GRAMPIAN

WINTER (SURGE) PLAN

2016/17

Approved 3 November 2016

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Executive Summary

This document is the Grampian Winter (Surge) Plan for 2016/17. It is an overarching document for three Health and Social Care Partnerships in Aberdeen City, Aberdeenshire and Moray and for the Acute Sector of Grampian. It is representative of local Winter Plans of each of these areas and has been coordinated and produced by NHS Grampian.

This Grampian Winter (Surge) Plan sets out the planning and preparations for Winter that are taking place in each of the sectors and settings at a high level and also describes some of the investments and improvements undertaken in Grampian since the previous winter of 2015/16.

Some key aspects of this plan include:

- A significant learning point from 2015/16 was the degree to which winter planning in Grampian was more robust than in previous years. Senior leadership and engagement in all sectors, overseen by the leadership of NHS Grampian's Chief Executive and supported by all Boards resulted in a more thorough planning process, which in turn led to a more confident Plan. As the data shared in this plan demonstrates, there is evidence that this robustness may have directly resulted in an improved experience of winter for the public and staff.

- Health and Social Care partnerships are now fully operational bodies and are experienced in operating in an integrated manner with the Acute Sector and NHS Grampian. The previous year saw IJBs operate in shadow format, providing an opportunity for all sectors to develop shared protocols for communication and integrated planning approaches.

- Safety Briefs are now a daily feature of the two acute hospitals in Grampian and these are focused on achieving a balance of admissions and discharges, providing the safest possible environment for patients and staff. Positive outcomes to date include an improvement in the balance of admissions and discharges, use of criteria-led discharge and agreed step down availability in community hospitals. Partnership working with colleagues in Scottish Ambulance Services provides dedicated ambulatory discharge capacity at weekends and evenings.

- Those areas that are required to respond immediately to periods of acute peaks in demand align staffing rotas accordingly, for example in the Emergency Department and in the Acute Medical Initial Assessment area. All frontline staffing rotas will be complete at the end of October 2016.

- Management of elective inpatient capacity and elective activity will be led by a dedicated Divisional General Manager and a Hospital Manager, supported by approved local policies for managing elective activity.

In addition to the funding allocations made by Scottish Government for unscheduled care and winter resilience, there has been significant local investment made in Grampian by the NHS Board and the Health and Social Care Partnerships to improve responsiveness and resilience ahead of winter 2016/17. Key investments are described in section **J. New Developments & Service Changes Introduced Since Winter 2015/16** on page 15 of this plan.

Introduction

A. Aim of Plan

1. To set out the key partnership actions, timescales and planning processes in effectively managing the potential challenges associated with the winter period for 2016/17 and delivering against the national and local targets and standards for health and care.

2. To ensure that Grampian is as prepared as possible for the coming winter period in order to minimise any potential disruption to services or diminished experience for patients and carers.

B. Rationale and Planning Assumptions

3. This Plan is informed and guided by various formal sources both external and internal as well as planned discussions and workshops to learn from previous experience, assess winter risk and agree shared approaches. Those sources include;

    - 6 Essential Actions National Improvement Programme
    - 6 Essential Actions Grampian Improvement Programme
    - NHSScotland Resilience & Business Mgt Division; Preparing for Winter 2016/17
    - NHSScotland Resilience & Business Mgt Division; Winter Preparedness: Self Assessment
    - Grampian Winter Report 2015/16
    - Winter Planning Process; workshops and debriefs
    - Partners', sectors' and services' winter plans and surge plans

4. 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 main challenges are outlined below and this plan attempts to use learning points and data on activity levels from previous years to support a robust implementation plan to deliver its aim.

5. Winter 2015/16 saw many of the expected challenges associated with the period; an increase in activity for NHS24 and Scottish Ambulance Service, sustained levels of daily emergency admissions ranging from no fewer than 100 up to 199 per day, increased delayed discharges in Woodend and community hospitals and a 3.5% increase in elective admissions.

6. Conversely the winter of 2015/16 also recorded a 16% decrease in delayed discharges in ARI, a reduction in length of stay for emergency patients, an overall reduction in attendance at ED units and a reduction in admissions to the Acute Medical Initial Assessment Unit compared with the previous year.

7. Performance against the 4hr target for patients waiting in ED to be treated, admitted or discharged was significantly improved ; compared with the previous year there were 44% fewer breaches of the target and only one patient waited in ED for longer than 12 hours

rather than 46 patients waiting this long during winter 2014/15. Overall performance by these measures shows ARI improved by nearly 7 percentage points for the highest compliance in 4 years and Dr Grays saw its best performance in 6 years.

8. The improved picture does not in any way reduce the importance of surge and capacity planning; rather it underlines it. Forward- and surge planning is required at team level in order to be sufficiently prepared for the winter period. Space and available equipment should be identified in these plans and there is a requirement for a focus on workforce capacity at a time when Christmas and New Year holidays fall. Workforce rotas that are robust and where possible, eliminate the need for agency staff are required to be in place in advance of winter.

9. Intelligence shows that for some services there are significant surges in activity at particular points during the festive period, particularly when the calendar presents 4 day breaks for public holidays over Christmas and New 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, for example an increase in calls to the out of hours service.

10. Increased risk of severe weather incidents can result in significant, even extreme disruption to the normal delivery of health and social care services. Grampian had the misfortune to experience two separate Major Incidents related to severe flooding during winter 2015/16 with catastrophic results for some in Grampian. This has increased the organisational and service level understanding of the potential of such events to test staff ability to attend for duty; to present a risk to populations for whose care and safety we are responsible and prevent some patients accessing clinical care. Despite evidence of successful partnership working and response; this will be enhanced in local business continuity plans for 2016/17.

11. 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 possible. Underpinning this is a number of standards (set out in paragraph 31) which supports the quality of care, in addition to the delivery of effective and efficient care. Performance against these standards and targets must be maintained despite the challenges outlined above.

C. Approach

12. In Grampian there is an established process for winter planning which is undertaken as a year-round planning cycle and incorporates an integrated approach with business continuity principles. Partners such as NHS24, SAS and local authorities are key to the process and participate in joint planning and debrief exercises.

13. It is recognised that winter planning is complex and can be challenging, this is addressed by early planning at local and even team level, and by building this into sector, divisional and Board level plans. This ensures local ownership and understanding of responsibilities, actions and responses to surge levels and scenarios.

14. Another important step in the planning cycle for winter is the opportunity to learn from previous experience; much of our predictions and planning assumption come from reviewing the previous years' activity and identifying lessons to be learned. Undertaking this activity allows local teams and services to be clear about what can be improved and how plans can

be refined. Doing so in an integrated way across services, sectors and partners enables a supportive forum for sharing experiences and learning across a whole system. The output from this step in the process is produced in a Winter Report which is shared across the system and with Scottish Government.

15. Services, sectors and partners across the health and social care system in Grampian (Health and Social Care Partnerships, acute sites, G-MED, NHS 24, Scottish Ambulance Service) prepare annually updated business continuity plans relevant to their own respective organisations/services. These can include detailed flu responses, business continuity actions and the prioritisation for core service delivery in times of surge, reduced capacity or critical incident, escalation plans, delayed discharge plans and communication plans as appropriate.

16. In 2015 the national profile and focus was raised for winter planning, in light of a challenging winter for Scotland in 2014-15, and Grampian welcomed this, rising to the challenge of improved winter planning. Grampian benefits from strong and positive working relationships between the chief accountable officers for HSCPs and the acute sector and with NHS Grampian.

17. Following positive feedback from Scottish Government on the Grampian Winter Plan 2015/16 and a request from Scotland's Chief Officers to share the Grampian winter planning process in June 2016, the approach to winter planning for 2016/17 will be broadly similar and build on strengths such as early initiation, integrated workshop and robust governance.

18. As part of learning from the previous winter experience at a senior level, chief accountable officers for HSCPs and the acute sector have already begun to discuss an important aspect of surge planning for winter; how to ensure capacity can match any short term increases in demand. Agreements will be reached in further discussion with NHS Grampian Chief Executive and will feature in the final Grampian Winter (Surge) Plan.

19. Delayed Discharges – rates of delayed discharges are closely monitored by the system and each of the Partnerships is focused on managing the return of people to local communities as early as can be managed. Challenges in Aberdeen City and Shire continue around staffing and recruitment for the homecare workforce, as well as a lack of homecare places. The focus, therefore, is on prioritising those patients who can and should be transferred from acute to community settings as early as possible. This is supported by integrated working across the Discharge Hub in ARI, the daily huddles in Dr Grays and the daily cross system huddle.

20. Health and Social Care Partnerships have developed and are delivering against delayed discharge action plans which aim for local solutions to reduce the rate of delayed discharges. In Moray the focus includes accurate data on bed capacity in community hospitals and use of goal setting to support the transfer from acute to community settings, and use of board rounds in the acute hospital to support positive challenges for the inpatient journey.

21. In Aberdeen City, there are a number of key actions that will deliver improvements; namely the successful recruitment and subsequent introduction of additional social work capacity that is now embedded in both the ARI and Woodend hospital sites. Initial data indicates an

already notable reduction in delays pertaining to social work/care assessment. The 'building up' of interim bed capacity to support the early discharge of patients/clients whilst they await a more permanent care setting of their choice. The partnership's delayed discharge group is presently evaluating the 'first tranche' of interim bed provision and intends to expand this resource further based on early evidence. A 'social care campus' project has now had a feasibility study concluded and proposals approved. A full business case is being developed to move the project to its next phase.

22. Aberdeenshire held a 'KAIZEN' event last year which greatly improved communications between the various sectors and an Action Plan has been completed. Strategic and operational groups continue to meet regularly to review current delayed discharges, both for accuracy of data and to find local solutions which will enable people to move on to more appropriate settings in the community. A number of intermediate care places are located in care homes and have been very successful in rehabilitating patients enabling many of them to go home with no or minimal home care package. Work is underway to commission intermediate care beds across the whole of Aberdeenshire.

23. It is recognised that it can be very difficult to 'flex' certain elements within the system, such as staffing and bed capacity in hospitals and nursing home settings, especially when there is no additional or specific funding to meet the additional and specific challenges. Winter planning in Grampian therefore acknowledges the importance of keeping people healthy, preventing unnecessary hospital admissions, anticipating demand and the reorganisation of capacity and resources to ensure effective patient flow throughout the health and care system.

24. The Scottish Government winter planning guidance and supporting self-assessment checklist informs the development of this Plan.

D. Funding of the Plan

25. In October 2015 the Scottish Government announced £573,524 of funding for NHS Grampian to augment local winter resilience funding. This additional, non-recurring and dedicated funding was almost wholly used to activate the pre-existing contingency plan to provide additional capacity in Aberdeen Royal Infirmary through medical, nursing and AHP support for 16 beds from December 2015 until the end of March 2016.

26. No confirmation of dedicated funding has been received by Grampian and therefore financial planning for winter must be based on zero increase in available resources. As noted earlier in this plan, it must be acknowledged that an increase in capacity is difficult to achieve without a corresponding increase in available resource, presenting operational challenges for responsible managers.

27. In addition to a financial limitation for winter planning, it has highlighted to Boards and Partnerships that any use of agency staffing is not permitted. The implication of this is that should any additional funding be made secured, it is highly unlikely that the contingency plan of additional beds in ARI, which apparently eased flow successfully in 2015, would be possible for 2016. This presents a further challenge for realistically responding to surges in demand.

28. It is imperative therefore that early planning and sufficient testing of plans is complete ahead of winter to enable Grampian to be prepared to meet the challenges of winter within current budget. Tabletop testing proved highly useful and practical for all partners last year and it has been agreed following debriefs and workshops that this will be developed further this year.

29. Aberdeen Royal Infirmary has scheduled tabletop tests of its Winter Plan and a Cross System Tabletop Test ran on 30 August where partners from each HSCP along with colleagues from the acute sector and SAS participated in an exercise designed to test their own plans and how they work collaboratively. Health and Social Care Partnerships have also planned tabletop tests running ahead of the winter and festive period...

30. Timing of these exercises is designed to provide opportunity for all partners and staff to challenge their planning and to refine and amend plans based on any learning points identified by the test. All of the tabletop testing exercises are supported by NHS Grampian colleagues and involve input from NHS Grampian Civil Contingencies, with use of appropriate and national processes for resilience management.

E. Approval of Plan

31. The process and timeline for preparation, review and approval of this plan allows for the following groups to discuss it as demonstrated in the diagram set out in Appendix 2**.**

Date	Stage	Committee / Board
23 August	First Draft	Senior Leadership Team
30 August	Outline of process	Aberdeen City IJB
30 August	Draft	Scottish Government
31 August	Outline of process	Aberdeenshire IJB
1 September	Draft	Grampian NHS Board
12 September	Draft	Area Medical Committee (AMC)
14 September	Draft	Area Clinical Forum
15 September	Draft	Grampian Area Partnership Forum
27 September	Draft	Senior Leadership Team
29 September	Draft	Moray Development Session (IJB)
11 October	Draft	Grampian Area Nursing and Midwifery Committee
13 October	Draft	Consultants Sub-committee of AMC
24 October	Draft	GP Sub-committee of AMC
3 November	Final Approval	Grampian NHS Board
3 November	Final	Scottish Government
7 November	Final	Area Medical Committee
9 November	Final	Area Clinical Forum
10 November	Final	Moray IJB
10 November	Final	AHP Advisory Committee
15 November	Final	Aberdeen City Integrated Joint Board

32. As in previous years, the final Grampian Winter Plan will be available on the NHS Grampian website following submission to Scottish Government and by 14 November at the latest.

F. Governance Arrangements

33. High level performance management of the Grampian Winter (Surge) Plan for 2016/17 will be through the Senior Leadership Team which is chaired by the Chief Executive and includes the chief accountable officers from each of the Partnerships and the acute sector as well as executive team members from NHS Grampian.

34. Each of the Health and Social Care Partnerships will follow its own local governance arrangements ensuring the local winter plan and the overarching Grampian Winter Plan are included for discussion on agenda at relevant meetings ahead of the final submission to Scottish Government. The calendar for this is outlined in the table above.

35. The Director of Acute Services and the Chief Officers of the three Partnerships have authorised a role of Senior Decision Maker to operate as part of the Cross System Huddle. This role acts as a focus for escalation for flow across the whole system, providing an additional assurance that decisions, actions and risks are being managed in an integrated way and to act as 'command and control' in the event of unmanageable surge or challenge to the system. This does not replace the protocols in existing service level escalation plans; nor is it intended to manage civil contingency scenarios. It will be fulfilled by the Head of Operations for Aberdeen Royal Infirmary, which is the largest acute site.

36. 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 crucial to integrated working, will support business continuity for winter as it would for any surge period.

37. The Unscheduled Care operational service within the acute sector will, on behalf of NHS Grampian, submit the routinely weekly management information to the Scottish Government as per an agreed template. As in previous years it may be required to submit additional and more frequent information such as daily updates on any key pressures or any unusually long waits in the Emergency Department; these will be put in place by the Unscheduled Care Programme Team.

G. Striving To Deliver High Quality, Safe, Person-Centred Care

39. Regardless of the time of the year, 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. A key element of this is delivering national standards and targets on an ongoing basis regardless of the pressures across the system;

- 98% of NHS 24 Priority 1 calls responded to within 60 minutes and 90% of Priority 2 calls responded to within 120 minutes
- 75% of all Scottish Ambulance Category A calls are responded to within 8 minutes
- Reduction in inappropriate attendances at Emergency Departments(ED / Minor Injury Units (MIU's)
- 95% performance against the 4 hour standard for Emergency Departments (ED) and Minor Injury Units (MIUs)
- Elimination of patients waiting over 12 hour for admission or discharge within ED
- Maintain delivery of the 18 week Treatment Time Guarantee (TTG)
- 95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.
- Maximise the number of patients who receive care in the most appropriate setting
- Minimise the number of patients waiting to go to a community hospital
- No delayed discharges beyond 14 days

Since 2014/15, there has been further development and progress of the 6 Essential Actions Improvement Programme, which focuses on key actions to improve unscheduled care in all settings. Grampian is committed to achieving improvement and demonstrating excellence in the 6 Essential Actions Programme locally and significant senior, executive and operational staff are dedicated to and involved in its delivery.

Consequently, this Plan is developed in the context of the 6 Essential Actions and unsurprisingly there are shared priorities, focus and projects as well as partnerships and groups.

Key drivers informed by the 6 Essential Actions Programme are included here:

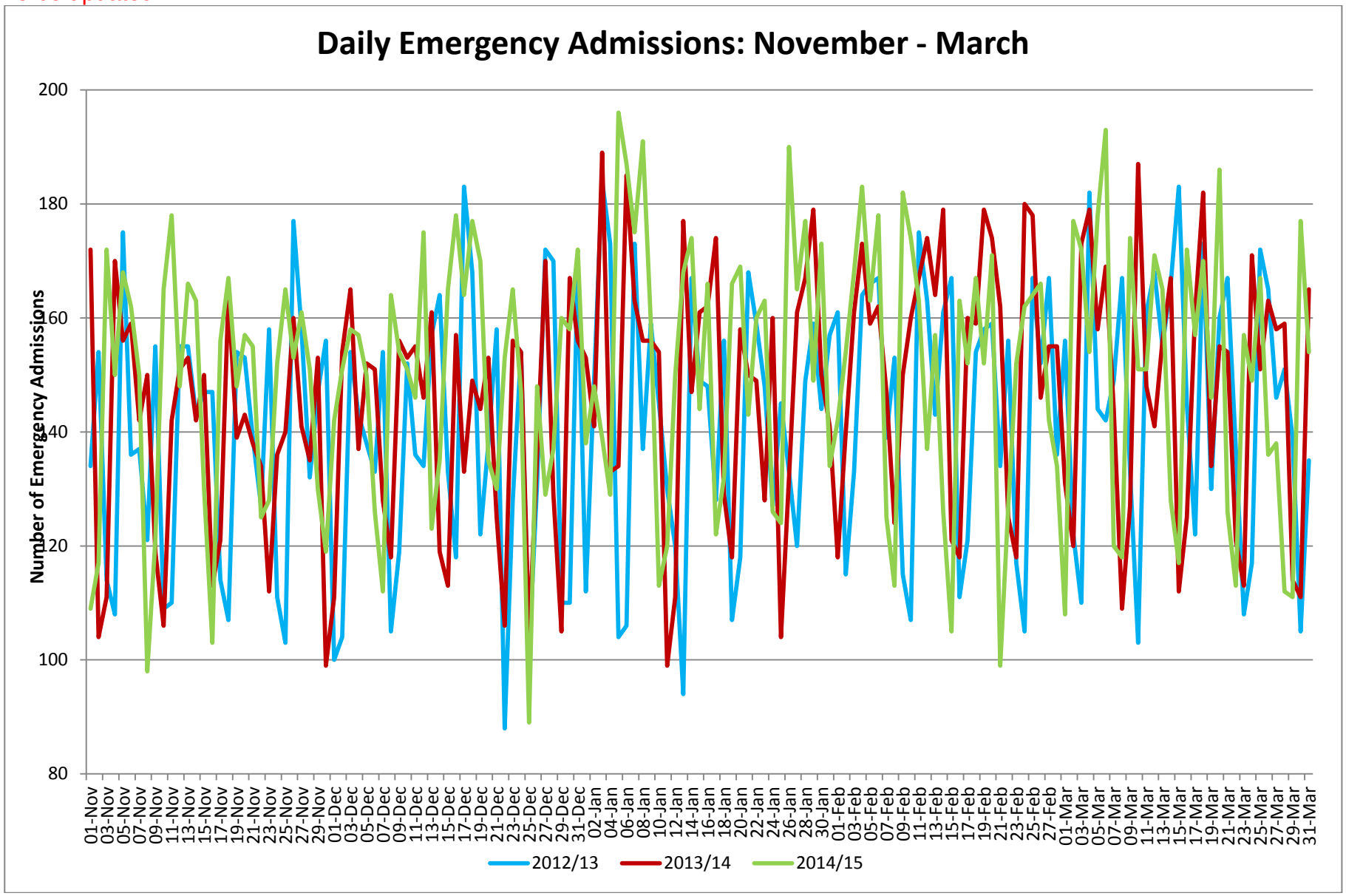

Aim
Improve
By Managing
Do These Well
Safe, person centred, effective care delivered to every patient, every time without unnecessary waits, delays and duplication
Patient and Staff Experience
CLINICALLY FOCUSED AND EMPOWERED MANAGEMENT
Triumvirate Management
Clinical Leadership
Escalation
Safety, Flow Huddles
HOSPITAL CAPACITY AND PATIENT FLOW REALIGNMENT
Basic Building Blocks Analysis
Bed Planning Toolkit
Workforce Capacity Toolkit
Performance Toolkit
PATIENT RATHER THAN BED MANAGEMENT - OPERATIONAL PERFORMANCE
Patient Tracking Through System
Admission/Discharge Prediction
Balance Capacity And Demand
Daily Dynamic Discharge
MEDICAL AND SURGICAL PROCESSES ARRANGED TO PULL PATIENTS FROM ED
Triage to Appropriate Assessment
Flow Through ED
Access To Senior Decision Maker
Access To Assessment/Diagnostics
7 DAY SERVICES
Smooth Variation In Services
Surgical Emergency And Elective Services
Access To Diagnostics/Intervention
GP/OOH Support
ENSURING PATIENTS ARE CARED FOR IN THEIR OWN HOMES
Redirection/Know Who To Turn To
Shift Emergency To Urgent
Short Stay Assessment/Avoid Admission
Discharge When Fit and Ready

H. Trends in Data from Previous Years

40. The NHS Grampian Health Intelligence Department, with partner colleagues, produces trend data for the winter period focussing on the previous three years, to support planning for the resources that will be required and in identifying thresholds for surge planning. For example it can be seen from the graph below that peaks in emergency admissions take place on key dates such as Mondays and particularly following a 4 day closure.

41. The full set of trend data with key highlights is attached at Appendix 4. Activity trends and performance levels have been discussed and shared across sectors and services as part of reflecting on the previous winter in the winter debrief event in May.

To be updated



I. Lessons Learned from 2014/15

42. The following section outlines the key lessons learned from the review of the 2015/16 winter period. The full report is available separately.

- The high value of timely partnership, whole-system and intelligence driven winter planning.
- Recognition that the winter experience of 2015/16 was much improved on the previous year which was particularly challenging.
- Acknowledgement in all areas that a more robust approach to winter planning was partly the reason for the less difficult period, and a willingness to embed this approach.
- Certain features developed in 2015 had a positive impact on sectors' and teams' ability to manage demand and challenges.
- Cross system huddle, safety brief models and the discharge hub were all referenced as beneficial.
- It was recognised that in 2014/15 there was a greater whole-system approach and joined-up working through the development of the plan itself, cross-system huddles, regular reviews and communication.
- 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.

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

- Communication/Cross-System Working
    - Improved remote technology could have been better, further enabling virtual communication across sectors and teams
    - Key data such as those patients waiting for community hospitals could be shared widely to aid system level awareness
    - Communication with the public (Know Who To Turn To) re expectations and responsibilities is important.
    - Opportunities for shadowing could be utilised to further understanding of colleagues' roles and responsibilities
    - We should celebrate and communicate success more

- Flow and Discharge Planning
    - Discharge planning could be further improved, building on use of criteria-led discharge.
    - Improve the shared responsibility for beds across the system not just putting pressure on local areas.
    - Practice of ringfenced acute beds in the community could be further improved to support flow
    - SAS should be involved even more in discharge planning and hospitals should focus on reducing same day bookings for transport to smooth the discharge process.

J. New Developments & Service Changes Introduced Since Winter 2014/15

44. Some of the key service and system changes that have occurred (or are due to occur) since last winter and prior to winter 2016/17 are listed below;

System

- The health and social care system is radically different in 2016 with the formalisation and embedding of the Integrated Joint Boards and Health and Social Care Partnerships. Grampian benefits from established and positive working relationships across these partnerships, with evidence of close working across Grampian and with key partners.

- Each of the Chief Officers are well acquainted with the winter planning process and its priority in maintaining safe effective quality services over the winter.

Acute

- The model of safety briefs matured further in Grampian throughout 2015/16 and in the acute hospitals they 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 ready to respond to barriers to flow on a daily basis.

- Around 60 individuals from all disciplines including SAS, Security and Facilities attend the daily safety huddles which take place early in the morning and throughout the day, enabling an accurate situation report of the hospital status at that time and for the rest of the day. This then supports early decision making and informed management plans for the hospital and for individual patients where required.

- The knowledge and information gained from this daily event can then be shared across teams, escalated across sectors and up to the System Huddle as well as to Scottish Government and NHS Resilience as appropriate and if necessary.

- The Discharge Hub has also advanced in Aberdeen Royal Infirmary and constitutes liaison nursing staff, OPAL team, social work colleagues from each of the three Partnerships, hospital discharge coordinators and is led by a Discharge Hub Team Leader role which will be consolidated for winter 2016.

- Redirection has been a feature of hospital operations for a number of years, however lessons learned from previous winters indicated the value of clinical conversations taking place face to face with patients at the front door. As a result this practice is well established in both acute hospitals.

- As part of positive partnership working with Scottish Ambulance Service, the 6 Essential Actions Programme identified an action to develop a joint role of Hospital Ambulance Liaison Officer for each acute site. This role was identified as greatly advantageous to the smooth operation of transport arrangements which are so crucial to discharge pathways and subsequent flow across the sites and wider system. The roles will be embedded across the acute and SAS systems will be jointly funded by both organisations and will be in place from November.

- The 6 Essential Actions team for ARI noted the success and value of the Discharge Hub since its development in 2015. It recognised that there was now a need for consolidating the leadership role which had been piloted originally and now lacking; so developed an 11 month trial for a Discharge Hub Lead role which will coordinate and provide a central leadership for discharge activities, pathways and improvements, deriving even greater benefit from the Hub approach.

- In Elgin, the acute hospital has chosen to invest in a pilot for an Occupational Therapist to operate as part of the ED team for 11 months. There is considerable evidence that early intervention by AHPs in the ED particularly for patients who have fallen can lead to reductions in avoidable admissions and reduced length of stay. The pilot will be evaluated and the post will be in place from November.

- As part of the continuous improvement work for unscheduled care, a series of networking events has been planned in the format of development sessions for staff working across the unscheduled care pathways in Moray. One event has already been held to date in September which focused on understanding each others roles and contributions to unscheduled care. It was linked closely to the 6 Essential Actions approach and featured the National Improvement Officer as a speaker and facilitator.

- A proportion of last year's funding was used successfully to ensure dedicated and additional transport for discharging patients from the acute hospitals in evenings and at weekends. This proved highly beneficial and acute sites reported that it made a significant difference in supporting flow at key times of the day. This has been prioritised for 2016/17 and will be in place for both Dr Grays and ARI.

Action Plan for Winter 2016/17

45. The Grampian 2016/17 Winter Plan actions are set out in the following themes:

- **Information, Communication and Escalation**
- **Joint Working and Integration**
- **Prevention and Anticipating Demand**
- **Planned Healthcare Capacity and Demand**
- **Unscheduled Care Capacity and Demand**
- **Plans for Pre, During and Post Festive Period**

K. Information, Communication & Escalation

46. Reporting to Scottish Government

Reporting to the Scottish Government will focus on the points below:

- Regular submission of admission data to ISD to inform the national modelling System Watch Project as usual practice.
- NHS Grampian will ensure that information is timeously submitted using the Weekly Winter Monitoring Template.
- Exception/daily reporting such as a daily performance and pressures report will be undertaken as requested by the Scottish Government. This will be ensured by the Unscheduled Care Programme Team and linked to the daily, site based Safety Huddles.
- Immediate notification of significant incidents will occur as per current agreed reporting procedure for each partner organisation. Communication and sharing of such incidents will be highlighted at the daily safety huddles and the daily system huddles.
- In addition, and if required, NHS Grampian will participate in daily/exceptional reporting to NHS Scotland Resilience

47. 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.

    - The Winter Plan for 2016/17 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.
    - 'Attendance at Work – Adverse Conditions' is the NHS Grampian policy informally known as the 'Snow 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 encourage all NHS Grampian 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. Staff roadshows with information will run in December.
- *Know Who To Turn To* (KWTTT) key messages will be displayed as a banner on the NHS Grampian intranet as well as circulated via team brief, newsletter and global email alert for staff. A local article, based on national messages will be prepared for inclusion in existing newsletters (NHS, local authorities and carers) from December 2016.
- Communication of key information on services available over the festive period such as infection control advice, access to social care assessment and care packages, etc will be made available in each nursing and doctors ward station/room across NHS Grampian in response to communication issues highlighted in previous years.

48. Key Messages for Public

Communication activities for 2016/17 will be agreed and implemented between October and January with the aim of:

- 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 respiratory health via the 'Don't waste a Breath' 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.

- Posters and leaflets specifically associated with flu campaigns will be distributed during late October 2016, 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.
- From December 2016 the KWTTT campaign will communicate the self help messages and highlight the services available to the public and is likely to include
    - A targeted mail drop to 142,000 households across Grampian
    - Re-direction Flyer to be handed out by ED staff when appropriate
    - TV and radio advertising
    - Targeted Social Media messages
    - Maintenance of the KWTTT website

- An Antibiotic Campaign from November through December 2016.
- Healthpoints (NHS Grampian's Health Information Centres) are located in Aberdeen, Fraserburgh, Peterhead and Elgin. Staff working in these units will be fully briefed to provide information on all our key messages to members of the public.
- NHS Inform/Healthline advice lines
- NHS Grampian will use social media, such as Twitter and Facebook, to communicate key messages and alerts
- NHS Grampian's public website reiterates the above key messages, along with useful links to other appropriate websites e.g. NHS 24, national campaigns.
- Specific communication will be in place relating to repeat prescriptions and regarding pharmacy opening times over the Christmas and New Year holidays.

49. Communication Between Key Partners

Since the establishment of new structures and new 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 agreed as part of the Grampian Unscheduled Care 6 Essential Actions Programme, including communications and participation from partners such as SAS and NHS24.
- The planning process has included participation by the Head of Civil Contingencies.
- Approval of the plan includes all the Integrated Joint Boards.
- 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 meetings, includes representation from the acute sector, each IJB 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 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

50. 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.

51. 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 plans ahead of the winter and festive period in 2016.

- All business continuity 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. There is interest nationally in following Grampian's example.

Summary of Key Actions for Information, Communication and Escalation

Reporting

- Submission of weekly management information to the Scottish Government.
- Submission of daily performance and pressures reports to the Scottish Government if required.
- Exception reporting and immediate notification of any significant issues to Scottish Government.

Communicating to Public/Staff

- Implementation of key communication activities which includes flu, Know Who To Turn To and antibiotic campaigns.
- Targeted communication to staff on wards regarding key information during the festive period e.g. infection control advice, access to social care assessment/care packages etc,
- Targeted KWTTT campaign in those areas with the highest users of Unscheduled Care and KWTTT used in redirection.

Communication Between Partners / Escalation

- Daily cross system huddles to include all partners and acute sector with Senior Decision Maker to chair.
- All sectors to test winter/business continuity plans ahead of the winter and festive period.

Key Areas of Risk

- People may choose to ignore communication messages
- Ensuring wide-spread dissemination of key messages is challenging due to the wide geographical spread and vast number of staff, partners and public across Grampian.
- Ensuring penetration of messages across partner organisations.

L. Joint Working and Integration

52. Good communication is a key aspect of effective integrated working. This principle is an important aspect of the Grampian approach and is particularly critical when staff and services are under significant pressure. This section covers the various aspects being taken forward in Grampian around ensuring effective joint working over the challenging winter period.

53. In Partnership across NHS Organisations/Sectors/Services

Specific actions to enhance integrated partnership working across Grampian will occur at different levels based on the situation and are summarised below.

- Safety Briefs are now essential features in both acute hospitals and in ARI occur up to 4 times per day. Attendance is generally around 50-60 individuals and include representation from Security, Facilities, SAS and all areas of the acute hospital. The session is delivered via the Site and Capacity Team and information is shared with staff across the hospital twice each day.
- Cross system huddles have been improved and developed even further since they were embedded as part of managing winter in 2015. Feedback from winter debrief discussions has confirmed that this approach can facilitate system-wide resolutions to delivering safe care whilst effectively managing risk.
- Cross system huddles can also support individual partners to anticipate and manage surges in activity at the earliest opportunity e.g. bed/staff capacity, transport, care packages and are a forum for expediting difficult discharges.

54. NHS Grampian, Local Authorities & Third Sector

- The Senior Leadership Team includes each of the three Chief Officers, the Director of Acute Services and members of NHS Grampian's leadership team. The Team meet weekly, alternating with formal meetings and huddles to discuss operational issues and this provides a regular and valuable opportunity to share key pressures and issues. During times of increased pressure this will support the assessment of risk equally across the whole system and the implementation of a system solution.

- The Discharge Hub has developed further since 2014/15 and is a partnership operational team focused on ensuring appropriate supported discharge for prioritised patients by coordinating an integrated plan and actions. Actions include liaison with professionals and families.

- NHSG has a memorandum of understanding with Community Off-Road Transport Action Group (COTAG) to assist with all logistical support during severe weather.

Summary of Key Joint Working and Integration Actions

- Use of the site safety briefs and partnership System Huddle for Winter 2015.
- Regular meetings at all levels to understand, prioritise and resolve system issues
- Discharge Hub to support integrated approach to priority discharges
- Regular forum for the Senior Leadership Team to discuss key issues
- Senior Leadership Team includes HCSP Chief Officers as well as Director of Acute Services and NHSG Chief Executive.

Key areas of Risk

- Ensuring representatives attend the daily huddle meetings and actions are followed though.
- Continuity of attendance at cross sytem huddles
- Level of risk held by each partner may not be equitable

M. Prevention and Anticipating Demand

55. A key purpose of the winter plan is to prevent, anticipate and manage potential demand. This section sets out the key actions for preventing, anticipating and managing demand over the winter period 2016/17.

56. Influenza (Flu) Immunisation Programme

- Annually during October to March there is a predicted surge of flu cases. Organisations and sector/services business continuity plans include both the prevention and the containment of flu and also how services continue core business when flu increases demand on services and creates staff shortages.

- Uptake data for 2015/16 was down from last year's 76% in people aged 65 years and older to 73.2%. Vaccination in people at increased clinical risk aged 64 years or less also fell from 53% to 46.3%. The target uptake for 2015/16 remains 75% for adults aged 65 years and over; 75% for all aged 6 months and over in a clinical risk group; 65% for pre-school children aged 2-5 years old; and 75% for primary school children. The Grampian Flu Immunisation Programme commenced on the 3rd October 2016. This underpins both the national immunisation and the national publicly programme.

  The programme will focus on the following target groups:
  - All those aged 65 and over
  - All those aged 6 months or over in a clinical risk group
  - All pre-school children aged 2 -5 years
  - All primary school aged children
  - All pregnant woman, irrespective of their stage of pregnancy
  - Those living in long-stay residential care homes or other long-stay facilities where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality
  - NHS staff, community health care workers, residential care staff, social care staff, unpaid carers and young carers

- The flu vaccination campaign, commencing 3rd October, aims to encourage all NHS staff, and health and social care staff who deliver hands on care, to take up the opportunity to receive their free flu vaccination. Whilst there is no stipulated target for 2016/17 [SGHD/CMO (2015)], there remains a general expectation that boards should aim for 50% uptake among frontline staff. There is wide access to vaccination for all health and social care workers via a GO Health Services and over 50 participating community pharmacies. See 'Information, Communication and Escalation' regarding communication to staff/partners re flu vaccination.

57. Pandemic Flu

- The NHS Grampian Major Infectious Disease Plan sets out the structures and processes that will be used in the event of an infectious disease incident, such as pandemic influenza, that requires an extraordinary organisational response. On activation of the plan, Local Authorities will be invited to participate to support optimal co-ordination of health and social care activities and resources. An integrated

health and social care response to a major infectious disease incident aims to:

- Detect and assess the impact of the disease;
- Reduce transmission by optimum infection control and public health measures;
- Assess the need for and availability of prophylaxis and treatment medicines and vaccines;
- Prevent infection by using vaccines, if available;
- Provide post exposure prophylaxis, where indicated;
- Provide treatment and care for large numbers of people ill with the infectious disease and its complications, both at home and in hospital;
- Minimise serious illness and death;
- Cope with the increased number of deaths;
- Minimise the impact on health and social services including the consequences for other patients as a result of re-prioritisation of services;
- Provide accurate, consistent, timely, authoritative and up-to-date information to professionals, the public and the media;
- Ensure that essential services are maintained; and
- Minimise the impact on daily life and business and the consequent economic losses.

- There are additional supporting NHSG plans for cross-system services, sector level business continuity and surge capacity, and specific response actions such as anti-viral collection mechanisms and influenza vaccination.

- Planning assumptions for a future influenza pandemic are based on the UK Influenza Pandemic Preparedness Strategy 2011
    - Detection Phase - characterised by normal health service delivery, but with activation of Board operational, tactical and strategic structures and functions, and increased surveillance;
    - Assessment Phase - characterised by increased public health protection, primary care and pharmacy activity, with standing-up of sector and cross-system control rooms;
    - Treatment Phase - which may be low, medium or high impact, with increasing prioritisation of service delivery in relation to scale of illness, and with the escalation phase leading to postponement of elective non-urgent activity across all sectors; and
    - Recovery Phase - characterised by a return to ‘normal’ activities, and preparation for a potential second

- Civil contingency arrangements are in place for a Local Resilience Partnership (LRP) at Grampian level and Regional Resilience Partnership (RRP) at North of Scotland Level. In pandemic influenza, these multi-agency groupings will be convened. It is critical that partner agencies make joint decisions and respond in a unified manner, with efficient and effective use of available resources, to mitigate potential consequences.

58. Norovirus

- The NHS Grampian rate per 100,000 of population of reports of Norovirus continues to decrease in recent years, however remains above the Scottish national average of 24.5.

- There are long standing systems in place for reporting outbreaks in community establishments with vulnerable individuals. Following reporting of an outbreak to the Health Protection Team (HPT), an immediate risk assessment is undertaken and control measures advised. This advice is then followed up in writing to the manager. Regular monitoring of the outbreak is undertaken until the establishment is free of symptomatic residents and staff for 48 hours. Areas that are closed are re-assessed on a daily basis. The Infection Prevention and Control Team is advised of care home closures to help prevent patients being discharged into outbreak settings.

- The Consultant in Public Health Medicine (CPHM) will, if required, activate the NHS Grampian Major Infectious Disease Plan as outlined in section 54.

- The HPT participate in the national health care infection outbreaks reporting system operated by Health Protection Scotland. The Infection Prevention and Control Team produce daily Norovirus SITREPs that are communicated widely throughout NHS Grampian for the duration of the norovirus season (which this year has been over the summer too). Weekly point prevalence data are submitted to Health Protection Scotland to provide snapshot information about ward closures every Monday. Debriefs are held on a situation by situation basis.

- Close communication is maintained between the HPT and community residential establishments affected by an outbreak of gastrointestinal illness to ensure a receiving hospital which admits a symptomatic resident is advised of the potential infection risk. The HPT seeks to reinforce this communication by also advising, wherever possible, the IPCT directly when such a patient is being admitted.

- Information, guidance/policies and support are easily accessible to NHS Grampian staff and other colleagues in relation to preventing and containing incidents of norovirus.

Summary of Key Anticipatory Demand and Prevention Actions

- 75% of those deemed at risk of flu and those over 65 year of age should receive a flu vaccination
- Over 50% of front line staff should receive a flu vaccination
- Campaigns to support uptake of immunisation for both staff and public groups is in place
- All sectors/service plans reflect the NHS Grampian Major Infectious Disease Plan and the phased response set out
- Robust communication mechanisms between HPT and IPCT
- Norovirus rates decreasing but above national average
- Clear process for managing outbreaks is in place

Key areas of Risk

- Flu immunisation target may not be achieved due to personal choice amongst staff
- Flu immunisation target may not be achieved due to personal choice amongst individuals in target groups

N. Planned Healthcare Capacity and Activity

59. Optimising Elective Care and Delivery of the Treatment Time Guarantee

- NHS Grampian is committed to managing its elective and unscheduled capacity successfully and is obligated to meet the Treatment Time Guarantee (TTG) for patients. Due to the pressure of waiting times activity, TTG performance is constantly being reviewed and managed to support achievement of the standard. Due to the natural tension between planned and unscheduled care in terms of bed capacity, activity is reviewed on a daily basis.

- NHS Grampian intelligently flexes the TTG lists in the early weeks of the year to maximise the throughput of lengthy or complex cases. This supports optimal utilisation of theatre capacity with a minimal bed base impact.

- Individual wards view their elective and predicted unscheduled care activity five days in advance in order to optimally manage their demand proactively and minimise the risk of cancelling patients at short notice. To provide further assurance on this issue NHS Grampian has developed an Elective Activity Management Standard Operating Procedure. This procedure sets out a clinically appropriate escalation process that is clear about protecting capacity for clinically urgent and cancer cases and then TTG patients. The Standard Operating Procedure is appended in the Acute Winter Plan.

- Acute Business Continuity planning sets out the essential services to be delivered in the context of planned care should it be necessary to activate plans.

60. Outpatient Clinics

- Acute and community outpatient activity will continue for most of the holiday period with the exception of the public holidays.

61. Admission Capacity & Effective Discharge

- The Acute Sector recognises that to maximise flow and bed efficiency, the number of patients admitted the day before surgery must be minimised. Reducing the number of patients admitted the night before surgery/procedure is a focus in the Acute Sector.

- The Acute Sector has limited ability to open surge beds due to physical restrictions, HAI bed spacing and staff availability. In addition there is no additional financial resource, nor is it permissible to recruit and rota agency staff in 2016/17.

- Adherence to discharge protocols will be monitored via the daily safety huddles at acute sites to ensure optimisation of flow and acute bed capacity. This will be supported by equal focus on policies for escalation, repatriation and boarding.

- Cross system barriers to transfer of patients will be addressed through daily review at the cross system huddle with action tracking and reporting. Barriers to repatriation will be escalated as required.

- Both hospital and community pharmacy plans are in place for provision of services over the winter period and community pharmacy communicates this information to partners. All are open as normal except on the public holidays when provision is made for limited access only.

Summary of Key Planned Healthcare Capacity and Activity Actions

- Use of the predictive data to effectively manage and balance planned and unscheduled activity
- Focused management of elective lists is always in place, and prioritises those patients which are clinically urgent or are cancer patients and those patients subject to TTG.
- A clear Standard Operating Procedure is in place for postponing elective activity.
- Escalation, repatriation and boarding policies are also available and utilised to support the balance of demand and capacity.
- Use of and adherence to protocols for safe, effective discharge will be promoted through the Discharge Hubs and monitored and reviewed through the safety briefs and cross system huddles.

Key areas of Risk

- TTG targets can be challenging in certain areas and winter pressures may present further challenge
- Lack of surge beds may mean an inability to relieve pressure on the system

P. Unscheduled Care Capacity and Demand

62. Across the unscheduled system the overall activity seen over the winter period is slightly higher with wider peaks and troughs of activity evident during the three weeks covering the festive period. It is also evident that the flow through the system is more challenging.

63. SAS

- The average number of emergency incidents per day during the period November to March has increased year on year from 2010/11 through to 2015/16. While this increase is levelling off in recent years, SAS report that this is countered by increasing complexity and frailty in the population, staffing and recruitment challenges and longer turnaround times Key actions include:
    - To provide adequate emergency resources for care and transport of emergency patients by e.g. re-deploying vehicles
    - Increased collaboration with acute sites including regular involvement in cross system huddles
    - Increased collaborative planning for improvement at strategic level
    - Planned co-hosted, co-funded post in Hospital Liaison Ambulance Officers in each site
    - Planned approach to supporting additional discharge at weekends and evenings through collaborative improvement project
    - Provide additional Ambulance cover at local festive events.
    - The introduction of specialist paramedics in Aberdeen and Elgin

64. NHS 24

- In previous winters, NHS 24 has received an average 5% more calls with a monthly average of 9,154 compared to 8,314. Peak winter activity is experienced during December and January, each of which average over 10,000 calls. Last year March saw an increase of 4.8% in call handling.
- NHS 24 detailed Winter Plan is being developed and it is anticipated that it will incorporate:
    - Prediction of activity with associated planning, to align workforce to times of peak demand Internal and External Communication strategies
    - Consideration of previous performance and lessons learned incorporating elements identified within the detailed planning to minimise potential risk going forward
    - Maximising use of call handlers, call operators and pharmacists
    - Maximising National Clinical and Call Handler support lines.
    - Contingency planning and escalation process.
    - Engagement with GP surgeries to ensure that patient special notes and electronic palliative care summaries are fully updated with relevant medical information prior to the public holidays.
    - Agreement with NHS Grampian Unscheduled Care Team to secure slots to send pre-prioritised calls during key dates.

- Telephony screening messages can be applied to the telephony system in a timely manner to inform the Public of a changing situation. Through constant reappraisal of the Service Delivery Model NHS 24 have ensured that real time deployment of resource and effective utilisation of multiple skill sets aids the delivery of an efficient service.
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65. G-MED Out of Hours Services

- GMED calls followed same pattern as NHS24 calls with an increased number in 2015/16 for the second successive year. GMED experiences on average around 2,000 calls per week, excluding Christmas and New Year. Calls per day can average around 550 over the Christmas period and average around 290 per day for the rest of the year.

The G-Med Out-of-Hours Service Winter Plan has been updated. The plan takes full account of:

- the need for a robust plan covering the full winter period, paying particular attention to the festive period
- the possibility of an outbreak of flu or other seasonal illness
- the above normal level of demand for primary care at that time of year particularly on Saturdays and public holidays throughout the festive period.
- the need to provide the service over the festive period, specifically addressing the periods of festive breaks.
- the need to demonstrate support for NHS 24 in terms of capacity to cope with unpredicted and predicted demand of triaged and untriaged calls.
- the need to maximise primary care capacity on the Monday and Tuesday (3^{rd}/4^{th} day of closing) of the 2 festive weeks.

It must be noted that increased staffing levels are already factored in to the GMED service over this period; however, further measures must be put in place in light of the possible issues encountered if faced with an increase of viral illness, of up to 10%. In anticipation of increased demand over the festive period additional on-duty GP slots have been incorporated into the rota, i.e. compared to a regular Saturday or Sunday rota.

The Plan also discusses in detail the management of demand and capacity, what the escalation triggers are and the actions to be taken at each change of state and by whom. Contingency plans in case of a breakdown of IT and/or telephone/fax systems are described as is the escalation process and how to communicate this to the media.

66. Emergency Department & Minor Injury Units

- Key actions to effectively manage the demand are outlined below.
  - Use of triage as part of initial assessment.
  - Implementing use of redirection protocol as part of triage at front door
  - Workforce will be deployed to cover the predictable peaks in demand.
  - In Dr Gray's, the Surgical Assessment Unit will reduce the numbers going through

A&E and therefore alleviate pressure.

- Ongoing use of the Clinical Decision Support Service to provide support and advice to professionals to ensure patients receive the right care, at the right time, in the right place and by the right person/team.
- Communication with public actions e.g. KWTTT, national campaigns to minimise inappropriate demand.
- Ensuring the flow across the hospital and the community is effectively maintained so patients are able to receive the right care, at the right time and in the right place.

67. Acute Sector

- Policies are operational with regard to escalation, boarding and discharge which ensure clarity and consistency of practice and provides a clear understanding of patient placement and bed allocation within ARI. The decision where to place a patient in terms of speciality of care is made by medical staff only: however, bed allocation can only be undertaken by the Site and Capacity Management Team or those working on their behalf.

- Supported by the Head of Operations and in discussion with clinicians Operational Support Managers will give priority status to appropriate patients in both the elective and non-elective scenarios. They will work closely with the Nurse on for the hospital and the Duty Manager who will advise the Site Manager as to the current bed state and all actions taken to improve the situation. Decisions to transfer, board or discharge patients will be supported through daily and regular opportunity to highlight, discuss and escalate any barriers to flow in the sector. This will be overseen by the Head of Operations and implemented by the supporting framework for site management.

- Business Continuity Plans are in place for all Grampian hospitals.

68. Primary/Community/Social Care

- Community Pharmaceutical Services will support service delivery over the winter and specifically festive period through the:
    - Community Pharmacy Urinary Tract Infection (UTI) Service
    - Community pharmacy provision of emergency hormonal contraception
    - Community pharmacy will continue to provide advice and treatment via the Minor Ailments Service
    - Community Pharmacy Unscheduled Care Patient Group Directive (repeat medication)
    - Both hospital and community pharmacy plans are in place for provision of services over the winter period. All are open as normal except on the public holidays when provision is made for limited access only. Exceptions to normal opening times will be notified.
    - Community Pharmacy opening on public holidays will be notified to partners (G-MED, NHS 24, Substance misuse service etc) via the Primary Care Contracts Team and corporate communications. There will be some pharmacy coverage in all communities every day.

- Within the acute sector, pharmacy distribution and dispensary opening information and service levels will be provided directly to wards and clinics in the lead up to the festive period. It is essential that pharmacy staff are included in plans for patient discharge at the earliest time to ensure required medication is available in a timely manner.

69. Key actions in Primary/Community Social Care are:

- Ensuring high risk individuals are identified within practices and up to date Anticipatory Care Plans are in place.
- Accessing real-time decision support via local networks to ensure patients receive the right care in the right place at the right time. This approach will also reduce inappropriate admissions.
- Utilising the capacity within Community Hospitals to predict and effectively manage demand for admissions and transfers. Contributing to the intelligence regarding bed capacity across Grampian.
- Community healthcare provision continues throughout winter period and business continuity plans are in place
- The main action for surge activity is to ensure all beds are open and areas staffed appropriately. This will remain a challenge with the various workforce and winter pressures.
- No additional primary care capacity has been identified; however the management of surge activity or workforce capacity issues will be managed on the basis of service prioritisation for that day.
- Increased social care provision can be commissioned during peaks throughout the winter period. Collaborative communication will make staff aware that social care provision (and on call) is available 365 days per year through.
- During times of increased pressure social care resources are allocated according to priority and, wherever possible, Partnerships will ensure that priority is given to hospital discharge or prevention of admission.

70. Cross System Challenges

- NHS Grampian, and the three Health and Social Care Partnerships all see the crucial role that delayed discharges play in the delivery of a successful winter plan as well as an optimal experience for public and staff. Partnerships are focused on reducing the number of people who are delayed within hospitals.

- Key aspects of each of the Partnerships' winter plans coincide with the delayed discharge plans and the use of the resource envelope across the whole system.

Summary of Key Unscheduled Care Capacity and Demand Actions

- Local Winter Plans which meet predicted challenges are agreed and tested ahead of the winter and festive period.
- Implementing use of redirection protocol in ED
- Site Capacity and Management Approach in acute hospitals
- Minimising delayed discharges by prioritising the most urgent via collaborative working in the Discharge Hub
- Collaboration on winter planning across partner agencies and services such as SAS, NHS24, GMED.

Key areas of Risk

- Pattern of increasing demand for SAS and GMED services in the face of recruitment difficulties.
- People may choose not to use self care and may present at ED inappropriately
- People may wait until closed services reopen and the volume of demand at that time may be overwhelming.

R. Specific Plans for During and Post the Festive Period

71. All organisations and services within Grampian have/will have in place the following:

- Agreed rotas for the festive period in place by October 2016 which aims to match the forecasted demand.
- Business continuity plans which cover the delivery of resilient services over the festive period.
- Regular communication regarding local actions in their surge or winter plans via established channels e.g. safety briefs, cross system huddles, Senior Leadership Team huddles.

72. SAS

- As set out in the SAS Winter Plan, arrangements are in place to respond to and manage the predicted peaks in demand, including early preparation of staffing rotas during the festive period.

73. NHS 24

- The NHS 24 Winter Plan for 2016/17 will set out how the predicted peak in service activity will be appropriately managed through adequate workforce capacity maximising the use of Call Handlers, Call Operators and Pharmacist and maximising National Clinical and Call Handler support lines. Contingency plans and escalation processes will be in place.

74. G-MED

- G-MED Winter Plan outlines the key actions for ensuring appropriate delivery of quality services which meet the demand over the winter and festive period, including the early arrangement of festive rotas, which take into account the pattern of increased demand for services over the festive period. The Plan also sets out escalation procedures should the service's ability to respond within agreed times be compromised.

75. In-Hours General Practice/Community

- GP practices will be open on the days between the public holidays. On these days some practices will embargo more appointments for same day booking than usual. They have also noted that general practice is not, when fully staffed, under increased pressure at the period over Christmas and New Year but with a surge usually occurring in the first week of January and are prepared for this.

- The three Partnerships will have community nursing cover arrangements in place for 25th and 26th December and for 1st and 2nd of January. The Out-of-Hours nurses based in G-MED will continue as normal.

76. Social Care

Key actions to effectively manage demand over the festive period are:

- Reduce number of patients with a delayed discharge prior to the festive period.
- Delivery of prompt assessment and implementation of social care packages over the festive period.
- Work with cross system huddle and discharge hub in acute sector to ensure staff are aware that social care packages are available over the festive period.
- During times of increased pressure resources are allocated according to priority and wherever possible, priority is given to hospital discharge or prevention of admission

77. Pharmacists

Community Pharmacy

- A pharmacy plan for the festive season is in place. Community pharmacists offering public holiday cover will be encouraged to stagger the hours they open to give the widest possible cover to the public. During October – early December practices usually provide public information regarding repeat prescriptions to remind people to order their repeat prescriptions in plenty of time and when the GP and pharmacy will be closed around public holidays.. Community Pharmacy opening on public holidays will be notified to partners (G-MED, NHS 24, Substance misuse service etc) via the Primary Care Contracts Team and corporate communications. There will be some pharmacy coverage over all Health and Social Care Partnership areas every day.

Hospital Pharmacy

- A plan is in place for the hospital service over the festive season. In the acute sector there will be an emergency service only on Sundays 25 December and 1 January. There will be weekend service on Saturdays 24 December and 31 January and there will be a reduced level of service on Monday/ Tuesday 26-27 December and 2-3 January. In DGH and RCH there will be an emergency service only on Sunday/ Monday 25 -26 December and 1- 2 January with normal Saturday arrangements in place for Saturdays 24 and 31 December. There will be a reduced service at DGH and RCH on Tuesdays 27 December and 3 January. All other days during the festive period will operate as normal. Ordering pharmacy supplies for emergency out-of-hours centres and community hospitals will be planned well in advance taking account of transport arrangements and ensuring adequate medicine stock. Pharmacy opening information will be provided directly to wards and clinics. It is essential that the pharmacy staff is included in plans for patient discharge at the earliest time to ensure required medication is available in a timely manner.

- The above arrangements will be widely publicised to the public and NHS staff

78. Dental Services

- From Wednesday 21st December 2016 through to Wednesday 4th January 2017 (inclusive) the following arrangements will be in place:

Excluding public holidays, Public Dental Services and independent dental practices will be expected to provide access to dental advice and treatment during normal working hours Monday to Friday. During **in-hours 08.00 – 18.00hrs**, unregistered patients and visitors to the region can access dental advice and treatment if required, by contacting the **Dental Information and Advice Line (DIAL)**

- **Out of hours** will be available as below:-

Aberdeen GDENS emergency dental clinics will operate 18.15 - 21.15hrs on normal working weekdays, and 09.00 – 12.30hrs normal weekend days Elgin GDENS clinic will operate 9.00-12.30hrs Sundays

- **Public Holiday** cover will be available as below:-

Sat 24th Dec	Aberdeen clinic 9.00 – 12.30hrs
Sun 25th Dec	Aberdeen clinic 9.00 -12.30hrs
Mon 26th Dec	Aberdeen clinic 09.00 – 12.30hrs
	Elgin clinic 09.00 – 12.30hrs
Tue 27th Dec	Aberdeen clinic 09.00 – 16.30 hrs
	Elgin clinic 09.00 – 13.00hrs
Sat 31st Dec	Aberdeen clinic 9.00 – 12.30hrs
Sun 1st Jan	Aberdeen clinic 9.00 -12.30hrs
Mon 2nd Jan	Aberdeen clinic 09.00 – 12.30hrs
	Elgin clinic 09.00 – 12.30hrs
Tue 3rd Jan	Aberdeen clinic 09.00 – 16.30 hrs
	Elgin clinic 09.00 – 13.00hrs

- For unregistered dental patients and patients of practices participating in the SEDS national service, Out of hours and public holiday services are accessed via **NHS 24 on 111** between 18.00 – 08.00hrs weekdays and throughout the weekend and public holidays. Patients will be triaged according to national Emergency dental Service standards and directed to appropriate care as required.

- Registered dental patients should contact their practice directly in the first instance.

79. Diagnostics

- Elective activity will be managed in accordance with unscheduled care need and available capacity. Detailed planning of activity levels for ultrasound, CT and MRI are in place and will help to ensure that no elective activity will be unnecessarily postponed as a result of pressures on the diagnostics service.
- CT, Ultrasound and MRI in Radiology have a clear process for prioritising patients from the 21 Dec and over the festive period; these are appended in the Acute Winter Plan.

80. ED/MIUs

- Intelligence shows us that the week prior to Christmas and the first two weeks in January ED and MIU departments tend to be significantly busier than usual. Key actions to manage this are in place with specific emphasis in ensuring workforce capacity is in place to manage predicted demand.

81. Mental Health Services

- Intelligence demonstrates that there are surges in demand on mental health services prior to and post the festive period. The unscheduled care team work 365 days per year and will absorb this as part of their work pattern.

On call consultants are available to attend the hospital if activity increases.

82. Modelling and Testing

- Surge planning is closely linked to the degree of preparedness that will be in place for likely challenges over winter. Preparation for and integral to surge planning is an understanding of what capacity the current system has, what levels or thresholds will challenge that capacity beyond manageable levels and what ability and resources can be put in place to step up to a 'surge' response.

- From experience of participating in tabletop tests last year, all stakeholders recognised the value in exercising winter plans ahead of finalisation and implementation Based on this value, sectors have scheduled and delivered events for tabletop exercises which afford the opportunity to identify barriers and flaws to implementing the plans and a chance to refine them, also sufficient time to address any issues that will prevent successful activation.

- Local teams are being encouraged to test their own plans by senior leadership figures and all events are supported by the Grampian Unscheduled Care 6 Essential Actions Programme and the NHS Grampian Civil Contingencies Unit. A joint Winter Tabletop Test for all stakeholders and partners was also arranged to test winter planning and collaborative working.

Themes explored and tested are:

- The potential activation of four winter plans and the initial response to a disruptive event that has a direct impact on patient care.
- The joint approach that is in place across all the organisations and how the plans dovetail together; how risk is assessed across the board and how Command and Control functions across the joint approach.
- How the sectors and others will continue to deliver services and maintain performance against key measures and standards during a period of significant challenge.

In each case, the exercise process follows national resilience protocol and utilise standardised documentation, enabling a consistent method for review and feedback, as well as ensuring quality control.

Summary of Key Festive Period Actions

- All organisations and services will have in place the following:
  - Agreed rotas for the festive period
  - Locally tested business continuity plans
  - Clear communication channels for discussing pressures and key actions
- There is a partnership approach to festive period planning, acknowledging interdependencies of services
- Focus is business continuity and minimising impact of closures
- Testing has contributed to the efficacy of continuity planning

Key areas of Risk

- Availability of staff over the festive period may not be optimal, compounded by vacancy levels
- Higher than anticipated levels of unscheduled care activity

References

Scottish Government : 6 Essential Actions Improvement Programme

Scottish Government Resilience and Business Management Division:

- Preparing for Winter 2016/17
- Winter Preparedness : Self Assessment

Grampian Winter Report 2015/16

Grampian Winter Intelligence Report 2015/16

The NHS Grampian Major Infectious Disease Plan version 5.3. Approved October 2013

Sector/Organisation Winter Plans which underpin the Grampian Winter Plan 2015/16

Acute Sector Winter Plan (ARI and Dr Grays) for 2016/17

Aberdeenshire Winter Plan for 2016/17

Aberdeen City Winter Plan for 2016/17

Moray Winter Plan for 2016/17

GMED Winter Plan 2016/17

Scottish Ambulance Service Winter Plan for 2015/16

NHS24 Winter Plan for 2015/16

Appendix 1

Summary of Winter Plan Actions & Finance Status for 2016/17

The table below sets out the key actions within this plan along with the nominated lead, timescales for delivery and financial status.

Ref.	Action	Timescales	Lead/s	Financial Cost/Status
1.	*Reporting* Reporting to the Scottish Government in a timely manner by: i. Submitting weekly management information commencing October 2016 ii. Producing daily performance and pressures reports as and when required iii. Providing exception reports and immediate notification of any significant issues.	 Oct 2016 As required As required	 V. Fox C. Cameron G. Mortimer	 Via existing resources. Via existing resources. Via existing resources.
2.	*Communication Between Partners & Escalation* i. Partnerships, Acute sector and other Departments along with Partners to test winter/business continuity plans. ii. Daily Cross System Huddles Chaired by Senior Decision Maker and include all partners to be held iii. Real-time reporting of critical incidents to partners as per agreed protocols iv. All partners contribute to/inform the submission of exception reports to the Scottish Government	 During August/September/October 2016 Ongoing Ongoing Ongoing	 Chief Officers and Lead Managers Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwells Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwells Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwells	 Via existing resources.

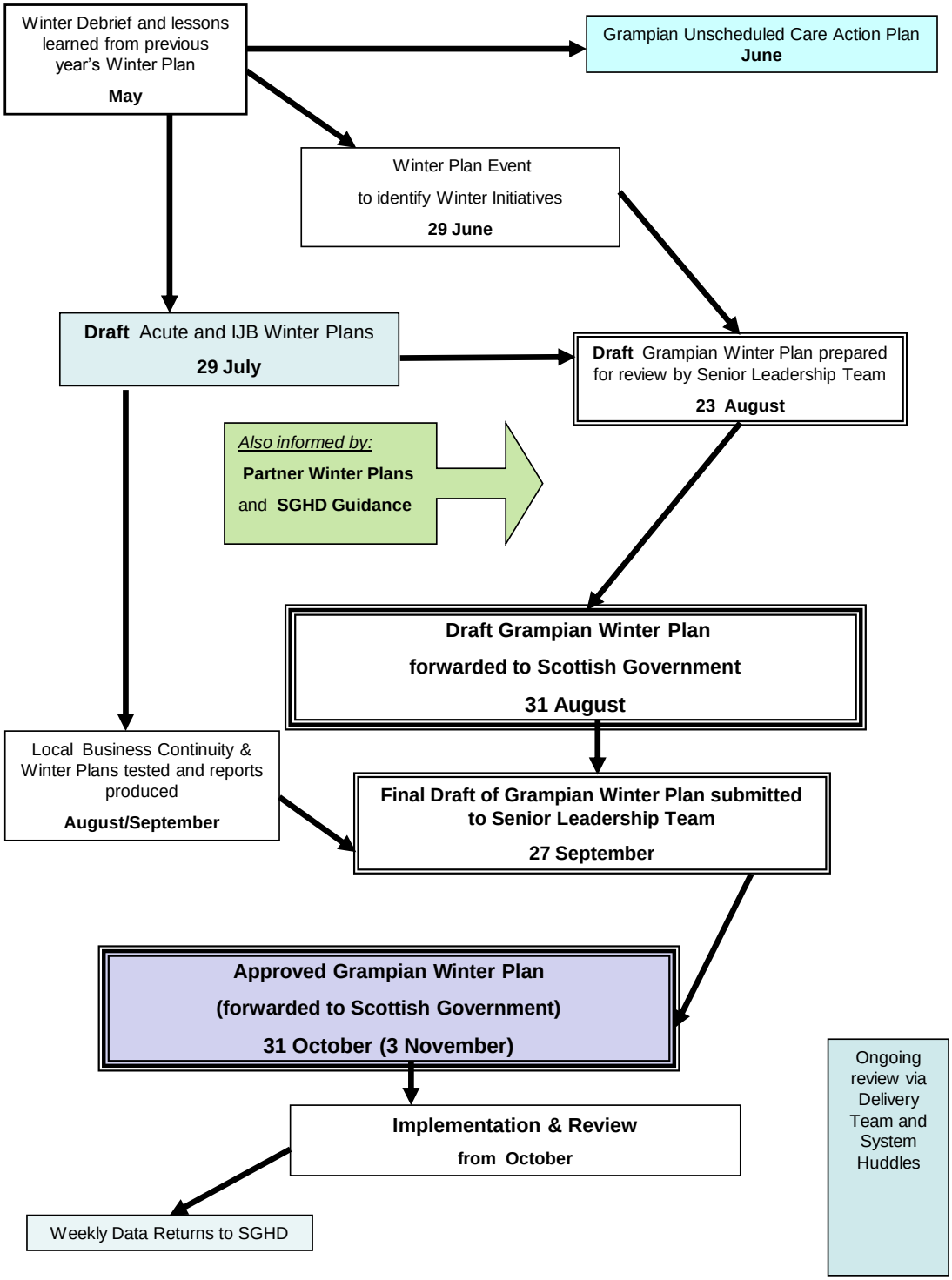
Ref.	Action	Timescales	Lead/s	Financial Cost/Status
3.	*Communicating to Public/Staff*			
	i. Implementation and regular review of the Winter Health Communication Plan which includes flu, 'Be Ready for Winter', KWTTT and antibiotic campaigns.	From October 2016	C Cameron	Via existing resources
	ii. Targeted communication to staff on wards regarding key information during the festive period e.g. infection control advice, access to social care assessment/care packages and KWTTT	From November 2016	A Hardy	Via existing resources
	iii. Targeted KWTTT public campaign	From Nov 2016	C Cameron	6 Essential Actions Funding
4.	*Joint Working and Integration*			
	i. Regular meetings involving Partnerships, Acute Sector and NHS Grampian to prioritise system issues	Weekly	Senior Leadership Team	Via existing resources
	ii. Discharge Hub to support integrated approach to priority discharge	Daily	A. Hardy	Via existing resources
	iii. Safety Brief models to ensure 'system grip' on a daily basis	In place / ongoing	A.Hardy	Via existing resources
5.	*Anticipatory Demand and Prevention*			
	i. Encouraging and promoting flu vaccination for all individuals over 65 years, all patients in at risk groups under 65 years in a clinical risk group, to achieve a 75% uptake rate	From October 2016	S. Webb	Via existing resources
	ii. Promoting flu vaccination for all staff and aim to achieve a 50% uptake of front line staff	From October 2016	Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwells	Via existing resources
	iii. All sector/service plans reflect details within the NHS Grampian Major Infectious Disease Plan	October 2016	Sector Plan Leads	Via existing resources
	iv. Robust communication mechanisms between Health Protection Team and Infection Prevention and Control Team	Ongoing	IPCT Head and Head of Health Protection	Via existing resources

6.	*Planned Healthcare Capacity and Activity* i. Use of predictive data to effectively manage and balance planned and unscheduled activity ii. Capacity and Demand management is in place in all sites, as are clear escalation plans iii. Use of and adherence to protocols for safe, effective discharge will be promoted through the Discharge Hubs and monitored and reviewed through the safety briefs and cross system huddles	 ongoing ongoing ongoing	 G. Mortimer Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwells A Hardy	 Via existing resources Via existing resources Via existing resources
Ref.	**Action**	**Timescales**	**Lead/s**	**Financial Cost/Status**
7.	*Unscheduled Care Capacity and Demand* i. Robust Winter Plans, which reflect predicted demand, are agreed and tested ii. Implementing use of redirection protocol in ED iii. Site Capacity and Management Approach in acute hospitals iv. Minimising delayed discharges by prioritising the most urgent via collaborative working in the Discharge Hub v. Collaboration on winter planning across partner agencies and services such as SAS, NHS24, GMED.	 October 2016 Ongoing ongoing Ongoing October 2016	 Gary Mortimer, Judith Proctor, Pam Gowans , Adam Coldwells & Directorate Leads G. Mortimer G. Mortimer A.Hardy, S. Coady, T. Cowans, I. Ramsay C.Cameron	 Via existing resources Via existing resources Via existing resources Via existing resources Via existing resources
Ref.	**Action**	**Timescales**	**Lead/s**	**Financial Cost/Status**

8.	*Specific Plans for During and Post the Festive Period* i. All organisations and services will have in place the following: a. Agreed rotas for the festive period b. Locally tested business continuity plans c. Clear communication channels for discussing pressures and key actions ii. There is a partnership approach to festive period planning, acknowledging interdependencies of services iii. Testing has contributed to the efficacy of continuity planning	 October 2016 November 2016 ongoing October 2016 November 2016	 Sector and Service Leads Sector and Service Leads Gary Mortimer, Judith Proctor, Pam Gowans & Adam Coldwell and Sector and Service Leads C. Cameron Sector and Service Leads, C. Cameron	 Via existing resources Via existing resources Via existing resources Via existing resources Via existing resources
Ref.	**Action**	**Timescales**	**Lead/s**	**Financial Cost/Status**

Appendix 2

Process & Timescales for Development and Review of the Grampian Winter Plan 2016/17



Appendix 3

Critical Areas, Outcomes and Indicators

The critical areas identified below have been identified by Scottish Government Winter Planning Guidance as key to effective winter planning. The local indicators, which underpin each critical area, are required to be included in relevant local management processes to achieve the outcomes described. Where appropriate the local evidence is described including the data measure, the geography and the frequency of collection and /or use.

1. Business continuity plans tested with partners.
Outcome required: • The board has fully tested business continuity management arrangements / plans in place to manage and mitigate key disruptive risks including the impact of severe weather.
Local indicator(s): • progress against any actions from the testing of business continuity plans.
Local evidence: • sectors have completed test exercises as at October 2016 • some sectors have undertaken testing of multiple scenarios • the acute sector has scheduled events into November and December to ensure multiple staff groups can participate • reports have been prepared on outcomes and learning from events • events have been supported by Civil Contingency Team • Cross system event held in August 2016 • Plans refined based on learning

2. Escalation plans tested with partners.
Outcome required: • Access block is avoided at each ED where there is a target operating model managed effectively by an empowered site management team with clear parameters on whole system escalation processes.
Local indicator(s): • attendance profile by day of week and time of day managed against available capacity • locally identified indicators of pressure (i.e.) % occupancy of ED, utilisation of trolley/cubicle, % of patients waiting for admission over 2, 4 hours • all indicators should be locally agreed and monitored.
Local evidence: • ED capacity reports are produced on daily basis and shared with key services for review. • ED escalation policy and site based escalation policy written in tandem and reflect the national guidance of 2016. • Includes agreed key indicators of pressure

3. Safe & effective admission / discharge continues in the lead-up to and over the festive period and also in to January.

Outcomes required:

- Emergency and elective patients are safely and effectively admitted and discharged over the Christmas - New Year holiday period.
- The numbers of patients receiving elective treatment reduces and the risk of boarding medical patients in surgical wards is minimised.
- Patients do not have unnecessary stays in hospital; hospitals are in a good position to deal with the surge in patients normally admitted in the first week back in January.

Local indicator(s):

- daily and cumulative balance of admissions / discharges over the festive period
- levels of boarding medical patients in surgical wards
- delayed discharge
- community hospital bed occupancy
- number of Social Work assessments including variances from planned levels.

Local evidence:

- balance of admissions/discharges is monitored and discussed at daily safety briefs in both acute sites
- boarded patients are discussed and prioritised via daily safety briefs
- delayed discharges are reviewed daily and prioritised via the Discharge Hub
- community hospital occupancy is discussed daily via the Cross System Huddle
- identification of need for priority social work assessments is addressed via partnership review in Discharge Hub

4. Strategies for additional surge capacity across Health & Social Care Services

Outcome required:

- The risk of an increase in the levels of boarding medical patients in surgical wards in the first week of January is minimised. The staffing plans for additional surge capacity across health and social care services is agreed in October. The planned dates for the introduction of additional acute, community and social work capacity are agreed and that capacity is operational before the expected surge period. It is essential that additional capacity is developed alongside appropriate arrangements to create a safe and person centred environment.

Local indicator(s):

- planned additional capacity and planned dates of introduction
- planned number of additional staffed medical beds for winter by site and the planned date of introduction of these beds;
- planned number of additional intermediate beds in the community and the planned date of introduction of these beds;
- levels of boarding.
- planned number of extra care packages
- planned number of extra home night sitting services
- planned number of extra next day GP and hospital appointments

Local evidence:

- *Additional capacity may be made available in the acute sites.*
- *In ARI this is likely to be up to 9 beds Monday to Friday.*
- *In Aberdeen City and in Moray, the HSCP may spot purchase additional packages of care*
- *Boarding levels in acute hospitals will be monitored with boarding decisions made in accordance with agreed policy and the Standard Operating Procedure.*

5. Whole system activity plans for winter: post-festive surge / respiratory pathway.

Outcome required:

- The clinically focussed and empowered hospital management have a target operating model that sets out the expected range of daily emergency and elective admissions and discharges over the festive and winter period. The expected range takes account of the potential surge in emergency admissions in the first week of January and includes the potential surge in respiratory and circulatory admissions over the winter. Hospital models will include flows between front doors, receiving units, and downstream wards.

Local indicator(s):

- daily number of cancelled elective procedures;
- daily number of elective and emergency admissions and discharges;
- number of respiratory admissions and variation from plan.

Local evidence:

- The level of elective procedures during the post-festive period has been discussed planned by the acute sector since August 2016
- As per the policy and the Standard Operating Procedure, these are based on the principles of prioritising the clinically urgent, cancer patients, those at risk of failing TTG.
- Non-essential activity outwith the above criteria has been postponed for the first two weeks after the post-festive return.

6. Effective analysis to plan for and monitor winter capacity, activity, pressures and performance

Outcome required:

- NHS Boards have, and use, a range of analysis to effectively plan for and monitor winter capacity, activity, pressures and performance at board and site levels.

Local indicator(s) :

- Agreed and resourced analytical plans for winter analysis.

Local evidence:

- Data on performance and activity is collected via usual routes and mechanisms. e.g. daily circulation of ED activity and performance levels
- Additional winter monitoring is in place with reporting of any exceptional events
- Winter planning cycle includes opportunity for festive hot debrief in January and full winter debrief in May
- Winter Planning Cycle includes production of a Winter Intelligence report that allows for year-to-year comparison of activity and performance levels for NHS and partners services.

7. Workforce capacity plans & rotas for winter / festive period agreed by October.

Outcomes required:

- Rotas and workforce capacity plans for all disciplines are agreed for the winter (and particularly the 4 day festive holiday) period by October to underpin safe and effective admission and discharge of emergency and elective patients. This should encompass all relevant health and social care services.
- Maintain discharges at normal levels over the two 4 day festive holiday periods

Local indicator(s):

- workforce capacity plans & rotas for winter / festive period agreed by October;
- effective local escalation of any deviation from plan and actions to address these;
- extra capacity scheduled for the 'return to work' days after the four day festive break factored into annual leave management arrangements.
- number of discharges on each of the 4 day festive holiday periods compared to number of normal daily discharges

Local evidence:

- workforce rotas are in place by October 2016
- including additional shifts in priority areas, i.e. GMED
- Discharges continue to be prioritised as safety briefs are delivered over festive holiday periods

8. Discharges at weekends & bank holidays

Outcome required:

Patients are discharged at weekends and bank holidays to avoid unnecessary stays in hospital and to improve flow through the hospital. Medical and Nurse Directors provide monthly report on weekend (pre-noon) discharge rate progress and performance.

Local indicator(s):

- % of discharges that are criteria led on weekend and bank holidays;
- daily number of elective and emergency admissions and discharges.

Local evidence:

- use of predictive data is in place at ward level and discussed at daily safety briefs
- additional transport dedicated to supporting discharges at weekends and evenings is in place for both acute sites.

9. The risk of patients being delayed on their pathway is minimised.

Outcome required:

- Patients receive timely assessments in A&E, Acute Assessment Units, Acute Receiving Units and downstream specialty wards. Delays between decision to transfer/discharge and actual transfer/discharge are minimised. The capacity in these units reflect the arrival patterns and potential waiting times for assessment and/or transfer/discharge. Patients in downstream wards are discharged earlier in the day to avoid unnecessary stays in hospital and to improve flow through the hospital. There is early engagement with SAS for ambulance discharge and transfer. Medical and Nurse Directors provide monthly report on ward by ward, in/out balance, daily discharge progress and performance.

Local indicator(s):

- distributions of attendances / admissions;
- distribution of time to assessment;
- distribution of time between decision to transfer/discharge and actual time;
- % of discharges before noon;
- % of discharges through discharge lounge;
- % of discharges that are criteria led;
- levels of boarding medical patients in surgical wards.

Local evidence:

- daily capacity (demand and capacity)report produced in ED and shared
- breaches for first assessment monitored and actioned
- discharge activity and performance led on via Discharge Hub and daily meetings
- boarding levels discussed daily in safety briefs

10. Communication plans

Outcome required:

- The public and patients are kept informed of winter pressures, their impact on services and the actions being taken.

Local indicator(s) :

- daily record of communications activity;
- early and wide promotion of winter plan

Local evidence:

- winter plan is made available via the local intranet and internet site, promoted to staff
- national and local social marketing activity is undertaken as outlined in **Section K. Information, Communication & Escalation** on page 17 of this Plan.

11. Preparing effectively for norovirus.

Outcome required:

The risk of norovirus outbreaks becoming widespread throughout a hospital is minimised through the effective implementation of the HPS Norovirus Outbreak Guidance (2016/17).

Local indicator(s):

- number of wards closed to norovirus;
- application of HPS norovirus guidance.

Local evidence:

- Norovirus Preparedness Plan in place from August 2016
- Daily attendance at Safety Briefs by Infection Prevention and Control Team
- Regular communication on local norovirus activity
- IPCT Communication Strategy in place and implemented, including escalation process

12. Delivering seasonal flu vaccination to public and staff.

Outcome required:

- CMO uptake targets for seasonal flu vaccination for those aged 65 and above, at risk groups and front line staff are delivered in accordance with CMO Guidance.

Local indicator(s):

- % uptake for those aged 65+ and 'at risk' groups;
- % uptake of staff vaccine by site / speciality and variance from planned levels in line with CMO advice.

Local evidence:

- The flu immunisation campaign in Grampian commenced 3rd October 2016
- Uptake levels for the public and for staff will be recorded and monitored, and reported following the winter period.

Appendix 4

Grampian Winter Intelligence Report 2015/16

The NHS Grampian Health Intelligence Department with partner colleagues is developing a Winter Plan Intelligence Report looking at the last five winters (2011/12 to 2015/16). Key points from the evolving report are outlined below.

NHS 24

- 10% more calls on average during the winter period with a monthly average of 9,214 compared to 8,429 between April and October.
- Peak activity during December and January. Each of which average around 10,000 calls. By contrast November is the least busy month averaging fewer than 8,000 calls.
- 5.3% fewer calls in 2015/16 than in 2014/15. 6083 calls in November 2015 compared to 9061 in November 2014.
- Incomplete data for first third of November due to unsuccessful implementation of new IT System so true volume of calls over this period is unknown.
- Excluding November there were 1.0% more calls in 2015/16 than in 2014/15. March was responsible for most of this increase: up 4.8% compared to 2015.
- The table below illustrates the activity trends over the last five years for both average number of calls per day and average number of calls per week:

Time Period	Average Calls per Day	Average Calls per Week
Nov - Mar 2011/12	296.7	2076.7
Nov - Mar 2012/13	312.2	2185.8
Nov – Mar 2013/14	290.9	2036.3
Nov – Mar 2014/15	319.3	2234.9
Nov – Mar 2015/16	302.4	2116.8

Scottish Ambulance Service (SAS)

- Number of incidents was increasing by average of 5% each year but has levelled off over the past three winter periods.
- Trend data shows a predictable peak in activity during the first week in January.
- The table below illustrates the activity trends over the last five years for both average incidents per day and average incidents a week:

Time Period	Average Incidents per Day	Average Incidents per Week
Nov - Mar 2011/12	117.2	815.9
Nov - Mar 2012/13	122.0	851.7
Nov – Mar 2013/14	129.7	907.9
Nov – Mar 2014/15	128.2	897.4
Nov – Mar 2015/16	129.8	908.6

GMED

- GMED calls follow same pattern as NHS24 calls with an increased number in 2015/16 for the second year in succession. There were 2.4% more calls than in 2014/15.
- The number of calls is much higher around Christmas/New Year but fairly consistent at other times. Calls per day average around 550 over the Christmas period and average around 290 per day for the rest of the year.
- In each year around 10% of calls resulted in no action.
- The table below illustrates the activity trends over the last five years for both average number of calls per day and average number of calls per week:

Time Period	Average Calls per Day	Average Calls per Week
Nov - Mar 2011/12	305.6	2139.5
Nov - Mar 2012/13	326.6	2286.3
Nov – Mar 2013/14	319.4	2235.7
Nov – Mar 2014/15	327.2	2290.4
Nov – Mar 2015/16	335.1	2345.7

Grampian A&E (All Sites)

- Peak attendances occur during spring, early summer and early autumn.
- In each year up to 2014/15 Christmas Day had the fewest number of attendances: 196 in 2011, 182 in 2012, 192 in 2013 and 165 in 2014. In 2015/16 Christmas Eve had the fewest number of attendances with 160.
- Periods of peak attendances vary. March had noticeably higher attendance numbers in 2012 but not in other years. Days with the highest number of attendances in each winter were:25/3/12 with 380, 1/11/12 with 352, 2/2/14 with 372, 22/2/15 with 344 and 28/3/16 (Easter Monday) with 364 attendances.
- Peak number of waits over 4 hours and over 12 hours occurs just after New Year.
- The number of 4-hour breaches almost doubled between 2010/11 and 2014/15 but returned to 2011/12 levels in 2015/16.
- 2015-16 was the first winter period with no 12 hour breaches.
- The table below summarises activity trends and breach data over the last five years:

Time Period	Average Attendances per Day	Average Number of Breaches Per Day		
		4-Hour	8-Hour	12-Hour
Nov - Mar 2011/12	288.3	12.5	1.3	0.2
Nov - Mar 2012/13	283.9	18.3	1.7	0.2
Nov – Mar 2013/14	278.8	18.1	1.1	0.1
Nov – Mar 2014/15	267.8	22.2	2.3	0.3
Nov – Mar 2015/16	261.9	12.4	0.3	0.0

Grampian Admissions (All Sites)

- There are on average 2239 admissions per week over the winter period: 1203 elective and 1036 emergency.
- There are generally between 1,000 and 1,500 elective admissions each week except for the weeks beginning 20th December and 27th December when activity is much reduced. This reduction in activity is also evident for week beginning 3rd January when New Years Day falls on a Saturday or Sunday.
- The number of emergency admissions is more consistent from week to week with no marked drop off over Christmas though an increase can be seen following New Year.
- 2015/16 saw a 3.5% increase in elective and 0.5% decrease in average number of emergency admissions per day compared to 2014/15.
- The table below illustrates admission trends over the last five years for both average number of admissions per day and per week:

Time Period	Average Admissions per Day		Average Admissions per Week	
	Elective	Emergency	Elective	Emergency
Nov – Mar 2011/12	172.6	153.5	1208.5	1074.5
Nov – Mar 2012/13	172.1	141.3	1204.6	988.8
Nov – Mar 2013/14	163.7	145.7	1145.6	1020.1
Nov – Mar 2014/15	172.4	150.0	1206.5	1050.0
Nov – Mar 2015/16	178.4	149.2	1248.8	1044.4

Length of Stay (All Sites)

- There was little change in Elective LOS between 2014/15 and 2015/16.
- Emergency LOS dropped by 7% in 2015/16 and was 2nd lowest of the five years.
- The table below illustrates average length of stay over the last five years for both elective and emergency admissions:

Time Period	Average Elective Length of Stay (days)	Average Emergency Length of Stay (days)
Nov - Mar 2011/12	1.17	8.23
Nov - Mar 2012/13	1.11	7.61
Nov - Mar 2013/14	1.37	8.10
Nov – Mar 2014/15	1.07	8.42
Nov – Mar 2015/16	1.11	7.85

Delayed Discharges

- A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date.

- Number of delayed discharges showed little change in 2015/16 compared to 2014/15 (853 v 846).
- 2015/16 saw a 16% drop at ARI which contrasted with a 60% increase at Woodend.

Number of Non-Complex Cases	ARI	Dr Gray's	Woodend	Cornhill	Community	Total
Nov – Mar 2011/12	42	0	73	20	144	279
Nov - Mar 2012/13	275	7	110	18	196	606
Nov – Mar 2013/14	275	41	67	14	242	639
Nov – Mar 2014/15	404	39	101	38	264	846
Nov – Mar 2015/16	337	37	162	36	281	853

- The number of complex case (code 9s) delayed discharges are illustrated in the table below. In 2015/16 there were nearly twice the number of complex cases compared to 2014/15, but numbers had been unusually low. There was a big increase at Cornhill: 14 compared to fewer than 5 in three preceding winters.

Number of Complex Cases	ARI	Dr Gray's	Woodend	Cornhill	Community	Total
Nov - Mar 2011/12	5	0	5	13	18	41
Nov - Mar 2012/13	7	0	9	4	24	44
Nov – Mar 2013/14	5	1	5	0	38	49
Nov – Mar 2014/15	3	4	4	4	12	27
Nov – Mar 2015/16	4	3	6	14	24	51

Norovirus

- The NHS Grampian rate per 100,000 population of reports of Norovirus reduced from 26.1 in 2014 to 22.8 in 2015. This was lower than the Scottish rate of 26.0.

Flu Immunisation

- Uptake for the seasonal flu vaccination dropped in 2015/16.
- 73.2% of over 65s were immunised compared to around 76% in each of the preceding four winters.
- Amongst under 65s, at increased clinical risk, there was an even greater decrease in the uptake rate with 46.3% compared to between 53 and 56% in previous winters.
- Uptake for the past five winters is illustrated in the table below:

Year	Aged 65 and older	Aged 64 or less and at increased clinical
2011/12	76.4%	55.6%
2012/13	76.1%	53.8%
2013/14	76.0%	55.2%
2014/15	75.7%	53.0%
2015/16	73.2%	46.3%

Appendix 5

Hospital Safety & Flow Brief

HOSPITAL HUDDLE AIM 'Making every day a safe day for patients and staff''
1. Positive Story (e.g. Quality, Safety or Patient Care) ***Weekly on a Monday & Friday only***
Local Action: At own huddle today consider positive patient story / practise experience to share wider.
2. H@N Status (e.g. Patients concerned about, requiring urgent review, Cardiac Arrests Overnight)
Local Action: Complete Resuscitation Audit form and review case at MDT for any potential learning
3. Managing Deteriorating Patients: Who are the other patients we are concerned about this morning?
Ward: **Ward:** **Ward:** **Ward:**
Local Action: Every patient of concern must have an early review this morning by a senior Doctor.
4. Critical Care Safety Issues
ITU - **CITU -** **MHDU -** **CCU -** **SURGICAL HDU's (15) -** **217 HDU -** **THEATRES**
Local Action - Are there downstream beds available for transfer out of these areas to accommodate predictions and/or anticipated theatre activity in the next 24hours, if not consider reviewing theatre activity scheduled for safety reasons.
5. Significant Incidents: e.g. injury, absconding, medication, fire call-out, equipment & systems issues.
Local Action: All Datix reports to be completed. Any unusual circumstances to be reported immediately to the Nurse Manager or UOM. Consider early communication with patient and family
6. Infection Control

Local Action: Senior Charge Nurse and the Infection Prevention Control Team to ensure an infection control management plan is in place.
7. Boarding Patients (Do these patients have management plans, deterioration plans, sealing of treatment or anticipated length of stay in place?)
Ward: **Ward:** **Ward:** **Ward:** **Ward:** **Ward:**
Local Action: Every patient must have a senior clinical review by the 'parent ward' medical team. Any concern or Delay in review should be escalated to the Patients consultant.
8. Repatriation Patients: Both in and out of the Acute Sector from Moray (e.g. Cardiology) and other Health Boards
Local Action : If unable to secure placement for repatriation, has this been escalated through UOM?
9. Key Staffing Issues (Are you safe to start? If not what is your plan, have you escalated?)
Ward: **Ward:** **Ward:** **Ward:** **Ward:** **Ward:**
Local Action: Can anyone help support hot spot areas identified during the briefing?
10. Additional Services Issues
Pharmacy
AHP's
Outpatient Service
Domestic Services
Estates
Portering
Security
Chaplaincy

Health & Safety
Any Other Issues

11. HOT SPOT AREAS

1
2
3
4
5
6

12. MANAGING PATIENT FLOW

Operational Support to Deliver Overnight / Current Status:

Unscheduled presentations:		Performance 4HR Standard
Emergency Admissions:		
Elective Admissions:		
Current Bed Status on Trek:		
Discharges Predicted:		

ED & AMIA CURRENT STATUS

Emergency Department		**AMIA**	
Total No in Dept:		**Total No in Dept:**	
Longest wait:		**Longest wait:**	
Patients> 3 hrs:		**Patients> 3 hrs:**	
Queue for beds:		**Queue for beds:**	
Breaches last 24hrs:		**Breaches last 24hrs**	

Resus / HDU Cases:		**Resus / HDU Cases:**	

SURGICAL RECEIVING		
Current Beds:	**Predictions:**	**End of Day Position:**

ORTHOPAEDIC TRAUMA RECEIVING		
Current Beds:	**Predictions:**	**End of Day Position:**

13. Discharge Hub Report and discharge priorities based upon predicted activity and capacity during the next 24 hours.

Local Action: Ensure Delayed Discharges are Documented on EDISON or removed as appropriate.

Daily Safety Brief Actions Plan **Duty Manager :**	**Status**
1.Safety Issues: **ACTION:**	
2.Staffing Issues: **ACTION:**	
3.Capacity Issues: **ACTION:**	
4.Enviroment: **ACTION:**	

5.Repatriation: **ACTION:**	
6. On Call Duty: **Duty Manger: Senior Nurse: Site Manager: Medical Director:**	
7	
8	

Appendix 6

Grampian Winter Plan 2016-17
Primary Care Risk Register

Risk Description	Risk Impact	Mitigating Actions	Risk Owner
Workforce			
Shortage of primary care workforce roles, including GPs, Practice nurses, admin staff, Advanced Nurse Practitioners across Grampian in primary care workforce	Failure to have sufficient staff to deliver services and primary care sector unable to meet the needs of the population.	• Continue to advertise posts • Consider locum use where possible • Well planned rotas • Early stages of shared discussion with neighbouring practices	• Grampian level responsibility for Primary Care sits with Moray HCSP • Corporate responsibility for ensuring appropriate workforce sits with NHSG • Individual responsibility for practices sits with HCSPs and practices
Shortage of social care workforce roles, including carers and care managers across Grampian	Failure to have sufficient care staff to deliver services and social care sector unable to meet care needs of the population. Linked negative impact on health services as a result.	Continue to advertise posts and to recruit, working in partnership across localities.	Grampian level responsibility for social care sits with each HCSP
Sickness absence levels reach higher than manageable levels	Failure to have sufficient staff to deliver services. Unable to meet the needs of the population for primary care	• Flu immunisation programmes for staff and priority groups in the population • Access to locum staff • Infection control protocols communicated to staff groups	• HCSP responsible for ensuring compliance with corporate policies • Practices responsible for staff line management
Reduced availability of community pharmacy, optometry, dental services during festive periods	Increased need for people to access providers further afield than their usual or local provider	Contractual requirements with providers are upheld where appropriate. Local providers prioritise essential services.	Grampian level responsibility for contractors sits with each partnership

Risk Description	Risk Impact	Mitigating Actions	Risk Owner
Premises/ Equipment			
Older buildings with high backlog maintenance needs may not be wind and water tight over winter	Buildings may become unusable, preventing services from being delivered or preventing staff from being able to access them, including records, documents	Backlog maintenance programme is being progressed on a prioritised basis	• NHSG Estates department deliver the backlog maintenance programme • HCSPs responsibility to report building risks and failures
Buildings are less secure during long periods of vacancy because of holidays	Buildings may not be inhabited to report failures such as flood or electrical issues or break ins	On call system provides 24/7 cover to address any external report of increased risk or building failure.	Each partnership operates on call system
Access to and delivery of equipment and consumables may be reduced due to bad weather	Services may be negatively affected due to lack of access to required specialist equipment or consumables such as dressings, medications	• Good stock control • Use of local networks and partners	Each partnership operates on call system
IT / Telecommunications			
Vital access to IT may be affected , linked to premises failure.	Staff not able to access patient information for the purpose of delivering services	Staff operate information governance protocols to ensure responsible management and security of information.	• NHSG responsibility for providing appropriate systems and network access. • Each partnership is responsible for ensuring staff operate information governance protocols.
OOH Services			
Shortage of filled shifts in GMED rota	Failure to have sufficient staff to deliver ooh services. Unable to maintain an OOH service	• Continue to promote and recruit to shifts for GMED • Continuing with redirection protocol • Use of remote advice practice where telephone advice is provided by a GP direct to the patient, similar to an in-hours duty doctor model	Grampian level responsibility for GMED sits with Moray HCSP

Risk Description	Risk Impact	Mitigating Actions	Risk Owner
Weather			
Severe weather may affect service delivery	Contractors such as GPs and pharmacists may not be able to open as normal, in the event of flooding.	Local winter plans for all services have included lessons learned form 2016 floods and have business continuity plans in place.	Local providers and HCSPs and NHSG
Severe weather may affect transport	SAS may not be able to provided expected level of service for emergency and planned transport services.	Local winter plans for all services have included lessons learned form 2016 floods and have business continuity plans in place.	SAS
Public Awareness			
Public are unaware of reduced availability of services due to winter pressures	Level of demand continues to rise in the face of reduced ability to deliver, further impacting the service	• Public information campaigns run over winter, e.g. KWTTT, antibiotics campaign, closure dates of practices, pharmacists, opticians, dentists, as well as reminders to ensure stock of household medicines and prescriptions. • Option to circulate ad-hoc messages about increased pressure on services if required.	NHSG