Scottish Government
Winter Resilience Overview 2022-23

Healthier Scotland
Scottish Government

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Foreword by the Cabinet Secretary for Health and Social Care

Today, I am setting out the actions this government is taking to support winter resilience across our health and care system, and publishing the annual progress update on the NHS Recovery Plan 2021-2026. There is no recovery without resilience, nor resilience without recovery; and, given the ongoing and consistent nature of the pressure and demand facing our system, it is important to view our response through that lens.

The impact of the pandemic on our health and social care system is ongoing, and whilst our everyday lives may feel more normal, the cumulative effect on our staff, and the nature of pent-up demand mean that our services have been, and continue to be, under substantial pressure. That is why winter and surge planning is now a continuous and integral part of our work, with work on surge planning and delivery taken forward in partnership to ensure we maintain organisational resilience with a whole system approach.

Since last winter, we have been sharing and implementing best practice to deliver system improvements and build capability across NHS Boards, including the development of national level contingency options for winter 2022-23. This means we can actively monitor and evaluate strategic risks and system pressures to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

Given the scale of the escalating Cost Crisis, combined with the continued uncertainty posed by Covid-19, and a possible resurgence of Flu, this winter will be even more challenging. We are almost certain our services will be impacted by further waves of Covid-19, and another variant could increase demand and exacerbate an already pressured system which will be responding to the usual slips, trips, and falls associated with the winter period.

Make no mistake: the Cost Crisis is a Public Health crisis and we must, and will, do everything in our power to support people through the difficult months ahead. Early commentary on the Cost Crisis suggests that over half (59%) of all UK adults are experiencing negative mental health impacts as a result of the ongoing crisis, and that anxiety and depression symptoms in particular appear to be growing amongst the UK population, leading to poor sleep, detriments in everyday functioning and reduced life satisfaction. Those already experiencing financial strain, such as single parent families and individuals reliant on our social security system, are likely to be hardest hit by the mental health consequences of the rising cost of living, with many describing detriments to their wellbeing and quality of life as a consequence of increased or anticipated economic strain.

Foreword by the Cabinet Secretary for Health and Social Care

In this context, I have agreed a joint set of priorities with CoSLA, underpinned by £600 million of investment, designed to put people at the heart of what we do, and to guide and focus our collective efforts in preparing for winter:

- Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.
- Focus on expanding our workforce over the course of the winter, through recruitment, retention and wellbeing of our health and social care workforce, all with the aim of expanding and supporting our workforce over the course of the Winter period.
- Support the delivery of health and social care services that are as safe as possible throughout the autumn/winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.
- Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.
- Protect planned care with a focus on continuing to reduce long waits.
- Prioritise care for the most vulnerable in our communities.
- Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.
- Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

These priorities are supported by a wider SG package of over £3 billion investment to mitigate the impact of the Cost Crisis.

Humza Yousaf MSP
Cabinet Secretary for Health and Social Care

Priority One.
Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.

We recognise that primary and community care is for many people, the front door to the health service, where their needs are first raised. We are supporting primary care, not just to reduce pressure on hospitals, but to provide essential care where it is needed most – in our local communities. To support this, we have increased funding for multi-disciplinary teams (MDT's) to £170 million this year, which will be the minimum funding position for future years.

To ensure that people receive the most appropriate care, and are empowered to support themselves and those they care for, we are continuing to invest in making high quality healthcare information accessible. We are also maximising the use of digital tools such as NHS Near Me and Connect Me to improve our systems and widen access, investing in Pharmacy First and community nursing teams to support people in their communities, and actively managing demand for urgent and unscheduled care to ensure that patients are triaged appropriately and directed to the correct pathway. We will work with independent contractors such as GPs to ensure effective access arrangements in primary care. We acknowledge that doing so is to the benefit of the public, but also will help alleviate pressure across all health and social care services already under significant strain.

How we will deliver this priority:

- We will direct Health Boards to resume the GP Extended Hours enhanced service to provide additional consultation time for pre-booked appointments, as well as urgent and routine cases outside core hours.
- We will set out our expectations and write to GP practices regarding the need to ensure there is an appropriate mix of pre-booked, same day, face to face and remote appointments that suits individual practice populations and work with GP practices, Health Boards and PHS to publish supporting in-hours GP data.
- We are working with NHS 24 to make access to Self-Help Guides even more readily available, enabling people to take charge of their own health, and have an increased knowledge of how and where to access help and support at the right place at the right time.
- We are increasing access to, and use of, Near Me across a wider range of services including mental health, social work, and social care, and will shortly launch a learning programme Me to support adoption across wider services. The service is now widely used across NHS Scotland for health and care appointments with around 20,000 consultations being held every week in comparison to around 1,200 pre-pandemic: an increase of over 1500%.
- We are increasing the use of Connect Me to support remote monitoring of conditions from home and to provide continuity of care.
- NHS Pharmacy First supports patients to be seen quickly for minor ailments and common clinical conditions, and relieved pressures on GP practices, out of hour and Emergency Departments. The service has provided over 2.9 million consultations across the national network of 1,258 community pharmacies in 2021/22, and we are agreeing changes to the remuneration arrangements for Pharmacy First to accommodate an increase in clinical conditions treated under the service.

Priority One.
Where clinically appropriate, ensure people receive care at home, or as close to home as possible – promoting messaging that supports access to the right care, in the right place, at the right time.

- We are investing in digital mental health service capacity. Digital therapies offer people the chance to access support whenever they need it. We have 22 computerised Cognitive Behavioural Therapy treatments available, some accessible without a referral from a medical professional. We have also increased access to internet enabled CBT so that people can speak to a mental health professional online, and have also launched the Digital Mental Health Innovation Cluster. Our wellbeing website, Mind to Mind, offers people short videos on how people living with mental health conditions manage them and signposts to support services.
- We have launched group therapy functions in Near Me, our national platform for video consultations. Groups of up to 30 people are currently possible with developers working on groups of up to 70 in a future upgrade.
- We are enhancing Community Nursing Teams to be first responders that keep care closer to home across Frailty, Long-term Conditions and Palliative Care.
- We have provided £5 million additional funding to Boards to facilitate improvements to OOHs service design such as increased use of Multi-Disciplinary Teams to build resilience.
- NHS general dental practitioners will continue to receive a temporary 'bridging' support payment for a six month period from October 2022 through winter and into next year to help tackle the threat that high dental inflation, increasing lab fees and rising energy costs pose to dental teams; this equates to a 20% supplementary payment on fees for the first three months, and a 10% supplementary payment on fees for the remaining three months of this six-month period.
- We will provide sustainability funding to support GP practices to continue providing a high level of care to patients through winter and into next year.

Priority Two.
Focus on the expansion of our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.

Our highly skilled and committed workforce is the cornerstone of our response every winter. In order to meet demand, we must continue to expand our capacity, ensuring that we support the wellbeing of our staff through challenging periods of high demand. We are pursuing a range of different strategies to grow the workforce, including investing in additional recruitment in order to protect and maintain high quality services; supporting the expansion of trainee doctor posts, to reflect the changing demands on our Health & Social Care System; supporting volunteers to play their part; continuing to grow controlled healthcare subjects intake in line with evolving demand projections, and supporting the career development of Health Care Support workers (HCSW) working at Agenda for Change Bands 2-4 across health and social care that ensures parity and consistency of education resources. We are also maximising the support available to registered health care professionals, enabling them to engage more fully in practice commensurate with their registrant status and the expectations of associated roles.

How we will deliver this priority:

- We are devolving powers to NHS Boards to utilise local flexibilities within NHS Pension arrangements, and offer 'pension recycling'. This means NHS Boards will have the ability to assist staff affected by annual and lifetime allowance pension taxation issues. This action is intended to support the retention of staff and support service delivery as we approach winter.
- NHS Scotland has welcomed over 200 new nurses from overseas, thanks to £4.5 million of Scottish Government being made available in 2021/22. We are making £8 million funding available to support Boards in recruiting up to 750 additional nurses, midwives and allied health professionals from overseas, to boost our NHS workforce this Winter.
- We are progressing work in relation to developing opportunities for a career framework for Band 2-4 staff, with a particular focus on the development of new Band 4 assistant practitioners, as part of the Scottish Government's Nursing, Midwifery and Allied Health Professionals Task and Finish Group. An initial 250 Band 4 posts have been identified and we will now work with Boards to support the recruitment and training of staff into these posts, which are across acute, primary care and mental health settings.
- We are enabling retiring employees to continue in employment that is suitable to them and the service through the recently introduced NHS Scotland Interim National Arrangement on Retire and Return, which has been developed by the 'Once for Scotland' Workforce Policies Programme. The programme offers a process that supports retiring employees to return to employment in their Health Board on a part-time basis if they wish to do so.
- The Chief Nursing Officer working with NHS Boards will ask that Boards write to every retiree within their Board area asking them to support us with their skills and expertise this winter as set out in the recently published, Once for Scotland, Retire to Return policy.
- We have written to all health and care students encouraging them to explore opportunities for paid part-time work of relevance to their studies and have requested that Boards take steps to facilitate their employment.
- We are waiving the fees for PVG checks using the trialled eligibility criteria starting from 1 October 2022 until 31 March 2023, in order to alleviate the financial cost of undertaking the required PVG checks prior to joining the social care sector, which in turn will help recruitment.

Priority Two.
Focus on the expansion of our workforce over the course of Winter, through recruitment, retention and wellbeing of our health and social care workforce.

- We are accelerating this year's national social care recruitment campaign, using materials and learning from previous campaigns to deliver in the Autumn.
- We are continuing to provide a range of resources including the National Wellbeing confidential mental health helpline through the Workforce Specialist Service and funding for additional local psychological support.
- We are expanding our trainee doctor workforce by increasing the number of available medical training places. 139 additional trainee doctor posts were created for Autumn 2022 in a variety of specialties, creating additional workforce to meet winter pressures as well as future consultant supply.
- We are incentivising out of hours working for Final Year General Practitioner Training (GPST3s) to increase OOH GP staffing resilience.
- We will continue funding the National Volunteering Coordination Hub run by the British Red Cross until the end March 2023, which acts as a complementary function to NHS Volunteering and Third Sector Interface volunteering mechanisms, and has thus far delivered c.7,500 volunteers equating to c. 59,000 volunteering hours.
- We are implementing our national leadership development programme 'Leading to Change', which will include a range of targeted leadership offers for those working in health, social care and social work in order to proactively manage culture change, which will in turn alleviate pressures on retention and recruitment

Priority Three.
Support the delivery of health and social care services that are as safe as possible throughout the autumn and winter period, including delivery of a winter vaccination programme for Covid-19 and Flu.

We know that waves of Covid and a potential resurgence of Flu could place further pressure on a health service that is already facing significant challenge. Given the continued impact of Covid and other winter viruses, effective and timely delivery of the seasonal flu vaccine and Covid vaccines is crucial; both in protecting people in health and care settings, and in safeguarding wider society. Vaccination remains our best line of defence against Flu and Covid-19, and we are working to ensure that more than two million eligible people in Scotland are offered and able to receive vaccines, in turn helping to protect the public and relieving pressure on the NHS.

How we will deliver this priority:

- Healthcare Improvement Scotland will continue to deliver the Scottish Patient Safety Programme (SPSP), working with teams across the NHS in Scotland and in social care to apply quality improvement methodology to improve the quality and safety of care and reduce harm.
- We have already commenced roll out of the Autumn/Winter 2022-23 Flu and COVID Vaccination Programme in line with JCVI advice. This builds on our existing vaccination programme, which has delivered more than 12.6 million Covid-19 vaccines since the start of the pandemic.
- We are working with Health Boards and expert stakeholders to ensure that vulnerable individuals have access to the necessary winter vaccinations. As at 25 September, we have administered around 308,00 Flu vaccinations and 288,000 Covid-19 vaccinations; with over 94% of these being by co-administration of Flu and Covid vaccination in one appointment which minimises the impact on vaccination services.
- We are committed to legislating for a Patient Safety Commissioner who will champion the voice of the patient within the patient safety system.
- We are working with Boards to deliver a safe, resilient and sustainable out of hours service across Scotland to ensure patients have access to urgent primary care 24/7.

Priority Four.
Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.

This SNP government led the way in integrating health and care, recognising that actions and improvements would be best and most sustainably delivered in an integrated and co-ordinated way across the whole system. Our Home First approach is not only better for patients, but supports our acute and primary care services too. For many, A&E may not be the best place for their healthcare needs and our Urgent and Unscheduled Care Collaborative improvement programme offers patients alternative routes to urgent care.

How we will deliver this priority:

- Additional funding of £528m was allocated directly to Health and Social Care Partnerships for 2022-23. This funding was aimed at the following social care measures:
  - £124m to enhance care at home;
  - £144m to support the December 2021 uplift to £10.02, as well as a further £200 million to increase the minimum hourly rate of pay in adult social care;
  - £20m to support interim care arrangements; and
  - £40m to enhance multi-disciplinary teams.
- Through our £50 million Urgent and Unscheduled Care Collaborative programme we are increasing out of hospital-based capacity to drive down waiting times. We are providing a range of alternatives to A&E such as expanding our Hospital at Home service, further developing a network of Flow Navigation Centres to deliver virtual access to an A&E team and ensuring people are discharged more quickly by working with patients, families and carers, to ensure patients are treated in their home where appropriate.
- We are supporting NHS 24 with additional investment through the Redesign of Urgent Care programme, backed by £15.1m of investment, to increase capacity at the times patients need them most, expecting 100 whole time equivalent staff to join the service in coming weeks.
- We are investing £45 million for the Scottish Ambulance Service this year to support recruitment and service development, this includes work done throughout the year to plan for this winter. SAS not only bring patients to hospital when they need it, they are increasing the number of patients that they see and treat in the community.
- We are introducing improved ways of accessing care online and on the phone via NHS 24-111, from home to a clinician, and provide planned slots for care in an alternative setting to busy emergency departments. The team will offer rapid clinical triage directing patients to the most appropriate care.
- We have delivered additional virtual capacity through four priority pathways: Hospital at Home; Respiratory Rapid Response Pathway; Out-patient Parental Antibiotic Therapy (OPAT); and Covid Remote Health Monitoring. These pathways will continue to provide additional capacity over winter and others will be developed in response to local need. By the end of December, we are aiming to save 6000 bed days per week.

Priority Four.
Maximising capacity to meet demand and maintaining integrated health and social care services throughout autumn and winter.

- We continue to work to transform the integration of mental health within the unscheduled care setting by enhancing pathways for mental health presentations. National Guidance has been developed to support Health Boards to implement this approach and significant progress has been made. For example, referral routes from NHS 24 to local services for urgent care during the out of hours period and increased availability of mental health clinicians providing professional support to Police Scotland and the Scottish Ambulance Service.
- We are working intensively with Health and Social Care Partnerships across the country to reduce delayed discharges for complex patients moving from inpatient treatment to the community, including Forensic, Adults with Incapacity and Complex Care patients. We continue to meet, listen and offer assistance to those with higher levels of delays taking into account the current pressures on social care services.
- We are supporting Health Boards, Health and Social Care Partnerships and Local Authorities to increase the provision of intermediate care to impact positively on patients and services over the winter; and also to work towards building sustainability for the future. We will do so by ensuring:
  - continued implementation of Home First, Discharge without Delay, Discharge to Assess and effective End of Life pathways to prevent an increase in patients who are delayed in our health and care system
  - increase in community capacity to enable patients to be discharged to their own home (or as homely a setting as possible) as the default ambition. This increase in capacity will be context specific according to need and be a mixed model of an increase in health and care community services, and/or bed based services dependent on patient and service need.
  - continued and swift mobilisation of their local voluntary and third sectors to maximise support to community services enabling people to be discharged and avoid readmission.

Priority Five.
Protect planned care with a focus on continuing to reduce long waits.

Unfortunately, Boards have had to take the difficult decision over the last two winters to step down planned care in order to treat patients requiring emergency treatment. Given the impact this has had on waiting lists, and on patients themselves, we are committed to protecting planned care throughout this winter. Following the recently set ambitious targets, Health Boards have made significant progress in reducing the number of people waiting more than two years for an outpatient appointment by end of August, 71% (10 of 14) of territorial Health Boards reported five patients or fewer waiting more than two years. We will continue to work closely with the Boards to maximise planned care capacity; and where the majority of long waits in some specialities remain, to ensure these are cleared as quickly as possible.

How we will deliver this priority:

- We are working to deliver ambitious targets to eliminate long waits through a joined-up NHS Scotland approach, which includes cross boundary working and maximising use of national boards, such as the Golden Jubilee Hospital.
- Through the Centre for Sustainable Delivery, we are developing 'Once for Scotland' pathways to deliver additional capacity across Scotland, harnessing digital opportunities and new options to access and deliver patient care.
- We are developing a Waiting Well framework to support people as they wait for treatment.
- We are working with Boards to open four new National Treatment Centres within the next year – in NHS Fife, NHS Forth Valley, NHS Highland and NHS Golden Jubilee.
- We are continuing to implement the Endoscopy and Urology Delivery Plan.
- We are working with Boards to implement Diagnostic Imaging recovery plans to increase diagnostic capacity, workforce and activity across Scotland.
- Through our routine engagement and tailored support we will continue to work with Health Boards to reduce Child and Adolescent Mental Health (CAMHS) and Psychological Therapies (PT) waiting times, including very long waits and improve overall performance.
- We are providing tailored support to Boards via weekly calls with NHS Cancer Teams and hands-on support to most challenged Boards.
- We are working with Boards to embed the Framework for Effective Cancer Management.

Priority Six.
Prioritise care for the most vulnerable in our communities.

Some people are more vulnerable to the pressures and challenges brought about by winter, the colder weather, and Covid-19. The impact of the cold weather is likely to be particularly acute this year, and we estimate that the increase in the energy price cap to £2,500 will force an estimated 150,000 more Scottish households into extreme fuel poverty. As we take forward actions to support winter resilience, we will always act to mitigate the impact on people who fall within at-risk groups, including older people, children, disabled people, and pregnant women.

How we will deliver on this priority:

- We are putting in place measures to help people to stay well this winter, and by the end of March 2023, we will have allocated almost £3 billion in measures that will help to mitigate the impact of the cost crisis on households. This package spans a range of support for energy bills, childcare, health and travel, as well as social security payments that are either not available anywhere else in the UK or are more generous.
- UK Government policies mean that staying safe and warm will become difficult, and sometimes impossible, for many this Winter. We have put in place measures to mitigate the impact of soaring energy costs on the most vulnerable during the cold weather:
  - We are helping those in need this winter through our £214 Child Winter Heating Assistance which supports families of severely disabled children and young people with their energy costs.
  - We are introducing a new Winter Heating Payment which guarantees a £50 annual payment to around 400,000 low income households.
  - We are introducing emergency legislation to protect tenants by freezing rents and imposing a moratorium on evictions until at least 31 March 2023. We also intend to act to prevent immediate rent increases.
- We will provide advice and support to Health Boards, Health and Social Care Partnerships and Local Authorities to ensure that suitable care and accommodation packages are in place for forensic patients moving from inpatient treatment to community, including advice for individual patient circumstances.
- We are continuing to meet with Health and Social Care Partnerships to listen to the issues they have with the guardianship process in their areas and provide assistance where there are delays in discharging patients.
- We are investing an initial £3 million from our long COVID Support Fund over this financial year to provide NHS boards and partners with additional resource to deliver the best local models of care for assessment, diagnostic tests, and support for the ongoing management or treatment of symptoms.

Priority Seven.
Ensure people who provide unpaid care are supported in their caring roles, recognising the value of unpaid care in alleviating pressure across health and social care.

One of the key benefits of a National Care Service (NCS) will be to ensure our social care and social work workforce are valued, and that unpaid carers get the recognition they deserve. In developing the NCS, our aim will be to draw on the knowledge and lived experience of unpaid carers so that the service is shaped by those who best understand the many challenges faced. Whilst we continue to develop the NCS, we will continue to take forward work to support carers who play such an important role in our system.

How we will deliver this priority:

- We have allocated £124m million to assist with health and social care partnerships in expanding care at home capacity. This will support people to maintain or even reduce their current levels of need and help to ease the pressure on unpaid carers.
- Building on efforts earlier in the pandemic, we have extended our partnership with the British Red Cross to host our National Volunteer Hub up until April 2023. This work complements an already well-developed national programme to support volunteering in the NHS in Scotland, supported by the Scottish Government through Healthcare Improvement Scotland.
- We are encouraging local authorities to use the full range of self-directed support options, especially to enable family and friends to function as Personal Assistants, and to allow recipients to use self-directed support in the flexible way intended by the Social Care (Self-Directed Support) Scotland Act 2013.

Priority Eight.
Work in partnership across health and social care, and where necessary, with other partners, to deliver this Plan.

In order to deliver on our commitments, we have put in place a governance system with strategic oversight across health and care to recognise and mitigate evolving risks; maintain a flexible response; and enable an effective response to whole-system winter pressures.

The Chief Operating Officer NHS Scotland (COO), supported by Health and Social Care Directors, will report to Ministers on the progress in terms of the delivery of response options and their impact in addressing whole-system pressures throughout the winter period.

That reporting will enable us to actively monitor and evaluate strategic risks to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

National Oversight

- NHS Scotland National Response Group (at GOLD level)
- Regular NHS Scotland-SG Meetings
- Social Care GOLD Command
- System Response Group (combined Health and Care GOLD)

Local Monitoring

- Local Health Board Command at BRONZE/SILVER/GOLD levels
- Health and Social Care Partnership (HSCP) Command at BRONZE/SILVER/GOLD levels
- NHS Scotland Health Board and HSCP Local Resilience and Operational Plan

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NHS SCOTLAND

NHS RECOVERY PLAN 2021-2026

Progress Update

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Introduction

Our NHS Recovery Plan invests £1 billion of targeted funding over five years to increase NHS capacity, deliver reform, and ensure everyone has the treatment they need at the right time, in the right place, and as quickly as possible, all in aid of our recovery from the global pandemic, the biggest shock our NHS has faced in its 74 year existence.

This document is intended to provide an update on our NHS Recovery Plan, and demonstrates both significant progress, as well as our absolute commitment to our long term ambition to invest and reform our NHS.

However, we know that the NHS will not recover from impact of the Covid-19 pandemic in weeks or even months, it will take years – and we will always be clear and honest about the scale of the challenge we face. It is important to note that since the publication of the Recovery Plan there have been multiple waves of Covid-19, the accumulative impact of which are still being felt by our NHS and social care system.

This challenge is not only being felt, and will continue to be felt for some time, across the NHS and social care system, by the people working within it but those seeking to access care too.

Notwithstanding those challenges, and the frustrations felt during a time of recovery and change, we can report here a series of tangible improvements in our NHS and social care systems, the results of significant investment, targeted reform and dedicated innovation.

For example, we have seen a significant improvement in waits of longer than 2 years, with more than 70% of Health Boards having five or fewer patients waiting for that time.

We would like to thank all of our NHS staff for their phenomenal work to tackle these long waits, and for aiding our recovery during a time of significant challenge.

Indeed in the past year, our workforce has continued to deliver – with skill, dedication, and commitment – services in the face of both increased and pent-up demand, multiple waves of Covid-19 and the most difficult winter period yet experienced.

The Omicron variant led to inpatient numbers higher than we had ever seen before, and since then, our Health Boards have had to respond to waves on an almost quarterly basis.

We are under no illusions about the challenges facing the NHS and social care systems in the months ahead. We have been working with NHS Scotland Chief Executives, Directors of Planning, and Executive Leads for Resilience, to plan for the significant pressures we fully expect this winter to bring. We will also continue our regular engagement with staff side representatives and trade unions to ensure we do everything in our power to support the wellbeing of our workforce.

Our Winter Resilience Overview, published alongside this update, outlines our resilience plans in further detail.

This work to invest and reform in a recovering NHS, and build resilience for all that winter brings, takes place against an economy in turmoil. The unfolding and escalating Cost Crisis means that we have had to take difficult decisions on the allocation of our budget across the Scottish Government, including in Health and Social Care. With the increase in inflation alone, our Health Budget is worth around £650 million less than when it was set in December last year.

Unfortunately, our lack of fiscal levers, including borrowing powers, means that we have to choose just as much what not to do as what to do. Our public services have to operate within a fixed budget, so as part of the Emergency Budget Review we will look at how best to apply finite resources to support our NHS as it continues to face such stark challenges.

The Cost Crisis reminds us, in stark terms, that the society within which we live and work is subject to rapid and sometimes alarming change.

The NHS Recovery Plan is in place, and we are absolutely committed to it: but it is important too that we can adapt, update and refine our plans and our services as our national circumstances evolve.

Our health and social care services are cornerstones of modern Scotland. They are crucial to the functioning of our caring, resilient, and sustainable society. That is why this Recovery Plan is central to our Government's work – because, as in all of the work we undertake, the needs of the public we care for are our first priority.

Key Progress and Achievements

Over the last year, we have continued to find innovative and sustainable solutions to the challenges we face and we have made real progress in our recovery:

By the end of August, over 75% of outpatient specialities had either no, or fewer than ten patients waiting longer than two years for their treatment.
We have invested significantly to increase the NHS Scotland workforce to historically high levels, with staffing up by 5.8% since the onset of the pandemic, including an increase of 559.7 nursing and midwifery Whole Time Equivalent (WTE) staff since the publication of the Recovery Plan.
Scotland led the rest of the UK on 1st, 2nd, 3rd and booster doses of the Covid-19 vaccine, and delivered one of the most successful vaccination programmes in the world last winter.
By March 2022, we recruited over 3,220 primary care Multi-Disciplinary Team (MDT) members. Recruitment has continued over the last year, reducing the need for multiple appointments for the same issue, and freeing up time for longer appointments.
Last winter, we provided funding over £40 million to enable employers to provide an uplift to the hourly rate of pay for staff offering Direct Care within Adult Social Care. We have since provided additional funding of £200m to increase the hourly rate of pay to £10.50.
Scotland's world-leading diagnostic bowel service, Colon Capsule Endoscopy (CCE), has supported nearly 3,000 patients since becoming operational in June 2020, including around 2,500 since April 2021.
Cytosponge, which is used to detect those at risk of oesophageal cancer, as an alternative to upper GI Endoscopy, has supported nearly 4,700 patients overall since its introduction in September 2020, including 3,000 in 21-22.
In November 2020, the National Eye Centre opened at NHS Golden Jubilee. Last year, over 8,700 cataract operations were undertaken at this new state of the art facility.

We have exceeded our target to recruit 800 Mental Health workers supporting us to ensure people have access to appropriate mental health care in a variety of settings, recognising the life-changing benefits of fast, effective treatment.
We have recruited 277 additional GPs (from 2017 to 2021) as part of our commitment to increase numbers by 800 by 2027. This will support GPs and members of the multi-disciplinary team to provide the right care in the right place, closer to home.
NHS Dental Charges for under 26 year olds have been abolished, supporting us to widen access and take a preventative and proactive approach to improving our oral health.
NHS dentistry is averaging 225,000 examination appointments per month since April to tackle the backlog of appointments – an increase of 80% in examination appointments per month on average compared with the period of January to March 2022
We have increased baseline intensive care (ICU) capacity to above 200, bolstering overall resilience and capacity in acute care.

Recovery Plan Progress in Year One

Staffing and Wellbeing

Our health and social care workforce is one of Scotland's biggest assets – highly skilled, diverse, dedicated and motivated. The nation owes the NHS and social care workforce a debt of thanks. We will continue to invest in our workforce whilst putting in place the long-term reforms which are needed to ensure we reduce backlogs, and provide person-centred care, ensuring the NHS in Scotland remains not only a first-class service, but a first-class profession to work in as well.

Steps we have taken

Since the launch of the Recovery Plan, and to aid with winter 21/22 pressures, NHS Scotland had recruited more than 1,000 additional healthcare support staff and almost 200 registered nurses from overseas to help address the unprecedented challenges facing services. By 30 June 2022, overall staffing levels had increased by 2,585.7 WTE posts on the previous year and 28,120.9 WTE post since 2006.

Specifically, we are making progress against the following commitments:

- Thanks to recurring Scottish Government funding of £1 million, Health Boards have taken on international recruitment leads. By April 2022, following the provision of a £4.5 million funding package, offers of employment had been signed with nurses from countries including India and the Philippines. By the end of August 2022, around 230 nurses have taken up offers of employment within Scottish Health Boards. A significant number are now working in hospitals across the country.
- We have exceeded our commitment to recruit 800 additional mental health workers in key settings, including A&E, GP practices, police station custody suite and prisons. 958 WTE mental health roles having now been filled, including 356 posts being recruited within GP settings. In addition, at 31 March 2022, 259.9 WTE mental health workers had been recruited through the Primary Care Improvement Fund. Our significant expansion of the mental health workforce has helped us see **record numbers** of CAMHS patients for two consecutive quarters.

We have also invested in our staff, through fair pay, increased training and upskilling opportunities, and widening access to careers in health and care:

- We have introduced the Paramedic Student Bursary for all students starting eligible courses in September 2021. Scottish student paramedics, studying in Scotland, will be able to apply for a bursary of £10,000 a year, compared with the £5,000 bursary announced in 2020 by the UK Government for England.
- We have established a Centre for Workforce Supply (CWS) to develop resource strategies and solutions to support Boards to have the right skills, in the right place, at the right time.
- We have established the NHS Scotland Academy, a partnership between NHS Golden Jubilee and NHS Education for Scotland to offer accelerated training for a wide range of health and social care roles and professions. As part of this, the Academy is currently leading the development and delivery of a broad range of bespoke training opportunities in areas including pharmacy, diagnostics, peri-operative practice and anaesthetics, as well as tailored support for staff who have been recruited internationally.
- Investment has been committed to support the NHS Academy's work to widening access to careers in Scotland's health and social care for both military service leavers and veterans, as well as through the establishment of the NHS Scotland Youth Academy.
- We are in the process of the delivering the commitment to increase medical undergraduates by 500 places over the course of the Parliamentary term and to double the number of widening access places. The first two tranches of 100 places have been delivered in academic years 21/22 and 22/23, subject to universities successfully filling the places. Widening access places have risen to 90 in 22/23 (from 60) making progress toward that part of the commitment.

We have also now completed a number of the actions set out in the Integrated Workforce Plan, including exceeding our commitment to deliver an additional 500 Advanced Nurse Practitioners, and the creation of training places in cardiac physiology and radiography. As promised, 30 cardiac physiology training places have been funded and filled, with 17 trainees graduating in 2024 and the remaining 13 in 2025. In radiography, all 30 places will be filled by January 2023 and those students are expected to be in the workforce from January 2024. A final report will be published by the Scottish Radiography Transformation Project (SRTP) later this year.

Steps we are taking

The wellbeing of our workforce continues to be a focus and a priority. Over the course of the last year we invested £12 million to support wellbeing and further investment is planned.

The National Wellbeing Hub includes the Workforce Specialist Service, and is providing a primary care-led, multidisciplinary, mental health treatment service that can treat professionals suffering from a range of mental health issues such as stress, anxiety, depression or addiction. There have been over 196,000 users and 620,000 page views on the National Wellbeing Hub website since launch, and we hope our workforce can find concrete advice, useful recommendations and a measure of peace of mind from its multiple offers.

The Workforce Specialist Service (WSS) is available to all regulated professionals working in Health and Care in Scotland, and so has proved to be popular with those who have used the service. Other services for staff include Coaching for Wellbeing, Reflective Practice and the Workforce Development Programme In addition, we promised to publish a National Workforce Strategy for Health and Social Care, and did so on 11 March 2022 in partnership with CoSLA.

We are committed to recruiting an additional 1,500 clinical and non-clinical staff by 2026 for the National Treatment Centres, and are supporting Health Boards to utilise a range of recruitment and retention options to meet this requirement.

Steps we will take

We will soon launch Leading to Change, Scotland's national leadership development programme that aims to provide support, development and coaching to enable people to apply practical skills to their own leadership. We believe that having effective leadership in place within the NHS workforce is important, and will lead to increased wellbeing for staff and better individual care and outcomes. It will assist systems change across health, social care and social work as well as the recovery from Covid-19. This programme encourages leaders to examine the needs of staff, ensuring their wellbeing is a priority, and to help them deal with rapidly changing situations.

Other key developments include continued delivery of the National Wellbeing Hub, Workforce Specialist Service, Coaching for Wellbeing, Workforce Development Programme and Reflective Practice. Building on this, our new Improving Wellbeing and Workforce Cultures Strategy will be launched shortly.

We will also recruit up to a further 750 nurses, midwives and Allied Health Professionals from overseas this winter to help with the pressures we are likely to face, and to support this, further funding of £7.98 million will be made available to Health Boards.

Primary and Community Care

We recognise that primary and community care is for many people, the front door to the health service, where their needs are first raised. We are supporting primary care, not just to reduce pressure on hospitals, but to provide essential care where it is needed most – in our local communities. To support this, we have increased funding for multidisciplinary teams (MDT's) to £170 million this year, which will be the minimum funding position for future years.

Steps we have taken

We have already ensured a record number of GPs are working in Scotland's NHS, with more per head than any other country in the UK. We're committed to further increasing the number of GPs in Scotland by 800 by 2027. At 30 September 2021, there were 5,195 GPs working in General Practice in Scotland (headcount). This is a rise of 74 compared to last year. A further update is expected to be published by Public Health Scotland (PHS) later in the year.

In March 2022, there were 3,519 dentists working in Scotland (headcount). Of which 2,883 were General Dental Service (GDS). The longer-term trend shows an increase of 32% in dentists providing NHS dental services for the period 2007 to 2022 despite the incredibly challenging pandemic period, with disruptions to the education and training of dentists.

Our focus in community dentistry has been to return the sector to at least pre-Covid-19 levels of activity. The latest statistics from PHS on 13 September show we are on the road to recovery – averaging 225,000 examination appointments per month since April to tackle the backlog of appointments. This is an increase of 80% in examination appointments per month on average compared with the period January

Box 1: Multidisciplinary team (MDT) working in NHS Forth Valley

In Forth Valley, MDT working has allowed patients to directly access a range of additional services in their community and has reduced the need for patients to travel away from home, taking time away from work or education. Advance practice physiotherapists in GP practices now offer direct access appointments mean less patients require follow up with a GP and less are referred to secondary care. In addition, the Primary Care Mental Health Nurse service is delivering more appointments each month, meaning far more direct contact with mental health services with less people being referred back to GP care. The service is also offering 15 and 30 minute appointments, which allow longer conversations to personalise care, and reduce the likelihood of secondary care referral.

One patient commented how helpful it is to be able to contact the Mental Health nurse for advice, support, and treatment rather than the GP. The ability to access the mental health service rather than using a GP appointment meant that they were able to quickly speak to the right person, and get the personalised support and treatment they needed.

Sources: NHS Forth Valley Staff News | Service User Experience | Primary Care Mental Health Team | GP Practice Team

to March 2022, reflecting the impact of reduced infection controls and the re-introduction of payments linked to seeing and treating patients.

We have also recruited over 3,220 primary care Multi-Disciplinary (MDT) team members, as of 31 March 2022. The recruitment of these professionals, including pharmacists, advanced nurse practitioners, mental health workers, MSK Physios and Community Link Workers, is helping create additional capacity in practices. An update on this recruitment will be published in Spring 2023.

Feedback from local teams suggests that multidisciplinary teams ensure both patient and practitioner time is used effectively, reduces multiple appointments for the same issue, frees up time for longer appointments.

The role of community pharmacy continues to be crucial to providing care close to home.

To underscore that importance, we made the commitment that by April 2022, we would have Board-delivered pharmacy and nursing support in all 925 of Scotland's General Practices, or direct additional support to Practices where this is not the case. Despite multiple waves of Covid in the last year, we have made significant progress, with over 95% of practices having access to some Health Board-delivered pharmacy support and with over 75% having some nursing support.

NHS Pharmacy First has helped patients to be seen quickly for minor ailments and common clinical conditions, and relieved pressures on GP practices, out of hour and Emergency Departments. The service has provided over 2.9 million consultations across the national network of 1,258 community pharmacies in 2021/22.

Treatments are now available for common clinical conditions including Shingles, Urinary Tract Infections, and skin conditions and patients can receive treatment without the need to see their GP or have a prescription. This service will continue to build on the range of conditions to be treated over the next few years with the introduction of further Patient Group Directions for conditions such as bacterial vaginosis, hay fever and treatment of sore throats.

200 community pharmacies also offer NHS Pharmacy First Plus, where a pharmacist can use their prescribing qualification to treat conditions beyond the Patient Group Directions conditions. Just over 100,000 consultations provided advice on self-care or treatment for common clinical conditions which would ordinarily have required an appointment with the GP or a visit to an out of hours service.

In the last year, a Digital Prescribing and Dispensing Programme has also been established and work is underway to develop requirements to produce an electronic prescribing prototype to enable more sustainable processes across primary and secondary care.

Finally, we introduced the pharmacy women's health and wellbeing service, and in November 2021 we ensured community pharmacies could provide a short-term supply of the contraceptive pill to bridges the gap between emergency contraception and longer-term contraception. The Bridging Contraception pharmacy service has supplied over 1,400 items up to June 2022, enabling women to access contraception without the need to see a GP or ask for a prescription.

Because of their crucial role in supporting healthcare provision in the community, there has been expansion in the capacity of NHS 24. NHS 24's new site in Dundee, with a total headcount of 130 operational staff, and Lumina in Glasgow, with a total headcount of around 309 staff, gives NHS 24 the opportunity to expand in line with the redesign of urgent care, Covid-19, and the expansion of their mental health hub 24/7. We will continue to support the Service as they expand both their services and their workforce.

We have also continued to increase the Scottish Ambulance Service (SAS) workforce, and an additional 540 frontline staff were recruited in 2021/22 – the highest number of staff ever to have joined the Service in a single year. This includes Advanced Practitioners who work in multi-disciplinary teams within the Ambulance Control Centre, enabling patients to be seen and treated in their own home, often without the need to be transported to A&E.

Box 2: Benefits of Near Me

- Reduced travel to appointments: time, cost, convenience
- Reduced time away from work, school or home
- Easier to attend if you usually need someone to take you to appointments
- Enables you to have someone with you for support at your appointment (either with you or joining the consultation by video from another location, even from abroad)
- Better for the environment
- Reduces spread of infectious diseases

Source: Video Appointments through Near Me

Steps we are taking

We are working with the British Medical Association (BMA) and Royal College of General Practitioners (RCGP) to increase accessibility to primary care, including increased use of face-to-face appointments. We reaffirm our ongoing commitment to maximise patient access, and we will ensure that every GP practice has the capacity to book appointments in advance.

We are well aware that some people will prefer, or need, to access services digitally, and we are continuing to scale up and expand Near Me, NHS Scotland's free video consulting service. Near Me improves access by enabling appointments from home. The service is now widely used across NHS Scotland for health and care appointments with around 20,000 consultations being held every week in comparison to around 1,200 pre-pandemic: an increase of over 1500%.

We are also reforming the way national eye care services are delivered with increasing emphasis on shifting the balance of care to community optometrists. This includes a new national Community Glaucoma Service to safely discharge lower risk glaucoma, and treated ocular hypertension patients, into the management of accredited community optometrists. When fully implemented across Scotland, this investment has the potential to benefit a significant number of low-risk patients, reducing the pressure on NHS hospital eye care services.

NHS dentists will continue to receive financial support through winter and into next year to help tackle the threat that high dental inflation, increasing lab fees and rising energy costs pose to dental teams. Sustainability payments will also be provided to all GP practices to support them with winter pressures.

Box 3 – Improving Oral Health in Communities

Through a new project we are improving the oral health of the community. The project will commence this year and is designed to drive oral health improvements for those living in areas of relative deprivation and affected by socio-economic and racialised inequalities.

The project, 'Eat Well for Oral Health' will be delivered in partnership between NHS Lothian and two Third Sector organisations Edinburgh Community Food and LINK net. These organisations have experience of working with families in areas of deprivation and ensuring that families from minority ethnic backgrounds living in such areas are not doubly disadvantaged.

Source: Eat Well for Oral Health

Steps we will take

The development of a new digital service, based around safe and secure use of an app and an online platform, will support people to take greater control over their health and social care data, and access a range of services. Initial engagement is already underway with key stakeholders as well as through a citizen panel that will inform developments. It is hoped that this new service will allow people to access information and services directly, self-manage, and access and contribute to their own health and care information online.

We will continue to invest in the recovery of the dentistry sector whilst taking forward a reform programme that will explore opportunities to improve the oral health of the population of Scotland. Our ambition remains the introduction of free NHS dental care to all adult NHS-registered patients.

Equally, we remain committed to developing community hearing services that are on a par with primary care services by the end of this Parliament. As such, we are developing new models of care to shift the balance of care towards early intervention and provide treatment and services closer to the communities it serves. We are also providing grant funding to the RNID 'Near You' pilot scheme to support local services in early intervention, hearing aid repairs and information to service users.

We are clear that where clinically necessary face-to-face consultations will always be available to those who need them. We will maintain the buddying-resilience measures created for the pandemic where Health Boards can ask practices to temporarily support their neighbours.

In support of ensuring people can speak to, and be treated by, the right person at the right time, we will continue to support NHS 24 with delivering on their recruitment targets as part of the £20 million investment funding to ensure they have adequate resources within all sites to meet demand.

Building on the success of NHS Near Me, we will soon launch a learning programme to support wider adoption, including for example how Near Me can support the Women's Health Plan to support diagnosis and treatment of Endometriosis and Menopause.

Planned Care

Covid-19 has had a significant impact on the health service, notably in the area of planned care. As we continue to reduce backlogs, we are putting in place the steps to make sure we can deliver the care that is needed.

Steps we have taken

Progress in the recovery and reform of planned care in the last year has been directly impacted by the need to pause activity to allow Boards to respond to the various waves of Covid-19. Despite the effects of the pandemic continuing to be felt during 2021/22, increased capacity is expected through 2022/23 onwards.

We have made significant progress, increasing scheduled operations by 7.8% to 61,381 in the second quarter of 2022 (April-June), compared to the third quarter of 2021 during which the Recovery Plan was published.

We have continued to maximise capacity wherever possible, and over the last eighteen months, we have:

- opened the NHS Golden Jubilee Eye Centre;
- procured the Carrick Glen clinic in Ayrshire & Arran for £1.8 million to become the Ayr NTC, specialising in orthopaedics;
- opened a mobile operating theatre, supported by more than £2.3 million, to enable almost 350 elective surgeries to go ahead for patients in Orkney and Shetland; and
- opened an urology hub at Forth Valley Royal Hospital, providing a one-stop diagnostic and treatment service for patients.

We also saw improvements in some aspects of care for those suffering a stroke in the course of 2021: with an increase in the proportion of patients who receive brain imagining within 12 hours of arrival to hospital (89% in 2021 v. 86% in 2020) and in the initiation of aspirin therapy within one day (92% in 2021 v. 89% in 2020).

Box 4 – Innovation through the CfSD

A key example of how innovation can benefit patients and the NHS, is Colon Capsule Endoscopy (CCE) which surpassed 2,000 patients in February of this year. Scotland's world leading Scotland's world-leading diagnostic bowel service is a small camera device the size of a pill, swallowed by the patient, and serves as a less invasive alternative for individuals in need of Colonoscopy. The service has supported nearly 3,000 patients since becoming operational. As the capsule passes through the digestive system, it takes pictures of the bowel helping to identify early signs of cancer. The images are transmitted to a recording device worn on a belt around the patient's waist, which is then returned to the hospital where images are downloaded and reviewed. The single-use capsule passes through the patient's bowel before being flushed away. It is anticipated that the volume of CCE's being carried out will continue to grow, and we will continue to take forward other worthwhile innovations as we progress towards the end of the lifetime of the Plan.

Source:

The National Eye Centre at NHS Golden Jubilee, which opened in November 2020, is providing significant additional capacity for cataracts procedures to patients across Scotland. This has been achieved through accelerated recruitment and the opening of theatres ahead of the previous phasing plan in the final business case. The six-theatre facility has capacity to perform more than 18,000 cataract procedures every year.

Steps we are taking

In July 2022, we announced targets for planned care as set out below:

- Eradicate two year waits for outpatients in most specialities by the end of August 2022
- Eradicate eighteen months for outpatients in most specialities by the end of December 2022
- Eradicate one year for outpatients in most specialities by the end of March 2023
- Eradicate two year waits for inpatient/day cases in most specialties by the end of September 2022
- Eradicate eighteen month waits for inpatient/day cases in most specialities by the end of September 2023
- Eradicate one year waits for inpatient/day cases in most specialities by the end of September 2024

Data published by Public Health Scotland shows by the end of August, two-year waits are clear in more than half of outpatient specialities:

- 22 out of 41 outpatient specialities had no patients waiting more than two years
- 31 of 41 (76%) of outpatient specialities had no or fewer than ten patients waiting more than two years
- 10 of 14 (71%) territorial Health Boards had five outpatients or fewer waiting more than two years

Long waits decreased in Ophthalmology by 94%, in Plastic Surgery by 74%, in Urology by 56%, and in General Surgery by 48%.

Activity in Health Boards is now closer to the levels seen before the pandemic, but it continues to be impacted by an increase in unscheduled care, and high levels of staff absence. We have made progress however, and as recent PHS data shows, during the quarter ending 30 June 2022, 301,943 new outpatients were seen, compared to 282,901 in the same quarter in 2021 – an increase of 7%.

We are now working with Boards on a series of measures to increase diagnostic capacity, including deploying six mobile MRI and five mobile CT scanners to reduce waiting times, and opening five additional endoscopy rooms in 2021/22 across NHS Scotland, creating capacity for 12,000 additional procedures.

At a strategic level, the Centre for Sustainable Delivery (CfSD) also continues to work with our NHS Boards to introduce new ways of delivering care that will create additional capacity for inpatient, day case and outpatients. Its Modernising Patient Pathways and Scottish Access Collaborative programmes have developed strong clinically-led Specialty Delivery Groups (SDG), which promote multidisciplinary team working, and support local adoption of service improvement programmes. These groups are now well established and have supported several new and innovative pathway developments, many of which are now being successfully scaled up across Scotland.

CfSD are also promoting the accelerated adoption of high impact technological innovations across Scotland – turning high-impact innovations into wide-scale solutions capable of delivering significant patient benefit.

Steps we will take

We will continue to work closely with the Boards where the majority of long waits in some specialities remain, to ensure these are cleared as quickly as possible.

We have four NTC's due to open over the next year – NHS Fife, NHS Forth Valley, NHS Highland and the second phase of the NHS Golden Jubilee. These four centres will open on the following dates, providing a total capacity of eight additional orthopaedic theatres; an additional inpatient/daycase ward; five endoscopy rooms and two general theatres, initially providing over 12,250 additional procedures, dependent on workforce:

- NTC Fife is planned to open early next year in 2023 bringing additional capacity of one orthopaedic theatre, and around 500 procedures in 2023/24.
- NTC Forth Valley is planned to open in Spring in 2023 bringing additional inpatient/daycase ward capacity, supporting around 1,000 procedures in 2023/24.
- NTC Highland is also planned to open in Spring 2023 bringing additional capacity of two orthopaedic theatres, and around 1,350 procedures in 2023/24.
- NTC Golden Jubilee Phase 2 is planned to open late summer 2023 bringing additional capacity of five orthopaedic theatres, five endoscopy rooms and two general theatres, and around 9,400 procedures in 2023/24.

Timescales for the other NTCs (Tayside, Grampian, Lanarkshire, Lothian, and Ayrshire and Arran) will be defined as part of the ongoing business case development.

Urgent and Unscheduled Care

Whilst we are taking steps to realise the ambition of delivering more healthcare in the community, we know that some people still require care in an acute setting.

Steps we have taken

Over the last year, we have increased the Emergency Medicine Consultant workforce by 15.9 WTE or 6.1% (from 259.1 as at June 2021 to 275.0 WTE as at June 2022) and the number of Paramedics is up 102 WTE or by 6.4% (from 1,592.4 as at June 2021 to 1,694.4 WTE at June 2022).

We established Flow Navigation Centre's (FNC's) to offer rapid access to virtual clinical assessment or arrange a scheduled appointment in person. This service is accessed by patients calling the NHS 24 111 service, who refer patients to the FNC who have access to Minor Injury Units, Assessment Areas, and clinics where appropriate. NHS24 figures show that 10.1% of patients in July were referred to FNC in their Boards, reducing attendances at A&E and supporting people to access the right care, in the right place, at the right time.

Most significantly, we have delivered additional virtual capacity through four priority pathways: Hospital at Home; Respiratory Rapid Response Pathway; Out-patient Parenteral Antibiotic Therapy (OPAT); and Covid Remote Health Monitoring. These pathways supporting our commitment to release 150 beds per day for NHS Scotland, the equivalent of a large district general hospital.

Hospital at Home is now available in 20 out of the 31 Integration Authorities (11 out of 14 territorial Health Boards), which is an increase from 7 in 2020/21.

The OPAT pathway has already saved 45,000 hospital bed days this year and is being further rolled out across Scotland over the coming months. This pathway allows patients to receive intravenous antimicrobial therapy or other complex antibiotic treatment in an out-patient clinic at a time convenient to them, and in some areas even at home rather than as an inpatient.

Box 5: Flow Navigation Centres

As part of the national Redesign of Urgent Care programme, all boards have now set up Flow Navigation Centre's (FNC's). The FNC is staffed by a Senior Clinical Decision Maker (SCDM) 24/7 and is there to provide professional to professional decision making support to a number of health and social care and third sector staff. Patients could be given a range of options rather than simply attending A&E. Feedback has been positive with patients indicating they felt reassured and supported and being able to receive an appointment to attend the ED at a quieter and more convenient time for them was also a key theme of feedback received.

The established FNC model is one that ensures there is a system wide approach to improving the delivery of urgent care with specialist clinical expertise available when required.

Source: NHS Scotland redesign of urgent care

We have also allocated £62 million to assist health and social care partnerships in expanding care at home capacity. The current pressures on social care support are caused in part by increased need and acuity. This funding aims to prevent this trend growing by appropriate supporting prevention and early intervention. For example the use of community equipment and Technology-Enabled Care (TEC) can supporting people to maintain or even reduce their care needs. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Steps we are taking

We recognise our A&E departments are working under significant pressure and like health services across the rest of the UK and globally the pandemic continues to seriously affect services.

We also recognise that the level of performance is currently unacceptable, and to that end we have received improvement plans from Health Boards with the lowest levels of performance and will be monitoring their progress, and providing assistance where necessary.

Through the new £50m Urgent and Unscheduled Care Collaborative, we are taking forward specific areas of work on an NHS Scotland basis to stabilise and improve performance; and, the Redesign Of Urgent Care programme has worked across organisations and multi-disciplinary teams to develop alternatives to unnecessary attendances at A&E.

A set of 8 high impact changes across the whole-system will support the work of the Collaborative to systematically reduce unwarranted variation, waits and delays ensuring improvement. The high impact changes are:

- Care Closer to Home
- Redesign of Urgent Care
- Virtual Capacity
- Urgent & Emergency Assessment
- Rapid Assessment and Discharge
- New models of Acute Care as a Specialty
- Discharge without Delay
- Community Focused Integrated Care

Steps we will take

Notwithstanding the ongoing pressures, we are determined to improve performance and are working closely with Boards on a number of measures to reduce pressure on hospitals.

In preparation for winter, we are working in partnership across health and social care partners we will build on lessons identified from last winter and the pandemic to ensure we maintain organisational resilience with a whole-system approach. This includes sharing and implementing best practice to deliver business improvement and building capability across NHS Boards including the development of national level contingency options for winter 2022-23. This will enable us to actively monitor and evaluate strategic risks and system pressures to allow timely national-level decision making that is closely coordinated with Health Boards and Social Care partners across Scotland.

We will also continue to work with Health Boards to ensure patients access the right care, in the right place, at the right time, by enhancing work through the Urgent and Unscheduled Care Collaborative.

Cancer Care

Cancer remains a priority for NHS Scotland, and we are committed to ensuring those with a suspicion of cancer are seen and treated as quickly as possible to reduce patient anxiety, improve experience and meet cancer waiting times (CWT) standards.

Steps we have taken

Our National Cancer Plan has delivered:

- Funding for 12 pilot sites to offer patients a single point of contact.
- Over £17m of new funding, including resources to improve cancer diagnosis and treatment.
- Support patients with information and guidance through the Covid-19 pandemic, including a patient leaflet and guidance on outpatient visiting.
- A new National Radiotherapy Plan, ensuring continued access to patients to modern radiotherapy treatments.
- Establish a Scottish Cancer Network in order to deliver a 'Once for Scotland' approach to cancer services.
- New guidance on the safe delivery of chemotherapy is currently under review and due to be finalised imminently.

We have launched the first three Rapid Cancer Diagnostic Services (RCDS), formerly known as Early Cancer Diagnostic Centres. These will provide equitable access to rapid cancer diagnosis, offering a fast-track diagnosis service through primary care, ensuring patients with non-specific symptoms get onto the right pathway earlier. This benefits not only those diagnosed with cancer, but other conditions which require treatment.

University of Strathclyde will evaluate the RCDS over a two year period; however, initial indications show around 16% of patients seen have been diagnosed with cancer and 20% with significant but non-cancer conditions. Importantly, patient satisfaction is high with over 97% of patients rating their experience as very good or excellent.

In addition, we published the Framework for Effective Cancer Management in December 2021 to provide Health Boards with the tools to effectively manage cancer patients and recover waiting times by promoting best practice, alongside hands-on expert support.

Steps we are taking

Over this term of Parliament, we have committed to investing an additional £40 million in targeted improvements designed to maintain the 31 day standard and achieve the 62 day standard on a sustainable basis. To date, this investment has supported Boards to deliver additional diagnostic clinics and theatre provision for those most challenged cancer pathways including urology, breast and colorectal while investing in pathway redesign and upskilling of our nursing workforce.

We continue to invest in our Detect Cancer Early (DCE) Programme, which adopts a whole-systems approach to diagnosing and treating cancer as early as possible, with a focus on those from areas of deprivation. This Programme supports the delivery of optimal cancer diagnostic pathways and awareness campaigns to empower those with possible symptoms to act early.

NHS staff are working incredibly hard for cancer patients and over the past year (1 July 2021 to 30 June 2022), a total of 25,096 patients were treated on the 31 day pathway with a median wait of 5 days from decision to treat to treatment (Q2 2022). We are also seeing increasing numbers of patients coming through our most urgent 62 day cancer pathways with over 4% more patients treated on a 62 day pathway in the most recent quarter compared to the same period prior to the pandemic.

We also continue to roll out the Macmillan partnership. By the end of 2021, agreements were in place across 26 of the 31 Health and Social Care Partnership (HSCP) areas. Of these, 12 services are operational, scoping has commenced in 6 other areas, and the process for recruiting the project leads to cover 8 areas has been initiated. Discussions are being taken forward to establish Improving the Cancer Journey (ICJ) developments in the remaining 5 areas.

Steps we will take

Patients, particularly those with less survivable cancers are benefiting from a number of our £114.5m National Cancer Plan flagship actions.

While progress is being made against the actions, we will reflect upon ongoing service pressures and complete the actions by March 2023.

To ensure NHS Scotland continues to deliver quality cancer care, we will continue to invest in our people and infrastructure including oncology, using national approaches to maximise capacity and patients' access to treatment. For example, Consultant Oncologists have increased by 3.5% and Consultant Radiologists have increased by 3.3%.

The Scottish Cancer Network will also deliver new national clinical management pathways, setting out the standards of care and treatment patients should expect across Scotland. We will continue to support Boards to direct funding to where it is needed most to ensure that cancer patients in Scotland receive timely care.

Mental Health, Learning Disabilities, Neurodiversity, and Dementia

As we emerge from a pandemic and confront a Cost Crisis, we are keenly aware of the challenges facing mental health services. We will work to ensure that anyone who needs it can access mental health support when they need it.

Steps we have taken

We have allocated nearly £40m to NHS Boards to improve Child and Adolescent Mental Health Services (CAMHS) in 2021/22, with £4.25m of that allocation directly focussed on offering treatment to those already on their CAMHS waiting lists. We also provided an additional £9m to NHS Boards in 2021/22 to address waiting lists for Psychological Therapies (PT).

Since we made that investment, we have seen improvements in the activity and performance of NHS Board CAMHS services, and improvements in capacity which can be measured by growth in workforce.

For example, community CAMHS staff have grown by 173.4 WTE which is a 19.3% growth in workforce since March 2021. We are creating new posts to continue our expansion of the workforce, posts being advertised in CAMHS have grown from 17.1 in March 2021, to 147.4 – an increase of 762% as we continue to create posts in this area.

The latest statistics also show that for CAMHS the waiting list has dropped from 10,346 at the end of March to 9,729 at the end of June, a 6.0% decrease overall and the number of people waiting over eighteen weeks dropped from 4,536 to 4,147 an 8.6% decrease.

For PT, total waits have dropped from 23,394 at the end of March to 22,472 (a 3.9% decrease) at the end of June, and waits over eighteen weeks from 9,879 to 8,932 (a 9.6% decrease).

So far in 2022, we have seen record levels of activity in CAMHS and Psychological Therapies, with more patients being seen than ever before.

As waiting list backlogs are tackled, we expect this activity to be reflected in improved performance, with all Health Boards working towards meeting the 90% waiting times standard, resulting in shorter waiting times, and a better experience for individuals and families supported by our NHS.

Action fifteen of the Mental Health Strategy 2017-27 outlines our commitment to funding 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons – ensuring local provision and support is at the heart of our plans. We have exceeded this commitment and an additional 958.9 whole time equivalent (WTE) mental health roles have been filled. Since 2018/19 we have allocated almost £84m to enable recruitment to these posts and will continue to provide the necessary funding to ensure that these posts are protected in 2022/23 and beyond.

Steps we are taking

We continue to invest in digital service capacity, with access to cognitive Computerised Behavioural Therapy (CBT) programmes and Near Me, the video-conferencing platform, being made available nationally. We have also launched the Digital Mental Health Innovation Cluster, and the Mind to Mind website, a resource with short videos of people with experience of facing mental health challenges. There have been around 63,000 digital therapies referrals in the last year, and user satisfaction with computerised CBT is 91%.

We are developing quality standards in mental health to ensure that individuals, their families and carers know what they can expect from services, and we have ensured a person-centred approach is at the heart of the work.

We have provided funding to the National Autism Implementation Team (NAIT) to support Health Boards to develop action plans to introduce adult neurodevelopmental pathways.

Box 6: Integrating Mental Health Services and Unscheduled Care

We continue to work with partners through the Redesign of Urgent Care Programme and Unscheduled Care Collaborative, to ensure that people with urgent mental health care needs get the right help, in the right place, at the right time. This will be facilitated by ensuring that each Health Board provides access to a mental health clinician 24 hours a day, seven days a week for those who require urgent specialist mental health assessment or urgent referral to local mental health services. This is creating national and local routes to ensure people in emotional crisis or distress and those in need of urgent care are assessed and supported, regardless of how they access services. National Guidance has been developed to support Health Boards to implement this approach and significant progress has been made. For example, referral routes from NHS 24 to local services for urgent care during the out of hours period and increased availability of mental health clinicians providing professional support to Police Scotland and the Scottish Ambulance Service. We will continue this work to improve the unscheduled care mental health response.

We are now piloting Adult Neurodevelopmental Pathways in four Health Boards, to support the implementation of a single diagnostic pathways for ADHD and Autism. The pilot started in January of this year and will conclude in 12 months. The results of this work, including a final report, will be available next year.

Steps we will take

We have committed additional investment in dementia post-diagnostic support services to ensure more people are able to access support that works for them following a diagnosis. This includes additional investment going to local areas via Integrated Joint Boards (IJBs) and new funding for community led offers of support that is being administered via Age Scotland's About Dementia team.

As the Plan progresses, we will continue to expand our Digital Mental Health Programme by improving the quality of service and levels of accessibility, while expanding capacity, improving equality of access and support services to meet increasing demand across all territorial Health Boards.

We will also be developing a new dementia strategy for Scotland which embeds the voice of lived experience, reflects the lessons of the pandemic and seeks to maximise the opportunities across the wider policy landscape to improve the experience of people living with dementia and their carers; and will publish a new Mental Health and Wellbeing Strategy in the year ahead, in addition to a new long-term Suicide Prevention Strategy and delivery plan with CoSLA.

National Mission to tackle drug-related deaths

Scotland continues to have one of the highest reported drug death rates in Europe. In 2021, Scotland recorded 1,330 drug misuse deaths, the second highest on record. We recognise that the level of drug deaths remains unacceptably high, and are leading a National Mission to reduce deaths and save lives, supported by an additional £250m of investment by the end of the parliament.

Steps we have taken

We have published a National Drugs Mission Plan which sets out our approach to achieve our outcomes, which were developed in collaboration with stakeholders, including people with lived and living experience: preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the needs multiple and complex needs of people with drug problems and supporting families and communities affected by problem drug use.

In August last year, we launched the 'How to Save a Life' campaign and encouraged the public to go to the Stop The Deaths website to learn how to recognise the signs of a drug overdose, receive training in the use of the life-saving medication naloxone and get a free naloxone kit. A total of 28,852 Take-Home Naloxone (THN) kits were supplied in financial year 2021/22, the highest annual total since the beginning of the National Naloxone Programme.

Box 8: Residential Recovery by Aberlour

Children's charity Aberlour will receive a grant of more than £5.5 million over this parliamentary term to develop two Mother and Child Residential Recovery Houses. The houses are designed to enable children of women with problematic substance use to stay with their mothers during their recovery. Aberlour's approach to rehabilitation aims to deliver positive outcomes for women and their children. Problematic substance use affects not only the individual but those around them, including family members and friends. Keeping mothers and their children together can enhance the effectiveness of treatment and lessen any harmful impact on children

The first house developed in partnership with Hillcrest Homes will open in Dundee in Autumn 2022. The second house located in Central Scotland will open in 2023. Each house will support four women and their children at any one time.

Source: Mother and Child Recovery Houses – Aberlour

We are investing in services and approaches based on the evidence of what works. This includes working with every locality in Scotland to embed the Medication Assisted Treatment (MAT) Standards, to enable the consistent delivery of safe, accessible, high-quality drug treatment everywhere in Scotland, and rolling out the provision of long-lasting buprenorphine to provide a greater choice of opioid substitution treatment as part of those standards.

Because people need to be able to choose the right form of treatment for them, we have also committed to investing in the expansion of residential rehabilitation by building capacity and expand pathways into, through and out of treatment – and ensuring this is available for everyone who wants it. We are committed to increasing the number of statutory funded placements by 300% in Residential Rehabilitation by 2026 so that at least 1,000 people are publically funded for their placement.

Our framework for holistic family approaches and family inclusive practice sets out principles of how we can improve support for families affected by drug and alcohol use by taking a whole family approach, and we are supporting this with investment totalling £6.5 million per year over the life of the parliament.

Steps we are taking

We know that Safer Drug Consumption Facilities have been shown to prevent fatal overdoses and encourage people to access longer-term help. An initial proposal, within the existing legal framework, has been shared with the Crown Office and Procurator Fiscal Service for consideration. In the event of a positive outcome to work currently being carried out by partners, we will quickly move to establish a Safer Drug Consumption Facility in Glasgow.

Heroin Assisted Treatment is an Enhanced Drug Treatment Service (EDTS) which involves the provision of a heroin substitute to people with longstanding problem substance use under supervised conditions and has been shown to reduce the use of street drugs and increase the likelihood of individuals remaining in treatment. Glasgow opened the first EDTS service in Scotland in November 2019 which is the subject of a large scale evaluation supported by the Scottish Government Chief Scientist Office (CSO) and Glasgow Caledonian University. We committed to supporting further HAT services across the country and continue to work with local areas to explore this.

We are supporting the development of models of care at a national level to deliver drug treatment within primary care. The models of care will support the implementation of MAT Standard 7 (All people have the option of MAT shared with Primary Care). This will be supported by work to increase the number of GP practices that deliver integrated drug treatment services.

In March 2022 we announced a target that by 2024 there will be at least 32,000 people in community-based Opioid Substitution Therapy in Scotland, an increase of 9%. We are also exploring the utility and safety of benzodiazepine prescribing among people receiving OST in Scotland, and a full report is expected in Autumn 2022.

We know that people with substance use problems often face barriers to receiving help for their co-occurring mental health conditions. We are therefore piloting improved arrangements for people with co-occurring substance use and mental health problems. In summer 2021 we commissioned Healthcare Improvement Scotland (HIS) to take forward an ambitious programme to test new approaches to integrating substance use and mental health services in local areas. This work aimed to improve the quality of care, increase access to treatment and ultimately improve overall health outcomes for people with substance use and mental health problems. A separate rapid review into substance use and mental health services which will report in autumn 2022.

Steps we will take

The National Collaborative for Lived and Living experience, chaired by Prof Alan Miller, will lead a process to empower people affected by problem substance use, to enable their voices – and, critically, their rights – to shape policy and decision-making concerning the design, delivery and regulation of drug and alcohol services at a national level; and to set out how the rights can be included in the forthcoming Human Rights Bill to improve the lives of people affected by problem substance use.

Stigma kills people, and we will publish an Anti-Stigma Plan that sets out the role we can all play in ending the exclusion that people who use drugs in Scotland experience on a daily basis. Because addressing this public health emergency goes well beyond improving treatment options, we will also publish a cross-government action plan on tacking the broader inequalities experienced by people who use drugs.

Finally, our recently published National Drugs Mission Plan sets out our approach to achieve our aim and vision through the articulation of outcomes which focus on preventing people from developing problem drug use; reducing harms from the consumption of drugs; getting more people into high quality treatment and recovery services; addressing the multiple and complex needs of people with drug problems and supporting families and communities affected by problem drug use.

These outcomes, alongside six cross-cutting priorities, have been developed in collaboration with stakeholders, including representatives with lived experience. They reflect both the complexity of the challenge we face and the opportunities that a whole-system, whole-Scotland 'National Mission' approach will afford.

We recognise that the level of drug-misuse deaths remains unacceptable. Whilst there is so much more work to do, every life saved means one less family grieving and we remain determined to use this halt in the upward trend of recent years as a platform for real change.

Next Steps

This Recovery Plan update shows the progress we are making towards our long term plan to ensure the NHS and social care systems of Scotland recover from the unprecedented impact of the Covid-19 pandemic. We are committed to doing this through a planned programme of investment and reform.

We know that more work needs to be done, more investment needs to be made, and more reforms enacted.

But this NHS Recovery Plan is a solid foundation for our improved health service. Our health and social care system has already, despite the pressures it faces, responded to its ambition with passion, agility, skill and dedication.

At the heart of this response has been the incredible efforts of our workforce, who continue to provide the public with exceptional and compassionate care. They continue to provide this care in a variety of settings whilst also developing and implementing innovations which will pave the way for a more sustainable system, to better face both current and future pressures.

We have challenges before us. They include protecting the most vulnerable this coming winter, to continue to act in the face of the continuing threat of Covid-19, to maximise capacity in the system, to continue to care for the health and wellbeing of our staff, and to ensure that people get access to the right care, in the right place, at the right time. We will do whatever is needed to ensure this happens.

We will continue to work tirelessly to deliver the ambitions set out in this Plan, and will provide a further update of our progress in a year's time.

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To: Local Authority Leaders,
Chairs & Vice Chairs Integration Joint Boards
Chairs NHS Boards

CC: Local Authority Chief Executives & Directors of Finance;
Health and Social Care Partnership Chief Officers
NHS Territorial Boards Chief Executives;
NHS Territorial Boards Directors of Finance;
COSLA Chairs; Chief Social Work Officers;
NHS Territorial Boards Nurse Directors;

via email

12 October 2022

Dear Colleagues

Supporting our Health and Social Care System

You will no doubt be as concerned as we are about the pressures currently being experienced by the NHS and Social Care system across Scotland. We are in a precarious position and must make every effort to maximise capacity to ensure resilience of these services, as we head into winter. We know this is a shared concern and we are very keen to get in the room with key COSLA and Solace representatives to work together on this collectively, as a matter of urgency. However, given the urgency of situation we feel there are a number of actions we have already identified as necessary.

In conversations with health and social care partnerships, we have heard many examples of good practice and are aware of a range of interventions being applied across the country to address these challenges. However, we are also aware that these evidence based good practices are not yet being applied consistently, and we now need to see an acceleration in spreading and scaling these evidence based good practices across the country.

Therefore, my officials have reviewed interventions and activities already being implemented in part by Health Boards, Local Authorities and Health and Social Care Partnerships; the Winter Pressures Funding Quarterly Key Performance Indicator returns; and wider improvement work across Scotland. The interventions set out in **Annex A** have been shown to have a positive impact.

We must now redouble our efforts and we ask for your support in immediately implementing all of the listed actions, to tackle the challenges that are being faced.

Funding to support the demands of winter pressures, particularly in supporting capacity for Social Care, are set out in **Annex B**.

Assurance and Oversight
We recognise both the need to support each other, and the importance of good information to support our actions. For this reason, we want clearer assurance of the readiness of local planning and resourcing and evidence that winter pressures funding has had any significant impact on system pressures is unclear. In particular, we seek assurance that all possible action is taken to ensure a rapid reduction in the number of patients delayed in hospital who no longer have a clinical need to be there.

An invitation to attend a meeting will be issued in the coming weeks, which will offer an opportunity for us to meet with you to collaboratively gain the necessary assurances that these actions are being effectively implemented across the country. These meetings will also offer opportunity to agree how we can work together to identify solutions to the pressures being faced.

In addition, we ask for your support in ensuring that that social care data relating to outstanding assessments and hours of unmet need at Local HSCP level are made public. This reasoning behind this release of data, currently classified as "management information" is threefold:

a) The data is regularly shared internally and is FOI-able, and pro-active publication is always preferable;
b) If we are looking at pressures across the whole system, the lack of social care data hampers decisions about where investment is required to ease patient flow;
c) It will assist Integration Joint Boards and Local Authority Leaders' understanding of the risks being carried at a local level.

A programme of work is underway to review these data in more detail with Health and Social Care Partnerships and Public Health Scotland, to improve the quality, completeness, accuracy and consistency of these data.

The current situation requires immediate action to minimise the increasing the impact of pressures on the NHS and Social Care system. By working collaboratively, we can seek to ensure that the system has capacity to serve the people of Scotland approaching winter.

Yours sincerely,

HUMZA YOUSAF **SHONA ROBISON**

ANNEX A

All Health Boards, Health and Social Care Partnerships and Local Authorities **must renew their focus on the following actions**:

- Home First
- Discharge without Delay (Use of Planned Date of Discharge [PDD] compulsory)
- Criteria Led Discharge
- Hospital to Home transition teams with re-ablement focus / Discharge to Assess
- Hospital at Home
- Anticipatory Care Plans
- Effective End of Life pathways in strong collaboration with our Hospice colleagues.

Additional Measures to support improved flow.

In addition, we will require **Discharge co-ordination to be extended to all Emergency Departments.** It is our view that placing a Discharge Co-ordinator, as a single point of contact (SPOC) to arrange rapid discharge from ED, enables ED staff to focus on seeing and treating patients in the department. This co-ordinator role will take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so. Arranging discharges from ED can take considerable clinical time, which will be released by having a focussed Discharge Co-ordinator on site.

Support for Care Homes: Building on the successful support provided to care homes during the pandemic; Care Homes must be supported by having timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. This prevents unnecessary ED attendances, which are distressing for residents.

Increase care and support in community by increasing / supplementing workforce:

- Work with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, Medical students as support workers for medical teams (NHSAA example);

- **Invest in and fund local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community. This practical support (previous home help role for example) is not the provision of personal care, which would be inappropriate for volunteers. This support

will release time for care@home staff. Some HSCPs have already focussed on this intervention with good impact.

Increase capacity in social work teams, including retirees. There is an urgent need to focus on assessments and reviews in order to ensure people are receiving the right level of support and release potential capacity in the care system. This includes the wider MDT and key staff such as OTs and OT assistants, and MHO roles to focus on AWI / guardianship processes.

Commission beds in care homes as NHS beds to support transfer of care from hospitals to release capacity. This must be supported by re-ablement so that people move on to their correct destination. Some HSCPs have already addressed this and will have learning for others, which we will document and share across the system. Identify designated beds within current footprint. This would enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, including a focus on re-ablement using OT assistants. This could reduce the care@home demand in the longer term.

Streamline processes for patients on the AWI / Guardianship pathway. There are opportunities to streamline this pathway and ensure that all elements of the process are completed in a timely manner. Discussions are currently under way with the Director of Mental Health that will enable guidance to be given describing the required practice to move any patient from a hospital bed. Guidance is targeted at those areas with the highest AWI delayed discharges. SG officials will continue to meet with these areas to pinpoint and offer assistance in easing their particular difficulties, which differ in each area. A decision to move under AWI MUST be focussed on the individual and each patient must have their own assessment, which agrees the move is in their interests (jointly by MHO and clinician).

The use of NHS commissioned / procured beds may be possible. This was attempted a few years ago by NHS GGC, resulting in reversal of their position following a court case brought by the Equality and Human Rights Commission (EHRC), with the support of the Mental Welfare Commission (MWC). The support of the EHRC and the MWC will be essential to ensure the rights, will and preferences of the person are respected. Officials will be meeting both organisations to explore this.

ANNEX B

Funding

In addition to the £300m allocated in 2021/22, additional funding has continued to be allocated to support the demands of winter pressures, particularly in supporting capacity for Social Care.

This funding for 2022-23 is aimed at the following measures:-

- £124 million to enhance care at home;
- £20 million to support interim care arrangements;
- £40 million to enhance multi-disciplinary teams;
- £30 million for Band 2-4 recruitment;
- £144 million for the full year impact of the pay uplift to a minimum of £10.02 per hour in adult social care commissioned services;
- A further £200 million in 2022-23 to uplift adult social care pay in commissioned services to a minimum of £10.50 per hour, as well as providing non ring-fenced additional support to the sector.

You will be aware that the UK Government held a fiscal event on 23 September 2022. Scottish Government has committed to reviewing the 2022/23 budget in light of this and will follow up with more detail on this in the coming weeks.

It is crucial that you review the available funding allocation to consider how it can be appropriately directed to alleviate the current pressures, including targeted recruitment to the sector. The funding must be used for the purpose in which it was awarded and must not be redirected to other pressures, which do not meet the aims of increasing capacity in the community, reducing delayed discharge, or increasing care at home services.

I appreciate that some Authorities may have concerns over the impact of recruiting, when a recruitment freeze exists in other areas of your Authority. I reiterate that local recruitment freezes or delays must not inhibit recruitment to the Social Care sector. All mechanisms for recruitment should be utilised, including collaboration with your Local Employability Partnership and cross partnership working with other Authorities.

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s;
iii. expanding Care at Home capacity; and
iv. expanding support for unpaid carers.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the Schedule 1-3 attached to this letter. A template was provided to enable this to be done consistently and as easily as possible.

Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2022-23

The £20 million for interim care and £124 million to enhance care at home capacity were made available to support permanent recruitment and longer term planning. This additional funding was distributed to local authorities via the 2022-23 Scottish Local Government Finance Settlement on a GAE basis, with a requirement to be passed in full to Integration Authorities.

The £40 million to enhance multi-disciplinary teams and £30 million for Band 2-4 recruitment is to cover the period from 1 April 2022 to 31 March 2023 and will be distributed via NHS Boards.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations, according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals.

NHS Scotland Chief Operating Officer

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By Email

17 October 2022

Dear Colleagues,

WINTER PREPAREDNESS CHECKLIST

On 4 October the Cabinet Secretary for Health and Social Care published the **Health and Care Winter** Overview, setting out the actions we are taking to support winter resilience across our health and care system.

I know that you are already at an advanced stage of planning locally for this winter. In order to provide assurance on the state of resilience across Scotland, we are continuing the checklist approach we took last year.

This **winter preparedness checklist** sets out key areas against which we asked you to provide assurance on your local systems. If there are any areas within this checklist that have not been fully considered, it would be expected that Boards develop an action plan to ensure that appropriate action is taken to improve resilience. The checklist is attached as an annex to this letter and we request all Boards return the completed checklist to us by **Monday 7 November.**

For patient-facing National Boards, we would ask you to complete the checklist, as far as it is applicable for your organisation. For other National Boards, your sponsor team will be in touch to confirm if a return is required.

Submission

Territorial Boards, please return your submission to healthplanning@sponsorship@gov.scot

National Boards, please return your submission to your sponsor team and cc in healthplanningandsponsorship@gov.scot

If you have any questions, please contact the Health Planning and Sponsorship team at healthplanningandsponsorship@gov.scot.

Yours sincerely

John Burns
Chief Operating Officer, NHS Scotland

Preparing for Winter 2022/23
Checklist of Winter Preparedness

This Winter Preparedness checklist is to provide Scottish Government with assurance that winter preparedness plans are adequate and in place. If there are any areas within this checklist that have not been fully considered, it would be expected that Boards develop an action plan to ensure that appropriate action is taken to improve resilience. As a further line of defence, Boards may wish to engage internal audit in the review of this checklist.

Areas of assurance

1. Resilience Preparedness
2. Urgent and Unscheduled Care
3. Intermediate / Step Down Care
4. Primary Care
5. Primary Care Out of Hours
6. Planned Care
7. COVID -19, RSV, Seasonal Flu, Norovirus, Staff Protection & Outbreak Resourcing
8. Workforce
9. Digital and Technology

Checklist completed for	*[insert organisation]*
Checklist signed off by:	*[insert name and role in organisation]*
Date completed*:*	*[insert date of completion]*

Ref	Area	Board Response
1	**Resilience Preparedness**	
1.1	**Scope and collaboration in development of plans** Winter Plans clearly demonstrate processes to ensure robust collaboration and joint working across the interface of general practice, secondary care and Health and Social Care Partnerships, to ensure a whole-system multi-disciplinary approach to winter planning Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. SAS) in clearly set out how this plan will be delivered through joint mechanisms.	**Yes / No / Partial / N/A**
1.2	Appropriate **Business Continuity Management** arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with CCA 2004 Category 1 and 2 responsibilities and other guidance including: • NHS Scotland Standards for Organisational Resilience 2018. • Preparing For Emergencies: Guidance for Health Boards in Scotland 2013.	**Yes / No / Partial / N/A**
1.3	Plans have identified all potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2021/22 and also cover concurrent risks, including but not exclusive to: • Industrial Action, including risk of strike action in other services, such as public transport and/or education, and risk of concurrent action across the public sector. • Power Outage (national, localised, planned) • NHS Supply Chain Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded as part of all-year-round capacity and service continuity planning	**Yes / No / Partial / N/A**
1.4	Business Continuity plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required are included on the corporate risk register and are actively monitored by the risk owner and the Executive Team.	**Yes / No / Partial / N/A**
1.5	Business continuity plans include response if a clinical system outage occur and the steps in place to ensure continuity of services. This includes process, equipment and staffing to operate under Business Continuity.	**Yes / No / Partial / N/A**

1.6	**Surge capacity and demand planning** Winter Planning includes demand, capacity, and activity plans across urgent, unscheduled and planned care provision; with these being fully integrated, including identification of surge beds for emergency admissions. These projections are reviewed at least weekly. Planning is undertaken with all key LRP partners and includes assessments of reasonable worst case scenarios for: • different levels of hospital capacity, both generally and in ICU; • different flu and Covid-19 impacts such as the emergence of variants of concern, • vaccination uptake; • delayed discharge numbers. • the commissioning of beds in care homes as NHS beds to support transfer of care from hospitals to release capacity • identification of designated beds within current footprint to enable focussed care for patients experiencing delays with a different model of staffing to meet their care needs, • streamline processes for patients on the AWI / Guardianship pathway	**Yes / No / Partial / N/A**
1.7	**Local communications** Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. Consideration is given to highlighting • www.readyscotland.org as one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. • The Met Office National Severe Weather Warning System for information on the localised impact of severe weather events. • Use of NHS inform to support people to look after themselves and identify alternative pathways for care. Effective communication protocols are in place between key partners, particularly across unscheduled and planned care provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. Information about OOH services is routinely available to the public at evenings and weekends, and includes community pharmacy Minor Ailment Service (MAS) and Pharmacy First, optometry first port of call and, information on advance planning for the 4-day Festive Periods, including pre-stocking of repeat prescriptions. There is a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc. There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.	**Yes / No / Partial / N/A**

2	Urgent and Unscheduled Care Preparedness	
2.1	To ensure appropriate attendance to ED services, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker. This is staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation, and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), mental health services, pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at EDs	**Yes / No / Partial / N/A**
2.2	Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures are identified as they emerge; and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.	**Yes / No / Partial / N/A**
2.3	Robust communication processes are in place across each hospital site including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, looking at prediction of capacity and demand for the next day. Attendance and participation in the huddles includes pro-active involvement of HSCPs and Primary Care. Where HALOs are on site they are included to ensure focus on turnaround times for ambulances and SAS role in discharge etc	**Yes / No / Partial / N/A**
2.4	Emergency Physician in Charge (EPIC) roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED, and take responsibility for co-ordinating community support to enable swift decision making at the front door to prevent admission where it is safe to do so.	**Yes / No / Partial / N/A**
2.5	Pathways are in place which provide an alternative to admission through the four agreed national priority pathways: Hospital at Home; Community Respiratory Rapid Response; Out-patient Parental Antibiotic Therapy (OPAT); and Remote Health Monitoring.	**Yes / No / Partial / N/A**
2.6	As indicated in the Cabinet Secretary letter of 12 October 2022, escalation procedures are linked to a plan which encompasses the full use of step-down community facilities. If necessary, plans will consider any requirement to purchase additional capacity over the winter period.	**Yes / No / Partial / N/A**
2.7	Additional festive arrangements, over the four day public holiday, are planned in collaboration with partner organisations such as HSPCs, Local authorities, Police Scotland, SAS and the local Voluntary Sector	**Yes / No / Partial / N/A**

2.8	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.	**Yes / No / Partial / N/A**
2.9	Patients with respiratory conditions and those who are frail will benefit from having an up to date anticipatory care plan in place.	**Yes / No / Partial / N/A**
2.10	Pathways are in place for patients who are identified as 'frail' and those with respiratory exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions. Regular MDT meetings are in place to discuss patients with severe COPD.	**Yes / No / Partial / N/A**
2.11	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. Patients are provided with information on action to take/who to contact in the event of an exacerbation, including direct phone lines where possible.	**Yes / No / Partial / N/A**
2.12	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required.	**Yes / No / Partial / N/A**

3	**Intermediate / Step Up / Step Down Care**	
3.1	Boards can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and also to work towards building sustainability for the future. Plans include: • continued implementation of the following to enable step up and step down care and prevent admission: Home First, Discharge without Delay, Discharge to Assess and effective End of Life pathways to prevent an increase in patients who are delayed in the health and care system • increase in community capacity to enable patients to be discharged to their own home (or as homely a setting as possible) as the default ambition. This increase in capacity will be context specific according to need and be a mixed model of an increase in health and care community services, and/or bed based services dependent on patient and service need. • continued and swift mobilisation of their local voluntary and third sectors to maximise support to community services enabling people to be discharged and avoid readmission.	**Yes / No / Partial / N/A**

4	Primary Care	
4.1	Plans are in place to support General Practice (and where necessary other independent contractors) and manage sustainability over the winter period. In particular plans should reflect: • Measures are in place to identify and resolve issues in accessing general practice appointments (with GPs and wider multi-disciplinary team members) as soon as possible. • Specific reference should be made to contingency arrangements where practices are unable to open due to staffing or other reasons. • Plans should include providing for contingency arrangements, such as pooling appointments within localities or clusters to ensure patient access is not restricted unduly. • Any involvement of GP practices in vaccination programmes is based on the assurance that practices will continue to deliver essential primary medical services. Plans should involve Local Primary Care Leads and Cluster Leads, and where appropriate the GP Subcommittee/LMC.	**Yes / No / Partial / N/A**
4.2	Plans are in place to support General Practice (and where necessary other independent contractors) and manage sustainability over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open due to staffing or other reasons.	**Yes / No / Partial / N/A**
4.3	NHS Board Directors of Dentistry should: • liaise with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period; • liaise with practices within their NHS Board area to ensure they have robust contingency plans in place for outbreaks of respiratory diseases.	**Yes / No / Partial / N/A**

5	Primary Care Out of Hours Preparedness	
5.1	**Executive level overview and oversight for Out of Hours (OOH)** A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given its essential role as a "front door" service	**Yes / No / Partial / N/A**
5.2	**Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience** The plan puts Primary Care OOH within the context of all winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation centres (FNCs), or equivalent. It also includes response for the four day public holiday weekend. This will have included engagement with SAS, NHS 24 and Primary Care OOH services and to consider what more could be done collaboratively to improve continuity of care. The plan also demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period. There is reference to direct referrals between services.	**Yes / No / Partial / N/A**
5.3	**Maximising Multi-Disciplinary Teams (MDTs)** Plans explicitly reference the use of MDTs within OOH services and increased where possible. This includes increasing capacity of senior clinical and non- clinical leadership, use of multidisciplinary teams and availability of professional to professional advice across acute and community. Plans also include the involvement of MDT primary care teams OOH to cover addiction and mental health needs – extending the scope of AHP involvement. Greater use of Pharmacy First is being promoted. Sufficient community pharmacy services are open and accessible including during public holiday periods. Availability of these services is well known and information for the public is current	**Yes / No / Partial / N/A**
5.4	**Working with mental health services** In conjunction with HSCPs, clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	**Yes / No / Partial / N/A**

5.5	**Provision of OOH dental services** There is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.	**Yes / No / Partial / N/A**
5.6	**Working with social care** OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.	**Yes / No / Partial / N/A**
5.7	Consideration has been given to increasing, where possible, the availability of professional- to-professional advice across acute and the community to ensure the patient receives right care in the right place at the right time.	**Yes / No / Partial / N/A**

6	Planned Care	
6.1	Plans are in place to maintain activity over winter for both outpatients and inpatient / daycase procedures, with plans considering the impact of unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – **if Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.** Plans are in place that focus on the reduction of long waits including diagnostic endoscopy or radiology Systems are in place for the early identification of patients who are fit for discharge, with PDDs (planned dates of discharge) visible and worked towards to ensure patients are discharged without delay.	**Yes / No / Partial / N/A**
6.2	**Discharge** Patient flow is optimised by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools to optimise capacity, and ensure same rates of discharge over the weekend and public holiday as weekday. To support discharges at weekends and public holidays, regular daily ward rounds and bed meetings are conducted to ensure a proactive approach to discharge. Discharge lounges are fully utilised to optimise capacity - especially important prior to noon.	**Yes / No / Partial / N/A**
6.3	**Discharge – partnership working** Close partnership working between is in place between, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels. Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Key partners such as: pharmacy, transport and support services, including social care services, have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge	**Yes / No / Partial / N/A**

7	COVID -19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing	
7.1	All patient-facing Health and Social Care Staff have easy and convenient access to the Covid-19 and seasonal flu vaccines and that: • clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations • drop-in clinics are also available for staff unable to make their designated appointment • peer vaccination is facilitated, where possible, to bring vaccine as close to the place of work for staff as possible. • information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline. where possible, the winter coronavirus vaccine will be given at the same time as the flu vaccine. This is a safe and efficient way to give maximum protection over winter months.	**Yes / No / Partial / N/A**
7.2	The winter plan takes into account the predicted surge of seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks across this period. If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards will consider undertaking targeted immunisation.. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division).	**Yes / No / Partial / N/A**
7.3	Adequate resources are in place to manage all potential COVID-19 outbreaks including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning is in place to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of planned admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures. Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.	**Yes / No / Partial / N/A**
7.4	To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs. Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings	**Yes / No / Partial / N/A**

8	Workforce	
8.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these).	**Yes / No / Partial / N/A**
8.2	Boards are continuously deploying the range of tools available to them to support efforts aimed at staff retention, including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so.	**Yes / No / Partial / N/A**
8.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, to ensure consistent discharge over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications.	**Yes / No / Partial / N/A**
8.4	A strategy is in place for the deployment of volunteers, making appropriate use of established local and national partnerships.	**Yes / No / Partial / N/A**
8.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources.	**Yes / No / Partial / N/A**
8.6	The NHSScotland National Arrangements for Adverse Weather are being updated to support Winter preparedness. The revised DL is expected to be published by the end of October 2022.	**Yes / No / Partial / N/A**
8.7	Extra capacity is being scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	
8.8	Boards can evidence: • Work undertaken with local **college and HEI student workforce** to offer holiday shifts and regular part time contracts, • **Medical students** as support workers for medical teams • **Investment in and funding of local voluntary and third sector** organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community.	
8.9	Consideration has been given to making greater use of GPs in their final year of training (GPST3s), with appropriate supervision, to improve the pool of available OOH clinical staff.	**Yes / No / Partial / N/A**

9	Digital and Technology	
9.1	Plans are in place to support the availability of Near Me video consultations for planned and unscheduled care to provide greater choice and also bring benefit during bad weather and preventing the spread of infection.	**Yes / No / Partial / N/A**
9.2	The focus and timetable for the second Digital Maturity process are currently under consideration.	**Yes / No / Partial / N/A**
9.3	Plans to provide assurance that all programmes of work have fully considered digital requirements and resources have been allocated at the outset.	**Yes / No / Partial / N/A**
9.4	Ensure appropriate digital equipment is available and distributed to support home working arrangements	**Yes / No / Partial / N/A**
9.5	Appropriate expertise and support can be rapidly put in place in the event of a cyber attack and plans have been developed to mitigate any impact of an attack	**Yes / No / Partial / N/A**

Please return completed checklists to healthplanningsponsorship@gov.scot by **MONDAY 7 NOVEMBER 2022**