



DRAFT Winter Ready Plan



Together We Care

Context



Winter priorities
overview



Acute priority areas
letter



Winter planning
checklist



“Winter Ready” task
and finish group
established



Accelerated planning
and implementation
to align with U&USC

WINTER READY PRIORITIES

THEME	ACTION	OUTCOME
Redirect	Redirect inappropriate ED attendances and signpost to appropriate services	See those that need emergency care quickly
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 crisis and vulnerable population across our system	Population can remain safely supported in their own home
Restore	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

Winter Ready Plan Overview

STRATEGIC OBJECTIVES

Improving outcomes

Great place to work

Working together

Communications Plan

Clear consistent messaging to our population and colleagues

Performance Indicators

Triggers for escalation and intelligence led decision making

Governance Framework

Operational, Tactical, Strategic approaches across the organisation

Resilience Plan

Support continuity and incident working collaboratively with partners

Redirect

- Promote utilisation of 111 and FNC
- Accelerate MIU access and booking
- Resilience of OOH service
- Redirection and signposting at ED
- Access to hot clinics and virtual support
- Support and pathways for falls/frailty

Reduce

- ACPAs in place for most vulnerable
- Direct support for Care Homes
- 24/7 support for MH through MHAU
- Support vaccination uptake
- Urgent dental access
- PGDs/Anticipatory Prescribing

Rapid

- Discharge by 12noon
- PDDs in place for all patients
- 7 day working with barriers understood
- Transport delays minimised
- Choice policy applied
- Sit to stand to keep mobile
- Define bed complement and definitions

Respond

- Personal contingency plans in place
- Increase CRT support
- Maximise intermediate care beds
- Support for carers (tbc)
- End of life care and support
- Ready Scotland Emergency Boxes
- Direct admissions to Community

Restore

- Protect life limiting surgery access
- Increase planned activity to pre-pandemic
- Theatre utilisation
- Diagnostics (tbc)

Reassure*

- Rapid recruitment to vacancies
- Weekly bank pay
- Real time staffing monitored
- Wellbeing available across system
- Support primary care workforce
- Before you go home
- Student nurses and medical trainees

Key Performance Indicators

Redirect

Measurement	Target
Calls to FNC & outcome	Count/tbc
Calls to OOH and outcome	Count/outcome
MIU tbc	Count
AEC attendees	Count
Flow group 2 admission avoidance	Bed days
AEC LOS	Time
Prescribing / rescue mediation	tbc
Clinical dialogue usage	tbc

Reduce

Measurement	Target
ACPAs in place (DM)	Tbc
Care home admissions	Tbc
ED performance	90%
MH assessment unit referrals	Count
Mortality in hospital (EoL)	Count
OPAT	Bed days
SAS TAT	Times

Rapid

Measurement	Target
Discharged by noon	80%
PDDs in place for all patients	80%
Choice policy applications	Count
Equal discharges by days of week	Balanced
Admissions/discharges	Balanced
Length of stay	Monitored
Readmission within 28 days	%
% discharged directly home	Monitored

Respond

Measurement	Target
Emergency admissions (care)	Count
Care home beds operating	Count
Reablement	
Ready Scotland Emergency Boxes	Count
Delayed discharges (what and where)	
Social care assessment & reason	
Long stay population	

Restore

Measurement	Target
Cancellations	<1%
Boarders across system	<10
TTG activity and demand	Count
OP activity and demand	Count
Cancer 31 and 62 day	Count
Urgent surgery times	Days

Reassure*

Measurement	Target
Vacancies across all areas	Tbc
Staffing levels	Tbc
Recruitment	Tbc
Real time staffing	Tbc

Governance Framework

Strategic	Tactical	Operational
U&USC Programme Board managing the long term planning	Weekly and daily performance intelligence to assess triggers	Check and challenge meetings to focus on flow
EDG to be updated on performance through bi-weekly reporting	Winter Oversight Group to provide overview on progress	Escalation framework applied to ensure joint understanding
Communications with our public with agreed key messaging continually through winter	Internal communications and support for our colleagues	Multi-agency assessment meeting reviewing DDs and Long stay patients across acute and community
Resilience plan in collaboration with our partners as part of current arrangements		

Communications with our Population

What you can do
for yourself – self
care, activity,
nutrition

What you can do
for others – meals,
neighbours,
communities

Volunteer drivers
and friends and
family with
employers

Falls prevention
working with 3rd
sector

In partnership
with 3rd sector,
CAB, Highland
Council

Calls to action
focused and case
studies

Column in courier
about winter and
realistic messaging
21/10

Opening hours for
positive messaging

Next Steps

Weekly meeting to finalise “Winter Ready” plan

Internal engagement plan over next two weeks to penetrate the organisation

All levels to develop understanding of targets within operational teams

Governance on how we will manage agreed

Aligned to U&USC plan and winter plan accelerates implementation

Communication with public

Key performance indicators / triggers / clinically led