Introduction

The NHS Highland Winter Plan is designed to pull together the key elements which support the resilience of service delivery over the winter pressures period.

The plan covers a wide range of aspects of service delivery. In previous years the plan has focussed on maintaining delivery of ED waiting time targets, managing pressure on acute beds and ensuring that elective services can be sustained during periods over the winter period and when influenza and norovirus outbreaks occur. There has also been a focus historically on ensuring that plans are in place to maintain resilient out of hours primary care coverage, particularly over the extended festive period public holidays and weekends.

This year the Winter Plan is required to incorporate all of these aspects of 'normal' service delivery (many of which are themselves subject to separate remobilisation plans following pandemic response contingencies), plus a number of new aspects including the ongoing management of the response to Covid-19, and a number of new, key initiatives intended to improve approaches to the management of unscheduled and urgent care provision.

It should be noted that this plan is a live document intended to be adapted and further developed in response to evolving operational requirements and the engagement of key stakeholders. Further and full stakeholder engagement on the plan will be a focus of October as it is finalised.

In summary the aim of the NHS Highland Winter Plan 2020/21 is to enhance community care to maintain hospital capacity and delivery of targets (e.g. TTG; ED) through:

- ✓ Admission avoidance
- ✓ Timely Discharge
- ✓ Anticipatory Care Planning
- ✓ Prevention
- ✓ Organisational and service resilience

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1. Covid-19

On 15th September Scottish Government provided the latest update on potential scenarios in relation to Covid-19 over the winter period. This scenario planning is intended to explore what could happen, not to forecast what will happen, however it is highly relevant to NHS Highland's winter plans.

Informed by this scenario planning the emphasis of engagement in October will be to maximize flexibility in partnership with others, and to ensure that the assessment and management of risk and the link to decision making is clear, rigorous and robust.

1.1 Covid-19 Testing

The Covid-19 Bronze testing group continues to meet weekly to implement policies and processes to support the availability of tests to the public in Highland; and to identify and resolve issues relating to implementation of national policy, lab capacity, transport, access to tests, etc.

1.2 Contact Tracing

NHS Highland has rapidly stepped up 10 members of staff to carry out contact tracing activity, which will expand to 25 individuals working full time on contact tracing in October. Measures are being put in place to improve the resilience of the contact tracing provision, and frequent updates are provided to Scottish Government in the event that other regions require support.

2. Infection Control

2.1 Seasonal Flu

Focus	Action
Minimise seasonal influenza transmission	▪ Flu vaccination programme implemented across the board area as a part of preparing for winter ▪ Individuals eligible for flu immunisation, as outlined within relevant CMO letters, will have the opportunity to be vaccinated. This year's immunisation programme has been expanded relative to previous years & includes new eligible cohorts. ▪ The number of flu related deaths will be reduced. Similarly, flu related morbidity will also be reduced, limiting the number of individuals consulting GP Practices and requiring admission to hospital due to flu. As stated in PCA(M)(2020)14, issued by the Scottish Government's Directorate of Primary Care on the 25th August 2020, in the context of COVID-19 '*the impact of not delivering previous levels of flu immunisations this year is likely to be even more significant than it would otherwise be.'* ▪ The majority of individuals eligible for flu immunisation should be offered the opportunity to be vaccinated during the period late September – November 2020. ▪ Individuals aged 55-64yrs (not otherwise eligible for immunisation) and individuals aged 50-54yrs (not otherwise eligible for immunisation ***and*** if sufficient supplies of vaccine are available) should be offered the opportunity to be vaccinated during the period December 2020 – January 2021. ▪ Cross-system planning and oversight meetings have been & will be held regularly throughout the flu immunisation season. ▪ Majority of staff will be offered the opportunity to be vaccinated at their place of work ▪ Consideration given to undertaking targeted immunisation campaigns in areas of high flu incidence & low vaccine uptake. ▪ The flu vaccine programme will be publicised through local managers, pay slips, our NHS H Intranet site, and team briefings. ▪ In the event of a flu outbreak on any site there will be further promotion of staff flu vaccination and encouragement of uptake in those teams. ▪ Winter infection Prevention and control guidance folders are being prepared for circulation to wards and departments ahead of winter ▪ Ward / bed closures discussed at safety huddles and shared across the system ▪ HPS weekly updates will be routinely monitored.

2.2 Norovirus

Focus	Action
Minimise risk of norovirus outbreak and minimize transmission	▪ Annual norovirus prevention plan in place across the board area. ▪ Norovirus guidance available to all staff on the Intranet ▪ HPS Annual Guidance distributed to all primary and acute care clinicians and managers ▪ Increased vigilance of GP referrals and presentations to A&E ▪ Winter infection Prevention and control guidance folders are being prepared for circulation to wards and departments ahead of winter ▪ Ward / bed closures discussed at safety huddles and shared across the system ▪ HPS weekly updates will be routinely monitored.

2.3 Covid-19

Focus	Action
Minimise risk of outbreak and minimize transmission	▪ Covid prevention requirements – face coverings, reducing crowding in departments, hand hygiene, cough etiquette, social distancing enforced in all areas and departments ▪ Increased use on non face to face appointments where appropriate

3. Urgent Care Redesign

The aim of the Redesign of Urgent Care Programme is to direct those whose care requirements are not an emergency to more appropriate and safer care closer to home by optimizing clinical consultations through telephone and virtual near me consultations.

Those who require a face to face appointment will have their attendance scheduled, where appropriate, to ensure the safety of patients and staff.

The programme is being coordinated by Scottish Government and updates are required throughout October on progress towards the implementing the minimum requirements by 31st October

Focus	Action
Ability to receive referrals from NHS 24 & schedule face to face appointments for urgent care in acute settings	▪ Clear and concise public and health and care staff information ▪ Access & triage through 111 24/7 ▪ Implementation of flow navigation centre ▪ Technology solutions for urgent care are optimised ▪ Attendances for urgent care are scheduled
Use of Near Me Process & kit in ED and MIU	
Access to Flow Navigation Centre for Urgent Care operational 24/7 by 31st October	

4. Emergency Department

NHS Highland has 4 Emergency Departments (ED) spread across a vast and challenging geography. In common with Emergency Departments across Scotland this year has seen unprecedented pressure on performance against the 4 hour emergency access standard.

It is vital that each local area works with partners to manage its own capacity and demand as the geography of the Highlands means there is no opportunity for diverting any but the most seriously I'll – who are transferred out throughout the year. This has led to the development of the local groups centred on the local Hospital Emergency Department but involving all stakeholders – including primary care, Adult Social Care, SAS, NHS 24, and 3rd Sector- who are charged with developing and implementing local plans to fit local circumstances.

At the time of writing Emergency Admission and Delayed Discharges are trending upwards due to a number of factors.

Covid-19
The rapid mobilisation of changes to mitigate the impacts of the Covid-19 pandemic have afforded the opportunity to introduce further measures this winter to reduce pressure on NHS Highlands EDs, particularly regarding the management of patient flow into unscheduled/urgent care services. This has resulted in initiatives to manage flow by implementing scheduling of appointments for urgent care; use of technology enabled care such as Near Me in EDs and exploration of ways in which people can be supported better at home and in communities

Winter 20/21
Building on the lessons learnt exercise undertaken in summer following the mobilisation of the Covid-19 response winter plans for 20/21 prioritise improving and maintaining flow and reducing the overall occupancy of the hospitals.

Discussions have taken place with staff and management in all the ED departments and with Mental Health colleagues to identify local measures to address local issues. There are ongoing discussions taking place with SAS and NHS 24 colleagues to ensure a comprehensive, co-ordinated approach to winter.

Focus	Action
Maintain the 4 hour emergency access standard	▪ Clinical Decision Unit (CDU) opened on 29th June ▪ Minor Injuries Unit – review of minor activity and staffing; structural work to provide external access ▪ Front door escalation protocols under review (including review of ED capacity triggers and escalation levels) ▪ Review downstream escalation protocols (including review of daily operational model, targets for ward discharges/delayed discharges; agreement of escalation levels; communication all stakeholders)

5. Out of Hours and General Practice

5.1 Out of Hours

Focus Area	Activity
Managing both predicted and unpredicted demand from NHS 24	▪ Increasing staffing for predicted peak times across the actual public holidays and weekends in bigger centres, supported by using capacity in quieter rural areas ▪ Implementation of pan Highland model, redistributing workload between centres based on live assessment of capacity/demand. ▪ Direct referral systems in place. ▪ OOH clinicians have pan Highland ECS access ▪ Professional to Professional line is available OOH to all pharmacists, paramedics etc. and is well used throughout the year ▪ CPN in place for phone consultations and limited (i.e. in largest centre) face to face contacts ▪ There is access to dental services in place accessed via National Dental Helpline or NHS 24.Patients are appointed via Hub ▪ Timely transfer of OOH consultation/attendance data to primary care
Ensuring safe staffing	▪ Enhanced rates for key shifts and now sourcing agency locums for outstanding remote & rural shift periods. ▪ Workforce provision under continual review
Working with partners	▪ NHS 24 predictions for activity received and reviewed. Regular contact between Clinical Services Manager NHS 24 and CSM NHS Highland to review plans and share concerns ▪ Emergency Social Work Service in place for all public holidays and OOH periods as usual. Referral is direct to Emergency SW ▪ Liaising with NHS 24 to implement escalation plan and triggers

5.2 General Practice

Focus Area	Activity
General Practice	▪ Advertising of Pharmacy First ▪ Advertising of Clinical Pharmacy opening hours during bank holiday periods ▪ Practice-based GP access flexed to accommodate peaks in demand (e.g. additional appointments, increased same day acute access) ▪ Direct admission access to Community Access Beds ▪ Case management of vulnerable patients who have accessed urgent care services

6. NHS Highland Winter Schemes

NHS Highland is undertaking a number of schemes to support performance during the winter period in light of the increasing risk that a resurgence of Covid-19 poses to maintaining services during a period of increased service pressure.

Focus	Action
Community pathway/Covid-19 Hubs, Clinical Assessment Centres (CACs)	A pathway which has resilience, resource and governance to meet anticipated greater demand from Winter Pressures • on the hub by phone • on the CACs for face to face assessment and testing functions This includes: ▪ Development of Flow Navigation Hub with ability to deal with Covid dispositions through the CAC arrangements. ▪ Workforce development to support Hub. ▪ Review competence of IT- Adastra between hub and CACs, between GP and CACs ▪ Communication- signposting the public and professionals to appropriately access pathway, stakeholder engagement- clear understanding primary care role. Follow SG guidance. ▪ Workforce plan and resource for each local CAC- roles inc admin, HCA, domestics, +/- SDM- supported by local management ▪ Clarify senior decision maker role – making best use of skills- location of assessment, reimbursement, GP/ secondary care clinician involvement ▪ Premises that are suitable and equipped with oxygen, diagnostic kit. ▪ Strategic oversight - senior management responsibility and accountability, governance, development of role within system
Delayed Hospital Discharge	▪ Short Life Working Group in place ▪ Review of Path Home principles and documentation ▪ Anticipatory Care Planning ▪ Data quality and coding ▪ Robust application of ATD, HHOME Bundle and Discharge checklist ▪ Strategy to be agreed at PRB 27/08/20
100+ days stay improvement plan	▪ SLWG in place ▪ Discharge plan in place for all patients Strategy to be agreed at PRB 27/08/20 ▪ Review all patients that have been in hospital 100+ days that are not delayed hospital discharge. ▪ Manage trajectory of discharge plans and escalate as appropriate ▪ Review and assure standard work to support the multi-professional review to facilitate discharge 30, 60, 90 days is embedded ▪ Develop and ensure whole system approach to identify milestones across health and social care are met ▪ Understand when the EDD is not met ▪ Develop and populate the dashboard to enable reporting. ▪ Develop the bed definitions that would exclude patients that do not come under the remit of the group.
Mental Health	**Unscheduled Care** ▪ Establish a standardised pathway for access to a Mental Health Assessment Unit for the Emergency Department, Police Scotland and SAS ▪ Promote a joint working ethos and shared responsibility to ensure that people experiencing distress and with a mental health presentation get the most appropriate and timely response ▪ Develop a Mental Health Assessment Centre

	▪ Location identified - discussion ongoing with estates. ▪ Transport arrangements to be agreed ▪ Transition to 24/7 provision **Crisis support in the community** ▪ reduction in the number of crisis/emergency admissions ▪ reduction in the number of people attending the ED in crisis
Enhancing Community Health	▪ Implement an in-hours Unscheduled Care Anticipatory and Rapid Response service 7 days per week ▪ Implement Care Home Response Team to support care homes with anticipatory support and crisis response ▪ Manage scheduled care in the out of hours service in Inverness ▪ Extend district nursing hours to align with GP practices ▪ Ensure adequate equipment (including beds and mattresses) available in the community to enable the management of more acute conditions at home ▪ The response teams will be accessed via the single point of access for Inverness Health and Social Care services during the week.

7. Locality Plans

During October the different localities with NHS Highland are undertaking local assessment and plans according to their geography, facilities, services and workforce challenges.

As in previous years these locality plans are expected to consider the following areas as appropriate:

1. Reduce of length of stay
2. Increase resilience of care homes
3. Maintenance of capacity and flow
4. Care at Home capacity
5. Plans to manage local activity surges
6. Reduction in admissions
7. Workforce plans
8. Managing/sustaining ED performance

8. Service Resilience

8.1 Workforce

Building on initiatives tested as part of the Covid-19 mobilisation NHS Highland is introducing new ways of working to maximize the efficient and flexible use of workforce as circumstances require.

Focus	Action
Staff Well-being	▪ Continued support through the wellbeing programme (including seminars, bulletins updates) ▪ Clear routes for confidential support and access to counselling services, etc.
Co-coordinating the redeployment of staff	▪ NHS Highland has established a resource centre to collate information on staff skills, etc. in order to be able to re-assign them to appropriate roles as required ▪ NSH Highland is establishing a workforce programme board to provide oversight and to move initiatives forward to further enhance the flexible capability of the organisation (e.g. staff training)
Co-coordinating workforce management	▪ Based on demand within the organisation the resource centre will work to co-ordinate recruitment activity across the region to ensure that staff recruited can be deployed for maximum impact, and to make best use of limited resource in completing recruitment activity ▪ The Resource centre will co-ordinate with the Bank in preparation for winter
Remote working	▪ Arrangements for remote working continue to be strengthened, both in terms of network capabilities and availability of hardware. ▪ Contingency arrangements in place to support patient consultations from home etc. in the event it's required.

8.2 Business Continuity

Business continuity plans are in place for all core services, and these have been reviewed as part of EU Exit preparations and also as part of the response to Covid 19. They are based on risk identification and risk assessment principles, with the necessary inclusion on operational and strategic risk registers. In NHS Highland, there is a particular emphasis on the effects of extreme weather impacts and loss of utilities.

The Covid response has required a change in working practices, both in terms of patients accessing services remotely, and a vast reduction in staff travel, both groups fully exploiting the benefits of technology to minimise the requirement to travel which is particularly relevant going in to the winter months. However, this places a heavy reliance on technology and power supplies.

Business continuity also underpins the remobilisation effort and recent workshops and table top exercises have examined existing arrangements and how they can be improved.

There is also wide engagement with multi-agency partners through the Local Resilience Partnerships in Highland and Argyll & Bute, with a particular emphasis on Care for People arrangements in both areas. Winter planning meetings are held across NHS Highland with partners to ensure plans and call out arrangements are up to date and understood.

The measures put in place during Covid response in relation to excess deaths has led to an increase in body storage capacity, both in relation to extra capacity being purchased by local authorities and also by the provision of units supplied by central government to augment existing facilities within boards. The result is that we have access to more body storage than usual, accepting that a second or subsequent wave of Covid could reduce that capacity somewhat, depending on severity of impact.

In tandem with 'routine' winter planning, as we did last year, there is a particular focus on the potential impacts of EU Exit transition and the very real prospect of there not being a deal between the UK Government and the European Union at the end of the transition period on 31 December 2020. An Executive Lead has been appointed to coordinate NHS Highland's response.

Focus	Action
Ensuring Continuity of services through planning	▪ Workshops and table top exercises to examine and improve existing arrangements ▪ Business continuity plans are in place for all core services, and reviewed as part of EU Exit preparations and also as part of the response to Covid 19, in particular there is an emphasis on the effects of extreme weather impacts and loss of utilities. ▪ Increase in the number of patients accessing services remotely ▪ Wide engagement with multi-agency partners through the Local Resilience Partnerships in Highland and Argyll & Bute, with a particular emphasis on Care for People arrangements in both areas. ▪ Winter planning meetings are held across NHS Highland with partners to ensure plans and call out arrangements are up to date and understood. ▪ Covid response in relation to excess deaths has led to an increase in body storage capacity which has been retained ▪ Executive Lead has been appointed to coordinate NHS Highland's response regarding the impacts of EU Exit transition.
PPE availability	▪ Scottish Government will continue to lead on the procurement and allocation of PPE supplies centrally ▪ NHS Highland PPE working group in place for oversight of provision ▪ NHS Highland participates in the national PPE working group

Medicines availability	▪ Scottish Government will continue to lead on the procurement and allocation of scarce medicine supplies centrally

8.3 Technology

The NHS Highland eHealth function continues to complete work to create an environment that supports flexible/remote working as well as ensuring that the core infrastructure is optimised to ensure it is effective to support clinical and non-clinical services.

This programme of work will continue throughout the winter period and includes:

- ✓ Upgrading the existing remote access solution so that access to systems is optimized and allows NHS Highland staff to work more flexibly
- ✓ Upgrading of the core infrastructure to ensure that all services are optimized.
- ✓ Continue the transformation of all users to MS365 and to develop different ways of work to reduce our dependency on email.
- ✓ To create an environment where all users can access services in a seamless manner by implementing a single domain across all sectors.
- ✓ Enhance user and patient experiences by implementing enhanced WiFi solutions. For patients this will include the introduction of a patient WiFi solution
- ✓ Enhancing the EPR to provide clinical staff with access to enhanced clinical information

8.4 Operational Leadership

Focus	Action
Operating Procedures	▪ Daily operational huddles have remained in place since the Covid-19 mobilisation ▪ The Gold & Silver command structures (paused since July) have been reinstated ahead of the winter period to support planning, escalation and decision making ▪ Performance Recovery Board remains in place conducting a weekly review of performance metrics across the organisation ▪ Single leads in place for critical areas: PPE, Covid-19 testing, contact tracing and Transport
Scenario Planning	▪ *Scenarios developed to anticipate impacts of local lockdown on services, and subsequent redeployment of staff and resources*

8.5 Transport

Focus	Action
Maximize opportunities for efficient and effective use of patient transport	▪ Liaison with 3rd sector partners regarding capacity to support NHSH transport ▪ Collaborative planning and daily management with SAS ▪ Continue with mix of community transport, volunteers and NHSH staff

8.6 Lessons learnt

Lessons learnt from previous years winter planning, and from the Covid-19 mobilisation, permeate this year's winter plan and a selection of key learning points has been highlighted below:

Focus	Action
Effective Communication	▪ Timely distribution of organisation wide communication are critical ▪ A single point of truth is important ▪ NHS Highland have included a separate workstream for the communication actions in this year's winter plan
Clear priorities and activity	▪ NHS Highland are undertaking a number of change initiatives in a pressured service delivery environment ▪ Generating a single plan upon which to build communications and make decisions regarding priority is critical to effectively managing different scenarios this winter.
Single lead for Transport	▪ Adoption of a single lead (with deputy) for transport was successful and replicated in winter planning this year
Single lead for PPE	▪ Adoption of a single lead (with deputy) for PPE was successful and replicated in winter planning this year
Single lead for Covid-19 Testing	▪ Adoption of a single lead (with deputy) for Covid-19 testing was successful and replicated in winter planning this year

9. Communication

Timely and effective communication across NHS highland was a key area of learning during the mobilisation of the Covid-19 response. The outcome of that learning is reflected in the communications planned for winter 2020/21 outlined below:

Focus	Action
Providing a single point of truth for staff	▪ Development of single plan/schedule of outcomes from changes, with associated information on go live dates, governance and SRO/Sponsors ▪ Renewal of weekly Gold and Silver command updates commencing 1st November ▪ Review and refresh Intranet materials for staff relating to safety, pathways, reference materials, etc. ▪ Every plan for change implementation as part of winter planning to include staff communication as an implementation step ▪ Ensure Argyll And Bute HSCP council employees receive the same messages as NHS Highland employees simultaneously (nb. with appropriate caveats)
Clear Governance and Escalation	▪ Articulate clear process for authorising communication internally and externally ▪ Recommunicate escalation routes for concerns regarding safety, etc. ▪ Recommunicate governance and route to decision ▪ Recommunicate the roles and functions of Gold, Silver and relevant Bronze meetings
Public Communication	▪ Review and refresh Internet materials for relating to service opening times, advice on safety, changes to services ▪ 3rd Sector providers briefed/engaged in implementation of the changes ▪ Every plan for change implementation as part of winter planning to include public communication as an implementation step ▪ In partnerships with other providers review and refresh materials distributed in health and social care settings (posters, leaflets, etc.)