

Meeting of  
NHS Lanarkshire Board  
27 October 2021

Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)



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

## 1. PURPOSE

This paper is coming to the Board:

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

## 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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2.1 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.

2.2 It is likely that the plan will also form part of a meeting with Scottish Government officials in relation to winter planning as part of the wider understanding of the Health Board mobilisation plan. The self-assessment for preparedness for winter has been submitted to Scottish Government as part of RMP 4 and this is attached at Appendix 1.

## 3. SUMMARY OF KEY ISSUES

3.1 Planning for Winter 2021/22 commenced in July 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. The Plan is a dynamic document and will be updated/revised to take account of the level of unpredictability in the wider NHS and Social Care services and, in particular the scarcity of staff of all types and grades. As such, it is not yet in a 'final state' and will be subject to change over the coming months. In this regard, regular monitoring of staff availability and service priorities will be undertaken such that the plan can be flexed accordingly and staff can be directed to those areas of greatest need.

3.2 In addition to the foregoing, the letter recently received from John Burns and Donna Bell, Scottish Government – attached at Appendix 2 – is currently being considered with a view to identifying the most appropriate way to seek to deploy the respective resources such that making an investment in one area does not destabilise other areas of the system. Work is ongoing at time of writing of this report and subsequent agreements will be built into the developing plan.

3.3 There is a range of specific work streams which have been established to take forward the respective work areas as below.

**a) Flu and Covid Vaccine Programme – Public**

Almost 400k people will be eligible for either a flu vaccine, Covid vaccine or both in 2021 and this will be the largest flu vaccination campaign ever undertaken. Both North and South Lanarkshire Councils have assisted in the identification of the venues for the campaign. The venues have been chosen to get a good balance between accessibility, safety and an ability to get as many people vaccinated safely as quickly as possible. A recruitment drive has sought to maximise as many dedicated staff as possible are available to deliver the vaccination programme, however there will continue to be the requirement to bolster the core staff with a range of bank staff, staff able to do additional hours and also using independent practitioners, e.g. GPs, Optometrists etc. At time of writing, the vaccination programme is on schedule.

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

Similarly to the public vaccination programme, so there will be the largest ever vaccination programme for staff. This will include NHS employed staff, social care staff from both Council and independent and voluntary sectors in Lanarkshire and all teaching/school based staff who will be eligible for a flu vaccine. Additionally, many of these staff will also be eligible to receive a Covid vaccine and this also features as part of the overall vaccination programme. The programme is well underway.

**c) COVID Pathway**

Work is ongoing in the redesign of the previous Covid pathway with many GPs now seeing patients who may have Covid in their own practice. Where this is not possible, there remains a pathway for patients to ensure their safe triage and face to face assessment where required.

**d) Provision of Urgent Care Flow Hub – Flow Navigation Centre**

As part of the planning for winter, the Urgent Care Flow Hub – FNC, established for winter 2020/21, will be expanded to maximise coverage over the peak winter months. A dedicated public comms campaign is ongoing to encourage as many people as possible who would previously have gone directly to A&E to be managed in a different way. This has 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.

**e) GP and Pharmacy Opening**

As in previous years, following the break from this last year, there will again be an NHS Lanarkshire LES (Local Enhanced Service) to support GPs opening on public holidays this year. This will take place on Tuesday, 28 December and Tuesday, 4 January with a view to ensuring there is more access for patients on the 4<sup>th</sup> day of each of the 4 day public holiday periods. Additionally, GPs will also be offered the opportunity to open on each of the subsequent two Saturdays in January. There will also be an extended public holiday pharmacy service available to ensure that people can both access prescriptions as well as being available for re-direction from NHS24/Urgent Care Flow Hub.

**f) Planning for Additional Deaths**

The resilience planning officers of North and South Lanarkshire previously worked 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. Additional mortuary capacity is also available across the three hospital sites.

**g) Staffing**

All departments are planning to ensure sufficient staffing to respond to the potential needs over the period.

As noted above, this is of particular importance this year given the two 'four day' weekend/Public Holiday periods.

**h) Surge/Bed Capacity**

Additional surge capacity has been identified for each of the three hospitals 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 any further waves of Covid. This is in addition to any additional winter deaths. In this respect, it is envisaged that a good take up of covid and flu vaccine across all relevant individuals will assist in reducing incidence of Covid/flu in the community and associated strain in hospital/ITU beds.

At time of writing, work is still ongoing in seeking to identify if there will be sufficient staff available to staff all the surge beds in each of the three hospitals. In the event that insufficient staffing is available for all three additional hospital wards, wards will be opened one at a time and used as additional system wide capacity.

**i) Supporting Flow**

Each of the H&SCPs and hospitals are planning on having a range of additional staff to support flow across the hospital into the community, maximising use of beds, identifying patients suitable for discharge and ensuring full utilisation of 'Planned Date of Discharge'.

**j) Adverse Weather**

A series of actions is open to the Board/H&SCPs 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. A desk top exercise led by Public Health will be held, concentrating on management of concurrent respiratory disease across the care home sector. This is planned for 26 October, 2021.

**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.

Each of the Directorates/H&SCPs were asked to submit plans with respective costs. It is recognised however that given the national shortage of available staff across a range of specialities, it is very difficult to predict with any certainty at this time the success of the respective recruitment campaigns.

Undernoted is a breakdown of the costs associated with each of the Directorates are anticipating to spend, however depending on the availability of staff to recruit, it is recognised that the overall costs may vary. Also, as highlighted at 3.2, it is likely that additional resources will be available to support the overall plan and these will be factored in as more clarity emerges on how the respective finding can be utilised

As such, the cost of the Winter Plan 2021/2022 will be refined to reflect the progress made in recruiting the respective staff. The cost will be met from within the financial envelope available which will include both core budgets and additional Scottish Government funding as necessary.

The cost of the Winter Plan 2021/2022 will be included as part of the ongoing financial monitoring arrangements and final anticipated costs will be included in the more defined plan which will be submitted to the Board in December.

## 8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Availability of staffing over the peak winter period has been identified as the major risk. This is obviously heightened by the fact that there is the scope for a series of major issues all to coincide concurrently.

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. covid and flu vaccines, surge ward cover, community palliative care and so on. The respective areas are all included in the overall risk register and reviewed regularly.

## 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"/>	Gain assurance	<input checked="" 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 and be assured that there are planning arrangements in place to ensure services are prepared for the coming winter months and the associated costs associated with same;
- b) note that work is ongoing with Scottish Government to confirm the financial arrangements.

### **13. FURTHER INFORMATION**

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

Soumen Sengupta, Director, South Lanarkshire Health & Social Care Partnership  
Telephone: 01698 453700

Craig Cunningham, Head of Commissioning and Performance, South Lanarkshire H&SCP.  
Telephone: 01698 453704