NHS Grampian

System Wide
Winter Preparedness 2024/2025

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System Wide Winter Preparedness 2024/25 – At a Glance

The collation of this document derives from the Scottish Government direction on the winter planning priorities as well as whole system winter planning events held in 2023 that identified services that are in place as well as actions identified to manage the predicted activity for this winter and future winters.

The Scottish Government 4 winter planning priorities for 2024/25 are:

- Priority 1 – Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- Priority 2 – Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- Priority 3 – Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- Priority 4 – Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Winter planning can mean different things to different people, depending on their role and the setting they work in. Having considered winter planning in its entirety, there are two broad aspects to what is commonly envisaged when the topic is raised; firstly, preparing for the impact of severe weather that can be experienced over winter months and secondly, preparing to respond to the increased demand for healthcare over the same time period. While some elements of preparedness cut across both themes, there are also certain aspects which only relate to one. Recent experience has shown that neither of these scenarios are unique to the winter period and therefore a shift towards year-round planning is required.

An opportunity exists to continue to create further linkages between the plans of partner organisations and share areas of good practice, continually building on progress made during the last year. Collaboration with HSCPs and wider partners is an important aspect of service delivery and development year-round, but this is particularly pertinent over the winter period where colleagues work collaboratively to meet and balance demands being felt in specific parts of the system. Whilst these opportunities may exist across the system, greater focus could be placed upon 'upstream' actions which seek to reduce the unmet need that can result in citizens seeking Unscheduled Care. This, however, must be balanced against responding to other more immediate pressures. Unnecessary hospital admissions and delayed discharges are not beneficial for citizens, their families or those working within the system and aiming to minimise both will remain important areas of focus.

This approach is not intended to encroach upon or otherwise impact the pre-existing responsibilities of each partner organisation, nor is it intended to replace local Business Continuity Planning or Business Impact Analysis. As a system wide approach, all links to localised improvement work, resilience planning and civil contingency planning will also be respectfully acknowledged.

The approach taken for this winter relied upon the collaborative, authentic process undertaken in 2023, making it as relevant as possible and this extends to the development of a longer-term action plan for responding to surge and periods of sustained pressure.

This Scottish Government 2024/25 Winter Preparedness Plan and supporting completion of the associated readiness checklist process has been concluded. It will link to ongoing pieces of work in relation to the review of the Grampian Operational Pressure Escalation System (G-OPES) and associated meeting arrangements, and review of the System-wide Bed Capacity Contingency Plan.

The completed Winter Preparedness Checklist returned to Scottish Government for Winter 2024/25 is embedded below:

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Introduction

The collation of this document comes from the Scottish Government direction on the winter planning priorities as well as a whole system winter planning event held in late 2023 that identified services that are in place as well as actions identified to manage the predicted activity over the forthcoming winter months.

Winter Planning Priorities

This document has been structured around the following priorities identified by the Scottish Government to ensure the actions have been aligned to national priorities (as detailed in the 'At a Glance' section).

Overarching principles

The approach is based on the following national principles:

- Plans were developed through joint working between NHS Grampian, Aberdeen City HSCP, Aberdeenshire HSCP, Moray HSCP, Scottish Ambulance Service and category one and two responders, in addition our third sector partners collaborated with us.
- Winter Planning includes Business Impact Assessments / Business Continuity Plans across NHS Grampian and wider partners. Resilience Plans were re-visited and are in place including those relating to mass casualties, severe weather, and respiratory illness outbreaks.
- Our workforce is key to the successful delivery of services over the winter period.
- The wellbeing of our valuable workforce is at the fore of our winter planning, and is considered a key priority for the system as one of the pillars of governance.

Priority 1 - Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care

Utilising both external and internal communication channels, a Communications Plan has been developed to align with a range of measures to help alleviate some of the pressure by ensuring people have the knowledge, opportunity, and confidence to both keep well and, when they become unwell, to make informed and appropriate choices related to their care.

Keeping Well Over Winter

Supporting citizens to keep safe and well over winter is an important aspect of managing demand on health and social care services over winter. NHS Grampian utilises and supports the established national messaging in this area, with regular posts on social media using nationally developed assets. Additional messaging on being prepared for winter weather and the services available from pharmacies further supports this important aspect of preparation.

Vaccination Programme

Respiratory Syncytial Virus (RSV)

For the Autumn/Winter 2024 period a new vaccine programme has been implemented to protect infants and older people against Respiratory Syncytial Virus (RSV). The RSV programme ran from August to October with the vaccination of pregnant women from 28 weeks' gestation, those turning 75 in the year from August, and a catch up for those aged 75-79 years of age. Modelling for these programmes suggest the programme will result in a significant decrease in healthcare appointments and hospitalisations for children under 1 and those aged 75- 79 receiving the vaccine. It is also expected that the reduction in symptomatic RSV infections will result in a reduction in antibiotic prescriptions over the autumn and winter period.

Flu and covid-19 vaccination programme

The Autumn Winter vaccination programme for Covid and Flu commenced on the 30th September this year. The scheduling of the programme commenced during August to ensure citizens received appointments from the middle of August.

As per the request from Chief Medical Office, NHS Grampian have scheduled eligible citizens to ensure that 85% of our population have been offered an appointment or been prompted to book an appointment by the 8th of December 2024.

Those who are housebound and are eligible are visited at home for co-administration of Covid-19 and Flu vaccines and schoolchildren are visited at school to receive Flu vaccine. Those who are able to travel are asked to visit vaccination hubs or pop-up sites across Grampian. SAS support with vaccination clinics in more remote areas and areas of lower uptake across Grampian are monitored and outreach mop up clinics are planned.

Health Protection

The Health Protection Team have undertaken several initiatives in preparation for winter. Advice regarding staying well; receiving vaccination if eligible and signposting to appropriate clinics; basic principles of infection control such as staying away from nursery, school, work etc. if feeling unwell and staying off for at least 48 hours after gastrointestinal symptoms have settled; regular and thorough handwashing under running water using liquid soap; cough and sneeze etiquette (National Infection Prevention and Control Manual: Respiratory hygiene 'Catch it, bin it, kill it'); and maintaining a clean environment has been shared with partners in a variety of settings.

This advice has been issued in the Health Protection Autumn Newsletter and will be reinforced in the winter edition along with reminders to escalate potential outbreaks to the Health Protection Team rapidly. Furthermore, Health Protection Team colleagues have met with:

- Care at home providers
- Pan-Grampian care home managers and offered a Winter Preparedness Webinar for all care home staff (20th November 2024)
- Head teachers from all three local authorities and the independent sector
- University and college colleagues - advice will be given to all "wardens" in student accommodation

Reducing avoidable demand for healthcare

We are building on a successful initiative from last winter to help prevent falls in Aberdeen where the risk of slips and trips appeared to be highest. Using the volunteer RNLI model, which is led by community councils and supported by Aberdeen council's roads department and NHS Grampian, the highest risk pavement areas are gritted by volunteer 'Ice Crews'. The crews are sent intelligence from the council when road surface temperatures are forecast to drop below zero, at which point they use hand gritters and salt bags provided by the council to grit the pavements where the highest number of falls were seen the previous winter.

The second year of our warm home prescription initiative is in place. Funded by Scottish Power and working with Energy Systems Catapult and SCARF, the prescription provides free home energy improvements to a targeted cohort of people whose health is made vulnerable from living in a cold home. The intervention can include insulation, a new heating system and even a complete home retrofit. It also includes a contribution to estimated heating costs over winter. This initiative aims to improve wellbeing, avoid hospital admissions and to reduce fuel poverty and carbon emissions.

Child Poverty

We know that costs and cost-related barriers face families, children and young people accessing health services. We recognise that the challenges faced by those families living with low-income or in poverty are exacerbated over winter. Our Child Poverty project, in collaboration with Aberdeenshire Local Authority and funded by Scottish Government, will be commencing engagement with families and with NHS staff over the winter to begin to identify and co-produce solutions with families. We will continue to build on this throughout 2025 to 2026, with the aim that no family should suffer financial disadvantage or risk being pushed into poverty due to the need to access health services.

Adults with Incapacity

Adults with Incapacity statutory processes continue throughout the year.

Working with Social Care

Health and Social Care Partnerships provide collaborative assessment and provision of social care through multi-disciplinary community mental health and learning disability team working. Adult and Child Protection practices and MAPPA (Multi Agency Public Protections Arrangements) risk assessment and management will be prioritised in accordance with risk management practices. Public protection work is prioritised at points of increased demand and strain on capacity.

Mental Health

NHS Grampian and the three Grampian Health and Social Care Partnerships offer access to primary, secondary and tertiary specialist MH (Mental Health) services on a planned (routine and urgent), and unscheduled basis. Services are delivered in the community, in patients homes, at clinics (GP or hospital), or virtual. Grampian inpatient services are based at Royal Cornhill Hospital, Dr Gray's Hospital, and specific older adult mental health Community Hospital Wards in Inverurie, Fraserburgh and Seafield.

Their access to emergency assessment under the Mental Health (Care and Treatment) (Scotland) Act 2003, and Criminal Procedure (Scotland) Act 1995, as well as intervention in accordance with Adult Support and Protection.

Unscheduled Care Mental Health Services operate 24/7, 365 days a year (including all public holidays) providing access to specialist mental health nursing, medical assessment. They will link into all specialist adult and older adult mental health, substance use, learning disability and Child and Adolescent Mental Health pathways, as well as respond to NHS24, Police Scotland, Scottish Ambulance Service, Emergency Department and Primary Care referrals.

Forensic Mental Health Services will continue to operate as per usual over winter, though court proceedings inevitably step down during the public holiday and festive period.

MHLDS have Business Continuity Plans (BCPs) in place to ensure that safe care is delivered outwith business-as-usual situations. The BCPs provide contingency for adverse events and prioritisation for service delivery in response to additional pressures to ensure the delivery of care is not compromised.

All patients who require support to facilitate discharge (including those requiring mental health supports and complex care) are jointly reviewed, with discharge plans supported by health and social care partners, with focus on solutions to meet the individuals' identified needs.

Sustainability in Primary Care

Primary Care is the first point of contact for the vast majority of patients with a developing urgent or unscheduled care need. This prevents a large proportion of these patients requiring a hospital attendance and as a result Primary Care acts as a vital safeguard for a number of secondary care services. It is therefore important that Primary Care delivery is sustainable and supported over the winter period.

A Primary Care safety huddle has been established to regularly meet to discuss and interpret any areas of concern or risk to sustainability within a practice and/or cluster. Contingency plans are identified to mitigate potential risks and mobilise key staff to ensure that care and service delivery is safe and sustainable. Escalation plans are also agreed to support services including implementation of communications protocol. Communication channels, including social media, are updated to alert the Practice population and offer guidance on appropriate steps to access the appropriate care required.

GPAS (General Practice Alert State) is an established risk matrix system which provides an objective measure of demand on our Primary Care systems.

There is access for GPs to specialist on call advice through 'consultant of the week / day' for acute medical specialties and access to same day services for acute medical patients through AMIA which has a direct GP admission pathway.

In addition:

➢ Each practice is expected and encouraged to have a Business Continuity Plan

➢ Each HSCP links with practices to help support these plans.

➢ Each practice has a "buddy practice" for mutual aid

➢ Practices are organised into "clusters" of 5-6 practices

➢ Practices can apply to change their level of service provision- level 0-3- business as usual to emergencies only

➢ Practice can apply to close their lists to new registration

Priority 2 - Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

Ensure Right Care is provided in the right place

NHS Grampian's Flow and Navigation Centre (FNC) is established and supports 24-hour access to care navigation. Pathways are established to support admission avoidance and re-direction with an improvement plan supported through the Unscheduled Care Programme Board progressing new pathways and/or building capacity within existing pathways allowing access to different services in accordance with the Redesign of Unscheduled Care (RUC) Programme. These structures allow for prompt access to flow navigation to care in the right place at the right time.

Pathways providing care closer to home

Aberdeenshire HSCP has offered a unique Virtual Community Ward service since March 2016. This is offered as a Service Level Agreement with GP practices across Aberdeenshire. The model offers local health and social care teams communicating and working closely together to identify vulnerable people earlier to ensure crises and acute interventions are prevented where possible. A recent short term injection of funding involves a move to a 24/7 Virtual Community Ward model with a rapid intervention element to care for individuals in their own homes, avoiding admission or readmission to acute care.

Moray HSCP. The Moray Urgent Response Team aims to avoid admissions to secondary care or support an early discharge from secondary care by keeping frail elderly people who have a deterioration in their health and/or wellbeing at home. A recent short term injection of funding will allow the service to run seven days per week between the hours of 8am to 8pm for capacity of up to 12 virtual beds and can receive referrals from core services. Those admitted to the virtual beds will require no planned interventions overnight. The aim is to provide robust primary care health and social care interventions during the day which will reduce the risk of unplanned activity overnight.

Aberdeen City H@H to date has been based on a traditional model with Frailty being our pathfinder and an expansion into ANP beds across the End of Life, Respiratory and OPAT Pathways. To that end recent short term injection of funding will be a blended Virtual Capacity Model; with the following pilot sites and expansion areas;

OPAT - Outpatient Parenteral Antibiotic Therapy (OPAT) is an enabling service which provides an alternative to hospital admission for patients with a range of infections that require treatment with intravenous or complex oral antibiotics. It is a multidisciplinary patient centred clinical service that prevents admission for some and supports early discharge for others and can safely and cost efficiently achieve a significant reduction in the number of occupied bed days for suitable patients/ conditions The OPAT service continues to exceed projected demand, and with an ambitious plan to increase OPAT provision by 200 slots this would increase the net demand on OPAT H@H beds by 5 further beds.

Heart Failure – this team will be amalgamating the community and acute based teams so that there is a more coherent approach to the service and closer linkages. Increasing

the IP heart failure nursing team to allow for optimum care of heart failure patients ARI site wide, this will help reduce re-admissions and save bed days.

Community Respiratory Team (CRT) - As part of the work of the Respiratory Cell, it was agreed that NHSG would establish a Community Respiratory Team (CRT). Many other boards in Scotland offer a CRT service which augments traditional hospital-based outpatient activity. This team deliver community support for the management of respiratory conditions, to provide an integrated, intermediate level of care that will benefit patients, primary care, and the acute Respiratory service by admission avoidance principles. *The CRT provision was short term prime funded and ongoing funding is currently under discussion.*

Aberdeen City HSCP also have a standalone Aberdeen City Winter Assurance Plan in place.

Collaboration with external stakeholders

In early stages of conceptual planning, NHS Grampian will be working closely with SAS, CfSD, Scottish Government and HIS colleagues in coming weeks to gain mutual understanding and appreciation of our system wide pressures. This is likely to produce an Action Plan with several Short, Medium and Long Term opportunities for improvement. In the short term a 'Plan on a Page' is being used as a reference point and is embedded below:

Expanded Plan on a
Page Nov 2024.pdf

The Unscheduled Care Programme Board will support, facilitate and lead on this groundbreaking collaboration and will provide the governance framework in which the outputs will be measured.

While this is unlikely to be concluded within this calendar 'Winter' period, the pressures experienced in our system are yearlong therefore will help prepare for ongoing demand.

Infection Prevention and Control (IPC)

NHS Grampian carries out local surveillance for alert organisms, including (but not limited to) Norovirus and respiratory pathogens.

PHS (Public Health Scotland) weekly publications showing the epidemiological picture on respiratory pathogens including Covid-19, RSV and Influenza are distributed accordingly, with summaries presented to local governance structures. The reports shall also be added to the Resilience Team channel for awareness and meetings can be arranged for urgent matters arising.

IPCT Service Cover over the 2 Festive weeks including PHs is shown below. On-call Medical Microbiologists will provide first line advice on the days IPC cover is not in place.

Infection Prevention and Control (IPC) Festive Cover

Monday 23 December - Open	**Monday 30 December – Open**
Tuesday 24 December – Open	**Tuesday 31 December – Open**
Wednesday 25 December - Closed	**Wednesday 1 January - Closed**
Thursday 26 December - Closed	**Thursday 2 January - Closed**
Friday 27 December - Open	**Friday 3 January – Open**
Saturday 28 December – Closed	**Saturday 4 January - Closed**
Sunday 29 December – Closed	**Sunday 5 January – Open**

Safe Staffing and Recruitment

➢ A communication email is generated with on call arrangements for all services and shared across services and available within Heath Roster. A full rota, including Heads of Service, for all services involved in the flow of people through hospitals is in place with critical services staffed to cover the public holidays.
➢ A robust escalation plan is in place with Daily System Connect to take place on 25th / 26th December and 1st and 2nd January.
➢ Access to a senior decision maker is available 24/7, via FNC, to support effective care navigation and reduce impact on front door AMIA services. All front door services will continue with a business-as-usual model.
➢ Within Foresterhill Health Campus and our HSCPs, the Senior Leadership Teams through the Chief Executive Business Meeting are providing a monthly strategic review of vacancies against establishment within nursing and medical staff cohorts to optimise staffing and ensure a sustainable workforce. Workforce optimisation includes a rolling recruitment campaign including bank shifts, which will be refreshed for winter to enhance the NHS Grampian Bank and streamlining recruitment processes.
➢ All parts of our system have spent the last 3 months reviewing and updating Business Continuity Plans and Business Impact Assessments following the impact of Covid-19 on our historic plans.
➢ NHS Grampian now has a central repository of all plans and local resilience teams are working together to ensure that mitigations are in place in the event of unplanned staffing reductions. These can be reached here lessons learned during our Covid response, have paved the way to having a more flexible workforce; allowing a system wide response to any escalated staffing risks.

- ➢ Through our Daily System Connect meetings, any ask for in-reach / fluidity of staff from across the system would be discussed and appropriate risk mitigations agreed.
- ➢ A wide range of multidisciplinary/skill mix working, and international recruitment has been progressed over the summer months which will see workforce establishments in a robust position in advance of winter, with a range of proactive, local staff development arrangements in place to support skills development and maintenance.

Priority 3 – Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.

Bed Base Review, Phase 2.0

National data shows that NHS Grampian has had the lowest per capita bed base in Scotland since at least 2018. In 2023 Grampian had 1.4 beds per 1,000 population. No other Board had less than 2. Grampian has 11% of the population but only 5.7% of funded beds – no other Board has such a large disparity.

Our 2023 bed base review programme indicated that we needed at least another 120 beds in our acute setting. We opened 32 additional beds at Aberdeen Royal Infirmary in 2023 at a cost of £5 million in order to reduce very high occupancy levels and improve patient flow. The bed base review demonstrated that the only way we could substantially improve performance for emergency and elective care was to open more beds.

Planning for the second stage of the bed base review is underway, however opening of further additional capacity is dependent on space vacated by services moving into the new Baird and Anchor facilities, and securing the required funding, hopefully ahead of winter 2025/26.

Contingency Bed Plan

A Tactical Group was established to consider options for short-term capacity expansion to alleviate ongoing pressures across the system, but particularly felt at ARI. A number of options were put forward and further discussed, one being a refresh of the 2022 system surge /contingency bed plan setting out agreed revised expansion options and the high-level operational plan for activation (if, and when required).

The refreshed Plan will identify:

A set of physical options which enable temporary bed surge capacity across the system (based on an agreed set of triggers) and a contingency response in relation to adverse events linked to physical infrastructure (i.e. flood/fire) or mass casualty incident. This should include recommendations for phasing up of the capacity based on the nature of the response, levels of capacity escalation required and timelines for standing these up.

Blocks of additional beds for patients who are delayed on their pathway towards home will be provided within the wider Grampian system. These will be located outwith ARI, in either Woodend Hospital or a community facility. The option assessments and operational plans should take account of locations, patient suitability, physical feasibility, risks and workforce models.

401 SAS/AMIA Test of Change capacity

Within wider efforts to reduce ambulance waits and maintain ambulance availability to respond to incidents in the community, Scottish Ambulance Service (SAS) have identified the reduction of long ambulance waits for the Acute Medical Initial Assessment unit (AMIA) as an area which would bring significant benefit. NHS Grampian has responded to the SAS intention to accelerate handover of clinically stable GP referred patients to AMIA by increasing temporary capacity to allow for more rapid assessment in AMIA at times of peak demand.

In generating flow from AMIA through temporary capacity for assessed patients who are waiting for their inpatient bed to become available, NHS Grampian has converted Ward 401 on completion of daily Cath Lab lists to an overnight step-down area which can accommodate up to 8 patients.

The facility will offer interim stabilising care to those who have been assessed in AMIA and are awaiting availability of an admitting bed in a speciality ward. The Nurse in Charge and Consultant in AMIA will assess all ward bed waits and identify who can be managed in this temporary step-down area. The beds will be managed and monitored within our existing non-standard bed space protocols as far as possible, noting the patient criteria for these beds will be different.

System Flow

The G-OPES (Grampian Operational Pressures Escalation System) tool is used to evaluate and manage capacity across Acute Services and HSCPs daily. Using a common language system-wide, it allows for forward planning and the use of data-led decisions to address site pressures. Daily morning site briefs in Acute Services provides a site wide update to all clinical teams, utilising G-OPES. As referred to earlier in this document GPAS (General Practice Alert State) is a further established risk matrix system which provides an objective measure of demand on our Primary Care systems.

The "Grampian Operational Pressure Escalation System" (G-OPES) was developed in the autumn of 2021 and was part of Operation Iris, initiated in November 2021.

Nationally, Scottish Government have established a group managed by the Directorate for Health Performance and Delivery to facilitate discussion around the potential for a standardised set of measures and definitions in relation to escalation; this is to be utilised by all Boards in Scotland. Whilst the aim is to create a nationally common operating system based on the Operational Pressure Escalation Levels (OPEL), timescales for implementation and the size and diverse nature of Boards means we are unlikely to see the implementation of a universally agreed system in the short to medium term or during the immediacy of this Winter.

G-OPES is an evergreen system that should continue to adapt and evolve to support de-escalation to lower levels. As winter approaches with the inevitable increase in winter respiratory viruses and increase in system pressure, there is a need to re-visit identified gaps and to continue to develop the system. The establishment of a Tactical Group has been agreed and details can be found in the below paper:

PDF

G-OPES Report next
steps V0.4.pdf

Minimising delayed discharges

Discharge without Delay Group

To co-ordinate response to Discharge without Delay (DwD) activity across Grampian. With renewed national focus on DwD and the expected local improvements, this leadership group gives whole system oversight and support to ensure that national targets that have been set are met in Grampian. This will include:

- Increased compliance with Planned Date of Discharge (PDD); and
- Discharges before noon.

Currently, Aberdeenshire & Moray Health and Social Care Partnerships (HSCP's) are to have no more than 34.9 per 100,000 and Aberdeen City 20.8 per 100,000 people as delayed discharges.

Healthcare Improvement Scotland (HIS) Strategic Planning team are supporting our DWD Group with national benchmarking and looking for productive opportunities for improvement. Work is underway to expand use of processes, such as Discharge to Assess which have been successful in one area more widely. Sharing of information between partners involved in the discharge process is another area of focus, with concentrated efforts to being progressed to support early identification and planning for those patients requiring additional support on discharge.

Strengthening Multidisciplinary Team (MDT) Working

Work is being progressed to ensure a collaborative approach with MDTs in decision making around discharge, ensuring processes can facilitate responsive operational management. Over the Winter period, Aberdeen City & Aberdeenshire Care Managers have implemented weekly walk rounds at the ARI site. The walk rounds are responsive to areas of the Site requiring support ensuring Senior Care Managers are available to discuss complex cases with the wider MDT, facilitating early discharge planning.

A Mental Health Officer recently recruited to the Discharge Hub will allow a focus on Guardianship/Power of Attorney delays. A Wellbeing & Enablement Practitioner has also been established to promote timely discharge. A review of Community Hospital Referral Criteria is underway via Aberdeenshire Discharge & Liaison colleagues based with work ongoing to ensure the criteria is as inclusive as possible for all patient groups on ARI Site. Community Hospitals willing to accept transfers not aligned to their GP catchment in extremis.

Business Continuity Management.

As part of our Business Continuity Management (BCM) continuous improvement cycle, the BCM Programme is currently under review within NHS Grampian to reflect updated guidance issued by NHS Scotland Business Continuity Strategic Guidance for NHS Health Boards in Scotland and the Good Practice Guidelines Edition 7.0 as well as the Organisational Standards for Resilience. The review has included a revised Business Continuity Policy and updated user-friendly Business Continuity Plan Template which has been circulated to all parts of the system including HSCP's. A Master Ledger has been developed to map the submission of BIAs and BCPs across the portfolios and services, prioritise the identification of Critical Services and Activities as well as documenting review dates and exercising.

Sessions are also ongoing with the Business Continuity leads across the services and portfolios to assist with the completion of ledgers and support the development of updated plans in the new format. Engagement also took place with a workshop for GP practice managers in Summer 2024 across NHS Grampian to encourage and support the further development of their BC planning arrangements.

Resilience

Revised action card templates for use with Business Continuity Plans are now available via a designated Teams Channel (below), with oversight by the relevant Resilience Team colleagues. This is accessible to all staff on Site/Duty Rotas as well operational teams and members of the public (is requested). These cover systems outages business impact analysis (BIA) which allows managers to assess maximum periods of tolerability and impacts of outage in their areas of responsibility.

Link to Active BIA and BCPs

Disruption to Services. Business Continuity Plans within the Board highlight the most common generic risks – Loss of Building/Equipment, Loss of Utilities, Significant Loss of Critical Staff/Shortage or Single Point of Failure, Loss of ICT and Supply Chain Disruption. Action cards have been generated to support the planning and response arrangements to these types of incidents with examples to support their completion. In addition, services identify specific risks through their BIA process and create action cards accordingly. The Scottish Risk Assessment and North of Scotland Regional Resilience Partnership Risk and Preparedness Assessment are also considered alongside the generic risks and lessons learned from the debriefing process. This ensures that BC plans reflect a range of risks at national, regional and operational levels.

Standalone response plans are also in place in relation to Industrial Action (Shared with neighbouring Boards to support good practice). Ahead of winter, a programme of generator testing is ongoing throughout the Board.

The Board is an active member of the Grampian Local Resilience Partnership. This forum provides an opportunity to share winter planning arrangements and partner debriefs, for example the Shetland Winter Debrief, Storms Malik and Corrie so that partners can learn collaboratively in their preparation for winter.

Protecting Planned Care

There are no plans to pause or cancel elective activities over the winter months. Care will continue as normal in reflection of services to achieve quality of care and delivery. Business Continuity Plans and robust escalation plans are in place should this be required to maintain provisions of care delivery.   Crucial to planned care continuation is the requirement to facilitate step down from Critical Care areas; allowing post operative patients to receive critical care as appropriate.

Normally NHS Grampian would switch to doing larger numbers of smaller / routine cases over the festive period as generally patients are less keen to undergo major surgery and staffing levels are lower. This year services intend to run all majors as business as usual.

As a result of the point above there is likely to be more demand for critical care and therefore more pressure around step-down. The critical care capacity is as important for ED as it is for surgery though.

Look-ahead information on planned surgeries for the next day at the 4pm meeting to help with capacity planning overnight.

Teams will continue to use existing meetings / structures to plan activity and react to the hospital situation as required.

Priority 4 - Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Staff Wellbeing

Festive Leave Planning

As we approach the holiday period, the alignment of our teams and responses to reduce hospital occupancy levels as much as possible is ever more important. We are committed to ensuring that colleagues have time off for the festive period, we actively encourage leave to be used in Financial Year to support our Value and Sustainability programme which may at times create a tension with the need to ensure suitable staffing levels.

Our Partnership colleagues allocate their annual leave in line with the NHSG Rostering Policy (community hospitals do not authorise any annual leave during the festive break) & HSCP teams including Council services such as care homes, care at home etc have agreed thresholds that they work to. Planning for leave over the festive period forms part of the winter/resilience planning process, beginning well in advance. Location Managers discuss this with Team Leads and have oversight of cover arrangements. Senior Manager and Nursing on call arrangements are in place.

All services have festive leave planners to ensure that optimal staffing (as identified in our BIAs) are in place allowing critical services to continue over festive public holidays and business as usual over the two weeks of heightened festive leave.

As per the NHSG rostering policy, off-duty needs to be issued 6 weeks in advance and festive off-duty is shared earlier. All rosters are held within local operational teams, and On-call clinical and Senior Management rotas are held centrally by our Switchboard.

All parts of our system have spent the last 3 months reviewing and updating Business Continuity Plans and Business Impact Assessments following the impact of Covid-19 on our historic plans. Lessons learned during our Covid response, have paved the way to having a more flexible workforce; allowing a system wide response to any risks associated with unplanned reduced staffing.

Daily huddles take place to monitor and assess the situation, including staffing and workload pressure/demand. Huddles continue during weekends and public holidays in addition to having a senior manager and operational lead nurse on call to manage emerging issues.

HSCP teams have developed protocols/business continuity plans for their teams describing Priorities of Care and areas that can be stepped down. These are used with support from and discussion with managers and professional leads and linked to the G-OPES framework which defines levels of system pressure and links them to clearly defined actions.

Signposting

NHS Grampian have several resources signposted through line management, posters, wellbeing hubs, and staff links on the intranet to ensure staff are supported.

Using workforce policies to be supportive to staff with any adjustments or referrals that could be made to support a healthy culture and flourish at work.

Workforce and line managers have worked together to facilitate and offer potential retirees the opportunity to retire and return following NHS Policy and SG guidance.

The Senior Leadership Team within NHS Grampian regularly reflect on utilisation of the Staff Wellbeing resources with a view to supporting access and staff wellbeing, to enable proactive and enabling reactive improvement. Performance review conversations likewise incorporate staff wellbeing as a key metric. Work continues to optimise availability of and access to wellbeing areas, including the development of staff gardens.

Public Communication and Engagement

Communicating with the public is especially important over the winter period where increased demand for services can be influenced by environmental factors. Our Corporate Communications Team have developed several resources to support this, and work with colleagues locally and nationally to ensure consistent messaging. 'Know Who To Turn To' is a well-established campaign which highlights the range of options available, many of which are within the community rather than a hospital setting. Steps are being taken to consolidate some of this guidance into key messages about actions to be taken when ill or injured with the aim of highlighting alternatives to immediate hospital attendance.

Health and Social Care Worker - Winter Vaccinations

Frontline health and social care workers remain eligible for a Flu and Covid-19 vaccine within non frontline health care workers being offered a flu vaccine. Clinics commenced in early October and have been planned in a range of settings across Grampian. Based on health care worker digital preference a text message or email was issued to health care staff in September who had previously booked on the national booking portal encouraging them to book an appointment. In addition to this information has been added to digital screens and regular communications on clinic availability is shared via daily briefs. The programme will move to a drop in for health and social care workers at an appropriate point as capacity allows.

Unpaid carers are able to receive flu vaccination this year but are not included in JCVI's advice as eligible groups for Covid –19 vaccination in the 24/25 autumn/winter programme.

Lessons Learned during 2023

A winter planning event took place in November 2023 and the feedback received was that the Winter Plan should be collaborative, authentic and relevant.

Several colleagues attended the event in November 2023 to reflect on past experiences and consider what more could be done to assist with preparations for periods of increased demand this winter and beyond. Rather than a pre-planned set of topics for discussions, the outputs from the facilitated group discussions in the first part of the day informed what would later be discussed.

The themes identified were:

- Staff wellbeing
- Communication with patients and the public (including managing expectations)
- Right Care, Right Place (including alternative pathways of care and appropriate patient placement)
- Increasing collaboration, particularly at times of pressure
- Prevention/holistic approach to care
- Improving trust within the system/understanding multiple perspectives

Each group produced specific actions on their topic which were then collated and were taken through appropriate forums for agreement, prioritisation and identification of lead individuals/groups to take forward those actions of the highest priority.
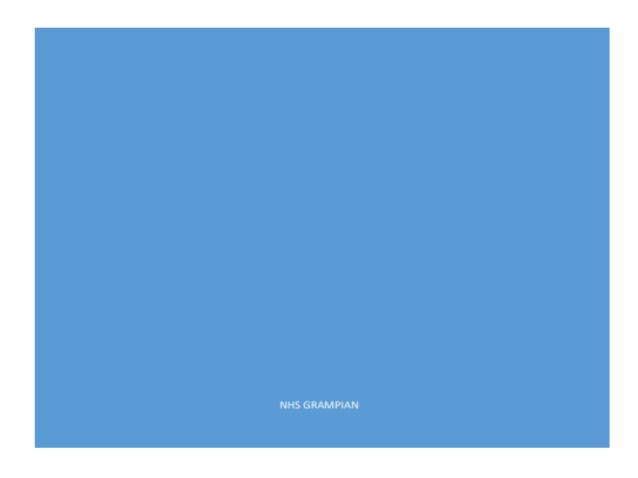
Summary

Healthcare in NHS Grampian have a whole system approach to winter planning and focuses on the agreed actions for this forthcoming winter. It covers the provision of health and care for the citizens of Grampian as well as resilience, immunisation programmes, community support and public and staff communications.

Executive Sponsor	Geraldine Fraser Portfolio Executive Lead for Medicine and Unscheduled Care.	Date:	11/11/2024

INCIDENT RESPONSE LEVELS

NHS GRAMPIAN

Background:

The function of civil contingencies and emergency management (including business continuity) should be there to manage '*no notice*', '*big bang*' etc. incidents such as fires, transport accidents, mass casualties, short term surge / flow issues and other types of disruptive events. Emergency management (civil contingencies) is essentially an operational matter albeit subject to an escalation process when necessary.

Critical incident management however is intrinsically strategic in nature from the outset and will always involve the most senior level within the organisation.

The Business Continuity Institute stated, in their Crisis Management Report 2021, that:

'*Crisis management is a crucial part of achieving resilience for any modern-day organisation: it ensures the organisation is well prepared, is able to rapidly identify and respond to an emerging crisis, it has the right people involved, enables information to be absorbed and assessed to inform timely decision making and a collaborative environment fostered'.*

Use of the alternative term '**Critical'** is appropriate and is already a well-recognised term in emergency services, business continuity, NHS England[1] and within guidance issued by Cabinet Office[2] and Scottish Government[3] .

Critical incidents are usually high profile, serious and present a risk / threat to the reputation, viability, credibility, and trust in an organisation. Many originate from things like;

- A perceived or actual lack of or poor governance
- Convenient work around strategies
- Poor supervision and leadership
- Organisational culture
- Misconduct, neglect
- Poor training and development
- Badly handled incidents or a failure to deliver services at expected standards (actual or perceived)
- Protracted and sustained pressures on the ability to deliver services safely and effectively

Critical incidents differ from emergencies in a number of ways, they are;

- Always strategic in nature and run by the top layer of leadership
- Ill structured and complex
- Less foreseeable
- Volatile with few '*win-win'* outcomes
- Critically dependant on communications (perception is all)
- Critical to reputation
- Characterised by dilemmas

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[1] https://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf
[2] Chapter 6 Business Continuity Management Revision to Emergency Preparedness: Civil Contingencies Act Enhancement Programme March 2012 (V3)
[3] NHS Scotland '*Standards for Organisational Resilience'* (2018)

- Qualitatively different – not just the 'bigger' incidents

Critical incidents are inherently complex and unpredictable and can emerge suddenly or gradually over time. They often result in intense media and / or political interest and scrutiny. They are almost certainly a significant drain on strategic focus and capability often over a protracted period.

2. Incident Response descriptors

NHS Grampian has a range of plans and response frameworks in place to address the pressures in the system. The range – Business Continuity Planning, GOPES, Major Incident, has resulted in confusion and with it our understanding of rules of engagement. The table 1 tries to simplify our response based on the impact of an incident.

Incident with low impact – is managed within normal operational arrangements and equates to GOPES 1 descriptor.

Incident with medium impact – requires an escalated response. Depending on the level of impact this would initially be addressed through GOPES 2 actions and if these did not succeed in reducing the pressure GOPES 3 actions would be deployed.

Incident with high impact – GOPES does not cover all risks for example loss of utilities. In such incidents where major service impacts arise the Business Continuity Plans and Incident Management arrangements would be activated. Such situations would be escalated to Executive Director on Call (EDOC).

Incidents that develop slowly or are protracted should be managed in line with the Critical Incident Management Framework.

Incident with High/Very High Impact would be managed under Major Incident arrangements. The definition of an NHS Major Incident is *'Any occurrence which presents a **serious threat to the health of the community, disruption to the service,** or causes (or is likely to cause) such **numbers or types of casualties** as to require **special arrangements** to be implemented….'* As per the definition when the number and rate of presentation of patients or the severity of their injuries exceeds the capacity of the hospital to manage within routine service arrangements the hospital would declare a major incident. The Major Incident would be managed in line with the Hospital Declared Major Incident Plan. When the impact is across the health and social care system and exceeds the combined local capability in the area then consideration would be given to a Board Level Major Incident and the Major Incident Plan, including the Gold/Silver/Bronze structures adopted.

Major Incident Involving Mass Casualties – this would be managed on an NHS Scotland basis using the mass casualties response structures.

3. Discussion

NHS Grampian has been defining an incident by its response strategy rather than by the impact of the incident on the health of the population or service impact. It is recommended that moving forward the impact of the incident is considered.
Escalation criteria: it has been agreed that the criteria that triggers a certain response requires clearer definition. In addition to feedback from the system, wider context should be

considered as part of the decision making process e.g. NHS 111 call volume, surveillance e.g. respiratory illness, weather warning etc.

Incident Learning: in other areas when a critical incident has been declared (GOPES 4) a serious incident review is activated. This route and branch review enables learning to be captured. It would appear that NHS Grampian does not undertake a review when we have declared we are in GOPES level 4. Unclear how we capture learning on triggers and response to inform future response.

Critical Incident Management: NHS Grampian CIM framework suggests we learn from other areas and adopt 'Red Teaming'. A red team is a team that is formed with the objective of subjecting an organisation's plans, programmes, ideas and assumptions to rigorous analysis and challenge. Red teaming is the work performed by the red team in identifying and assessing, *inter alia,* assumptions*,* alternative options, vulnerabilities, limitations and risks for that organisation. Looking at our existing structure the DSC is focused on very operational detail, WSDMG meets too infrequently, too large and too broad and agenda. It is unclear who would fulfil this function.

Defensible decision making: when we declare GOPES level 4 loggist support should be in place to log the decisions taken. This will enable us to demonstrate that all reasonable steps had been taken in our assessment and management of the situation.

Communicate effectively internally and externally: The key principles of communications in a crisis include:

Be prepared	Have a clear, straightforward communication process in place
Move fast	Communicate quickly and appropriately, indicating that more information will be given when possible
Monitor continuously	Keep track of what is happening everywhere is critical
Maintain the flow	Release what is known. 'little and often' is better that waiting to release everything
Speak with one voice	But not necessarily a single spokesperson
Be transparent	It will all come out in the end
Accuracy is the key	Use hard facts and avoid rumour, conjecture and assumptions
Apologise	Do not be afraid to apologise when appropriate and relevant
Build a strategy	Develop core message(s) and supporting themes. Keep building them
Manage the timing	Let those closest know first
Be human	Be empathetic whenever appropriate
Sign off	Know who has the authority to sign off communications for issue

Report compiled by

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Appendix 1

Impact	Description Of Incident	Response	EDoC notification/ escalation
Low **GOPES 1 - Business as Usual**	Managed within normal operational management arrangements.	Operational management	
Medium **G-OPES 2-3**	The health & care system is exhibiting signs of pressure (e.g. staffing, demand/capacity, delays to admission & discharge). GOPES 2 Requires an escalated response within the affected sector(s) to deal with the impacts of the incident. GOPES 3 urgent action required across the system with additional mutual aid provided as necessary	Operational management supported by Sector Senior Management Team. May require Corporate Communications support. Managed DSC – role coordinate action and ensure communication.	EDoC to be notified for information and awareness in case of incident escalation.
High **Business Continuity Incident**	**Significant incident, or major disruption, resulting in serious service impacts and that requires activation of Business Continuity plans and Incident management arrangements.**	**Business Continuity Incident** **Sector BC plans invoked with Sector Incident Management arrangements activated.**	**Escalate to EDoC.** **EDoC actions:** **⬜ Consideration of need for declaration of Board level Major Incident and escalation to Board Tactical/Strategic response.** **Potential need to inform Resilience Partnership (RP) or request RP /HLG activation. Corporate communications response.**

High **Critical Incident – Extended duration including Pandemic** **GOPES 4**	**Critical Incident** Critical Incident[4] '….*any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe, requiring special measures and support from other agencies, to restore normal operating functions'*. Critical incidents are usually high profile, serious and present a risk / threat to the reputation, viability, credibility, and trust in an organisation. Many originate from things like; • A perceived or actual lack of or poor governance • Convenient work around strategies	**Defensible decision making** **(See CIM framework)**	**Red Teaming**
	• Poor supervision and leadership • Organisational culture • Misconduct, neglect • Poor training and development • Badly handled incidents or a failure to deliver services at expected standards (actual or perceived) • Protracted and sustained pressures on the ability to deliver services safely and effectively		
HOSPITAL High/ Very High **Major Incident**	Major Incident Declared by Hospital A major incident occurs **when the number and rate of presentation of patients or the severity of their injuries exceeds the capacity of normal hospital processes**.	Hospital Major Incident • Activation of Hospital Control Centre (HCC) • Activation of the Hospital Coordination Team (HCT) • Likely to require Corporate Communications response.	Notify EDoC for information and awareness in case of incident escalation or wider impacts. EDoC actions: ◻ Consideration of need for declaration of Board level Major Incident and escalation to Board Tactical/Strategic response.

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4 :://www.england.nhs.uk/wp-content/uploads/2015/11/eprr-framework.pdf

BOARD LEVEL High / Very High Major Incident	Major Incident *'Any occurrence which presents a **serious threat to the health of the community, disruption to the service,** or causes (or is likely to cause) such **numbers or types of casualties** as to require **special arrangements** to be implemented....'*	NHS Board level major incident response: • NHS Grampian Tactical Response Team • NHS Grampian Strategic Response • Board Control Centre • Corporate Communications response Activation of sector incident response and probable requirement for sector control rooms.	EDoC activates NHS Grampian Major Incident Plan. Sectors activate as per NHS Grampian major incident plan. EDoC actions as per NHSG MIP: ☐ Activate/instruct activation of Board Control Centre.

Escalating Response Process NHS Grampian

Mass Casualties or Initial Phase of Pandemic Response (National Response	Major Incident involving mass casualties	As above + participation in NHS Scotland Mass Casualties response structures: • Strategic Health Group • Health Information Cell • Logistics group • Health Communications Cell (national) • Recovery Cell (national)	As above, plus: EDoC activates Chief Executive or deputy. EDoC runs NHS major incident response. Chief Executive (or deputy) participates/contributes to in NHS Scotland Mass Casualties response structures.