



Update for key stakeholders

18 February 2022

COVID figures

We had 2,302 new cases in the seven days to 13 February. The infection rate is 719.3/100,000 across the NHS Highland area: 661.4/100,000 in Argyll and Bute and 737.8/100,000 in North Highland.

We have 18 patients in hospital with COVID-19, including 1 in ITU. ITU capacity is 9 beds, of which 1 are occupied with COVID patients, 6 with other patients and 2 are available.

There have been 276 recorded deaths of people with COVID in the NHS Highland area since the start of the pandemic: 173 in Highland and 103 in Argyll and Bute. This represents an increase of 3 in the last 7 days.

Vaccination

Covid-19 vaccinations as at 15 February 2022	NHS Highland	Scotland
% of population (18+) received 1 dose	96.6	93.6
% of population (18+) received 2 doses	93.0	89.8
% of population (18+) received third dose or booster	80.5	75.5

Outbreak updates

On 4 February we closed Sutor Ward at Invergordon County Community Hospital after detecting a small number of COVID cases.

On 15 February, Ruthven Ward New Craigs was closed following identification of positive COVID cases. We have appropriate pathways in place at New Craigs to treat COVID positive patients in a separate area. If needed, patients can be transferred to Raigmore.

Pultney House Care Home remains closed following identification of positive members of staff on the first of February. Regular screening is taking place as per infection control guidelines.

These outbreaks are reflective of the widespread prevalence of COVID in the population. Outbreak measures as per NHS Scotland guidance are in place and we will continue to monitor the situation with a view to reopening each area as soon as it is safe to do so.

Pre-hospital Immediate Care and Trauma (PICT) service update

Trauma care in NHS Highland has improved significantly since the advent of the Scottish Trauma Network (STN) in 2017. The ambition remains to provide the best care possible for the people of the Highlands. People who live in our communities, and those that visit the Highlands, who suffer

traumatic injuries do require high quality, integrated trauma care supported and connected across the north of Scotland and this remains a key objective for both NHS Highland and the STN. We need to ensure each part of this works optimally and that all steps in the process of care connect well to deliver these outcomes. We are in a place where we are reviewing and evolving our models of care ensuring we deploy the resources we have to best effect.

STN undertook a scoping exercise to plan for trauma provision in the North of Scotland, developing a five year plan of investment for front line trauma services through the combined model that is the emergency department and multi-disciplinary rehabilitation services for post trauma.

NHS Highland undertook a commitment to trial a PICT service. The PICT service provided a doctor and trainee advanced practitioner team that covered trauma care requiring significant intervention. The team have also contributed to a wide range of other pre-hospital emergencies. This pilot started on a four day basis (12hrs per day) with the medical component of the team employed by NHS Highland (jointly funded between the STN and NHS Highland). It was felt particularly in the absence of fully trained advanced practitioners in trauma care an extension to this pilot to seven days was needed and supported by the STN. This service has now progressed with Inverness having in place six fully qualified advanced practitioners in trauma care employed by the Scottish Ambulance service (SAS) and fully supported by NHS Highland. This service is likely to cover at least 18 hours each day, seven days a week. NHS Highland remains completely committed to the ongoing training of this team and it is one of the reasons we want to see the PICT doctor service continue, ensuring it evolves appropriately.

NHS Highland has also had challenges in achieving the right level of capacity in the Emergency Department, a fundamental aspect of this important pathway. Initial discussions and exploration sought to consider change and prioritisation of resources. It has become apparent however that the redesign of urgent care needs a broader review including the PICT element of this. The exec team of NHS Highland has confirmed ongoing funding on an interim basis until our strategic planning and Annual Operational Plan have been developed and confirmed. In this process we will look at the whole system of care as it works right now identifying what is needed for the future. This will then be considered relative to the resources available, people and money and a longer term decision will be forthcoming at that time. The overall aim still to ensure safe and appropriate service delivery for the people of Highland.

NHS Highland continuously reviews both funding and service models for all our services. During the pandemic period there has been significant change in the demands placed upon us making it necessary to constantly challenge and review our existing models ensuring they are fit for the future and sustainable.

The PICT service has been extremely successful in providing a high level of trauma care in the prehospital setting, and currently remains part of trauma care provision in the Highlands, integrated with national and regional trauma services, hospital emergency department, partners in Scottish Ambulance Service and with primary care colleagues across the region.

NHS Highland values the role of the PICT service and will work with clinicians currently employed within the service and service users to review the positioning and integration of the PICT service as we review the shape and design of urgent and emergency care provision with other trauma and major illness services across NHS Highland's population and hospitals.

Feedback

If you have comments or queries please contact nhshighland.feedback@nhs.scot