

NHS Highland



Meeting: NHS HIGHLAND BOARD
Meeting date: 29 NOVEMBER 2022
Title: WINTER PREPAREDNESS
Responsible Executive/Non-Executive: KATHERINE SUTTON, CHIEF OFFICER ACUTE & LOUISE BUSSELL, CHIEF OFFICER, COMMUNITY
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1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	X	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	
Care Well	X	Live Well		Respond Well	X	Treat Well	X
Journey Well		Age Well		End Well		Value Well	
Perform well		Progress well					

2 Report summary

2.1 Situation

Preparations for the 2022/23 Winter Ready Plan take place within a continuing context of uncertainty caused by the COVID pandemic and increased unscheduled care admissions.

The reach of the vaccination programme is providing protection to the population but the ongoing prevalence requires continuing precautionary measures and contingencies in addition to normal winter planning preparations. The usual rising prevalence of respiratory illness such as flu and pneumonia are central drivers of winter demand.

Winter Planning normally focuses on the period from December through to March with specific arrangements around the Festive public holidays and surge of demand from early January.

The [Health and social care: winter resilience overview 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/health-social-care-winter-resilience-overview-2022-to-2023/pages/introduction.aspx) was published on 4th of October 2022 and a Winter Checklist on the 17th of October 2022 which gave us framework to form the basis of our Winter Ready Action Plan (WRAP).

The Board is being asked to take assurance from the content of this paper and to note that all actions that could have an impact on improving capacity and resilience in our key priority areas are being progressed. This work supported by responsive escalation processes through an agreed escalation framework which will support patient and staff safety this winter.

It is important to note that the plans will remain dynamic and will be responsive to emerging challenges based on staff availability, emerging issues etc and supported through system wide coordination and integrated working arrangements across NHS Highland.

2.2 Background

It is an annual requirement that a winter plan is prepared to ensure pre-emptive planning and the development of the best state of readiness to meet the projected demand that winter brings.

2.3 Assessment

A “Winter Ready” task and finish group was comprised in late September to bring together colleagues, 3rd sector and partners as a whole system approach to developing a Winter Ready Action Plan (WRAP).

Six key priorities were identified to support the system with key actions and outcomes.

Our preparations for Winter are built around the following key priorities:

	THEME	ACTION	OUTCOME
WINTER READY PRIORITIES	Redirect	Redirect inappropriate attendance and signpost to services that are suitable for the care required	See our population who need access to emergency care in a timely manner
	Reduce	Reduce admissions where clinically appropriate	Support our population with the appropriate level of care
	Rapid	Facilitate rapid discharge and support	Support a “home is best” approach when active treatment is complete
	Respond	Respond quickly to support our population across our system who are vulnerable or in crisis	Population can remain safely supported in their own home
	Restore	Protect then restore planned care activity to optimal levels	Population who need planned care can be seen in a timely way
	Reassure	Actively support and reassure our colleagues	Our colleagues who deliver our services are valued and supported

This has allowed us to work collaboratively system wide to support the development and mutual understanding of the required outcomes for our population through an integrated approach.

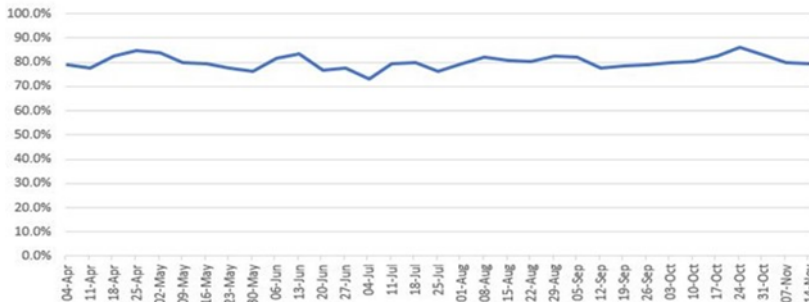
A supporting enablers plan has been developed outlining the key actions that have been identified to support whole system delivery:

Action No	Mission Critical Actions	Narrative
049	Internal and external communications plan	To support our population and our colleagues with the right information
050	Financial plan with value produced	Any additional funding agreed is to increase capacity or improve delayed discharge position
051	Business continuity plans in place across whole system and operational framework in place	Scenario testing on 14 th of December in terms of OPEL and resilience across system
052	Key performance indicators agreed and dashboard being developed	KPIs agreed with all key priorities and system pressures report distributed and used for intelligence led decision making
053	Warm places framework including power outage plan	Head of Resilience continues to work with Highland Council and partners with this
054	Procurement contingency plan	Procurement has full contingency plans in place
055	Digital contingency plan	In place and will be reviewed as part of scenario on 14/12
056	Increasing volunteers to support with winter pressures	Requirements to be detailed to support deployment

REDIRECT

Our ‘front door’ comprises a range of services comprising but not exclusively made up of GPs, Emergency Departments (including Minor Injuries Units), Ambulatory Emergency Care units (AEC) (receiving GP referrals), Medical, Surgical, Orthopaedic, Mental Health, Paediatric, CAMHs and Social Care.

Our overall ED performance has remained stable from April this year as shown below and we have remained one of the top performing boards in Scotland.

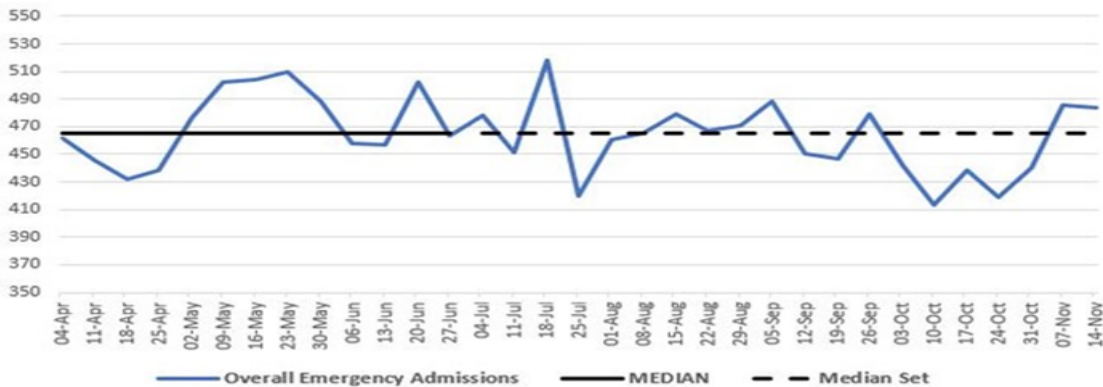


In order to maintain and ultimately improve ED performance ensuring the patient and staff risks associated with access block are minimized as far as possible over the winter period we have agreed the following key priority actions are enabled:

Action No	Mission Critical Actions	Narrative
001	Redirection and signposting at front door	Plan is in place practices to support require to be embeddeand fully supporting with communications to the public
002	Scheduling of FNC disposals to MIUs, AEC and alternatives to Emergency Department	Data to be collected through FNC to ensure impact can be understood
003	Direct access to Ambulatory Emergency Care	Rapid access stream created using AMS score for pre agreed pt groups
004	MHAU will provide an assessment for people experiencing an acute mental health crisis	MHAU provide 24/7 professional to professional advice. Can arrange for face to face or NearMe assessment if indicated.

REDUCE

Emergency Admissions from mid-June have fluctuated. Daily admissions for patients with COVID surged during August and September. As noted above, the requirement to ensure ‘red’ and ‘green’ pathways stretches our capacity, with dedicated staffing and facilities necessary for infection control. Continuing unpredictability implies that contingency for similar surges will need to be maintained through the winter. The following shows weekly emergency admissions from April 2022.



In order to stabilise our system we have agreed to establish key actions to reduce admissions where clinically appropriate through:

Action No	Mission Critical Actions	Narrative
005	ACPAs in place for the most vulnerable	Care Home Liaison Nurse Link with General Practice/EOLCT to ensure consistency of approach to provision of high quality ACP’s. Aim to increase number of residents who have had an ACP review within the past year through GP
006	Stand up Care Home Help Line	For peer support to the teams in the care homes to avoid unnecessary transfers of care
007	Support vaccination uptake	Delivery programme in place through IJB/HHSCP
008	Anticipatory prescribing	Weekly communication bulletins in place with GP colleagues. Regular updates to be included over Winter.
009	GP Assessment Hub	Central support and sustainability for all practices and MDT response for all 24/7 service that would link in with the OOH GP hub.
010	Buddy Support	Buddy arrangements for practices unable to deliver core services due to staff absences/illness during Winter.
012	OPAT	OPAT has been expanded through U&USC care funding to support winter resilience

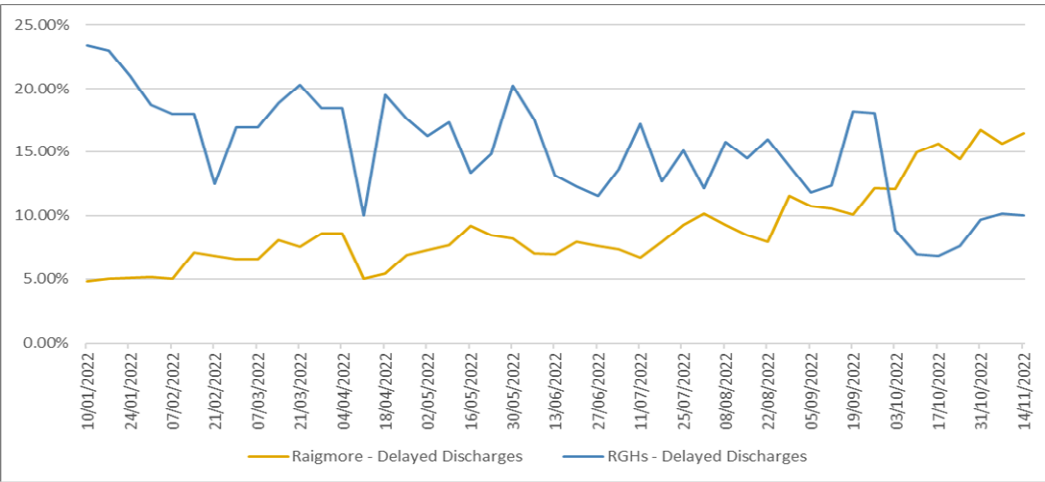
013	Rapid access cardiology clinics	To ensure maximized unnecessary admissions are reduced and length of stay is kept as short as possible for this patient group.
014	Acute Frailty In-Reach	Being implemented with current resource in January
015	Virtual Heart Failure Pathway	Admin of IV Frusemide to prevent admission
016	Urgent dental access	Arrangements in place to ensure appropriate access

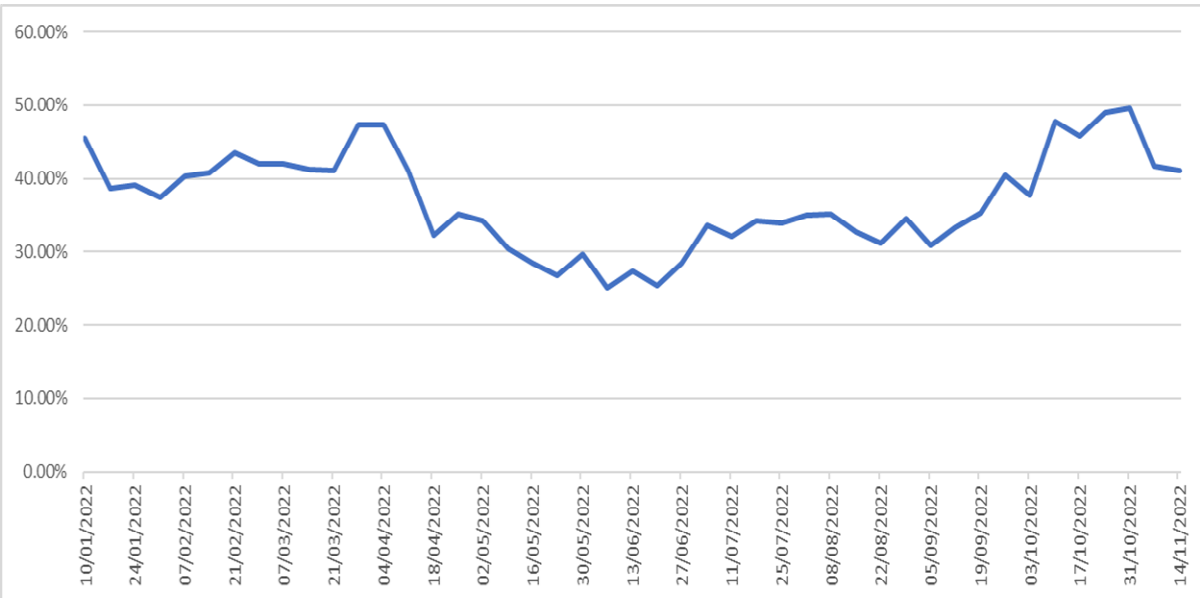
RAPID

Considerable cross system work is being progressed to revise and develop a standardised discharge policy which aligns practice across our hospital sites through planned date of discharge (PDD). The practice of “criteria led discharge” within our hospitals will be further expanded wherever possible to support early discharge and shorten length of stay where clinically appropriate. These policies are being implemented through locally owned clinical leadership and initiatives established to focus on closer working arrangements with hospital and community teams to address unnecessary delays.

Length of stay over the last two years has fluctuated with monthly variability. Given the number of patients that are currently presenting with increased acuity post pandemic through emergency pathways it is anticipated that length of patient stay will be a significantly confounding factor through the winter period. In addition access to routine care is anticipated to be significantly challenging over the winter period based on the experience of the social care sector over this last year.

Delayed discharges continue to be a significant pressure within our system occupying a significant amount of beds a day as below.





Delayed Discharges - Community

To facilitate a reduction in the number of bed days lost to patients delayed across the system the following key actions will be prioritised:

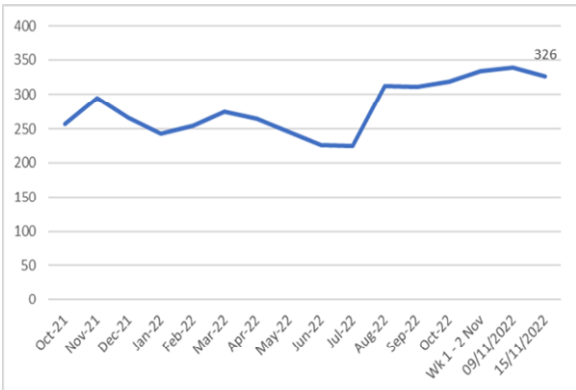
Action No	Mission Critical Actions	Narrative
017	MDT PDD setting in all acute in-pt units with 85% with a PDD in <72 hours	PDD set and monitored to adherence
018	MDT PDD in all community hospital setting with 85% with a PDD in <72 hours	PDD set and monitored to adherence
019	Development of whole system multi-disciplinary pathways for discharge including discharge by 12 noon and equal across 7 days a week	Workshop on 25/11 defining pathways.
020	Development of command centre approach focusing on our population who are not in the most appropriate setting to meet their need	Long Stay Patients Boarders Waiting for a Comm Hosp Delayed Discharges Choice policy applications
021	Implement additional capacity across our community hospitals and care homes	Maximise available capacity across the system which will come from the winter funding allocation to increase flow and improve right place of care
022	Co-hort patients who are delayed to discharge	Ward 5c being established to accommodate this population to offer focused care at the appropriate level

OFFICIAL

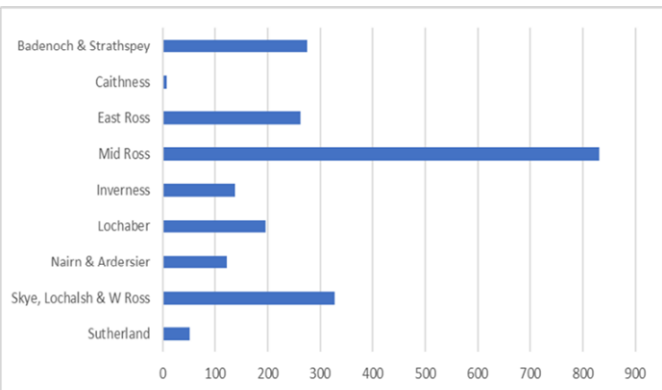
023	New Craigs admission and discharge plan	Ensure we are maximising our available capacity and reducing length of stay where appropriate
024	Clarity of response in the event of an outbreak or incident	Will be addressed as part of OPEL
025	Review of realistic discussions between family and person to be discharge about care expectations	Posters to be developed and a standard approach across the system adopted
026	Ongoing review of care packages for those who are waiting on a discharge to review level of care required and discussion with family about previous level of care	Current intelligence being looked at to assess demand and ensure appropriate levels of care

RESPOND

All Community and Social Care teams have been increasingly stretched over the pandemic period, supporting patients in their homes and meeting demands and this continues shown below.



Total Assessed and Waiting for Care



Unmet Need for Care at Home

The NHSCP has continued to develop practice to strengthen the care and rehabilitation that is necessary to create the capability and capacity required to support admission prevention and early discharge. This includes support from community teams to enhance clinical care and decision-making, which allows the team to manage highly complex patients within the community and prevent avoidable hospital admissions while improving patient outcomes.

The priority for winter planning is to deliver a quality service for everyone involved with and/or directly receiving care packages (staff, service users, families, and communities). We are working with a network of partners in the third sector and wider communities to deliver care. In order to respond quickly to support crisis and the vulnerable population across our system the following actions have been agreed:

Action No	Mission Critical Actions	Narrative
027	Personal contingency plans in place	Template utilised by staff who complete
028	Extension of provision Mackenzie Centre to 7 days to prevent carer breakdown	Review of staffing and 7 day working
029	Increase CRT support locally with operational management	CRT resources pooled from vacant unfilled posts, use of NHS Reserves
030	Ensure available resources are fully deployed to increase our Option 1 Short Breaks scheme for unpaid carers	Translating increased availability of resource into good outcomes for carers
031	“Planned Respite” across our in-house Residential Services	Restart/consolidate the booking/availability

032	Focussed group discussion required on Care at Home support	Gap analysis, what plans are required to be in place, how to ensure resources are in place according to need during winter period and care plans reviewed
033	Remote health monitoring arrangements	Still being worked through to assess further embedding
034	Use of near me for unscheduled care for vulnerable and care homes	Ipads etc that were issued during COVID to be utilised for this purpose and provide a direct link
035	Investment in and funding of local voluntary and third sector organisations to support care@home teams	Provide practical support to people who are ready for discharge, and across the wider community.
036	Review of referral for assessment process	Investigate the process for this working collaboratively with the Highland Council to support our population with the right access

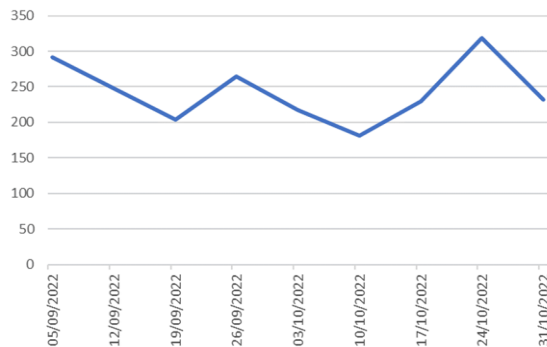
RESTORE

As in previous years, elective activity will require to be scaled back over the peak winter period whilst maintaining elective capacity for urgent cancer and highest priority patients. This approach is enhanced by our use of the nationally agreed clinical prioritisation framework providing an effective mechanism to ensure the most needy inpatients are identified and prioritised to access treatment.

The following describes the TTG activity of recent months and due to unscheduled care occupying significant numbers of surgical beds this activity has not been as high as we would have wanted to provide.



TTG Activity Levels



New Outpatient Activity Levels

Where possible, elective patients are managed on a day case or short stay basis. Waiting list initiatives are being used where possible to increase capacity although the reduction in planned care funding will impact on this going forward. A clear surgical cancellation process is in place across the system through the OPEL framework.

Action No	Mission Critical Actions	Narrative
037	Ensure life limiting surgery is carried out within appropriate timescales	We will continue to carry out cancer and urgent surgery and ring fence beds
038	Ensure USC referrals are seen within 14 days	Currently diagnostics are a challenge and this will be a priority to assess over the next week
039	Ensure we are meeting the 31 and 62 day cancer targets	Performance has increased slightly and we will continue to pursue
040	Continue to book those people who are applicable to the OP and TTG targets for Dec 22 and Sept 23 respectively	We continue to see progress with this on a weekly basis and will monitor over the winter period
041	Continue to protect and monitor CAMHS and NDAS as these as critical services for our vulnerable population	Essential these services continue to be prioritised given the waiting list

REASSURE

Supporting the health and wellbeing of our workforce is critically important at any time, and especially so this winter given the likely operational pressures which the NHS will face. Looking after our people enables them to provide the best care for our population.

We know there has been, and continues to be, a significant focus in our organisation on looking after our people and is a key focus area within Together We Care. This is within a context of staff vacancies, increased patient needs and the impact of the last few years on staff wellbeing.

Given the likely further operational pressures NHS Highland will face this winter, and recognising the vital importance of continuing to grow the workforce to meet demand, this document summarises some of the most important wellbeing support and interventions to be prioritised as we approach winter.

Action No	Mission Critical Actions	Narrative
042	Industrial action plan developed to support our workforce when there may be shortages	Scenario testing at through EDG. Industrial action is highly likely to continue over the winter period.
043	Extra capacity is being scheduled for the 'return to work' days after the four day festive break	Factored into annual leave management arrangements across Primary, Secondary and Social Care services.
044	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care	To ensure consistent discharge over 7 days and the holiday periods this requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications
045	Medical students as support workers for medical teams and use of GP trainees	Being discussed and agreed at present
046	Ensure all staff are actively encouraged to have health and wellbeing conversations to address their personal and professional needs and concerns	So we continue to listen and learn over the winter period and support our workforce
047	Consideration has been given to making greater use of GPs in their final year of training (GPST3s),	With appropriate supervision, to improve the pool of available OOH clinical staff.
048	Recruitment to key workforce across care homes and care at home	Recruitment events taking place
058	Rest breaks enable staff to take time away from work to pause and recover	Leaders and managers should ensure staff are able to take their appropriate rest breaks
059	Develop communications to promote health and wellbeing over winter	Incorporate specific winter messages into wellbeing Wednesday

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

X

Moderate
None

Comment on the level of assurance

Given the unpredictability of population demand for services and the challenges faced within health and social care teams limited assurance is given in terms of system pressures faced and the ability to respond. All actions have been put in place with the preface of reducing impact on the health and care system however this may not be enough to avoid periods of intense system pressure over the intervening winter period.

Unscheduled care demand would require to be reduced significantly and recruitment to health and social care staffing significantly increased in order to give substantial assurance however neither of these are likely to be in place prior to winter.

3 Impact Analysis

3.1 Quality/ Patient Care

Impact on quality of care will be assessed over the winter period and the KPIs will be closely monitored. There will be close working with the Professional Leads.

3.2 Workforce

This is a key part of the winter plan to support staff wellbeing

3.3 Financial

There is a dedicated fund for Urgent & Unscheduled care in which there is a dedicated resource for winter planning. This funding is being prioritised to the areas which will give most benefit to our population through additionality or reducing delayed discharges.

3.4 Risk Assessment/Management

A full strategic risk register is maintained by the Urgent & Unscheduled Care Board. This is also complemented by the operational risk registers within NHHSCP and Acute.

3.5 Data Protection

None

3.6 Equality and Diversity, including health inequalities

This winter plan is aimed at ensuring sustainable access to service and fair access for all through the challenging winter period anticipated.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

- Winter Ready Task and Finish Group
- Area Clinical Forum
- Hospital Sub Committee
- Acute and Community Senior Leadership Teams
- Urgent & Unscheduled Care Programme Board
- Executive Directors Group

3.9 Route to the Meeting

As described above

4 Recommendation

This plan represents continued service change to improve and adapt our pathways, converting emergency where possible into 'urgent' planned care. Last year the COVID pandemic provided a catalyst to accelerate change through necessity. The severity of the pandemic has receded but high unscheduled care demand in the population continues to challenge our health and social care services both directly and indirectly by:

Impacting on the well-being of our workforce
Disrupting endeavours to remobilise routine care
Late presentation of patients with deteriorating conditions

Strategic, tactical and operational structures introduced will support rapid and cross-system escalation and decision-making. They will be integral to ensuring that the interdependencies between health and social care services are supported as all parts of the system respond to the winter pressures.

- The Board is being given assurance that all areas of the Winter (Cab Sec) have been considered and are within our Winter Ready Action Plan
- The Board is being given assurance that we have appropriate structures and escalation frameworks in place to support our population and workforce across the winter period
- The Health and Social Care System requires radical redesign and implementation of new ways of working supported by redesign of patient pathways with the building of capacity to deliver as close to home as possible. The winter plan aims to take strategic steps along this transformation journey but does not completely ameliorate all the current challenges and pressures as described above across the Health and Social Care System.

4.1 List of appendices

The following appendices are included with this report:

None