Template for Winter Planning (2020/21)

Sector Area: Health and Social Care Moray (including GMED)

1. Introduction

This plan builds on lessons learned from last winter and also focuses on key priorities for winter 2020/21 in line with our remobilisation plan.

2. Action Plan for Winter 2020/21

2.1 WINTER TARGET OPERATING MODEL (WR-TOM) AND SURGE CAPACITY

Some examples for consideration within this section:-

- **Tactical Objectives Workbook/operational team returns (issued to each operational area)**
- **Workforce - capacity across sectors, arrangements for staff rotas, utilisation of planned leave, ensuring staff health and wellbeing, use of agency/locums, arrangements for staff accommodation or transport if required to support surge capacity**
- **How will your sector deploy capacity in line with decision point triggers?**
- **Additional numbers of Beds/Step up beds (Hospital and community settings) – Hospital bed footprint, re-mobilisation bed footprint plan, additional interim beds in care homes and very sheltered housing to support discharges**
- **Emergency and acute medicine surge plans/matrix**
- **How will planned healthcare re-mobilisation and management of backlog be maintained?**
- **Admission criteria**
- **Transport requirements (SAS and non SAS provider)**

No	Actions to date/required	By whom	Outccome	Follow up/Contingency
1	Rotas, across Health and Social Care system, to be put in place. Increased staffing levels by redeploying staff to be considered. Recruitment of additional bank staff (clinical and support); candidates for bank posts made aware of expectation to work over Festive Period including Festive Public Holidays.	Service Managers GMED Management Team	Fewer issues for staffing rotas over winter period Fewer issues for staffing rotas over Festive period.	Cease non-critical functions if staffing levels are reduced by absences.
2	Surge capacity plans for GMED and Community hubs agreed and put in place.	Locality Managers	Plans in place	Varis Court and Loxa Court and commissioned care home beds in Speyside.

3	Regular meetings to prioritise system issues.	Systems Leadership Group	All senior managers aware of potential system issues and can prioritise where resources go.	
4	Maintain daily cross system huddles	Group in place	MDT continue to meet to discuss patients to maximise patient flow	
5	Admission criteria for Jubilee Cottages, ACUs and Loxa Court to be communicated.	Locality Managers	Staff appraised of admission criteria within HSCM and Dr Gray's Hospital	
6	Decision point triggers and actions to optimise capacity detailed in GMED Surge Plan	GMED Manager on Call	Surge plan in place	N/a
7	Implementation of Near Me across services - this has reduced number of face to face contacts and home visits; likelihood of surge impact much less	Home First Delivery Group	People receive consultations without requiring face to face contact.	N/a

2.2 NEW WAYS OF WORKING

Some examples for consideration within this section:-

- **Home First Framework– new/improved cross-system clinical pathways of care. What will your sector do to maintain people safely at home, avoid unnecessary hospital attendance or admission, and support early discharge?**
- **Work underway via various work streams e.g. community hubs, mental health assessment hub, optimising Near Me consultations**
- **Work underway to improve specific pathways e.g. Paediatrics, Respiratory, GP Geriatric Interface**
- **Development of community hubs/MDT teams to support national Urgent Care Programme – cross system Primary Care, Acute, GMED, NHS 24**
- **Workforce implications – will new models require employment of additional staff, deployment/training of existing staff to support implementation?**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Implement Home First Approach – Discharge to assess	Home First Delivery Group	Reduction in delayed discharges. Increase in number of people able to be cared for at home. Reducing the need for care packages.	Keep arrangements under review by delivery team.
2	Community Covid Hub will continue to operate	GMED Service Manager / Covid Clinical Leads	Separate pathway for COVID and non COVID patients	Keep arrangements under review by Covid Leadership team

3	Loxa Court – intermediate care bed facility	Service Manager	Reduce delayed discharges	
4	Implementation of key pathways within Operation Home First.	Home First Delivery group	Maintain people safely at home Shift unscheduled care to scheduled.	
5	Review of OOHs provision to be completed.	GMED service manager, Clinical Leads and Head of Service	Resilient out of hours service from GMED	Approval by 3 HSCP prior to implementation.
6	Increased use of telephone triage and Near Me consultations. Monitor roll out of appropriate ICT equipment.	Clinicians	Need for face to face consultations minimised	
7	Mental Health urgent team and Emergency Psychiatric Page Holder 24/7 to remain in place	On call clinicians	Protocol / pathway for triage of telephone / near me and face to face consultation in exceptional circumstances only. Risk Assessed.	Revert to Critical Function to maintain service.
8	Distress Brief Interventions (DBI) to be directly referred to by NHS 24. Moray DBI to roll out service to GPs and their MDTs.	DBI Service, Moray	Refer in. People are contacted by phone and can use Near Me. 2 weeks follow up with DBI service.	DBI has been able to operate by modifying its response to technology based.
9	Appropriate contact telephone numbers for discussing potential admission with appropriate ARI departments distributed to all staff	GMED Management Team	Clear pathway and streamlined process identified for admitting patients when necessary	n/a

2.3 OPERATIONAL RESILIENCE

Some examples for consideration within this section:-

- **Updated Service Continuity Plans in place for all sectors including care homes/Civil Contingencies support**
- **Hospital Discharges – what is in place/needed to facilitate timely and safe discharge (Acute and Community – systems, processes, workforce e.g. access to social care, pharmacy, AHPs, equipment, transport**
- **Acute Care at Home**
- **General Practice/Community Hubs/Home Visiting Services/ACPs/wider primary care services**
- **Community support – link workers, 3rd sector, Community Planning Partnerships**
- **SAS increased use of Advanced Paramedic Practitioners to treat people at home and avoid attendance at hospital**
- **Non SAS transport providers**
- **Respiratory Pathway/Extending Pulmonary Rehab/tools to support self-care including a COPD self-management app**
- **Access to required systems e.g. Trakcare, Wardview**
- **Management of elective activity in medical/surgical divisions (ARI/DGH)**

• **Availability of key services (Labs, imaging, pharmacy (hospital and community), Social Work (hospital and community), porters, domestic services, AHPs, SAS)**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Critical functions identified and prioritisation of services /functions to be agreed.	SLG	Already done in response to COVID-19 but requires formal sign off by SLG	To be tabled at SLG 25/9/20
2	Service Business Continuity Plans reviewed and updated.	Service Managers	Teams aware of plans and escalation procedures	
3	Delayed Discharges – discharge coordinator - seeking to increase hours to facilitate flow	DD workstream under home first	Maintain flow and decreased numbers.	
4	Communicate systems in place to avoid admissions ie Pitgaveny Team, Redirection, Treat and Transfer, SAS Decision Support	SLG	Prevent unnecessary admissions	
5	Communicate Patient Transport options (Dr Gray's Manager to provide)	SLG		
6	Consider availability of key services during festive period ie AHPs, Pharmacy and transport to ensure discharge from hospital is facilitated.	AHP Lead / Pharmacy Lead		
7	Anticipatory Care Plans to be reviewed ahead of winter period.	SLG		
8	Assuring continuity of social care over winter period	Head of Service	Maintain flow over festive period	
9	GMED Surge plan to be updated (only minor changes required as last updated June 2020)	GMED Management Team		
2.4 PREVENTION AND ANTICIPATING DEMAND (Public Health)				
Some examples for consideration within this section:- • **Requirements of updated Major Infectious Diseases Plan – ongoing Covid response, preparedness for flu pandemic, other outbreaks** • **Maintaining Covid and non Covid pathways, staff testing, safer workplace, IPCT and Public Health/Health Protection guidance** • **Seasonal flu immunisation programme – how your sector will contribute to maximising uptake across at risk groups, health and social care staff, care homes, carers etc.** • **Communication of seasonal flu vaccination campaign, national media and locally for patients, staff and key workers delivering care** • **Management of Norovirus/other outbreaks (IP hospital sites, Care Homes – liaison with IPCT and Health Protection, reporting requirements etc)** • **PPE - maintaining supplies, training in use, face fit testing etc** • **Scheduled and unscheduled care capacity and demand (acute and community) - Intelligence led modelling data (local and national)**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Promote flu vaccination for all staff including social care and voluntary sector personnel	SLG	Increase in uptake expected. Lowers risk of	Practice to do mop up and if required we will put in

	employed to provide personal care to children and adults, both in care homes and community		staff being affected in case of seasonal flu outbreak	place additional clinics to meet demand.
2	Consider staffing and additional PPE required to deal with expected increase in uptake of flu vaccine.	SLG		
3	Continue to promote infection control measures – increased hand hygiene practices and increased use of PPE	SLG	Minimise risk of transmission of infections	
4	Maintain support systems in place for care homes and community hospitals	SLG		
5	PPE – system in place for health and social care staff and GMED ie face fit testing	SLG/ GMED Management Team		
6	Moray Testing Team in place – confirmation sought from public health regarding operating a 7 day a week service over festive period.	Health Improvement officer	Staff will continue to be able to access testing locally	
7	Safer workplace risk assessments being carried out	SLG / Safer Workplace Champion		
8	Staff to be reminded of procedure for self-isolation and testing for COVID-19 and the need to stay away from the workplace for 48 hours after episodes of diarrhoea and vomiting	SLG	Minimise risk of transmission of infections	
2.5 FESTIVE PERIOD				
Some examples for consideration within this section:- • **Sector rota arrangements** • **Identification of key interdependencies with other sectors** • **GP/wider primary care provision and hospital elective activity is communicated in advance to key services e.g. SAS, Labs, Diagnostics** • **Contact details for sector leads and clear communication channels for discussing pressures and escalating/agreeing key actions**				
No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Festive rotas to be put in place and communicated across health and social care. Increase number of clinical and support staff on GMED rota over festive period	SLG GMED Management Team	Increased capacity to manage an increased number of service contacts if required	Monitor service demand, defer to surge plan if necessary
2	Senior Manager on Call rota to be put in place, consideration to be given to incident management team's availability over festive period and support staff	SLG		
3	Ensure SMoC are appraised of GMED surge plan and their responsibilities.	SLG		

4	Recruitment of additional bank GPs	GMED Management Team	More clinicians available to staff clinical rota	Recruitment ongoing
5	Recruitment of additional support staff	GMED Management Team	More support staff available for dispatching calls over the Festive period.	GMED Management team can cover support roles as a last resort

2.6 INFORMATION, COMMUNICATION AND ESCALATION

Some examples for consideration within this section:-

- **Staff familiarity with own sector winter plans and access to relevant supporting information e.g. key contacts, policies, rotas**
- **Process for escalation within own sector**
- **Arrangements for communication/escalation to SLT**
- **Communication with patients and public, self-management, KWTTT, winter campaigns re Flu, antibiotics etc**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Communicate winter / surge plan widely to ensure operational staff are appraised of local plans.	SLG / GMED Management Team	All staff aware of plans in place, how to escalate issues and have key contacts, rotas and policies.	
2	Consideration to be given to ongoing use of Moray Control Centre email as way of managing information / escalation process	Senior Management Team		
3	Promote KWTTT campaign, Pharmacy First, Health Points, NHS Inform/Healthline advice lines, pharmacy opening times etc via social media	SLG / GMED Management Team	Patients and public are aware of KWTTT, self-management etc.	

2.7 ADVERSE WEATHER

Some examples for consideration within this section:-

- **Attendance Policy – adverse weather**
- **Rotas – what is contingency if front line staff unable to attend workplace?**
- **Civil Contingencies arrangements**
- **Early warning systems – LAs, Met Office, LRP**
- **Accommodation/transport arrangements for staff if working and unable to get home**
- **SAS/ScotSTAR transfers DGH, regional, Islands**
- **Support from Community Off-Road Transport Action Group (COTAG)**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Communicate relevant policies to staff ie Adverse Weather Policy, Attendance Policy	SLG / GMED Management Team	Staff are supported if attending work is difficult due to adverse weather;	n/a

			service provision is optimised	
2	Inform staff how to access weather warnings and travel advice.	SLG		
3	Communicate COTAG callout procedure (seek confirmation from NHSG that MoU is in place)	SLG	Services can be maintained during adverse weather	n/a
4	Use of telephone triage to allow some clinicians to work remotely	n/a	Service is supported by clinicians working from home to minimise disruption due to adverse weather	n/a
5	In special circumstances GMED cars may be able to transport clinicians to and from the workplace	GMED Management Team	Service is maintained during adverse weather	n/a

3. Risk Register

RISK	IMPACT	LIKELIHOOD	MITIGATION
Second or subsequent waves of Covid-19	Staffing levels for providing services may be reduced if the levels of covid-19 infections increase or where staff are requested to self-isolate as a result of the test and trace process.	High	Teams are putting in place rotas to reduce the number of staff working together at one time, where ICT equipment has been provided Building risk assessments have been carried out and safe working implemented. Mechanism for identifying staff absence levels in services has been implemented across Council employed staff and this is being investigated for implementation across NHS employed staff. Recruitment of additional staff resources to bank is underway. Flu immunisation will be promoted for all staff and be delivered where possible at place of work.

ICT provision does not meet services needs	Services may not be able to deliver the level of response required without appropriate ICT infrastructure and systems to facilitate mobile working	High	Requests have been made for equipment and escalated via appropriate channels. Process for request is being reviewed to ensure it is a streamlined as possible.
Capacity in hospitals may not be sufficient to meet demand following reduction in beds per social distancing guidance.	Pressure on the whole system will impact on staff, potentially resulting in increased absences, it will also impact on patients if operations need to be postponed.	High	Home First projects are being taken forward – in particular Discharge to Assess. Daily monitoring of beds and a MDT approach, led by Locality Managers, to focus on getting people home to their localities as quickly as appropriate.