NHS Grampian Strategy 'The Plan for the Future 2022-2028'

Delivering Unscheduled Care services September 2022 – March 2023

Executive Summary

This document sets out our approach to the delivery of unscheduled care services across NHS Grampian over the next six months. The background is described within the context of the NHS Grampian new Strategic Plan and its associated Delivery Plan. The critical three key areas are then outlined:

1. **Operational Delivery System**
2. **Unscheduled Improvement Plan**
3. **Contingency Arrangements**

Background

Over the past 2.5 years NHS Grampian has responded to the COVID pandemic and the recurring 'waves' of disease with a number of formal responses supported by a civil contingency's methodology. After each formal response, the civil contingency level has been reduced and various aspects of our response are stood down. As a learning system, NHS Grampian has modified its normal operating model after each escalated state. We recognised that we needed to change our normal operating approach to be able to manage a system under enduring pressure. This led to the development of a systems Portfolio leadership and management model supported by an Operational Pressure Escalation System (G-OPES). We moved out of our last-named formal response (Operation Iris) in June 2022 and into this new 'business as usual' approach. Alongside this the NHS Grampian Board developed and agreed a new strategic plan and produced it first year delivery plan with associated objectives. This document sets outs the tactical approach to delivering unscheduled care services over the next six months with an explicit link to our delivery plan objective under the 'Enabling a partnership approach to our pathways of care' theme.

The NHS unscheduled care system remains under significant pressure and has not returned to a pre-pandemic state. A review of the system intelligence around unscheduled care in NHS Grampian has detailed the position both before and after the onset of the pandemic (What has changed in unscheduled care Final Draft 250822).

Traditionally the summer months see a reduction in system pressure, and this has not been experienced in 2022, with surrogate markers of performance remaining at some of the lowest levels ever recorded. We also recognise that winter is a time of additional pressure on our healthcare system. These difficulties are well set out in the Academy of Medical Sciences report 'Preparing for a Challenging Winter 2020/21' published 14th July 2020. Traditional winter pressures are driven by a few environmental factors that affect illness burden as well as disrupting healthcare provision through logistic impacts and staff shortages. Winter is also a time of seasonal influenza which during an epidemic season is a major system challenge. COVID-19 continues to bring several additional stressors on the system and responding to a new variant surge of COVID over winter remains a real risk. We also face unprecedented national economic challenge with a particular risk around energy

costs and fuel poverty which will have healthcare implications although they are difficult to quantify.

The Grampian Delivery Plan covers the period August 2022 to March 2023 (NHS Grampian Delivery Plan and has been developed jointly with our three Health and Social Care Partnerships, colleagues, citizens, and wider partners. Given the current and anticipated ongoing high pressures experienced across the health and care system and the negative impact this is having on both those accessing and delivering services, we have deliberately focused on three specific objectives, underpinned by several priority actions. We believe the priorities set out are ambitious but deliverable by March 2023 and will make the biggest impact in relation to stabilisation, navigating winter well and creating the conditions to deliver the significant changes required to achieve the ambitions set out in our strategy - Plan For The Future. This Plan responds to the six priorities set out in the Scottish Government Commissioning Guidance dated 10 May 2022 and is aligned to national strategy, specifically the NHS Recovery Plan 2021-26.

The 16 objectives linked to the delivery plan have been assigned to Chief Executive Team members with a lead for each and identified supporting individuals. The primary objective relating to unscheduled care is aligned to the 'Reducing delays in accessing care'.

'Improving access to urgent & unscheduled care, through redesign & implementation of urgent pathways across all specialities'

It is important to recognise that successful delivery of each objective is interdependent on many others, and all will require a system wide response.

Scottish Government has also set out a Health and social care: winter resilience overview 2022 to 2023 including eight priority areas for action:

1. Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
2. Focus on the expansion of our workforce over the course of winter, through recruitment, retention and wellbeing of our health and social care workforce.

3. Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu. 9
4. Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
5. Protect planned care with a focus on continuing to reduce long waits.
6. Prioritise care for the most vulnerable in our communities.
7. Ensure people who provide unpaid care are supported in their caring roles,
8. recognising the value of unpaid care in alleviating pressure across health and social care.
9. Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

1 Operational Delivery system

1.1 Leadership and Accountability

Leadership and accountability for individuals are set out below:

Overall System Portfolio Executive Lead for Unscheduled Care
Sandra MacLeod (Portfolio Executive Lead + Chief Officer Aberdeen City Health and Social Care Partnership (HSCP))

Operational Leads for Unscheduled Care Services

Surgical (ARI) Unscheduled Care	Paul B
Medical/Emergency Department (ARI) + Aberdeen HSCP Services	Sandra M
DGH + Moray HSCP Services	Simon B-I
Women + Children's Services	Jenny M
Aberdeenshire HSCP Services	Pamela M

Delivery Plan Objective 1(a) Executive Lead
Sandra MacLeod (Portfolio Executive Lead + Chief Officer Aberdeen City HSCP)

Delivery Plan Objective 1(a) Collaborating Executives
Simon Boker-Ingram
Pamela Milliken
Adam Coldwells

All these leads are members of the Chief Executive Team and are directly managed by the Chief Executive.

1.2 Governance

Operational accountability will be delivered through the normal performance management system with the final link through the Executive Operational Officers to the Chief Executive. System assurance will be overseen by the Unscheduled Programme Board chaired by Sandra MacLeod which will update the Chief Executive Team monthly. The Board's Performance, Assurance, Finance and Infrastructure (PAFIC) Committee provides assurance on the whole Delivery Plan which includes the specified objectives relating to unscheduled care. They also will

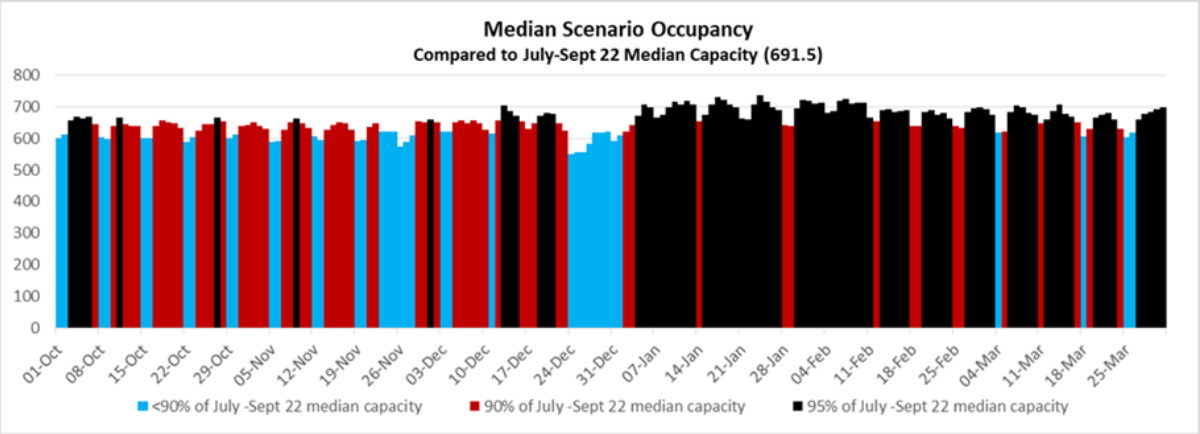
have sight of Delivery Plan specific risks alongside other Board Committees. This plan will be overseen and agreed by the Unscheduled Programme Board and reviewed by the Chief Executive Team before presenting to the NHSG Board December 2022 meeting for consideration and approval.

1.3 National and Local Modelling

Modelling has provided a useful focus to planning our response to the COVID Pandemic and we are considering how we shape this in the context of the forthcoming winter period. Essentially a four-scenario approach is being taken to look at activity and capacity demands through this time:

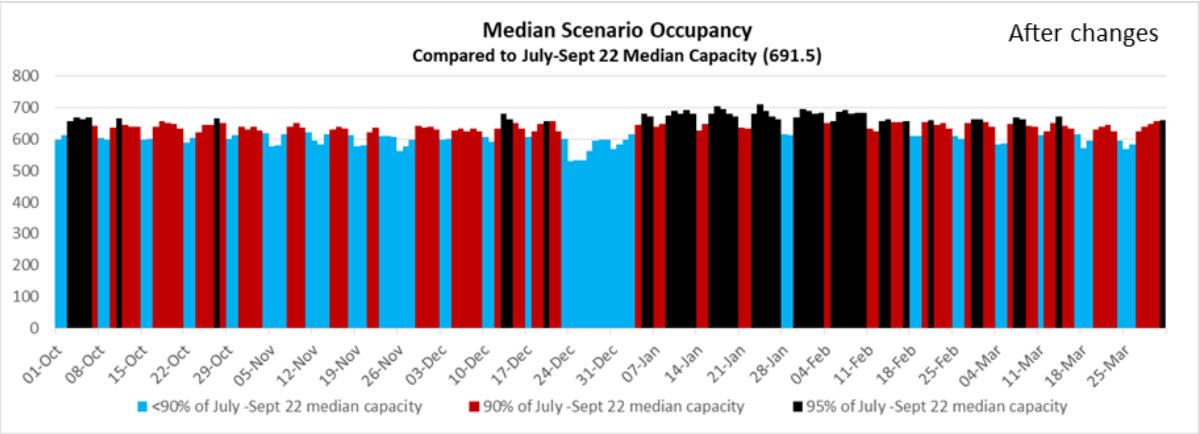
- Best Case: Population and system already maximally stressed and current 'Winter like demand' continues without further surge
- Standard Winter surge observed on top of current sustained high demand
- 'Bad respiratory virus winter' observed in addition to usual winter surge – from Influenza and/or COVID variant
- Cost of living crisis placing sustained stress on a widening range of our population to create acute increased pressure over winter and potentially sustained longer-term pressure

It has been recognised that the most helpful surrogate marker of unscheduled system congestion, queuing and delays are seen when the midnight occupancy of the Aberdeen Royal Infirmary exceeds 95%. Using current system capacity and historical standard winter increasing in hospital demand we can model the frequency of 'high pressure days' shown in black. These days will have long ambulance waits, delays in assessment in Emergency Department (ED), delays in admission, requirements to use corridor care and dilute our clinical staff ratios with consequent staff stress and reduction in quality of care.



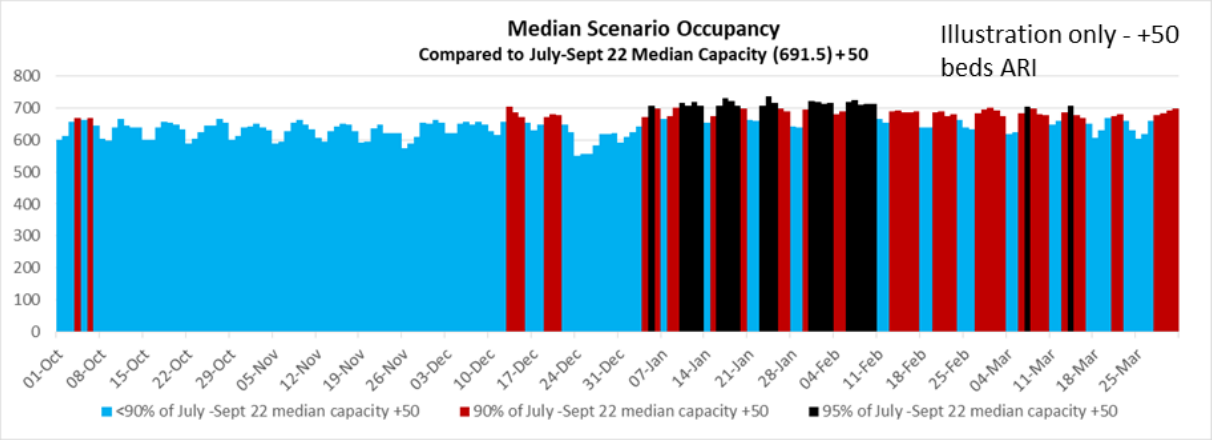
- >90% of capacity on 79.2% of days
- >95% of capacity on 46.2% of days

The impact of a number of the planned improvement measures has been modelled and suggest a significant impact although the pressure will remain high.



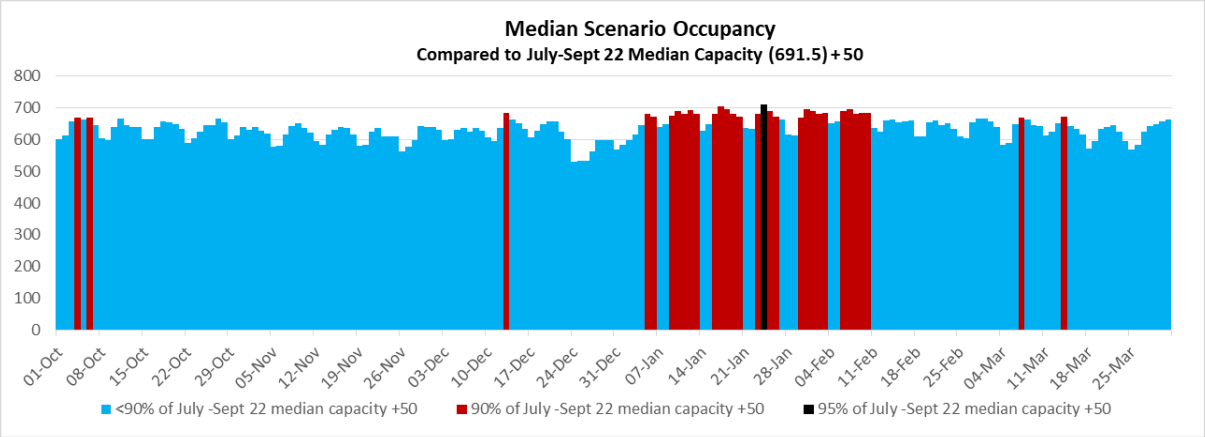
- >90% of capacity on 64.3% of days
- >95% of capacity on 22.5% of days

The next consideration is the impact of a contingency measure that increases the effective capacity of the system by 50 beds.



- >90% of capacity on 37.9% of days
- >95% of capacity on 12.6% of days

If improvement measures are effective as modelled and contingency arrangements are enacted (+50 beds) then the combined effect can be modelled.

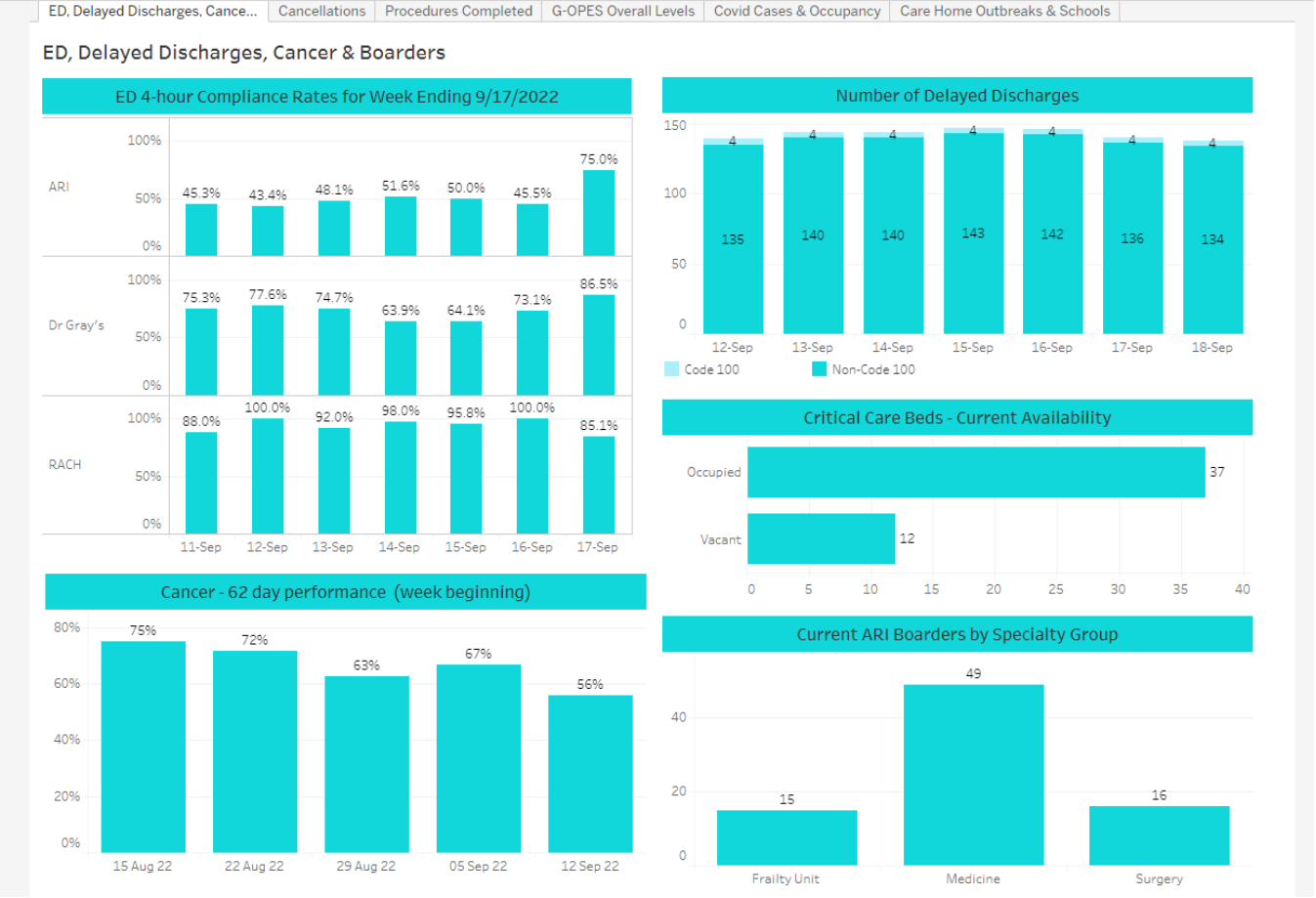


- >90% of capacity on 17% of days
- >95% of capacity on 0.5% of days

Each of the four scenarios has a specific profile of impact with respect to increasing demand across four key specialities (Care of the Elderly, Respiratory, Cardiovascular + Stroke and Trauma Orthopaedics). This gives an indication of where improvement and contingency arrangements need to be targeted to provide appropriate service capacity. Whilst occupancy in the ARI give a good indication of unscheduled inflow congestion it also directly impacts the provision of planned care capacity and over a longer time frame the congestion and capacity shortfall in community care.

1.4 System Intelligence and Monitoring

System measures related to unscheduled care performance have been developed and refined over the last few years. We now have extensive live data dashboards available through Tableau and regular system reports taken to all operational and oversight groups. A regular update is provided to the system with daily performance data (Daily Performance Data):



High level Key Risk and Performance indicators are also under development on a National basis:

1. Demand and Capacity Key Risk Indicators (DRAFT)

	KRI 1 Delayed discharges	KRI 2 Total NHS staff absence (New Proposed)	KRI 3 Total NHS Staff Sickness Absence (Existing - In Review)	KRI 4 NHS24 contacts	KRI 5 COVID ICU occupancy	KRI 6 Total ICU Capacity	KRI 7 COVID hospital occupancy	KRI 8 Overall acute occupancy
Green	0-654	0-18%	0-3.9%	< 33,500	0-60%	0-84%	0-299	0-84%
Amber	655-1235	19 - 22%	4 - 7.4%	33,500 - 38,000	61-90%	85-99%	300-599	85-89%
Red	1236-1999	23 - 25%	7.5 - 9.9%	38,000 - 45,000	91-120%	100-199%	600-1299	90-95%
Black	2000+	26% +	10% +	>45,000	120%+	200+	1300+	96%+

2. Activity and Performance Key Performance Indicators (DRAFT)

	KPI 1 A&E 4-hour target	KPI 2 # of Patients spending over 12 Hours in A&E	KPI 3 NHS24 median time to answer	KPI 4 SAS turnaround time	KPI 5 TTG Activity % pre-COVID	KPI 6 Long Waits (>104 Weeks) (Based on number a board has as a percentage)	KPI 7 NOP Activity % pre-COVID	KPI 8 Long Waits (>104 Weeks) (Based on number a board has as a percentage)
Green	90%+	4 or less	< 5mins	-/= 20 mins	Above 75%	1%	Above 80%	1%
Amber	80-89%	5-9	5 - 19mins	21-30 mins	60% - 74%	2% - 5%	60% - 79%	2% - 5%
Red	70-79%	10-49	20 - 30mins	31-40 mins	25% - 59%	6% - 9%	25% - 59%	6% - 9%
Black	69% -	50+	> 30 mins	41 mins +	below 25%	Above 10%	below 25%	Above 10%

1.5 Operational Approach

The unscheduled care system is complex, and all Executive Operational Leads have some involvement through their respective services. Direct operational delivery of all services remains in line with these management arrangements. Collaboration across the system has developed over the last few years and we have formally established system leads groups that function on a daily, weekly / bimonthly basis. Portfolio Management arrangements have defined the groups of services under the direct managerial responsibility of each Executive Portfolio Lead. Portfolio Leadership arrangements have described system pathways that cross many teams and organisations that work together to deliver the whole pathway of care. In this context the Unscheduled Care Portfolio Leader is Sandra MacLeod.

1.5.1 System Leadership and Collaborative Management

NHS Grampian has an approach to more inclusive system wide leadership with operational system wide sharing and decision making included within a Daily System Connect Meeting (System Connect Terms of Reference) and a Whole System Decision Making Group (WSDM Terms of Reference)

1.5.2 Portfolio Management and Leadership

Alongside the development of the systems leadership approach there has been a realignment of NHSG services into six managed portfolios. The intention is to then align the Executive Portfolio Lead with whole system pathways of care (Portfolios and System Leadership).

1.5.3 Grampian – Operational Pressure Escalation System

In July 2021 we recognised the need to move to a whole approach to managing enduring pressure and this stimulated the development of G-OPES. The aim was to develop a standard whole system approach to defining levels of system pressure and linking this to clearly defined actions. To embed this as our standard approach moving us out of a civil contingencies response and giving ownership back to operational teams.

The primary objectives were:

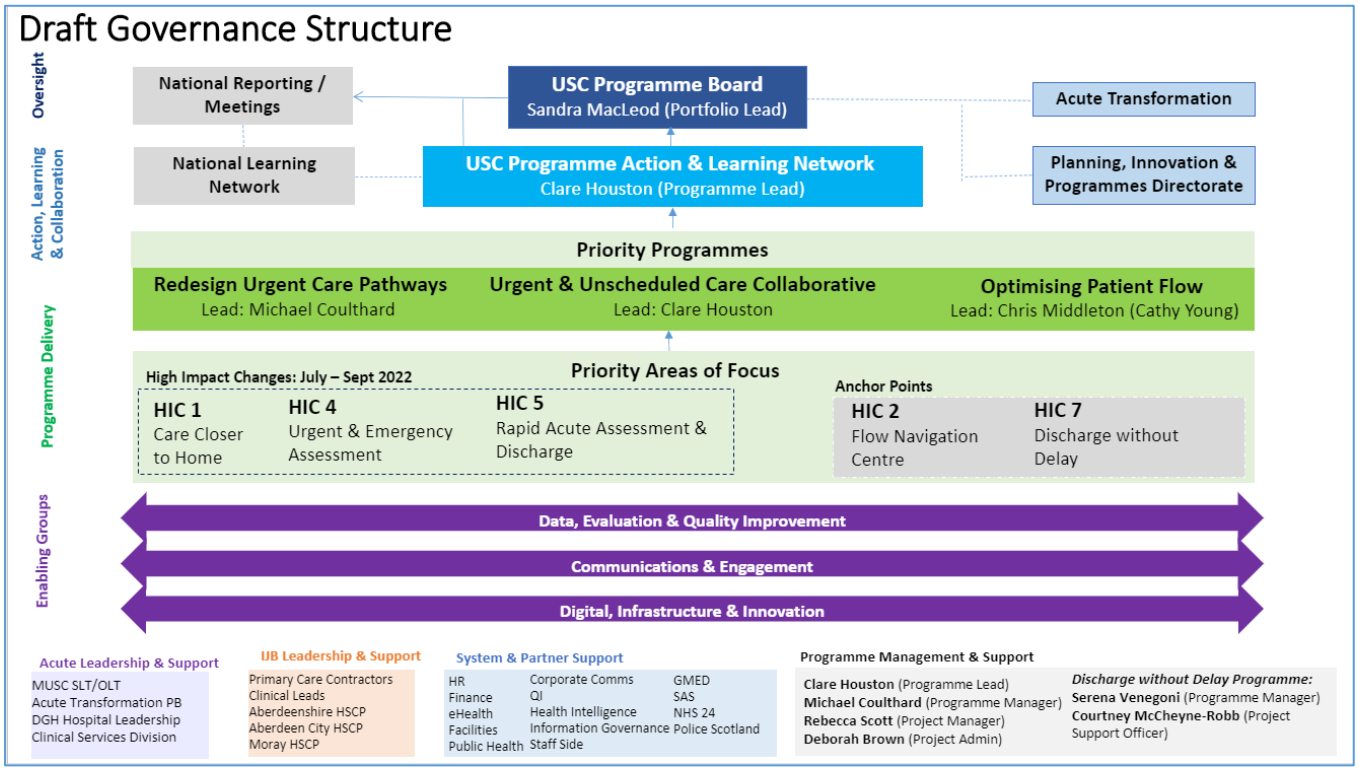
1. Define the pressure metrics and thresholds (Data vs Judgement)
    a. Activity / Demand
    b. Activity/Demand: Capacity
    c. Difficulty / Stress
    d. Transition + Flow
        i. Absolute
        ii. Mismatch
        iii. Queuing
2. Define the whole system pressure grid
3. Define the whole system action grid
    a. Increase/Reallocate/Change
    b. 'Internal' mutual aid
    c. 'External' mutual aid
4. Define the rules of the system
    a. Relationship between pressure levels and actions across the system

This ambitious plan was developed using a collaborative approach and brought into operation before winter 2021. It was considered and approved at the NHS Grampian Board meeting in December 2021. It has been iteratively developed and is current undergoing a further review to refine it ready for winter 2022. The system and associated documentation are hosted on the NHSG intranet. **A full review of all G-OPES actions will be completed by the end of November 2022. This will look to clarify and enhance the direct capacity surge actions across the system at Level four. This G-OPES update will be presented to the NHS Grampian Board on 15th December 2022.**

2 Unscheduled Care Improvement Plan

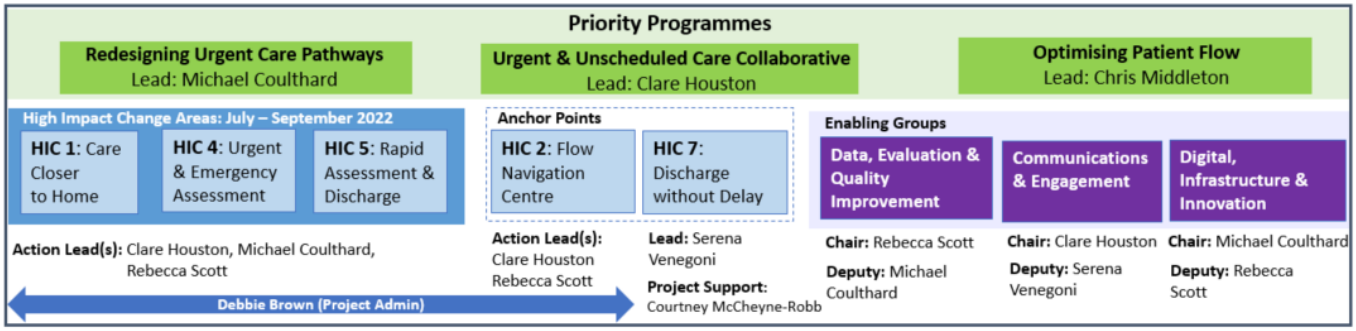
NHSG has an extensive collaborative for improving unscheduled care performance. This is locally overseen by the Unscheduled Care Steering Group which reports to the Unscheduled Care Programme Board. The work involves both Grampian specific and National activities. Three main programmes are encompassed with this improvement work.

2.1 Governance Structure of Improvement Programme

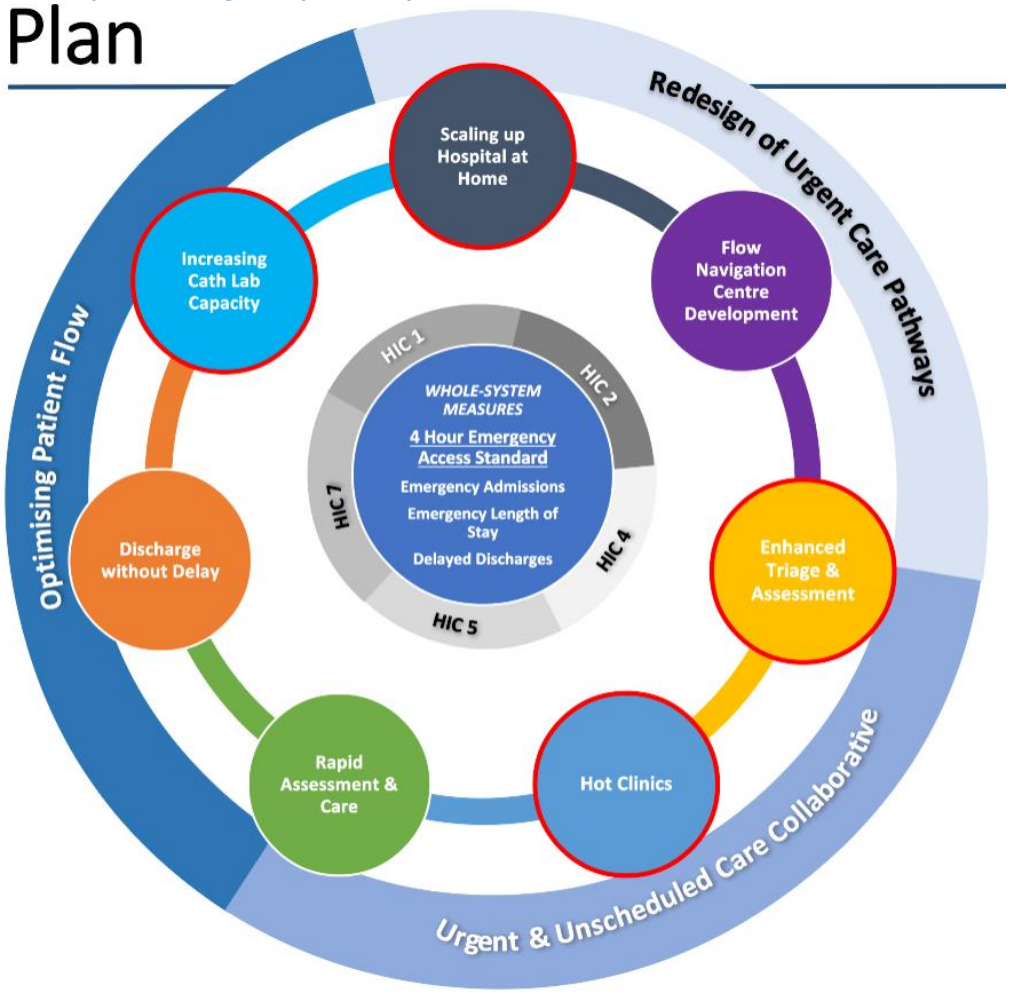


2.2 Programme Management and Alignment

USC Programme Team	Clare Houston Programme Manager	Michael Coulthard Programme Manager	Rebecca Scott Project Manager	Serena Venegoni Programme Manager
Programme Lead:	UUCC Programme	Urgent Care Pathways Redesign	-	Discharge without Delay
Project Support:	Debbie Brown			Courtney McCheyne-Robb
High Impact Change Areas:	HIC 1, HIC 4, HIC 5 (incl. prof to prof)	HIC 1, HIC 4, HIC 5 (incl. RAAC)	HIC 1, HIC 4, HIC 5 (incl. prof to prof)	-
Anchor Points:	HIC 2 (Flow Navigation Centre)	-	HIC 2 (Flow Navigation Centre)	HIC 7 (Discharge without Delay)
Enabling Groups:	Chair: Communications & Engagement	Chair: Digital, Infrastructure & Innovation Deputy Chair: Data, Evaluation & QI	Chair: Data, Evaluation & QI Deputy Chair: Digital, Infra & Innovation	Deputy Chair: Communications & Engagement
UUCC Representative:	Acute Transformation PB Optimising Patient Flow	MUSC Portfolio	Dr Gray's	Optimising Patient Flow
USC Action & Learning Network:	Chair	Deputy Chair	-	-
Other Areas of Focus:	Community First	Interface Care (HIC 3))	ARI ED DACT Pilot	



2.3 Specific High Impact Improvements



Each High Impact improvement has defined outcomes and reporting is through the Unscheduled Programme Board with regular flash reports shared across the system.

Hospital @ Home (Frailty Pathway – HIC 1)

- **Aim**: Provide Care Closer to Home
- **Action**: To increase H@H capacity in Aberdeen City
- **Impact**: Baseline 15 H@H Beds. Increase by December 2022 to 35 and by March 2023 to 45.

Enhanced Triage and Assessment (HIC 4 and 5)

- **Aim**: Consistent, efficient and safe patient flow at hospital front door.
- **Action**: Redesign of urgent flow pathways for individuals presenting at Aberdeen Royal Infirmary
- **Impact**: Reduce % of early direct discharges from ED (6 hours Baseline 38% to 30% by Dec 2022 and 20% by March 2023) and Acute Medical Initial Assessment (AMIA) (12 hours Baseline 49% to 25% by December 2022 and 10% by March 2023)

Hot Clinics / Ambulatory Urgent Care (HIC 4)

- **Aim**: To convert unscheduled urgent care into scheduled urgent activity.
- **Action**: Maximise availability for same-day and next day urgent clinics
- **Impact**: Reduce crowding in ED and AMIA. Reduce short admissions

Expanding Cardiac Cath Lab Capacity (Enabler)

- **Aim**: To reduce inpatient wait for cardiac catheterisation
- **Action**: To staff third Cath Lab with extended operation times
- **Impact**: Reduce cardiology boarding bed usage (Baseline 20 to 15 by December 2022 and 12 by March 2023). Reduce transfer waits from North of Scotland (NoS) (Baseline 7 days wait to 4.5 by December 2022 and 2 days by March 2023)

Rapid Assessment and Care (RAAC) (HIC 5)

- **Aim:** Reduce unnecessary delays in discharge or transfer of care
- **Action:** Establishment of RAAC in Dr Gray's currently underway, timescale for completion to be confirmed. Test of change underway in ARI expanding existing RAAC in terms of operating hours, footprint, workforce and clinical criteria.
- **Impact:** Reduce crowding in ED and AMIA. Reduce short admissions

Discharge without Delay (HIC 7 / Anchor Point)

- **Aim:** Reduce unnecessary delays in discharge or transfer of care
- **Action:** Improvements in Discharge Hub and Lounge. Criteria led discharge Progressing activity around criteria led discharge and improvements in the utilisation of the discharge hub i.e. discharge lounge as default for all hospital arranged transport.
- **Impact:** Reduced unscheduled patients' length of stay and delayed discharge numbers.

Flow Navigation Centre (HIC2 / Anchor Point)

- **Aim:** Expand Flow Navigation Centre (FNC) role and remit
- **Action:** Focus on further development of existing flow navigation centre with priority activity around data, people, places and pathways. Upcoming tests of change: Adding mental health, minor injuries and care home pathway to FNC. Re-establishing Chronic Obstructive Pulmonary Disease (COPD) hotline via FNC. Establish 'Call before Convey' protocol.
- **Impact:** Call before Convey to reduced ambulance turnaround time, ambulance stacking, ED crowding and improve 4 hour ED standard.

2.4 Integration Joint Board + Wider System Winter Improvement Plans

The three Integration Joint Boards (Moray, Aberdeen City and Aberdeenshire) all have developed winter surge plans which are critical to the resilience of the health and care system through winter. They represent live plans which are updated on a regular basis by the HSCP leadership group. Aberdeen City and Moray Integration Joint Boards have approved their respective plans.

2.5 Learning from COVID and Winter Resilience Testing

Drawing on our experience over the last few years is critical and we have reflected on both National (National Lessons for Healthcare Planning (2021-2022), Lessons from NHS COVID response) and Local intelligence to help inform our improvement plan and operational approach. In the next few months we review and test these plans against the modelling scenarios developed locally and nationally using a whole system table top exercise approach which is scheduled for 1st December 2022. The Scottish Government Winter Check List has also been completed and submitted.

3 Contingency Arrangements

Contingency arrangements exist to respond to pressures that cannot be managed within our usual operational business processes. The COVID pandemic blurred some of the lines between extreme business continuity response and contingency arrangements largely due to the enduring nature of the pressure. **A framework to describe this full range of incident response levels has been developed and considers response levels in the context of impact and the transition from Business Continuity to a Civil Contingencies Response. The final framework will be presented at the NHS Grampian Board on 15th December 2022.**

3.1 System Pressure and Triggers for Contingency Arrangements

Whilst we operate the NHS Grampian systems approach to unscheduled care it is essential that we have contingency arrangements when normal business becomes difficult to manage. The G-OPES approach is aiming to create a predictable mechanism for escalation associated with service pressure, meaning that a major civil incident is unlikely to be declared for pressure of this nature. However, we need to have a considered set of triggers that do indicate that the unscheduled system is at a point where it cannot cope without additional capacity or major change in treatment thresholds. The starting point would be the system pressure levels associated with G-OPES.

- All G-OPES level 4 actions are fully in place, mutual-aid across the system is in place to balance the pressure as evenly as possible.
- G-OPES Level 4 is observed across the whole system and cannot be mitigated to a reduced level within 24h.

To prepare for this we have considered:

- Local critical incident plans that are scalable
- Surge/escalation and capacity creation plans
- A record of organisational capabilities and resources that can be called upon, including from local partners.

Normal operational business has elements of surge, escalation and resource deployment but critically is designed to maintain critical services and activities outside of the unscheduled care (Education, Research, Training and Planned Care). Plans which are focus on specific incidents or circumstances where normal operational escalations are insufficient may impact on these normally protected services. **The detailed Unscheduled Care Contingency Capacity Surge Plan will be presented at the NHS Grampian Board on 15th December 2022. This will include the impact on services both from a capacity, quality and risk point of view.**

3.2 Specified Critical Incident and Surge Plans

All specified plans are stored in the live NHSG Contingency Site at NHSG Contingency and Surge Physical Bed Capacity. This includes a full inventory of available physical resources related to hospital based bed capacity as well as individual plans covering:

- Industrial Action, including risk of strike action in other services, such as public transport and/or education, and risk of concurrent action across the public sector.
- Power Outage (national, localised, planned)
- Critical Care Expansion Plan
- Different flu and Covid-19 impacts such as the emergence of variants of concern.

3.3 Civil Contingency Arrangements

We also maintain our ability to declare a major incident for an unusual event. Ideally these should be pre planned and include Flu Pandemic, COVID new wave with high consequence, Major industrial action with healthcare impact etc. Learning from the pandemic period would seem to support the 'wisdom' that declaring a major incident for service pressure that will be enduring does not give much help and could be damaging to what is possible when an incident occurs. The NHS Grampian Civil Contingencies Unit continues to provide help, support, and guidance to the leadership team of NHS Grampian on the organisational approach and the understanding of using a civil contingencies response. There are Acute Major Incident Plans covering the Foresterhill Campus and Dr Gray's Hospital. However, a major incident declared at Board level utilises the Major Incident Plan Version 3. This plan is currently undergoing a significant update. In the event of a declared major incident with significant casualties, the Major Incidents with Mass Casualties Plan, National Plan for Boards and Health and Social Care Partnerships 2019 provides the national strategic and operational framework with Scottish Government, Territorial Boards and Health and Social Care Partnerships working collaboratively with the Scottish Trauma Network.

24.11.22

Nick Fluck (Medical Director)

Adam Coldwells (Deputy Chief Executive)