



Health & Social Care Moray

Surge Plan and Risk Assessment 2022

RAG Status Key:

R	Deadline Not Yet Met
A	Risk to Delivery Deadline
G	On Course for Completion by Deadline
B	Complete/Business as usual

Key Action	Date Started	Delivery Deadline	Lead Officer	RAG Status	Progress/Comments
Prevention and Anticipating Demand (Planned Care)					
Deliver Covid and flu Vaccinations		ongoing	Public Health and Lead Nurse	G	Operational delivery of autumn/winter vaccination ongoing – public and staff. However, if Scottish Government request acceleration of the delivery there will be a staffing deficit to deliver to the timescales.
Major Infectious Diseases Plan		ongoing	NHS Grampian	A	NHSG are in the process of reviewing the plan. The three Health and Social Care Partnerships will feed into this plan.
Identify and risk assess particularly vulnerable people in Moray (including People at Risk Database – PARD)		31/11/22	Social Care Service Lead/Local Authority/Corporate Manager	A	The plan had been delayed due to staff vacancies. The strategic document should be completed by mid-November. NHSG have now agreed in principle to data sharing for this but we are awaiting confirmation from Information Governance (NHSG).
Create links to receive early warning of adverse weather events		31/10/22	SMT	G	All Senior Managers on Call (SMoCs) have access to the Met Office and Scottish Environment Protection Agency (SEPA) early warning alerts. Email to be sent to ensure all new SMoCs have access. Early warning alerts are shared via email with SMoCs. Draft guidance being drawn up about preparing for Amber/Red alerts.

Communicate all relevant policies for Adverse weather policy, Attendance policy etc.		ongoing	SLG	G	All policies shared throughout the year as updated.
Create links with Moray council (MC) roads in relation to prompt clearing of designated roads and pathways. NHSG are responsible for onsite clearing of roads/pathways across Grampian. Contact rotas are issued in advance.		30.130/11/221 .230/11/222		A	MC have a priority route plan, which outlines specific roads that are prioritised. Working links with Road and Flooding team at MC.
Communicate COTAG callout procedure		30/11/22	Corporate Manager/Moray Council	A	Meeting to discuss Memorandum of Understanding (MoU) planned 15/11/22. Corporate Manager will update SLG/SMT.
Decision point triggers and actions to optimise capacity detailed in GMED surge plan		7/11/22	GMED Management	G	Surge plan in place.
In special circumstances GMED cars may be able to transport clinicians to and from the workplace as agreed.		7/11/22	GMED/SMT	G	Confirmed this previous arrangement still stands.
Regular meetings to prioritise system issues		ongoing	Systems Leadership Group	G	All senior manager aware of potential system issues and can prioritise resources.
Continued delivery of targeted Stay Well Stay Connected and Public Health initiatives.			SMT	G	The Public Health Coordinators, Health Improvement Officers, and Wellbeing Coordinators continue to deliver initiatives in relation to Mental Health & Wellbeing, Poverty, Social Exclusion, Inequalities, Diet, Physical Activity, and cognitive decline helping to keep people as well as they can be and hopefully avoid the need for support from Moray Health and Social Care Partnership (HSCM) formal services.
Operational Resilience (Resilience Preparedness)					
Ensure resilient cover over public holidays and festive period i.e., SMOc Rota.		30/9/22	Senior Management Team (SMT)	G	SMoC arrangements currently being reviewed. SMT are to start discussions on future SMOC arrangements in November 2022. Process of SMOC cover for festive period completed. Surge plan for senior managers in progress.

Confirm regular arrangements for Situational Awareness (Daily Huddles) are in place.		Complete	Senior Management Team/SMoC	G	Daily Operational Leadership Team huddles are in place Mon-Fri, with weekend huddles being attended by the SMoC on Sat and Sun. These arrangements allow daily discussions around any resilience matters (e.g. weather warnings)
Establish regular arrangements for access to system wide awareness and support		Complete	Senior Management Team/SMoC	G	Align training and awareness for SMOC's and DERC's. Daily Operational Leadership Team huddles are in place Mon-Fri. SMoC attends the "Daily System Connect" meetings (Mon to Fri) and the weekend equivalent which allows for the system wider awareness and support aspect.
Person Protective Equipment (PPE)		30/11/22	Chief Nurse	A	All areas should have sufficient PPE to cover an agreed period of time in the event of supply issues. In relation to non-availability of medical or other supplies, the expectation on the service areas is that they hold a ten day supply of their regularly used products. We would also expect that areas would identify critical care products and have contingency plans in place for these – whether it's alternative products or alternative suppliers or utilising a different patient pathway. Supply and procurement have an overall contingency plan. We would support care homes if necessary. The PPE Hub for unpaid carers will remain functional till end of March 2023.
Continue to promote Infection Control measures – as per NICM and NHSG directives		ongoing	Chief Nurse/Chief Social Work Officer	G	Standard practices to support the reduction of all infections being spread.
Review Business Continuity Plans		31/11/22	Service Managers/Corporate Manager	A	All NHSG and MC service Business Impact Analysis are in the process of being updated. Presently the other business continuity documents are being reviewed/updated and should be completed by the end of November. These include the Response and Recovery Plan, SMOC Guidance etc. The plans will also include possible power outages and industrial

					action. Additional training for SMOc being organised via NHSG CCU team.
Review Business Continuity Plans – Commissioned Providers			Commissioning Lead	A	Awaiting confirmation of this from service managers. Should also ensure that plans are fit for purpose.
Review Business continuity plans – particular risks highlighted are ‘Winter Planning,’ Industrial Action, Power Outages			All services	A	BCPs and BIA’s currently being reviewed with particular focus on Industrial Action. Workshop attended by reps. Of Moray Portfolio and representing on SLWG. Power resilience has been discussed across all community hospitals and planning ongoing with support of NHSG CCU. Application being submitted to add Dr Gray’s hospital as a protected site – supported by NHSG CCU and SLWG. HSCM and DGH are actively reviewing all BC requirements.
Continued use of G-OPES framework across system		ongoing	SLG	G	Recent review of framework with Head of Acute Performance – some minor changes required.
Review arrangements and equipment for staff working from home if required		Ongoing	SMT	G	As part of the pandemic response services identified requirements to allow staff to work from home where possible. Managers will continue to monitor this and support staff where required. TMC have instigated a hybrid working system.
Surge Plans are being reviewed across all Portfolios			System Wide	G	All surge plans will be reviewed as per CET to identify any gaps.
Primary Care OOHs provision.		ongoing	System Wide	G	Resilient out of hour’s service from GMED. The reintroduction of ‘tough books’ will enhance this service once ICT issues are resolved.
Primary Care OOHs provision		7/11/22	GMED	G	GMED will relocate from The Health Village to Forester hill House in the event of a power outage. Plans being made to plan for community sites to move to sister sites in such event. The Oaks, Elgin will be prioritised for return to power to accommodate OOH services.

Increased use of telephone triage and Near Me consultations.		ongoing	System Wide	G	The ICT rollout during the covid pandemic response has supported this programme dramatically, patients can now be 'seen' without having to travel or leave their homes.
Mental Health on call team and Emergency Psychiatric Page Holder 24/7		ongoing	MH service manager	G	In situ- confirmed 09.11.2022
Anticipatory Care Plans (ACP's) to be reviewed ahead of winter period		ongoing	SMT/ GP Practices	A	All practices are reviewing ACPs.
Staff Absence Reporting		30/9/22	SMT	B	Staff absence reporting continues across HSCM on a weekly basis.
Increase Capacity (Urgent and Unscheduled Care)					
Review Redeployment Policy		ongoing	Service Managers	G	The Partnership will work with both NHS Grampian (NHSG) and MC on any redeployment requirements, within the employers' policies if required. Working Groups will be stood up to discuss this if required during periods of severe staff shortages as agreed across sectors.
7 day working.		30/9/22	SMT	B	ED in Dr Gray's has 7 day physio and OT cover. Community Response Team/ FNCT provide 7 day services. Social work have 7 day OOH rota. The Senior Managers on Call have 24/7 rota.
USC redesign		In progress	USC team – Cathy Young	G	Moray Portfolio USC&UC Plan in Final Draft version
Physical bed surge plan		In progress	DGH GM	A	8 beds to be opened for ambulatory care. To be finalised early/mid Nov. Scoping exercise carried out 1/11/22.
Moray Portfolio Delayed Discharge Action Plan		Ongoing	Home First Programme manager	G	ongoing
Develop Volunteer Protocol including a list of tasks with associated risk assessments		Ongoing	Care for People Group and Volunteer Coordinator	G	A new Volunteer Coordinator has been recruited at DGH. Volunteer protocols with the 3 rd and Voluntary Sectors were in place during the pandemic response. This is part of a larger Moray

					project. They continue to work with NHSG Volunteer Oversight Group to ensure risk assessments and roles are consistent etc. Funding in place to increase the Social Care (MC) Volunteer department to 2 WTE coordinators and plans are underway to review the roles, paperwork and align/compliment both the NHS and Social Care volunteer services where appropriate to meet need and demand. The Oaks (NHS) also has Part -time Volunteer Coordinator. MC is doing a separate piece of work regarding non HSCM volunteers and groups who supported services during the pandemic response. Policies and protocols for HSCM Volunteers will be both MC and NHSG, alongside insurance cover etc.
Promote volunteer register			Care for People Group and Volunteer coordinator	B	If utilising non NHSG/MC (HSCM) volunteers, it is worth noting there is no information sharing agreement in place with NHSG yet to allow the sharing of personal information. All current HSCM volunteers are recruited to specific roles, but there would be scope, with additional resource to support, to recruit volunteers specifically to support resilience.
Deliver volunteer training if required			Volunteer Coordinator	B	All HSCM Volunteers undertake induction training via NHSG or MH and then role specific training before commencing
Review support arrangements for commissioned providers			Commissioning	B	Oversight group support Care homes & Care at home services through regular interactions, weekly Provider forum meetings and provider escalations email address to escalate any concerns.
Determine need and funding for Interim Beds and possibilities to commission beds if required.				B	HSCM currently have patients in 8 Interim care beds within the community. These beds are as and when and not assigned to the partnership. We are negotiating a further 4 interim beds in Parklands. 2

					EOL beds in Spynie are under a 12 month TOC to determine needs.
Review key pathways to streamline and increase capacity where possible		In progress	SMT	A	The Partnership has been involved in the whole system working approach that has been developed through the response and then the recovery from the pandemic This includes the SMOC attending the Daily System Connect meetings, and a daily review of risk across the Partnership. USC improvement works ongoing.
Hospital at Home				R	Temporary funding only. Capacity in this team will likely decrease as staff leave for new posts.
Continue to work with colleagues in Housing to ensure that properties are suitably adapted and promptly available for people who are ready to be discharged from hospital		Ongoing	Portfolio Flow	B	
Deliver the cross system social care sustainability projects in relation to Care at Home.			Commissioning Manager	A	A care at home project meeting has been established.
Staff Health and Wellbeing (Workforce)					
Monitor Staff absences		30/9/22	Service Managers/SMT/SLT	B	SMT discuss daily updates on staffing, helping to monitor the reasons for absence and provide support to staff. A staffing report is circulated on a weekly basis
Plan for winter safety packs to be available for relevant staff			Moray Health and Wellbeing care/We Care Team	A	Local health and wellbeing group which links with We Care Team are leading on this.
Continue with promotion of health and wellbeing initiatives and ensure there is capacity to increase these in times of most need.		ongoing		G	Moray Health and wellbeing group supports these initiatives, working in conjunction with We Care team. Moray Portfolio has representation on all Grampian groups.
Safer Space Staff Health and Wellbeing Team		ongoing		G	This group meets weekly to co-ordinate actions and initiatives, this is Chaired by Liz Tait and Eilidh McLean. Dr Gray's have a representative on this

					group and Health Improvement staff attend this meeting and provide ongoing support on site at DGH and at locations throughout Moray
Communication (Digital and Technology)					
Plan public safety messages with statutory partners (vaccinations, walk like a penguin etc.)			SMT/Service Managers	G	Partnership will continue to assist the issue of public safety messages alongside partners. This will include repeating messages from statutory partners such as Scottish Government. A campaign is also jointly planning a message for the festive season with Police Scotland. This will also be linked into the community safety work across Moray and will be shared via staff communications also.
Remind all staff re Adverse Weather Policy			SMT/Service Managers	A	Control room email will be reinstated. This email will issue relevant policies (MC/NHSG) for onward distribution to staff.
Ensure communication channels are available with commissioned providers		Completed	Commissioning Lead	G	Care home emergency contacts established. Lists of contacts for all providers drawn up.
Repetition of 'know who to turn to' messages to divert demand from hospital and prevent system becoming overwhelmed.			SMT/Service Managers	G	Partnership will continue to assist the issue of public safety messages alongside partners. Including repeating any messages being sent out by statutory partners, including Scottish Government. The Partnership will provide links to statutory messages on website/Twitter and social media sites.
Recommence use of Moray control room email for sharing information regarding adverse events across winter period Nov – Feb		9/11/22	SMT	A	Rota to be put in place for cover across the admin staff. On SMT Agenda for discussion 9/11/22
Moray HSC Website and Facebook page to be used for sharing of information		18/11/22	SMT	A	Some issues with staff access and training being addressed currently. Moray council has some queries around the use of Facebook for business – being discussed at community safety strategy. However, access to the MC and HSCM websites and

					Facebook proved difficult during winter 2021/22. Funding has been secured to support communications – no update received on this post as yet.
SMoC Teams channel used to update information for SMOCs		30/9/22	SMT	G	This channel is already in place and updated regularly. All SMOCs sent reminder Oct 2022. Follow up email to be sent in early November with links to the channel and documents.
Corporate Communications Teams		30/9/22	SMT	B	Moray Portfolio has active and robust links with all Corporate Comms teams for proactive messaging to the public and staff.
Effective communications across the system			System wide	A	Further action is required to ensure processes for clinical and capacity transfers between acute hospital sites is clear to all.
Communication winter/surge plans widely to ensure operational staff are appraised of local plans		ongoing	Senior Leadership Group	A	Ensure all parts of the system understand how the plans support each other.

Risk Assessment:

Cause	Event	Consequence	Mitigation
HSCM is organised to deliver services based on a sustained level of demand	Certain events cause unexpected rising demand e.g. increased infection transmission rates, adverse weather, and HSCM's ability to cope with even normal demand can dip meaning anything that can be done to divert demand can help the whole system maintain service provision.	If HSCM does not plan and prepare for increased or unexpected surges in demand or reduction in capacity, it will be unable to maintain service delivery.	Anticipating potential surges in demand and the implementation of related prevention measures in advance can help reduce demand before it presents.
Infectious illness outbreak e.g. flu/covid	Staffing levels for providing services may be reduced if levels of infection increase substantially in the workforce. Increased patient numbers may occur if increased levels in the community.	High	NHSG infection control team will liaise regards any changes to the current staff testing programme. Public Health will lead on any community testing requirements.

			Immunisation programmes are promoted to everyone.
HSCM is potentially facing staff industrial action which will put a strain on already stretched services.	This requires a large amount of planning, co-ordination, and communication with the public and staff.	A number of services may have to be reduced or withdrawn to allow safe delivery of services during these periods. Staff may have to be work in unfamiliar areas/roles to provide 'life and limb' services to our patients	Developing system wide planning with the planned use of Control Room to ensure a consistent and safe delivery of service across NHS Grampian and the 3 HSCP's (Aberdeen City, Aberdeenshire, and Moray). Put in place psychological and management support to all those involved.
HSCM is organised to deliver services under normal circumstances.	Unexpected situations require a degree of planned resilience to ensure HSCM has the ability to respond.	A lack of resilience exposes HSCM to the risk of not being able to cope when unexpected situations arise.	Developing operational resilience helps ensure that arrangements are in place early to help staff and providers cope with periods of pressure.
The system is running at capacity, coping with current demand is often very challenging to services and staff.	Certain events cause unexpected rising demand and/or impact on staff capacity to cope e.g., new variant increasing transmission rate, adverse weather event and/or increase in staff absence and vacancies.	Reduced capacity impacts on the amount and the quality of care that can be provided leading to increased unmet need, people receiving care in inappropriate locations and delays to discharge from hospital.	Increasing capacity helps the wider system cope during times of increased demand.
The system is running with a substantial number of vacancies with difficulty in recruitment in many areas.	In times of increased pressure and/or staff absences staff that turn up must work harder during shifts, work longer hours, or sacrifice days off to pick up additional shifts.	Staff can experience fatigue or burnout and their health and wellbeing can be negatively impacted potentially resulting in them having a period of absence.	Supporting staff health and wellbeing helps them maintain resilience and enables them to continue delivering during periods of high pressure.
Times of intense pressure requires a change in behaviour of staff, providers, and the public.	Lack of information about the situation and/or what staff, providers and the public can do to help.	Staff, providers, and the public do not change their behaviours to help cope with the situation that has arisen.	A wide range of communication to staff, providers and the public raises awareness of issues and sources of information to help cope with or avoid these issues.
Cost of Living - staff and care homes	Care homes are already reporting fuel costs pressures.		

Industrial action	Unknown percentage of staff may strike	Provision not met.	Reversion to life and limb provision only
Decreased staff take up of Covid booster/flu jab	Infectious illness outbreak e.g. flu/covid	High impact on staffing and morale in an already exhausted workforce.	Regular reminder communications for jabs, pop up clinics