

Meeting of  
NHS Lanarkshire  
30 September 2020

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**SUBJECT: Winter Planning Arrangements 2020/21**

**1. PURPOSE**

This paper is coming to the NHS Board

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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To provide an update of, and seek approval for, the planning arrangements being put in place to ensure services are prepared for the coming winter months – with particular recognition of planning alongside the impact of Covid 19.

**2. ROUTE TO THE BOARD**

The report attached has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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Prepared following discussion and agreement within the winter planning group as well as the NHS Corporate Management Team and the Senior Management Teams of North and South H&SCPs. It will also be shared with the North and South Lanarkshire IJBs.

It should be noted that at time of writing, further guidance is still awaited from Scottish Government on the planning and self-assessment for preparedness for winter. Similarly, discussion is still ongoing at national and local level as to how Covid Hub(s) and Covid Assessment Centres are going to be organised and managed across the peak winter months, recognising the difficulties in differentiating between Covid and other commonly occurring winter viral diseases and respiratory conditions.

The initial meeting with Scottish Government officials in relation to winter planning to date as part of the wider understanding of Health Board mobilisation plans was well received.

**3. SUMMARY OF KEY ISSUES**

Planning for Winter 2020/21 has commenced and, as in previous years, is a multi-agency approach across NHS Lanarkshire, North and South Lanarkshire Councils together with the respective supports, e.g. SAS, NHS 24 etc. It is anticipated that the planning will be finalised by October 2020. There is a range of specific workstreams which have subsequently been identified to take forward the respective work areas as below.

**a) Flu Vaccine Programme – Public**

It has been estimated that approximately 300k people will be eligible for a flu vaccine in 2020. Work has been undertaken to assess the time and associated staffing required to undertake this number of vaccines as well as the physical accommodation requirements to undertake same. As well as the community nursing staff who would be expected to provide this programme, early discussions have also been had with GP colleagues to assess how they/their staff may be able to assist in same and the respective implications. Other staff groups who have experience in vaccination/injections are also being mobilised to assist in the overall programme, e.g. GDPs, Optometrists etc

**b) Flu Vaccine Programme – Health and Social Care Staff**

Approximately 8,000 social care staff from both Council and independent and voluntary sectors in Lanarkshire will be eligible for a flu vaccine. Salus – the NHSL occupational health service – will coordinate this, alongside the NHS staff vaccine flu campaign, working with staff and representatives of all sectors. Planning is well underway in this regard.

**c) COVID Hub and Assessment Centre (Re-designing Unscheduled Care)**

It is not known at this stage the exact make up of what COVID (or respiratory/unplanned urgent care) hubs and assessment centres will be and indeed, the extent of what they will be asked to manage. This will require further work at national, regional and local level and will also be dependent on some of the agreements with other Boards, e.g. NHS 24. Whilst the detail is not known at this stage, early work has commenced in discussion with GPs/other clinical staff as to what such a response might look like and how maintaining ‘red and green’ flows for COVID /non COVID patients will be maintained throughout the winter period. This will require more detailed staff/workforce planning recognising that some of the staff who were able to assist in the first phase of COVID may not be able to assist in the same way in any second phase. Additionally, guidance received from Scottish Government has stressed that

*‘In light of the recent increase in Covid-19 and anticipated increase in seasonal presentations, Boards should prioritise the resourcing of the Covid pathway in advance of the wider redesign of urgent care in ED departments.’*

**d) Provision of Urgent Care Flow Hub**

As part of the planning for winter, it is intended to have an Urgent Care Flow Hub in each Board area to allow a number of people who would previously have gone directly to A&E to be managed in a different way. This will also be extended to GPs who rather than refer patients to ERC to arrange admission, will also have the opportunity to discuss cases with an appropriate secondary care clinician with a view to ensuring patients are managed in as ‘planned’ a way as possible, whether that be to access diagnostics, further assessment or indeed admission. Work is in hand in describing what the service will look like and appointing staff to same.

**e) GP and Pharmacy Opening**

Depending on what is agreed re c) there may be the need to consider GP and pharmacy opening over the 4 day public holiday period. If this is to happen, it is likely that the proposed additional opening day would be on Monday 28 January and Monday 4 January.

**f) Planning for Winter and COVID (Preparing for a Challenging Winter – Academy of Medical Sciences)**

The Winter Planning group had received the paper from the Academy of Medical Sciences (AMS) and using this to model a number of eventualities and associated planning of mitigating actions as part of the winter plan for 2020/21.

**g) Planning for Additional Deaths**

The resilience planning officers of North and South Lanarkshire are working alongside local undertakers to ensure there is sufficient 'pace' of funeral services – both burials and cremations – to support the eventuality of a significant excess of deaths over the winter period. The additional mortuary capacity identified for Covid is still in place and will continue to be available over the winter period.

**h) Staffing**

All departments are planning to ensure sufficient staffing to respond to the potential needs over the period – again, borrowing on some of the eventualities laid out in the AMS paper described at e) above.

**i) Surge/Bed Capacity**

Additional surge capacity identified for management of Covid is again being made available/retained as part of the planning for winter surge. A key component of the planning going forward is the modelling work being undertaken by a range of agencies in predicting inpatient/ITU/other capacity requirements depending on the numbers of patients and length of time associated with a 2<sup>nd</sup> wave of Covid. This is in addition to any additional winter deaths. In this respect, it is envisaged that a good take up of flu vaccine across all relevant individuals will assist in reducing incidence of flu in the community and associated strain in hospital/ITU beds.

**j) Adverse Weather**

A series of actions is open to the Board in managing adverse weather and these have been refined over many years of winter planning.

**k) Overall Resilience Planning**

A review of the plan will be undertaken by the NHSL/NLC/SLC resilience planners to give objective opinion as to the range and extent of the mitigating factors introduced to reduce the impact of winter on the overall system. Work is also in hand to run a revised version of 'Winter Breach' virtually as part of planning for winter 2020/21.

**l) Communications**

Work is underway at both local and national levels on the public message in relation to each of the different pathways the public are being asked to follow during this year's winter months. As will be appreciated from the foregoing range of initiatives, there are many areas where the public will be asked to assist in managing the combined impact of winter and Covid and the Board/H&SCPs are actively involved in seeking to ensure the messages are appropriate, shared widely and understood.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Mitigating against the pressures associated with additional demand and activity in winter is key to maintaining year round performance against all the respective strategic goals of both the Health Board and H&SCPs. In this particular year, it will also be essential to the wider sustainability of NHSL and its partners in managing the impact of Covid 19.

#### 5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

##### *Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Maintaining effective services at a time of high need.

##### *Six Quality Outcomes:*

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

#### 6. MEASURES FOR IMPROVEMENT

Monitoring of performance against the plan and its impact on the range of performance targets and wider Covid 19 information will be undertaken throughout the peak winter period.

#### 7. FINANCIAL IMPLICATIONS

Thus far, advice from Scottish Government is that the content of the winter plan and associated costs have to be included as part of the wider mobilisation plan. Work is ongoing in reviewing the various asks, understanding how these relate to winter as opposed to /managing Covid and thereafter agreeing how the respective costs are managed financially.

Plans are currently exceeding this amount and work is ongoing in prioritising the current requests for funding as well as potentially identifying alternative funding sources.

#### 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Availability of staffing over the peak winter period has been identified as the major risk. Depending on further advice from Scottish Government as well as local 'command' arrangements, it may be necessary to re-prioritise some services, standing down some services which have recently started

to recover such that other services can be provided, e.g. CAC/covid pathway, flu vaccines, test and protect and so on.

Risk assessments will also be undertaken across each of the main areas as per the winter planning matrix/self-assessment once received.

## 9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>		Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>	
Use of resources	<input checked="" type="checkbox"/>		Performance management	<input checked="" type="checkbox"/>	Equality		<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>						

## 10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes.

No

## 11. CONSULTATION AND ENGAGEMENT

A range of partners have been involved in the development of the arrangements.

## 12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input type="checkbox"/>		Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>		Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

- a) note the planning arrangements being put in place to ensure services are prepared for the coming winter months.
- b) note that the major components of the plan were submitted to Scottish Government by 31 July 2020 and subsequently discussed with them at the meeting of 31 August 2020.
- c) note that the finalised Winter Plan will be submitted to NHSL Board, North and South IJBs by 31 October 2020, albeit given the changing nature of Covid and associated guidance, it may be subject to change throughout the period.

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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