Agenda Item 7

NHS Highland

Meeting:	**Board Meeting**
Meeting date:	**30 September 2025**
Title:	**Winter Preparedness/Surge Planning Update**
Responsible Executive/Non-Executive:	**Katherine Sutton, Chief Officer – Acute; Arlene Johnstone, Chief Officer – HHSCP; Evan Beswick, Chief Officer – A&B**
Report Author:	**Grace Barron, Senior Programme Manager – Strategy & Transformation; Karl McLeish – A&B Urgent & Unscheduled Care Lead**

Report Recommendation:

The Board is asked to **note** the content of the report and take **moderate assurance** regarding NHS Highland'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		Respond Well	X	Treat Well	X
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 covers 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.

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 local authority partners and independent/third-sector providers supports a coordinated approach to seasonal resilience planning.

2.3 Assessment

An assessment of each resilience focus area 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.

Acute – HHSCP (Raigmore, CGH, Belford)

Acute services have partial assurance across most winter preparedness domains. The Flow Navigation Centre provides cover 0800–0000 further application of these pathways to support Rural General Hospitals (RGHs) is being considered. Safety huddles and discharge processes are established. Consistent approaches to Home First and step-down pathways are being progressed where appropriate.

Flow Co-ordinator roles are in place at Raigmore Hospital and have been recently introduced to Caithness General Hospital and Belford Hospital. Alternatives to admission, including Outpatient Antibiotic Therapy (OPAT) and Respiratory Rapid Response, are available, while Hospital at Home and frailty pathways remain under development.

Planned care resilience is strong, Emergency and urgent care patient pathways are being strengthened in the key areas of; zero-day length of stay (LOS) pathways, frailty pathways, and extended Same Day Emergency Care (SDEC) provision.

Acute – A&B (Community Hospitals and Lorn and Isles RGH)

Acute Services across Argyll and Bute continue to experience significant pressures in the approach to winter. The Flow Navigation Centre provides cover 0800–0000 and local patient pathways are being reviewed to ensure a greater uptake across Argyll and Bute populations. GP OOH arrangements are in place during out of hours periods, across all locality areas, and will continue to focus on community MDT working to avoid attendance and admission where

appropriate. Local communications will continue to ramp up campaigns such are Right Care and Pharmacy First.

A&E departments will continue to operate in response to urgent care needs 24/7 across 6 non-bypass community hospitals and 1 RGH (LIH). Hospital at Home is operational across LIH. Limited contingency bed planning is available within some sites. Bed management meetings are in place to remain agile and responsive to changing pressures in system flow.

Focussed Impact Assessment work has been undertaken to assess and manage the impacts of increased front door traffic, admission and delayed discharge. A clear action plan has been generated as a result, and this will be driven forwards by the system pressures steering group.

Primary Care – HHSCP

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.

Primary Care – A&B

Plans are in place to support the continued delivery of General Medical Services over the winter period. This includes the development and use of clear escalation policies/practices to support any sites that have difficulty in opening/operating due to adverse impacts. Any events of this nature would be supported with the use of Highland Health and Social Care Partnership (HSCP) communications team to inform patients of difficulties and alternative arrangements. Buddy system/arrangements/mutual aid protocols from COVID remain in place. Multi-Disciplinary Team (MDT) arrangements are expected to continue per business-as-usual arrangements.

In terms of OOH GP care, the majority of out of hours care is delivered from community GPs under SLA/B2B arrangements and rotas are in place. Access to dentistry services can be challenging.

Additional levels of MDT working have been intimated within the current round of B2B contract negotiations although an ongoing programme of works is required to map the delivery of this across OOH services in A&B.

Contingency is in place to enable remote / Near Me consultation for Islands as required in the event of service disruption. Neighbouring area contingencies are in place as normal where applicable.

The necessity to deliver care home visits has been included within this year's contract negotiations for OOH contractors although negotiations have not yet firmly concluded. All GP providers are being reminded of the importance of ensuring anticipatory care plans (ACPs) are in place in the winter briefing letter.

Responder services are in place and are linked to telecare providing the pathway for uninjured falls and de-escalation of non-emergency care. ACP is in place in care homes, and consideration of strengthening links with Primary Care will be progressed through appropriate processes.

Mental Health – HHSCP

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.

Mental Health – A&B

Plans are in place to manage waiting lists and escalations during winter months, by utilising existing resource to maximum capacity. Escalation routes are clearly defined.

Mental health crisis teams are in place 24/7 and winter planning takes full account of the needs of patients and carers with a mental health diagnosis. This includes a clear focus on anticipatory/future care planning and carer support planning.

Discharge planning considers the needs of patients with a mental health need/additional need and implements adjustments to discharge/care planning where appropriate.

Inpatient Quality and Safety forums remain in place to identify and mitigate risks in real time.

There is a clear HSCP focus on place of safety arrangements across the region. OPEL has recently been introduced to Succoth Mental Health ward, and we expect that this approach to demand and capacity/risk management to allow greater capabilities in managing surge capacity as a part of a whole system approach.

Workforce – HHSCP & A&B

NHS Highland 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 acute, 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.

Volunteer deployment is partially planned, with acute-based volunteers available for escalation if required. 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 – HHSCP

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.

Seasonal Outbreaks – A&B

Staff vaccination clinics are widely accessible and available in across Argyll & Bute community settings. There are also local community clinics accessible to all staff including those who are non-hospital based. The model is delivered via a mix of scheduled appointments, drop-ins and peer vaccinations. Robust communication plans are in place to raise awareness, promote the campaign and signpost to resources.

From a staffing and resources capacity perspective, surges in infection which impact capacity would be anticipated, monitored and managed via the system escalation huddles and system pressures oversight groups.

Updates regarding surges in infection/means of early detection are reviewed as part of weekly huddle and weekly system pressures calls. These frameworks would routinely include both Infection Prevention Control advice and Public Health advice supported by local intelligence, gathered by way of escalation from area teams.

Social Care (Cross Cutting)
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.

HHSCP

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. For example, while Care at Home services typically operate until 10pm, regional variation in care home support may affect the ability to respond to urgent needs, particularly during out-of-hours periods. 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.

Social Care – A&B

Operational Care at Home and Care Home Assurance functions continue to function on a regularly scheduled timetable consisting of a multi-disciplinary team with clear escalations and management of risk. All meetings are recorded/noted with action points to be addressed within agreed timescales.

Higher level care governance meetings also take place which focusses on strategic and policy directions for these services. These meetings give opportunity for discussion and ratification of policy and guidance documents to be used ensuring a clear and consistent methodology.

The care at home service is subject to a system wide review of its vision, structure and delivery at the present time. In the fullness of time this will provide us with assurance about the effectiveness and efficiency of this essential service.

All protection functions are in place and are reviewed through forums such as the Adult Protection Committee. The COGPP is in place for escalations. Assessment of the adult protection referrals is conducted as and when received and assured through the Care Home and Care at Home Assurance meeting which meets fortnightly.

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

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 programme scope and the outcomes to be achieved by March 2026 is set out below.

- **Same Day Emergency Care (SDEC and Ambulatory Care)**
  The SDEC service is being expanded in Raigmore, creating new pathways that allow patients to be assessed, treated, and discharged on the same day where appropriate. This will help reduce admissions, avoid overnight stays where clinically safe, and improve A&E flow; key to easing winter pressures and supporting 4-hour performance standards.

  Argyll and Bute plans to deliver an Ambulatory Emergency Care Unit Pilot at Cowal Community Hospital. This initiative responds to the 0 Day LoS target and is to be fully implemented by March 2026. It is anticipated that this approach will support clear focuses on alternatives to admission for high volume pathways, where an ambulatory approach is appropriate, with a drive on same day treatment and discharge. It is anticipated that this approach will align with primary care referral pathways, OOH pathways as well as supporting triage and streaming through ED. Planned impacts include reduced unplanned attendance, alternatives to admission, improved ED and escalation flow and reduction in delayed discharge/delayed transfers of care.

- **AHP at the Front Door (Raigmore Emergency Department)**
  A new Allied Health Professional (AHP) front door model has gone live in Raigmore Emergency Department (ED) this year, ensuring people with identified frailty and mobility needs are assessed early by occupational

therapists and physiotherapists. This aims to reduce length of stay, enable safe discharge, and support flow through the hospital, directly contributing to winter resilience.

- **Frailty Assessment Area**
  A new frailty assessment area within Ward GA will enhance support for older patients during the critical “golden 72 hours” of their hospital journey. By expanding into a dedicated multi-disciplinary team, the service will deliver earlier comprehensive geriatric assessment, closer to the front door, helping prevent deterioration and avoid unnecessary admissions.

  Argyll and Bute plans to focus on intensive community frailty response models within two key localities (Cowal and Oban). Additionality is being implemented to support the operationalisation of whole system frailty MDT response, spanning across primary and secondary care. The additional service provision will have clear links with enhanced Extended Community Care Team (ECCT - urgent community response) and community prevention (Living Well). AHP and Frailty and the Front Door response will continue to be delivered as part of core service provision and will be enhanced across these localities by way of clear interface working with Hospital at Home (Oban) and Ambulatory Emergency Care (Cowal) services. There will be a clear focus on identification, assessment and care management, including future care planning. It is anticipated that this approach will support the prevention of deterioration and avoid unnecessary admissions.

- **Hospital at Home (Inverness model & Oban 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.

  The Oban Model has a clear plan to deliver 16 virtual beds by March 2026. 14 of these are to be delivered within the Oban locality, with a further 4 planned across the wider system, by way of a ‘hub and spoke’ approach, as part of the expansion. Plans are underway to develop an Island Pilot. Additionality is being implemented to expand the reach of the service over 7 days to ensure maximum impact. Expansion plans include specific scoping, identification and facilitation of clinical training to better enhance and integrate community models of care.

- **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 and ECCT Scale A&B)**
  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.

  Argyll and Bute HSCP plan to support additionality and increased 'Home First' capacity across two localities with significant pressures (Oban and Cowal). Additionality is planned to support increased urgent community response and early supported discharge within an intensive reablement approach. This additionality seeks to provide alternatives to hospital attendance/admission and facilitate early supported discharge in line with criteria led discharge pathways. The aim is to reduce unplanned attendance, unplanned admission, overall LoS and bed days lost from delayed discharges.

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. In acute and primary care, some pathways such as frailty assessment, Hospital at Home, and anticipatory care are under development and will be implemented over winter. 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 List of appendices

N/A