Moray Winter Preparedness Action Plan (2021/22)

Sector Area: Moray Portfolio – Dr Gray's Hospital & Health & Social Care Moray

1. Introduction

Hospital without Walls Home First remains a priority for HSCM and Dr Gray's who are now taking forward various programmes of work through the Home First Delivery group e.g. Discharge 2 Assess, Hospital @ Home, prevention and self-management, ambulatory care, delayed discharge etc. Through the Moray Portfolio the Home First Delivery group have recognised the need to pull these together whilst also considering the overall patient pathway and have done so under the umbrella of Hospital without Walls.

This creates a new programme involving all aspects of Home First with unscheduled care, primary/secondary care and acute services.

The key objectives of the Hospital without Walls programme is to establish a system of responsive, seamless, co-ordinated, multi-disciplinary care supporting older people with frailty and multi-morbidity.

This programme is being divided into 2 broad areas:

• High Acuity Centralised Service

• Low Acuity Centralised Service

The Home First work streams will be pulled together creating multi-disciplinary teams who can support patients in the community, front door of Dr Gray's and inpatients to reduce and reshape demand and optimise discharge pathways etc. The programme is being progressed at pace and will be guided by **five outcomes**.

A. To reduce and reshape demand on services across our localities
B. To reduce congestion and overcrowding of the hospital Emergency Department
C. To optimize discharge pathways across the system
D. To enhance resilience and responsiveness of social work and social care, and
E. To develop and inform the Grampian Operational Pressure Escalation System (GOPES) framework in terms of appropriate Moray Portfolio actions to be taken in response to levels of escalating system pressure

Further actions and measures are described in this 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.

2. Action Plan for Winter 2020/21

A. Reducing and Reshaping Demand for Services across our Localities

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Decision Support function to be established that supports Ambulatory pathways and hospital admission avoidance and reduces readmissions of patients with complex needs.	Hospital Clinical Director	Unscheduled demand is reshaped and reduced and hospital admissions are avoided Separate flows in ED	31/12/21	
2	Arrangements to support disease specific pathways to be developed – frailty, respiratory, palliative care, RSV.	Hospital Clinical Director	Reduced bed days, length of stay, waits and delays.	31/12/21	
3	Winter bed plan requires to be confirmed to establish allocated beds across all specialties, including options and plan for surge capacity escalation commensurate with safe staffing levels.	Hospital Senior Triumvirate	Clarity of bed base and associated workforce arrangements across MDT, elective activity planning and contingency planning in case of activity surge beyond agreed bed capacity An agreed Escalation Bed Plan is understood and followed	10/12/21	In progress – DRAFT bed plan ready for discussion

4	Critical & Protected service profile to be described.	Unit Teams	Critical services and winter planning priorities are delivered and maintained throughout winter months. Impact of focussing on delivery of critical functions and associated risks is understood. Potential staffing resource released is described	16/12/21	
5	Introduction of the 'Frailty Bundle' in the ED Clinical Decisions Unit	USC & Medicine Unit Team	Early identification of patients requiring Comprehensive Geriatric Assessment.	31/3/22	
6	Early MDT / Golden Ward Round approach to frail patients in ED / CDU to link to CRT and Comprehensive Geriatric Assessment	USC & Medicine Unit Team	Early identification of patients requiring Comprehensive Geriatric Assessment.	31/12/21	
7	Develop clear pathways for patients with mental health concerns including the roll out of brief intervention	DBI Service, Moray / DD Steering Group	Refer in. People are contacted by phone and can use Near Me. 2 weeks follow up with DBI service	31/3/22	Various funding streams are being pulled together to support the interface. Having to recruit again for resource to take this forward.
8	MDT upstream planning at local level	Locality Managers	Reduce requirement for admission Early intervention preventing need for crisis presentations	31/3/22	Table top session with Geriatrician and MDT in place in some localities. Locality oversight groups to be developed to encourage and identify local networking opportunities. Analysis of locality profile data at strategic level to be undertaken.

B. Reducing Congestion and Improving system flow

B.1 Reduce congestion and overcrowding of hospital emergency department

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Flow 1 Urgent Care ED attendances to be reduced and low-acuity patients to be redirected to other care providers	Medicine and USC Unit Team	Reduce ED congestion to maintain a safe environment for patients and staff. Minimise inappropriate attendance to ED Minor injuries to be scheduled separate flows in ED		
2	ED team change the way of working to facilitate a senior review of admissions, An SOP developed in 2017 to be considered.	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
3	Earlier in the day discharges to match peaks of ED attendances and hospital admissions.	HLT	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
4	Better use of 111 Mental Health hub for appropriate patients	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
5	Physiotherapy and Occupational Therapy support available in ED	PT & OT leads	Unscheduled demand is reshaped and reduced and hospital admissions are avoided		

6	A work plan to be developed with SAS to minimise delays/lost SAS hours at ED	Unit Teams and Hospital Senior Triumvirate	SAS capacity is maximised and responsive to local demands		
7	Hospital Social Work capacity to be increased to support the Hospital ED. 2 wte posts will provide an on-call response.	Lesley Attridge/Kay McInnes/Louise Pearson	Unscheduled demand is reshaped and reduced and hospital admissions are avoided. Navigation to CRT is enhanced. Improved communications between ED, SW and the wider hospital MDTs.		
8	Use of handover tool on Trak ED and porters to take patients to ward releasing nurse capacity back to the ED	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
9	Use of porters (+/- volunteers) to take bloods to labs	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
10	Protected triage nurse function to ensure department safety, rapid direction and redirection for patients in waiting room	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		
11	Offload Flow Navigation Centre work to central function to preserve senior staff capacity	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		

12	Cohort respiratory paediatric patients in the PSSAU	Medicine and USC Unit Team	Patient placement is optimised to support effective patient flow. ED congestion is minimised.		

C. Optimize discharge pathways across the system

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Ensure systems and processes are in place and applied consistently to promote efficient discharge planning and patient placement	Unit Teams S & C Team Discharge Coordinator	Discharge planning starts at the point of admission; PDDs are in place for all patients Daily Dynamic Discharge process is in place CDDs are started on admissions Patients suitable for boarding are identified daily Next day discharges are identified Criteria led discharge to support weekend discharges Covid Swab processes are compliant Side room SOP and register is maintained	31/12/21	Ability to carry out 7 Day Discharge is being reviewed to establish what resources are required relating to availability of decision makers, support of Social Workers, AHP, Pharmacy Care home providers, Learning Disabilities team. Third sector etc. Additional funding for MDT has been announced through SG. A Discharge co-ordinator has handed in notice – this is a key role and will need replaced urgently.
2	Improve efficiencies, length of stay and throughput in HDU to ensure patient outcomes are optimised.	Unit Teams / Chief Nurse	Patient placement is optimised to support effective patient flow	30/12/21	Criteria led discharge to be developed at pace within community hospitals

3	Home First – Hospital @ Home; Discharge 2 Assess; Community Resource Teams DGH Teams to engage with these workstreams and develop pathways to support effective hospital patient flow	Unit Teams and Delayed Discharge Steering Group	Unscheduled demand is reshaped and reduced and hospital admissions are avoided Delays in care transitions are minimised	31/12/21	Emerging Hospital Without Walls approach with proposal for rapid assessment team establishment. Medically Fit for discharge definition is being considered at Grampian wide perspective to clarify definitions and terminology – awaiting outcome.
4	An action plan to reduce Delayed Discharges is developed that maximises the use of available physical capacity across the system.	Delayed Discharge Steering Group	Delays in care transitions are minimised and capacity optimized.	31/3/22	Action plan in place and progressed monitored closely. Focus on:- • Admission prevention • Flow through hospital • Discharge pathways Fortnightly steering group meetings to review prioritisation and address any issues. Progress updates to SMT. Includes 6 month pilot underway at Stephen Hospital to identify and support unpaid carers, identification of opportunities to involve volunteers and 3rd Sector to assist in hospital and community and review of pathways for End of Life / Long Term care
5	Review of requirements to achieve 7 Day Discharges	DD Steering Group	Maintain flow Reduction in Delayed discharges	31/12/21	Review hours working and ensure cover over 7 day working over winter and ensure all other elements are in place (transport / medication / care at home / equipment etc to support)

	Communicate systems in place to avoid admissions ie Pitgaveny Team, Redirection, Treat and Transfer, SAS Decision Support and consider options to increase Interim beds	DD Steering Group	Prevent unnecessary admissions Increase options for interim bed placements to provide support to the system	31/12/21	Lack of interim beds is causing blockages. Additional interim beds being sought with additional Scottish Govt funding. Additional capacity being sought in local care homes. Opportunity for expanding short term beds in sheltered housing being discussed with Housing.

D. Enhance resilience and responsiveness of social work and social care

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Roll out of the 3 Conversations model across all health care settings. DGH first adopter site.	Hospital Leadership Team/Jane Mackie	Remove traditional approaches to 'prescribing' care to reduce demand on social work and social care resources.	31/3/21	
2	Establish a 'roving' Integrated Therapy Team to provide early intervention for patients identified through frailty bundle approach in ED	USC & Medicine Unit Team & AHPs	Reduced bed days, length of stay, waits and delays, demand on social care and improve patient outcomes	31/12/21	Increased Physio availability over 7 days with temporary funding. Additional funding from SG to be used to provide resource for Home First MDT at front door. Two week trial underway with direct contact for social work support at Emergency Dept.
3	Reducing Gaps in Social Care – Implementation of Action Plan	CSWO / SMT / Delayed Discharge Steering Group	Reposition Social Work Work collaboratively with all professions :- a) to consider priorities for delivery of social care b) to seek alternatives to social care support	31/3/22	Work progressing on several actions. Review of existing packages to be completed 31/12/21. Review of current practice of evaluation to ensure fit for purpose is in progress. New tender contract with single provider in place – developing SDS, 3 Conversations and adult review models collaboratively Whole system plan for 3 conversation model to be progressed.

E. Development of Operational Escalation System (including operational resilience)

E.1 G-OPES

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Develop G-OPES framework and implement to provide overview of pressure points for Moray to be shared with NHSG	SMT	Standardised system of assessment is in place across the Grampian Health and Social Care that describes the pressures and facilitates strategic decisions. Moray Portfolio is assessed daily and pressures are understood and actioned accordingly.	1/12/21 Phase 1 31/01/22 Phase 2 31/3/22 Phase 3	Phase 1 implemented – professional assessment of level undertaken daily Phase 2 –teams detail action plans at each level, submit escalated levels – development in progress Phase 3 – metrics and triggers identified for Moray system – in progress. Daily overview dashboard in place.
2	G-OPES framework is clearly understood by DMs, S&C and SNPs	Hospital and Unit Operational Managers	Escalation triggers and actions are consistently applied commensurate with site and system pressures	31/12/21	First phase Implemented

E.2 Maintain Staff and Patient health, safety and wellbeing

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Identify with staff what H&WB resources and support will be useful in anticipation of winter pressures.	Safer Workplaces Group Partnership Reps	Staff have access to meaningful resources and support at all times.	ongoing	Staff are regularly reminded about need for use of appropriate PPE, safe distancing on regular basis. Support for wellbeing is available on line and also through counselling.

E.3 Operational Resilience

ref	Actions to date/required	By whom	Outcome	Target Date	Progress update
1	Regular meetings to prioritise system issues	System Leadership Group	All senior managers aware of potential system issues and can prioritise where resources go	matters for escalation to Response Group or Heads of Service	Implemented – Response meetings in place and attendance of Daily connect meeting at NHSG
2	Critical functions identified and prioritisation of services /functions to be agreed.	SLG	Already done in response to COVID-19		Critical functions are identified – however following every disruptive incident they are reviewed to ensure appropriate prioritisation.
3	Festive rotas to be put in place and communicated across health and social care.	SLG	Increased capacity to manage an increased number of service contacts if required	1/12/21	In place Will continue to monitor service demand, defer to surge plan if necessary

E.2 Information, Communication and Escalation

ref	Actions to date/required	By whom	Outcome	Target	Progress update
1	Adopt a systematic use of illuminate to monitor hospital level key performance measures.	HLT/ SLG	Hospital dashboard is used systematically over winter period Daily Overview dashboard for HSCM	November 2021	Implemented and ongoing
2	Tactical Operating Model for DGH is refreshed and circulated widely	Hospital Manager	System wide understanding of DGH winter plan	12/12/21	

3	Communicate winter preparedness 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.	12/12/21	Will be circulated end of November / early Dec.
4	Moray Control Centre email is used as mechanism of managing information / escalation process	Senior Management Team		ongoing	In place