APPENDIX 1

Moray Portfolio Winter Preparedness Action Plan

25th November 2021

Our Approach

- Respond
- Recover
- Remobilise
- Renew

Our System Aim & Objectives

Overall aim is to support staff & communities to improve health & wellbeing, to deliver care in & out hospital that is appropriate to need within the resources we have available.

Our objectives are:

A. **Keep Staff Safe & Help them to Maximise Wellbeing** (1, 2, 3, 4, 7 & 9)

B. Responding to Demand on the Health & Care System (2, 3, 4, 5 & 6)

C. **Protecting Critical Services & Reducing Harm** (1, 2, 4, 5 & 8)

D. **Reshaping our Relationship with Communities** (2, 3, 4, 5, 6, 7 & 9)

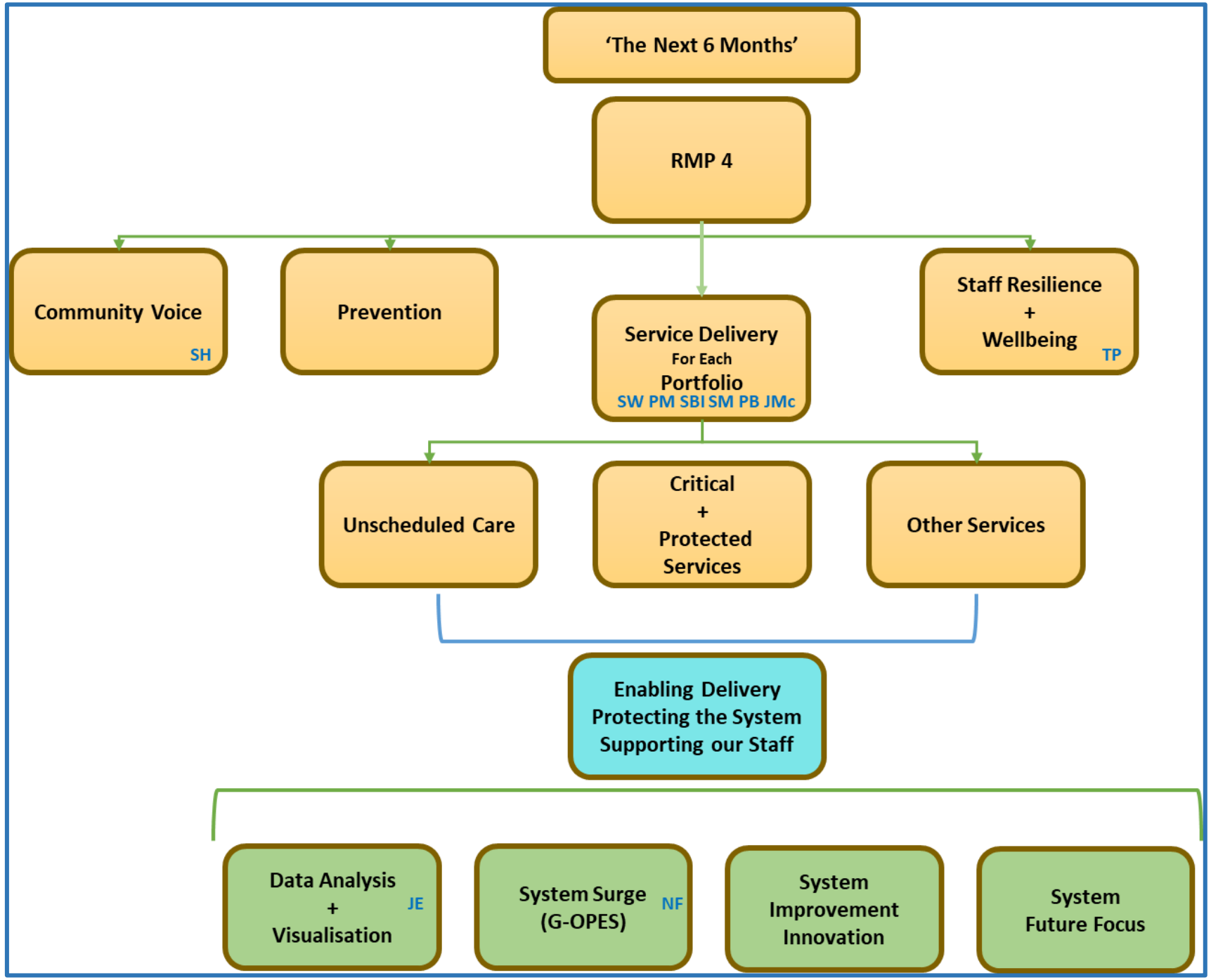
E. **Creating a Sustainable Future** (8 & 9)

Key Deliverables

1. Support staff to maintain good health & wellbeing
2. Take all steps to support, sustain & grow our workforce to meet current & anticipated population needs
3. Minimise spread & impact of COVID-19 on staff, population & those most vulnerable
4. Escalation plan (G-OPES) responds to surges in demand within available capacity
5. Engage with & support communities to promote/maintain good health & wellbeing
6. Stabilising backlog in unmet health need & reducing clinical risk for those waiting for assessment & treatment
7. Developing the recovery plan to address the impact of COVID-19 on health need
8. Clear strategy for moving forward & priorities for change (Plan for Future 2022-2028)
9. Gather community insights to inform our policy & practice

High Level Whole System Actions

- Supporting staff resilience, health & wellbeing
- Support staff to meet current/anticipated demand
- Reduce demand on the health and care system
- Optimising Flow
- Responding to system surge in demand (COVID-19, winter illness & urgent needs)
- Plans for stabilising & recovery of backlog whilst reducing clinical risks
- Supporting transformation & shift to sustainable health & care

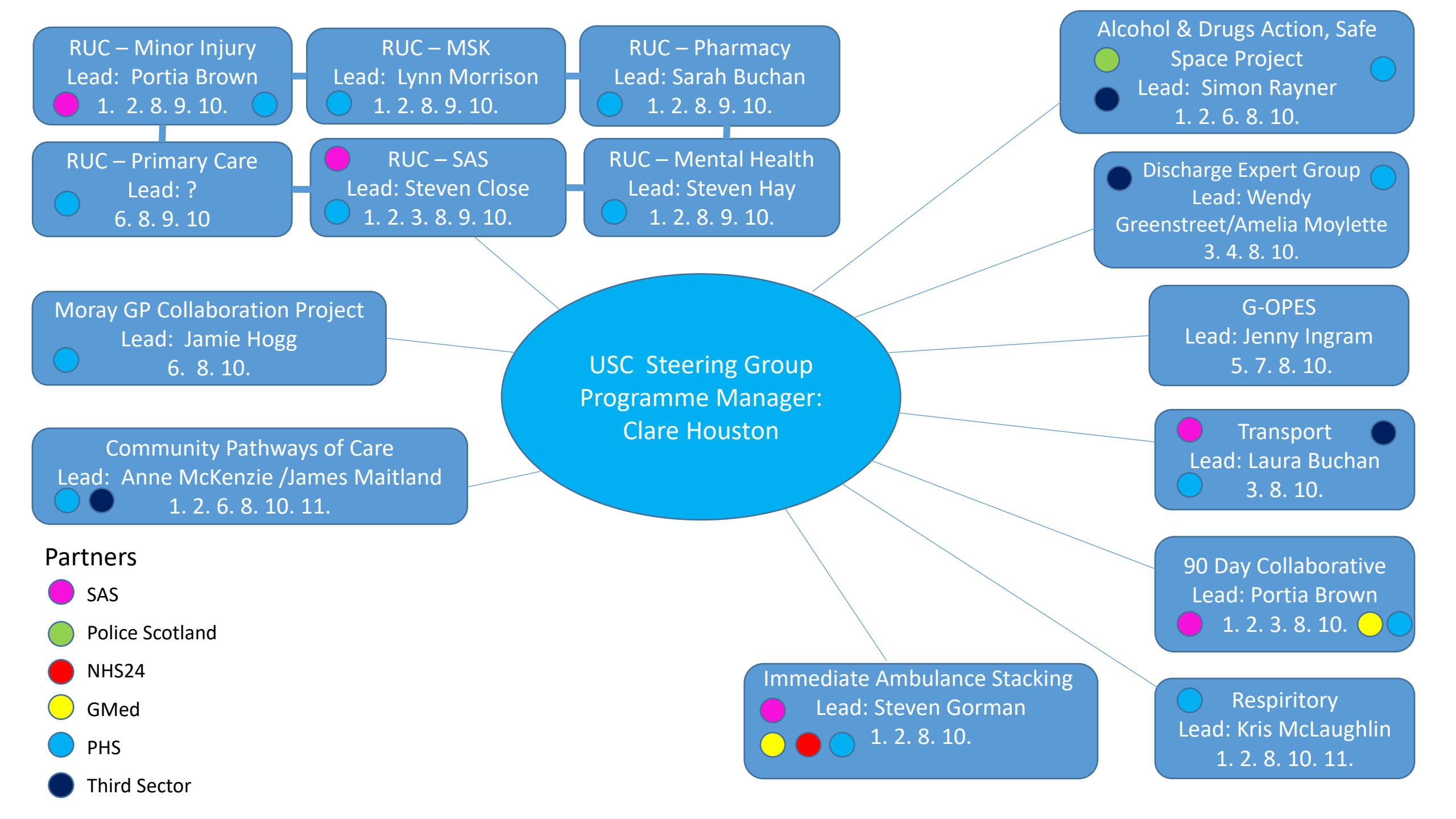

'The Next 6 Months'
RMP 4
Community Voice
SH
Prevention
Service Delivery
For Each
Portfolio
SW PM SBI SM PB JMc
Staff Resilience
+
Wellbeing
TP
Unscheduled Care
Critical
+
Protected
Services
Other Services
Enabling Delivery
Protecting the System
Supporting our Staff
Data Analysis
+
Visualisation
JE
System Surge
(G-OPES)
NF
System
Improvement
Innovation
System
Future Focus

Leadership arrangements

	Pre Pandemic	Operation Rainbow	Remobilisation	operation snowdrop	Third Wave	Operation Iris
Timeline		**Apr – May 20**	**Jun – Dec 20**	**Jan – Mar 21**	**Apr - Sep 21**	**Oct 21 – Mar 22**
Leadership Model	System Leadership Team	Command + Control (Gold)	Chief Executive Team (supported by system leadership)	Command + Control (Gold)	Chief Executive Team	Chief Executive Team (supported by portfolio management system)
Business Model	Operational Sectors	Silver and Bronze Control Teams	Operational Sectors	Silver and Bronze Control Teams	Transitional Portfolio Management System	**Tactical Decisions:** *Portfolio Lead* **Operational Response:** *Daily Connect*
System Changes (in addition to system reconfigurations)		Near Me Office365 COVID Hubs Test + Protect Psychological Resilience Hub Clinical Board Ethics Group	Test & Protect Home First Programme Education Recovery Group Research Recovery Group Vaccination Programme Health+ Wellbeing Programme	Redesign Urgent Care Discharge Hub Transport Hub		G-OPES ED Front Door

RMP4 Immediate Priorities (Sept 21 – March 22)

1. Reducing front door attendances to ED by 10% via public campaigns, maximising use of existing community services, reducing care home attendances of low patient benefit and enhancing the referral pathway to the ARI minor injury unit.
2. Increase efficiency of the pathway (for ED attendances) by 10% to an average of 240 mins per patient.
3. Reduce no of breeches associated with waiting for a bed by 10% by reducing delays in patient transfers to IP beds, optimising the use of the discharge lounge and enhancing the coordination of support services.
4. Continuing discharge lounge capacity, testing and defining whole system plan ready for winter.
5. Implement an operation system escalation plan (G-OPES) which sets out triggers for escalation and response actions.
6. GP/Primary care interface.
7. Operational surge plans (acute and H&SCPs).
8. Improvement of staff wellbeing & resilience.
9. Implementation of RUC Phase 2.
10. Maximise use of digital technologies.
11. Enhance support for people with more complex respiratory needs in the community.


RUC – Minor Injury
Lead: Portia Brown
1. 2. 8. 9. 10.
RUC – MSK
Lead: Lynn Morrison
1. 2. 8. 9. 10.
RUC – Pharmacy
Lead: Sarah Buchan
1. 2. 8. 9. 10.
RUC – Primary Care
Lead: ?
6. 8. 9. 10
RUC – SAS
Lead: Steven Close
1. 2. 3. 8. 9. 10.
RUC – Mental Health
Lead: Steven Hay
1. 2. 8. 9. 10.
Alcohol & Drugs Action, Safe Space Project
Lead: Simon Rayner
1. 2. 6. 8. 10.
Discharge Expert Group
Lead: Wendy Greenstreet/Amelia Moylette
3. 4. 8. 10.
Moray GP Collaboration Project
Lead: Jamie Hogg
6. 8. 10.
USC Steering Group
Programme Manager:
Clare Houston
G-OPES
Lead: Jenny Ingram
5. 7. 8. 10.
Community Pathways of Care
Lead: Anne McKenzie /James Maitland
1. 2. 6. 8. 10. 11.
Transport
Lead: Laura Buchan
3. 8. 10.
90 Day Collaborative
Lead: Portia Brown
1. 2. 3. 8. 10.
Immediate Ambulance Stacking
Lead: Steven Gorman
1. 2. 8. 10.
Respiritory
Lead: Kris McLaughlin
1. 2. 8. 10. 11.
Partners
SAS
Police Scotland
NHS24
GMed
PHS
Third Sector

Winter (21/22), Respiratory Infections in Health and Care settings

Infection Prevention and Control Addendum

Publication date: DD Month YYYY

Version 1.0 Draft

Key changes as we move from the COVID-19 addenda to Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum are;

- Removal of the 3 distinct COVID-19 care pathways (high/red, medium/amber and low/green) to respiratory and non –respiratory pathways
- A return to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM)
- An algorithm to support placement of service users within health and care settings
- Respiratory screening questions to include COVID-19 AND other respiratory pathogens
- Ongoing Rapid testing for COVID-19 AND to now include other respiratory pathogens in some settings

It should be noted that the principles of applying TBPs for service users presenting with a suspected/confirmed respiratory virus/infection **apply at all times throughout the year** however the purpose of this guidance is to support health and care settings when cases of respiratory viruses/infections increase impacting on flow and service delivery. NHS Scotland boards are preparing for an increase in service demand as a result of respiratory infections this winter season (21/22) and this guidance should be implemented to minimise risk and harm to staff, service users and visitors during this period of increased admissions and whilst the COVID-19 pandemic continues. It is intended that this guidance will be reviewed regularly and adapted for use routinely on an annual basis.

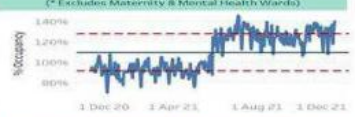
Dr Grays Performance

Hospital Performance	Occupied Beds	% Occupancy	Average Length of Stay	Delayed Discharges	Unscheduled Care	A&E Attendances	A&E Breachers	A&E Performance	Non-Elective Admissions
	110	115%	3.2	8		61	11	82.0%	1
Planned ..	Outpatient >12 wk Wai..	TTG >12 wk Waits	ESCatS 1 >30 days	Virtual Appointments	**Quality ..**	Number of Falls	Complaints	Adverse Events	Violence & Aggression Towards Staff
	3,599	737	30	0		0	0	0	0
Covid (Moray Patients)	Number of Cases	Covid Hospital Inpatients	Covid ICU Inpatients	Covid 111 Calls	**Mental Health**	CAMHs	Workforce	Sickness Absence	Covid Absences
	0	14	0	75		Data in development		Data not currently available on Illuminate	

Hospital Performance

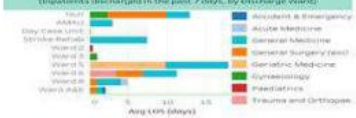
Dr Grays Bed Occupancy
Available Beds | Occupied Beds

Dr Grays Bed % Occupancy
(* Excludes Maternity & Mental Health Wards)



Dr Grays Ward Occupancy
22 Nov 21

Average Length of Stay
(Inpatients Discharged in the past 7 days, by Discharge Ward)

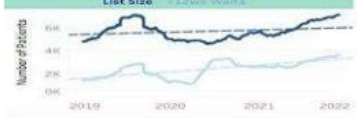


Average Inpatient Length of Stay
(7 day moving average) Elective | Non-Elective

Delayed Discharges

Planned Care

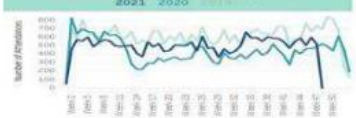
Outpatient Waiting List
List Size | >12wk Waits



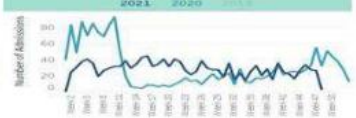
TTG Waiting List
List Size | >12wk Waits

ESCatS1 Waiting List
List Size | >12wk Waits

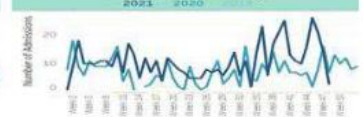
Outpatient Activity
2021 | 2020



Elective TTG Activity
2021 | 2020

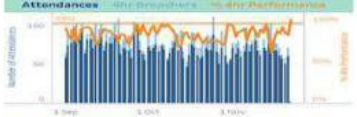


ESCatS1 Activity
2021 | 2020



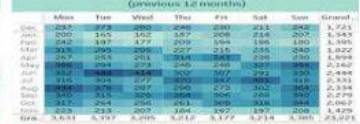
Unscheduled Care

A&E Performance
Attendances | 4hr Breachers | % 4hr Performance



A&E Breach Reasons
(may change following breach validation mee

A&E Attendances
(previous 12 months)



Quality Measures

Datix Summary Bar
(previous 2 weeks)

Datix Summary Table
(previous 4 weeks)

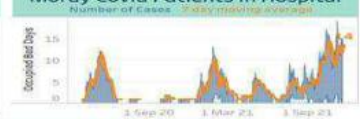
Datix Trend
(previous 6 months)

Covid

Moray Covid Cases
Number of Cases | 7 day moving average

Moray Covid Case..

Moray Covid Patients in Hospital
Number of Cases | 7 day moving average



Designed by Health Intelligence

HSCM DAILY OVERVIEW

23 Nov 21

COMMUNITY HOSPITALS

% Occupancy

Occupied	% Occupied
50	96%

Delayed Discharges

Standard	Complex	Over 14 Days
27	8	25

Acute Transfers to Communit..

Seafield	Stephen	Turner
1		1

Total for week ending: 21 Nov 21

TURAS

Care Homes

% Occupied	Closed to..	Open with ..
92%	0	0

Latest Date: 22 Nov 21

SOCIAL CARE

Number of people waiting for

Social Care Assessment	OT Assessment	Package of Care	Social Care Review
151	522	128	302

Assessed weekly hours unmet

Hospital	Community	Receipt of a care package
338	633	333

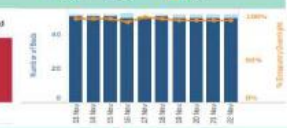
Number of referrals to

Access Team	ASP Team
62	11

COMMUNITY HOSPITAL OCCUPANCY

23/11/2021 16:36:56

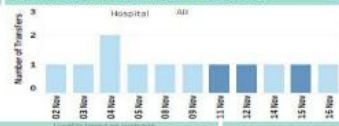
	Open Bed Capacity	Occupied	% Occupied
General Ward, Seafield	23	23	100%
General Ward, Stephen	14	14	100%
General Ward, Turner	15	13	87%
Grand Total	52	50	96%



DISCHARGE PATHWAYS

PLANNED DISCHARGE DATES

TRANSFERS TO COMMUNITY HOSPITAL



	Seafield	Turner
12 Nov		1
14 Nov	1	
15 Nov		1
16 Nov	1	

DELAYED DISCHARGES (Darker the dot the higher the proportion of delays uncoded)

	Buckie	Elgin	Forres	Lossiemo..	Outwith ..	Speyside
13 Nov	10	12	7	2		2
15 Nov	9	12	7	2	1	2
16 Nov	9	11	6	2	1	2
17 Nov	9	11	6	2	1	2
18 Nov	9	12	7	2	1	2
19 Nov	9	12	6	2	1	2
20 Nov	11	12	6	3	1	2
21 Nov	11	12	6	3	1	3
22 Nov	11	12	6	3	1	3

DELAY LOCATION

	Aberdeen Royal Infirmary	Dr Grays Hospital	Pluscarden Clinic	Seafield Hospital	Stephen Cottage Hospital	Turner Memorial Hospital
13 Nov		7		13	7	6
15 Nov		7		12	7	6
16 Nov		6		12	7	6
17 Nov		6		12	7	6
18 Nov		6		12	7	6
19 Nov		6		12	7	5
20 Nov		5	1	14	7	5
21 Nov	1	6	1	14	7	5
22 Nov	1	6	1	14	7	5

REASON FOR DELAY

		Buckie	Elgin	Forres	Lossie..	Speysi..	Outwi..
Standard	Care Home			2	1		
	Care Package	6	4	2		2	
	Other	2	6	2			1
Complex	AWI (51K)	2	2		2		
	Other	1	1				
Code 100	Code 100	1					
Not Coded	Not Coded	1				1	
Grand Total		11	12	6	3	3	1

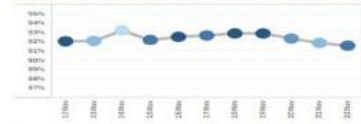
	Standard		Complex		Code 1..	Not Co..
	Care Home	Care Package	Other	AWI (51K)	Other	Code 100	Not Coded
13 Nov		11	15	5		1	
15 Nov		11	15	5		1	
16 Nov	1	9	14	5	1	1	
17 Nov	4	8	12	6		1	
18 Nov	3	8	13	6	2	1	
19 Nov	2	10	11	6	2	1	
20 Nov	3	12	10	6	2	1	1
21 Nov	3	12	10	6	2	1	2
22 Nov	3	12	10	6	2	1	2

LENGTH OF DELAY

		Aberde en Royal Infir..	Dr Gray s Hospi tal	Pluscar den Clin ic	Seafiel d Hospi tal	Stephe n Cotta ge Hos..	Turner Memori al Hos..
Standard	1-3 days		5		2		
	4-14 days		1				
	15-30 days				4	3	
	>30 days				5	4	
Complex	4-14 days						1
	15-30 days						2
	>30 days		1		2		2
Code 100	>30 days				1		
Not Coded	1-3 days	1		1			
Grand Total		1	6	1	14	7	5

CARE HOME OCCUPANCY (The darker the dot the higher the submission %)

Submission Rate: 85.7%



	% Occupied	Residents	Resident Places
Abbeyvale Nursing Home	88%	21	24
Abbeyvale (Care Home)	88%	14	16
Anderson's	86%	44	51
Calvay Nursing Home	93%	39	42
Glenisla Home	88%	37	42
Meadowlark	95%	53	57
Nethorha' House	98%	51	52
Parklands	100%	6	6
Parklands (Care Home) - Buckie	98%	47	48
Spynie - (Care Home)	95%	40	42
Wakefield House Care Home (Cullen)	90%	26	29
Weston View Care Home	80%	10	12
Grand Total	92%	441	486

CARE HOME ADMISSION STATUS

Number of people waiting by locality (All Areas is displayed if locality breakdown is not available)

Date	Locality	Social Care Assessment	OT Assessment	Package of Care	Social Care Review
15 Nov	Buckie	35	122	8	62
	Elgin	42	155	45	121
	Forres/Lossie	41	153	26	89
	Keith/ Speyside	28	92	32	30

Number of hours for assessed individuals unmet

Date	Locality	In Hospital	In Community	In receipt of a care package
15 Nov	Buckie	96	18	58
	Elgin	89	271	109
	Forres/Lossie	81	146	77
	Keith/ Speyside	72	198	89

Number of Referrals

Date	Locality	Access Team	Adult Support & Protection
15 Nov	All Areas		11
	Buckie	14	
	Elgin	18	
	Forres/Lossie	18	
	Keith/ Speyside	12	

Designed by Health Intelligence

For management information purposes only

Moray Approach

The Moray Portfolio SMT will coalesce effort around 5 core outcomes:

- Reduce and reshape demand on services and localities
- Reduce congestion and overcrowding of the hospital Emergency Department
- Optimize discharge pathways across the system
- Enhance resilience and responsiveness of social work and social care
- Develop and inform the Grampian Operational Pressure Escalation System (G-OPES) framework in terms of appropriate Moray portfolio actions to be taken in response to levels of escalation

Key to the successful delivery of care to our population over the winter period will be for services to ***collaborate***, ***coordinate*** efforts in order to better understand and maintain ***control*** service demand.

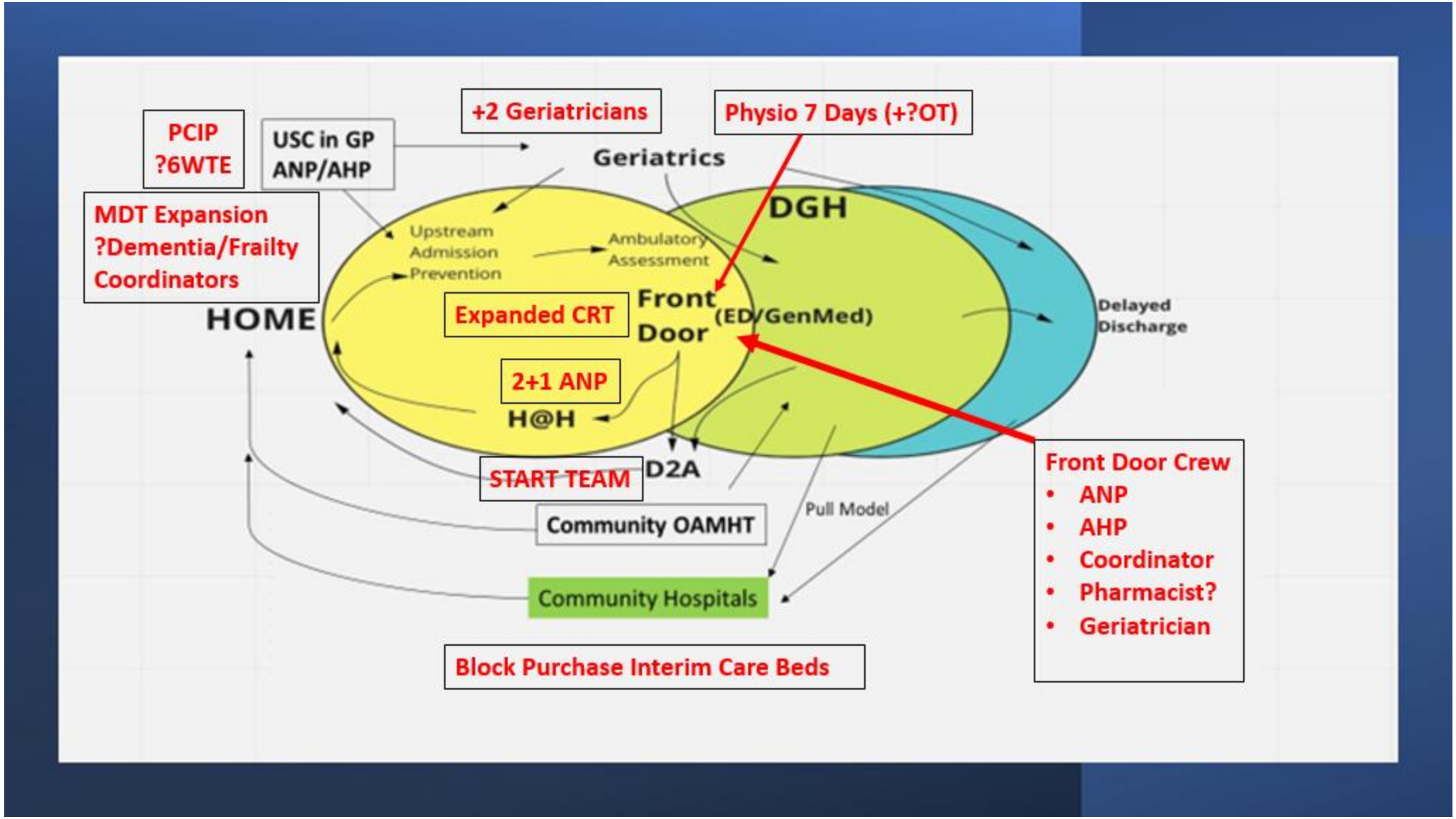
Further actions and measures are described in the plan that aim to ensure optimum operational resilience throughout the winter period, including the festive fortnight, that planning for adverse weather is in place, and that information, communication and escalation priorities and processes exist and are understood.

Current Landscape

- **Operation HomeFirst** was launched in June 2020 as part of the Grampian wide health & social care response to the 'living with COVID' phase of the pandemic. All three Health & Social Care Partnerships (HSCPs) are working together with the Acute services sector of NHS Grampian to break down barriers between primary and secondary care and to deliver more services in people's homes or close to people's homes. We know that outcomes for people who are cared for closer to home are better and we believe that expanding the range of services available to people at home will be of immense benefit to individuals, their families and the wider community.
- The ambition of HomeFirst is to maintain people safely at home, avoiding unnecessary hospital attendance or admission, and to support early discharge back home after essential specialist care.
    - Discharge 2 Assess
    - Delayed Discharges
    - Hospital at Home
    - Prevention and Self-management – Respiratory Conditions
    - Palliative Care pathway
    - Mental Health – psychotherapy service
    - 3rd Sector Involvement

Hospital without Walls

- Hospital without walls is a new model involving all aspects of HomeFirst, unscheduled care, primary/secondary care and acute services being brought together under the umbrella of Hospital without Walls.
- The key objectives of the Hospital without Walls Programme are to establish a system of responsive, seamless, co-ordinated, multi-disciplinary care which helps older people with frailty and multi-morbidity.
- It is the optimisation of resources that will be key to the success of this.
- Building on existing work streams, this programme will support a whole system approach whilst providing support to services and optimising discharge pathways across the system – with a current emphasis on reducing delayed discharges and enhancing resilience of social care.
- A working group will meet monthly and is being headed by Dr Graeme Hoyle, Geriatric Consultant, Dr Lewis Walker, Clinical Lead and management support. Programme support is also being provided by Cathy Young, Head of Transformation.


PCIP
?6WTE
USC in GP
ANP/AHP
+2 Geriatricians
Physio 7 Days (+?OT)
Geriatrics
MDT Expansion
?Dementia/Frailty
Coordinators
DGH
Upstream
Admission
Prevention
Ambulatory
Assessment
HOME
Expanded CRT
Front
Door
(ED/GenMed)
Delayed
Discharge
2+1 ANP
H@H
START TEAM
D2A
Front Door Crew
• ANP
• AHP
• Coordinator
• Pharmacist?
• Geriatrician
Pull Model
Community OAMHT
Community Hospitals
Block Purchase Interim Care Beds

GP Collaboration – Test of Change

- Quality improvement project supported by Dorothy Ross-Archer and involving medical and geriatric consultants, GP leads and practice acute care and community care team
- Early design stage
- Clear potential to improve communication about pathways of care into and out of Dr Gray's Hopsital
- Clear potential to clarify access to community nursing and social work teams
- Team met yesterday and discussed practicalities. More work required to set this at correct level of input. Balance of benefit versus time involved needs further thought

Grampian Operational Pressure Escalation System (G-OPES) Levels 1-4

Level 1

- The acute and community Health & Care system capacity is maintaining flow and are able to meet anticipated demand within available resources.
- Flow is supporting delivery of operating norms.
- The local system areas are taking any relevant actions based on their metrics to maintain this position and communicate this at daily cross-system huddles.
- Core critical business functions are operating with no known or anticipated issues that would adversely affect delivery of clinical and care pathways.
- Additional support is not anticipated to be needed to maintain operating norm

Level 2

- The acute and community Health & Care system is exhibiting signs of pressure (e.g. staffing, demand/capacity, delays to admission and discharge).
- Insufficient discharges across the system to create capacity for predicted demand. Insufficient step down to support flow between acute and community.
- The local system areas will be required to take additional focussed actions in areas showing pressure to mitigate the need for further escalation.
- Enhanced co-ordination and cross-system communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible.
- Each area will agree their further actions being taken and any additional support requirements (e.g. mutual aid)

Level 3

- Actions taken in Level 2 have not succeeded to deliver capacity.
- The acute and community Health & Care system is experiencing major pressures compromising service flow, and these continue to increase (e.g. increase delays in admission and transfer pathways)
- Significant unexpected reduced staffing numbers in areas causing increased pressure on service flow.
- Significant delays in e.g. diagnostics, therapy assessment, discharge for acute and community.
- Further urgent actions are now required across the system by all partners (increased mutual aid across our whole system and partners)
- Each area has activated their specific actions to ensure clinical and care priorities are met (senior decision makers enhanced 24/7, cross-system operational Teams presence and communication, etc.)
- SLT made aware of the rising system pressure with the plan of action being undertaken. Additional support provided as deemed necessary.

Level 4

- Actions at Level 3 have not succeeded to deliver capacity and a decision to move the system to Level 4 will be discussed cross-system with CET.
- Pressure in the acute and community Health & Care system continues and there is increasing potential for clinical care and safety to be compromised.
- Care pathways are significantly disrupted due to capacity and demand not being able to be met.
- Decisive action must be taken collectively to recover capacity and ensure clinical care and safety.
- Enhanced system-wide arrangements agreed re operational and clinical and care leadership.
- If pressure continues for more than XX days all available escalation plans are revised, actions allocated and coordinated, external support considered.

Metrics, Goals & Actions

‘First-cut’ Metrics - used to inform the Daily System Connect (DSC) meetings at 0930, 1330 and 1700

- Red Staffing
- Amber Staffing
- SAS Waits - current stacking
- Current ED Waits for beds - number
- Medical Bed Occupancy % - or number of medical patients above 60
- Vacant Beds - current
- Forecast Beds - midnight position
- Overall GOPES score = Level 1-4

PLUS

- Patient Safety concerns
- Current ED performance %
- Patients awaiting next stage of care - DDs, C Hosp waits and ARI transfers (e.g. Angio waits)
- Emergency Theatre delays - yes or no
- Urgent Planned Surgery going ahead - yes or no

Winter Preparedness

- Implementation of the Action Plan (Appendix 2)
- Continued daily assessment of the level of escalation
- Close monitoring of staffing levels