and integrated discharge hub in acute sector to ensure staff are aware that social care packages are available over the festive period.
- During times of increased pressure resources are allocated according to priority and wherever possible, priority is given to hospital discharge or prevention of admission

68. Pharmacies

Community Pharmacy

A pharmacy plan for the festive season is in place. Community pharmacists offering public holiday cover will be encouraged to stagger the hours they open to give the widest possible cover to the public. During October – early December public information will be in place regarding ordering medication in time. Community Pharmacy opening on public holidays will be notified to partners (G-MED, NHS 24, ED Departments, Minor Injury Units Substance misuse service etc) via the Primary Care Contracts Team and corporate communications. There will be some pharmacy coverage over all HSCP areas every day. All community pharmacists will be signed up to the most recent unscheduled care PGD to enable pharmacist to supply medication if patient has run out or if GP is unavailable. Each community pharmacy in Grampian is also signed up to deliver the Pharmacy First service enabling treatment of UTI in women under 65 and treatment of Impetigo.

Hospital Pharmacy

There will be appropriate pharmacy cover for hospital wards over the festive period with emergency only cover on 25th December and 1st January, a reduced level of service to ward areas on the 26th December and the 2nd of January (8.30 am – 5pm Dispensary hours). All other days during the festive period will operate as normal. Ordering pharmacy supplies for emergency out-of-hours centres and community hospitals will be planned well in advance taking account of transport arrangements and ensuring adequate medicine stock. Within the Acute sector, pharmacy distribution and dispensary opening information will be provided directly to wards and clinics. It is essential that pharmacy staff are included in plans for patient discharge at the earliest time to ensure required medication is available in a timely manner.

The above arrangements will be widely publicised to the public and NHS staff.

69. Dental Services

During the festive period the following arrangements will be in place:

- Excluding public holidays, Public Dental Services and independent dental practices will be expected to provide access to dental advice and treatment between 08:00 – 18.00hrs Monday to Friday.
- During **in-hours 08.00 – 18.00**, unregistered patients and visitors to the region can access dental advice and treatment if required, by contacting the **Dental Information and Advice Line (DIAL) on 0345 45 65 990**.
- **Out of hours** will be available as below:

Aberdeen GDENS emergency dental clinics operate 18.15-21.15 on Fridays, 09.00-12.30 and 13.00-16.00 on Saturdays and 09.00-12.30 on Sundays. Elgin clinic operates on Sundays 09.00-12.30.

Festive cover is scheduled for:

Fri 20 th Dec	Aberdeen clinic	18.15-21.15	
Sat 21 st Dec	Aberdeen clinic	09.00-12.30	13.00-16.00
Sun 22 nd Dec	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Wed 25 th Dec	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Thur 26 th Dec	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Fri 27 th Dec	Aberdeen clinic	18:15-21:15	
Sat 28 th Dec	Aberdeen clinic	09.00-12.30	13.00-16.00
Sun 29 th Dec	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Wed 1 st Jan	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Thur 2 nd Jan	Aberdeen clinic	09.00-12.30	
	Elgin clinic	09.00-12.30	
Fri 3 rd Jan	Aberdeen clinic	18:15-21:15	

For unregistered dental patients and patients of practices participating in the SEDS national service, out of hours and public holiday services are accessed via **NHS 24 on 111** between 18.00 – 08.00 weekdays and throughout the weekend and public holidays. Patients will be triaged according to national Emergency Dental Service standards and directed to appropriate care as required, with an agreed escalation policy for emergency dental cases in place.

Registered dental patients should contact their practice directly in the first instance.

70. Diagnostics

- Elective activity will be managed in accordance with unscheduled care need and available capacity. Detailed planning of activity levels for ultrasound, CT and MRI will be in place after the end of October 2019 and will help to ensure that no elective activity will be postponed as a result of pressures on the diagnostics service.

71. Emergency Department (ED)/Minor Injury Units (MIUs)

- Intelligence shows us that the week prior to Christmas and the first two weeks in January ED and MIU departments tend to be significantly busier than usual. Key actions to manage this are outlined in paragraph 59 with specific emphasis in ensuring workforce capacity is in place to manage predicted demand.

72. Mental Health Services

- Intelligence demonstrates that there are surges in demand on mental health services prior to and post the festive period. The unscheduled care team work 365 days per year and will absorb this as part of their work pattern. On call consultants are available to attend the hospital if activity increases.

73. Modelling and Testing

Aberdeen City HSCP	28 th June
Acute Sector ARI/DGH	24 th Oct
Aberdeenshire HSCP	13 th September
Moray HSCP	27 th September
Cross System/Sector	12 th November

- Surge planning is closely linked to the degree of preparedness that will be in place for likely challenges over winter. Preparation for, and integral to surge planning, is an understanding of what capacity the current system has, what levels or thresholds will challenge that capacity beyond manageable levels and what ability and resources can be put in place to step up to a 'surge' response.
- From experience of participating in tabletop tests in previous years, all stakeholders recognise the value in exercising winter plans ahead of finalisation and implementation. Based on this value, the sectors have tested their plans, using tabletop exercises and supported by Grampian's Unscheduled Care 6 Essential Actions Programme Manager, which have afforded the opportunity to identify barriers and flaws to implementing the plans and a chance to refine them, in sufficient time to address any issues that will prevent successful activation.
- A joint Cross Sector Winter Tabletop Test exercise for all stakeholders and partners and supported by Grampian USC 6 Essential Actions Programme Manager has also been held to test winter planning and collaborative working.

Themes explored and tested were:

- The potential activation of four winter plans and the initial response to a disruptive event that has a direct impact on patient care.
- The joint approach that is in place across all the organisations and how the plans dovetail together; how risk is assessed across the board and how Command and Control functions across the joint approach.
- How the sectors and others will continue to deliver services and maintain performance against key measures and standards during a period of significant challenge.

In each case, the exercise process followed national resilience protocol and utilised standardised documentation, enabling a consistent method for review and feedback, as well as ensuring quality control.

Summary of Key Festive Period Actions

- All organisations and services will have in place the following
 - Agreed rotas for the festive period by 31st October 2019.
 - Locally tested business continuity plans.
 - Clear communication channels for discussing pressures and agreeing key actions.
- There is an established partnership approach to festive period planning, acknowledging interdependencies of services. .
- Focus is business continuity and minimising the impact of any closures.
- Testing of Sector and Cross Sector Winter Plans has contributed to the efficacy of continuity planning

Key areas of Risk

- Certain staff rotas, over the Festive Period may not be optimal and compounded by staff vacancies
- Higher than predicted unscheduled care activity.

References

Scottish Government: 6 Essential Actions Improvement Programme.

Director-General Health & Social Care and Chief Executive NHS Scotland:

- Preparing for Winter 2019/20
- Winter Preparedness: Self-Assessment

Scottish Government Health Workforce, Leadership & Service Transformation Directorate:

- Draft Winter Plans 2019/20

Grampian Health and Social Care: Local Review of Winter Report 2018/19

Grampian Winter Trends Intelligence Report 2018/19

The NHS Grampian Major Infectious Disease Plan version 5.3. Approved October 2013.

Sector/Organisation Winter Plans which underpin the Grampian Winter Plan 2019/20

Acute Sector Winter Plan (ARI and Dr Gray's) for 2019/20

Aberdeenshire Health & Social Care Winter Plan for 2019/20

Aberdeen City Health & Social Care Surge, Capacity Planning and Festive Preparedness Plan for 2019/20

Moray Health & Social Care Winter Plan for 2019/20

Scottish Ambulance Service Winter Plan for 2019/20

NHS24 Winter Plan for 2019/20

Appendix 1 of the winter surge plan

Summary of Winter Plan Actions & Finance Status for 2019/20

The table below sets out the key actions within this plan along with the nominated lead, timescales for delivery and financial status.

Ref.	Action	Timescales	Lead/s	Financial Cost/Status
1.	<p><i>Reporting</i></p> <p>Reporting to the Scottish Government in a timely manner by:</p> <ul style="list-style-type: none"> i. Submitting weekly management information commencing October 2018 ii. Producing daily performance and pressures reports as and when required iii. Providing exception reports and immediate notification of any significant issues. 	<p>Oct 2019</p> <p>As required</p> <p>As required</p>	<p>V. Fox</p> <p>V. Fox</p> <p>F Francey</p>	<p>Via existing resources.</p> <p>Via existing resources.</p> <p>Via existing resources.</p>
2.	<p><i>Communication Between Partners & Escalation</i></p> <ul style="list-style-type: none"> i. Partnerships, Acute sector and other Departments along with Partners to test winter/business continuity plans. ii. Daily Cross System Huddles Chaired by Senior Decision Maker and include all partners to be held iii. Real-time reporting of critical incidents to partners as per agreed protocols iv. All partners contribute to/inform the submission of exception reports to the Scottish Government 	<p>During August/September/October 2019</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Chief Officers, Sector Winter Leads</p> <p>Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells</p> <p>Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells</p> <p>Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells</p>	<p>Via existing resources.</p>

Appendix 1 – NHS Grampian winter (surge) plan

Ref.	Action	Timescales	Lead/s	Financial Cost/Status
3.	<p><i>Communicating to Public/Staff</i></p> <ul style="list-style-type: none"> i. Support Reducing ED attendances by Implementation and regular review of the Winter Health Communication Plan which includes flu, 'Be Ready for Winter', KWTTT and antibiotic campaigns. ii. Targeted communication to staff on wards regarding key information during the festive period e.g. infection control advice, access to social care assessment/care packages and KWTTT iii. Targeted KWTTT public campaign 	<p>From October 2019</p> <p>From November 2019</p> <p>From Nov 2019</p>	<p>K Livock</p> <p>V. Fox</p> <p>K.Livock</p>	<p>Via existing resources</p> <p>Via existing resources</p> <p>6 Essential Actions Funding</p>
4.	<p><i>Joint Working and Integration</i></p> <ul style="list-style-type: none"> i. Regular meetings involving Partnerships, Acute Sector and NHS Grampian to prioritise system issues ii. Discharge Hub to support integrated approach to priority discharge iii. Maintaining the agreed pathway of care for elderly patients to ensure appropriate individuals, who require urgent geriatric assessment, receive this at the earliest opportunity when they present via ED or decision support. iv. Maintaining the agreed "Admitting rights" protocol implemented in Aug 2019 	<p>Weekly</p> <p>Daily</p> <p>In place / ongoing</p> <p>In place/ongoing</p>	<p>System Leadership Team</p> <p>F.Abbott</p> <p>P. Bachoo</p> <p>P. Bachoo</p>	<p>Via existing resources</p> <p>Via existing resources</p> <p>Via existing resources</p> <p>Via existing resources</p>

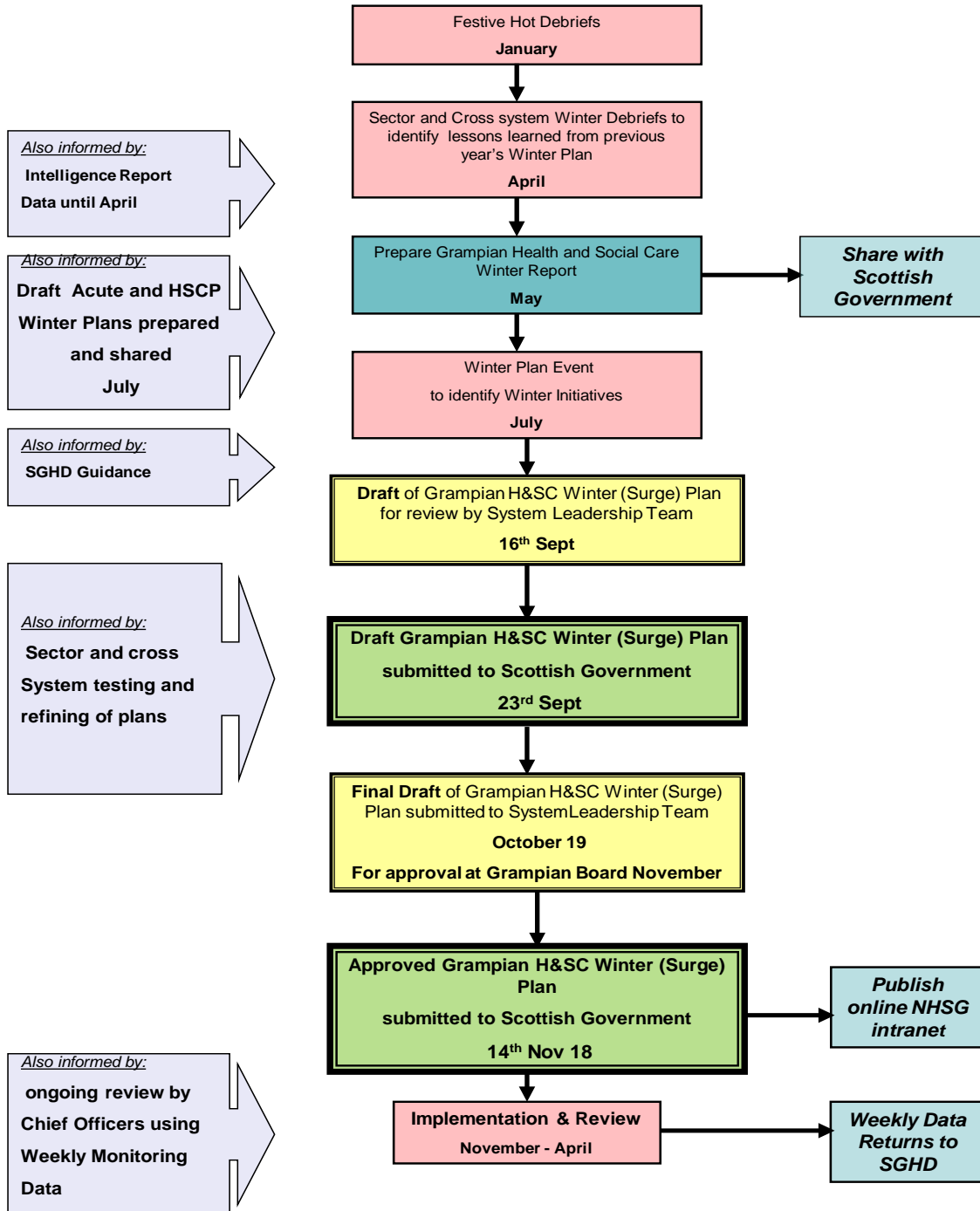
Appendix 1 – NHS Grampian winter (surge) plan

Ref.	Action	Timescales	Lead/s	Financial Cost/Status
5.	<i>Anticipatory Demand and Prevention</i> <ul style="list-style-type: none"> i. To Manage/avoid admissions by facilitating the management of patents at home ii. Encouraging and promoting flu vaccination for all individuals over 65 years, all patients in at risk groups under 65 years in a clinical risk group, to achieve a 75% uptake rate iii. Promoting flu vaccination for all staff and aim to achieve a 50% uptake of front line staff iv. All sector/service plans reflect details within the NHS Grampian Major Infectious Disease Plan v. Robust communication mechanisms between Health Protection Team and Infection Prevention and Control Team 	Ongoing From October 2018 From October 2019 October 2019 Ongoing	HSCPs S. Webb Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells S. Webb	Via existing resources Via existing resources Via existing resources Via existing resources Via existing resources
6.	<i>Planned Healthcare Capacity and Activity</i> <ul style="list-style-type: none"> i. Use of predictive data to effectively manage and balance planned and unscheduled activity ii. Realistic Surge Capacity plans are in place for additional staffed beds in acute and community hospital sites iii. Use of and adherence to protocols for safe, effective discharge will be promoted through the Discharge Hubs and monitored and reviewed through the safety briefs and cross system huddle 	Ongoing Nov 2019 Monthly	F. Francey Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells F.Abbott	Via existing resources Via existing resources Via existing resources
Ref.	Action	Timescales	Lead/s	Financial Cost/Status

Appendix 1 – NHS Grampian winter (surge) plan

7.	<i>Unscheduled Care Capacity and Demand</i>			
	i. Robust Winter Plans, which reflect predicted demand, are agreed and tested	Sept– October 2019	Fiona Francey, Sandra Ross, Pam Dudek , Adam Coldwells & Divisional Leads	Via existing resources
	ii. Minimising delayed discharges by reducing the number prior to winter	August – October 2019	Sandra Ross, Pam Dudek & Adam Coldwells	Via existing resources
	iii. Surge capacity plans agreed and in place	October 2019	Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells	Via existing resources
	iv. Winter Rotas, across the local health and social care system, are in place and are focussed on meeting predicted demand	Early November 2019	Fiona Francey, Sandra Ross, Pam Dudek & Adam Coldwells	Via existing resources
	v. Information and communication regarding the availability of assessment and care packages	November 2019	Sandra Ross, Pam Dudek & Adam Coldwells	Via existing resources
	vi. Access to infection control and prevention advice	November 2019	L Bruce	Via existing resources

Process & Timescales for Development, Implementation and Review of the Grampian Health & Social Care Winter (Surge) Plan



Winter Trends Intelligence Report – September 2019

The NHS Grampian Health Intelligence Department with partner colleagues is developing a Winter Plan Intelligence Report looking at the last five winters (2014/15 to 2018/19). Key points from the evolving report are outlined below.

NHS 24

- There was an increase of 3.5% in the number of calls received during 2018/19 compared to the previous winter period.
- The table below illustrates the activity trends over the last five years for both average number of calls per day and average number of calls per week:

Time Period	Average Calls per Day	Average Calls per Week
Nov – Mar 2014/15	319.3	2234.9
Nov – Mar 2015/16	302.4	2116.8
Nov – Mar 2016/17	302.6	2118.2
Nov – Mar 2017/18	307.4	2151.6
Nov – Mar 2018/19	318.3	2228.1

Scottish Ambulance Service (SAS)

- Remarkably little variation in the number of incidents from year to year with a range from 128.2 incidents per day in 2014/15 to 132.4 in 2018/19.
- The table below illustrates the activity trends over the last five years for both average incidents per day and average incidents a week:

Time Period	Average Incidents per Day	Average Incidents per Week
Nov – Mar 2014/15	128.2	897.4
Nov – Mar 2015/16	129.8	908.6
Nov – Mar 2016/17	130.1	910.6
Nov – Mar 2017/18	129.8	908.6
Nov – Mar 2018/19	132.4	926.8

GMED

- 0.6% increase in calls between 2017/18 and 2018/19. When excluding calls resulting in no action the increase was 0.9% and the activity level was higher than in any of the preceding four winter periods.
- The number of calls is much higher around Christmas/New Year but fairly consistent at other times. Calls per day average around 550 over the Christmas period and average around 290 per day for the rest of the year.

Appendix 1 – NHS Grampian winter (surge) plan

- In each year around between 10% and 15% of calls resulted in no action.
- The table below illustrates the activity trends over the last five years for both average number of calls per day and average number of calls per week:

Time Period	Average Calls per Day		Average Calls per Week	
	All	Excluding No Action	All	Excluding No Action
Nov – Mar 2014/15	327.2	291.9	2290.4	2290.4
Nov – Mar 2015/16	335.1	290.7	2345.7	2345.7
Nov – Mar 2016/17	326.6	288.1	2286.4	2016.9
Nov – Mar 2017/18	335.1	293.9	2345.7	2057.3
Nov – Mar 2018/19	337.1	296.5	2359.7	2075.5

Grampian A&E (All Sites)

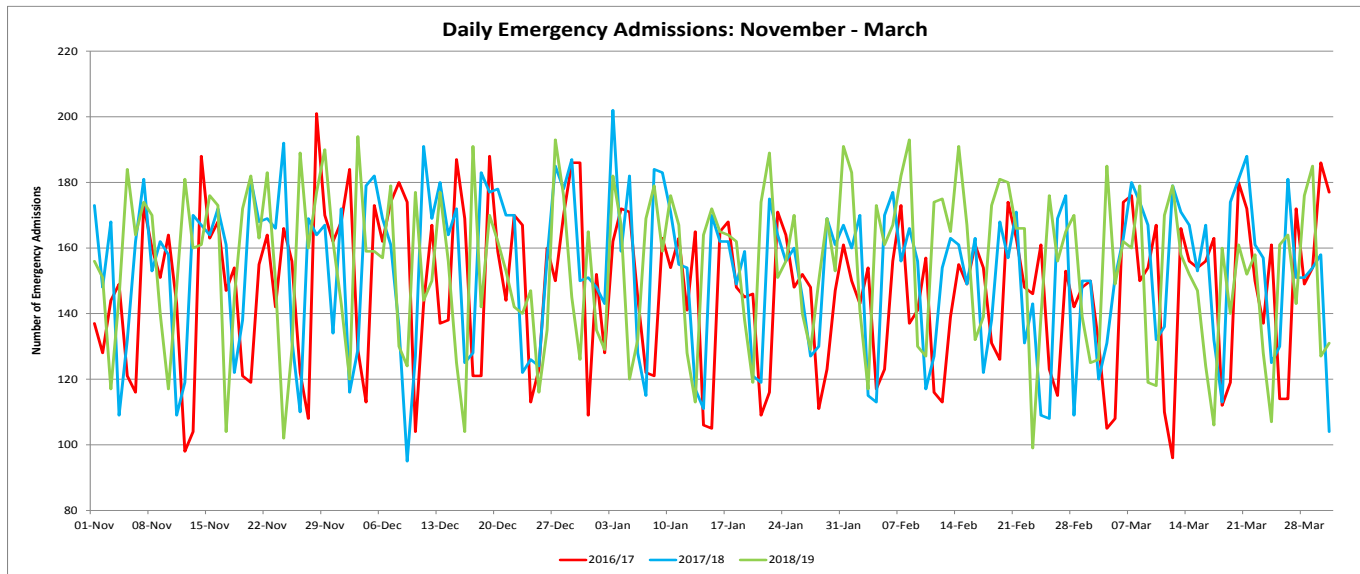
- Attendances increased by 2.2% in 2018/19, with RACH reporting the greatest increase (5.7%).
- The number of 4-hour breaches was higher than in each of the preceding four winters with exactly double the number compared to 2015/16.
- The table below summarises activity trends and breach data over the last five years:

Time Period	Average Attendances per Day	Average Number of Breaches Per Day		
		4-Hour	8-Hour	12-Hour
Nov – Mar 2014/15	267.8	22.2	2.3	0.3
Nov – Mar 2015/16	261.9	12.4	0.3	<0.1
Nov – Mar 2016/17	260.0	16.1	0.6	<0.1
Nov – Mar 2017/18	269.6	22.6	1.4	0.1
Nov – Mar 2018/19	275.6	24.8	1.1	0.1

Grampian Admissions (All Sites)

- There were on average 2300 admissions per week over the winter period in 2017/18: 1219 elective and 1081 emergency.
- Overall there were 13.8% more elective admissions than during 2017/18 and 1.3% more emergency admissions.
- The table below illustrates admission trends over the last five years for both average number of admissions per day and per week:

Time Period	Average Admissions per Day		Average Admissions per Week	
	Elective	Emergency	Elective	Emergency
Nov – Mar 2014/15	172.4	150	1206.5	1050
Nov – Mar 2015/16	178.4	149.2	1248.8	1044.4
Nov – Mar 2016/17	167.9	147.3	1175.5	1030.8
Nov – Mar 2017/18	152.9	152.9	1070.3	1070.3
Nov – Mar 2018/19	174.1	154.4	1218.7	1080.8



Length of Stay (All Sites)

- Elective LOS Reduced by 7.7% in 2018/19 and Emergency LOS by 5.2%
- The table below illustrates average length of stay over the last five years for both elective and emergency admissions:

Time Period	Average Elective Length of Stay (days)	Average Emergency Length of Stay (days)
Nov – Mar 2014/15	1.09	8.20
Nov – Mar 2015/16	1.07	7.66
Nov – Mar 2016/17	0.91	7.73
Nov – Mar 2017/18	0.91	7.31
Nov – Mar 2018/19	0.84	6.93

Delayed Discharges

A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date.

Appendix 1 – NHS Grampian winter (surge) plan

- On average there were 97 patients delayed at census point each month during the 2018/19 winter period
- Total number of standard delayed discharges has showed little change compared to 2017/18.

Number of Non-Complex Cases	ARI	Dr Gray's	Woodend	Cornhill	Community	Total
Nov – Mar 2016/17	104	27	235	52	295	713
Nov – Mar 2017/18	133	32	188	26	346	725
Nov – Mar 2018/19	132	31	174	33	363	733

- On average there were 18 code 9 delays at census point each month during the 2018/19 winter period.
- 54.3% decrease in number of complex cases compared to the 2017/18 winter period.