



# Moray Surge Plan 2018/19

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On behalf of the Management Team of Health & Social Care Moray and Dr Grays Hospital

**Approver:**

Moray Integration  
Joint Board

**Review Date:**

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**Approved Date:**

The information supplied in this plan is correct as at 30<sup>th</sup> October 2018



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## Introduction

Each year Health and Social Care in Moray, including the Acute Sector in Dr Gray's Hospital is subject to fluctuating pressures in the movement of patients into and out of hospital.

Increasing pressure tends to be over the festive period and into January when there is more pressure to admit people into hospital or to manage people within their own homes.

The key to successful Winter Planning is to ensure that wherever possible we pre-empt season specific challenges as well as having a robust Unscheduled Care Plan reflecting the recommended 6 essential actions.

This includes ensuring flow through additional surge capacity within the Acute Sector and by collaboration with our Health and Social Care Moray colleagues to ensure continuity of Social Care access.



## Dr Grays Hospital

Ward	Bed compliment	Surge beds	SCN / SSN	Speciality
General Medicine	22	4 (1) from Spring 2019	Helen Balmer Lisa Anderson Fiona Bell	Medical
ACE Unit	10	0	Helen Balmer Lisa Anderson Fiona Bell	Acute care of the Elderly
AMAU	3	4 (assessment beds)	Fiona Stewart	Medical assessment
SW	8	0	Fiona Stewart	Stroke
HDU	8	4 ( non HDU patients only)	Julie McKenzie Lana MacDonald	High dependency – all adult specialities
5	30	0	Tracey Kramer-Taylor Gillian Main Angela Darnley	Surgical / Gynae
6	30	0	Laura Ferguson Kenny McKenna Marilyn Young	Orthopaedic (22 beds) Medical (8 beds)
SAU	4	3 (assessment beds)	Tracey Kramer-Taylor Sandra Clegg	Surgical assessment
DCU	0 (19 trolleys)	3	Michelle Simmons Shirley Taylor	Day Case
CDU	5	0	Helen Mellis Ian Darcy	Clinical Decision Unit



## Moray Winter Surge Plan 2018-19

### Surge beds within Dr Grays Hospital

General Medicine at present has the ability to accommodate an additional 4 beds however these beds would require additional staffing and patient acuity would also have to be considered before utilising this option. There are ongoing improvements planned for this ward which will impact on the amount of additional beds, this will lower the number of potential surge beds from 4 to 1. This work is planned to start around spring time 2019.

Both assessment areas - Surgical Assessment Unit and Acute Medical Assessment unit (SAS & AMAU) ) have the ability to convert assessment beds into inpatient beds, however this has a major impact on flow throughout the hospital especially within the Emergency Department (ED) and therefore this should only ever be considered as a last resort option.

High dependency unit (HDU) has 10 physical beds in place but is only staffed for 6 HDU patients, there may be times when they can accommodate a further 4 non HDU patients however this will depend on patient acuity and staffing levels.

Day case is currently utilised fully throughout the week and at weekends some of the ward is used for other projects, the ability to use 3 beds as surge beds within 1 bay (room 1) may fluctuate. The use of these beds as surge beds would require additional staffing resources to be available.

**NB: This information refers to the current footprint. However, reconfiguration is taking place and this footprint will change.**

### Action Plans for Surge

Speciality / Ward Specific	Ward	Responsible Person
Medicine	Open 4 beds in General Medicine Unit	Duty Manager in conjunction with SCN of that area
	Convert 4 assessment beds to inpatient beds within AMAU	
Surgical	Convert 3 assessment beds to inpatient beds within SAU	
Any adult specialty	Open 4 beds within HDU for non HDU patients	
	Open 3 beds within Day Case Unit (Room 1)	

Divisional	
Action	Responsible Person
Whole System Response: Planned and Emergency huddles to reduce admissions and facilitate early discharge including maximising use of Community Hospitals and use of spot purchased Nursing Home Beds.	DGM Duty Manager Community Hospital Manager Social Work
Last resort negotiate transfer of patients to Aberdeen Royal Infirmary or Raigmore	DGM Duty Manager



## **Elective Activity for all Surgical Specialities over the Festive Period (Day Case Unit, Ward 5, Ward 6)**

Mon	24 Dec	Normal Activity
Tue	25 Dec	Emergencies only
Wed	26 Dec	Emergencies only
Thurs.	27 Dec	Day Cases, Urgent and Emergencies only
Fri	28 Dec	Day Cases, Urgent and Emergencies only
Sat	29 Dec	Emergencies only
Sun	30 Dec	Emergencies only
Mon	31 Dec	Day Cases, Urgent and Emergencies only
Tue	1 Jan	Emergencies only
Wed	2 Jan	Emergencies only
Thurs.	3 Jan	Day Cases, Urgent and Emergencies only
Fri	4 Jan	Day Cases, Urgent and Emergencies only
Sat	5 Jan	Emergencies only
Sun	6 Jan	Emergencies only
Mon	7 Jan	Normal Activity

Normal activity will be maintained up to and including 24<sup>th</sup> December and will resume 7<sup>th</sup> January 2019. Between these dates, Inpatient activity will be maintained for Urgent and Emergencies only.

*For information regarding postponement of planned elective work please refer to: the Standard Operating Procedure "Postponement of Elective Work Dr Grays Hospital" found within the appendices.*



## FESTIVE Service Available within Dr Grays Hospital – information to follow

Dr Grays Hospital	Mon 17.12.18	Tues 18.12.18	Wed 19.12.18	Thurs 20.12.18	Fri 21.12.18	Sat 22.12.18	Sun 23.12.18
INPATIENT AREAS							
OPD							
PHYSIOTHERAPY							
OCC THERAPY							
DIETETICS							
SLT							
PHARMACY							
LABS							
RADIOLOGY							
THEATRE	Normal	Normal	Normal	Normal	Normal	Emergency Only	Emergency Only
SITE & CAPACITY							
PHLEBOTOMY							
SITE NURSE PRACTITIONERS							



<b>Dr Grays Hospital</b>	<b>Mon 17.12.18</b>	<b>Tues 18.12.18</b>	<b>Wed 19.12.18</b>	<b>Thurs 20.12.18</b>	<b>Fri 21.12.18</b>	<b>Sat 22.12.18</b>	<b>Sun 23.12.18</b>
<b>PORTERS</b>							
<b>ADMIN STAFF</b>							
<b>DOMESTICS</b>							
<b>CANTEEN</b>							
<b>RESUS</b>							
<b>INFECTION CONTROL</b>							
<b>MACMILLAN TEAM</b>							
<b>WARD PROCUREMENT</b>	Normal Service	Normal Service	Normal Service	Normal Service	Normal Service	No Service	No Service





<b>Dr Grays Hospital</b>	<b>Mon 24.12.18</b>	<b>Tues 25.12.18</b>	<b>Wed 26.12.18</b>	<b>Thurs 27.12.18</b>	<b>Fri 28.12.18</b>	<b>Sat 29.12.18</b>	<b>Sun 30.12.18</b>
<b>INPATIENT AREAS</b>							
<b>OPD</b>							
<b>PHYSIOTHERAPY</b>							
<b>OCC THERAPY</b>							
<b>DIETETICS</b>							
<b>SLT</b>							
<b>PHARMACY</b>							
<b>LABS</b>							
<b>RADIOLOGY</b>							
<b>THEATRE</b>	Normal	Emergency Only	Emergency Only	Urgent; Day Cases; Emergencies	Urgent; Day Cases; Emergencies	Emergency Only	Emergency Only
<b>SITE &amp; CAPACITY</b>							
<b>PHLEBOTOMY</b>							
<b>SITE NURSE PRACTITIONERS</b>							



<b>Dr Grays Hospital</b>	<b>Mon 24.12.18</b>	<b>Tues 25.12.18</b>	<b>Wed 26.12.18</b>	<b>Thurs 27.12.18</b>	<b>Fri 28.12.18</b>	<b>Sat 29.12.18</b>	<b>Sun 30.12.18</b>
<b>PORTERS</b>							
<b>ADMIN STAFF</b>							
<b>DOMESTICS</b>							
<b>CANTEEN</b>							
<b>RESUS</b>							
<b>INFECTION CONTROL</b>							
<b>MACMILLAN TEAM</b>							
<b>WARD PROCUREMENT</b>	Normal Service	No Service	Normal Service	Normal Service	Normal Service	No Service	No Service



<b>Dr Grays Hospital</b>	<b>Mon 07.01.18</b>	<b>Tues 08.01.19</b>	<b>Wed 09.01.19</b>	<b>Thurs 10.01.19</b>	<b>Fri 11.01.19</b>	<b>Sat 12.01.19</b>	<b>Sun 13.01.19</b>
INPATIENT AREAS							
OPD							
PHYSIOTHERAPY							
OCC THERAPY							
DIETETICS							
SLT							
PHARMACY							
LABS							
RADIOLOGY							
THEATRE	Urgent; Day Cases; Emergencies	Emergency Only	Emergency Only	Urgent; Day Cases; Emergencies	Urgent; Day Cases; Emergencies	Emergency Only	Emergency Only
SITE & CAPACITY							
PHLEBOTOMY							
SITE NURSE PRACTITIONERS							
PORTERS							

<b>Dr Grays</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
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<b>Hospital</b>	<b>31.12.18</b>	<b>01.01.19</b>	<b>02.01.19</b>	<b>03.01.19</b>	<b>04.01.19</b>	<b>05.01.19</b>	<b>06.01.19</b>
<b>ADMIN STAFF</b>							
<b>DOMESTICS</b>							
<b>CANTEEN</b>							
<b>RESUS</b>							
<b>INFECTION CONTROL</b>							
<b>MACMILLAN TEAM</b>							
<b>WARD PROCUREMENT</b>	Normal Service	Normal Service	Normal Service	Normal Service	Normal Service	No Service	No Service



<b>Dr Grays Hospital</b>	<b>Mon 07.01.19</b>	<b>Tues 08.01.19</b>	<b>Wed 09.01.19</b>	<b>Thurs 10.01.19</b>	<b>Fri 11.01.19</b>	<b>Sat 12.01.19</b>	<b>Sun 13.01.19</b>
INPATIENT AREAS							
OPD							
PHYSIOTHERAPY							
OCC THERAPY							
DIETETICS							
SLT							
PHARMACY							
LABS							
RADIOLOGY							
THEATRE	Normal	Normal	Normal	Normal	Normal	Emergency Only	Emergency Only
SITE & CAPACITY							
PHLEBOTOMY							
SITE NURSE PRACTITIONERS							
PORTERS							



<b>Dr Grays Hospital</b>	<b>Mon 07.01.19</b>	<b>Tues 08.01.19</b>	<b>Wed 09.01.19</b>	<b>Thurs 10.01.19</b>	<b>Fri 11.01.19</b>	<b>Sat 12.01.19</b>	<b>Sun 13.01.19</b>
<b>ADMIN STAFF</b>							
<b>DOMESTICS</b>							
<b>CANTEEN</b>							
<b>RESUS</b>							
<b>INFECTION CONTROL</b>							
<b>MACMILLAN TEAM</b>							
<b>WARD PROCUREMENT</b>	Normal Service	Normal Service	Normal Service	Normal Service	Normal Service	No Service	No Service



## **Managing our demand and flow**

### **Daily Safety Brief Meetings**

NHSG recognises that to optimise the number of times we achieve right patient, right place, right time we need to maximise our flow and improve effective discharge planning.

To enable flow and effective discharge planning a number of processes are embedded into practice including:

- Twice daily safety flow huddle (9am & 2pm)
- Daily and weekly predictions – to identify potential unscheduled demand
- Daily reporting of performance and potential capacity versus potential / actual demand
- Day of Surgery Admission for elective patients
- Early facilitated discharges – supported by Daily Dynamic Discharge (DDD)
- Daily recording and monitoring of boarded patients
- Weekly cross system huddles where multidisciplinary teams meet to discuss groups of patients
- Daily communication with external sources including Scottish Ambulance Service and other transport links
- Transfer of patients to community hospitals

### **Daily Safety Flow Huddles**

The daily safety flow huddle is held at 9am and 2pm and a report is then distributed to Dr Gray's Hospital and Health & Social Care Moray staff with identified actions and key personnel responsible to ensure actions are addressed, escalated or completed. Copies of the huddle sheets completed by each area are also sent out to relevant people for information only. These twice daily huddles are well attended by a wide range of multidisciplinary staff and are an essential forum to discuss the current challenges of the day and identify and action any plans to mitigate the risks for that day. They are also used to identify predicted challenges for following 48hrs / week and again provide a forum to work towards solutions to reduce the identified predicted challenges.

For further information on safety Flow Huddles please use the following link:

[http://www.qihub.scot.nhs.uk/media/864807/huddles%20guidance%20document\\_ed.pdf](http://www.qihub.scot.nhs.uk/media/864807/huddles%20guidance%20document_ed.pdf)

For further information see Dr Gray's Hospital Escalation Plan.

### **Predictors**

Predictors are used to identify potential demand on unscheduled care they are based on the previous 6 weeks activity and can be a useful tool in planning that day's activity. In addition to our local Predictors, System Watch can provide useful forecasting information - <http://www.systemwatch.scot.nhs.uk/>

For further information on system watch please use the following link: <http://www.isdscotland.org/Products-and-Services/System-Watch/>



## Daily performance reporting

A number of reports provide feedback on the previous day's performance including the daily safety flow huddle this report will also anticipate that day's demand and provide an indication of the anticipated potential performance of that day.

## Day of Surgery Admissions (DOSA)

Where possible patients are admitted on the day of their planned surgery, this allows the patient to remain in their own surroundings for as long as possible. Elective surgical and orthopaedic patients are screened at their 'Pre-assessment' appointment to ensure they meet the current criteria for this type of admission. Some of these patients are then discharged the same day with some requiring a longer period as an inpatient.

## Early Facilitated Discharges – Daily Dynamic Discharge (DDD)

All NHS Boards in Scotland participate in the National 6 Essential Actions to Improving Unscheduled Care Programme.

Across Grampian there are 3 priority areas of focus for Unscheduled Care:

- Escalation
- Admission Avoidance
- Discharge Planning

**Essential Action 3: Patient Rather than Bed Management** – The Daily Dynamic Discharge (DDD) approach is about improving the timeliness and quality of patient care by planning and synchronising the day's activities. In Moray, Dr Gray's Hospital and the Community Hospitals are engaged in the use of the DDD approach which seeks to define a framework and provide guiding principles. Collective contributions from a range of hospital and community staff helps to manage and support safe and timely discharge of patient care out of hospital.

**The key features of Daily Dynamic Discharge include:**

- Dynamic Multi-disciplinary Team Planning
- Early Expected Date of Discharge Setting
- Effective Ward Round
- Daily Whiteboard Meetings
- Golden Hour Ward Rounds
- Non-slip Task Management
- Check, Chase, Challenge
- Ward Access Targets
- Pre-noon discharge

**For further information:**

<http://quihub.scot.nhs.uk/quality-and-efficiency/unscheduled-care.aspx>





## Weekly Cross system huddle

The weekly cross system huddle is held routinely within Dr Grays Hospital on a Monday @ 12mid day with multiple attendees including:

- AHP's including Physiotherapy & Occupational Therapy
- Social Work Team & Managers
- District Nurse Manager
- Senior Charge Nurse (SCN) or representative from each ward
- Geriatrician
- Varis Court Representative (via Videoconferencing)
- Community Hospital Manager / Community Hospital SCN's
- Site & Capacity Team
- Care Organisers
- GP's (via Videoconferencing)

Every patient who has been an inpatient within Dr Grays Hospital for 21 days or more is discussed in depth to ensure a plan is in place for these often complex patients. If there are GP's in attendance via video- conference (VC) all of the patients from their particular individual practices are also discussed. These meetings allow us to share relevant information in real time and often influence outcomes for patients.

As well as the inpatients being discussed the current delayed discharges from across Moray are also discussed with all potential options / timelines being explored for these patients. Information is then taken to the Resource Allocation Meeting if required.

In order to transfer an inpatient from Dr Grays Hospital to a community hospital, patients are placed on a waiting list with a 'handover tool' being completed at the point of them being added to the list. This is then available for the receiving area to view prior to the transfer. In the past these tools could become outdated and it was changing to keep them up to date, however these are now updated weekly at the meeting in real time with input from all disciplines present and sent out later that day with the updated information attached.

This meeting provides valuable time to allow free communication between all those sharing the care of a patient and the key aim is to ensure every patient has a plan and that all options that are appropriate for each patient are explored and auctioned ensuring the right patient is in the right place at the right time.

These meetings are increased to twice weekly over the festive period where it is recognised that increased attention is required to ensure continuity of services.

## Transport

Please refer to embed flow chart for transport options available as part of the Moray Health & Social Care Partnership. This flowchart demonstrates utilisation of the appropriate methods available.

The recent appointment of a Hospital Ambulance Liaison Officer (HALO) has improved communication throughout the hospital and by working as part of a team within the Discharge Hub in conjunction with the Site & Capacity Team has maximised the utilisation of the most appropriate modes of transport on a daily basis.



## Flu Management and Prevention

Information is sent out annually mid-September and all staff can access further details at [www.nhsgrampian.org/fluvox](http://www.nhsgrampian.org/fluvox)



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## Face fit

Face Fit Testing is an established all year round process in Dr Gray's Hospital and Moray Community Hospitals. Cascade trainers ensure that departments are compliant with process.

## Paeds and Maternity

There are plans on going to support the challenges facing Maternity and Obs at Dr Gray's Hospital



## Health & Social Care - Community

### Community Hospitals

#### Physical Bed Capacity

Ward	Current Bed Capacity	
	24/7	
	Total	Available
Fleming Hospital	10	10
Stephen Hospital	18	10
Leancoil Hospital	9	0
Seafeld Hospital	24	24
Turner Hospital	19	19

### Staff Contact Details

Community Hospital Manager: Fiona Abbott ([fiona.abbott@nhs.net](mailto:fiona.abbott@nhs.net)) 07817958788

Ward	Named person responsible for keeping up to date
Fleming Hospital	Keith Mackay
Stephen Hospital	Keith Mackay
Leancoil Hospital	Fiona Abbott
Seafeld Hospital	Jim Brown
Turner Hospital	Anita Kreft

The Band 6 cover is in place at Community Hospitals for weekends and public holidays. This person is the named person to deal with any issues or challenges in particular relating to patient transfers.

There is a support system in place for staff sickness which supports the SCNs when looking for cover.



## **Complementary Community Bed Provision**

### **1. Step Up Beds**

There are two step up beds in Elgin located in Spynie Care Home for the use of Elgin and Lossiemouth patients only. This is designed to support the fact that there is no community hospital in Elgin.

Due to care home registration purposes the beds must be managed by the District Nurses in Elgin and Lossiemouth. Only the District Nurses can admit patients to these beds.

Nurse led palliative beds can be accessed by the following teams:

- ECS 01343 562160
- Linkwood 01343 553055
- Maryhill 01343 567757
- Moray coast 01343 816336

### **2. Jubilee Cottages**

The Jubilee Cottages will provide short term (up to 6 weeks) specific high intensity rehabilitation to service users who are not requiring ongoing medical treatment, through the use of specific activities in order to help individuals reach their maximum level of function and independence in all aspects of daily living.

The rehabilitation service will be provided free of charge by the Community Care Department, entering into an agreement with the Trustees to take over the use of 6 vacant cottages in a quiet and well located area of central Elgin.

All individuals attending Victoria Cottages will be eligible for the service either from a community hospital, an acute hospital (inclusive of ward 4) or directly from their own home. They will be assessed on a one to one basis trying to match the potential user rehabilitation's needs with the space limitations of the cottages; therefore, the clients will require to have capacity and motivation to improve their functional status in order to reach their previous level of independence or further improve it.

The cottages will be equipped with a Telecare service to provide a 24 hour on call response. The existing services of GMeds and District Nurses (DNs) will also provide cover to the cottages.

The specific rehabilitation aimed at the Jubilee Cottages differs from standard rehabilitation in the way that the service is provided in a low risk, controlled home environment through high intensity and collaborative rehabilitation to foster an encouraged independence to return home in a maximum of 6 weeks.

Admission to the Jubilee cottages is via Kay McInnes, if it is a Hospital discharge or Alex Morrison from the community. Both cover for each other. See Appendix 6 for contact details



### **3. Varis Court Including Augmented Care Units - Hanover (Scotland) Housing, Forres**

Primary care delivered in homes and residential settings, where the individual patient controls access and 'owns' the premises. It is usually one-to-one, equipment brought in as it is needed and it is less visible, less protected and less predictable. The psychological contract with the patient is entirely different and has been shown to be highly beneficial.

District Nurses and Forres Neighbourhood Teams will lead on this model. They are expert practitioners of the wholly different skills required to nurse people in their homes or in residential settings. The Nursing Team will lead the transition to the use of new technologies within the home, including increasingly complex but portable medical and monitoring equipment.

This new model will not only provide 'close to home nursing care' when the patient's home is not an option. It also aims to develop a flexible and adaptable service that will work alongside other health and social care staff to develop support plans that suit the needs of individuals rather than services.

Out of hours nursing interventions will be delivered as a collective by the nurses in Forres and this will meet the desired outcomes of individuals. As isolated functions this had not been possible but as a collective, working with different partner's e.g. home carers, new relationships will be established and a whole new way of working across Forres will emerge.

Working in partnership with Forres Health Centre and Hanover (Scotland) Housing Association Ltd, the rationale for this pilot is to use 5 of the 33 units within this development as Augmented Care Units (ACU's).

Criteria for accessing the ACUS is attached at Appendix 15.

### **Moray Out of Hours (OOHS) Project (aka Pitgaveny Team)**

Moray OOHS project should be up and running and there will be a resource available to support vulnerable adults for short up until 2.30am who otherwise would have been potentially admitted to hospital.

It is anticipated that the health support workers will be able to respond to request from support from Emergency Department, G Meds, Social Work and Scottish Ambulance Service around falls etc.

As this is a pilot project these are only examples. The data collected during the period of the project will help inform if and where the needs are in relation to providing OOHS support.

### **Care Home Beds**

This requires to be authorised by Team Manager within hours for emergency respite requires.

OOHS the OOHS SW will request authorisation from the on call manager. Availability of beds is identified weekly and is monitored via the Resource Allocation Meeting (RAM) on a Monday and allocated to in a planned way.

Any emergency respite placements are also monitored through RAM and an exit strategy provided.



## **Mental Health Project**

Ward 4 adult mental health in patient setting at Dr Grays Hospital will function as normal.

Muirton Ward on the Seafield Hospital site will function as normal.

On call mental health Emergency Psychiatric Page Holder will be available 24hours.

Child and Adolescent Psychiatry (CAMHS)

– For those who present to Accident & Emergency (A&E) at Dr Grays Hospital assessment by A&E Doctor and Medical admission to Dr Grays Hospital if required. Otherwise transfer to Royal Aberdeen Children's Hospital (RACH) who will arrange psychiatric assessment by CAMHS. Dr Grays Hospital will arrange the transport.

OOH Social Worker (Moray) can be contacted for guidance in most instances – only those deemed high risk need to be transferred to RACH.

## **Contingency - Speyside Community Base**

More information to follow

## **Agency Workers**

More information to follow



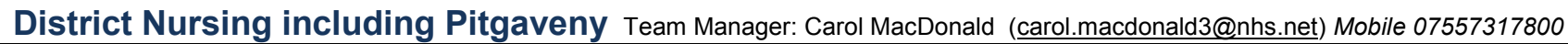
## WORKFORCE

Action	Outcomes	Measure	Deadline	Lead
<b>Offer staff the opportunity to access the seasonal flu vaccine, and have protected time to attend their vaccination appointment</b>	To minimise the risk of spreading flu to patients, colleagues and members of the public	The % of staff who are vaccinated	April 2019	Service Managers
<b>Ensure that there is sufficient bank capacity for Moray.</b>	We will have sufficient staff available at all times particularly in event of pandemic or similar event.	Bank costs	On-going	Service Managers
<b>All bank staff to be suitably trained through the induction programme within a month of being employed</b>	We will have sufficient staff available at all times to ensure safe quality care for patients	% of bank staff who have undertaken their induction	On-going	Service Managers
<b>Sickness absence to be managed using NHS Grampian/Moray Council and local protocols</b>	Protocols are adhered to consistently	% compliance with referrals to OHS	On-going	Service Manager
<b>Ensure that workforce capacity plans and staff rotas are agreed</b>	Patients receive the right intervention at the right time without any unnecessary delays	policies are implemented	On-going	Service Manager
<b>Ensure all staff are aware of the procedures for obtaining &amp; organising home oxygen services</b>	To enable patients to receive timely referral from home oxygen service		1st Dec 2018	Service Managers
<b>Remind all staff regarding the moving on &amp; discharge policies</b>	The finalisation of the hospital discharge policy – which includes / pays reference to the moving on policy	Staff awareness	On-going	Service Managers
<b>Completion of critical functions, continuity plans business continuity in response to challenges</b>	Each Community Hospital will have a surge plan covering current bed capacity, space for expansion , OOH contact lists, definition of surge & contingency plans		End of Dec 2018	Service Managers
<b>To minimise the spread of Norovirus outbreaks</b>	Teams are effectively prepared to manage single & multiple outbreaks	Training Session(s)	1 Dec 2018	Service Managers
<b>Ensure there are sufficient face fit testers and testing complete</b>	To minimise the risk of spreading outbreaks	Number of staff completed training	1 Dec 2018	Service Managers
<b>System wide meeting to be increased to twice weekly including support i.e. rooms, VC, compliance for</b>	To ensure that teams are effectively prepared to manage		On going	Service managers



<b>attendance etc</b>				
<b>Education of staff around availability of community resources e.g. jubilee cottages, ACUS etc</b>	Crisis management and appropriate use of on-call facilities	Training session/staff awareness	On going	Service managers
<b>Ensure staff are aware of on-call rotas for management both local authority and NHS</b>	Crisis management and appropriate use of on-call facilities	Training session/staff awareness	On going	Service managers
<b>Remind staff regarding falls policy</b>	No increase in number of reported falls	Training session/staff awareness	On going	Service managers
<b>Ensure staff are aware of OoHS project</b>	No unnecessary admissions to hospital	Staff awareness	On going	Service Manager
<b>Ensure staff aware of policies i.e. Attendance Management and Adverse Weather</b>	Protocols are adhered to consistently	% compliance	On going	Service manager



[illegible]



## Community Hospital Occupational Therapy

	24 <sup>th</sup> Dec	25 <sup>th</sup> Dec	26 <sup>th</sup> Dec	27 <sup>th</sup> Dec	28 <sup>th</sup> Dec	31 <sup>st</sup> Dec	1 <sup>st</sup> Jan	2 <sup>nd</sup> Jan	3 <sup>rd</sup> Jan	4 <sup>th</sup> Jan
<b>Seafeld Hospital</b>	Reduced Service  Physio + Generic SW	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service <b>No OT Service</b> Telephone support from Dr Grays Hospital OT available	Normal Service	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service <b>No OT Service</b> Telephone support from Dr Grays Hospital OT available
<b>Turner Memorial Hospital</b>	Normal Service <b>No OT Service</b> Telephone support from Dr Grays Hospital OT available	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service	Normal Service <b>No OT Service</b> Telephone support from Dr Grays Hospital OT available	<b>No Service</b>	<b>No Service</b>	OT on A/L <b>No OT service</b> Telephone support from Dr Grays Hospital OT available	OT on A/L <b>No OT service</b> Telephone support from Dr Grays Hospital OT available
<b><u>Leancoil/Stephen/Fleming</u> Hospitals</b>	Reduced Service OT only	<b>No Service</b>	<b>No Service</b>	No Service Telephone support from Dr Grays Hospital OT available + PT	No Service Telephone support from Dr Grays Hospital OT available + PT	OT on A/L Physio + Generic SW Telephone support from Dr Grays Hospital OT available	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service
<b>Glassgreen Therapy Team</b>	Reduced Service OT only	<b>No Service</b>	<b>No Service</b>	Normal service OT only	Normal Service <b>No OT service</b> SW + physio	Normal Service OT + Generic SW	<b>No Service</b>	<b>No service</b>	Normal Service  OT only	Normal Service <b>No OT service</b> SW + physio
<b>The Oaks</b>	Normal Service	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service No OT service	Normal Service	<b>No Service</b>	<b>No Service</b>	Normal Service	Normal Service No OT service





## Community Hospitals Physiotherapy

Senior Community Physiotherapist and Community Team leads - Rasheila Patel/ Kerri Hendry

	Monday 24 <sup>th</sup> Dec	Tuesday 25 <sup>th</sup> Dec Public Holiday	Wednesday 26 <sup>th</sup> Dec Public Holiday	Thursday 27 <sup>th</sup> Dec	Friday 28 <sup>th</sup> Dec	Monday 31 <sup>st</sup> Dec	Tuesday 1 <sup>st</sup> Jan Public Holiday	Wednesday 2 <sup>nd</sup> Jan Public Holiday	Thursday 4 <sup>th</sup> Jan	Friday 5 <sup>th</sup> Jan
<b>Seafeld Hospital</b>	Qualified Cover	No service	No service	Qualified satellite cover available	No Qualified PT Service normally	Qualified Cover	No service	No service	Qualified Cover	No Service normally
<b>Turner Memorial Hospital</b>	Qualified Cover	No service	No service	No Qualified PT Service normally	No Qualified PT Service normally	Qualified Cover	No service	No service	No Qualified PT Service normally Qualified Cover	No Qualified PT Service normally
<b>Leancoil Hospital</b>	Qualified Cover	No service	No service	Qualified satellite cover available  No Qualified PT Service normally	No Qualified PT Service normally	Qualified Cover	No service	No service	Qualified satellite cover available  No PT Service normally	No Qualified PT Service normally
<b>Stephen/Fleming Hospitals</b>	Qualified satellite cover available	No service	No service	Qualified Cover	Qualified Cover  No Qualified PT Service normally	Qualified Cover	No service	No service	Qualified Cover	No Qualified PT Service normally
<b>Glassgreen Therapy Team</b>	Qualified Cover	No service	No service	Qualified Cover	Qualified Cover	Qualified Cover	No service	No service	Qualified Cover	Qualified Cover

All community hospitals will have at least once weekly qualified input qualified cover and support workers available as needed.





## Community Hospital Radiology

<b>Week beginning 17/12/18</b>	Leancoil Community Hospital Mon/Wed/Fri AM Seafield Community Hospital Mon/Tue/Thu AM Stephen Community Hospital Tues PM
<b>Week beginning 24/12/18</b>	Leancoil Community Hospital Mon/Fri AM Seafield Community Hospital Mon/Thu AM No sessions at Stephen Community Hospital
<b>Week beginning 31/12/18</b>	Leancoil Community Hospital Mon/Fri AM Seafield Community Hospital Mon/Thu AM No sessions at Stephen Community Hospital
<b>Week beginning 7/1/19</b>	Normal service will resume

**NB:** To be advised regarding Turner Hospital - hopefully service will be reinstated after repairs are carried out

## Scottish Ambulance Service



North Region Local  
Winter Plan 2018-19 '



Ward or Service		Festive availability
Speak & Language (SLT)	24 <sup>th</sup> December	Limited Service
	25 <sup>th</sup> & 26 <sup>th</sup> December	Closed
	27 <sup>th</sup> & 28 <sup>th</sup> December	Limited Service
	31 <sup>st</sup> December	Limited Service
	1 <sup>st</sup> & 2 <sup>nd</sup> January	Closed
	3 <sup>rd</sup> & 4 <sup>th</sup> January	Normal Service
No paediatric cover during or between the Christmas and New year public holidays. Paediatric referrals should be directed to RACH.		
Dietetics	<p>No staff in during the bank holidays and nursing/medical staff will be following emergency feeding protocols/regimens as normal.</p> <p>All other days there will be limited staff available to see acute in-patients and urgent community referrals.</p> <p>Clinics between Christmas and New Year will not be running and during this time home visits will be for urgent /high risk patients only.</p> <p>Dr Gray's Hospital ward referrals will be accepted as usual via WARDVIEW Information required:-            *Ward location of patient            *Patient's name            *Patient's CHI            *Reason for referral            *Patient's nutritional risk score (MUST) if appropriate            *Weight            (+ Any other relevant information)            Community referrals will be accepted via SCI gateway</p> <p>To speak to one of the dietitians please contact Ext 63066 or Ext 67350 (may be an answering machine).            The department's generic email address to accept referrals or updates on patients is <a href="mailto:nhsg.moraydietitians@nhs.net">nhsg.moraydietitians@nhs.net</a></p>	
Podiatry	24 <sup>th</sup> December	Limited Service
	25 <sup>th</sup> & 26 <sup>th</sup> December	Closed
	27 <sup>th</sup> & 28 <sup>th</sup> December	Limited Service
	31 <sup>st</sup> December	Limited Service
	1 <sup>st</sup> & 2 <sup>nd</sup> January	Closed
	3 <sup>rd</sup> & 4 <sup>th</sup> January	Normal Service
Community Pharmacy	25 <sup>th</sup> December 2018	one open – details to follow
	26 <sup>th</sup> December 2018	three open – details to follow
	1 <sup>st</sup> January 2019	one open – details to follow
	2 <sup>nd</sup> January 2019	three open – details to follow



<b>Moray Mental Health Service</b> <b>NB:</b> Ward 4 & Muirton - open as normal throughout the festive period. 24 Hour Emergency Psychiatric Page Holder. Duty Mental Health Officer Rota.	25th & 26th December 2018	Admin / management office closed. Community Mental Health Team Staff on leave
	27 <sup>th</sup> & 28th December 2018	Limited Service
	29 <sup>th</sup> &30th December 2018	Closed
	31 <sup>st</sup> December 2018	Limited Service
	1 <sup>st</sup> & 2 <sup>nd</sup> January 2019 3rd January 2019	Admin / management office closed. Community Mental Health Team Staff on leave
	3 <sup>rd</sup> January 2019	Normal service
<b>Public Dental Service</b>  For emergency dental appointment contact: 0345 4565990	24 <sup>th</sup> December	Limited Service – Spynie & Muirton Dental only
	25 <sup>th</sup> & 26 <sup>th</sup> December	Closed
	27 <sup>th</sup> & 28 <sup>th</sup> December	Limited Service – Spynie & Muirton Dental only
	31 <sup>st</sup> December	Limited Service
	1 <sup>st</sup> & 2 <sup>nd</sup> January	Closed
	3 <sup>rd</sup> & 4 <sup>th</sup> January	Normal Service

<b>Health &amp; Social Care Moray Management Offices</b>	
<b>Date</b>	<b>Hours</b>
<b>25th and 26th December 2018</b>	Closed
<b>27<sup>th</sup> &amp; 28th December 2018</b>	Limited Service
<b>29<sup>th</sup>&amp;30th December 2018</b>	Closed
<b>31<sup>st</sup> December 2018</b>	Limited Service
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> January 2019</b>	Closed
<b>3rd January 2019</b>	Normal service



<b>H &amp; S C Moray Equipment Store</b>	
<b>25th and 26th December 2018</b>	Closed
<b>27<sup>th</sup> and 28<sup>th</sup> December 2018</b>	Limited Service
<b>29<sup>th</sup> &amp; 30th December 2018</b>	Closed
<b>31<sup>st</sup> December 2018</b>	Limited Service
<b>1<sup>st</sup> &amp; 2<sup>nd</sup> January 2019</b>	Closed
<b>3rd January 2019</b>	Normal service
<p><b>There is OOHS stock in the Blue secure container on the Pinefield site whilst the store is closed. The stock contains both OT and Nursing equipment.</b></p> <p><b>District and Pitgaveny Nurses both have the access codes to this container.</b></p> <p><b>OT equipment can also be access OOHS stock that is held in the satellite store at Dr Grays Hospital.</b></p>	

<b>H &amp; S C Hospital Discharge team, East &amp; West Community Care Team</b>	
<b>25th and 26th December 2018</b>	Closed
<b>27<sup>th</sup> and 28<sup>th</sup> December 2018</b>	Limited Service
<b>29<sup>th</sup> December 2018 to 2<sup>nd</sup> January 2019</b>	Closed
<b>3rd January 2019</b>	Normal service

<b>Drug and Alcohol Services CLDT office at Highfield House - contactable on 01343 562122.</b>	
<b>25th and 26th December 2018</b>	Closed
<b>27<sup>th</sup> and 28<sup>th</sup> December 2018</b>	Limited Service
<b>29<sup>th</sup> December 2018 to 2<sup>nd</sup> January 2019</b>	Closed
<b>3rd January 2019</b>	Normal service

<b>Additional Contact details</b>	
<b>ARI Social Work Dept - 0845 456 6000/ 01224553510</b>	
<b>ACC Home Care and Sheltered Housing - 01224 814814</b>	
<b>Out of Hours Service - From 4:00pm 24th Dec – 8:30am 3rd Jan 01224 693936</b>	



## **Useful Information & Resources**

### **Contact numbers for Pharmacy**



NHS Grampian  
Pharmaceutical List Ju

### **Know who to turn to**

<http://nhsgintranet.grampian.scot.nhs.uk/depts/corporatecommunication/socialmarketing/pages/knownhototurnto.aspx>

Further information on all of the above services can be found at [www.know-who-to-turn-to.com](http://www.know-who-to-turn-to.com)

### **Gritting of Roads within the Moray Council Area**

Information can be found on The Moray Council Winter Operational Plan which is can be found at [http://www.moray.gov.uk/moray\\_standard/page\\_42376.html](http://www.moray.gov.uk/moray_standard/page_42376.html)

### **Gritting within Moray NHS Grampian Estate**

Information to follow

### **Redirection**

Information to follow

### **Links to Civil Contingencies**

All Departments across Dr Grays Hospital and Health & Social Care Moray have Business Continuity Plans/Business Impact Analysis Plans in place

All Senior Managers on Call (SMoC) and Area Management Teams (AMT) are registered with the UK Met Office for automatic email warning alerts of severe weather risks.





## Appendices

Appendix	Number and Topic
1	COTAG escalation - to activate COTAG
2	COTAG Activation Form
3	Scottish Ambulance Service
4	Contact details for Senior Managers
5	Algorithm for the transfer of patients from ED out of hours/weekends/public holidays
6	Trouble shooting for Daily Dynamic Discharge (DDD)
7	Link to Transfer flowchart
8	Links to Attendance Management policy & Adverse Weather Policy
9	6 Essential Actions to Improving Unscheduled Care Performance
10	Moray H & S C Senior manager On Call rota
11	Dr Grays Hospital Senior manager On Call rota
12	Dr Grays Hospital Standard Operating Procedure
13	GMed Winter Plan – Out of Hours Urgent Care
14	Dr Gray's Hospital Escalation Plan



## Appendix 1 - COTAG Escalation - TO ACTIVATE COTAG

In situations of extreme and exceptional circumstances e.g. severe winter weather, 4 x 4 capabilities are available via COTAG

1. NHS Grampian will only activate COTAG when all interventions to ensure business continuity have been tried and failed or are likely to fail. Any activation must be in accordance with the Memorandum of Understanding between NHS Grampian and COTAG 4x4 Response Ltd.

2. COTAG does not provide an emergency service therefore any response is dependent on availability and conditions. COTAG, as a voluntary organisation will require sufficient time to assess the situation, prepare and respond.

3. COTAG is activated via Aberdeen Royal Infirmary (ARI) Switchboard on 0845 456 6000 once appropriate authorisation has been obtained. Switchboard will contact the COTAG on behalf of the caller and thereafter the COTAG Duty Operations Controller (DOC) or Operations Team Leader (OTL) will establish and maintain communications with NHSG member of staff. The DOC/OTL will discuss the detail of the activation with the member of staff requesting assistance from COTAG.

**4. Staff must ensure that they have obtained appropriate authorisation before contacting switchboard.**

The activation of COTAG must be authorised by: -

- In Hours: Sector General Manager or deputy.
- Or
- Out of hours: the Site Manager

5. The person requesting the activation must ensure they have all of the necessary details about the assistance required and contact telephone numbers COTAG may need. This is essential information required by the COTAG Duty Operations Controller (DOC).



## Appendix 2 - COTAG Activation Form

Please complete a separate form for each COTAG Activation. Please ensure it is signed and a copy sent to:

Civil Contingency Unit  
Summerfield House  
2 Eday Road  
Aberdeen  
AB15 6RE

<b>Name of Person requesting COTAG Assistance:</b>	
<b>Sector:</b>	
<b>Authorised by (name):</b>	
<b>Date:</b>	
<b>Time activated:</b>	
<b>Time stood down (if appropriate)</b>	
<b>Brief outline of assistance required:</b>	
<b>Additional Comments</b>	
<b>Civil Contingencies Unit aware: Yes/No</b>	
<b>Signature:</b>	



## Appendix 3 - SAS

4x4 Vehicles, Winter Tyres (WT) or Snow Chains (SC) Callout of 4x4 vehicles initiated by ACC when required, through staff mobile numbers.

PRU 4X4 VEHICLES	AEU 4x4 VEHICLES	PTS 4x4 VEHICLES	OPERATIONAL SUPPORT 4x4 VEHICLES
1 x CRV Buckie.	1 x Huntly 1 x Tomintoul 1 x Dufftown 1 x Elgin	1 x CRV Elgin.	Staff cars 2 x Octavia 4x4 Karen Birse, ASM Drew Carr, Ops Support Mgr
British Red Cross	British Red Cross	SORT	
4x4 availability 2 x Inverness Ambulances	2 x Land Rovers based at Dalcross Airport 1 x Nissan Patrol – Elgin	1 x VW Transporter 4x4 2 x Land rover Defenders 1 x Ambulance A&E 4x4	



## Appendix 4 - Senior Manager Contact Details

Manager	Title	Contact Details	PA	Contact Details
Jane Mackie	Head of Adult Care Service/Chief Social Work Officer	01343 567127 07875034203 Jane.mackie@moray.gcsx.gov.uk	Julie Laing	01343 567122 Julie.laing@moray.gcsx.gov.uk
Lesley Attridge	Service Manager OT & Int care	01343 567130 07800678514 Lesley.attridge@moray.gcsx.gov.uk	JoAnne Robertson	01343 567103 JoAnne.robertson@moray.gcsx.gov.uk
Joyce Lorimer	Integrated Service Manager for L & D /manager for Alcohol and Drugs	01343 567131 077779999258 Joyce.lorimer@moray.gcsx.gov.uk	Rachel Foster	01343 567132 Rachel.foster@moray.gcsx.gov.uk
John Campbell	Provider Services Manager	01343 567139 07527387515 John.campbell@moray.gcsx.gov.uk	JoAnne Robertson	01343 567103 JoAnne.robertson@moray.gcsx.gov.uk
Roddy Huggan	Commissioning & Performance Manager	01343 567132 07854686091 Roddy.huggan@moray.gov.uk	Rachel Foster	01343 567132 Rachel.foster@moray.gcsx.gov.uk
George McLean	Interim Programme Manager for Infrastructure, Premises and Digital	01343 567128 07775954103 gmclean@nhs.net	Vacant	
Sean Coady	Head of Primary Care, Prevention and Child Health	01343 567129 07766782956 Sean.coady@nhs.net	Nicola Staunton	01343.567137 nicola.staunton@nhs.net



Manager	Title	Contact Details	PA	Contact Details
<b>Fiona Abbott</b>	AHP Lead & Service, Community Nursing Service Manager		Vacant	
<b>Jennie Williams</b>	Service Manager Children & Young	01343 567113 07876258845 Jenniewilliams@nhs.net	Vacant	
<b>Laura Sutherland</b>	Health & Wellbeing Lead	01343 567133 07815593287 Laura.sutherland@nhs.net	Chloe Booth	Tel: 01343 (5)67119 chloe.booth@nhs.net
<b>Pam Cremin</b>	Integrated Service Manager of Mental Health	01343 567248 Mobile: 07976 244783 p.cremin@nhs.net	Vicky Lang	01343 567909 Vicky.lang@nhs.net
<b>Linda Harper</b>	Associate Director of Nursing (Practice Nursing)	01224 558426 07876258825 linda.harper@nhs.net	Vacant	
<b>Claire Power</b>	Interim Service Manager for Primary Care	Tel. 01343 567170 Mob. 07876258827 clairepower@nhs.net	Nicola Staunton	01343.567137 nicola.staunton@nhs.net
<b>Liz Tait</b>	Professional Lead for Clinical Governance	01343 567116 07876258468 liz.tait@nhs.net	Nicola Staunton	01343.567137 nicola.staunton@nhs.net



Manager	Title	Contact Details	PA	Contact Details
<b>Alasdair Pattinson</b>	Dr. Gray's Hospital Manager	01343 567287 07973759605 Alasdair.pattinson@nhs.net	Alison McGregor	01343 567249 alison.mcgregor@nhs.net
<b>Brydie duPon</b>	Unit Operational Manager Unscheduled and Medical Services	01343 567351 07842570696 Brydie.dupon@nhs.net	Alison McGregor	01343 567249 alison.mcgregor@nhs.net
<b>Chris Macdonald</b>	Unit Operational Manager Surgical Services	01343 567595 07557317798 Chris.macdonald@nhs.net	Alison McGregor	01343 567249 alison.mcgregor@nhs.net
<b>Yvonne Wright</b>	Lead Nurse	TBC yvonne.wright2@nhs.net	Alison McGregor	01343 567249 alison.mcgregor@nhs.net



## Appendix 5

### Algorithm for the Transfer of Patients from ED Out of Hours / Weekends / Public Holidays

Patient in ED and assessed as requiring admission to acute bed

Patient in ED and assessed as requiring admission to a community hospital

Patient in ED and assessed as being fit to go home with / without support

All transfers to Community Hospitals to be completed prior to 2000 hours

Contact SNP / Op Support

SNP / Op Support will liaise with Community Hospital

**No Agreement to transfer:**  
Alternative plan. Admit to Dr Grays Hospital or other community hospital On call managers may be contacted for advice / support

**Agreement to transfer:**  
SNP / Op Support to liaise with Dr Grays Hospital staff to facilitate transfer as below

#### EMP to:

- assess on community hospital clerking in sheet, including physical assessment – lungs / heart
- Include a plan for the next 24 / 48 hours
  - Write hospital prescription

#### Nurse to:

- Photocopy paperwork
- Attach completed prescription sheet
- Identify and **source** any unusual drugs (not core stock) to accompany patient
  - Provide a verbal handover
- Book transport – contact taxi OOH

If patient deteriorates following transfer.  
Contact GMED OOH, **faxing a copy of the patient's medical documentation and plan to GMED**

Patient Transfers to Community Hospital

Patient stable following transfer





## Appendix 6 - Trouble shooting for Daily Dynamic Discharge (DDD)

9 AM

*What is preventing discharge home?*

CARE?

MEDICATION?

COMMUNITY HOSPITAL TRANSFER?

TELECARE?

EQUIPMENT?

TRANSPORT?

HOUSING ISSUE?

10 AM

What solution would work?	Who to contact for solutions:
<b>INDEPENDENT LIVING SERVICE CARERS</b> <i>Can include transport</i>	Joan Hall – <a href="mailto:joan.hall@moray.gov.uk">joan.hall@moray.gov.uk</a> – 01343 567559 Jane Anderson – <a href="mailto:jane.anderson@moray.gov.uk">jane.anderson@moray.gov.uk</a>
<b>PITGAVENY TEAM</b> <i>Can include transport</i>	Carol Macdonald – <a href="mailto:carol.macdonald3@nhs.net">carol.macdonald3@nhs.net</a> – 07557 317800 Kay McInnes – <a href="mailto:kay.mcinnnes@moray.gov.uk">kay.mcinnnes@moray.gov.uk</a> – 01343 563319, 563312
<b>INTERIM CARE HOME PLACEMENT</b> <i>Need 24 hrs to assess</i>	Lesley Attridge – <a href="mailto:lesley.attridge@oray.gov.uk">lesley.attridge@oray.gov.uk</a> – 01343 567130 Kay McInnes – <a href="mailto:kay.mcinnnes@moray.gov.uk">kay.mcinnnes@moray.gov.uk</a> - 01343 563319, 563312
<b>JUBILEE COTTAGES</b> <i>Decide before midday for same day admission</i>	Lesley Attridge – <a href="mailto:lesley.attridge@oray.gov.uk">lesley.attridge@oray.gov.uk</a> – 01343 567130 Kay McInnes – <a href="mailto:kay.mcinnnes@moray.gov.uk">kay.mcinnnes@moray.gov.uk</a> - 01343 563319, 563312
<b>COMMUNITY HOSPITAL</b> <i>Need further medical support</i>	Fiona Abbott – <a href="mailto:fiona.abbott@nhs.net">fiona.abbott@nhs.net</a> – 07817 958788 Lesley Attridge – <a href="mailto:lesley.attridge@oray.gov.uk">lesley.attridge@oray.gov.uk</a> – 01343 567130
<b>VARIS COURT</b> <i>Need further medical support in Forres</i>	Matt Offer – <a href="mailto:matthew.offer@nhs.net">matthew.offer@nhs.net</a> - 07976 472306 Lesley Attridge – <a href="mailto:lesley.attridge@oray.gov.uk">lesley.attridge@oray.gov.uk</a> – 01343 567130
<b>EQUIPMENT</b>	Wendy Davidson – <a href="mailto:wendy.davidson@moray.gov.uk">wendy.davidson@moray.gov.uk</a> – 01343 563043 John Campbell – <a href="mailto:john.campbell@moray.gov.uk">john.campbell@moray.gov.uk</a> – 03134 567103
It's crucial that one person takes the lead for implementing the solution	
11 AM	
Solution agreed and relevant person contacted to progress feasibility of solution	
12 MD	
Discharge plans in place apart from case of interim care home placement, assessment happens today with discharge tomorrow	
Mark the email as 'high importance'	
subject box = "Troubleshooting ddd" + cc <a href="mailto:troubleshootingddd@moray.gov.uk">troubleshootingddd@moray.gov.uk</a>	



## Appendix 7 – Transfer Flowchart



Updated Transfer  
Flowchart April 2018.



## **Appendix 8 NHS G Attendance Management & Adverse Weather Policies**



Attendance\_at\_Wor  
k\_Adverse\_Condition



Attendance\_Manage  
ment\_Policy.pdf

## **Appendix 9**

### **6 Essential Actions to Improving Unscheduled Care Performance**



6\_Essential\_Actions\_  
-\_Action\_Effect\_Diag



## **Appendix 10**

### **Health & Social Care Moray Senior Manager On-call Rota**

**(5pm Friday to 8.30am Friday)**

<b>14 December – 21 December</b>	<b>21 December – 28 December</b>
<b>George Mclean</b>	<b>Laura Sutherland &amp; Magdalena Polcik</b>
<b>28 December – 4 January</b>	<b>4 January – 11 January</b>
<b>Claire Power</b>	<b>Sean Coady</b>



## **Appendix 11**

### **Dr Grays Hospital Senior Manager On-call Rota's**

Information to follow



**Appendix 12**  
**Standard Operating procedure postponement of elective work**



**Standard Operating Procedure  
Postponement of Elective Work**

**Dr Grays Hospital**

**Version: 1.1**  
**Date: 4<sup>th</sup> September 2015**

**Next Planned Review: September 2016**

**Revision History:**

<b>Version</b>	<b>Date</b>	<b>Summary of Changes</b>	<b>Approved By</b>
1.1	4 <sup>th</sup> September	Minor changes as via medical manager discussion Terminology change for DGH	M Toms



## 1. Procedure

As a result of sustained demand for hospital beds, a robust and efficient system for the identification and postponement of elective/planned admissions is required to enable patients with the most urgent clinical need to be admitted.

The postponement of elective activity as a result of sustained demand on beds should only be considered following discussion with and the full agreement of the Senior On Call Manager for Dr Grays Hospital, the Site Manager, General Manager<sup>1</sup> and the On-Call Medical Director.

General principles around patient groups excluded (in priority order) are:

- Clinically urgent
- Cancer procedures
- Will breach any access target if postponed

All elective admissions will be dependent upon bed capacity within the hospital and the ability to decant to other clinical areas appropriately.

Where necessary, patients may be asked to remain at home whilst efforts are made to identify an available bed. Secretarial and Operational Support staff should use Appendix A as guidance when contacting patients.

## 2. Areas of Responsibility

The following will need to agree to the postponement of elective activity:

- Senior manager on call *and*
- Site Manager *and*
- On Call Medical Director *and*
- General Manager (if available)

The following will be involved in the process:

- Operational Support Team Dr Grays Hospital,
- Administration Services Manager Dr Grays Hospital,

And any other member of staff involved in the postponement of elective activity

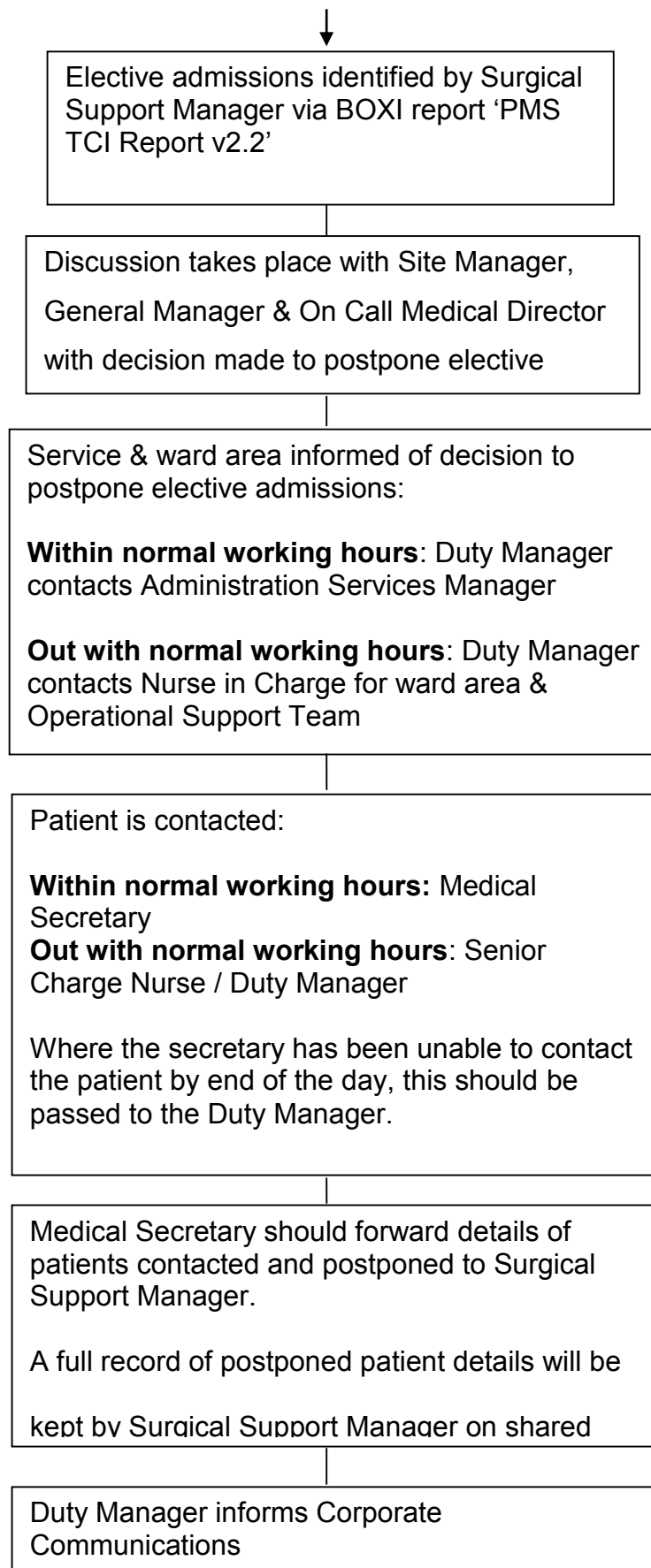
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<sup>1</sup> If available (i.e. in hours and GM is at work), if not discretion is delegated to the Site Manager





### 3. SOP Instruction





## 4. Contact Details – Secretarial Services

### Dr Grays Hospital Medical Secretarial Team Contact Details

#### Administration Service Manager

Lorna Stewart Ext 67049, [Lorna.stewart2@nhs.net](mailto:Lorna.stewart2@nhs.net)

#### Medical Secretary Supervisor

Lorna Watson Ext 67901, [lorna.watson@nhs.net](mailto:lorna.watson@nhs.net)

#### Alternative Contacts

Phyllis McHattie Ext 67264, [phyllis.mchattie@nhs.net](mailto:phyllis.mchattie@nhs.net)

### Health & Social Care Moray Medical Secretarial Team Contact Details

#### Administration Service Manager

Anita Farquhar, 01542 837031, [anita.farquhar@nhs.net](mailto:anita.farquhar@nhs.net)

## 5. Definitions/Abbreviations

Elective Admission	-	Planned Admission
BOXI	-	Tool for producing details of elective admissions

## 6. Appendix A

### Guidance for Staff Contacting Patients

The following is intended as guidance for members of staff contacting patients

#### Risk of Postponement

*‘....Dr Gray’s Hospital is currently experiencing extreme demand for beds as a result of emergency admissions. The hospital is working to alleviate this situation however would like to advise you that there is a risk of your admission being postponed. We will contact you as soon as your bed is available and assist you with any necessary arrangements. Your patience and understanding is appreciated during this extremely busy time’.*

*Admission is to be postponed*



*'...Dr Gray's Hospital is currently experiencing extreme demand for beds as a result of emergency admissions. The hospital has been working to alleviate this situation however regretfully it has been found necessary to postpone your admission. We apologise for this situation and thank you for your patience and understanding during this extremely busy time'.*

Wherever possible a new date for admission should be offered to the patient at the point of contact however where this is not possible, the patient should be advised that they will be contacted again in the near future to advise of a new date.



## Appendix 13 GMed Winter Plan – Out of Hours Urgent Care

# Winter Plan Out of Hours Urgent Care (GMED)

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**Identifier:**  
NHSG/GMED/WP/17

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Version 1

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Check the NHS Grampian Intranet or with the document author.



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Document Control

<b>Date</b>	<b>Revision/Amendment Details &amp; Reason</b>	<b>Author</b>
25 August 2017	Reviewed contents and formatted the documents.	MP
To be done	Review Service Positions in line with NHSG Risk Management Guidelines	MP



## INTRODUCTION

### Background

This Plan has been produced as a result of discussions and guidance from SGHD and NHS Senior Management on the importance of robust, effective and agreed plans for the delivery of primary care out-of-hours services during the winter period. It has been recommended that plans need to take full account of

- the need for a robust plan covering the full winter period, paying particular attention to the festive period
- the possibility of an outbreak of flu or other seasonal illness
- above normal demands on primary care at that time of year particularly on Saturdays and public holidays throughout the festive period.
- the need to provide the service over the festive period, specifically addressing the periods of festive breaks.
- the need to demonstrate support for NHS 24 in terms of capacity to cope with unpredicted and predicted demand of triaged and untriaged calls.
- the need to maximise primary care capacity.

It must be noted that increased staffing levels are already factored in to the GMED service over this period; however, further measures must be put in place in light of the possible issues encountered if faced with an increase of viral illness, of up to 10%.

#### Normal Working Practice

Within the OOHs service there are enhanced rates applied for the festive period (from 22nd December 00:00 – 27th December 08:00 & 29th December 00:00 – 3rd January 08:00)

#### Festive Period Arrangements

The festive period for 2018/19 will present a number of significant challenges to the out of hour's service (GMED). It is predicted that the issues that NHS 24 are experiencing in dealing with the weekend call demands across Scotland will be magnified over the festive period. Accordingly, it is necessary to provide contingency plans in partnership with NHS 24 that will assure business continuity for the GMED service and a level of patient access that ensures that ill patients can access the health services within Grampian. In anticipation of increased demand over the Festive Period additional on duty GP slots have been incorporated into the OOHs rota i.e. compared to a regular Saturday or Sunday Rota as well as the Decision Support shift for a clinician to support redirection processes.

#### Major Review of the Plan

This Plan will be reviewed after each festive period, and after each activation.

### Activation of the Plan

The Plan can be activated by:

- Senior Manager on Call (SMoC)
- Service Manager
- Head of Primary Care Services
- Clinical Lead
- Health and Social Care Moray Chief Officer

### Purpose of the Plan

- This Plan has been drawn up to specifically cover the winter period;
- Saturdays and public holidays throughout the winter;
- Any period of above normal demand, e.g. epidemic viral illness;
- Christmas festive break 2018 (22/12/18 – 27/12/18)
- New Year 2018/19, (29/12/18 – 3/01/19).
- It is intended that this Plan will be developed to detail arrangements for other periods of extended public holiday, e.g. Easter.



## **AIMS AND OBJECTIVES**

### **Aim**

The aim of this Plan is to set out the arrangements for the delivery of primary out-of-hours services over the winter period and to ensure that GMED responds effectively to periods of high (predicted /unpredicted) demand, the extended public holiday periods and the possibility of high demand as a result of wide spread viral illness.

### **Objectives**

The principle objectives of the Plan are:

- To detail the roles and responsibilities of the main participants in the Plan
- To detail the initial actions of the key post holders contained in this Plan
- To identify the triggers for activation of this Plan
- To detail service STATE (Green, Amber, Red, Flashing Red)
- To detail service capacity and unpredicted/ predicted demand
- To detail resources available (including rotas)
- To detail processes and procedures in relation to Communications
- To detail proposed public communication programme over winter period
- To identify all necessary contact phone numbers and links





## **CAPACITY AND DEMAND MANAGEMENT**

An assessment of existing capacity and demand has been carried out. NHS24 predicted attendees proved to be relatively accurate last year. Additional workload from professional line and walk-in patients has been added to predict total volumes of contacts per hour/day over the festive period. Pre agreed levels of untriaged calls to be passed from NHS24 over the festive period. Increased provision of clinical time for consulting, is in place to address periods of peak demand

### **Capacity Management – Planning Rationale**

In order to plan effectively for the impact of escalating demand, reduced resources or other unanticipated disruption or failure, an assessment of existing capacity and demand is necessary together with effective, planned communication with external stakeholders in order to make an accurate assessment of the likely consequences of realistically foreseeable occurrences. A common understanding of existing assumptions and inter-agency development of consistent contingency plans, escalation triggers and policies are of particular value in reducing the adverse effect of disruptive challenge.

### **Capacity Resource Modelling**

Capacity levels are based on the average time taken to deal with patients in periods of high demand. This level of activity / workload cannot be sustained for long periods. As activity changes between PCEC, home visit and telephone triage, doctors and practitioners will also have to prioritise calls to ensure patient safety and performance against target times. This flexible approach will see clinical staff swapping between centres, car and telephones.

#### **Predicted Demand**

Demand is predicted by NHS24. Activity levels are anticipated by hour / day for each of the days, during the periods when general practice is closed. These figures will, when available, inform the accuracy of the winter plan and any adaptations will be made if required. Information is available in the local operational document. NHS Grampian Health Intelligence Unit has added the additional demand generated through the professional-to-professional line and walk-ins to PCECs.

Centre GPs are requested to deal with untriaged calls from NHS24 from 8.00am in an attempt to reduce queues and prevent delays in patient journeys. These shifts will have been advertised on Rota.



## TRIGGERS

### Definition of position

There are three elements, which are considered as triggers for each position, based on the timed priority for initial patient contact (Doctor advice, PCEC, Home visit and Centre consult). Calls at or near their time stratification may be re-triaged. These may be considered independently as each relates to a triaged clinical priority and impacts directly on patient safety. They are:

Position	Priority 1 hr Calls Doctor advice, PCEC, Home visit, Centre Consult.	Priority 2 hr Calls Doctor advice, PCEC, Home visit, Centre Consult.	Priority 4hr Calls Doctor advice, PCEC, Home visit, Centre Consult.
Green	Business as usual, 90% calls answered <60min	Business as usual, 95% calls answered <2hrs	Business as usual, 95% calls answered <4hrs
Yellow	Call answer time, >60min - <120min	Call answer time, >3hrs - <4hrs	Call answer time, >4hrs - <8hrs
Amber	Call answer time, >120min - <180min	Call answer time, >4hrs - <6hrs	Call answer time, >8hrs - <12hrs
Red	Call answer time, >180min	Call answer time, >6hrs	Call answer time, >12hrs

### Change of position

During periods of high demand it will be the duty of the team leader to ensure that queues are checked regularly. This procedure can be undertaken by non clinical personnel as it does not involve clinical judgement, only checks against priority times.

Once it is clear that calls are missing their priority target time as detailed above, the duty team leader/triage doctor will notify the change of position to all relevant managers and agencies.

Continual monitoring of the STATE will take place, once the period of high demand has subsided and partner agencies have been contacted it may be possible to de-escalate.

Should there be a change of state, partner organisations will be advised of it.



## INITIAL ACTIONS OF KEY OFFICERS

### Team Leader

#### Green

- Business as usual
- Monitor all calls against clinical target priority time

#### Yellow

- Inform SMOc by phone
- Inform Remote Sites using standard template
- Monitor all calls against clinical target priority time

#### Amber

- Inform SMOc
- Inform Head of Service
- Re-triage < 1 hr calls by doctor if available,
- Strategically deploy vehicles to high demand area
- Inform Remote Sites
- Call in additional resources
- Monitor all calls against clinical target priority time

#### Red

- Inform SMOc
- Inform head of Service
- Re-triage < 1 hr calls
- Strategically deploy vehicles to high demand area
- Inform Remote Sites
- Call in additional resources

### On call Manager

#### Yellow

- Monitoring Situation
- Inform partner agencies
- Inform Service Manager

#### Amber

- Monitoring Situation
- Inform partner agencies
- Inform Service Manager
- Dial into national telephone conference at an appropriate time

#### Red

- Monitoring Situation
- Inform partner agencies
- Inform Service Manager
- Liaise with Communications re public message



## **Service Manager**

Yellow

- Monitoring Situation

Amber

- Monitor Situation
- Attend ECC
- Inform Clinical Lead Director
- Speak to partner agencies
- Inform communications team

Red

- Monitor Situation
- Inform Clinical Lead
- Inform Service Manager
- Speak to partner agencies
- Call in all available resources (call doctors on performers list)

## **Clinical Lead**

Yellow

- Monitoring Situation

Amber

- Monitor Situation
- Speak to partner agencies

Red

- Monitor Situation
- Attend ECC
- Inform Service Manager
- Speak to partner agencies
- Call in all available resources (call doctors on performers list)



## RESOURCES

### Duty Rota

- All rotas for are accessible via the Internet.
- Staffing levels will have been increased to match the predicted demand.
- Extra slots will have been added to Aberdeen and Aberdeenshire cells.
- An allowance will have been made to increase telephone triage capacity at times of high demand, in line with NHS24 predictions (1 triage doctor can accept up to 8 untriaged calls per hour).
- Much emphasis is being placed on communication with all of the available to ensure all the slots are filled.
- Until all shifts are filled, the situation is being monitored regularly.
- Attempts to employ Locum cover.
- Twice daily huddles are held to review progress
- Senior management participate in the huddles as appropriate
- Communications are planned and will be activated to involve and seek commitment from the wider GP community and Clinical Leads across the IJBs should the rota be critical/ clinically unsafe to operate
- The above will also include the operational management teams of the IJBs
- Timelines and escalations pathways are in place if required
- Risk assessment is done according to the guidelines (see annex)

CELL	GREEN	AMBER	RED	COMMENT
ABERDEEN	No gaps in rota	1 x gap	2 x gaps at same time	
ELGIN	No gaps in rota		1 x gap	Mon-Fri: No EMP cover: second GP required between 18:00 – 22:00 & 1 GP 22:00-08:00 Sat&Sun: No EMP cover day: no extra staff required from standard rota, no EMP cover evening: 1 GP required 22:00 – 08:00
PETERHEAD	No gaps in rota		1 x gap	
HUNTLY	Elgin, Turriff & Peterhead FULLY covered	Gap in either Elgin, Turriff or Peterhead	2+ gaps in either Elgin, Turriff and Peterhead	ANP/Paramedic cover 22:00 – 08:00 only except Sunday which has 24-hour cover: 08:00-20:00 & 20:00 – 08:00
STONEHAVEN	Aberdeen and Aboyne FULLY covered	Gap in either Aberdeen or Aboyne	Aberdeen and Aboyne BOTH unfilled	ANP/Paramedic cover 22:00 – 08:00 only
ABOYNE	Aberdeen and Stonehaven FULLY covered	Gap in either Aberdeen or Stonehaven	Aberdeen and Stonehaven BOTH unfilled	
TURRIFF	Elgin, Huntly and Peterhead FULLY covered	Gap in Elgin, Huntly or Peterhead	2+ gaps in Elgin, Huntly and Peterhead	Sometimes covered by ANP/Paramedic <i>but</i> only if Peterhead covered by GP for support
INVERURIE	Aberdeen and Huntly FULLY covered	Gap in Aberdeen or Huntly	Aberdeen and Huntly BOTH unfilled	Car only Mon-Fri: 19:00 - 23:00 only Sat&Sun: no night cover, shift finishes at 22:00
FRASERBURGH	Peterhead and Turriff FULLY covered	Gap in Peterhead or Turriff	Peterhead and Turriff BOTH unfilled	Saturday and Sunday only

## COMMUNICATION AND MEDIA ARRANGEMENTS

### Pharmacy

Approximately 30% of calls to NHS24 are about medication.



Professional to professional lines of communication has been developed between each of the Centres and Medical /Nursing/Pharmacy colleagues throughout NHS Grampian. This has been established to improve patient contact/clinical care in the event of an unplanned episode occurring:

- NHS Grampian Corporate Communications intention is to place adverts in local advertisers, distributed free to all homes in Grampian reminding patients/carers to ensure sufficient time to order repeat medicines prior to practice closure dates to have enough medicine to last the holiday period and into January 2018.
- Information on Pharmacy opening times and out of hour rota service, Palliative Care Pharmacy Network, Oxygen contractors and pharmacies providing Emergency Hormonal Contraception and Sexual Health service is available within each of the NHS Grampian centres.
- A review of the stock of prescription pads in each of the Centres has been undertaken and buffer stocks are available from the central hub should these be required.
- Additional medicines top up arrangements have been put in place. All Centres will receive appropriate levels of medicines to assist them over the festive period. It is not anticipated that the Centres will run out of medicines due to the top up arrangements in place. However, should this be the case then patients will be issued with prescriptions and information on available pharmacies during opening times. Urgent prescriptions will be issued when pharmacies are closed and contact will be made with a community pharmacist as in the procedure described above. There may be rare occasions where treatment is needed for a patient at home and the medicine is not routinely held by community pharmacies. In these cases the secondary care on call pharmacist may be contacted via the main switchboard.
- Local pharmacies will participate in the national arrangements to improve access to repeat supplies of medicines and for direct referral by pharmacist to the Out of Hours Centres.

### **Dental**

Over the Festive Period, patients registered with the dental service can access emergency dental care by phoning NHS 24.

### **IT & Telephone Systems**

IT and telephony systems are fundamentally imperative to the operation of all aspects of service delivery out of hours, consequently from November all upgrades or additional work to the system will be halted to the risk of system failure or limited training on possible new methods or procedures. The Centres within NHS Grampian will make contact with NHS 24 in the event of an IT or telephone failure, to allow alternative arrangements for contact to be made whilst resolution to the problem is sought. Contingency plans for both systems are in place as follows:

In the event of a problem being identified with the locally run Out of Hours server the ADAstra on call IT specialist will be contacted for full support, further information and advice. In the event that there is a problem with any of the computers and/or printers, then as per normal contingencies, spare laptops and printers are available within the central hub.

The Centres within NHS Grampian each have dedicated telephone lines. In the event of telephone failure each of the sites has a mobile telephone for emergency use. On identifying a telephone fault, local contingencies will be evoked with minimal delay. NHS 24 will be informed of all telephone problems and provide alternative contact details.

### **Escalation Process Standard**

Team Leaders contact a member of the GMED on call management team and advice of a particular situation that is impacting on the service. Team Leader informs the on call Manager of the seriousness of the incident in terms of impact on the service [developing a “traffic lights” coding regime]. Traditionally,



incidents have been relatively rare, with most situations being resolved through telephone discussions. The attendance of an on call Manager on site is necessary when a “Red” situation is identified e.g., if disruption in service was occurring due to difficulties with IT links to NHS24, or if demands on the service exceeded capacity.

### **In a critical environment**

#### **Situation with NHSG / GMED**

This category would typically be a “Red” situation where service is performing within safety parameters but not sustainable for more than an hour or where a catastrophic incident occurred that would mean closure of the system totally or in specific areas.

#### **Actions**

- a) Identify a Single point of Contact (SPoC) for GMED service and make this known to Partner organisations
- b) On-Call Management rota (including contact details) re-visited for Festive Period and once complete distributed to relevant departments
- c) List of contact numbers for Community Hospitals and A&E Departments updated

#### **Situation involving a Partner organisation**

This information may be received from SAS or NHS24

Triggers for this scenario include:

- NHS 24 experiencing too many calls and it is anticipated that demand will exceed capacity
- Call back queue is growing and there is no obvious method of revisiting queue
- IT or telephony failure

*(N.B. It should be noted that NHSG (GMED) through the existence of a “Professional” line directly triages approximately 5% of all OOHs calls in Grampian and hence diverts demand from NHS24. Calls to the Professional line come from, nursing homes, Community Hospitals, Hospital Labs, Police, SAS etc.)*

#### **Actions**

- a) Confirm direct link details for duty NHS24 Clinical Services Manager
  - To pre-empt any activity peaks over the Festive period each morning the on call Manager will contact NHS 24, at 0900 to ensure that NHS 24 have sufficient Grampian calls in their system to authorise the Team Leader to put out enhanced rates for extra GPs to cover.
  - These GP's will be advised that they be required to deal with increased activity. This will allow additional doctors, whilst available; to take back a number of calls from NHS 24, the exact number of calls will be agreed by on call Manager and NHS 24 Team Leader. The Medical Manager will be contacted should the Team Leader experience any difficulties when requesting attendance from GPs
- b) Contact General Practice to request that extra GPs support the rota.
- c) Contact bank nurses/paramedics to seek support from this group
- d) Get confirmation on telephone number (and access code) for National Conference Call system

### **Media Arrangements**

~~All media calls should politely but firmly be redirected to the Duty Press Officer, number contained in Contact Directory, Annex D. The response will be prepared in consultation with GMED and Corporate Communications.~~

### **National Campaign**





The National winter health advertising campaign will run from the end of November 2018 until Mid January 2019.

Messaging will encourage the public to prepare for winter illnesses, use self-care advice and services, and use out-of-hours services appropriately over the winter period.

These types of messages will be further developed for winter to include a bigger focus on home remedies for winter ailments such as flu/colds etc. The public will be encouraged to:

- Find out which days their GP surgery is closed over Christmas and New Year
- Ensure they have enough regular/repeat medications to cover weekends; public holidays; trips away from home
- Only call NHS out-of-hours services if it can't wait until GP surgeries re-open
- Ask community pharmacists for health advice on a range of treatments
- Stock up home medicine cabinets with home remedies for common ailments such as colds/flu
- Use online resources such nhs24.com for information including local community pharmacy opening times; self-care health advice.

This messaging will be distributed through a number of different routes over a three-month period although much of the work will be aimed at preparing people for the public holiday weekends. The Grampian area will receive coverage through Press & Journal, Evening Express, STV, Northsound, MFR, NECR, and Buses. A supporting winter health national leaflet and poster will be supplied to all Health Boards for distribution.

#### Print distribution:

The National poster and leaflet will be distributed to the following sites, (as appropriate) together with NHSG set of six self-help leaflets, (antibiotics, cough, earache etc) an explanatory cover letter requesting that they be displayed somewhere visible, and an order form for more materials:

GP Surgeries	Banks	Community Pharmacies
Pensioners Clubs	The Carers Centre	Drop-in centres
Police Stations	British Legion	Colleges & Universities
The Torry project	MPS/MSPs offices	The Carers Centre
NHS Grampian staff & public areas	Benefit Offices	Local authority staff & public areas
Voluntary Service Aberdeen	Golf Clubs	The Foyer
Other voluntary organisations	Chamber of Commerce	NHS Community Forum
Aberdeen Football Club	SCARF	NHS Grampian Partnership Forum
Senior Citizens Forum	AGE Concern	Local Authority Community Councils
LHCC Public Health Co-ordinators	HI-NET members	Local libraries
Local shops and supermarkets	Leisure & sports centres	ARI Pharmacy
Community centres	Accident & Emergency	Churches
Lunch Clubs	Occupational Health	Bowling Clubs
Snooker Halls	Post Offices	





#### Resources:

NHS Grampian's resources department based at Summerfield House will be fully stocked with posters and leaflets relating to winter health. These are available to order by phone or online.

#### Healthpoint:

Healthpoints (NHS Grampian's Health Information Centres) are based at Aberdeen Market, Aberdeen and Dr Grays Hospital. Their staff will be fully briefed and provide information on all our key messages to members of the public.

#### Free Healthline and NHS24:

The free Healthline 0500 20 20 30 will be promoted on all of the local advertising materials, press releases and copy. NHS 24 staff will be fully informed about any NHSG winter health campaigns and asked to refer campaign-related queries to the free Healthline. Similarly, Health Information Centre staff will be asked to refer 'symptomatic' Healthline calls to NHS 24.

#### Website:

NHS Grampian's homepage provides a link to information on all key messages and other appropriate websites/webpages e.g. NHS 24, Scottish Executive

#### P&J/EE Feature:

The feature will provide detailed winter health and local service information for the public

#### Attendance at Work – Adverse Conditions

It is the NHS Grampian policy informally known as the 'Snow Policy' and will be highlighted to appropriate staff ahead of winter.

#### Media Release and Holding Statements

Media releases to be distributed to all local press informing the public on basic self-help messages, out of hours cover over the festive period and the flu vaccination programme.

Each of the spokespeople listed on the press release will be asked to supply a brief holding statement highlighting the key points they wish to make in relation to winter health and their area of practice/expertise. These will be issued on request to the media if the spokesperson is unavailable for interview and will be updated throughout the winter as necessary.

#### Sample Media Holding Statements

Sample media holding statements have been produced for the following:

##### *Green State*

It is unlikely that media calls will be received whilst at green State.

"Business as usual, the GMED Out of Hours Service is currently providing service without delay. All calls are being answered within target times."

##### *Amber State*

"GMED are currently experiencing high levels of demand for the out-of-hours service. Calls are continuing to be triaged – assessed on clinical need – as normal, but patients may experience some delay in receiving treatment. Staff are working at full capacity, and patients can be assured that calls will be dealt with according to clinical priority as soon as possible."

##### *Red*

"GMED are currently experiencing very high levels of demand for the out-of-hours service. Calls are continuing to be triaged – assessed on clinical need – as normal, but patients may experience some delay in receiving treatment."



Staff are working at full capacity, and calls are being dealt with as soon as possible. The Contingency Plan has been activated. This involves phoning and trying to get additional clinical staff in additional GPs, nurses and paramedics to cope with the increased patient demand. Patients can be assured that delays will be kept to an absolute minimum.”

#### *Flashing Red*

“GMED are currently experiencing very high levels of demand for the out-of-hours service across Grampian. Calls are continuing to be triaged – assessed on clinical need – as normal, but patients may experience some delay in receiving treatment.

Staff are working at full capacity, and calls are being dealt with as soon as possible. The Contingency Plan has been activated. All available staff, including GPs, nurses and paramedics have been contacted. Patients can be assured that delays will be kept to an absolute minimum.”

*[It is anticipated that this delay will be resolved in ..... hours.]*

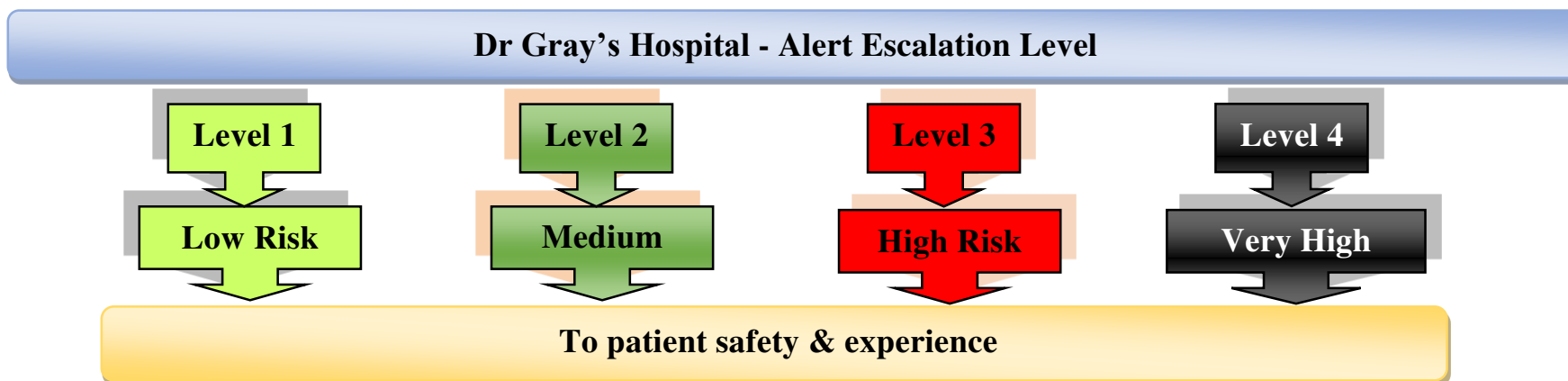
#### **Pharmacy Flu Immunisation**

- A separate press release/photo/interview opportunity promoting the extended pharmacy flu immunisation programme in Grampian to be issued.
- Special posters, leaflets consent forms to be produced
- An initial global e-mail and team brief message to inform all staff about their eligibility. Posters with clinic times will be displayed in key NHSG and Local Authority staff areas as well as on the Intranet. An article in the NHS, council and carers internal newsletters



## Appendix 14 Dr Gray's Hospital Escalation Plan

To translate an escalating series of alerts that reflects an increase in emergency pressures that impact deteriorating patient flow requiring additional management and / or clinical action to mitigate the risk. The alert status overview and definitions are:



STATUS	WHAT DOES THIS MEAN	WHAT ARE OUR IMMEDIATE ACTIONS
<b>Level 1</b>  <b>LOW RISK</b>  <b>GREEN</b>	<ul style="list-style-type: none"> <li>• Cubicles &amp; 2 Resuscitation bays available for use in ED</li> <li>• Less than 1 hour wait to be seen by assessing clinician – Majors or Minors</li> <li>• AMAU / SAU have capacity to meet demand</li> <li>• Agreed staffing levels in place across ED and inpatient wards</li> <li>• Medical / Surgical / Orthopaedic / HDU capacity meets demand</li> <li>• No beds or wards closed</li> <li>• All elective patients allocated beds</li> <li>• Ambulance handovers &lt; 10mins with 4hr target being maintained</li> <li>• No external influences present – infectious diseases, adverse weather etc.</li> </ul>	<p>Defined as “NORMAL” levels of activity.</p> <p>Communication of internal capacity pressures is on a periodic basis, notably in the form of a site report following the morning Hospital Safety Flow Huddle meeting and in routine supplementary reports. Representatives from all areas to attend the Hospital Safety Huddle @ 9am (Mon-Fri) &amp; 1030am (Sat–Sun)</p> <p>Communicate with all outside agencies (including Social Work, SAS &amp; PTS) &amp; community hospitals as per normal practice to prioritise &amp; maintain flow.</p> <p>Ensure all patients have a plan in place and any patients suitable / ready for transfer / discharge are transferred / discharged in a timely manner</p>



<p><b>Level 2</b></p> <p><b>MEDIUM RISK</b></p> <p><b>AMBER</b></p>	<p>IT IS NOT INTENDED THAT AMBER STATUS SHOULD RESULT IN ANY ACTION LIKELY TO BE DISRUPTIVE TO NORMAL PATTERNS OF ACTIVITY.</p> <p><b>DECLARE AMBER (LEVEL 2) IF ANY OF THE CRITERIA BELOW MET:</b></p> <ul style="list-style-type: none"> <li>• ED majors reach 3 patients or 1 patient in Resuscitation bays with no plans to move patients out within 1 hour</li> <li>• 3 patients in AMAU with more than 2 expected or 4 patients in SAU with more than 2 expected</li> <li>• Suboptimal staffing across ED and inpatient wards affecting patient flow</li> <li>• Problems with ANY Support Services impacting on patient care</li> <li>• Surgical / Medicine / Orthopaedic are predicting deficit in predicted figure for the day – but plans are in place to create capacity</li> <li>• HDU are predicting less than 1 bed – but plans are in place to create capacity</li> <li>• Ambulance handovers &gt; 20mins.</li> <li>• Bed closures due to infection measures, staffing levels or patient acuity</li> <li>• Elective patients allocated beds but not available until later in the day</li> <li>• 4hr target being maintained but breaches have occurred</li> </ul>	<p>Amber status represents “BUSY” but still within normal boundaries.</p> <p>REPEAT ACTIONS TAKEN IN LEVEL 1 (as above) WITH SPECIFIC ATTENTION TO BE PAID TO INDIVIDUAL AREAS OF PRESSURE.</p> <p>If applicable or if Amber status is sustained Site &amp; Capacity / SNP / SCN to liaise with the Site / on call Manager. Appropriate key staff to be informed of change in status of pressure areas.e.g. specialty consultants / on call teams.</p> <p>Use the Cross Sector Huddle to liaise with colleagues at ARI and community hospitals to identify any escalation required in movement of patients across Moray or across sectors</p>
<p><b>Level 3</b></p> <p><b>HIGH RISK</b></p> <p><b>RED</b></p>	<p><b>DECLARE RED (LEVEL 3) IF:</b></p> <ul style="list-style-type: none"> <li>• ACTIONS TAKEN IN LEVEL 2 HAVE FAILED TO MITIGATE THE SITUATION &amp; FURTHER ACTION REQUIRED, THERE IS LIKELY TO BE DISRUPTION TO NORMAL PATTERNS OF ACTIVITY</li> <li>OR IF ANY OF THE CRITERIA BELOW ARE MET:</li> <li>• SAU / AMAU - Cannot accommodate specialty referral patients with no available option/plan to create capacity within 2 hours</li> <li>• HDU – No capacity, with no available option to create a bed within 2 hours</li> <li>• ED majors reaches 5 patients + 1 patient in Resuscitation bay with no capacity expected within the next 2 hours</li> <li>• Multiple areas below agreed staffing levels, patient safety becoming compromised</li> <li>• Significant problems with ANY Support Services impacting on patient care</li> <li>• Surgical / Orthopaedics areas full with no plans to create capacity without</li> </ul>	<p>RED STATUS REPRESENTS “SIGNIFICANT RISK TO SAFETY” WITHIN AN INDIVIDUAL AREA OR ACROSS THE SYSTEM. – REPEAT ACTIONS IN LEVEL 1 &amp; 2 AS APPLICABLE</p> <p>Site &amp; Capacity / SNP / SCN to liaise with the Site / on call Manager when status changes from Amber to Red to ensure appropriate key staff including on call specialty consultant(s) are aware of our status.</p> <p>Site manager, Site &amp; Capacity, Senior Social Worker, Discharge Co-ordinator along with on call specialty consultant(s) &amp; SCN(s) of pressurised area(s) may require to meet for an AREA SPECIFIC HUDDLE in order to plan out any further actions required to relieve pressure and maintain flow (during normal working hours) – Out of hours SCN / SNP / Site &amp; Capacity may need to initiate a similar meeting with the relevant on call consultants / SCN(s)</p> <p>Duty/Site manager to consider redistribution of resources across sector or</p>



	cancelling elective activity <ul style="list-style-type: none"> <li>• Medical areas full with no identifiable 'Boarders'</li> <li>• Ward closures due to infection control measure</li> <li>• ED staffing under pressure due to numbers within the department</li> <li>• Ambulance transfers &gt; 30 mins</li> </ul>	asking staff on non clinical duties to assist where necessary / appropriate Site & Capacity to liaise with ARI / Raigmore bed management teams  Elective cancellation policy to be used as required
<b>Level 4</b>  <b>VERY HIGH RISK</b>  <b>BLACK</b>	<b>DECLARE BLACK IF:</b> <ul style="list-style-type: none"> <li>• ALL ESCALATION ACTIONS FOR RED ESCALATION STATUS IMPLEMENTED BUT HAVE NOT BEEN EFFECTIVE IN MITIGATING THE POSITION             <ul style="list-style-type: none"> <li>○ OR IF ALL OF THE CRITERIA BELOW ARE MET:</li> </ul> </li> <li>• All room capacity including resus bays are used within ED and there are additional patient occupied trolleys in use in the ED corridor</li> <li>• There are no assessment beds / trolleys free to see patients within AMAU / SAU / ED</li> <li>• Demand exceeds capacity for a sustained period with no evidence of patients moving on</li> <li>• ED are unable to take ambulance transfers</li> </ul>	CHANGE IN STATUS WILL BE TRIGGERED BY THE SITE MANAGER WHO WILL URGENTLY CALL A MEETING WITH THE FOLLOWING KEY PERSONNEL - ALL ACTIONS ABOVE SHOULD HAVE BEEN WORKED THROUGH PRIOR TO THIS STATUS BEING DECLARED <ul style="list-style-type: none"> <li>• Site / Duty Manager / A&amp;E Consultant / SCN</li> <li>• Site &amp; Capacity Team Leader / Primary Care Representaion</li> <li>• Senior Social Work Representation / SAS</li> </ul> Following this meeting a formalised plan will be required that all personnel are in agreement with.



## Appendix 15

### Criteria for Accessing ACUS at Forres

#### **VARIS COURT ACU ADMISSION CRITERIA & TREATMENT BY THE FORRES NEIGHBOURHOOD CAR TEAM (FNCT)**

Patients registered with Culbin or Varis Medical Practice may be admitted to the Acute Care Unit (ACU) at Varis Court if they require an in-patient facility and treatment by the Forres Neighbourhood Care Team (FNCT) to meet their needs and achieve their goal of maximum independence.

<b>Essential Referral Criteria:</b> <ul style="list-style-type: none"><li>• Patients must be registered with Culbin or Varis Medical Practice</li></ul>	<b>Suggested Referral Criteria:</b> <ul style="list-style-type: none"><li>• Infections requiring IV treatment</li><li>• Falls assessments</li><li>• Syncope</li><li>• Blackouts</li><li>• Collapse</li><li>• Frailty</li><li>• Functional decline</li><li>• Polypharmacy</li><li>• Mild dehydration</li><li>• Unsafe to discharge without support at home</li></ul>
<b>Number of ACU beds:</b> <ul style="list-style-type: none"><li>• Currently 5 patients (but could facilitate up to 9 patients if fully staffed, depending on appropriateness of unit sharing – i.e. 5 units, with 2 bedrooms in each unit and one bedroom currently providing office facility for staff)</li></ul>	
<b>How to Refer:</b> <ul style="list-style-type: none"><li>• Contact the FNCT on 07811 972313 (8am-8pm) to make a referral then please forward any details to <a href="mailto:nhsg.acuvaris@nhs.net">nhsg.acuvaris@nhs.net</a></li><li>• The team will take details and advise you when they will see the patient</li><li>• Please advise the patient that we will be calling them to arrange a visit.</li><li>• Please ensure that any concerns which may affect the safety of staff visiting are highlighted.</li></ul>	

#### **Essential Admission Criteria:**

- Clinical risk has been assessed, and considered appropriate to support admission, by one of the following:
  - A Culbin or Varis GP
  - A geriatrician
  - Matt Offer
- If transferred from another hospital facility, all patients must be supplied with Cardex and emergency medication if these are necessary (e.g. palliative care patient)
- All patients must have an admission plan, which will include:
  - Relevant clinical information, including confirmed diagnoses
  - Confirmation that patient is medically stable
  - Clear purpose of admission
  - Agreement that complex investigations are not required
  - Outline of planned treatment
  - Plan for rehabilitation, with appropriate service support
  - Anticipated length of stay, usually no longer than 2-3 weeks, including on-going management plan
- Relevant clinical information, proposed treatment plans and anticipated length of stay must be communicated to the nursing staff, patient and relative/carers.
  - Admission must be driven by patient need and their best interests, including family and carer needs.
  - All admissions will be expected to take place within the hours of 8am-6pm, Monday to Friday.
  - Where there are any doubts as to the appropriateness of admission, the decision will be taken by a Practice GP.

**Discharge Criteria:**

- Discharge home will be facilitated when a patient no longer requires to be an inpatient to have their needs met.
- Patients who have been discharged home may still require the services of the Forres Neighbourhood Care Team, or the Community Nursing Team, to provide a degree of nursing care in their own home, until they achieve their maximum goal of independence.
- If it is found that discharge home is not possible within 3 weeks of admission, due to additional health needs which cannot be addressed in the current setting or social needs which are awaiting a suitable care package, the patient will be transferred to a more appropriate facility so that they are not blocking a bed in the ACU.
- FNCT will work with Social Care Teams, through MDT discussion, to facilitate a timely discharge and ensure no delayed discharge due to social care needs
- It is the responsibility of the FNCT to ensure all patients are safely discharged with a robust MDT discharge plan, if appropriate.
- The Discharge Planning process should be commenced from admission in conjunction with the rehabilitation teams, social care, the patient and family/carers.

**CLINICAL DEVELOPMENT NURSE IN CHARGE OF VARIS COURT ACU/FNCT**

**– MATT OFFER (07976 472306 OR [matthew.offer@nhs.net](mailto:matthew.offer@nhs.net))**



## Appendix 16 Admission Criteria & Process for Jubilee Cottages

**PLEASE NOTE:** None of the Cottages are wheelchair accessible

### **GENERAL**

- The assessment will establish SMART goals related to ADL, the Tier 2 Support Plan and, if Independent Living carers are involved, will lead to the outcome measure.
- Where necessary, Linkwood Medical practice will provide medical intervention if and when required to clients whose GP is not within the Elgin area during their stay at Jubilee Cottages
  - GP summary from the client's registered GP will be required for Linkwood. If being admitted from hospital, a hospital discharge summary will also be required for Linkwood
- Jubilee Cottages will look to involve the third sector, where appropriate.
- Evaluation and review will be completed and collated throughout the stay.
- A fortnightly Review Meeting will take place with the involvement of the MDT around the client on Tuesdays at 3.00 pm in No. 11 Jubilee Cottages – all allocated key workers involved with the client will provide a written update to [carol-anne.phimister@moray.gov.uk](mailto:carol-anne.phimister@moray.gov.uk) the day prior to the Review Meeting. A copy of the Minutes of these Meetings will be e-mailed to each allocated worker for the duration of their client's stay in Jubilee Cottages.
- All clients will be involved in the completion of an evaluation of their period within the facility prior to discharge. A written narrative will be posted on CareFirst by the allocated worker.

### **ADMISSION CRITERIA**

- Client must be a Moray resident.
- Client must be aged 65 or older, however, if close to that age, admission may be considered.
- The facility will provide a period of assessment and/or rehabilitation up to 6 weeks.
- Home is the discharge destination from the facility.
- The facility will provide a base for an assessment period if required, to establish a baseline for identifying ongoing support needs.
- The client requires capacity.
- The client requires motivation to improve their functional status.
- The client requires to be clinically fit for hospital discharge and medically stable.
- The client requires to have been assessed as having potential to become independent/ more independent in activities of daily living (ADL).
- Admissions will be Monday to Friday prior to 12 noon.
- Priority for admission to the facility will be given to clients with identified rehabilitation needs.





## **ADMISSION PROCESS**

- Referral to the facility will be made by a professional (i.e. an AHP, SW, OT, nurse or GP) on Jubilee Cottages Referral paperwork and sent to: [Accesscareteam@moray.gov.uk](mailto:Accesscareteam@moray.gov.uk),
- The Access Team will co-ordinate and liaise with the referrer in order to establish the needs of the client and the suitability of service. Care arrangements must be applied for and agreed prior to admission, including any overnight care if required. **An estimated Date of Discharge/Discharge Plan must be established and agreed prior to admission to the facility.**
- The Access Team will forward ALL enquiries and referrals to Carol-Anne Phimister, Admin Support Officer ([carol-anne.phimister@moray.gov.uk](mailto:carol-anne.phimister@moray.gov.uk)), regardless of the outcome.
- The final acceptance of a client to the intensive rehab/assessment unit is the responsibility of Alex Morrison (Manager, Access Team) and Kay McInnes (Manager, HDT). They will notify [carol-anne.phimister@moray.gov.uk](mailto:carol-anne.phimister@moray.gov.uk) of the approval for admission.
- The client's allocated worker will then contact Carol-Anne Phimister to have a Cottage Number allocated and to arrange a suitable date and time for admission to Jubilee Cottages.
- Map, Jubilee Cottage Leaflet and 'Items to take to Jubilee Cottage' sheet can now be given to the client or their family/representative for information (available on T:/Drive).
- If required, Risk Assessment and Community Alarm RCC form to be completed on Moray Council/NHS paperwork. As forms are Cottage-specific, please ensure you select the correct form for the Cottage No. allocated to you. This can then be processed through GREAS and a Technician will attend in due course to programme the equipment as required.
- Client admission to the facility is completed by the allocated worker/referrer using the Admission and Discharge check/tick-list found on the T:/Drive