Audit, Performance and Risk Committee

Monday, 06 December 2021

SUPPLEMENTARY AGENDA

The undernoted reports have been added to the agenda for the meeting of the **Audit, Performance and Risk Committee** to be held at **To be held remotely in various locations**, on **Monday, 06 December 2021** at **14:00**.

AGENDA

REPORT TO: **MORAY INTEGRATION JOINT BOARD AUDIT, PERFORMANCE AND RISK MEETING 6 DECEMBER 2021**

SUBJECT: **MORAY WINTER PREPAREDNESS PLAN 2021/22**

BY: **CHIEF OFFICER**

1. REASON FOR REPORT

1.1. To inform the Committee of the Health and Social Care Moray Winter Preparedness Plan for 2021/22.

2. RECOMMENDATION

2.1. It is recommended that the Committee considers and notes:-

i) that Health and Social Care Moray (HSCM), including GMED (the NHS out of hours service) have robust and deliverable plans in place to manage the pressures of surge at any time of the year including the festive period; and

ii) that the Moray Winter Winter Preparedness Action Plan 2021/22 incorporates actions that focus on the immediate pressures on flow within the Moray Portfolio

3. BACKGROUND

3.1. Winter/surge planning is a critical part of operational business to ensure business continuity during a potentially pressured time of the year. There is already significant pressure on the health and care system in Moray and the wider Grampian system. It is anticipated that the winter period 2021/22 will see various respiratory infections that will increase the pressure already being felt from Covid-19 pandemic.

3.2. Services have been requested to review their business continuity plans and review prioritisation of critical functions in anticipation of the increased pressure and the recent impacts of Storm Arwen.

3.3. Daily and weekly cross system connect meetings are in place as part of NHS Grampian Operation Iris which is the critical incident management structure that has been instigated to oversee the pressures in the health system across Grampian.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1. System flow is one of the key challenges to be addressed through the Moray Transformation Board, which has oversight of the Dr Gray's Hospital redesign and the Home First programme in Moray, as HSCM continue to take forward learning from Covid-19 and opportunities for redesign. **Appendix 1** outlines the approach being taken across Grampian and sets out the key aspects for Moray.

4.2. The importance of sustaining the principles of the Daily Dynamic Discharge approach across all inpatient areas is key to effective discharge planning and management.

4.3. Planning to progress adoption of the 3 Conversation Model across the whole system has commenced and it is anticipated the first innovation site will be identified for commencing a thirteen week phase, by the end of December.

4.4. A debrief was held in early 2021 to identify lessons learned from previous year's winter/surge plan. The attached winter preparedness action plan (**APPENDIX 2**) has been informed from lessons learned, the remobilisation plan and key focus areas for reducing delays in the system.

4.5. GMED updated the Surge Plan for Out of Hours Urgent Care following learning from 2020/21 and continue to review / amend as necessary throughout the year to ensure robust, effective and agreed plans for the delivery of primary care out-of-hours services during surge.

4.6. A detailed operational plan will be created for staff providing key pieces of information, rotas, contacts and documentation based on the attached action plan for over the festive period the cover the Moray Portfolio.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Moray Partners in Care 2019 – 2029"
In line with the strategic themes set out in MIJB Strategic Plan.

(b) Policy and Legal
None arising directly from this report.

(c) Financial implications
Additional funding has been made available by Scottish Government to support the increased pressures in the system, including those presented by the winter period. The senior management team are assessing where the funds should be applied for greatest benefit and approvals will be sought as appropriate

(d) Risk Implications and Mitigation
Any risks relating to the surge plans will be considered and recorded on the operational risk register and escalated where necessary to the appropriate responsible officer.

(e) Staffing Implications

None arising directly from this report, however staffing is of significant relevance throughout this period as winter ailments will also affect staff. Staff levels will be under constant review and actions taken as appropriate to mitigate risk. Each year staff are offered the flu vaccination to help reduce the risk of catching the infection at work.

(f) Property

None directly arising from this report. However, HSCM is mindful of the impact of property issues over the winter period i.e. access due to weather. Contingency plans are in place to mitigate risk.

(g) Equalities/Socio Economic Impact

An Equalities Impact Assessment is not required as there are no changes to policy as a direct result of this report.

(h) Consultations

Consultation on this report has taken place with the following staff who are in agreement with the content in relation to their area of responsibility:

- Hospital Manager, Dr Grays
- Sean Coady, Head of Service, HSCM
- Chief Financial Officer, MIJB
- Tracey Sutherland, Committee Services Officer, Moray Council

6. CONCLUSION

6.1. HSCM have worked closely with all key stakeholders to establish local plans in line with national guidance and good practice that aim to provide additional capacity for the anticipated increase in demand for services over Winter 2021/22.

Author of Report: Jeanette Netherwood, Corporate Manager
Background Papers: with author
Ref:

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)

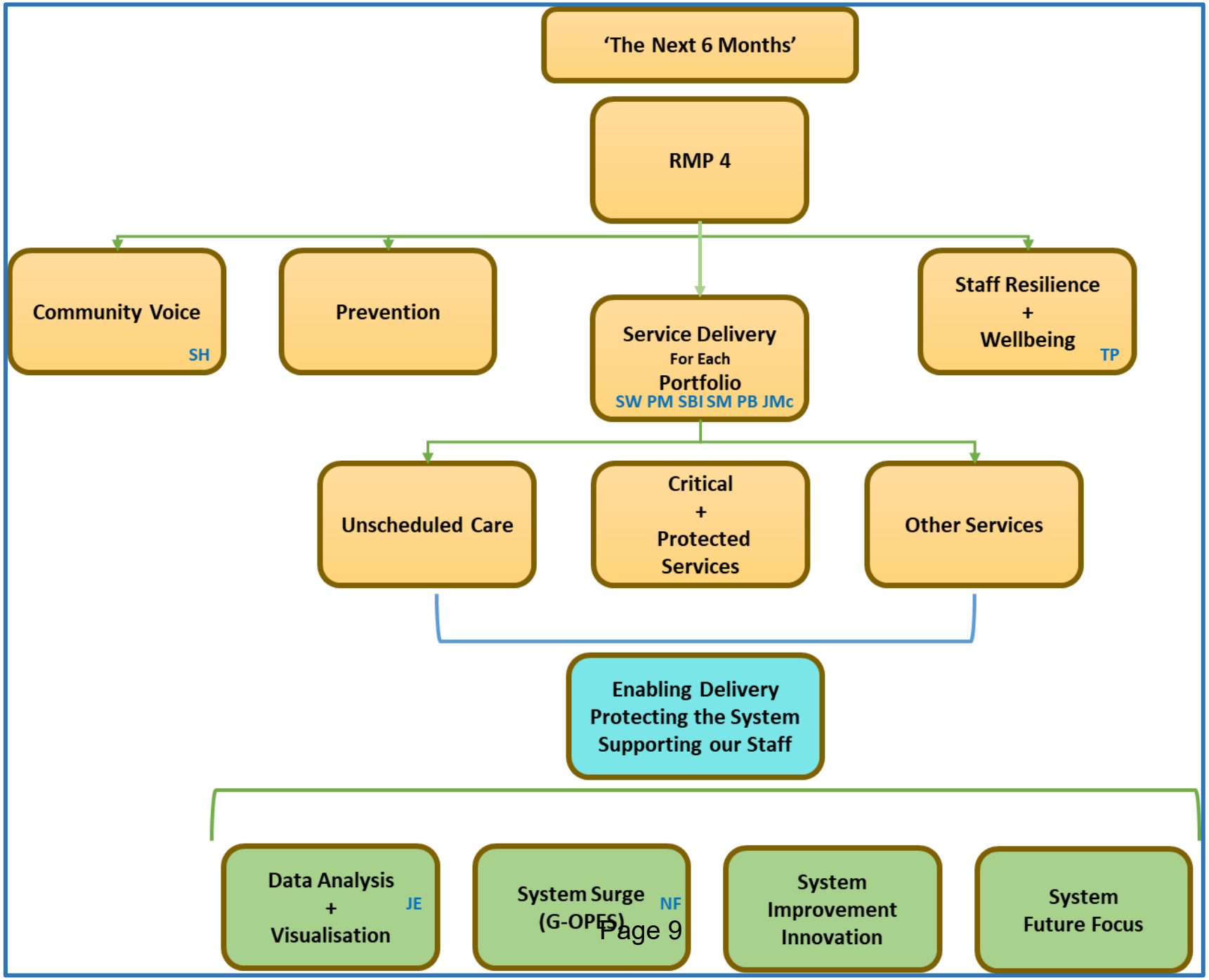
E. **Creating a Sustainable Future** (8 & 9)

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

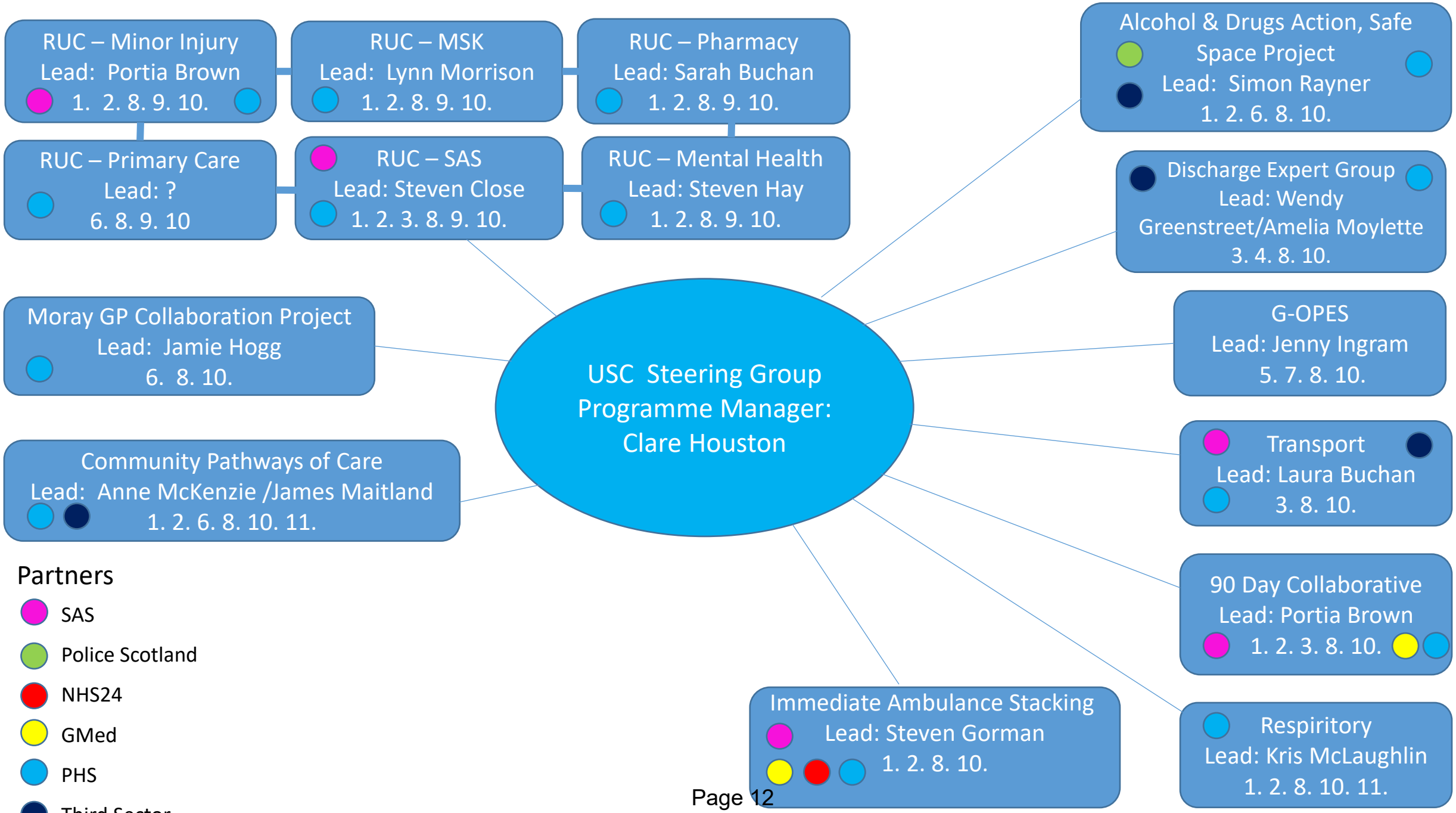

'The Next 6 Months'
RMP 4
Community Voice
SH
Prevention
Service Delivery
For Each
Portfolio
SW PM SBI SM PB JMc
Staff Resilience
+
Wellbeing
TP
Unscheduled Care
Critical
+
Protected
Services
Other Services
Enabling Delivery
Protecting the System
Supporting our Staff
Data Analysis
+
Visualisation
JE
System 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

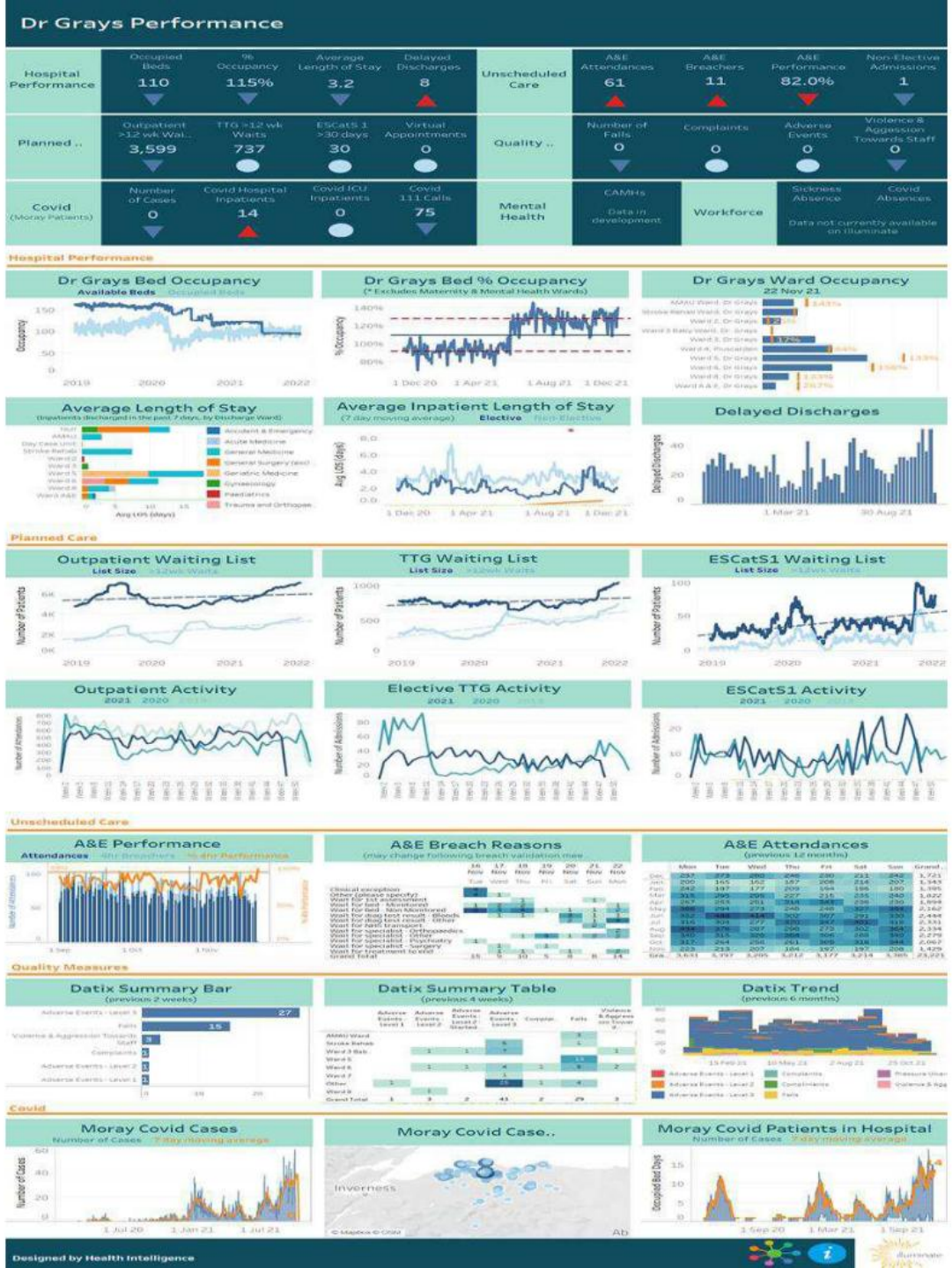
Publication date: DD Month YYYY

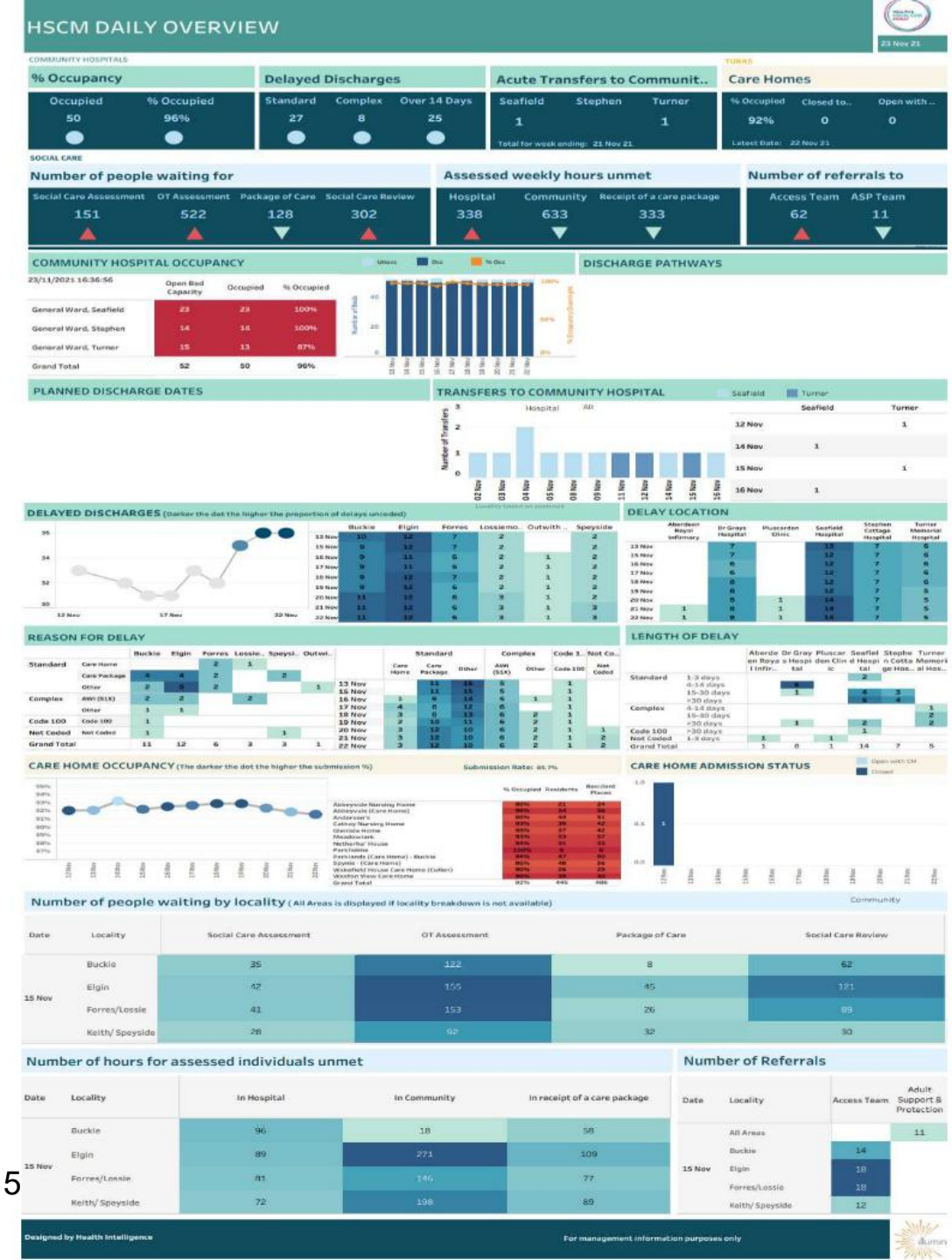
Version 1.0 Draft

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 110
% Occupancy 115%
Average Length of Stay 3.2
Delayed Discharges 8
Unscheduled Care
A&E Attendances 61
A&E Breachers 11
A&E Performance 82.0%
Non-Elective Admissions 1
Planned ..
Outpatient >12 wk Wai.. 3,599
TTG >12 wk Waits 737
ESCatS 1 >30 days 30
Virtual Appointments 0
Quality ..
Number of Falls 0
Complaints 0
Adverse Events 0
Violence & Aggression Towards Staff 0
Covid (Moray Patients)
Number of Cases 0
Covid Hospital Inpatients 14
Covid ICU Inpatients 0
Covid 111 Calls 75
Mental Health
CAMHs
Data in development
Workforce
Sickness Absence
Covid Absences
Data not currently available on Illuminate
Hospital Performance
Dr Grays Bed Occupancy
Available Beds
Dr Grays Bed % Occupancy
(* Excludes Maternity & Mental Health Wards)
Dr Grays Ward Occupancy
22 Nov 21
Average Length of Stay
Average Inpatient Length of Stay
Elective
Delayed Discharges
Planned Care
Outpatient Waiting List
List Size
TTG Waiting List
ESCatS1 Waiting List
Outpatient Activity
Elective TTG Activity
ESCatS1 Activity
Unscheduled Care
A&E Performance
A&E Breach Reasons
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
Moray Covid Case..
Moray Covid Patients in Hospital
Inverness
Designed by Health Intelligence


HSCM DAILY OVERVIEW
23 Nov 21
COMMUNITY HOSPITALS
% Occupancy
Occupied 50
% Occupied 96%
Delayed Discharges
Standard 27
Complex 8
Over 14 Days 25
Acute Transfers to Communit..
Seafield 1
Stephen
Turner 1
Total for week ending: 21 Nov 21
TURAS
Care Homes
% Occupied 92%
Closed to.. 0
Open with .. 0
Latest Date: 22 Nov 21
SOCIAL CARE
Number of people waiting for
Social Care Assessment 151
OT Assessment 522
Package of Care 128
Social Care Review 302
Assessed weekly hours unmet
Hospital 338
Community 633
Receipt of a care package 333
Number of referrals to
Access Team 62
ASP Team 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)
DELAY LOCATION
REASON FOR DELAY
LENGTH OF DELAY
CARE HOME OCCUPANCY (The darker the dot the higher the submission %)
Submission Rate: 85.7%
CARE HOME ADMISSION STATUS
Number of people waiting by locality (All Areas is displayed if locality breakdown is not available)
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
15 Nov
Buckie 96 18 58
Elgin 89 271 109
Forres/Lossie 81 146 77
Keith/ Speyside 72 198 89
Number of Referrals
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.

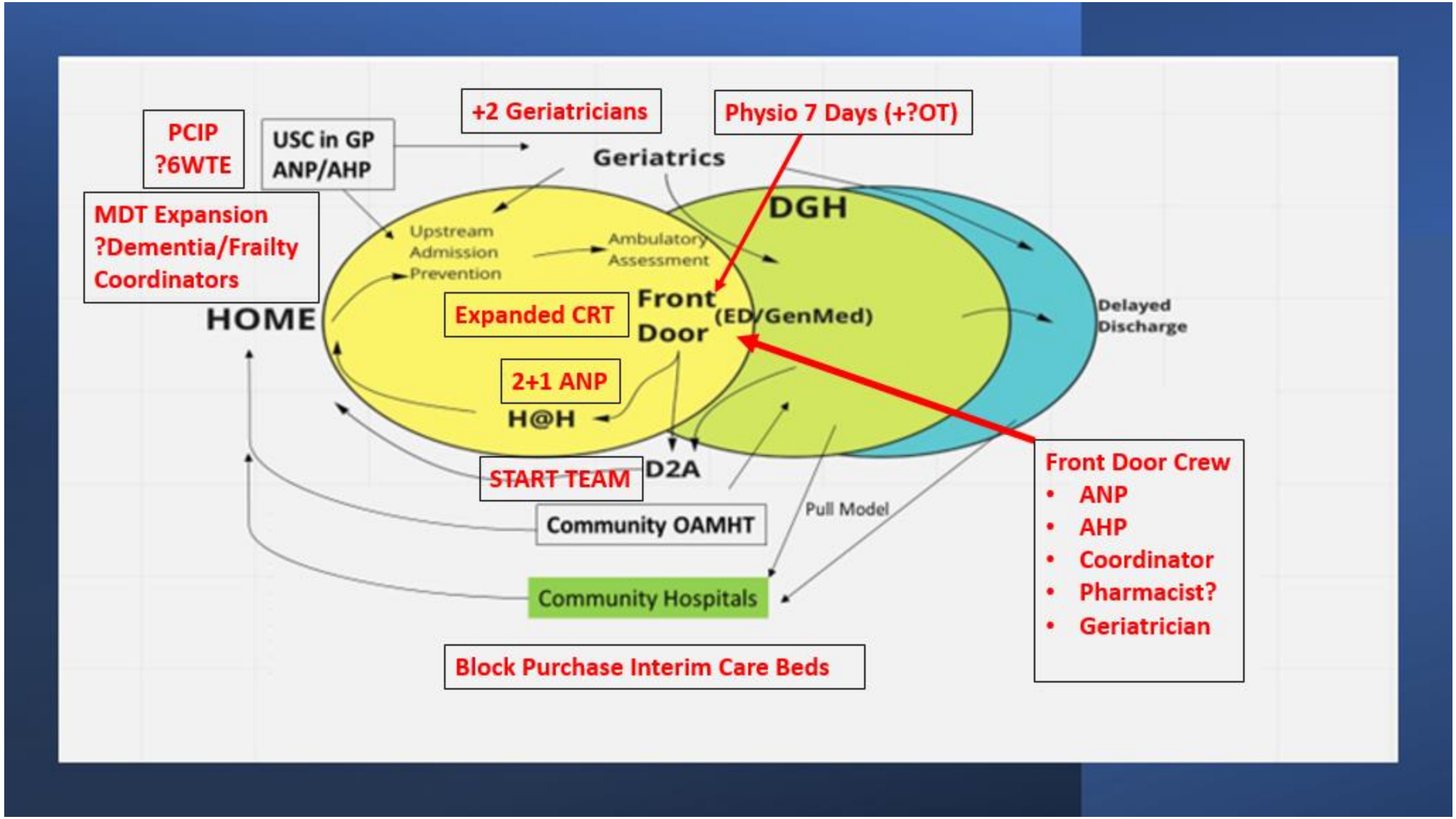
Further actions and measures are described in the plan that aim to ensure optimum operational resilience throughout the winter period, including the festive fortnight, that planning for adverse weather is in place, and that information, communication and escalation priorities and processes exist and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

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