

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 8 DECEMBER 2021

RESPONDING TO WINTER PRESSURES AND OPERATION IRIS

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Is informed about the position that health and care services are facing over winter and the Aberdeenshire Health and Social Care Partnership (AHSCP) and NHS Grampian's (NHSG) response.
- 1.2 Agrees for the HSCP to work within the Operation Iris, enabling health and care services to be provided to the population of Aberdeenshire through this very challenging period.
- 1.3 Seek assurance from the Clinical and Adult Social Work Committee around the harms from Operation Iris and G-OPES as well as their mitigation.

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 IJB Risk 8 – Risk of failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time. Work closely with wider health services and key care partners including the third and independent sectors to maintain essential and safe services for the people of Aberdeenshire.

4 Background

- 4.1 Health and care services in Grampian, including those provided by Aberdeenshire Health and Social Care Partnership (AHSCP) are facing unprecedented challenges with the entire health and care system struggling to meet the normal level of performance. This is highly visible across the whole system with, for example,
 - in community settings where general practice and other primary care services are responding to much higher levels of demand leading to challenges around access
 - unscheduled admissions to hospital with a significant number of ambulance waits
 - extended waiting times for urgent elective care
 - extended waiting times for routine surgery (for example, procedures of a non-urgent clinical priority are, broadly, not being undertaken at present).

- 4.2 In relation to healthcare services, NHS Grampian is anticipating that the current performance will not improve over the next six-months and is undertaking preparations and actions to respond to this enduring period through its operational response to these challenges, Operation Iris.
- 4.3 This paper sets out how AHSCP will work alongside NHS Grampian over this period. At an NHS Grampian Board meeting on 2 December 2021, NHS Grampian set out its approach to Operation Iris and noted the operation will be in place until March 2022 when it will be reviewed and could, at that stage, be extended or an agreed termination date confirmed.
- 4.4 AHSCP contributed to NHS Grampian's Remobilisation Plan 4 (RMP4) which was provided to the Scottish Government. This set out NHS Grampian's approach to care and remobilisation over the period to March 2022. RMP4 provides the background context to NHS Grampian and our approach to system pressures over winter. A copy of RMP4 is available [here](#).
- 4.5 At its Board meeting on 2 December 2021 NHS Grampian provided a series of papers setting out the NHS response to the challenges to health services set out above. This included:
- Establishing an operational plan in response, named Operation Iris.
 - Provided information and assurance that the NHS Executive Team are undertaking all of the necessary actions to minimise the risk to patients and staff through the duration of Operation Iris.
 - Setting out the assurance on system performance for the period of Operation Iris will be provided against the priorities detailed in RMP4.
 - Agreed that NHS Grampian's Executive Team will explore with the Integration Joint Boards (IJBs) the mechanism for Operation Iris and the role of the IJBs to be considered in their meetings.
 - Agreed that the Executive Team will explore joint assurance processes for clinical and care governance across the Aberdeen City, Moray and Aberdeenshire IJB portfolios with the chairs of the IJB Clinical Governance Committees for Operation Iris.

5 Summary

- 5.1 Health and care services across Aberdeenshire and Grampian are experiencing unprecedented pressures which are expected to intensify over the winter period.
- 5.2 This paper seeks agreement from the IJB for the HSCP to work within Operation Iris, enabling health and care services to be provided to the population of Aberdeenshire through this very challenging period.
- 5.3 This paper confirms that during Operation Iris that risks to residents' care and safety will be overseen through the IJB's Clinical and Adult Social Work Committee.
- 5.4 The Chief Officer, along with the Chief Finance Officer and the Legal Monitoring Officers within Business Services of the Council have been consulted in the preparation of this report and their comments have been incorporated within the report.

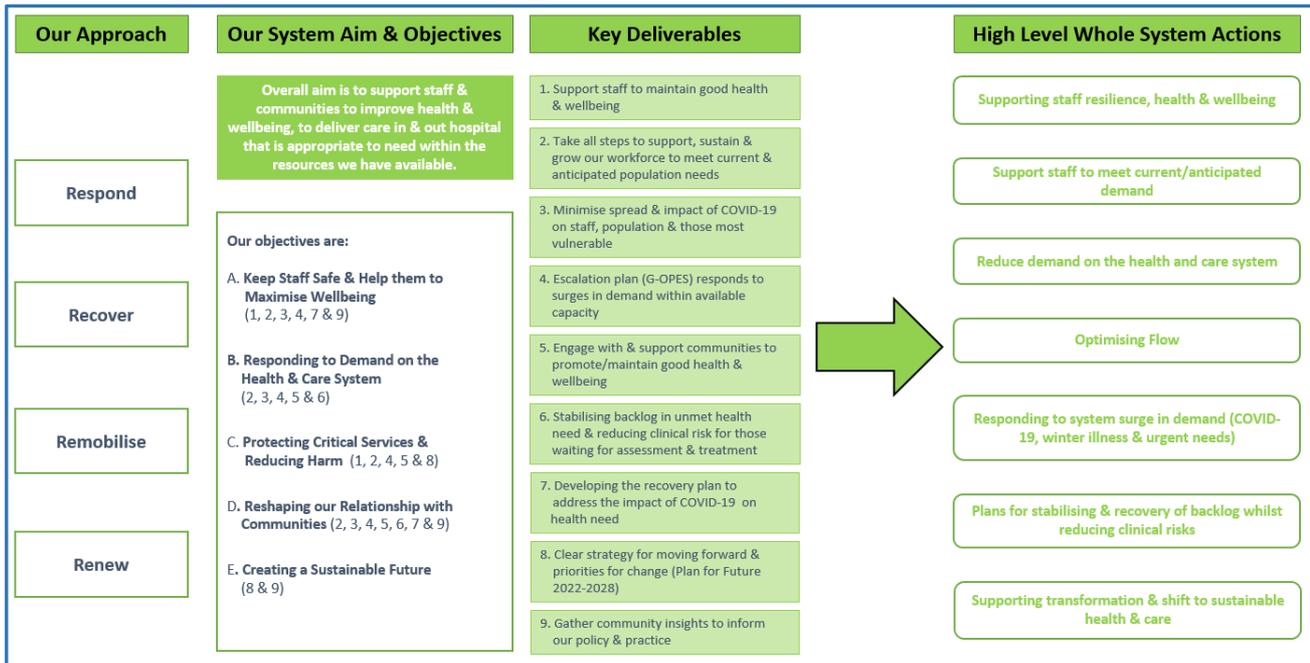
6 Winter and Operation Iris

Operation Iris

- 6.1 The pandemic, caused by the COVID-19 virus, struck some 18-months ago and has had many far-reaching impacts on every aspect of our day to day lives, affecting how we live and work. In professional terms the pandemic has had a significant impact on the health and care system changing many aspects of delivery which has impacted on how health and care is experienced by both the public and the staff delivering services.
- 6.2 To date we have experienced three waves of raised levels of COVID-19 infection and are currently in a fourth cycle of elevated disease. The response of the health and care system has been progressive through this period with significant learning having taken place after each wave of the disease. Throughout these cycles AHSCP has worked within a wider Grampian health and care system to support public safety and to maintain critical health and care services.
- 6.3 NHS Grampian has managed the demands during these cycles through the adoption of operational plans. In the first response (named locally as Operation Rainbow) a relatively short list of “critical services” were maintained whilst health and care services turned almost all of our collective effort to the response to the COVID-19 virus. In our current response the list of “critical” services includes almost all aspects of health care delivery, and the relatively large burden of COVID-19 is part of the, now, well-rehearsed response. With the passage of time, many things have become critical for ongoing delivery; a number of services and treatments were possible to pause for a few months but remaining in abeyance becomes inappropriate for a longer duration.
- 6.4 Whilst the pandemic has had a profound impact on the delivery of health and care most commentators and leaders within the system were clear, pre-pandemic, that the sustainability of the health and care system was under significant pressure due to demography, population health need and workforce pressures.
- 6.5 Coming through the previous cycles of COVID-19 have resulted in increased need and day-to-day delivery of services challenged with a reduced and exhausted workforce and various limitations for delivery associated with the ongoing presence of the COVID-19 virus. For the NHS this is combined with significant backlogs in elective treatments and seriously diminished productivity (associated with limitations of operating with the threat of COVID-19 and the pressures associated with unscheduled admissions to hospital)
- 6.6 For the HSCP there are many similar challenges within community settings including care homes, care at home, community teams and community hospitals where staff are exhausted and distressed having cared for very vulnerable people during COVID-19 lockdowns. Services such as Care Management, Mental Health Services and Primary Care are responding to increased needs.

6.7 NHS Grampian’s response to manage these challenges over approximately six months to April 2022 is to establish Operation Iris.

6.8 Operation Iris sits within the framework of NHS Grampian’s Remobilisation Plan 4 (RMP4) which has been submitted to the Scottish Government and covers the period until April 2022. This plan makes a realistic assessment of what is deliverable over the coming months and sets out a plan to stabilise the health system rather than one which will reduce waiting lists. The RMP4 sets out a number of objectives which are shown in Figure 1.



6.9 Operation Iris will be supported by a package of measures including an approach to managing risk, supporting workforce and communication. These are set out in full in NHS Grampian’s Board papers of 2 December 2021. Key for AHSCP working with this will be the operation of Grampian – Operational Pressure Escalation System (G-OPES) and participating in NHS Grampian’s approach to leadership.

6.10 G-OPES is a standard whole system approach to defining levels of system pressure and linking this to clearly defined actions, with the aim of managing the expected range of service pressures that will be experienced over the next six months, supporting the system leadership to collaborate and balance support and resource across the whole system to improve capacity and flow and ensure that RMP4 objectives can be met. G-OPES uses four levels to describe pressure in any part of our system, from Level 1: where the health and care system capacity is maintaining flow and we are able to meet anticipated demand within available resources; through to Level 4: where pressure in the system continues despite actions taken at Levels 2 and 3, and decisive action must be taken collectively to recover capacity and ensure clinical care and safety. AHSCP has developed its local interpretation of the Board level descriptors for each of our critical services, defining levels of escalation and ensuring clarity as to our local actions and operational responses. This will continue to be refined and supported where appropriate by performance metrics.

Capacity and Winter Planning

- 6.11 In addition, as part of our contribution to RMP4, AHSCP considered what additional capacity could be mobilised both from our own services and partners. This has proved to be extremely limited, and our assessment has been that even maintaining existing capacity in a sustainable way over winter required additional staffing.
- 6.12 Our contribution to RMP4 assumed additional funding being available from the Scottish Government for winter, which is now being confirmed, as set out in the finance report to the IJB in October 2021. However, whether this capacity can be recruited in part or in full is questionable based on existing recruitment challenges across all health and social care workforce. Although it is very welcome that some of this new funding is understood to be recurrent, much of it may be short term and recruitment to short term roles is extremely challenging. AHSCP has been working collaboratively with Moray and Aberdeen City HSCPs on a recruitment campaign with the aim of where possible recruiting individuals who are new to working in health and social care.
- 6.13 Areas where we are seeking to increase capacity are set out below. These are **contingent on recruitment**:
- Increased care at home including ARCH responders
 - Increased care management capacity
 - Increased care assistants in very sheltered housing
 - Increased support workers and nursing in mental health and learning disabilities services
 - Enhancing enablement to maximise the capacity of care at home
 - Increase in-house care home capacity both to support resilience and potentially to open additional capacity
 - Additional Allied Health Professional capacity to prevent hospital admission, enhanced rehabilitation in community hospitals and the community, supporting weekend activity in Aberdeen Royal Infirmary's discharge hub
- 6.14 We are also actively exploring all opportunities where community groups and third sector organisations can play a significant and valuable role. Aberdeenshire Voluntary Action (AVA) alongside its counterparts in Moray and City have secured NHSG Endowment funding to support the reduction of delayed discharges. A volunteer co-ordinator has been recruited to identify and match volunteers with patients who need some help to get and stay at home (other than health and social care input). This may be for a range of reasons but can be when there is no family network to support them. The model is to be tested in three Intermediate datazones: Clashindarroch, New Pitsligo and Portlethen. These areas were identified as having the highest discharge and readmission rates. Information governance arrangements are still to be put in place to enable patient information to be shared with AVA and to test the concept of providing volunteer support.

- 6.15 In addition AHSCP and AVA are currently exploring the possibility of AVA recruiting and co-ordinating volunteers to support front line services over the coming months in particular to support staff in care homes, sheltered housing and community hospital wards, including befriending and social contact / activities and support with mealtimes. It is proposed that this volunteer capacity will be tested in three HSC sites initially.
- 6.16 We also committed in RMP4 to review our bed spacing in community hospitals. A number of factors required to be assessed to allow a decision to be made to re-instate a bed that has been closed due to covid bed spacing. These include nurse staffing levels, physical environment (many of the old buildings had significant environmental concerns pre-covid that placed them at higher infection prevention control risk), availability of medical and allied health professional support and the location of the hospital site.
- 6.17 In early October 2021 in line with an NHS Grampian assessment for risk a review of bed spacing and subsequent staffing levels was carried out with an assessment of possible surge capacity. In the last couple of weeks beds across our community hospitals have been reopened.
- 6.18 During previous Operations of Rainbow and Snowdrop it was recognised that our quality of care, by necessity, was compromised. This is likely to be this same during Operation Iris. We have already on a few occasions evoked the priorities of care document when our staffing levels have been insufficient due to absences and during ward covid outbreaks. Some examples of its use include prioritising tasks and involving essential visitors with fluid and nutritional needs for patients.
- 6.19 Whilst every interaction between any member of staff and any resident will always be undertaken to the very best of that staff members ability there is undoubtedly, an increasing level of risk for the health of our population. This is manifest in a number of domains:
- Some immediate care needs may be delayed, and some may have poorer outcomes or may simply have a negative experience as a consequence of the delay.
 - As the G-OPES levels of escalation are followed (as the system faces increasing pressure) then we will be undertaking various derogations against standards of care, for example infection prevention control measures and staffing level. This will undoubtedly increase the risk of a reduction in the quality of care; however, this is a risk being considered against providing no care for others if we do not expand the system to meet the pressure.

Staff Wellbeing

- 6.20 Throughout the pandemic we have been very conscious of the enormous ask that has been placed on staff, be that undertaking their normal role in the pandemic context or a change to the role which we have asked them to fulfil, thus working in a different environment and with a different focus than normal.

- 6.21 The wellbeing of our staff is critical and our aim throughout the pandemic has been to keep our staff safe and maximise their wellbeing. This has not changed for Operation Iris, but the context has evolved from an anticipated process of recovery during 2021 to one of a continued need to respond to the pressures of both the direct and collateral impacts of Covid-19.
- 6.22 Wellbeing support through both the Council and NHS as employers continue to be in place and promoted. An AHSCP Wellbeing group has met since January 2021 and more recently through specific Scottish Government funding for primary, community, social care and third sector, the HSCP has offered funding for staff and teams to support their wellbeing. The approach taken has been to find out from teams what they felt would make a difference to them and then to support this through an application process for small amounts of funding. We received 27 applications in our first round in September 2021 and a further 64 applications in October. Types of areas supported were team building and wellbeing evidence-based interventions for example, yoga, mindfulness, reflexology. The Wellbeing Group is currently going out again to ensure we have the widest spread possible.
- 6.23 The support of Aberdeenshire Council has been greatly valued and made a significant contribution over the period of the pandemic. This very strong partnership working will continue throughout winter and Operation Iris with both officers and elected members of the Council.

Communication and Engagement

- 6.24 In the same way as NHS Grampian has set out in its Board papers, this IJB paper seeks to share the challenges in health and care in an open and transparent way, describe the actions it is taking to mitigate as much risk as is possible, ask the public for their support through the mechanisms they choose for accessing health and social care.
- 6.25 In its Board papers NHS Grampian outlined that during Operation Iris it would seek to balance two priorities:
- 1) The need to communicate quickly to keep communities informed of changes to the health needs of Grampian's population and how health services will be delivered in response.
 - 2) The need to communicate an ambition to understand and nurture the wealth of knowledge and assets in our communities, to strengthen resilience and enable prevention-focused health and care services.
- 6.26 We are anticipating the demands on our services being much greater this winter than they have been before. It will be important to keep communities and colleagues informed and involved as we rise to the challenge of managing demand.
- 6.27 AHSCP will be part of the NHS Board's approach to communication and engagement, set out in one of the papers provided to the NHS Board on 2 December 2021, which goals are:
- Make every opportunity count to support people to stay well and recover faster

- Ensure our colleagues, patients, carers and public are kept informed and feel valued
- Establish a culture of co-production to ensure a range of voices are heard in the choice and design of services
- Supporting change through building relationships
- Enhance the Grampian health and care system as the place to work.

6.28 Whilst the period of the pandemic has generated many positive and innovative changes in our system the focus of this paper is on the current challenges.

6.29 It is expected that during the period to end of March 2022 very difficult decisions around service delivery will need to be taken and this may include balancing of risks across service users and services. It is proposed that the IJB seeks assurance on this from its Clinical and Adult Social Work Committee supported by the Clinical and Adult Social Work Group.

7 Equalities, Staffing and Financial Implications

7.1 An equality impact assessment has been carried out as part of the development of Operation Iris by NHS Grampian for the G-OPES paper which is part of the suite of papers for this December 2021 Board meeting.

7.2 Inequalities were also covered in the Communication and Engagement paper considered at the December 2021 Board meeting and impacts identified which cannot be fully mitigated as the consequences of the pandemic have had a differential impact on our society and exacerbated the inequalities within society.

7.3 The section on staff wellbeing above describes the implications for staff during winter and action being taken to mitigate these where possible.

7.4 There are no specific financial implications for this paper. Additional resources have been provided by the Scottish Government to respond to winter pressures and to support the RMP4.

Pam Milliken, Chief Officer
Aberdeenshire Health and Social Care Partnership