Agenda Item 3.2

# NHS Highland

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| **Meeting:** | **NHS Highland Health & Social Care Partnership Committee** |
| **Meeting date:** | **5 November 2025** |
| **Title:** | **HHSCP Urgent & Unscheduled Care – Winter Pressures** |
| **Responsible Executive/Non-Executive:** | **Arlene Johnstone – Chief Officer HHSCP** |
| **Report Author:** | **Grace Barron, Senior Programme Manager Strategy & Transformation** |

**Report Recommendation:** To accept a moderate level of assurance regarding HHSCP's 25/26 winter preparedness.

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement

**This aligns to the following NHS Scotland quality ambition(s):**

- Safe
- Effective
- Person Centred

**This report relates to the following Corporate Objective(s)**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Start Well | | Thrive Well | | Stay Well | | Anchor Well | |
| Grow Well | | Listen Well | | Nurture Well | | Plan Well | |
| Care Well | X | Live Well | X | Respond Well | X | Treat Well | |

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|---|---|---|---|---|---|---|---|
| Journey Well | | Age Well | | End Well | | Value Well | |
| Perform Well | | Progress Well | | All Well Themes | | | |

## 2 Report summary

NHS Highland has undertaken a comprehensive winter preparedness assessment aligned with the Scottish Government's resilience checklist. The review covered acute, primary care, social care, mental health, workforce capacity and seasonal outbreak planning.

The assessment confirms that contingency arrangements are in place across most domains, with strengthened escalation protocols, enhanced vaccination uptake campaigns and cross-sectoral coordination mechanisms embedded through the Health and Social Care Partnership.

Key risks remain around sustained workforce pressures, variable resilience in remote and rural services, and capacity constraints within community and social care provision that impact timely hospital discharge. Winter vaccination uptake will require continued focus, and resilience planning for concurrent outbreaks (COVID-19, influenza, norovirus) remains critical.

Overall, NHS Highland enters winter 2025/26 with a resilience framework, sustained monitoring, rapid escalation pathways, and targeted support in identified pressure areas will be essential to maintain system stability and ensure safe, effective care delivery.

The contents of this SBAR reflect the areas of winter planning within remit of HHSCP.

### 2.1 Situation

NHS Highland is entering the 2025/26 winter period facing sustained system pressures across acute, primary, community, and social care. A comprehensive winter preparedness plan has been completed in line with Scottish Government guidance, operational challenges are anticipated due to continuing workforce shortages, rising demand for unscheduled care, and increased acuity within an ageing population.

The system is expected to experience peaks in emergency attendances, delayed discharges, and potential seasonal outbreaks of influenza, COVID-19, and norovirus. Resilience in remote and rural services, where capacity to flex or escalate is limited will require agile and responsive leadership.

### 2.2 Background

Each year, all NHS Boards in Scotland are required to provide assurance to the Scottish Government on winter preparedness, supported by a standard checklist covering resilience across health and social care. Much of this work reflects established "business as usual" activity within NHS Highland, including surge

planning, vaccination delivery, escalation procedures, and cross-system coordination through the Health and Social Care Partnership.

For winter 2025/26, NHS Highland has reviewed and updated its arrangements across acute, primary care, social care, mental health, and public health domains. The Board continues to operate within a challenging environment of workforce shortages, system pressures and variable resilience in remote and rural areas. However, strong collaborative working with independent support providers and third-sector community organisations supports a coordinated approach to seasonal resilience planning.

## 2.3 Assessment

An assessment of each resilience focus area within HHSCP remit is found below. Each area has been reviewed against the Scottish Government winter preparedness checklist to identify what is in place, what is partially in place, and any ongoing risks. Cross-cutting issues such as workforce pressures, out-of-hours support, and integration between health and social care have been considered throughout and areas that require strengthening are being mitigated at operational level with oversight through the Operational Senior Leadership Teams supported through the Urgent Unscheduled Care Portfolio board.

**Primary Care**

Primary care services have strong winter preparedness arrangements. General Practice has established escalation processes for service disruption, with Board-level oversight and an Out of Hours (OOH) winter plan aligned to Flow Navigation Centre development (FNC), Scottish Ambulance Service (SAS), and NHS 24 pathways. Dental services have escalation protocols and NHS 24 liaison in place to ensure resilience.

Consideration of strengthening links with Primary Care will be progressed through appropriate governance processes, with Anticipatory Care Planning already established within care home settings.

**Mental Health**

Mental health services have comprehensive winter readiness plans in place. The Mental Health Assessment Unit at New Craigs provides 24/7 crisis response and professional-to-professional support, accessible across health, social care, SAS and Police Scotland.

The Mental Health Learning and Disability Division has embedded real-time staffing and risk mitigation processes to maintain safe delivery of care, including for forensic patients and prison healthcare. Discharge planning and continuity of care for those with complex needs, dementia, or learning disabilities is supported through strong MDT working and partnerships with the third sector. Daily monitoring of demand and capacity enables responsive escalation.

NHS Highland and Highland Council are working closely with partners through Operation Respect, the multi-agency festive safety initiative involving Police

Scotland, the Scottish Ambulance Service, and a range of community and third sector partners. The Mental Health Assessment Team plays a key role in Operation Respect, providing on-the-ground support alongside emergency service colleagues during peak festive periods. Their involvement helps to ensure that individuals experiencing mental health distress receive timely assessment and support, reducing pressure on emergency departments and improving outcomes for people in crisis

**Workforce**

HHSCP continues to take proactive steps to support recruitment and retention across the system, including permanent, bank, and flexible contracts, as well as student engagement for holiday cover. Retire-and-return, partial retirement, and flexible working arrangements are embedded to bolster workforce capacity.

Winter staffing plans are in place across primary, mental health, and social care services, with contingency arrangements for holiday periods and crisis response. Challenges remain with ongoing vacancies and hard-to-fill posts, particularly in social care, which may affect timely discharges and service resilience.

Staff wellbeing resources are accessible year-round and integrated into winter communications, while business continuity plans account for potential adverse weather or staff disruption.

**Seasonal Outbreaks & Vaccinations**

NHS Highland has comprehensive plans in place to manage seasonal outbreaks, including COVID-19, influenza, RSV, and norovirus. Staff vaccination programmes are widely accessible, including drop-in clinics, peer-to-peer vaccination, and workplace delivery, supported by awareness campaigns, education, and leadership engagement. Despite strong systems, staff flu uptake remains a focus for improvement.

Surge management is embedded across acute, primary, mental health, and social care, with Operational Pressures Escalation Levels (OPEL) meetings and business continuity plans ensuring timely response to staffing pressures and service impacts. Closed settings, such as care homes, receive targeted Infection Prevention and Control (IPC) support and 24/7 outbreak management via the Health Protection team. Debriefs following outbreaks inform continuous learning and system adaptation.

Routine monitoring of epidemiological data through PHS publications and Whole System Winter outputs provides early warnings of rising infection levels. Staff have access to, and adhere to, national guidance on infection prevention, including norovirus management in care settings.

**Adult Social Care (Cross Cutting)**

Adult social care is considered a cross-cutting theme because it interacts with all other areas of winter readiness. Its delivery directly impacts acute care through discharge pathways, influences primary care via out-of-hours support, and contributes to mental health outcomes through co-ordinated care for vulnerable individuals.

Challenges within social care can create system-wide pressures, making effective integration essential for overall winter resilience. In Highland, assurance arrangements are in place for Care at Home and care home services, supported by governance boards that monitor risk and maintain capacity across child and adult protection, as well as Multi-Agency Public Protection Arrangements (MAPPA). Targeted support for older adults with complex needs is provided through community access beds, daycare services, and the Care Home Collaboration team.

Resilience across all areas remains variable, with differences in service availability and coverage contributing to inconsistent experiences These inconsistencies can delay discharges and increase pressure on acute services. Workforce challenges, including persistent vacancies and hard-to-fill posts, continue to pose a significant risk to service continuity.

Cross-system planning is in place to support seasonal outbreaks and surge management, incorporating infection prevention and control (IPC) training, vaccination programmes, and on-call crisis response teams. However, these resources may be limited during periods of high demand, particularly in remote and rural areas.

**Urgent & Unscheduled Care Priorities for FY 25/26 – HHSCP**

To strengthen NHS Highland's winter resilience, a series of urgent and unscheduled care improvement initiatives are being delivered in 2025/26. Supported by Scottish Government funding, these programmes focus on building community and acute capacity, improving patient flow, and easing pressure on hospital services. Together, they align with the Operational Improvement Plan (2025–2026) and are designed to deliver measurable benefits for patients and the wider system. A summary of HHSCP-specific programme scope and the outcomes to be achieved by March 2026 is set out below.

- **Hospital at Home (Inverness model)**
  NHS Highland is investing in expanding the Hospital at Home model in Inverness during 2025/26, with a planned phased increase to 15 beds by March 2026. This will enable more patients to be treated safely at home rather than admitted to hospital, supporting patient recovery, improving outcomes, and reducing pressure on acute wards during periods of peak demand, particularly over winter, with a planned 8 beds live by December 2025.

- **Flow Navigation Centre (FNC) / Out of Hours (OOH) Integration**
  Work will continue to strengthen the Flow Navigation Centre and Out of Hours response model, ensuring patients are directed to the right care at

the right time. By improving access to advice and alternatives to hospital attendance, this initiative will aim to reduce A&E demand and ambulance conveyances, improving whole-system resilience.

- **Discharge to Assess (East Ross pilot)**
  A consistent Discharge to Assess model will be implemented in East Ross during 2025/26, with plans to expand to other districts following a pilot period. This approach supports patients to leave hospital as soon as they are medically fit, with their care needs assessed at home. The model will aim to reduce delayed discharges and improve reablement outcomes. Plans are being developed to leverage the insights and outcomes from the East Ross pilot to accelerate the implementation of a consistent discharge-to-assess model in Inverness. The finalised plans, including a detailed timeline, are scheduled for approval by the Urgent & Unscheduled Care Portfolio Board on 20 November.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

| | | | |
|---|---|---|---|
| Substantial | | Moderate | X |
| Limited | | None | |

Proposed level of assurance is Moderate - Many elements are partially implemented due to a combination of resource, workforce, and geographic challenges. Workforce pressures, including vacancies and hard-to-fill posts, constrain the full delivery of some services. Additionally, some initiatives, such as staff vaccination uptake, are in place but require further engagement to achieve optimal coverage.

# 3 Impact Analysis

### 3.1 Quality/ Patient Care

Safety and quality processes are maintained, and timely care and patient experience will continue to be monitored from ward to Board throughout the winter period.

### 3.2 Workforce

Ongoing vacancies, hard-to-fill posts and seasonal pressures risk workforce resilience across health and social care.

### 3.3 Financial

Additional resources may be required to support extended OOH care, surge capacity, and recruitment initiatives, potentially impacting budget allocation.

### 3.4 Risk Assessment/Management

Risks actively managed by services during winter peaks as business-as-usual.

### 3.5 Data Protection

No significant impact identified; existing systems for patient data and escalation processes remain compliant.

### 3.6 Equality and Diversity, including health inequalities

Access to services during times of peak pressure may disproportionately affect vulnerable or isolated populations, requiring targeted mitigation.

### 3.7 Other impacts

No relevant impacts.

### 3.8 Communication, involvement, engagement and consultation

Heads of service were consulted as part of the audit against 25/26 winter preparation.

### 3.9 Route to the Meeting

Through UUC Portfolio Board

## 4 Recommendation

- **Assurance** – To propose a moderate level of assurance regarding HHSCP's 25/26 winter preparedness.

## 4.1 List of appendices

N/A