NHS Grampian

Meeting:	**NHS Grampian Board**
Meeting date:	**15 December 2022**
Item Number:	**3**
Title:	**Winter Tactical Plan: Unscheduled Care Contingency Capacity Surge Plan and Board Contingency arrangements**
Responsible Executive/Non-Executive:	**Nick Fluck, Medical Director**
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1 Purpose

This report is provided to the Board for assurance and endorsement of plans as follows:

(1) Endorsement of the proposal to manage system pressures using the Grampian Operational Pressure Escalation System (G-OPES) system

(2) Endorsement of the contingency plan for additional surge capacity to be triggered in specific circumstances as described in the "NHS Grampian Unscheduled Care Contingency Capacity Surge Plan' (USCCCS Plan) attached as Appendix 1.

(3) Noting that the Board may declare a Hospital Major Incident and/or a Board Major Incident in the circumstances described in paragraph 2.3.2 of this report, using the protocol set out in Appendix 2

(4) Agreement to receive further reports on the risks described in this paper and the appendices in an update report to the February 2023 Board meeting.

This report relates to:

- Annual Operation Plan
- Emerging issue

This aligns to the following NHS Scotland quality ambitions:

- Effective
- Person Centred

2 Report summary

2.1 Situation

At the Board meeting on 1 December 2022, the Board agreed to receive further detail of the contingency plans to manage demand during the winter period, as part of its endorsement of the Winter Tactical Plan - item 7 on the agenda of the 1 December 2022 Board meeting: https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/07.00ApproachtoWinter2223.pdf

The additional detail covers

(1) confirmation of whether any modifications are required to G-OPES, the operational pressure escalation system

(2) details of the interface between G-OPES and the Board's civil contingency framework, including the trigger points that move us from business as usual to a civil contingency response.

(3) As part of the civil contingency response, detail of how a short-term surge of the hospital bed base will be achieved.

2.2 Background

The Board receives an annual winter plan and during COVID this has been combined with our tactical response. For Winter 2022/23, the Board agreed on 1 December 2022 that a combined tactical approach would be adopted, incorporating the system learning from the Covid winter plans of 2020/21 and 2021/22. The tactical approach has three components:

(1) Operational delivery system – detailed in the 1 December 2022 Board paper

(2) Unscheduled care improvement plans – detailed in the 1 December 2022 Board paper

(3) Contingency arrangements – detailed in this paper

In addition, the Board agreed a Winter Communications Plan – item 8 on the agenda of the 1 December 2022 Board meeting: https://www.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/07.00ApproachtoWinter2223.pdf

2.3 Assessment

2.3.1 Review of G-OPES

The purpose of the G-OPES system is to maintain health and social care services across all NHS Grampian sites. Both NHS Grampian and the three Health & Social Care Partnerships use G-OPES to monitor and manage flow and demand pressures.

The Whole System Flow Hub will co-ordinate the application of G-OPES and has responsibility for:

- Bed allocation authority
- Discharge and Transfer of Care Management
- Transport coordination
- System wide decision making
- Flow planning
- Discharge and onward care planning

The Whole System Flow Hub includes representation from the 3 HSCPS, Scottish Ambulance Service and each NHS Grampian portfolio and clinical directorate, as necessary.

The actions detailed for each part of the system at each pressure level have been reviewed and no specific modifications have been identified.

The review team, led by the Portfolio Lead for Integrated Specialist Care, did determine that there should be more consistent and widespread use of real time inquiry to further improve system wide appreciation, connectivity and action. Therefore, the whole system, through use of real-time information and actions specified for each G-OPES level, will:

- focus on the Portfolio actions required to assist others to remain within G-OPES levels 1 to 3
- communicate the granularity of G-OPES scores in terms of risk
- track critical individual metrics for each site. These metrics have been identified as highly predictive of continuing pressure escalation within hospital sites when they are combined, if the effects of those metrics not mitigated.

The critical, hospital site metrics to be monitored are:

- Ward Staff Ratio
- Patients out of floor space (ie boarded outwith portfolio)
- Delayed discharge/Delayed transfer of care patients being held for lengthy periods in Emergency Department & Acute Medical Initial Assessment.

The Whole System Flow Hub will use trend line analysis of these metrics for ARI with rolling averages, in order to avoid triggering G-OPES level 4 through short term issues that are resolved quickly.

2.3.2 G-OPES Level 4 and interface with Civil Contingency and USCCCS Plan – declaring a Major Hospital or Board incident

G-OPES Level 4 is a critical point that is highly predictive of Major Incident Declaration because it indicates that business as usual processes are insufficient to safely manage capacity and flow in hospital sites. G-OPES level 4 therefore requires careful consideration and scrutiny by the Whole System Flow Hub before activation.

The USCCCS Plan attached as Appendix 1 provides that when all G-OPES Level 4 actions have been implemented and bed occupancy is above 95% consistently, the Chief Executive or deputy will review whether trigger points have been met in order to initiate the Contingency Capacity Surge Plan and declare either a Major Hospital Incident or a Board level incident, as detailed in Appendix 2. The specific trigger points are detailed in section 3 of Appendix 1.

The G-OPES system, and the programme of unscheduled care improvement projects considered by the Board on 1 December 2022 in the Winter Tactical Plan paper linked in paragraph 2.1 above, are intended to operate in order to reduce the likelihood of having to enact the USCCCS plan and declare a Major Hospital or Board incident. However, modelling of potential winter demand (which took account of the likely trajectories for the improvement projects) indicates that G-OPES level 4 will be sustained across unscheduled and planned care, and in community settings, for

several weeks in early 2023. The modelling was provided in the Winter Tactical Plan presented to the Board on 1 December 2022 and is also included in Appendix 1.

2.3.3 Contingency arrangements review

Contingency arrangements are used to respond to activity that cannot be managed within usual operational business processes. Due to the enduring pressure throughout the COVID pandemic contingency arrangements became confused, because a system that had been designed for one-off, short duration incidents was used to manage an enduring situation. The distinction between impact of a situation and response to a situation was blurred, and it has therefore been necessary to revise the contingency arrangements to incorporate responses to enduring pressures.

A framework to describe the full range of incident response levels, incorporating the G-OPES levels for enduring pressures, has been developed and considers response levels in the context of impact and the transition from Business Continuity (G-OPES) to a Civil Contingencies Response. The Incident Response Levels under Civil Contingencies are detailed in Appendix 2.

2.3.4 Impact on delivery of Plan for the Future

The modelled data suggests that the whole health and care system will face significant demand through the next few months. Such pressure within the system will consume staff effort, time and energy meaning that the work described in the Plan for the Future and its delivery plan will, undoubtedly, be slowed or stopped by the vast majority of teams.

The key risk with the cessation of the transformational work relates to the delivery timelines and, most importantly, the delivery of a new approach which may, in time, reduce the challenges we are facing this winter.

2.3.5 Quality/ Patient Care

Full utilisation of the actions to manage flow and system pressure in G-OPES levels 1 –3 will protect capacity for both unscheduled and planned care. Renewed focus on

more consistent and widespread use of real time inquiry of specific metrics which are known to be predictive of G-OPES level 4 and taking appropriate actions in response, will help reduce the likelihood of having to declare a Hospital or Board Major Incident and enact the USCCCS Plan.

At the point where G-OPES 4 is reached and cannot be managed down and the USCCCS Plan is enacted, there are a range of adverse impacts associated with converting planned care to surge capacity. These are detailed in Appendix 1 section 8.

We have considered the learning from recent Healthcare Improvement Scotland 'Safe Delivery of Care Inspections' which were set out in their communication to NHS Chief Executives, Nurse Directors, Medical Directors and Pharmacy Directors on 11th November 2022. The approach detailed in this paper seeks to balance risks, in the face of the recognised pressures, to deliver as good care as is possible whilst supporting our staff through this winter.

2.3.6 Workforce

Significant workforce risks are being are being mitigated in respect of existing system pressures or planning for Industrial Action. There are additional risks to workforce which are likely to arise if it is not possible to identify alternate location(s) and / or additional staffing capacity, including impact on morale, reluctance to work in surge capacity areas and moral injury for people deployed to work in surge areas. Additional information on these risks is provided in Appendix 1 section 8.

2.3.7 Financial

Costs for enacting the USCCCS Plan have not yet been calculated in detail because the specific surge area to be used has not yet been signed off. The general financial risks are detailed in Appendix 1, section 8.

2.3.8 Risk Assessment/Management

The scale of our actions described in the USCCCS Plan is drawn from the modelling data. Our key risk is that the reality that we face places greater demand on the system than our planning assumptions. If this occurs then the system will need to spend longer periods under contingency arrangements.

The general risks to patient care, workforce and finance and possible mitigations are detailed above.

Further work modelling the impacts on specific patient cohorts and to provide a robust estimate of the additional costs once the operational arrangements for surge capacity are signed off will be presented to the Board at its February 2023 meeting,

2.3.9 Equality and Diversity, including health inequalities

Further work modelling the impacts on specific patient cohorts will be done once the operational arrangements for surge capacity are signed off and this will be equality impact assessed.

2.3.10 Communication, involvement, engagement and consultation

A small review group with input from Portfolio Executive Leads, the Daily System Connect Chair and Acute Performance and Governance reviewed the G-OPES actions and reflected on colleague feedback that the main improvement required is to more closely performance-manage the use of G-OPES rather than change the actions. The group looked at past trends, reports and worked through which variables are most predictive as pressure escalates so every portfolio leans into the same three things. Given the system pressures faced by colleagues, extensive separate engagement was felt to be unnecessary, particularly as no changes to the actions required are proposed.

There has been extensive internal stakeholder engagement through the Whole System Decision Making Group, the Unscheduled Care Board, the Clinical Board and the Area Medical Committee and with HSCP partners to confirm the whole system interfaces for the winter tactical plan.

The USCCCS Plan has been developed by the Chief Executive Team using feedback from that engagement. There will be further engagement with colleagues and partners by a dedicated Project Team to produce the detailed action plan to implement the agreed contingency capacity.

2.3.11 Route to the Meeting

Appendix 1 was considered by the Chief Executive Team on 29 November 2022, 6 and 9 December 2022.

Appendix 2 was approved by the Chief Executive Team on 8 November 2022

2.4 Recommendations

The Board is asked to:

- Endorse the proposal to manage system pressures using the G-OPES system
- Endorse the Unscheduled Care Contingency Capacity Surge Plan for additional surge capacity to be triggered in specific circumstances as described at Appendix 1.
- Note that the Board may declare a Hospital Major Incident and/or a Board Major Incident in the circumstances described in paragraph 2.3.2 of this report, using the protocol set out in Appendix 2
- Agree to receive further reports on the risks and equalities impacts described in this paper and the appendices in an update report to the February 2023 Board meeting

3. List of appendices

The following appendices are included with this report:

- Appendix 1 - Unscheduled Care Contingency Capacity Surge Plan
- Appendix 2 – Board Incident Response Levels