

Meeting: NHS Grampian Board
Meeting date: 8 October 2026
Item Number: 9.11
Title: Winter Planning 2026/27
Responsible Executive: Geraldine Fraser, Chief Officer - Acute Services
Report Author: Whole System Tactical Group / Public Health

1 Purpose and Recommendations

This report is presented to the Board for:

- Assurance

Recommendation(s)

The Board is asked to:

- Discuss and scrutinise the developing System Wide Winter Preparedness Plan 2026-27, noting that it remains subject to further engagement and refinement.
- Note that the final plan will be presented to the Board in December 2026 for approval.

This report relates to:

- NHS Grampian Strategy: Plan for the Future - People, Places and Pathways
- Board Annual Delivery Plan
- Service Operational Plan
- Government policy/directive

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

The subject matter of this report is relevant to the mitigation of the following strategic risks:

- Inability to meet population demand for Planned Care
- Significant delays in the delivery of Unscheduled Care

2 Report summary

2.1 Situation

The Board is asked to consider the draft System Wide Winter Preparedness 2026/27 plan, which responds to Scottish Government priorities and sets out whole-system

arrangements to manage seasonal demand, severe weather and operational pressure while protecting safe care and planned services. Detailed planning remains underway.

2.2 Background

The plan was developed through the Whole System Tactical Group and Public Health and aligns with the Unscheduled Care Improvement Plan. It covers prevention, preparedness, pathway improvement, capacity, escalation and recovery across the Acute Sector (ARI, RACH, and DGH) and the three Health and Social Care Partnerships.

2.3 Assessment

The plan establishes a winter operating baseline and responses to demand surges. Delivery focuses on reducing admissions, length of stay and delays, with 100-day improvements due by the end of November 2026. The anticipated impact is a 2.5-3.5% reduction in Acute occupancy as a result of such measures, alongside the broader USC improvement plan, which includes frailty expansion and recruitment of additional ED consultants in ARI.

Preparedness planning is based around four realistic worst-case scenarios: virus spike; snow and ice; prolonged cold period; and storms with power loss or flooding. Stress testing of system-wide plans will occur in October. The Whole System Tactical Group will oversee triggers, monitoring and reporting, with operational reviews increasing to three times weekly from November to March and a redesigned escalation framework. WSTG will report to the Unscheduled Care Delivery Board over the winter period.

2.3.1 Quality / Patient Care

The approach prioritises care close to home, avoidable admissions, prevention and timely discharge. Elective activity is not planned to pause or be cancelled, although continuing major surgery may increase critical care step-down pressure alongside increased demand for unscheduled care.

2.3.2 Workforce

Festive rotas, on-call cover, daily huddles, workforce monitoring and business continuity plans are in place. The plan addresses wellbeing, leave, sickness risk and system-wide staffing balance.

2.3.3 Financial

No separate financial impact is quantified at this stage. Resource and capacity implications require continued oversight, and will crystallise through the stress test process.

2.3.4 Risk Assessment / Management

Key risks are: sustained demand, delayed discharge, workforce absence, infrastructure disruption and planned care pressure. Mitigations include shared triggers, scenario-based response plans, a firm foundation of business continuity processes, surveillance, tactical review and escalation. No post-mitigation rating is specified at this point, but will be

included with specific focus on main sites and services (ARI and DGH) in an update to the Board on 8 December.

2.3.5 Equality and Diversity, including health inequalities

The plan includes vaccination, child poverty support, community care and public messaging for people at greater winter risk. No completed impact assessment is referenced.

2.3.6 Communication, involvement, engagement and consultation

Whole-system partners have contributed through the Whole System Tactical Group, Unscheduled Care Delivery Board, Health and Social Care Partnerships, Acute Sector, Public Health and operational teams. Workshops continue in September, followed by review and stress testing in mid-October.

2.3.7 Route to the Meeting

Developed through the Whole System Tactical Group, with reporting to the Unscheduled Care Delivery Board.

2.4 Recommendation(s)

The Board is asked to:

- Discuss and scrutinise the developing System Wide Winter Preparedness Plan 2026-27, noting that it remains subject to further engagement and refinement.
- Note that the final plan will be presented to the Board in December 2026 for approval.

Board Meeting

08.10.26

Open Session

Item 9.11



System Wide

Winter Preparedness 2026/27

Version:	1 st Draft
Date:	14 th September 2026
Owner:	Whole System Tactical Group/Public Health
Executive Lead/Senior Responsible Officer	Geraldine Fraser/Chris Middleton

System Wide Winter Preparedness 26/27 – At a Glance

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

The Scottish Government 5 winter planning priorities for 2026/27 are:

1. Prioritise care for all people in our communities who need it the most, enabling people who are most at risk to live well with the support they require 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, 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 the health and social care workforce, improve capacity, retention, and support unpaid carers

The focus of winter planning alters depending on the role of planners and the setting in which they work. Despite the tendency to focus on local issues, there are two commonly agreed strategic requirements; firstly, preparing for the impact of severe environmental conditions 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 satisfy both themes, there are also aspects which only relate to one. A growing body of evidence suggests that neither of these scenarios are unique to winter period and therefore a shift towards year round planning is required.

NHS Grampian's Whole System Tactical Group (WSTG) exists to develop linkages between the plans of partner organisations and share areas of good practice. System-wide collaboration is an important aspect of service delivery and development year-round, but it is particularly pertinent over the winter period where colleagues need to work collaboratively to meet and balance demand and risk. Whilst these opportunities may exist across the system, greater focus still could be placed upon 'upstream' actions which seek to reduce the unmet need that can result in citizens seeking Unscheduled Care. Focus on this, however, must be balanced against the need to respond 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 Delivery Board, which is populated by senior leadership figures across the Health and Social Care Partnerships for Aberdeen City, Aberdeenshire and Moray and the Acute Sector. Colleagues from across these areas continue to work together 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 draws on 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.

NHS Grampian's approach to winter preparedness can be summarised as coordinated effort across five lines of development to create a winter operating baseline which enhances resilience in Business as Usual situations and a set of system-wide actions to manage surges in demand and seasonal environmental events.

The approach focuses on operational coordination to minimise risk; enhanced situational awareness, transparent risk assessment, and clarity of decision making; and deliberate recovery planning to maximise resilience.

NHS Grampian Winter Planning 2026/27 – Overarching Concept

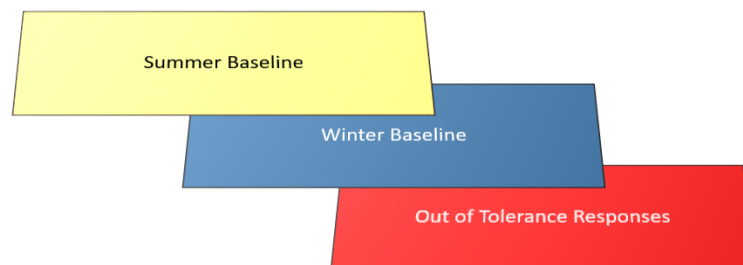
Prevention – offset likely seasonal changes in the burden of disease through a focused vaccination and education programme.

Preparedness – a well understood and resourced framework to shift from summer operating to a different baseline and manage surges in stride. A well informed population who can confidently and reliably access the adjusted winter healthcare system.

Pathway modification – adjustment to key pathways which reduces clinical risk and sustains flow through the system.

Planned capacity – within the adjustment to key pathways, identification of patient groups which will require enhanced support/access to secondary care and follow-on care, and generation of capacity to manage the demand within core footprints.

Phased responses – protecting surge capacity to be used in managing unpredicted variations in demand. Trigger points linked to activation of surge capacity to maximise system planning time in generating a response if demand increases are sustained. Specific changes to system posture for likely events (snow / cold snaps / flu spikes).



Priority 1 – Prioritise care for all people in our communities who need it the most, enabling people who are most at risk to live well with the support they require and ensuring safe, person-centred care through integrated, placed-based planning

The strategic aim of the USC Improvement Plan remains to “Shift the balance of care” and achieve 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.

Active prioritisation, sustainment of access, and place-based planning will be delivered via the actions highlighted within Priorities 3 and 4. Performance in meeting the above outcomes will be monitored by the Unscheduled Care Delivery Board (USC Delivery Board).

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 26/27 will run from October 2026 to March 2027. The main focus of activity will take place between December and January.

The Winter Wellness online booklet, hosted by Public Health will be updated and ready to share through Healthpoint and via in any promotional/campaign activity.

Healthpoint will be providing business as usual through direct access and referrals, supporting people with cost of living advice, referrals to home energy Scotland, healthy eating, social isolation, mental wellbeing. Specifically, Healthpoint is working in partnership with the Respiratory team to offer targeted support to respiratory patients.

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 1st August 2026 to 31st July 2027 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.

Recent programmes resulted in a c62% reduction in RSVs hospitalisation for vaccinated older adults and c82% 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.

A substantial operational programme will run alongside normal NHS services, delivering COVID-19, influenza and childhood influenza vaccinations to over 400,000 eligible individuals across NHS Grampian. Delays in vaccine availability have compressed the delivery timescale, with co-administration of COVID-19 and flu vaccines unable to commence until 5 October, creating increased operational pressure to vaccinate priority populations before peak winter demand.

NHS Grampian is expanding the use of digital appointment booking for the childhood flu vaccination programme. This will be delivered using Microsoft Bookings following a successful MenB pilot, which was shown to improve accessibility for families while reducing administrative burden.

Programme	Start Date	Offer completion
Pregnant women – flu only	Week commencing 7 th September	31 st March 2027
Health and Social Care Staff	Week commencing 7 th September	31 st March 2027
18 -64 at risk Flu Only	14 th September	6 th December
Care Homes – Flu and COVID-19	5 th October	27 th November
Over 75 - Flu and COVID-19	5 th October	27 th November
SWIS	5 th October	27 th November
65 – 74 flu Only	5 th October	6 th December

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 RNL 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 2026/27, 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. Beyond the investment in Aberdeen City, the Public Health team is also looking into the possibility of extending this approach to other areas where the incidence of falls has previously been high.

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 there 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.

The embodiment of this priority is the construction of the winter operating baseline. The revised baseline is achieved through the actions contained within the USC improvement Plan.

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)

The recently reconfigured USC Delivery Board will consider and prioritise activity beyond the traditional funded projects, including operational improvement activity and resilience arrangements, to deliver the shared vision. Activity is organised under 3 delivery groups to:

- **Reduce admissions** by:
 - Investing in Same Day Emergency Care capabilities.
 - Increasing Hospital @Home capacity.
 - Developing the Flow Navigation Centre.
 - Reducing inappropriate admissions from Care Homes.
 - Better connecting community-based crisis capabilities with secondary care assessment/ambulatory services.
- **Reduce Length of Stay** by:
 - Creating an Integrated Flow Hub.
 - Expanding Acute Frailty capacity.
 - Improving discharge planning.
 - Investing in Discharge Lounges and other early departure enablers.
 - Working to improve shared situational awareness through data.
- **Reduce Delays** by:
 - Investing in Discharge to Assess (D2A) capabilities across the HCSPs.
 - Increasing social care ‘reach-in’ during discharge planning.
 - Develop intermediate care pathways.

Each delivery group is working to a 100-day plan for operational improvements to be implemented by the end of November 2026.

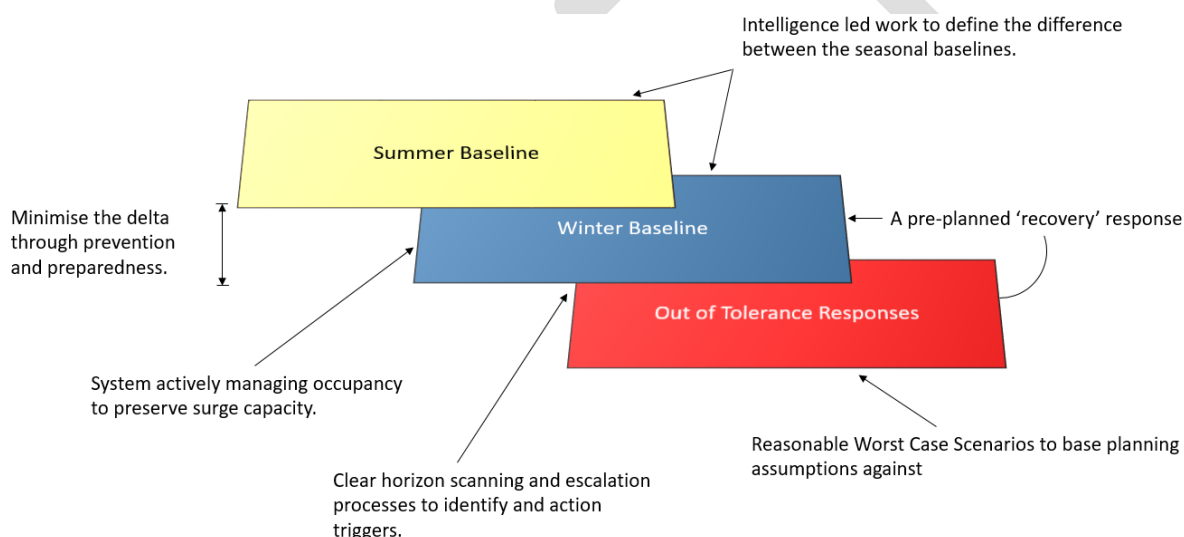
The intended impact of delivery group outputs is:

Measure	w/c 10 th August Performance	Q2	Q3
NHSG 4hr Performance	55.3%	56.6%	60.0%
Median Turnaround Times	62	62	57
90 th Percentile Turnaround Time	232	224	200
NHSG 8hr Performance	80.9%	84.3%	86.4%
NHSG 12hr Performance	93.5%	94.7%	95.5%
Average Non-Elective LOS (days)	7.3	7.2	7.0

Which translates into a reduction in Acute occupancy of c2.5-3.5%, which will be crucial in managing increased demand over winter.

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.

Ensuring best possible use of the capacity created within the winter operating baseline falls to operational management of the system in real time. Within the overall concept this relates to preparedness and the activation of responses to events which push the system out of Business as Usual working. Focus has been on reinforcing processes and contingency planning via the WSTG, with the intention of creating a system more attuned to what may affect its ability to operate and more confident in applying templated responses in good time to maximise resilience in the face of winter pressure.



The system is planning against 4 Realistic Worst Case Scenarios, a summary of which is at Annex A:

- Winter virus spike.
- Prolonged period of snow and ice.
- Extended cold spell.
- Storms causing significant power outages and localised flooding.

Alongside the responses, system-wide trigger points have been agreed as well as a monitoring and reporting regime, which will be managed by the WSTG.

Detailed sector planning continues with further workshops scheduled through September. Whole-system representatives will reconvene in mid-October to review final versions of the responses to the Realistic Worst Case Scenarios, and to undertake stress testing of the plans.

Managing Operations & Flow

WSTG will continue to conduct horizon scanning on a fortnightly basis through the winter, but will increase touchpoints to review the emerging operational situation three times per week between November and March. These touchpoints will focus on system demand, upcoming weather picture, staffing predictions, and the material state of our built environment to establish a shared understanding of the system's ability to absorb additional demand and/or manage a response to a situation resembling a reasonable worst case scenario.

The group will report into the USC Delivery Board.

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

Tuesday 22 nd December – Open	Tuesday 29 th December – Open
Wednesday 23 rd December – Open	Wednesday 30 th December – Open
Thursday 24 th December – Open	Thursday 31 st December – Open
Friday 25 th December – Closed	Friday 1 st January – Closed
Saturday 26 th December – Closed	Saturday 2 nd January – Closed
Sunday 27 th December – Closed	Sunday 3 rd January – Closed
Monday 28 th December – Open	Monday 4 th January - Open

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.
- 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 HSCTs, 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 weekly Whole System Tactical Group (WSTG) meetings, any ask for in-reach/fluidity of staff from across the system will be discussed and appropriate risk mitigations agreed. The intention is that WSTG will increase regularity of meetings over the winter to increase agility in balancing staffing risks.

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 major surgery 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.

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, our responses to reduce hospital occupancy levels as much as possible, and matching those levels to planned staffing coverage, is crucial. 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 WSTG and 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.

Winter Planning 2026/27 – Reasonable Worst Case Scenarios

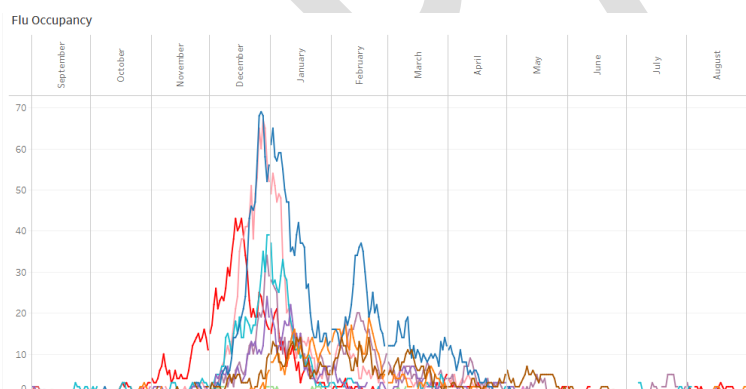
RWCS#1 – Virus Spike

Narrative Description

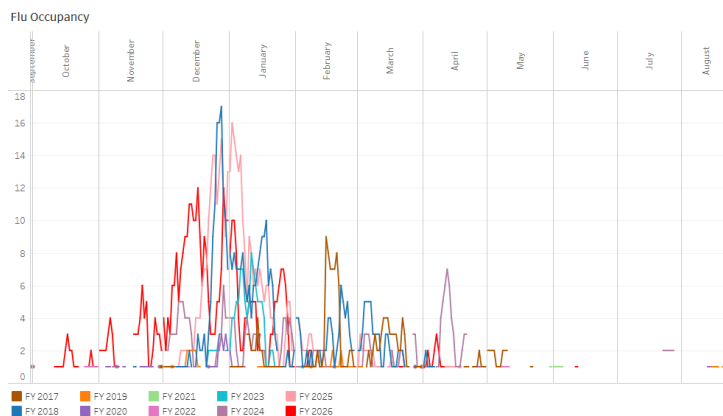
Steep and significant rise in flu cases which require assessment and admission to Secondary Care. Demand levels overwhelm standard pathway management capacity and significantly challenge capacity in Acute settings, community hospitals, and other interim care facilities. Staff sickness rates across the system increase to a level where maintenance of core services becomes challenging and in need of prioritisation.

Planning Assumptions

- Influenza occupancy in Secondary Care surges from 10 patients to 45 within 2 weeks, dropping to 20 within 10 days and holding at that level for a further fortnight before a second spike brings levels to 33 for a further week, before a gradual reduction to 7 patients over the next 3 weeks.



- Stepdown/community hospital inpatient demand sees a steadier rise with peak occupancy (6 fold increase on pre-surge flu cases) taking a month to come to pass. Flu case reduction trajectory is steeper with a 50% reduction in occupancy within a fortnight and a secondary spike seeing occupancy levelling off at a 3 fold level increase over pre-surge numbers, before tailing off to pre-surge levels over the next 3 weeks.
- 10-12% of Care Homes closed across Grampian and Moray.



- Staff sickness absence rates increase above normal rates by 2.7% for nursing/midwifery staff group, by 4% for AHPs, by 3.2% for medical staff, by 3.8% for support staff. Likely that local clusters of infection will cause these to surge in certain areas.

RWCS#2 – Snow and Ice

Narrative Description

A substantial weather event in which high volumes of snowfall and persistent cold weather combine to severely impact access and movement across Grampian and Moray over a period of 7 days. Impacts include increased demand for medical care on account of treacherous travelling conditions and extremely demanding environmental effects on the vulnerable and those required to be outdoors; all but the major arterial routes and limited coastal routes either impassable or severely restricted; logistics/resupply implications and likely shortfalls; significant reduction in staff availability in NHS/HSCP facilities; extremely limited access to primary care; a greatly reduced ability to deliver care at home.

Planning Assumptions

- All routes apart from major arterial routes and urban centres closed for 48-72 hours.
- 25% Increase in fall related trauma injuries and RTCs for first 48 hours with elevated trend of 10% for the following 5 days.
- Anticipate primary care/MIU/care hub closure rate of 80% for first 72 hours and 40% thereafter.

- Secondary Care occupancy rises by 3% per day for the first 3 days and remains at that level for the next week.
- 30% reduction in staff availability for the first 72 hours, noting requirement for 40% of those on shift to remain on site/require local accommodation for 72 hours (longer for isolated inland community hospitals).
- No routine resupply for NHSG sites and storage facilities for 7 days, local resupply likely to be interrupted for first 72 hours.
- Care @ Home delivery rates fall by 80% in first 72 hours, and recover to 50% coverage by day 4.

RWCS#3 – Prolonged Cold Spell

Narrative Description

Daily temperatures across Grampian (c75% coverage) fail to exceed 5 degrees Celsius for a period of 7 days. Pockets of ice and heavily frosted ground make pedestrian and motor travel increasingly risky. Impact of sustained cold weather affects vulnerable members of Grampian/Moray population, causing an increase in demand on GPs and OOH/virtual first contact services (NHS24/GMed), and demand for Secondary Care increases proportionately but focused around Orthopaedics/Frailty/General Medicine/Respiratory. Downstream demand alters thereafter due to altering baselines of elderly/vulnerable patients (either causing or resulting from their admission). LoS in Frailty/GenMed increases, as does LoS in community hospital as a result of the acuity/recovery time increase.

Planning Assumptions

- 10% increase in fall related trauma and RTCs throughout the period.
- Increased demand on primary care/NHS24/GMed/SAS from day 2 with increased presentations to Secondary Care noticeable from end of day 2.
- Frailty GenMed demand in secondary care rises by 15% for a duration of 2 weeks, and LoS increases by between 1-3 days per patient admitted through the period. Resultantly, Secondary Care occupancy increases by 2.5% over the first 4 days and remains elevated for the following 10 days.
- Community Hospital demand increases by 4% throughout and LoS increases by an average of 10%.

RWCS#4 – Storms/Interrupted Power Supply

Narrative Description

Severe winds and prolonged heavy rain over 48 hour period result in widespread power infrastructure damage, limited damage to the built environment across 2/3 of Grampian and Moray, and widespread flooding. For the initial 48 hours there is significant impact on travel and regional access, with increased likelihood of traumatic injury through falling debris and challenging road conditions. Logistic chains likely to be temporarily interrupted in this period. Widespread minor damage leading to water ingress across NHSG estate, as well as periods of interrupted electricity/gas supply. Longer term impact of power outages for rural and isolated communities, which increased pressure on vulnerable population groups, resulting in increased demand for local health services.

Planning Assumptions

- 24 hour power outages in at least 3 Community Hospitals in Aberdeenshire and 1 in Moray.
- 3% increase in Secondary Care presentations related to traumatic injury and RTCs.
- 20% reduction in staff availability for 48 hours.
- 5-7% reduction of in-patient bed availability for 7 days as a result of water ingress/building damage.
- Frailty/GenMed admissions into Secondary Care increases by 7% for 72 hours (total of 12 additional admissions).
- Stepdown volume to Community and home reduced by 20% for 5 days.
- Demand for step-up admissions to Community Hospitals increases by 10% for 3 days.
- Care @ Home delivery reduced by 40% across Shire/Moray for 48hrs, recovering to 80% coverage for the next 3 days.