

**Meeting:** NHS Highland Board

**Meeting date:** September 2023

**Title:** Winter Preparedness

**Responsible Executive:** Pamela Cremin, Chief Officer Highland Health and Social Care Partnership

**Report Author:** Lorraine Cowie, Head of Strategy & Transformation

## 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

NHS Highland, the Highland Health and Social Care Partnerships, Scottish Ambulance Service, and other key partners and stakeholders will continue to take a collaborative approach towards preparedness and planning for winter 2023/24 through the NHS Highland Unscheduled Care Board and other key strategic and operational fora across these organisation's. The approach will be similar to our winter 2022/23 model (Winter Ready Action Plan (WRAP)).

In Argyll & Bute HSCP a winter plan will also be developed and taken through their own governance structures. Argyll & Bute have in place an oversight group that tracks Scottish Government requests for information/self -evaluation and co-ordinates responses and a weekly systems pressures oversight group in place which has the oversight of pressures across the system. It also looks at Discharge with Delay on a weekly basis following the weekly operational meeting. Argyll & Bute have completed the winter self- evaluation which will feed into their winter plan and will identify risks, mitigations and areas for development. Given the internal governance mechanisms in Argyll & Bute this paper covers the North Highland area only moving forward.

The NHS Highland Unscheduled Care Programme Board has responsibility for supporting and facilitating the implementation of the National Unscheduled Care Programme across NHS Highland and the Highland Health and Social Care Partnerships, with the aim of delivering the right care, in the right place, at the right time, first time, improving patient safety, flow and sustainable performance in unscheduled care.

The Board members have agreed that a whole system Health and Social Care approach to developing an integrated winter plan is essential. Acute services, the Health and Social Care Partnerships, the Scottish Ambulance Service (SAS), Primary Care and staff side partners will be involved in the further development of the NHS Highland Winter plan to ensure timely access to the right care in the right setting. Third sector will be through the Health and Social Care Partnerships similar to 2022/23.

Winter planning has become significantly more complex in recent years due to the ongoing requirement to respond to the unprecedented demands of the COVID-19 pandemic. The pressures that were previously only present during the winter period have been continual throughout the year. We are working within the context of a system that has continued to be stretched in terms of capacity to respond particularly in relation to Adult Social Care and this remains as a specific endemic system challenge.

The Highland Winter Ready Action Plan (WRAP) will be developed in line with the principles of the new national Unscheduled Care programme. The output has prioritised specific areas for improvement across the key portfolio areas identified by the Centre for Sustainable Delivery. This was also further developed by a recent Urgent and Unscheduled Care consensus workshop attended by the Highland Health and Social Care Partnership / Acute Senior Leadership Team. The work also takes

cognisance of the Scottish Government's extant winter guidance and checklist and we will focus on the 6 key areas below.



Learning from previous winter responses and further consolidation of the learning from the COVID-19 response and remobilisation has informed winter planning this year. NHS Highland continues to re-design services, with this work detailed throughout the winter plan building on the information contained in the NHS Highland Annual Delivery Plan. Specifically, the Plan focuses on further developing evidenced success in managing unscheduled care, avoiding admission, and integrating pathways of care across primary and secondary care. Agreed and co-ordinated responses to predicted and actual demand, driven by data, will support safe care for patients, with the best utilisation of resources over the winter period. Finally, the COVID-19 and Influenza vaccination programme across Highland will support this from a prevention perspective.

The Board is being asked to take assurance and to note the approach being taken to ensure the Highland Health and Social Care Partnership and Acute Division has taken a collaborative, robust and systematic approach to planning for winter 2023/24.

Responsibility for delivery will sit with the Highland Health and Social Care Partnership / Acute Integrated Systems Leadership Team. Governance for strategic delivery will be provided by the Urgent and Unscheduled Care Programme Board.

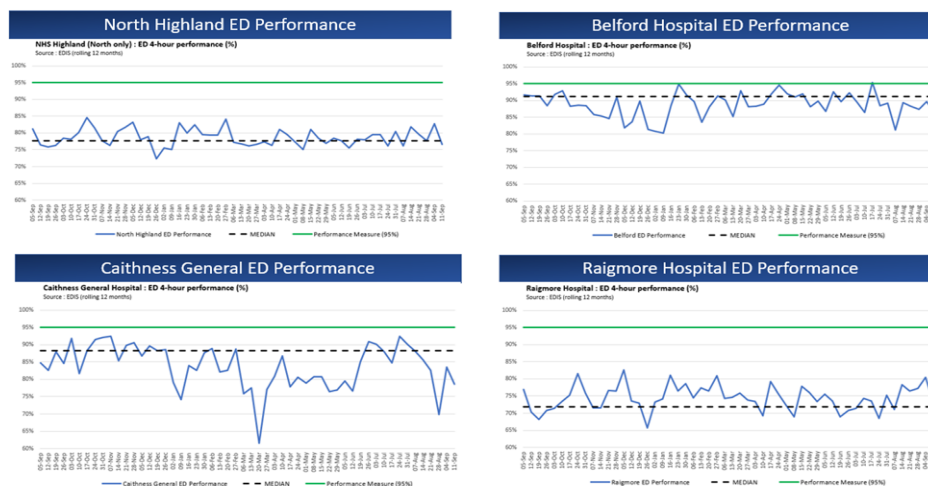
The WRAP has been developed with a focus ensuring early intervention and prevention and a timely response to need. In particular, continuous improvement and collaborative work with our Partner organisation's will help reduce attendances, manage and avoid unnecessary admissions, and support the Emergency Department and acute service areas to focus on timely patient care and flow through our care settings. This will be achieved whilst still delivering high quality cancer, mental health, and outpatient services, and as far as possible continuing to deliver against national standards over this winter. Our approach is strengthened by resilience planning, enabling actions and business continuity arrangements to provide a comprehensive plan to NHS Highland Board, Scottish Government, and our population for this coming winter period.

## 2.2 Background

For context there are two key performance indicators that are considered core in terms of our performance of the system and these are displayed below.

### Emergency Department Performance

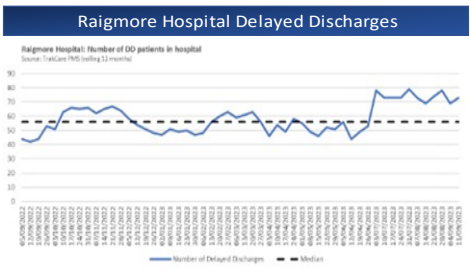
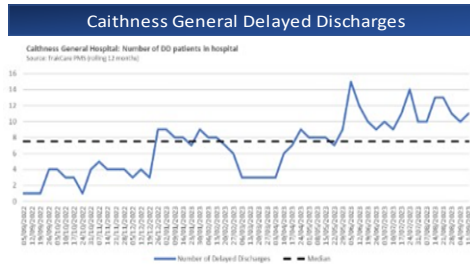
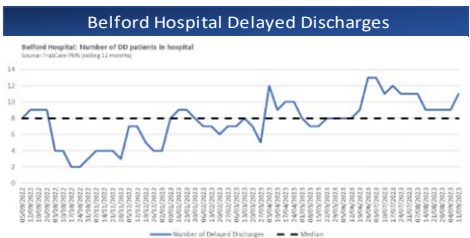
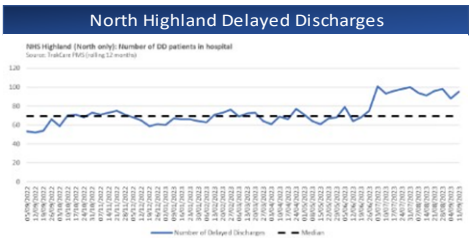
Emergency Department performance remains above average across Scotland. The following gives an overview at an NHS Highland level but also our Raigmore and RGH performance.



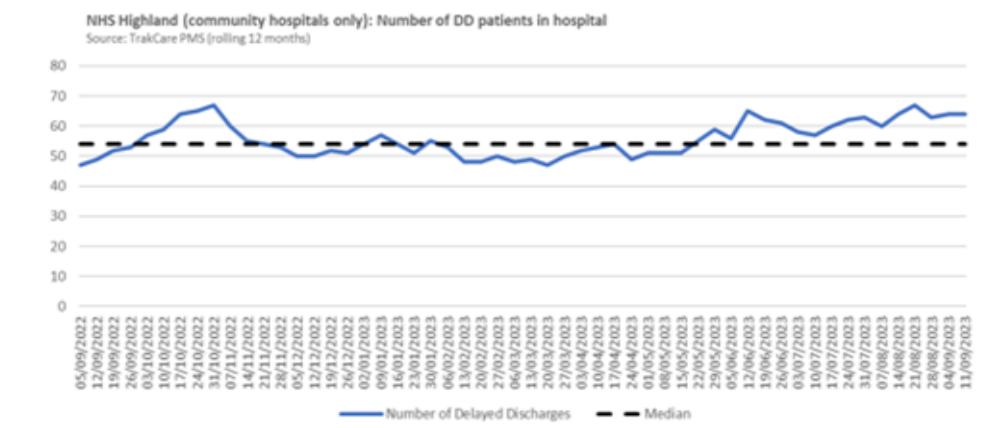
### Delayed Discharges Performance

To prevent and manage delayed discharges, NHS Highland constantly benchmarks using national data, working as a team with our health and social care partners to minimise delays through daily dialogue and action via the flow teams. This will continue through the winter period, involving senior managerial colleagues when required.

We recognise that our delayed discharges are higher than other areas and recognise that these patients should be cared for in other areas, most commonly at home or a more homely setting. We continue to improve our response to delayed discharges as we recognise the effect of delays on the quality of care for all patients as well as flow through our system. A greater focus on prevention, managing frailty, targeting social care and assessment resource at Hospital front doors and community areas, will reduce the need for hospital admissions; and if required, reduce length of stay and therefore delays.



## N Highland Community Hospital Delayed Discharges



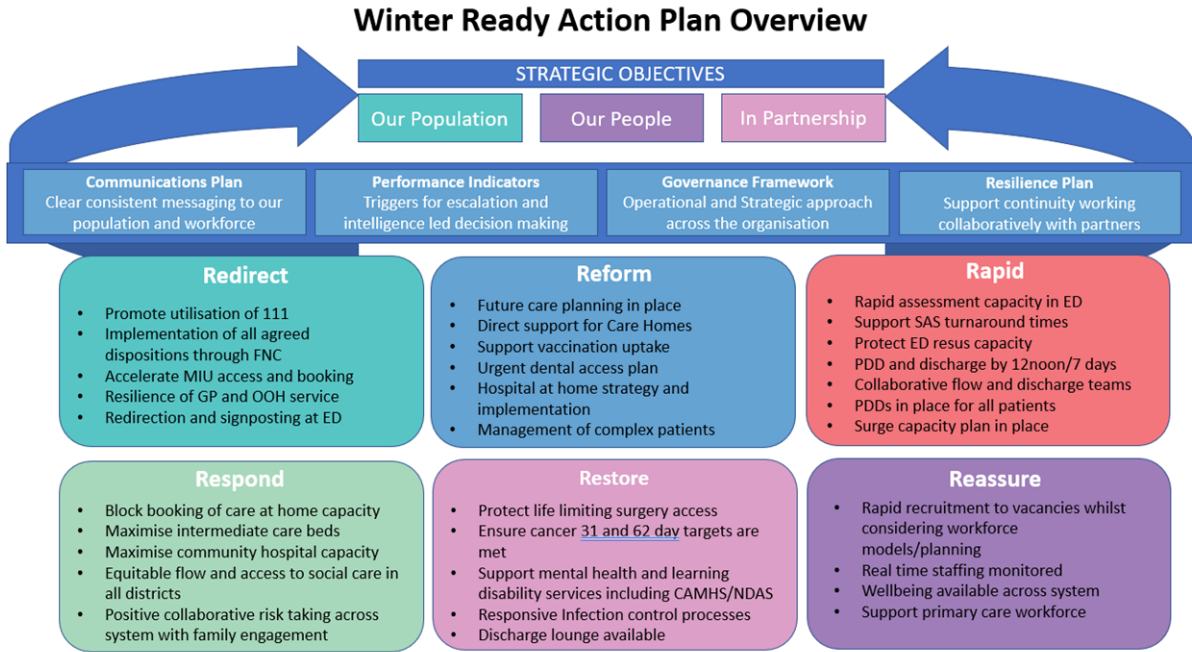
### 2.3 Assessment

Six key priorities for our Winter Ready Action Plan (WRAP) were implemented in 22/23 with associated actions for each priority. These remain into 23/24 with a small change (reduce is now reform). These key priorities have incorporated the strategic areas above and the winter checklist and the concerns raised by clinical and care leaders about the impact on Raigmore to provide a whole system plan for winter. This is illustrated below:

	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
	Reform	Reform the way we deliver acute care through different models	Support our population with the appropriate level of care
	Rapid	Facilitate rapid assessment, discharge and support	Our population are assessed <u>quickly</u> and we adopt a "home is best" approach
	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 planned care activity to optimal levels	Population who need planned care can be seen in a timely way
	Reassure	Actively support and reassure our workforce	Our colleagues who deliver our services are valued and supported

**Action Plan**

The following gives an overview of the draft action areas which have been developed as part of the WRAP. As described above these are reflective of all areas being planned. This will be developed and refined as we move forward but give the Board an assurance of action. For assurance many of these will have a number of actions but gives an overview of the direction of travel and breadth of areas where action focused improvement will take place.



Through the Acute Clinical Governance systems our senior clinical and care leaders have highlighted key areas that require a specific response to ensure risk to the safety of patients is reduced as far as possible through the coming winter period. These actions set out in table 1 are in addition to the WRAP.

**Table 1**

Focus area	Action	Impact
Infection control processes	Bespoke risk assessment process for the reopening of closed areas due to infection control interventions	Reduced risk of cross infection
Management of patients on more complex discharge pathways	Cohorting of patients that are delayed to discharge.	Improved patient and carer and family experience, shortening length of stay for longer stay patients. Early AWI assessment.
Additional capacity	Move to Care at Home block contracting, increasing capacity and integration with community MDTs	Reduce numbers of Delayed discharges across the HHSCP inc mental health and Acute Hospitals



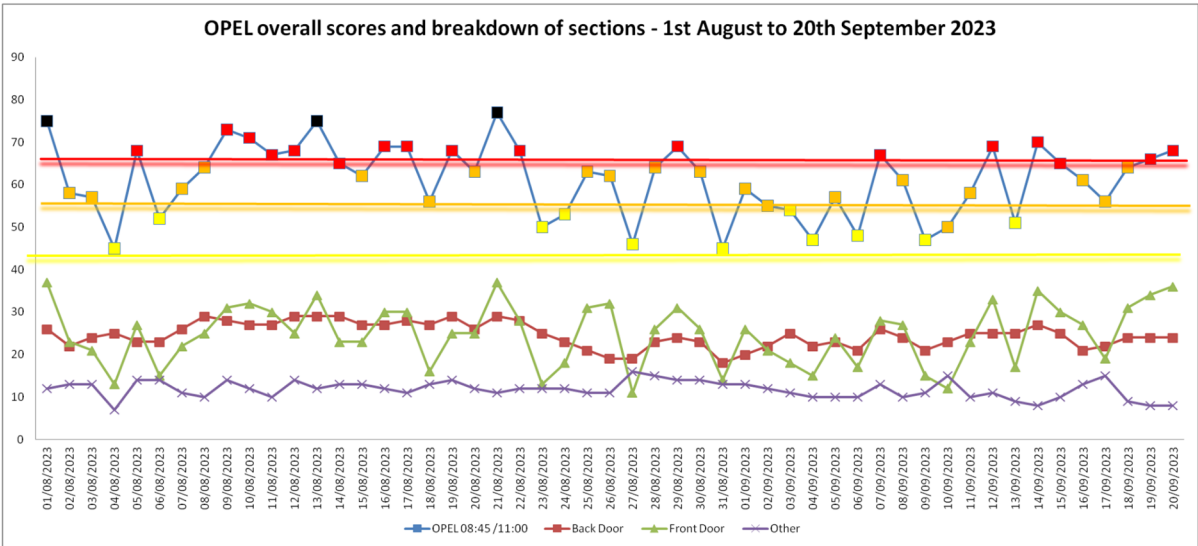
Additional Capacity	Maximise workforce availability for Community Hospital Capacity	Ensure capacity is planned and available to meet peaks and troughs in demand.
Surge Capacity within Raigmore to support receiving areas to avoid access delays	Create a surge capacity that is available to deploy 7 days per week with associated agreed triggers and SOPs to initiate deployment. Immediate implementation in and around Inverness	Ensure responsiveness when peaks in demand are experienced through ED and Acute receiving areas.
Protection of Emergency Department Resus Capacity	Ring fence Emergency Department Resus capacity	Resus capacity reserved to deliver to primary function
Discharge without delay	Refocus across all ward areas including development of dashboard and metrics to support	Shorten LOS and bring discharge forward
Raigmore discharge lounge	Secure physical space, procedures and workforce, consider models in other areas / hospitals examine areas of good practice to help shape and ensure efficiency and good patient and staff experience	Bed capacity available as early in the day as possible to avoid patient movement across the hospital later in the day. Improve patient and staff experience. Shorten LOS

**Enablers**

**OPEL**

The continued use of a data driven “OPEL level framework” through winter will allow unambiguous communication of capacity and system pressure which help with the response to de-escalate system pressures as they occur through pre-agreed specific actions. Currently this is adopted fully within Raigmore. The HHSCP have developed indicators and further joint work on the action cards the system takes in response to an increased OPEL score is planned as a part of the WRAP.





A refinement of the overall system pressures report will be completed to ensure all KPIs as defined in the WRAP are reported on a weekly basis. Scottish Government are also developing a set of indicators which will be captured automatically by Discovery and will allow national benchmarking and assurance. Our data quality will be pivotal to ensuring the data being transferred to this is correct.

Communications Plan

The NHS Highland Communications Team was pivotal during the 22/23 plan. They have communication plans in place specific to the winter period including vaccination strategy, adverse weather, and seasonal illness including COVID-19, Influenza, and Norovirus. The NHS Highland communication team actively promotes related publicity materials and national campaign assets and shares widely through social media channels. This is targeted at staff, patients and the public alike. NHS Highland WRAP 2021-22 as in previous years, the Communications Team support the organisation’s preparations for winter through the local and national winter campaigns, tailoring the national key messages for the local situation and a local audience and releasing media releases and social media messages throughout the winter period. Social media is the most effective channel for instant updates to information and will be used extensively, along with media releases, website updates, radio updates and sharing of messages with local partners for onward distribution. The Communications Team updates the NHS Highland website with weather and travel information as necessary and promotes Ready Scotland on the front page of its website. The Communications Team will continue sharing around how and where to access the right healthcare for people’s needs e.g. 111 for urgent care, A&E when life-threatening, and what to do when GP surgeries are closed, e.g. NHS 24 and community pharmacies. This is supported by regular social media and website posts to share information and signpost to available services.

The support to our workforce is one of our 6 key priorities and how we engage and communicate this plan will be key moving forward. We will work collaboratively to develop some key sessions with all staff groups to listen and understand their challenges but also support them with the challenges ahead.

**Governance**

The Integrated Senior Leadership Team will further develop plans in these key areas as a part of system transformation. It is anticipated that these areas of focus will also contribute to an improved system design to better meet health and care need particularly for frail and elderly people across the Health and Social Care Partnership.

Governance to support delivery of these plans will be through the Integrated SLT where plans will be assessed, authorised and monitored for delivery and impact.

The plans will also be subject to:

- Performance Review of the Programme (monthly) with EDG
- Transparent System Pressures report (whole system analysis) that describes each key performance indicator.

A further update on the development and implementation of the plans will be brought to the next Board meeting.

**2.4 Proposed level of Assurance**

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input type="checkbox"/>
Limited	<input checked="" type="checkbox"/>	None	<input type="checkbox"/>

**Comment on the level of assurance**

Limited assurance is given due to the requirement to increase capacity and ensure workforce is made available to support delivery in Care at Home, Care Homes and Community Hospitals to support the response. All actions will be put in place with the aim of reducing impact of the anticipated system pressures on the health and care system, however this may not be sufficient to avoid periods of intense system pressure over the winter period.

Unscheduled care demand would require to be reduced significantly and recruitment to health and social care staffing significantly increased 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 and close monitoring through Clinical and Care Governance systems. Specific reports will be developed on this.

#### **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, however, confirmation from Scottish Government on the level of funding is still outstanding. We are planning on the basis that this funding will be available to at least the same degree as 22/23 and will be 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. An integrated SLT risk register is actively being established prior to the winter period.

#### **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**

- 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 paper is to provide reassurance to the Board that planning has commenced for the potential impact of winter on our staff and services and specific actions are being put in place through the Winter Ready Action Plan. Governance and escalation processes are also being finalised to monitor impact and respond to issues as they arise.

The Board is asked to:

- (a) take **limited assurance** from the report in terms of compliance with legislation, policy and Board objectives.
- (b) **Examine & Consider** the evidence provided that specific actions are being put in place through the Winter Ready Action Plan to support staff and services.

#### 4.1 List of appendices

The following appendices are included with this report:

- None