



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 24 FEBRUARY 2022

SUBJECT: OPERATION IRIS DEROGATIONS

BY: CHIEF NURSE, MORAY

1. REASON FOR REPORT

1.1 To inform the Committee of the Derogations and Actions across Moray in relation to Operation Iris.

2. RECOMMENDATION

2.1 **It is recommended that the Committee considers and notes the content of this report.**

3. BACKGROUND

3.1 NHS Grampian has a plan for the delivery of health and social care over the winter period of 2021/22 described as Operation Iris, agreed at the December 2021 Board meeting.

3.2 Bed modelling data for the Omicron variant of COVID-19 indicates that the NHS Grampian system, under the Operation Iris plan, may be overwhelmed in late January / early February 2022. This does not take account of the potential impact of preventative measures. However, workforce Omicron incidence modelling suggests that staff COVID related absence will increase significantly in mid-January.

3.3 The OMICRON PLAN in conjunction with Operation Iris describes the NHS Grampian escalation approach if demand is greater than capacity. Operation Iris describes a system under considerable pressure and it is anticipated that the system will continue to face this pressure, for several months, after the rise in COVID-19 cases caused by the Delta and Omicron variants has passed.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 The Strategic objectives of Operation Iris are:

1. Keep staff safe & help them maximise wellbeing
2. Responding to demand on the health and care system
3. Protecting critical services and reducing harm
4. Reshaping our relationship with communities

5. Creating a sustainable future

- 4.2 The anticipated demand being placed on the health and social care system far exceeds anything that we have experienced in the pandemic to date. The OMICRON PLAN will require staff to work in more extreme circumstances, increased support from partners through the Local Resilience Partnership (LRP) and additional support from friends, family and volunteers.
- 4.3 A consequence of this will, we expect, be levels of care which are lower than we would normally expect to deliver. Many staff have raised concerns about the level of care which they will be able to provide during the extreme position described in this plan (high staff absence, high patient demand).
- 4.4 In order to respond to the demands made on the system, protect critical services and keep staff safe a number of mitigations and derogations were agreed at NHS Grampian board level.

Transition to Winter Respiratory Pathways

- 4.5 Key changes as we move from the COVID-19 to Winter (2021/22), Respiratory in Health and Care Settings Infection Prevention and Control (IPC) Addendum are:
- Removal of the 3 distinct COVID-19 care pathways (high/red, medium/amber and low/green) to respiratory and non-respiratory pathways
 - A return to Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) as per National Infection Prevention and Control Manual (NIPCM) and the Care Home Infection Prevention and Control Manual (CHIPCM)
 - An algorithm to support placement of service users within health and care settings
 - Respiratory screening questions to include COVID-19 AND other respiratory pathogens
 - Ongoing Rapid testing for COVID-19 AND to now include other respiratory pathogens in some settings
 - Physical distancing of **2m must remain** for
 - all inpatient areas (respiratory AND non-respiratory pathway),
 - the respiratory pathway across all health and social care settings
 - outpatient departments (OPDs) which deliver treatments for extended periods of time throughout the day e.g. oncology units, renal dialysis units, recovery areas, day surgery
 - for staff across all health and care settings when Type IIR Fluid Resistant Surgical Masks (FRSMs) are removed
 - Extended use of Type IIR Fluid Resistant Surgical Masks (FRSMs) by all patients and visitors to health and social care facilities
 - Isolation rules for health and social care staff who are contacts of Covid-19 positive cases are different to those in the general public allowing for staff to return to their workplace to ensure critical service function and delivery – derogation against isolation rules.
 - Bedspaces previously closed for Nosocomial reasons can be utilised following risk assessment of the clinical area – derogation against bedspacing.

- Agreement was sought and reached that Moray health and social care staff be supported to have extended use of eye protection whilst carrying out clinical direct care in order to afford additional staff protection in relation to Personal Protective Equipment (PPE) recommendations – derogation against PPE.

Summary of Derogations

- 4.6 Turner and Stephen Community Hospitals remain at their reduced bed base for prevention of nosocomial spread or pathogens. Seafield Hospital bed base increased to 24 from 20 on the back of Ward 7 Dr Gray's Hospital (DGH) closure for refurbishment.
- 4.7 Both Turner and Stephen Community Hospitals have on two occasions been required to open bedspaces currently closed for Nosocomial reasons in order to facilitate patient placement and to alleviate the pressures on Dr Gray's Hospital bed base.
- 4.8 Both Turner and Stephen Community Hospitals have had recent Covid-19 outbreaks amongst staff and patients. This was not causitavely linked to additional beds being open and the Incident Management Team (IMT) for both outbreaks detailed multiple interfacing reasons for transmission.
- 4.9 Ward 7 DGH remains closed for refurbishment with an expected handover date at the end of March 2022.
- 4.10 Wards 5 and 6 DGH will continue to operate at 30 beds whilst Ward 7 is closed. This accounts for 6 bed spaces per ward utilised under derogation from the nosocomial closure.
- 4.11 There have been no Covid-19 outbreaks on either ward area whilst increased to 30 beds. We have had identified Covid-19 postiive patients and contacts of those but this has not translated into an outbreak by definition. During this time partial closure of the ward has been in place accounting for loss of 1-3 beds from the system.
- 4.12 In order to facilitate Orthopaedic joint replacement surgery – 2 bed spaces on Ward 6 have been made available.
- 4.13 Day Case Unit has temporarily re-located to vacant space on Ward 3 to allow for 15 inpatient bed spaces to be created, giving surge capacity for current activity levels, all 15 beds are currently open and occupied.
- 4.14 Nurse staffing ratios DGH – current ratio achieved 1:8 or 1:10 day shift and 1:10 or 1:15 night shift, we are unable to consistently achieve 1:6 day shift and 1:8 nightshift despite use of agency and bank staff. Nurse staffing ratios Community Hospital – ratio of 1:8 dayshift and 1:8 or 1:10 night shift achieved. In order to support nursing care all areas are supported with a priorities of care document (**Appendix 1**)
- 4.15 Community Nursing teams have also faced staffing challenges and also work to a priorities of care document jointly agreed by the Chief/Lead Nurses for Moray, Aberdeen City and Aberdeenshire. (**Appendix 2**)

- 4.16 All staff across Moray in line with NHS Grampian advice are encouraged to take a Lateral Flow Test daily and follow the staff isolation advice.

5. SUMMARY OF IMPLICATIONS

- (a) **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Moray Partners in Care 2019 – 2029”**
Derogations and actions to mitigate have ensured we can continue to deliver services across Moray.
- (b) **Policy and Legal**
There are no policy or legal changes
- (c) **Financial implications**
Financial implications arising as a direct result of this report – increased use of Agency and Bank Staff.
- (d) **Risk Implications and Mitigation**
The work that is being undertaken reduces the likelihood of negative impacts to the system. All service areas following patient placement guidance and utilising respiratory questions
- (e) **Staffing Implications**
There are no staff implications arising as a direct result of this report.
- (f) **Property**
There are no property implications arising as a direct result of this report.
- (g) **Equalities/Socio Economic Impact**
An Equality Impact Assessment is not required because there are no changes to policy as a result of this report.
- (h) **Climate Change and Biodiversity Impacts**
No climate change or biodiversity implications have been determined for this report.
- (i) **Consultations**
Consultations have taken place with the Chief Officer, Chief Financial Officer, Jane Mackie, Head of Service and Chief Social Work Officer, Sam Thomas, Chief Nurse and Sean Coady Head of Service and their comments have been incorporated in the content of this report.

6. CONCLUSION

- 6.1 **This report provides an overview of the derogations in place across Moray during Operation Iris and continued system pressures.**
- 6.2 **These derogations are active in line with the following strategic objectives of Operation Iris :**
- 1. Keep staff safe & help them maximise wellbeing**
 - 2. Responding to demand on the health and care system**
 - 3. Protecting critical services and reducing harm**

Author of Report: Sam Thomas, Chief Nurse Moray
Background Papers:
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