



System Wide  
Winter Preparedness 2025/26

<b>Version:</b>	1 <sup>st</sup> Draft
<b>Date:</b>	15 <sup>th</sup> September 20205
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## System Wide Winter Preparedness 25/26 – At a Glance

The collation of this document derives from the Scottish Government direction on the winter planning priorities and the production of the Unscheduled Care Improvement Plan: Grampian Health and Care System.

The Scottish Government 5 winter planning priorities (still draft) for 2025/26 are:

1. Prioritise care for all people in our communities, enabling people to live well with support they choose and ensuring safe, person-centred care through integrated, placed based planning
2. Utilise effective prevention to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns.
3. Ensure people receive the right care, in the right place at the right time, this including prioritising care at home, or as close to home as possible, where clinically appropriate.
4. Maximise system capacity and capability by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and using data and intelligence to support real time decisions. Strengthen urgent and unscheduled care pathways including Hospital at Home and virtual capacity, and protect access to planned care and established services.
5. Support the mental health and wellbeing of health and social care workforce, their capacity and improve retention, as well as supporting 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 winter period and therefore a shift towards year round planning is required.

An opportunity exists to create further linkages between the plans of partner organisations and share areas of good practice, continually building on progress made during the last few years. Collaboration with HSCPs and wider partners is an important aspect of service delivery and development year-round, thus 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 system and aiming to minimise both will remain important areas of focus.

Striking this balance is the key focus of the Unscheduled Care Improvement Plan: Grampian Health and Care system which was a combined effort of the Health and Social Care Partnerships for Aberdeen City, Aberdeenshire and Moray and the Acute Sector. Colleagues from across these areas have worked together over several months to identify the approach which will give the most impact and benefit to the Grampian unscheduled care system to improve safety and patient experience, and to ensure that patients receive the right care in the right place at the right time.

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.

## **Introduction**

The collation of this document comes from the Scottish Government direction on the winter planning priorities as well as a whole system approach to improve Unscheduled Care performance with a particular focus on improving ambulance turnaround times at Aberdeen Royal Infirmary (ARI) and Dr Gray's Hospital (DGH) to reduce hospital occupancy and to maximise flow and downstream community capacity.

## **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:

- Person centred and person led care as embodied through Getting it Right for Everyone (GIRFE) Principles, to support a personalised way to access care and ensure that people are at the centre of decisions that affect them.
- Strong leadership and partnership working across the whole Health and Social Care system.
- Implement local and national actions that we know work, to improve outcomes for individuals, such as the Discharge with Delay principles.

**Priority 1 – Prioritise care for all people in our communities, enabling people to live well with the support they choose and ensuring safe, person-centre care through integrated, placed-based planning.**

The strategic aim of the USC Improvement Plan: Grampian Health and Care System is to “Shift the balance of care” and achieving improvement in the following areas:

- Improve outcomes whilst decreasing the need for in-patient services
- Provide more care closer to home or in a homely setting
- Reduce ambulance turnaround times
- Improved rapid access to emergency and urgent care services for those who need it
- Optimal use of beds, removing the need for non-standard patient areas for medical care
- Protecting capacity for planned care.

## Priority 2 – Utilise effective prevention to keep people well, avoiding them needing hospital care through supporting primary and community care to manage demand and reduce avoidable admissions, delivering vaccination programmes and promoting public awareness through national messaging campaigns

Utilising both external and internal communications channel, 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 about their care.



The NHS Grampian Winter Communication Plan for winter 25/26 will run from September 2025 to March 2026. The main focus of activity will take place between December and January.

### 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 utilised and supports the established national messaging in this area with regular posts on social media using national 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)

Last year RSV was a new vaccine programme implemented to protect infants and older people against Respiratory Syncytial Virus (RSV). This programme is repeated this year with two arms – Protecting Infants and Protecting older adults. Vaccination

of pregnant women from 28 weeks' gestation takes place as part of routine antenatal appointments throughout the year. Those turning 75 in the year from 1<sup>st</sup> August 2025 to 31<sup>st</sup> July 2026 were vaccinated from July to September prior to the start of the main Autumn Winter programme and in time for the autumn peak in RSV infections.

Last years programme resulted in a 62% reduction in RSVs hospitalisation for vaccinated older adults and 82% for vaccinated infants. 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*

There are changes to this year's Autumn Winter vaccination programme for Covid and Flu. Firstly, JCVI has applied their usual cost benefit analysis process to the Covid vaccination for this season which has meant a reduction in the size of the cohort eligible for Covid vaccination. The only eligible groups for Covid vaccination are those at increased risk of severe infection:

- a. Residents in care homes for older adults
- b. Adults aged 75 years and over on 21<sup>st</sup> March 2026
- c. People aged 6 months and over on 1 September 2025 with a weakened immune system. These are people with defined conditions according to the Green Book and do not include previously included groups such as pregnant women.

As the eligible groups for Covid vaccination are also eligible for Flu vaccination, a vaccine offer for co-administration of both vaccines will begin on 29<sup>th</sup> September 2025 with 100% of offers for appointments made by 7<sup>th</sup> December 2025.

There is no offer for Covid vaccination for health and social care staff this season.

Flu vaccinations commenced for pregnant women and staff early this year on 3<sup>rd</sup> September to ensure the 7<sup>th</sup> December target could be met.

The scheduling of the programme commenced during August to ensure citizens received appointments from the middle of August. 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. As staffing is tight this year following a transition from a pandemic model to a business as usual model, there will be fewer opportunities for alternative provision this year and staff sickness in the teams will result in queues.

The withdrawal of a Covid vaccination offer for staff will mean that the Board can concentrate on delivery an occupational flu vaccination to staff. Peer to peer vaccination following training of vaccinators will be available for hospital staff and GP

surgeries. Staff clinics are available, but will be more limited in October and November when the clinical priority groups are to be vaccinated.

### **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 a 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 editions along with reminders to escalate potential outbreaks to the Health Protection Team as quickly as possible.

Furthermore, Health Protection Team colleagues will meet with:

- Colleagues from across community and care home settings
- Head teachers from all three local authorities and the independent sector
- University and colleague colleagues

To refresh knowledge on identification and management of both GI and respiratory outbreaks.

### **Reducing Avoidable Demand For Health Care**

During the winters of 2023/24 and 2024/25, a community led initiative continued in Aberdeen to help prevent falls in areas identified as having the highest risk of slips and trips. Based on the volunteer RNLI model, the project is coordinated by local Community Councils, with support from Aberdeen City Council's Roads Department and NHS Grampian Public Health. Volunteer "Ice Crews" grit priority pavement areas using hand gritters and salt bags supplied by the Council. These crews are mobilised when the Council's forecasting system predicts road surface temperature will fall below zero, targeting locations where the highest number of falls occurred the previous winter. Initially funded by Public Health and later by the Council's road team, the project transitioned in 2024/25 to being fully led by the Roads team.

Looking ahead to winter 2025/26, the Roads team will continue to provide essential support through weather forecasting and salt deliveries. The Aberdeen City Council Resilience Team has secured funding to increase salt supplies in the two areas where the Ice Crews have been most effective i.e. Ashgrove and Stockethill Community Council and Cults, Bieldside and Milltimber Community Council. In addition, Community Council are actively engaging with local business to secure further funding and equipment, supporting a more sustainable, community-driven approach. Public Health will continue to monitor the initiative and analyse



Emergency Department falls data through Health Intelligence to assess impact and inform future planning.

### **Warm Homes**

Over the past two years, Public Health has collaborated with Energy Systems Catapult and SCARF to deliver energy-related prescriptions to individuals whose health is adversely affected by living in cold homes. This initiative, funded by Scottish Power, targeted a specific cohort of vulnerable individuals and provided support for home energy improvements.

Building on this work, the Healthpoint team is now working with colleagues to explore how best to continue supporting people with respiratory conditions. In partnership with Home Energy Scotland and SCARF, the proposed intervention will include a wellbeing call and, where appropriate, a referral to Home Energy Scotland. This will enable individuals to access a range of support options, including home energy vouchers, insulation, and heating system upgrades. The overarching aim is to improve health and wellbeing, reduce hospital admissions, alleviate fuel poverty, and contribute to lower carbon emissions.

### **Child Poverty**

We recognise that the costs and cost related barriers faced by those families living with low-income or in poverty are felt throughout the year but are exacerbated over winter. Our Child Poverty project – HELP (Health Equity and Learning) – in collaboration with Aberdeenshire Council and funded by Scottish Government Child Poverty Accelerator Fund, is gearing up to test approaches to mitigating these barriers. A Lived Experience panel has been working of the past 3 months to co-design, with wide stakeholder engagement, three tests of change based on their own experience of accessing hospital based healthcare services with their children:

Project 1: Food and refreshment provision for families when a child is in hospital. This may extend to brothers and sisters if these is no alternative care for them while their sibling is in hospital.

Project 2: Cash first approach to travel costs, which may include overnight accommodation if public transport cannot support an early morning appointment.

Project 3: Direct information, financial health check, support +/- referral while on the ward.

All three tests are about to begin within RACH 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 Protection Arrangements) risk assessment and management will be prioritised in accordance with risk management practices. Public protection work is priorities 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 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 Social Work 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 specialities 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 registrations.

**Priority 3 – Ensure people receive the right care, in the right place at the right time, this including prioritising care at home, or as close to home as possible, where clinically appropriate.**

**And**

**Priority 4 – Maximise system capacity and capability by improving patient flow and access, reducing delayed discharges and long waits, minimising unmet need, and utilising data and intelligence to support real-time decisions  
Strengthen urgent and unscheduled care pathways, including hospital at home and virtual capacity, and to protect access to planned care and established services.**

### **USC Improvement Plan: Grampian Health and Care System**

The shared vision of the USC Improvement Plan is “Getting it Right for Everyone” (GIRFE) including:

- Supporting people at home with more complex needs and re-abling them
- Care close to home with ethos of enablement and independence
- Valuing and using acute care appropriately
- Driving efficiency and best value across the system
- Working as a whole system (DwD principles)

#### *What the Plan Will Give Us*

- Alternatives to admissions
- People admitted to acute hospitals go to the right place every time
- Support people with more complex needs to be cared for in a homely setting or at home
- Supports discharge without delay
- Drives a cultural change in the organisation
- Forester confidence and collaboration across the system by working together
- Families have confidence in knowing they are supported to get the right care

#### *How Will We Know We Are Making Improvement*

- Reduction in delayed discharges – each HSCP commits to no more than 5 patients in an acute hospital setting and meeting SG overall delayed discharge targets by March 26
- Length of stay reduced by 20% across the medical footprint by December 2026 (with individual specialty targets set based on current performance)
- Community hospital length of stay average of 28 days achieved by March 2026 (5.3 day reduction on current average LOS)
- ED access performance, ambulance turnaround times in line with national average by December 2026.
- More admissions avoided through frailty at the front door and increased care at home capacity
- Reducing in frailty acute readmission rates through effective D2A

## **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 of 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 public holidays 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 22 <sup>nd</sup> December – Open	Monday 29 <sup>th</sup> December – Open
Tuesday 23 <sup>rd</sup> December – Open	Tuesday 30 <sup>th</sup> December – Open
Wednesday 24 <sup>th</sup> December – Open	Wednesday 31 <sup>st</sup> December – Open
Thursday 25 <sup>th</sup> December – Closed	Thursday 1 <sup>st</sup> January – Closed
Friday 26 <sup>th</sup> December – Closed	Friday 2 <sup>nd</sup> January – Closed
Saturday 27 <sup>th</sup> December – Closed	Saturday 3 <sup>rd</sup> January – Closed
Sunday 28 <sup>th</sup> December – Closed	Sunday 4 <sup>th</sup> January – Closed

## **Safe Staffing and Recruitment**

- A communication e-mail is generated with on call arrangements for all services and shared across services and available within Health 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 25<sup>th</sup>/26<sup>th</sup> December and 1<sup>st</sup> and 2<sup>nd</sup> 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 re 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.
- 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.

- Through our Daily System Connect meetings, any ask for in-reach/fluidity of staff from across the systems would be discussed and appropriate risk mitigations agreed.

### **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 G-OPES was developed in the autumn of 2021 and was part of Operation Iris, initiated in November 2021.

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.

### **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 5 – Support the mental health and wellbeing of the health and social care workforce, their capacity and improve retention, as well as supporting 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 NHSG Rostering Policy (community hospital 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 part of 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.

Daily huddles to 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 protocol/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 and pressure and links them to clearly defined actions.

#### **Signposting**

NHS Grampian have several resources signposted through line management, poster, 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 Police 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.