CÙRAM IS SLAINTE NAN EILEAN SIAR INTEGRATION JOINT BOARD



Meeting date: 21 November 2024

Item: 7.3

Title: NHS WI Winter Planning Process

Responsible Officer: Fiona MacKenzie, Nurse / AHP Director and Chief

Operating Officer

Report Author: Fiona MacKenzie, Nurse / AHP Director and Chief

Operating Officer

Presenter: Nick Fayers, Chief Officer

1 Purpose

This is presented to the Integration Joint Board (IJB) for:

Awareness

This report relates to a:

- Annual Operation Plan
- Emerging issue

Competence:

• There are no legal, financial or other constrains associated with the report.

2 Report summary

2.1 Situation

The 2024/25 winter preparedness plan builds on last year's plan. The primary focus has been to strengthen the approach to whole system planning and delivery; in particular, working with social care colleagues and to ensure it is integrated with the 'Delayed Discharge Mission'.

In line with last year, Boards will be asked to complete a 'Readiness Checklist', which will be issued after publication of the overall NHS Scotland plan.

Given current and ongoing pressures within the NHS Western Isles system, it has been deemed essential to initiate the planning process prior to the plan being issued.

2.2 Background

The national plan itself is based on three key principles, which ensure we retain focus on the individual.

- Applying the Getting it Right for Everyone Principles to ensure person centred care.
- · A partnership approach across the whole system.
- Implementing local and national actions, we know work to improve patient flow such as Discharge Without Delay (DWD) principles.

The planning priories from last year's plan have been revised and merged into four winter planning priorities, which follow a journey through the health and social care system:

- Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- **Priority Two:** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- **Priority Three**: Maximise capacity to meet demand and maintain integrated health and social care services, protecting planned and established care, to reduce long waits and unmet need.
- Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as recognising and supporting Scotland's unpaid carers.

2.3 Assessment

Each priority was discussed at the initial Winter Planning meeting on 04.09.24; it was agreed that each priority would have a nominated lead to review the ask and develop an action plan for implementation. The leads for each priority will discuss proposals at the Winter Planning group and escalate any potentially contentious issues for discussion and decision.

Priority One Lead: Emma MacSween – Partnership Services Manager

Priority Two Lead: Janette Murray - Clinical Programme Lead for Urgent and

Unscheduled Care

Priority Three Lead: Frances Robertson, Associate Nurse/AHP Director and COO

Priority Four Lead: Diane MacDonald, Director of Human Resources and Workforce Development.

The current capacity issues within WIH with sustained high activity levels across a 12 month period continue to challenge. Delayed Discharge numbers have been high over this period of time with little to no potential for a reduction with these numbers due to ongoing recruitment challenges within the Care at Home service. A number of processes have been instated to streamline the flow of patients through the system e.g. admission avoidance processes, direct access to urgent and unscheduled care ANPs for Care Homes, Hospital at Home direct referrals and a variety of new pathways being instigated by the Scottish Ambulance Service.

At the time of writing, there are 12 Delayed Discharges within WIH and 4 in OUAB. (Over a twelve-month period on average, we have had 14 delayed discharges each day in WIH this represents approximately 20 -25% of total bed stock in the Acute setting. Data source NHS WI Health Intelligence)

Within WIH setting processes are being reviewed and refined to include a DWD approach and assessing the discharge to assess procedures.

The Safe Care approach at the safety huddle will be maintained with mitigations and escalation processes in place to ensure safe staffing levels, patient safety and continuous flow through the system.

Managing capacity and demand will be key to ensuring we protect planned and unscheduled care and continue to provide a service for those patients in need of clinical care.

2.3.1 Quality/ Patient Care

An appropriate plan may support continuity of planned and unplanned care. Capacity issues with no immediate plan for a sustainable approach to ensuring Delayed Discharges reduce in numbers will have a detrimental impact both on patients requiring admission and those whose discharge is delayed.

2.3.2 Workforce

Staffing levels assessed in two daily safety huddles, escalation processes are being implemented as part of the safe staffing process

2.3.3 Financial

Describe the financial impact (capital, revenue and efficiencies) and how this will be managed. Sign off on any financial impact is required by the Chief Finance Officer. No IJB financial information

Accountants Name	Signature	
Comment from the Chief Finance Officer:		

2.3.4 Risk Assessment/Management

The plans for each priority will describe the level of risk and mitigations will be via the plan itself.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is for awareness.

2.3.6 Climate Emergency and Sustainability Development

State how this report will support or impact on the Scottish Government's policy on Global Climate Emergency and Sustainability Development DL(2021)38.

The report does not specifically relate to any of the 5 themes within the Scottish Government Policy.

2.3.7 Other impacts

No other relevant impacts.

2.3.8 Communication, involvement, engagement and consultation

The Board is not required to involve nor engage external stakeholders.

2.3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

• The report has been presented to the NHS Western Isles Board Members

2.4 Recommendation

• Awareness – For Members' information only.

3 List of appendices

The following appendices are included with this report:

- Item 7.3.1 (24/151) Appendix 1 North Region Urgent Care update
- Item 7.3.2 (24/152) Appendix 2 SAS & NHSWI Pathway Guide for Ambulance Crews