

APPENDIX 1

'Winter Preparedness' Checklist 2023/24 – Aberdeenshire Response as part of NHS Grampian Self-Assessment

Section / subsection	Statement	Aberdeenshire HSCP Narrative
1.3 Overarching principles	<p>Winter planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision).</p>	<p>Aberdeenshire HSCP commenced work in March 2023 to review the effectiveness of actions taken by the AHSCP last winter, to inform planning for winter 2023/24. Winter Debrief and Planning workshop was held in June 2023, to review last year's winter surge and resilience plans and identify key areas for focus moving into this winter.</p> <p>Winter planning for this year continues to incorporate close oversight and scrutiny of delayed discharges as a key performance metric monitored both locally and nationally and how we plan to maximise capacity and support patient flow through the winter period, whilst maintaining critical service provision in relation to urgent and unscheduled care, social care and planned care. Community Hospital Surge Plan has continued to be reviewed and updated in terms of bed base availability.</p>
1.5 Resilience Preparedness	<p>Business Continuity Management arrangements are in place and regularly reviewed, exercised and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance:</p> <ul style="list-style-type: none"> • NHS Scotland Standards for Organisational Resilience 2018. • Preparing for Emergencies: Guidance for Health Boards in Scotland 	<p>Aberdeenshire HSCP Civil Contingencies Advisor has led on/supported the review and updating of the AHSCP Resilience Framework and Major Incident Plan, and service Business Continuity Plans (BCPs). This work rests over and above the existing contingency plans and long-standing measures and arrangements in place within the HSCP building on its winter and surge resilience plans last year, to ensure our readiness to respond to increase system demands (reflecting the IJB's responsibilities as a Category 1 Responder).</p> <p>Daily arrangements for situational awareness in place within AHSCP and linked to reporting for the Grampian Operational Pressure Escalation System (G-OPES) including daily bed huddles, daily situation update meetings, cross-system connect and wider system decision-making arrangements. Implementation of the Persons At Risk Database (PARD) provides an information sharing tool which helps to identify particular vulnerability during a significant incident such as adverse weather, enabling partners to work together to respond appropriately.</p>

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1.6 Resilience Preparedness	<p>Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from winter 2022/23 in addition to concurrent risks.</p> <p>Resilience teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity planning.</p>	<p>Aberdeenshire HSCP Civil Contingencies Advisor has led on/supported the review and updating of the AHSCP Resilience Framework and Major Incident Plan, and service Business Continuity Plans (BCPs).</p> <p>Aberdeenshire HSCP commenced work in March 2023 to review the effectiveness of actions taken by the AHSCP last winter, to inform planning for winter 2023/24. Winter Debrief and Planning workshop was held in June 2023, to review last year's winter surge and resilience plans and identify key areas for focus moving into this winter, including potential disruptive risks to service delivery and mitigation responses. AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning.</p>
1.7 Resilience Preparedness	<p>Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual affects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.</p>	<p>AHSCP Business Continuity Plans are regularly reviewed. Themes from the Winter Debrief and Planning workshop in June 2023 are being mapped against areas of activity being progressed through Grampian wide planning arrangements for winter, with a focus on working collaboratively with all partners as whole system on the preparation of a Grampian Winter Contingency Plan.</p> <p>AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning and likelihood and impact of worst-case scenarios.</p>
2.5 Urgent & Unscheduled Care	<p>Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Outpatient Parental Antibiotic Therapy (OPAT); and supported by digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual / remote monitoring.</p>	<p>Aberdeenshire HSCP Virtual Community Wards (VCWs) in place. Model provides co-ordinated, short-term wraparound health and care at home as an alternative to hospital admission.</p>

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2.10 Urgent & Unscheduled Care	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take the lead on having these care planning conversations depending on the person's circumstances.	<p>Aberdeenshire HSCP continues to encourage Anticipatory Care Planning. Care Home Local Enhanced Service (LES) in place to ensure care home patients have Anticipatory Care Plans (ACPs) and Key Information Summaries (KIS) in place and updated where necessary. Updates provided to primary care regarding the importance of ACPs and KIS for vulnerable populations.</p> <p>Out of Hours District Nursing Service due to commence ensuring robust and sustainable delivery plan for the future of both Managed Care of Palliative Patients and Out of Hours Nursing Services in Aberdeenshire linking with GMED service.</p>
2.11 Urgent & Unscheduled Care	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	<p>Aberdeenshire HSCP Virtual Community Wards (VCWs) in place. HSCP continues to encourage Anticipatory Care Planning. Work is ongoing which will be supported through recruitment to a frailty lead role post for the HSCP (currently being advertised).</p> <p>Care Home LES in place to ensure care home patients have ACPs and Key information Summaries in place and updated where necessary.</p> <p>Out of Hours District Nursing Service due to commence as noted above.</p>
2.12 Urgent & Unscheduled Care	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those living with frailty should be given the opportunity to have an anticipatory care plan.	<p>As above VCW model in place across Aberdeenshire and work ongoing to encourage Anticipatory Care Planning.</p> <p>Heart Failure nurses must escalate their plans to the GP to update the ACP as they are unable to input data directly.</p>
2.13 Urgent & Unscheduled Care	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and intentions if these should be required. Remote	<p>Aberdeenshire Collaborative Care Home Support Team (CCHST) in place and undertakes themed visits and provides professional support and advice. There is an identified GP to support each care home with regular weekly contact for review of residents that require clinical assessment and treatment. Planned District Nurse contact and input in place. Out of Hours District Nursing Service due to commence as previously noted.</p>

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	consultations via phone or Near Me video consultations should be available.	
4.1 Workforce	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed term contracts (or a combination of these). Work undertaken with local colleges and HEI student workforce to offer holiday shifts and regular part-time contracts can be evidenced.	Aberdeenshire HSCP has maintained focus on recruitment throughout the year, with planned programme of recruitment activity, monitoring of which is provided by our Workforce and Training group. We continue to offer a range of contracts across our services and work with local providers, colleges and HEI student workforce. Aberdeenshire Social Care Sustainability Programme Board in place and social care recruitment and staff retention is a key workstream.
4.4 Workforce	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established and local and national partnerships. Investment and funding of local voluntary and third sector organisations to support care @ home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Aberdeenshire HSCP directly funds and continues to work closely with its Third Sector Interface - Aberdeenshire Voluntary Action (AVA) - who have also participated in winter debrief/planning sessions. This includes exploring opportunities to utilise networks of support through volunteers and third sector. AHSCP also provides grant funding to a number of third sector organisations providing services and supports in supporting the health and wellbeing of people and to live as independently as possible within their communities.
4.5 Workforce	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Aberdeenshire HSCP Staff Health and Wellbeing Group and Joint Staff Forum in place. These groups proactively seek and provide information and support for staff, including access to a range of local and national staff wellbeing resources, linking with partner groups/forums across both NHS Grampian and Aberdeenshire Council.
4.6 Workforce	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL (2022)35.pdf	AHSCP Resilience Group meetings in place throughout the year, with group continually reviewing the Resilience Framework, Major Incident Plan, Severe Weather Plan and Business Continuity planning, as well as focus on forward planning. AHSCP Control Room in place to stand up to manage communications and link with other control rooms in the system. AHSCP

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	(scot.nhs.uk). Staff are fully aware of the contingency plan.	Communications and Marketing Lead part of both NHS Grampian and Aberdeenshire Council Communications Cells.
4.8 Seasonal Outbreak	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.	The vaccination programme has commenced and vaccinations are ongoing as per the JVCI (Joint Committee on Vaccination and Immunisation) guidance. Programme changes due to BA.2.86 has led to a variation in the appointments and a "reshuffle" of the cohorts. Aberdeenshire are on plan to meet the Scottish Government targets for completion.