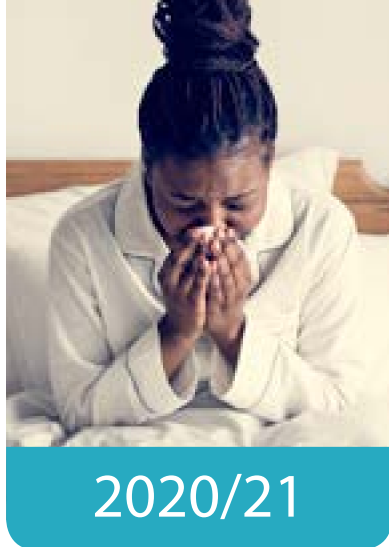
2020/21

Grampian Health and Social Care

COVID-19 and Winter (Surge) Plan

'OUR SYSTEM RESPONSE'

Executive Leads for Winter Planning Programme
2020/21

Professor Nick Fluck Medical Director	NHS Grampian	Executive Lead
Ms Fiona Francey Chief Officer, Acute Sector	NHS Grampian	Senior Responsible Officer (SRO)
Mr Iain Ramsay Partnership Manager and Chief Social Work Officer	Aberdeenshire Health and Social Care Partnership	Senior Responsible Officer (SRO)
Ms Susan Harrold Planning Manager	NHS Grampian	Programme Manager

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Grampian Health and Social Care

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2020/21

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Executive Summary

The Grampian Health and Social Care Winter (Surge) Plan for 2020/21 is an overarching document for the Acute Sector of Grampian and the three Health and Social Care Partnerships (HSCPs) Aberdeen City, Aberdeenshire and Moray. It is informed by the local Winter/Surge Plans for each of these areas and has been developed in collaboration with our key partners. In addition, each of the NHS Grampian corporate services and teams have submitted surge plans to support their continued contribution to winter (surge) capability and delivery.

In response to Scottish Government guidance on Winter planning and preparedness (26 October 2020), our Winter (Surge) Plan sets out the planning and preparations that have taken place across our health and social care system, building on actions outlined in our Grampian Remobilisation Plan (August 2020 to March 2022) and are ongoing at a local operational level in each of our sectors and settings.

The plan reflects our ongoing emergency response to managing COVID-19 alongside remobilisation of services and takes cognisance of the Academy of Medical Sciences report "Preparing for a Challenging Winter 2020/21", published 14 July 2020 which highlighted a number of additional risks exacerbating the usual winter pressures as outlined below:

- Mobilisation of resources (staff and facilities) seen in the first wave response is unlikely to be possible due to other winter pressures.
- Backlog of non COVID care following the pausing of routine clinical care.
- Resurgence of COVID nationally, with local or regional outbreaks during winter.
- Possible influenza epidemic.
- Increase in general respiratory infections could overwhelm test and protect capacity.

In preparing for Winter 2020/21 we will:

- Plan, direct and assure an integrated whole system response – implementing an agreed Winter COVID-19 Tactical Operating Model (WR-TOM) with clear trigger, escalation and decision points.
- Continue ongoing remobilisation of services for as long as possible to do so.
- Continue to build on positive changes made across our system during our response to the first phase of the COVID-19 Pandemic to transform how we deliver care moving unscheduled care to scheduled care.
- Continue to identify areas of focus and learning from the preceding 2019/20 Winter and last nine months with increased emphasis on maximising use of digital health, Hospital at Home, Pharmacies and evolving role for primary and community care with care provided closer to home.
- Implement redesigned frailty and respiratory pathways and associated new developments under Operation Home First Programme.
- Ensure local implementation of 'single point of access' for urgent care through NHS 24 to our new Flow Navigation Centre for early clinical decision making.
- Ensure an integrated approach in taking forward recommendations within Scottish Government's Adult Social Care Winter Preparedness Plan 2020-21.

In response to the most recent Scottish Government modelling data shared with Boards on 19th September 2020 the key focus for this Winter Plan is on the following:-

Managing Resurgence of COVID-19, Urgent Emergency and Critical Care Services Throughout Winter

- The pathway of care for COVID-19 established during the emergency response has been combined with our regular unscheduled care pathway to develop a full winter Target Operating Model (WR-TOM).
- Key principles adopted during the emergency response which helped develop system engagement and our agility to respond have been carried into the WR-TOM.
- We will continue to review modelling parameters and data nationally and locally to ensure we maintain system capacity ahead of demand, introducing system data points, dashboards, decision points and triggers to initiate actions across the system when required.

The WR-TOM has been developed across our system integrating health and social care services in the community, NHS 24, SAS, General Practice, GMED, COVID-19 Assessment Hubs and the hospital response.

Data led decision making will ensure a system wide agile and rapid response to any outbreak and sharing intelligence and data with partners will enable teams and surge capacity to be mobilised when necessary in line with service level operational escalation/surge plans.

It is widely recognised that winter is a time of additional pressure on our healthcare system and planning an unscheduled care response model is likely to be extremely challenging in light of COVID-19. These difficulties are well set out in the Academy of Medical Sciences report 'Preparing for a Challenging Winter 2020/21' published 14th July 2020. Traditional winter pressures are driven by a number of environmental factors that affect illness burden as well as disrupting healthcare provision through logistical impacts and staff shortages. Winter is also a time of seasonal influenza which during an epidemic is in itself a major system challenge.

These factors all increase pressure on the whole healthcare system most commonly articulated by hospital emergency department activity, emergency hospital admissions and the cancellation of elective activity. In combination these also contribute to an excess winter mortality which in 2017/18 equated to 4800 additional deaths in Scotland over the winter period. The high level environmental influences are set out below:

	Respiratory	Cardiac	Trauma	Mental Health	NHS logistics
Low temperature	+++	+++	-	+	
Humidity	++	-	-	-	
Air pollution	++	+	-	-	
Snow/ice	-	++	+++	+	+++
Rainfall/ floods	+	-	++	+++	+++

COVID-19 brings a number of additional stressors on the system. Directly managing COVID-19 related illness has required the development of new pathways of care with dedicated resource. Responding to a surge of COVID-19 over winter would potentially require a major diversion of capacity from that used to meet the Acute demand, possibly at a level similar to that seen in the initial wave of activity. Configuring our system to reduce the nosocomial spread of COVID-19 has significantly reduced both its absolute capacity and the potential throughput of activity. Protected and critical services were identified to remain active through the first COVID-19 wave but were adversely affected and a significant backlog has developed which is requiring increased system capacity to redress. Furthermore activities that could be safely paused for several months are now at a point where they represent a real time dependent risk for patients and need to restart. This effectively reduces the capacity that would be released if non urgent care were fully paused again.

Staff resilience was seriously tested and their response impressive but the ability to respond at this level for a protected or second phase of intense activity is uncertain. These additional factors are summarised below:

- Continued provision of a segregated COVID-19 pathway.
- Response to COVID-19 second wave surge.
- Whole system modifications to reduce nosocomial transmission.
- Management of urgent and critical care backlog.
- Increase in number and volume of urgent care pathways that must be maintained.
- Reduced release of capacity through pausing non urgent activity.
- Staff resilience, health and wellbeing.

A number of key principles were established in developing the COVID-19 TOM and these helped develop system engagement, focus and agility to respond. These will be carried over into the WR-TOM and are summarised below and will be referenced in the model description:

- Whole system view.
- System data points and data dashboard.
- Decision points and triggers.
- Maintain system capacity ahead of demand.
- Increasing capacity in light of expected trajectory ahead of demand.
- Operational plan for deployment of capacity in line with decision point triggers.
- Modelling parameters for Realistic Worst Case Scenario.
- Modelling review.

Managing New Critical COVID and Winter Response Services

- Redesign of Urgent Care including implementation of a Flow Navigation Centre from 1 December 2020.
- Test and Protect.
- Vaccination (Delivery of seasonal Influenza and planning for delivery of COVID-19).
- Care Home Support.

Introduction

1.1 Aim of Plan

To set out the key actions required across our system, timescales and planning processes which will enable us to be as prepared as possible to effectively manage the significant challenges ahead posed by the ongoing pandemic in addition to Test and Protect, mass vaccination, care home support and the 'normal' seasonal pressures during Winter 2020/21.

1.2 Rationale and Planning Assumptions

This Plan is informed and guided by a number of sources as well as discussions locally and nationally and the knowledge and experience gained over the last nine months to assess winter risk and agree shared approaches. Those sources include:

- Learning from our COVID-19 Emergency Response – NHS Grampian 'Operation Rainbow' and Target Operating Model (TOM).
- Grampian Remobilisation Plan (August 2020 to March 2022).
- Adult Flu Immunisation Programme 2020/21 to SGHD/CMO(2020) 19 (7 August 2020).
- Academy of Medical Science report 'Preparing for a Challenging Winter 2020/21'.
- Scottish Government letter' Preparing for Winter' 2020/21and Supplementary Checklist of Winter Preparedness: Self-Assessment (23 October 2020).
- Winter Planning Resilience Group chaired by John Connaghan.
- National and local data, intelligence and scenario modelling.
- Grampian Winter Target Operating Model.
- Partners', sectors' and services' winter surge plans.
- Adult Social Care Winter Preparedness Plan 2020-21.
- Grampian Integrated Winter Planning Process; learning from winter 2019/20, debriefs and table top exercises.
- Six Essential Actions National Improvement Programme.
- Six Essential Actions Grampian Improvement Programme.

Historically, evidence and review of local experience demonstrates that the winter period November to March creates a number of challenges for all partners delivering health and social care services. The increased rate of high acuity and complex emergency admissions during a 'normal' winter season underlines the importance of surge and capacity planning. We recognise this winter will be more challenging than ever before and surge planning is our focus as we continue to manage resurgence of COVID and remobilisation of our elective services during the winter period.

Intelligence shows that for some services there are significant surges in activity at particular points during the festive period, particularly when the calendar presents four day breaks for public holidays over Christmas and New Year as is the case this year. This can cause a backlog of activity that then presents as a surge when services resume or it can cause demand to shift elsewhere in the system, such as an increase in calls to the out of hours service.

Increased risk of severe weather incidents can result in significant, even extreme disruption to the normal delivery of health and social care services in Grampian. Our recent experience of a weather related major incident during the summer provided a 'real life' test of our Major Incident Plan; our services and teams as always responded impressively to this challenge. Previous experience of severe weather over the last few years has also increased the organisational and service level understanding of the potential of such events to test the staff's ability to attend for duty; to present a risk to populations for whose care and safety we are responsible; and prevents some patients from accessing clinical care. Local Business Continuity plans reflect the requirement for enhanced partnership working in such situations.

It is critical that we can continuously deliver high quality, person-centred care in the right place, at the right time and by the most appropriate person/team in an integrated way as far as possible. Underpinning this are a number of standards which support the quality of care, in addition to the delivery of effective and efficient care. Performance against these standards and targets will continue to be optimised despite the challenges outlined above.

We do not underestimate the increasing challenges this winter will present for our health and care system. In particular, we are acutely aware of the impact on our workforce and frontline teams who have worked tirelessly during the initial phase of the pandemic and continue to do so within an environment of reduced bed space, and enhanced infection control measures to prevent nosocomial spread during this current resurgence of increased COVID activity. Work remains ongoing across our sectors and operational areas to finalise staff rotas including for the festive period and to test and refine our respective surge plans in line with our Winter Target Operating Model (WR-TOM). This plan and our response will evolve as our learning develops.

1.3 Approach

Integrated System

In Grampian we have a well-established process for winter planning which is undertaken as a year-round planning cycle and incorporates an integrated approach with business continuity principles. All partners including the acute sector, NHS24, Scottish Ambulance Service (SAS) and Health and Social Care Partnerships (HSCPs) are key to the process and participate in joint planning and debrief exercises with Civil Contingencies colleagues.

It is recognised that winter planning is always a complex and challenging process and never more so than this year in the midst of a global pandemic. However, our close collaboration with all our partners and ability to work together was key to delivering our emergency response during the first major wave of the pandemic and thankfully the system managed extremely well. Our planning for winter 2020/21 incorporates all sectors within our system and has been informed by priority and transformation programmes as outlined below.

The COVID-19 Tactical Operating Model (TOM) during our response to the initial phase was well received and allowed a major step up in services to be delivered in a safe, effective and timely way. We acknowledge that we had a lower infection burden than other areas in Scotland and the UK and recognise this may not be the case during winter. Our winter planning this year incorporates the lessons learned from winter 2019/20 and our emergency response to COVID-19; planning assumptions as outlined in our Remobilisation Plan and national and local data modelling and scenario planning.

System Leadership and Incident Response Status

We are utilising our system leadership approach, which has been modified to take account of learning from the first wave of the COVID-19 response, to run our organisation. Whilst we are not currently in full emergency response Command and Control, we have implemented a 'Hybrid System Leadership Team (SLT) Model' to support our operational response as outlined in Figure 2 overleaf. Operation Snowdrop will take us through the next six months; its inception signalling a number of initial changes to ensure we are primed and ready to respond to a period which is unlikely to be "normal". As we move through winter we have further mechanisms to escalate our organisational response, as required. The incident management system can work on a sliding scale which extends from routine management to full incident response. This is measured via a tiered matrix scale (Figure 1).

At the moment we have most of our organisation placed at Level 2 which we have previously described as "living with COVID-19" and we have a small number of areas which are escalated to Level 3.

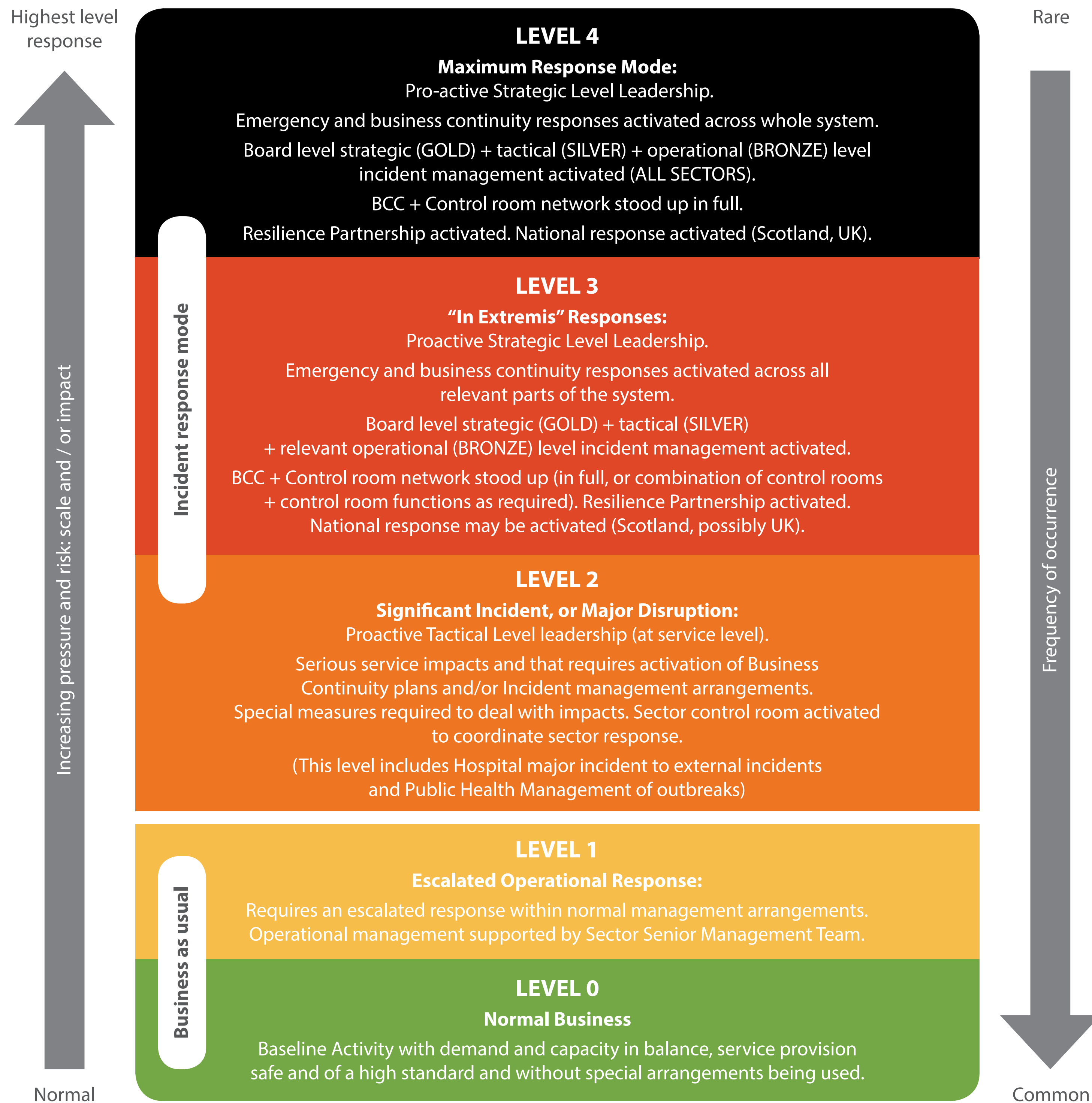
The organisation is in a state of readiness for the challenges ahead. We are not in a state of full incident response (Level 4) at this time, although all Operational (Bronze) Control Rooms are functional.

As winter progresses, it is anticipated that the demands will increase and the level of escalation can be adjusted accordingly. Adjustments to this escalation will be reviewed and carefully considered by the System Leadership Team (SLT) during their weekly review of the organisational status including overview of priority programmes.

If the pressure on the system increases, there will be a move, ultimately, to a whole system formal incident management response (Level 4) and if the pressure reduces, we will revert to the usual system leadership model.

The SLT will provide continual oversight of our entire operational response during winter 2020/2021. At this stage of our preparation we have determined that a small number of areas require some additional support and so have moved them to Level 3 on our incident response model (Figure 1).

Figure 1 - Matrix Incident Response Scale



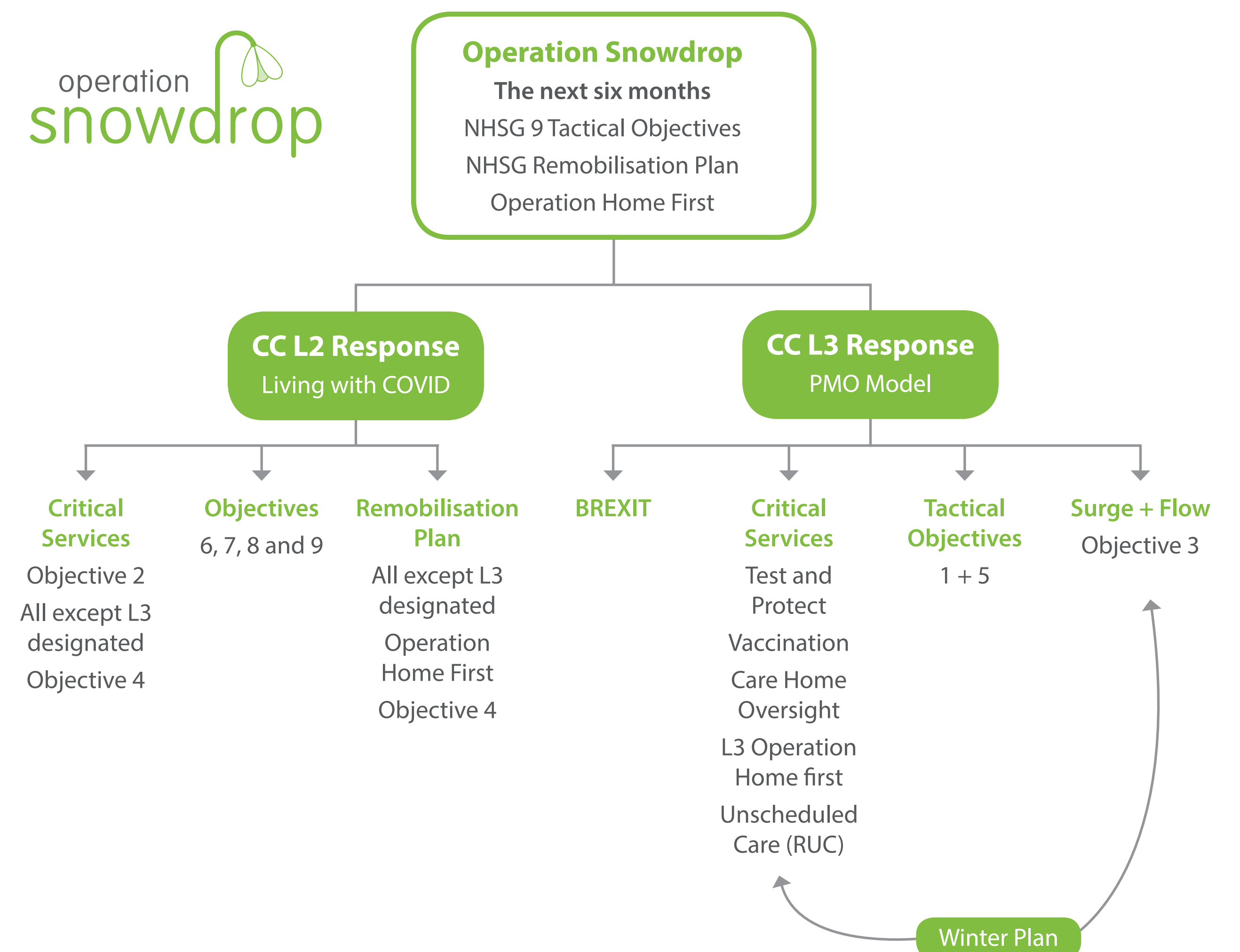
This increased level of support will be reviewed and monitored, on a weekly basis, allowing other issues to receive this wider system support, as required. All other parts of our system remain in Level 2.

In order to ensure we can maintain our COVID-19 whole system management ability and retain an escalation plan which allows us to increase capacity rapidly if required our Winter-TOM will be implemented.

Initial focus (as Level 3 response) will be on four priority areas:

- Surge and Flow (inclusive of Redesign of Urgent Care).
- Test and Protect.
- Vaccinations.
- Workforce and staff health and wellbeing.

Figure 2 shows the relationship between the nine NHS Grampian organisational objectives and the current level of escalation using our incident response scale.



Our Winter-TOM approach has four key outcomes as follows:

1. Whole system winter response.
2. Clarify whole system capacity and potential to release capacity from non-urgent activity.
3. Maintain baseline capacity to treat current COVID-19 patients whilst retaining ability to increase surge capacity in line with the original COVID-19 TOM.
4. Utilise national, Grampian and local unscheduled care system data together with local intelligence to support local planning and modelling to guide our wider system response throughout winter.

Sector Business Continuity/Winter Surge Plans

Services, sectors and partners across the health and social care system in Grampian prepare annually updated business continuity or winter/surge plans relevant to their own respective organisations/services and these have been updated in advance of winter.

Table top testing of our surge plans has proved highly useful and practical for all partners in previous years. The cross-system facilitated and scenario-based table top exercise took place on 2 December 2020.

The table top exercise is designed to provide the opportunity for all partners and staff to challenge their planning and to refine and amend plans based on any learning points identified in advance of winter. The table top exercise is supported by NHS Grampian with input from NHS Grampian Civil Contingencies colleagues, utilising appropriate and national processes for resilience management.

1.4 Finance

With support from the Scottish Government the Financial allocation for Grampian Health Board is £4.5million together with £1million for the Redesign of Urgent Care, An integrated approach has been taken to allocating this resource with all four Chief Officers (Acute and HSCPs). Funded activity will include surge capacity in ARI and DGH and will also support activities focused on supporting patient flow and avoiding unnecessary admission in Aberdeen City, Aberdeenshire and Moray. Funding has also been allocated to support an interim transport model with Red Cross and ABC ambulance providers to support timely discharges from ARI, and where required, other hospitals to support flow.

1.5 Approval of Plan

The COVID-19 pandemic has impacted on our usual winter planning processes and subsequently the timeline for development and approval of this draft Winter Plan. Our ongoing emergency response to the pandemic in addition to other winter pressures mean this draft plan will remain a live document as it is acknowledged some aspects will continue to evolve in line with our emergency response. We will therefore continue to engage and seek input on the plan and any updates required from the following groups and committees:

- System Leadership Team
- NHS Grampian Board
- Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray)
- Grampian Area Partnership Forum
- Area Clinical Forum
- AHP Advisory Committee
- Area Medical Committee
- GP Sub Committee
- Consultants Sub Committee
- Nursing and Midwifery Advisory Committee

The draft and published version of the Grampian Winter Plan will continue to be a live document.

As in previous years, the Grampian Winter Plan will be available on the NHS Grampian website following submission to and approval by the Grampian NHS Board and three Integrated Joint Boards (IJBs)

1.6 Governance Arrangements

High level performance management of the Grampian Winter (Surge) Plan for 2020/21 will be through the System Leadership Team (Programme Overview Group) which is chaired by the Chief Executive and includes the Chief Officers from each of the HSCPs and the acute sector as well as executive team members from NHS Grampian.

Each of the Health and Social Care Partnerships will follow their own local governance arrangements ensuring their respective local winter plans and the overarching Grampian Winter Plan are included for discussion at relevant meetings ahead of the final publication.

Performance management of underpinning organisational/sector/service winter plans is undertaken as per agreed mechanisms within local teams and areas. In support of the various plans and to ensure effective communication and integrated working over the winter period, the daily cross system huddle, which has been identified as successful and crucial to integrated working, will support business continuity for winter 2020/21 as it would for any surge period.

Operation Snowdrop has been implemented across NHS Grampian from 2nd November 2020. The three HSCPs are key partners within Operation Snowdrop. It is anticipated that Operation Snowdrop will remain in place through to Spring 2021 with the aim of maintaining our whole system approach in response to the ongoing pandemic and additional challenges and pressures the winter period is likely to present for us all.

Key Drivers and Changes from Previous Winters

2.1 Striving To Deliver High Quality, Safe, Person-Centred Care

We continuously strive to meet local and national standards and performance targets which focus on delivering high quality, safe person-centred care at the right time, in the right place and by the right person/team.

Over recent years Grampian has been successful in developing an integrated approach to achieving improvement and demonstrating excellence in the Six Essential Actions Programme and significant senior, executive, partnership and operational staff have been dedicated to and involved in its delivery.

Close collaboration with our partners during Operation Rainbow and development of new models of working across our health and care system which emerged from this have further strengthened our integrated approach to embed the principles of the Six Essentials Actions Programme locally.

2.2 Trends in Data from Previous Years

The NHS Grampian Health Intelligence Department, with partner colleagues, produce trend data for the winter period focussing on the previous five years, to support planning for the resources that will be required and in identifying thresholds for surge planning. In addition demand and capacity predictive data, based on data sourced from System Watch, is used.

Activity trends and performance levels have been discussed and shared across sectors and services as part of reflecting on the previous winters.

2.3 Lessons Learned from 2019/20 Winter Debrief Meeting - 29/01/2020

A Winter De-Brief Meeting took place on 29th January 2020. The information detailed below has been extracted from the De-Brief Meeting Report:

- The significant value of timely partnership, whole-system and intelligence driven winter planning.
- Acknowledgement in all areas that a more robust approach to winter planning and enhanced communication contributed greatly towards maintaining patient care and services during period of adverse weather and increased instances of influenza.
- Many features developed in 2019 had a positive impact on sectors' and teams' ability to manage demand and challenges.
- It was recognised that the enhanced whole-system approach and joined-up working through the development of the plan itself, cross-system huddles, regular reviews and communication led to minimal disruption to patient care during challenging times.
- Cross system huddle, safety brief models and the discharge hub were all referenced as beneficial.
- Admission avoidance was effectively supported by the delivery of Medical and Surgical Ambulatory Emergency Care services, reducing pressure on in-patient capacity.

- Staffing levels due to high numbers of vacancies posed a challenge for several services in terms of managing business continuity as well as surge planning. This limited availability of bank and agency staff limited the ability to open all of the planned surge capacity.

A number of areas were also highlighted for further improvement which were generally focused around the following themes:

Communication/Cross-System Working

- There is still the requirement to further improve the accuracy of data such as predictive activity data. Consideration to be given to the use of System Watch data alongside local predictors to plan surge capacity and staffing resource effectively.
- Robust communication across health and social care services still has room for improvement to ensure all health and social care operational staff are appraised of local plans.
- Communication with the public (Know Who To Turn To) regarding expectations and responsibilities is important and key to ensuring local services are used appropriately.
- Anticipatory Care plans could have been more effective and better communicated.
- A desire to see equity in the degree of risk and level of responsibility held by partners across the system.

Flow and Discharge Planning

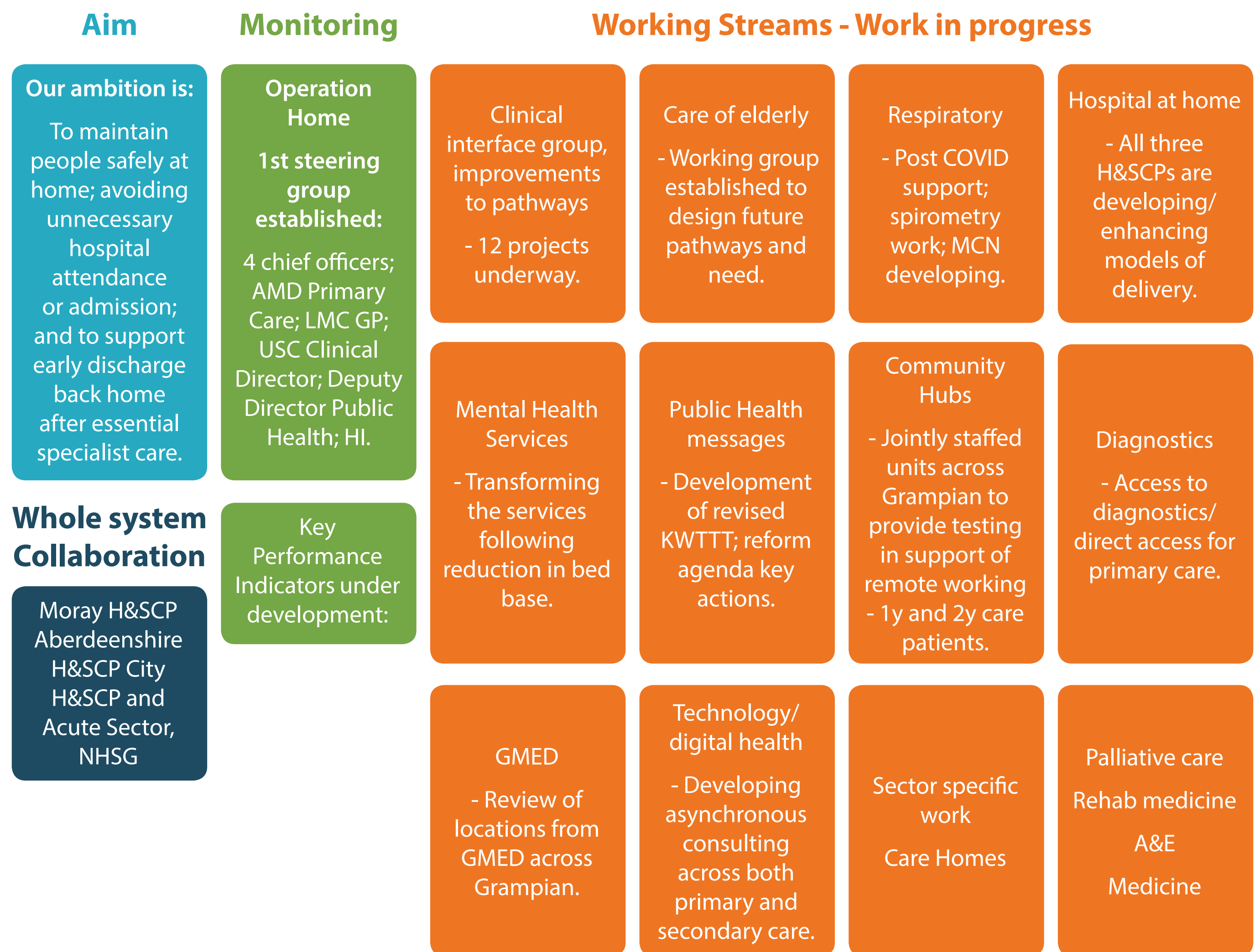
- The importance of sustaining the principles of the Daily Dynamic Discharge Approach across all inpatient areas is key to effective discharge planning and management.
- Building on criteria-led discharge is key to timely discharge.
- Ensuring patients are in the right place will continue to be a focus for work to reduce the number of boarded patients across both sites.
- Flexible use of ring-fenced acute beds and GP beds in the community could be further improved to support flow.
- The availability of Allied Health Professional staff, especially physiotherapists is key to facilitating discharge over the festive period in particular and weekends.
- Increased rehabilitation and enablement services are key to preventing admissions/reduce the length of stay and improved flow through Acute and Community Hospitals.
- Operation of the integrated discharge hub over public holiday periods significantly improves patient flow.

2.4 New Developments and Service Changes Introduced Since Winter 2019/20

The majority of key service and system changes that have occurred since last winter and prior to winter 2021 have largely been as a result of our initial and ongoing emergency response to COVID-19 and are outlined below. Many of the changes introduced across our system were significant in terms of how we work and deliver services and many of these positive changes will be embedded further within key transformation programmes.

Cross System

- Operation Rainbow was our system emergency response to the first phase of the COVID-19 pandemic and saw the establishment of the Gold Command and Control Structure during March 2020 including activation of Bronze Control Rooms representing corporate and operational services/sectors. A Tactical Response Team (TRT) and Senior Operational Response Team (SORT) with representation from across the system including HSCPs and SAS were established. Whilst the organisation reverted to the System Leadership model during the summer, the Bronze Control Rooms continued to operate and the SORT has continued to meet weekly. Operation Snowdrop (a hybrid SLT model) was implemented from 2 November 2020 and is anticipated to be in place until Spring 2021.
- Development of a draft Grampian Remobilisation Plan (August 2020 to March 2022) with wide engagement and input from across the system prior to submission to Scottish Government. This plan sets out our whole system overarching response to living with COVID-19, including plans for stepping up services, managing the backlog and working in collaboration with partners to rebuild and redesign our health and social care services to meet population needs within the available resources.
- Widespread expansion in the use of technology such as MS Teams and Near Me has radically changed how we work and deliver services, significantly reducing the requirement for patients to attend the hospital or other health care setting if clinically appropriate for them to have a 'virtual consultation'.
- A National Programme for Urgent Care Re-design and local implementation of this via the development of a Flow Navigation Centre which will be operational from 1 December 2020. The initial focus is to provide a pathway for those who currently self-present to the Emergency Department (ED) with the ultimate aim of creating a national 24/7 pathway with clear access to urgent care through NHS 24 111, providing consistent triage and linked to local hubs for further clinical consultation/advice and flow management locally.
- Operation Home First is a whole system redesign of how we deliver unscheduled care with the aim of caring for people at home, avoiding unnecessary admission and facilitating early discharge from hospital. There are a number of work streams underway reviewing and redesigning pathways of care based on early intervention, building on and aligned to the 6 Essential Actions.



- 'Home First' for all care.
- Working within the agreed strategic direction set out by the IJBs and NHS Grampian.
- Focus on outcomes for people.
- Whole system working and improving primary/secondary care joint working.
- Support flow and retain flexibility to respond to system surge (COVID/Winter).
- Work within constraints of segregation/shielding/physical distancing measures/reduced hospital bed base.
- Maximise digital solutions.

- Under the Home First umbrella, the introduction of a new frailty pathway to help manage demand in acute geriatric medicine and ensure access to appropriate acute support for older people was implemented 1 November 2020.
- Respiratory cell commissioned under Operation Home First programme to achieve key objectives of implementing home first unscheduled care respiratory pathways, prevent avoidable admissions and facilitate more rapid discharges from acute hospitals.

- Primary care discussed and developed a high percentage of ACPs for the older adult and shielding population at the start of the pandemic.
- Enhanced clinical leadership and 'wrap around' support for care homes including deployment of staff if required.
- Optimisation of home working and default to MS Teams meetings to allow maximum staff engagement irrespective of location.

Acute

- Dr Gray's Hospital (DGH) introducing ambulatory model for unscheduled general surgery presentations to be located within the Day Case Unit and the function of the current Surgical Assessment Unit (SAU) is to be reviewed.
- Mental Health and Learning Disabilities have centralised mental health assessments via the Kildrummy Hub for City and Shire to manage and review admission of patients into hospital. Monitoring of activity to allow early escalation of capacity issues co-ordinated by Patient Flow and Capacity. Contingency arrangements are in place to manage surge.
- Reinforcement of appropriate clinical pathways from unscheduled care to surgical specialties.
- Enhanced use of scheduled admissions area in surgical division for all clinically appropriate patients including hand trauma and other minor trauma cases.
- Orthopaedic Senior Team (Orthopaedic ICE Team) to be incorporated in to ED Mass Casualty Plan in relation to increased activity as result of adverse winter weather/ice and increased fracture rate. Predictive use of weather forecasting and escalation to senior orthopaedic team to enhance ED resilience during incidents.
- Implementation of an interim transport model utilising non SAS providers to support patient discharges from ARI and optimise flow.
- Continuation of discharge liaison role and strengthening social work links at DGH.
- Strict adherence to essential prevention and control measures to reduce nosocomial infection transmission as per current national guidance.

Action Plan for Winter 2020/21

The Grampian 2020/21 Winter Plan actions are set out in the following themes:

3.1 System Response - Implementation of a Winter Tactical Operating Model (WR-TOM)

Winter planning sits within Tactical Objective 3 of our plan of action to live with COVID-19 including management of resurgence and peaks of activity during the winter. Tactical Objective 3 states we will **'Plan, direct and assure an integrated whole system Winter Response'** - Tactical Operating Model (WR-TOM). This objective has four clear outcomes as below:

1. Maintain a baseline capacity to treat current COVID-19 patients whilst maintaining the ability to increase this capacity in line with the original COVID-19 Tom and future second wave predictions.
2. Clarify whole system capacity requirements to maintain critical and protected services and the potential to release capacity from non-critical/protected activity whilst understanding the impact on remobilisation plans.
3. Describe an integrated whole system winter response – Tactical Operating Model (WR-TOM) which will combine the COVID-19 response model together with predicted surge in unscheduled care and our baseline need to maintain critical and protected services.
4. Utilise National, Grampian-wide and local unscheduled care system data together with system intelligence to support local planning and modelling to guide the wider system response.

The pathway of care for COVID-19 related illness was established through Operation Rainbow and we now need to combine this with our regular unscheduled care pathway to develop a full winter response model. A number of key principles were established in developing the COVID-19 TOM and these helped develop system engagement, focus and agility to respond. These will be carried over into the WR-TOM and are summarised below:

- Whole system view.
- System data points and data dashboard.
- Decision points and triggers.
- Maintain system capacity ahead of demand.
- Increasing capacity in light of expected trajectory ahead of demand.
- Operational plan for deployment of capacity in line with decision point triggers.
- Modelling parameters for Realistic Worse Case Scenario.
- Modelling review.

Relationship with Other Tactical Objectives

Our nine tactical objectives detailed in our Remobilisation Plan are shown at Appendix 1

Objective 3 offers a planned response model to guide our system in responding to a surge in demand for unscheduled care over the next six months whether from COVID or other winter pressures individually or concurrently.

This is distinct from the optimisation of the unscheduled care system itself which is one of our critical services identified in tactical Objective 2. Optimisation of unscheduled care pathways as we emerge from the first wave of COVID is captured under the 'Operation Home First' programme and is the preventative measure to reduce the probability that the winter surge is overwhelming. Objective 2 also identifies our other critical and protected services which must be maintained wherever possible throughout the next six months.

Test and Protect as well as the Vaccination programmes (Flu and COVID-19) are two important critical services and priority programmes of work that should also assist in reducing both COVID-19 and Influenza challenges over this period of time. Understanding what capacity and resource must be deployed to provide these services helps build the model for our overall position throughout winter. Objective 4 gives an overview of our service remobilisation plans outside of critical and protected services. By their nature they will of course be important to our population but may be restarted or reduced to support surge demand.

Our planning has been guided by national modelling work produced by the Chief Statistician of Scotland and last updated in mid-September 2020. Summarised data for NHS Grampian is set out below with figures given for weekly total case burden and peak bed utilisation:

NHS Grampian 10% of Scottish Model Estimates

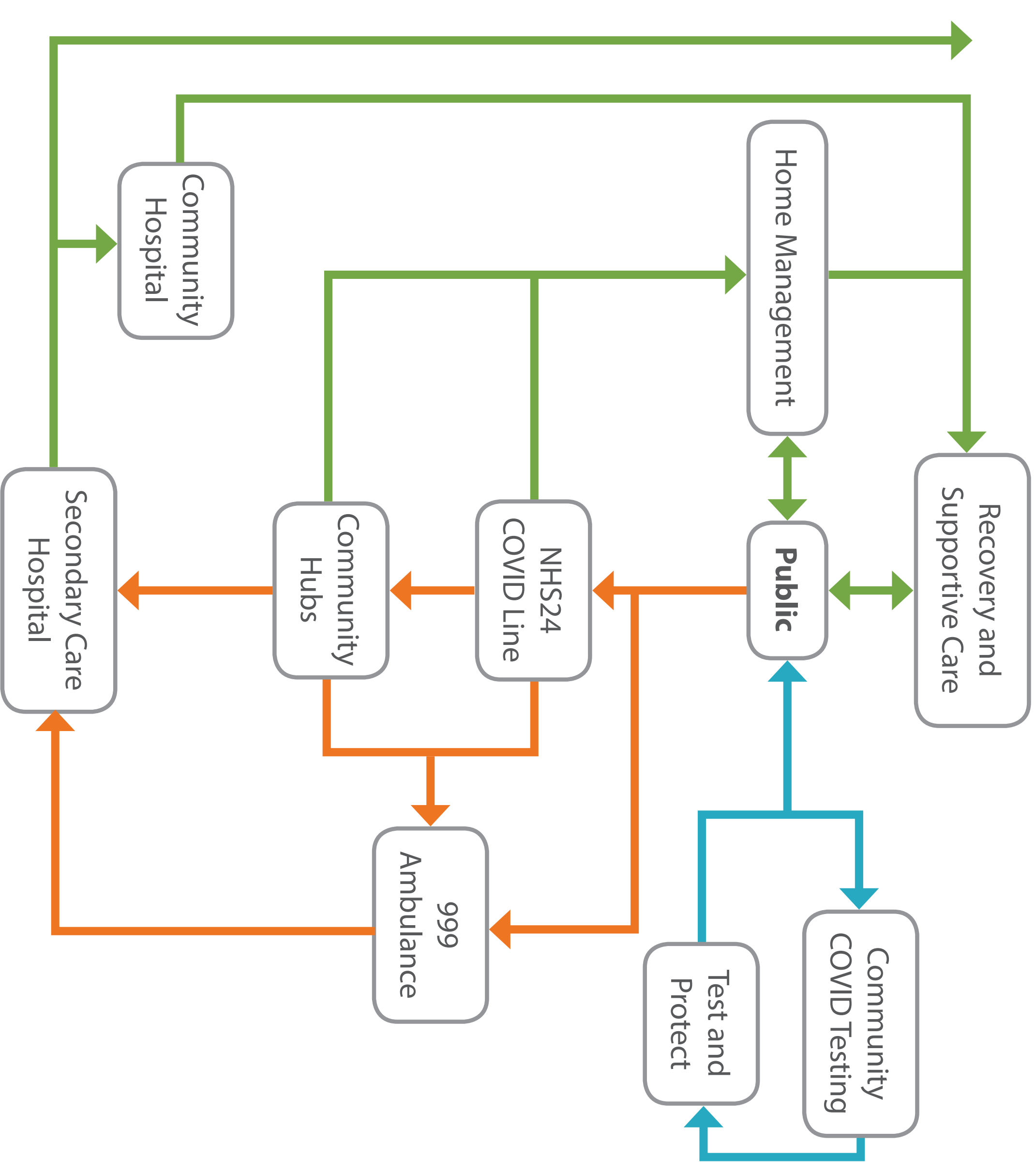
Lower limit resurgence unaffected by universities	12 Oct	19 Oct	26 Oct	2 Nov	9 Nov	16 Nov	23 Nov	30 Nov	7 Dec	14 Dec	21 Dec	28 Dec	4 Jan
New cases	874	879	904	743	618	549	485	441	450	539	659	841	1,179
Concurrent cases	1,667	1,674	1,673	1,681	1,508	1,227	1,072	954	865	937	1,147	1,428	1,923
New symptomatic cases	277	258	264	267	208	178	159	141	133	138	172	212	275
Concurrent cases with symptoms	325	325	317	329	317	257	223	198	177	171	207	251	320
Total patients requiring admission to hospital	21	25	29	34	32	26	21	17	14	14	15	16	17
Peak number of beds required that week	21	25	30	36	39	36	32	28	24	20	19	19	20
Total patients requiring admission to ICU	3	3	4	4	4	3	3	2	2	2	2	2	2
Peak number of ICU beds required that week	3	3	4	5	5	5	5	4	4	3	3	3	3
Deaths per week	5	6	8	9	11	10	9	8	6	6	5	5	5

Upper limit resurgence exacerbated by universities	12 Oct	19 Oct	26 Oct	2 Nov	9 Nov	16 Nov	23 Nov	30 Nov	7 Dec	14 Dec	21 Dec	28 Dec	4 Jan
New cases	2,900	3,337	3,881	3,490	3,120	2,843	2,568	2,334	2,233	2,487	2,819	3,278	4,231
Concurrent cases	5,261	5,771	6,791	6,991	6,842	6,006	5,490	4,993	4,544	4,455	5,060	5,777	7,127
New symptomatic cases	861	886	1,043	1,181	996	909	829	749	690	672	777	882	1,043
Concurrent cases with symptoms	973	1,023	1,207	1,393	1,374	1,207	1,109	1,016	923	855	944	1,057	1,234
Total patients requiring admission to hospital	35	54	85	127	138	119	104	93	81	77	75	74	75
Peak number of beds required that week	31	48	77	119	142	139	137	128	117	105	100	96	93
Total patients requiring admission to ICU	4	6	10	16	18	15	13	12	10	10	9	9	9
Peak number of ICU beds required that week	4	6	10	16	20	20	20	19	18	16	15	14	13
Deaths per week	5	8	15	26	39	41	39	36	33	29	28	26	25

Mid point	12 Oct	19 Oct	26 Oct	2 Nov	9 Nov	16 Nov	23 Nov	30 Nov	7 Dec	14 Dec	21 Dec	28 Dec	4 Jan
New cases	1,887	2,108	2,392	2,116	1,869	1,696	1,526	1,387	1,342	1,513	1,739	2,060	2,705
Concurrent cases	3,464	3,723	4,232	4,336	4,175	3,616	3,281	2,973	2,705	2,696	3,104	3,603	4,525
New symptomatic cases	569	572	654	724	602	544	494	445	411	405	474	547	659
Concurrent cases with symptoms	649	674	762	861	846	732	666	607	550	513	576	654	777
Total patients requiring admission to hospital	28	39	57	80	85	72	63	55	48	46	45	45	46
Peak number of beds required that week	26	36	54	78	90	87	84	78	70	63	59	57	56
Total patients requiring admission to ICU	3	5	7	10	11	9	8	7	6	6	6	6	5
Peak number of ICU beds required that week	3	5	7	11	13	13	13	12	11	9	9	8	8
Deaths per week	5	7	11	18	25	26	24	22	19	18	17	16	15

NHS Grampian COVID-19 Clinical Pathway

The COVID-19 clinical pathway of care was established during the first wave of the pandemic and can now be considered in an integrated way alongside community testing programmes and the 'Test and Protect' service which includes asymptomatic or minimally symptomatic individuals who would not have entered the clinical management system. This COVID-19 surge model will focus on the second wave predicted to peak in mid-November 2020 and address the capacity requirements within the COVID-19 Community Hub and the COVID-19 designated hospital treatment centre (Aberdeen Royal Infirmary).



Decision Points Related to COVID-19 Second Wave

Throughout the second wave it is essential to monitor progress in real time and have agreed three sets of critical Decision Points (DP). The first set of DPs will trigger escalation points for the provision of increased capacity ahead of need within the COVID-19 Hub or the Aberdeen Royal Infirmary. The second set of DPs will trigger escalation to our Clinical Board to examine data points within the model to consider model readjustment or protocol review. The third set of DPs will trigger contingency arrangements where we project that our system will become overwhelmed.

- **DP Capacity** To increase service capacity ahead of need.
- **DP Clinical Board** Model Behaviour showing significant deviation.
- **DP Contingency** System overload predicted or near capacity overload.

Data Check Points

The Model has four key points where information must be available to understand the whole care pathway and help guide our understanding of the model.

Public Health

- Testing.
- Test and Protect.
- Care Home Sector.
- Health Protection Service.

NHS24 COVID Line

- Primary Contact Point for escalation of Clinical Deterioration.

COVID Care Hub

- Assessment of Clinical Deterioration in Community.
- Evaluating need for Secondary Care.

General Hospital and Intensive Care

- Evaluating Hospital Sector requirements.
- Considering escalation to Critical Care.
- Identifying Nosocomial Infections.
- Identifying recovery stream.
- Delivering appropriate clinical interventions.
- Recruiting for research.

Community COVID-19 Assessment Hubs (Lead Team – Moray HSCP)

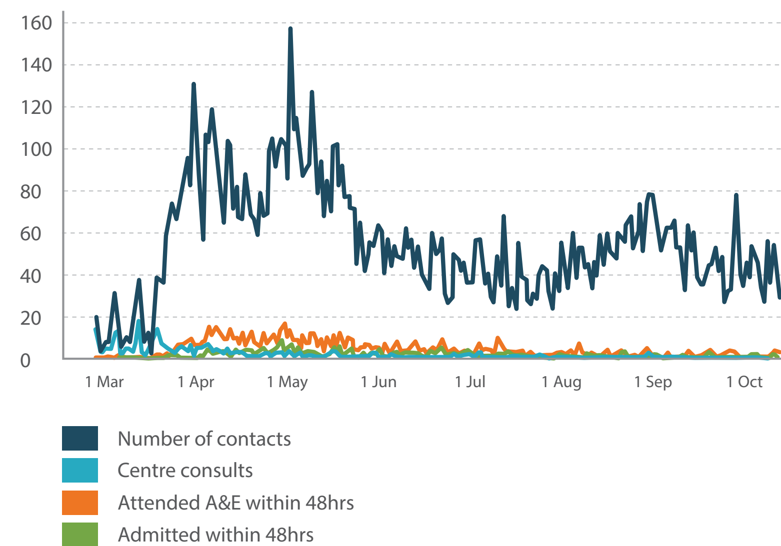
The COVID-19 Hub model is intended as an advanced triage system that brings together primary and secondary care expertise with the possible addition of face to face assessment, physiological measurements and near patient testing data. The intention is to maximise the opportunity to maintain an individual in the community with appropriate support and care. In practical terms it should reduce the expected admission rate into hospital. The Hub will receive calls from the National NHS24 COVID line.

The first stage uses telephone and 'Near Me' consultation supported by secondary care advice. Outcomes from this initial Multi-Professional Team assessment will include:

- 999 to Hospital.
- Direct to Hospital Admission.
- Transfer to Non-COVID-19 pathway of care.
- Further Face to Face assessment (At Home or In Hub).
- Home management.

Predicted Autumn Second Wave COVID-19 Hub Activity for NHS Grampian

The activity profile through the first wave and up to the start of the second wave is shown below and represents daily contact numbers with a very low conversion rate to hospital admission and almost all consultations completed remotely.

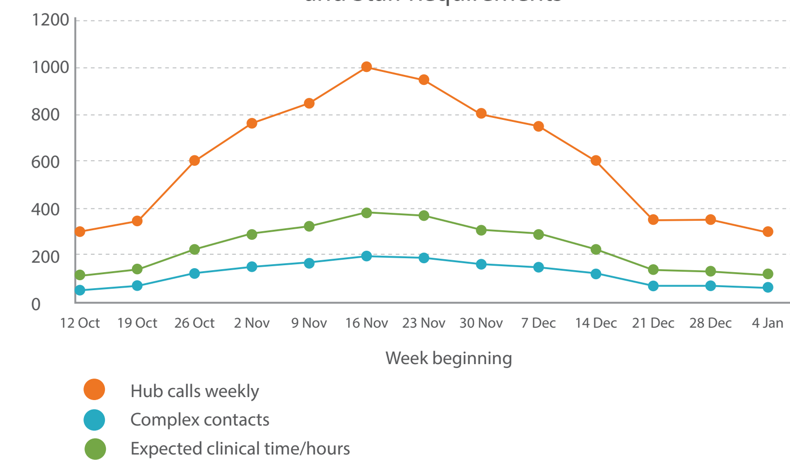


Assuming the activity will follow a similar profile to wave 1 the autumn surge in COVID Hub calls can be estimated. There are significant potential errors in this approach as with an increase in testing within the community there will be a higher number of individuals who know that they have a positive result and may be filtered through the COVID-19 Hub triage system from NHS 24.

COVID Community Hub Activity
- Weekly Data - Week Commencing

	Hub calls weekly	Complex contacts	Expected clinical time/ hours	Required clinical staff on every shift
12.10.20	300	60	115	1
19.10.20	350	70	134	2
26.10.20	600	120	230	3
02.11.20	750	150	288	3
09.11.20	850	170	326	4
16.11.20	1000	200	383	5
23.11.20	950	190	364	4
30.11.20	800	160	307	4
07.12.20	750	150	288	3
14.12.20	600	120	230	3
21.12.20	350	70	134	2
28.12.20	350	70	134	2
04.01.21	300	60	115	1

COVID-19 Community Hub Activity
and Staff Requirements



Predicted Second Wave COVID-19 Hospital Based Activity (Lead Team – Acute Sector)

The point of hospital entry is intended as the definitive pathway into secondary care with further opportunities to escalate to intensive care if appropriate. The NHS Grampian single designated portal of entry will be at Aberdeen Royal Infirmary. The limit on hospital entry sites is essential to reduce transfer of critically ill patients who are COVID positive as this is difficult and resource intensive. Furthermore, multiple sites increase COVID positive traffic in our system and contributes to increasing infectivity ratio R. It also gives the opportunity to focus vulnerable non-COVID activity in a more protected environment or offer step down recovery and rehabilitation. Detection of COVID positivity in other NHS Grampian hospital sites will also occur and in principle these patients should transfer to ARI at the earliest opportunity where escalation to intensive care would be considered appropriate if the need arose.

Hospital General Care

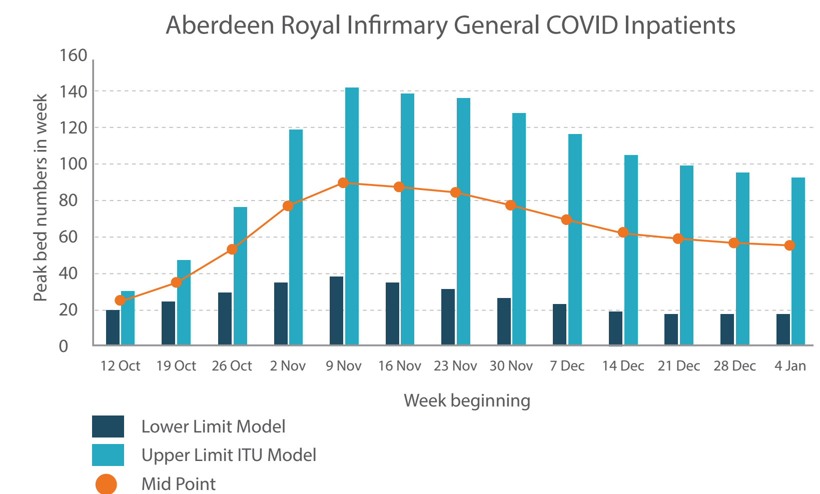
This offers hospital level supportive care, recruitment to intervention studies and access to specific therapeutic regimes currently available, complication management facilities and assessment for escalation to ITU following risk-based assessment of benefit. Discharge for recovery will be the most common outcome with palliative care both in hospital and after discharge. Capacity requirements are variably predicted to rise very significantly. The outbreak metrics are essential for understanding our local outbreak. Possible measurements are detailed below.

Predicted Second Wave General Hospital COVID-19 Activity For NHS Grampian

This assumes that Aberdeen Royal Infirmary will remain the single planned portal of entry for COVID possible and confirmed COVID inter-hospital transfers. The figures are based on national modelling predictions of current community COVID burden and transmission rate as detailed above. Two projections have been produced, one offering a lower peak and flatter trajectory which does not take account of the impact of reopening Universities and the other more pessimistic that adds in the increased transmission rate associated with student populations. A mid-point between these has also been calculated which correlates fairly closely with our experience during the first wave. Planning for this approach uses the higher risk model to ensure appropriate preparation for the expected COVID surge.

ARI General COVID-19 Care Escalation Decision Points

Current COVID TOM Status	Expected date to reach trigger threshold	Deployed capacity	Prepared capacity	Trigger switch to next level
TOM 1a	15.10.20	25	50	>20
TOM 1b	24.10.20	50	75	>45
TOM 2a	30.10.20	75	100	>68
TOM 2b	03.11.20	100	125	>90
TOM 3a	07.11.20	125	150	>112
TOM 3b	Mid Nov 20	150	150	>135
DP contingency				



Decision Points for Escalation of Service Provision and Contingency

Given the exponential nature of the growth curves for hospital utilisation of inpatient facilities we need to operate a completely new approach to capacity management and activation of contingency measures. Two sets of Decision Points need to be incorporated at this level.

DP Capacity

To increase service capacity ahead of need based on 90% utilisation of capacity. The TOM has three tiers of service expansion and as we near the maximum capacity of a given tier we need to prepare for the next operational step. These figures do not include the assessment and front door areas which will need to be sufficient to manage the daily expected load and the undifferentiated COVID-19 possible cases.

TOM 1 Deployed capacity of 50 COVID-19 General Beds in ARI.

TOM 2 Deployed capacity of 100 COVID-19 General Beds in ARI.

TOM 3 Deployed capacity of 150 COVID-19 General Beds in ARI.

DP Contingency

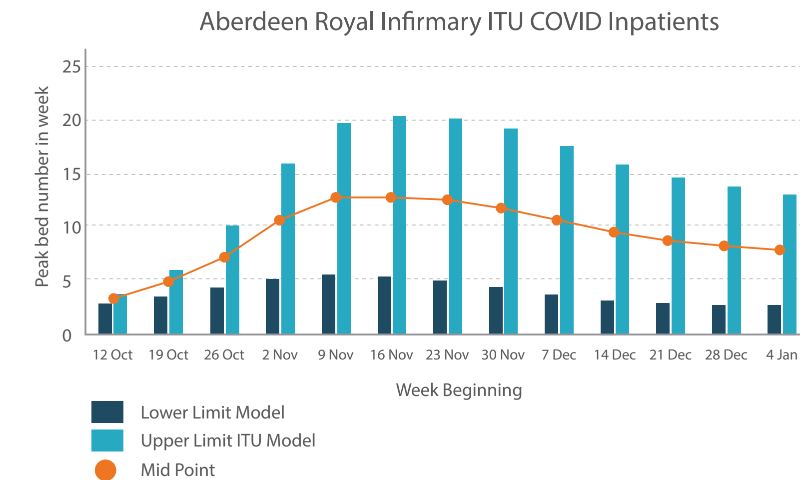
This is the activation of plans when it appears system overload is not far away. The trigger in the bed capacity step up model is when **TOM 3** is at 90% utilisation.

Intensive Care (Lead Bronze Team – Acute Sector)

Worldwide experience has often focused on the Intensive Care ventilator capacity pressure with evidence of high rates of physiological deterioration particularly in the elderly. We have been asked to plan for an initial two-fold increase in our ITU capacity against a baseline of 16 General ITU and six Cardiac ITU beds. The outbreak metrics related for ITU care were established during wave 1 and seen to be close to predicted conversion rates and average length of stay. The role of ECMO has now been established and Aberdeen is the Scottish National ECMO centre with a requirement to provide capacity to accommodate up to six patients.

ARI ITU COVID-19 Care Escalation Decision Points

Current COVID TOM Status	Expected date to reach trigger threshold	Deployed capacity	Prepared capacity	Trigger switch to next level
TOM 1a	12.10.20	3	5	>2
TOM 1b	18.10.20	5	8	>4
TOM 2a	24.10.20	8	10	>6
TOM 2b	30.10.20	10	15	>9
TOM 3a	03.11.20	15	20	>12
TOM 3b	Mid Nov 20	20	20	>18
DP contingency				



Decision Points for Escalation of Service Provision and Contingency

Given the exponential nature of the growth curves for hospital utilisation of inpatient facilities we need to operate a completely new approach to capacity management and activation of contingency measures. Two set of Decision Points need to be incorporated at this level.

DP Capacity

To increase service capacity ahead of need based on 90% utilisation of capacity. The TOM has three tiers of service expansion and as we near the maximum capacity of a given tier we need to prepare for the next operational step.

TOM 1 Deployed capacity of 5 COVID-19 ITU Beds in ARI.

TOM 2 Deployed capacity of 10 COVID-19 ITU Beds in ARI.

TOM 3 Deployed capacity of 20 COVID-19 ITU Beds in ARI.

DP Contingency

This is the activation of plans when it appears system overload is not far away. The trigger in the bed capacity step up model is when **TOM 3** is at 90% utilisation and contingency plans need to be reviewed and considered.

3.2 Data Modelling

During the first wave of the pandemic, most parameters built into our modelling assumptions (mortality rates, conversion rate from community to hospital to ICU and Length of Stay (LoS) provided broadly accurate. However it is acknowledged that Grampian had a lower infection burden than other areas in Scotland and the UK.

The current resurgence of COVID and latest modelling from the Scottish Government predicts two probable significant peaks of activity/surge in mid-November 2020 and March 2021. We have therefore as requested by SG based our assumptions and modelling scenarios on SEIR 2 and Scottish Government Autumn scenario 'Resurgence exacerbated by Universities opening' (17 September 2020).

3.3 Surge and Capacity Planning

COVID-19, Urgent, Emergency and Critical Protected Services Through Winter

All COVID-19 inpatient care is being delivered within ARI utilising General beds and the Intensive Care Unit (ICU). Specifically we also provide the National ECMO service within the ICU. Our current surge planning is set at delivering a peak COVID capacity equivalent to that required during wave 1 (81 COVID Medical Beds and 20 COVID Intensive Care Beds (overall twice normal ICU capacity) as well as providing six ECMO beds for national use (triple the baseline service).

Urgent and emergency secondary hospital care is provided across Grampian by ARI and DGH although the winter surge is provided principally by the ARI within the Medical Division and from the last five winter's analysis, requires up to 100 additional beds.

The design of our COVID and Winter Surge Plan is such that the delivered additional capacity could be directed either for COVID care or Urgent Medical Care and in total seeks to potentially provide sufficient capacity that would support a bad winter surge and a COVID surge peaking at the same level as wave 1. This is equivalent to our Stage 2 surge level which is detailed below. We have planned beyond this level but the issues around deliverability and other service impact are significant. The surge stages and ARI capacity are summarised in the table below:

	Baseline	Surge Stage 1	Surge Stage 2	Surge Stage 2
Total ARI Beds	587	668	698	698
Increase above baseline		+81	+121	+121
Max General COVID beds	54	106	158	178
Total ITU Beds	26	30	36	54
Max COVID ITU beds	10	14	20	38
Max ECMO Beds	6	6	6	6
Max General ITU beds	10	10	10	10

In this second wave we have sought to protect critical services with a capacity at or above 80% of delivery from previous years. These include all cancer diagnostic and treatment services, all urgent clinical outpatient assessments and interventions within our Category 0 and 1 bands (equivalent to the National Cat 1, 2 and 3 levels).

The requirement to develop a COVID safe hospital environment has impacted on total physical inpatient capacity as well the rate of patient flow through all services. This has also led to the displacement of some hospital staff who require redeployment on health grounds in the light of COVID risk which when combined with COVID related absence through infection or requirement to isolate places a significant pressure on the workforce.

Acute – Aberdeen Royal Infirmary (ARI)

A detailed surge plan has been developed with additional COVID-19 ward capacity identified to meet rises and falls in demand, enabling continuation of as many elective services as possible, for as long as possible. Work is also underway to identify a suitable site to establish a discharge lounge to allow patients ready to go home or transfer, to wait in a comfortable environment without having to remain in the ward. Planning has been progressed on the basis of low, mid and high demand assumptions as outlined in the Winter TOM. In response to Scottish Government request, planning also incorporates provision of mutual aid should this be required across Scotland.

The higher demand risk model has been used to ensure the highest level of preparedness with flexibility to respond at any time for the anticipated COVID-19 surge.

The ARI hospital control room will monitor activity across the acute sector and make recommendations to the Acute Leadership Team (ALT) to trigger the move up or down the TOM levels. ALT will monitor readiness for the next level and the switch will take place at 95% COVID-19 ward level bed capacity. This plan will be communicated widely and teams given ownership for their contribution to its success. The trigger points will be used to surge up and down the COVID-19 capacity to minimise impact on non COVID-19 activity.

The plan will utilise all of the footprint within ARI that is suitable for inpatient admissions. Service location activity has been reviewed and alternative locations identified for those services which can move to release space for inpatient beds or to improve flow.

All current scheduled activity (out-patient diagnostic and inpatient at ARI) which has been re-mobilised is largely time critical and/or cancer related. In order to avoid any loss of this critical capacity, great care must be taken to safeguard this environment and health and wellbeing of our workforce.

Women and Children's Division Surge Plans have been updated and implanted for all specialties within the Division. Staff rotas are in place and continually monitored. The Surge Plan includes consideration of cancelling elective non-urgent workload. In the event of surge, activities paused will be the same as during the first wave.

Nurse led discharge of patients will be maximised in all areas where processes exist and AHPs supported to take a lead on criteria led discharge. Day of surgery admission and day case surgery will be maximised where appropriate. A roving senior team will facilitate morning discharge in line with Home First principles. Work is ongoing to ensure the whole division has optimised their Planned Date of Discharge processes to maintain adequate flow within the hospital.

Acute – Dr Gray's Hospital

A surge plan schematic and Escalation Bed Plan is under development and pulls together the whole site response for medicine, surgery, unscheduled care, HDU and Women and Children's services.

The plan recognises the impact of winter and/or COVID-19 may be different for each service at any point in time but the ability to respond to challenges faced will be co-dependent. It sets out assumptions underpinning the bed surge plan to manage COVID-19 and non-COVID demand. It highlights critical dependencies, tactical operating plan to maintain a non-COVID treatment hospital model with a COVID-19 clinical assessment function.

Surge bed capacity and protocol is in place with a total of 34 combined total surge and/or re-provisioned beds.

Mental Health and Learning Disabilities (MHLD)

The nature of MHLD services meant they were unable to pause or postpone admissions during the initial response to COVID-19. The service is continuing to use RAG status to ensure appropriateness of all admissions and working closely with Community Mental Health Teams to support patients at home via Care at Home and redesign of the former day hospital for outreach. Operation Home First is embedded in the Learning Disability wards on the main site and COVID-19 pathways are established. Access for all patients for assessment and admission comes via the Kildrummy Hub at RCH which was formed April 2020.

Scottish Government has directed that mental health services must continue with their current remobilisation plans and ensure that service provision is maintained to meet the expected surge in demand given ongoing impact of pandemic on mental health.

Aberdeen City Health and Social Care Partnership (ACHSCP)

In response to Surge/Winter pressures, service areas will review and prioritise services in line with their agreed Surge plans with a focus on supporting flow, preventing unnecessary admissions, supporting discharge and ensuring critical and essential services are delivered.

To ensure the appropriate level of care is provided to all patients, services are RAG rated with individual needs being risk assessed. These RAG ratings are reviewed regularly, and where risk had changed due to the impact of isolation or reduced support, revised plans with increased levels of support are put in place to meet the changing needs of individuals.

'Near Me' is now rolled out across all services where appropriate.

All staff across the partnership, hospital and community bases have access to appropriate risk assessments, face to face criteria, safer workplace guidance and PPE for essential face to face assessments.

Patients/clients can receive their contact either via telephone consultations or virtually utilising Near Me in the first instance. Where a face to face assessment has been risk assessed as required, patients/clients can be seen within an out-patient/GP Practice clinic setting or through a domiciliary visit if required.

Delayed discharges are continually reviewed and prioritised.

The impact of COVID-19 in Care Homes continues to have an impact on workforce resource and resilience and additional support is provided when staffing numbers are reduced. This particularly impacts Social Care staff, although additional support is provided on occasions by Nursing and Occupational Therapy staff and other Allied Health Professionals as capacity allows.

Data is collated daily on staffing across the critical areas and developing a deployment process which will allow the deployment of staff within the Partnership if required.

All service development and transformation work is aligned to support Operation Home First as well as the NHSG Phase 2 remobilisation plan and the priorities within Operation Snowdrop – Winter Planning/Surge and Flow; Vaccinations; Test and Protect and Urgent Care.

As part of Operation Home First, care home capacity (66 social care beds) has been reserved specifically to support discharges and improve flow, avoid admissions.

Interim sheltered and very sheltered housing properties have also been reserved to support hospital discharges during winter pressures as well as 15 housing with care flats reserved for those requiring support and care to facilitate discharge and prevent hospital admission.

Revised Frailty and Care at Home Pathways have been finalised and an implementation plan is in place.

The HSCP Business Continuity Plan is updated and reflects priority to support care homes.

Continued use of RAG system to divert capacity where and when required.

Aberdeenshire Health and Social Care Partnership (AHSCP)

Business Continuity Plans (BCPs) identify critical services and plans to step up/down. Considering a tiered model for service delivery and currently developing a performance dashboard which will enable more robust monitoring of staffing levels and other triggers for TOM escalation. Surge plans are incorporated within BCPs and a workshop was planned week commencing 23 November to tie in with work around surge and flow and alignment with the revised frailty pathway as part of Operation Home First.

Health and Social Care Moray (HSCM)

Winter Surge Plan updated during November. Teams are reviewing critical functions identified in June and this work will be completed by end November. Under Operation Home First, Discharge to Assess has been implemented and will run until 31 March 2021.

New providers have been engaged to provide some additional capacity for Care at Home support.

Continued close working with community and 3rd sector partners to utilise volunteers building on work done during first phase.

Staff capacity for deployment is restricted given the resource intensive nature of new initiatives. Operation Home First and the immunisation programme have diverted capacity used previously when services were paused during the first phase. In some instances, options for deployment are further restricted in terms of what some staff are able to do as per the Terms and Conditions of their employment and this also needs to be balanced with maintaining the health, wellbeing and goodwill of staff.

HSCM will adopt whole system approach working alongside DGH and other partners to provide services to those with greatest need – support to informal carers, people using self-directed support, external providers and care homes. Incident management plan being updated. Preference for information flow via control rooms.

Community Pharmacy

Community pharmacies in Grampian have shown great resilience throughout the COVID-19 pandemic. They have adapted to new ways of delivering services, have embraced adaptations in legislation and ensure that safe, patient centred care remains their focus. All community pharmacies signing up to provision of locally enhanced services are required to have a business continuity plan in place and an internal communications plan.

Processes for advising/requesting changes to hours of opening are in place including standardised posters for public communications.

A three tier service retraction plan is in place relieving community pharmacy of service obligations in a structured way to ultimately focus on supply and minor ailments.

An SLA for Substance Misuse Services has been renegotiated to include a requirement for those providing under the SLA to have a 'buddy' pharmacy in place to ensure continuity of services to this vulnerable patient group.

Local community pharmacies have been encouraged to sign a nationally developed Memorandum of Understanding (MoU) to facilitate the 'loaning' of staff between employers where needed for service continuity purposes.

COVID-19 communications daily during Wave 1 has reduced to weekly to provide up to date information and information is also provided on a website for community pharmacies.

Near Me has been implemented in community pharmacies to add an alternative to face to face consultation where appropriate. Pharmacy First has been fully launched to expand the offer for patients across a range of specified minor ailments.

Pharmacy First Plus utilising pharmacist prescribers in community pharmacy is being deployed for Winter 2020. A Secondary Care Medication Collection network is in place and being reviewed and expanded to allow patients to collect their secondary care specialist medicines closer to home.

The CoPPr pilot is progressing well, now at expanded pilot phase and should help new models of care by providing a remote electronic prescribing solution.

In terms of Pharmacotherapy services, teams have been exploring further the potential of remote working but limitations are lack of accommodation and IT kit. Teams are not yet at full capacity so there remains a mismatch between resources and GMS contractual risk. However, teams continue to respond flexibly to local need e.g. where medical prescriber capacity has been significantly reduced and continue to provide responsive advice and guidance to shortages, switches, and medication queries.

In the hospital, acute pharmacy services are incorporated in the acute service plan.

DGH, RACH, Woodend and RCH pharmacy plan is also part of the acute pharmacy plan

Community hospital pharmacy services are largely technician led with a small team supporting hosted with Aberdeenshire HSCP.

At Corporate level, the Formulary Group has been maintained with an expanded workload eg medicines management and guidance. Also managed Pharmacy Bronze Control Room throughout.

Community Pharmacy Services have been managed on behalf of the HSCPs and NHSG by the Corporate team.

NHS 24

Winter planning is contained within the Remobilisation Plan up to March 2020. Like other territorial Boards and Special Boards, NHS 24 has focused on responding to the COVID-19 Pandemic and had to adapt its services to support this.

Key developments have included:

- Establishing a special information helpline.
- Extending mental health services.
- 24/7 primary care with 111 service acting as the national clinical first point of entry for COVID-19 related care in and out of hours supporting the flow of demand through community and hospital based care.
- Accelerated enhancement of NHS 24 digital services promoting use of NHS Inform for all public and professional facing content related to COVID-19, introduction of voice 'chat bot' to support self-care messaging and launch of the NHS 24 app offering advice through a self-help guide.
- Key national role in accelerating availability of GP practice websites to support a 'digital first' approach.

Key priorities up to March 2021 are:

- Commit to continue current levels of COVID-19 resource.
- Work with partners to develop a national urgent care pathway as part of the Redesign of Urgent Care.
- Continue to expand and build on 24/7 Mental Health Hub (including 24/7 helpline for health and social care workers).
- Strategic Review of NHS Inform and role within the refreshed Digital Health and Care Strategy.
- Supporting Public Health priorities.

NHS 24 has a dedicated Incident Management Team (IMT) for the ongoing management of COVID-19 including assessment of the wider implications for winter planning. Developing an extended winter public information campaign in partnership with Scottish Government and will continue to monitor and review ongoing risks including from EU exit.

Scottish Ambulance Service (SAS)

SAS has incorporated lessons learned from previous winters and the initial COVID-19 response to feed into regional risk management and emergency planning/business continuity systems and processes.

A winter plan is in place and regular liaison meetings are held with NHS Grampian at strategic and operational level.

North Region declare a weekly Resource Escalation Action Plan (REAP) level on the daily SAS National Conference Calls. The REAP is reviewed on a daily basis to ensure all appropriate mitigations are implemented by local management teams in the areas where pressure presents.

'Early warning' systems in place with NHS Grampian via Ambulance Hospital Liaison Officer (HALO) with regular monitoring of alert status allowing proactive measures to be instigated. The HALO links into both ARI and Dr Gray's through operational Site and Capacity and daily cross sector huddles.

Agreement in place that NHS Grampian Estates Team will provide gritting and snow clearance for the whole Aberdeen SAS site (Station, DHQ, Workshops)

In Hours General Practice (GP)

A recovery plan is in place for GP which would be stepped back if Scottish Government and COVID-19 response required this.

GP buddying arrangements and cluster working is in place to support business continuity and ensure provision of critical GP services in the event of any practices failing.

As independent contractors it is the responsibility of individual GP practices to have business continuity plans in place.

3.4 Test and Protect

Priority programme for NHS Grampian in line with the national strategy to manage and limit the spread of COVID -19 and break the chain of transmission by:

- Identifying people who have the virus.
- Tracing those who have been in close contact with an infected person for a long enough time to be at risk of infection.
- Supporting those close contacts to self-isolate, so that if they have the virus they are less likely to transmit to others.

3.5 Vaccination

Given the impact of COVID-19 on the most vulnerable in society, it is imperative that we do all we can to reduce the impact of seasonal flu on those most at risk and minimise further impact on the NHS and social care services. As such, delivery of the seasonal flu vaccination is one of our five priority programmes and a clinical priority for NHS Grampian and the Health and Social Care Partnerships. Key objectives of the 2020/21 adult flu programme as per CMO letter SGHD/CMO (2020) 19 dated 7 August 2020 are summarised below:

- To protect those most at risk from flu in the coming season and minimise the impact of potential co-circulation of flu and COVID-19.
- Plan delivery based on lessons learned in previous years and experience of COVID-19.
- Increase vaccine uptake across all eligible groups with particular focus on those aged 65 and over, those aged 18 to 64 in clinical risk groups, as well as pregnant women (at all stages of pregnancy).
- To extend the national programme to offer vaccination to households of those who are shielding, social care staff who deliver direct personal care and all those aged 55 to 64 years old.
- Maximise uptake amongst frontline health and social care workers.

The Scottish Government has procured additional vaccine to cover increased uptake amongst existing cohorts, in light of COVID-19, as well as to provide vaccine supply to introduce additional eligible groups to the programme. The Scottish Government have indicated that the programme should be extended to those aged 50 to 54 if vaccine supply allows.

A phased approach has been taken to delivery of vaccination to high risk groups and to health and social care workers.

A national media campaign (TV, radio, press, digital and social media) will seek to increase uptake rates amongst all groups.

A national toolkit will be produced to support the promotion of flu vaccine to health and social care workers and provide resources such as invitation emails, posters and social media posts.

Peer vaccination roll out has been implemented to encourage staff uptake of the vaccination. Uptake figures are being closely monitored. Early evidence is of an increased uptake of vaccine and good data on some cohorts eg over 65 and under 65 at risk groups.

3.6 Infection Prevention and Control

COVID-19 Pandemic

Established local processes are in place. A blended approach for PPE donning and doffing training specific to COVID-19 is now established and is ongoing for both droplet and airborne transmission risks.

Implementation of COVID-19 pathways is underway / ongoing. Assurance walk rounds for safer workplaces and physical distancing have been implemented and are ongoing. Other points are covered by established current local processes which are in place.

IMT discuss and implement staff testing where appropriate. Asymptomatic staff testing is implemented in 'high risk' specialties.

Seasonal Flu

Established local processes continue. The local HPT distribute the weekly infection pressures bulletin produced by PHS. Influenza tracker link to be included in daily sitreps and weekly IPCT report for NHSG clinical risk meeting to enhance awareness

IPCT advice is available seven days, including on call arrangements for out of hours via Medical Microbiology. A seven day nursing service will be stood up temporarily from 30 October 2020, to support Operation Snowdrop.

Norovirus

Established IPCT support and local control measures and processes continue, supplemented by PHS guidance.

Local Health and Social Care winter reviews are undertaken annually and include lessons learned and preparedness.

The local HPT distribute the weekly infection pressures bulletin produced by PHS. Norovirus tracker link to be included in daily sitreps and weekly IPCT report for NHSG clinical risk meeting to enhance awareness.

IPCT advice is available seven days, including on call arrangements for out of hours via Medical Microbiology.

Corporate Communications Team leading on annual campaign, with IPCT input.

3.7 Whole System Resilience

Business Continuity Plans

Divisions/service areas have surge/escalation plans and rotas are in place for the festive season.

Civil Contingencies have updated Hospital Emergency Response Plans and the ARI Major Infectious Diseases Plan which is in line with the NHS Grampian Major Infectious Diseases Plan.

Adverse Weather

A National Adverse Weather Policy is in place and Met Office warnings and messaging available via NHS Grampian Intranet.

SLA in place with COTAG for use of 4x4 vehicle to facilitate staff transfer to and from work to promote essential safe staffing levels.

Arrangements put in place during initial COVID-19 response will provide accommodation for staff if weather prevents safe travel to and from work to facilitate attendance and promote essential safe staffing levels.

EU Exit

We have an established EU Exit Group with executive leadership. We continue to update our operational assessment and risk plan based on the latest guidance and advice nationally.

Efforts continue to ensure we co-ordinate all aspects of our planning for winter and remobilisation with professional leads across other Boards in Scotland and at Scottish Government regarding specifically the impact on:

- Procurement
- Medicines
- Staff
- Resilience

We will continue to engage and communicate with our staff who may be impacted by the UK withdrawal from the EU.

Contingency plans have been updated to ensure lessons learned during the initial COVID-19 response are fully considered and acted upon to minimise any unacceptable disruption to service continuity or provision following formal withdrawal of the UK from the EU.

3.8 Out of Hours/Elective Care Capacity and Demand

Reducing Attendances

- Operation Home First is our whole system approach to maintain people safely at home, avoiding unnecessary attendance or admission and supporting early discharge.
- Development of a Flow Navigation Centre to be operational from 1 December 2020.
- The G-Med Out of Hours Professional to Professional Clinical Decision support line provides advice and decision support to Community Based staff e.g. Care Home staff, Paramedics, Community Pharmacists.
- The COVID Hub Professional to Professional Clinical Decision support line is available for 24/7 advice and decision support to Community Based staff as listed above and GPs.
- Review of OOH provision has been undertaken with a clear pathway and streamlined process identified for admitting patients when necessary.
- We will continue to promote 'Know Who To Turn To' (KWTTT) signposting patients to the most appropriate healthcare service for their needs and this will be communicated in partnership to the public via a number of mechanisms including TV, radio advertising and social media.

Avoiding Unnecessary Admissions

- Operation Home First will build on the success of Hospital @ Home; Discharge to Assess; and Delayed Discharges work streams. Review and implementation of key pathways within Operation Home First will support more people to manage symptoms at home reducing the numbers of people who need to be admitted to hospital.
- HSCPs will continue to work in collaboration with acute sector colleagues to understand the patterns of use in Community Hospitals to support bed management across the wider inpatient system. We will continue to use established bed management systems to ensure visibility of available beds at any given time through the Trak Care system.
- Continued support from community nursing to enable people to manage symptoms and recover at home.
- We will continue to provide the necessary support and advice to maintain care home capacity in line with our overall aim of ensuring that all residents are protected, harm is minimised and the quality of their care is of the highest standard possible.
- Admission avoidance is effectively supported by the delivery of Medical and Surgical Ambulatory Emergency Care services, reducing pressure on inpatient capacity.
- The introduction of a Virtual Community Ward model across GP practices in Aberdeenshire and Moray has ensured preventative measures are in place to maintain vulnerable patients in the community and reduce inappropriate hospital admissions. In addition, closer working between the Virtual Community Ward and the Integrated Discharge Hub at ARI facilitates earlier discharge of patients from ARI.
- Establishment of a Respiratory Cell to maximise health and promote self-care and self-management for those with chronic respiratory conditions and prevent unnecessary admissions.
- The Acute Care at Home Service in Aberdeen City and the Aberdeenshire Response Care at Home Team (ARCH) operating across our communities respond to surges in demand by preventing unnecessary admissions, providing augmented care in the patients home, supporting discharge and end of life care.

- Additional care home bed capacity in Aberdeen City HSCP (66 social care beds) have been reserved specifically to support discharges and improve flow out of the hospital, and will also be used to avoid admissions. This also includes a number of COVID-19 surge beds which are being repurposed to deliver winter capacity during 2020/21. In addition, Community Hospital beds across Aberdeenshire will provide the required "step-up capacity" to avoid unnecessary acute hospital admissions and deliver care closer to patient's homes.
- The Medical and Surgical Ambulatory Care services continue to deliver a further reduction in admissions to the Acute Medical Initial Assessment and Surgical Receiving Units.

Reducing Length of Stay

- Provision of interim bed capacity to facilitate hospital discharges/step-up during winter pressure. Aberdeen City HSCP will provide interim sheltered and very sheltered properties to support hospital discharges during winter pressures.
- Aberdeenshire Response Care at Home (ARCH) team will continue to meet potential surge in demand by preventing admissions; providing augmented care; supporting discharge; and end of life care. (ARCH provides planned and unplanned care through a team of eight CTC co-ordinating the evening/waking nights across Aberdeenshire. There are responder pods throughout Aberdeenshire which are each staffed by two carers 24 hours a day).
- Patients deemed very unsafe to be discharged following simple risk assessment during hospital recovery, should immediately access intermediate care provision either in a care home or at home with a short term supported living package.
- To enhance good practice in ensuring the right patient is cared for in the right place by the right person at the right time, the Older Persons Assessment and Liaison (OPAL) team which supports decision making about admissions and transfers in the community will be directed to areas of pressure at times of surge.
- In October 2019, a "Discharge to Assess" approach was introduced for patients requiring social care input upon discharge from hospital. With interim additional social care support being provided by community based rapid response teams, patients additional social care needs will be assessed in the community setting, reducing the incidence of delayed discharge.

Optimising Discharge Home as First Choice

- The models of safety briefs in Grampian Acute and Community Hospitals have been further developed throughout 2020/21 and are now well established as a daily occurrence with capacity and management data shared across ARI and Dr Gray's hospitals. This has provided a better 'grip' on the hospital state and creates a management position that is more able to respond to surges in demand and barriers to flow on a daily basis.
- The knowledge and information gained from this daily event can then be shared across teams, escalated across sectors and up to the daily Cross System Huddle as well as to Scottish Government and NHS Resilience as appropriate, and if necessary.
- The Discharge Hub is well established in ARI and constitutes liaison nursing staff, OPAL team, social work colleagues from each of the three Partnerships and hospital discharge coordinators.
- A refresh of the Daily Dynamic Discharge approach designed to ensure that local teams are empowered to deliver tangible improvements in patient safety and flow has been supported by the Six Essential Action Service Improvement managers on both acute sites and across several community hospitals. Discharge Co-ordinator posts across acute sites support timely and effective discharge planning and the agreed improvement trajectories for weekend and earlier in the day discharge.

Workforce

- Support staff health, safety and wellbeing ensuring staff are aware of information channels set up to communicate key messages and particularly those related to support services to maintain wellbeing.
- Ensure staff are able to escalate concerns related to changes in service design or delivery.
- Ensure staff are trained and fully informed in the full range of infection prevention control measures related to COVID -19. In particular guidance on appropriate use of PPE in line with HPS guidelines.
- Implementation of Safer Workplace Guidance.
- Those areas that are required to respond immediately to periods of acute peaks in demand have ensured that staffing rotas are aligned accordingly, for example in the Emergency Departments and in the Acute Medical Initial Assessment areas of both Acute Sites. All frontline staffing rotas for the festive period will be completed by the end of October 2020.
- Leave arrangements will be co-ordinated appropriately across Acute Sector and Partnerships to ensure staffing levels accommodate not only planned leave but any contingencies such as sickness absence.
- Campaigns to proactively encourage all NHS Grampian, Aberdeenshire, Aberdeen City and Moray HSCP staff, community healthcare workers, residential care home staff, social care staff, unpaid carers and paid carers to have the seasonal flu vaccination.
- Targeted communication via displaying posters in key staff areas, electronic bulletins and details posted on the NHS Grampian and local authority intranet sites as well as messages on payslips will run from 1st October 2020. In addition flu vaccination will be offered to Aberdeenshire Transport and Infrastructure staff, in particular those essential workers associated with snow clearing and gritting.

3.9 Out of Hours

A surge plan is in place to ensure a robust, effective and agreed plan for the delivery of primary care out of hours during surge. The plan takes cognisance of the full winter period, festive public holidays, support for NHS 24 during predicted and unpredicted demand of triaged and untriaged calls.

An increase in staffing levels of up to 10% have been factored in over for the festive period/ public holiday weekends to account for an increase in viral illness.

The plan has been reviewed and updated to reflect the response to the ongoing pandemic and separate hub set up in order to respond to this demand. The Community COVID Hub is managed by the GMED Management Team on an operational level with support from the three Integration Joint Boards (IJBs). The hub has separate medical and nursing clinical leadership in place. The GMED surge plan covers the in and out of hours periods of operation and public holidays including the festive period.

The festive period always presents a number of significant challenges for the out of hours service (GMED). It is anticipated that the issues the service deals with in dealing with weekend call demands will be magnified across the festive period and contingency plans are in place to ensure safe service provision. This includes additional duty clinical slots, NHS 24 untriaged calls shifts. Remote Advice shifts and Decision Support shifts have also been incorporated into the rota. Close liaison with NHS24 colleagues is required to inform the number of additional shifts required.

NHS24 predicted numbers prove to be relatively accurate every year. Increased provision of clinical time will be considered to address periods of peak demand and surge.

Professional to professional line of communication has been developed between the service and medical, nursing and pharmacy colleagues throughout NHS Grampian. This has been established to improved patient contact/clinical care in the event of an unplanned episode relating to medication prescription issues.

Information on pharmacy opening times, out of hours service rota, palliative care pharmacy network, oxygen contractors and pharmacies providing emergency hormonal contraception or sexual health services is available within each of the NHS Grampian OOH centres.

Local pharmacies will participate in the national arrangements to improve access to repeat supplies of medicines.

Centres within NHS Grampian have dedicated telephone lines. In the event of telephone failure each of the sites has a mobile telephone for emergency use. In the event of a telephone/ communication fault, local contingency plans will be invoked and NHS 24 informed and provided with alternative contact details.

3.10 Specific Plans for During and Post the Festive Period

Acute

Site management rotas are in place covering the hospital Medical Director, nurse lead, duty manager and site manager with full understanding of surge plans and hospital Major Incident Plan.

Staff rotas are in place for Multi-disciplinary teams covering the two periods of public holidays over Christmas and New Year. Rotas have been reviewed to ensure adequate staffing cover over the festive period for all inpatient, outpatient, clinical and non-clinical areas and inclusive of all disciplines.

Communication on key information on services available over the festive period such as Infection, Prevention and Control (IPCT), pharmacy dispensing, access to social care assessment and care packages will be made available via daily safety briefs and available on each nursing and doctors ward/station.

MHLD

Workforce planning has been undertaken and rotas forward, Nurse Manager on call and Senior Manager on call are in place.

AHSCP

Undertaken review of admission and discharge arrangements over the festive period. Considering Aberdeenshire Council Care Management Service having staff cover on public holidays to initiate hospital discharges and put in place arrangements to avoid unnecessary hospital admissions.

Aberdeenshire GP will offer and increased number of appointments for same day booking over the festive period and will open on the days in between public holidays.

ACHSCP

Undertaken review of services and staff covering Public Holidays and OOH over the festive period.

HSCM

Festive rotas including Senior Manager on call (SMOC) in place and communicated across the HSCP. SMOC to be appraised of GMED surge plan and their responsibilities.

GMED will increase the number of clinical and support staff on the rota over the festive period and have recruited additional bank GPs and support staff.

3.11 Information, Communication and Escalation

Reporting to Scottish Government

Current daily operating information provided to the Scottish Government as follows:-

- Operational status – ability to maintain services for ARI, Royal Aberdeen Children's Hospital (RACH) and DGH.
- Emergency Department performance.
- Beds.
- Elective Schedule.
- Mutual Aid.
- Ward closures.
- Balance of predicted admissions against capacity at 4pm.

Operational teams will continue to respond timeously to Scottish Government requests for any additional reporting information over the winter. As from 1 December Health Intelligence will facilitate automatic extraction of Redesign Urgent Care (RUC) data to Scottish Government on a daily basis.

Staff Communication

Each partner organisation and service has plans in place for effectively communicating with local staff. Key mechanisms and focus for communicating with staff in partnership are outlined below.

- Ensure awareness of NHS Grampian Winter Plan, confirming surge capacity and process for escalation.
- Continued daily COVID Briefs.
- The Winter Plan for 2020/21 and any other supporting documents/plans, along with bulletins (weather, transport, flu vaccination, norovirus etc) will be available on the NHS Grampian staff intranet and NHS Grampian website.
- The Adverse Weather Policy is now a national policy and will be highlighted to appropriate staff ahead of winter.
- Links to the national NHS Scotland winter campaign will be available on the NHS Grampian websites.
- Campaigns to proactively encourage all NHS Grampian, Aberdeenshire, Aberdeen City and Moray HSCP staff, community healthcare workers, residential care home staff, social care staff, unpaid carers and paid carers to have the flu vaccinations. Targeted communication via displaying posters in key staff areas, electronic bulletins and details posted on the NHS Grampian and local authority intranet sites as well as messages on payslips will run from 1st October 2020. In addition flu vaccination will be offered to Aberdeenshire Transport and Infrastructure staff, in particular those essential workers associated with snow clearing and gritting.
- Know Who To Turn To (KWTTT) key messages will be displayed as a banner on the NHS Grampian internet and intranet sites as well as being reinforced in daily briefs. A local article, based on national messages, will be prepared for inclusion in existing newsletters (NHS, local authorities and carers) from December 2020.
- Visual communications in the form of posters and banners that promote a team approach towards timely discharge and improved patient flow will be created and deployed. This will be supported by a staff reward and recognition initiative that recognises good performance against agreed measures to encourage positive behaviours and team working.
- Communication of key information on services available over the festive period such as infection control advice, pharmacy dispensing services, access to social care assessment and care packages, etc will be made available through daily safety briefs and available in each nursing and doctors ward station/room across NHS Grampian in response to communication issues highlighted in previous years.

Key Messages for Public

Communication Plans for 2020/21 will be agreed and implemented between October and January with the aim of:

- Clear messaging re Operation Home First, Urgent Care Redesign and how/where to access services.

- Updated information on COVID and how to access services safely.
- Promoting winter health and reducing pressure on local services.
- Encouraging individuals to take responsibility for their own health and seek advice appropriately via the Know Who To Turn To (KWTTT) Campaign.
- Supporting local winter health priorities such as the Antibiotic Campaign.
- Adding value to existing national campaigns such as flu and pneumococcal immunisation

Key messages to be communicated in partnership to the public via mechanisms outlined below:

- Targeted staff and public flu campaigns beginning early October 2020, linking with and utilising resources available through the national campaign.
- Media releases will be distributed to all local press informing the public on basic self-help messages, stocking of medications, repeat medications, surgery closures and available services over the festive period.
- Features will be set up with STV and the BBC by Corporate Communications supporting the appropriate use of Emergency Departments and Minor Injury Units will be filmed for repeat broadcast on mainstream news channels.
- Filming will also be carried out by Corporate Communications with key staff to create 'mini featurettes' that can be deployed throughout the winter period to support public messages during any surge.
- To promote timely discharge and improve patient flow the 'Pick Me Up Project' will launch in November and deliver multiple media 'hits' that encourage people to collect family/loved ones earlier in the day. This activity not only supports the release of capacity and resource but provides opportunities to promote messages about winter pressures and encourage positive public behaviours around Emergency Departments.
- From December 2020 the KWTTT campaign will communicate the self-help messages and highlight the services available to the public and is likely to include:
  - Targeted KWTTT messages through TV and radio advertising with the potential to reach 648,000 adults.
  - Targeted Social Media messages including video messages – Using Facebook's audience definition, we can target a particular demographic Males and females, Aged 18+, who live within an 80 km radius of Inverurie and 40 km radius of Inverness (which covers the entire Grampian area). This could potentially reach 380,000 adults.
  - Maintenance of the KWTTT website.
  - Prominent promotion of KWTTT on the NHS Grampian website landing page.

- The Redesign of Urgent Care will be supported by news media activity and spokesperson interviews around launch in early December. This will be followed by supporting national marketing assets for use on social media from mid-late December and a national door-drop and paid for marketing and advertising activity from January. (Note: KWTTT assets will be deployed to bridge the gap between Urgent Care launch and the start of paid marketing support).
- An Antibiotic Campaign from November through December 2020.
- NHS Inform/Healthline advice lines.
- Health Points briefed to provide relevant information.
- NHS Grampian will use social media, such as Twitter and Facebook, to communicate key messages and alerts.
- NHS Grampian's public website will support useful links to other appropriate websites e.g. NHS 24, NHS Inform.
- Specific communication will be in place relating to repeat prescriptions and regarding pharmacy opening times over the Christmas and New Year holidays.
- Specific communication relating to four day break Christmas and New Year and opening times/emergency arrangements for GPs, Dentists and Optometrists.

During COVID-19 Lockdown

NHS Grampian

When you are ill or injured

KNOW WHO TO TURN TO...

Because of COVID-19 (coronavirus) getting help for a health concern is different. If you need help, remember your NHS is open and is there for you.

If you're not sure where to go or who to see visit

www.NHSinform.scot

Communication Between Key Partners

Since the embedding of new structures and strengthened relationships with the Health and Social Care partnerships, communications across Grampian are integrated with each of the partners fully represented as drivers of the production of the Winter Plan for Grampian and the actions that will underpin the achievement of its aims.

- This Plan has been developed and will be agreed by in collaboration with key partners including the three HSCPs, SAS, NHS24 and Civil Contingencies colleagues.
- Approval of the planning process and timescales as well as the plan itself includes a wide range of committees within the NHSG governance structure as well as the NHS Grampian Board.
- Daily cross system huddle meeting includes representation from the acute sector, each Health and Social Care Partnership, facilities and the ambulance service. Partners participate virtually, joining via teleconference and in this way there is no barrier to participation.
- Escalation and communication in real-time with partners is as per agreed protocols.
- Effective communication protocols are in place between key partners in relation to local authority housing, equipment and adaptation services, mental health services and the independent sector.
- To use links with voluntary organisations and related weekly e-bulletins to promote key winter related messages.
- Community Pharmacies opening times are communicated to partners.
- Review communication mechanisms between NHS Grampian and other NHS Boards.

Press/Media

- All interview or information requests from the press or media groups will, in the first instance, be managed or if appropriate directed to the relevant organisation's Corporate Communications Department. Opportunities will also be taken to reinforce key winter messages to the public.

Escalation

- Each organisation/sector/service has in place agreed business continuity plans that are intelligence based and include responses to winter challenges, staff shortages and escalation procedures. These plans are underpinned by human resources policies which support and guide staff in relation to weather and travel disruption.
- Each sector will test their business continuity/winter surge plans during November 2020.
- All business continuity/winter surge plans have clear escalation procedures if services are affected by weather, staff shortages or any other situations affecting delivery. This includes the provision of situation reports at operational and tactical level within the organisation and onward reporting, as necessary, to NHS Resilience and the Local Resilience Partnership.
- NHS Grampian acute sector has developed escalation policies to a high standard, based on the national publication of guidance on ED and hospital wide escalation.

References

- Grampian Remobilisation Plan (August 2020 – March 2022)
- Adult Flu Immunisation Programme 2020/21 – SGHD/CMO(2020) 19 (7 August 2020)
- Academy of Medical Science report 'Preparing for a Challenging Winter 2020/21'
- Scottish Government letter 'Preparing for Winter' 2020/21 and Supplementary Checklist of Winter Preparedness: Self-Assessment (23 October 2020)
- Grampian Winter Target Operation Model – Tactical Plan of Action Living with COVID-19 Tactical Objectives Workbook Version 5.0
- Adult Social Care Winter Preparedness Plan 2020-21
- Scottish Government: 6 Essential Actions National Improvement Programme
- Winter De-Brief Meeting Report (29 January 2020)

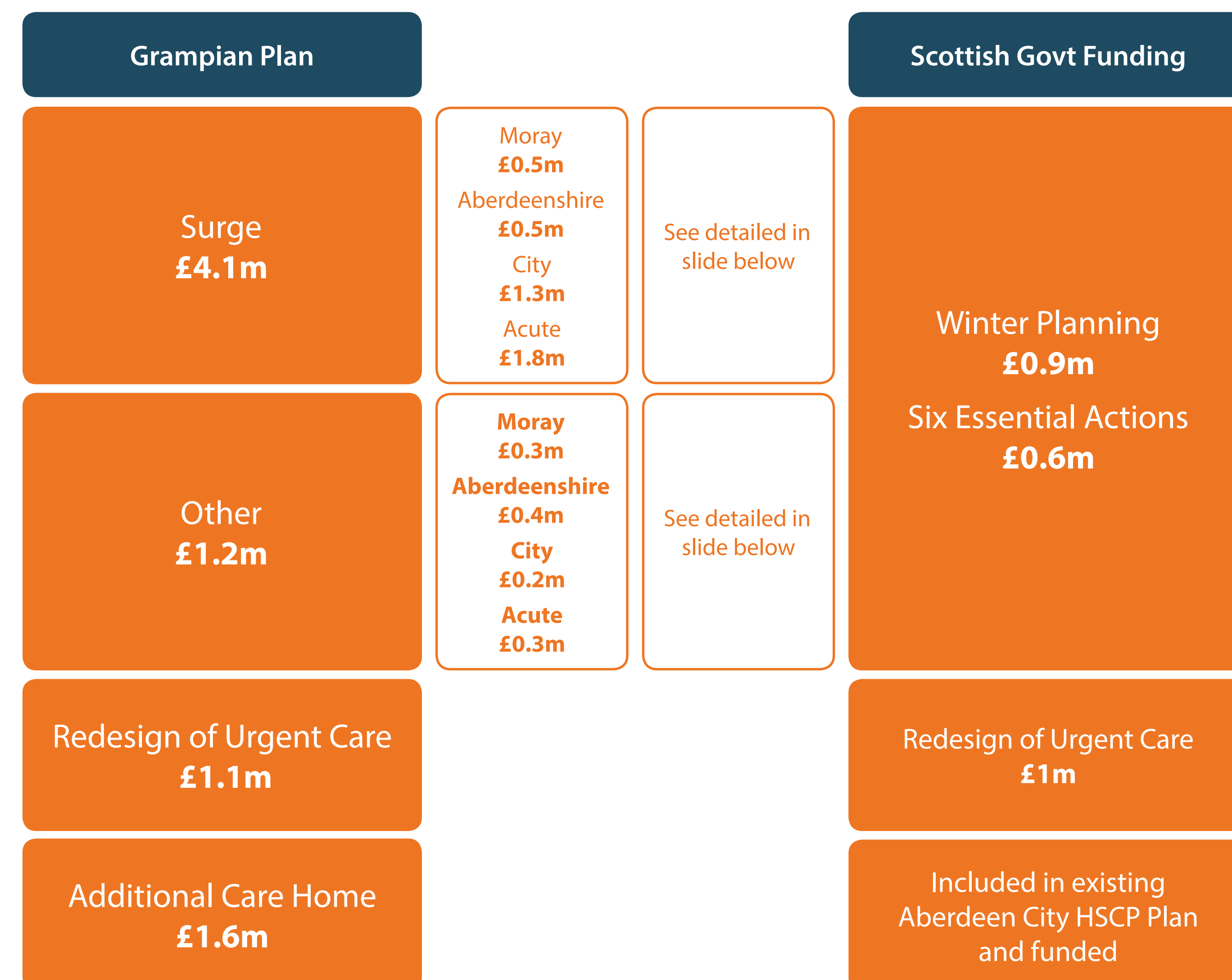
NHS Grampian Tactical Objectives

Objectives	Our commitment
Objective 1 Direct and assure the provision of healthcare environments that minimise the risk to staff, patients and the public.	• Establish a healthcare environment that does not contribute to increasing the infection burden in our wider population. • Reduce the risk that our most vulnerable patients acquire COVID-19 within our healthcare system. • Protect our staff from acquiring COVID-19 at work or passing it on to other patients or their families. • Establish pathways of care allowing patients to safely receive high quality person centred care.
Objective 2 Direct and assure that we continue to provide protected and critical, clinical and non-clinical services.	• Utilising the inventory of our Protected and Critical Functions not directly related to COVID-19 (gathered under Operation Rainbow) re-establish full provision of these services with as little risk as possible. • Ensure that clinical pathways of care, guidelines and protocols are cognisant of National advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, professional advisory structure and Partnership. • Maintain a robust clinical and care governance system for our services.
Objective 3 Plan, direct and assure an integrated whole system COVID-19 Tactical Operating Model (TOM).	• Maintain an integrated whole system COVID-19 Tactical Operating Model (TOM). • Maintain a baseline capacity to treat current COVID-19 patients whilst maintaining the immediate ability to increase this capacity by 50% above current demand. • Retain the capability to reinstate our maximal general hospital and ICU capacity within 7-days. • Utilise National, Grampian-wide and local outbreak data together with system intelligence to support local planning and guide the wider system response.
Objective 4 Plan, direct and assure an increase in the volume of health service delivery, considering clinical priority aiming to improve medium and long term health outcomes whilst ensuring patient safety.	• Plan the staged delivery of services utilising the inventory of clinical services from Operation Rainbow, based on time dependant criticality. • Establish the time dependant risk profile of specific conditions alongside interventions which improve outcome. • Establish the risk profile related to undetected disease. • Ensure plans are developed with an equalities assessment. • Determine the system capacity for treating people whilst maintaining the COVID-19 & Non-COVID-19 pathways of care. • Maximise appropriate use of digital technologies to support both patient and professional interactions.
Objective 5 Plan, direct and assure actions which keep staff safe and maximises their wellbeing.	• Maintain our robust organisation delivery against the Staff Governance Standards. • Ensure that there are rest facilities, system-wide, to comply with requirements for sleep, food prep, drinking water, rest away from the workplace. • Proactively create opportunities for all staff and ensure that we deliver learning and development across the system to support the current and future workforce. • Through engagement, ensure staff feel safe and supported. • Ensure the advice and provision of PPE is robust and guaranteed, underpinned by a comprehensive system which models demand and supply related to our whole North East system, regardless of employer. • Continue to evolve our approach to staff wellbeing and build on the foundations and learning during the initial response phase.

Objectives	Our commitment
Objective 6 Learning from the COVID-19 period, RESET and REBUILD the NHS Grampian system with the public, our partners and our staff.	• Understand, record and define the learning from the COVID-19 period to inform future models of care ensuring optimal outcomes for the population. • Define a 'New Normal' which enables a Whole System recovery and continued improvement that optimises the health and wellbeing outcomes for the population and reduces inequalities. • To co-produce our outcomes and service plans with staff, the public and partners. Ensuring it builds on the ambitions already set out in the Grampian Clinical Strategy and the H&SCPs Strategic Plans with the intention of helping maintain and increase resilience in our communities. • Supporting the implementation of the plan through partnership and engagement across the Health and Social Care system which ensures cohesion and co-ordination whilst respecting the role of each element of the system. • Ensure we are only continuing things which have added value to the workforce and population and provide support to stop things which have no added value.
Objective 7 Plan, direct and assure whole system pathways of care.	• Plan and deliver pathways of care which have a holistic and person centred approach, draw on primary and secondary care expertise and a shared approach to risk. • Plan and deliver mechanisms which enable practitioners from across the system to routinely undertake appropriate dialogue and conversations to manage an individual's pathway of care dynamically drawing on the facilities of the whole system. • Enable live and dynamic access to summary intelligence and analysis of system data including the evaluation of the impact of the changes that have already been made to the delivery of health and social care.
Objective 8 Plan, enable and tackle the wider determinants of population health and inequality.	• Work in a co-productive manner across the wider system including with our partners and citizens to plan and support the delivery of a comprehensive approach to self-management. • Support the continuation and further development of outcomes which can achieved by communities using available resources. • Work in a co-productive manner across the wider system including with our partners and citizens to plan and support delivery of an approach which allows people to maximise their own approach to the management and improvement of their physical and mental wellbeing. • Support and enable the widest possible system approach which de-medicalises our society approach to many ills.

Objective 9
Plan and deliver comprehensive and ongoing engagement with our staff, partners and the public.
	• Ensure that our staff, students, partners and the public are engaged and have ownership of:
	  • The approach to health and care whilst living with COVID-19.
	  • Future approaches to the delivery of health and care.
	  • The issues which influence the wider determinants of health.
	  • Our collective approach to realistic medicine.
	  • Opportunities to maintain good health and wellbeing.

Winter Expenditure



Surge	Moray	Aberdeenshire	City	Acute	Total
Pharmacy support				£0.1m	£0.1m
Seven day working	£0.15m		£0.25m	£0.045m	£0.445m
Expanded site capacity team - ARI				£0.09m	£0.09m
Additional ED capacity and transport (inc Red Cross)				£0.3m	£0.3m
Winter capacity/ discharge mang - DGH				£0.25m	£0.25m
ARI Winter Ward				£0.87m	£0.87m
ARI - AHP				£0.25m	£0.25m
Fraility Pathway (Care at Home)	£0.4m	£0.5m	£1m		£1.9m
Total	**£0.55m**	**£0.5m**	**£1.25m**	**£1.805m**	**£4.105m**

Other		Moray	Aberdeenshire	City	Acute	Total
Respiratory	Reduce admission		£0.175m		£0.11m	£0.285m
Sports Leisure	Reduce admission	£0.075m	£0.15m	£0.15m		£0.375m
Discharge to Assess	Discharge Flow	£0.22m				£0.22m
Comm / KWTTT	Comms				£0.09m	£0.09m
PM and data analysts	Support	£0.04m	£0.08m	£0.08m	£0.06m	£0.26m
Total		**£0.335m**	**£0.405m**	**£0.23m**	**£0.26m**	**£1.230m**