



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	<p>Scope and collaboration in development of plans</p> <p>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</p> <p>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.</p>	Yes / No / Partial / N/A
1.2	<p>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:</p> <ul style="list-style-type: none"> • NHS Scotland Standards for Organisational Resilience 2018. • Preparing For Emergencies: Guidance for Health Boards in Scotland 2013. 	Yes / No / Partial / N/A
1.3	<p>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:</p> <ul style="list-style-type: none"> • 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 <p>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</p>	Yes / No / Partial / N/A
1.4	<p>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.</p> <p>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.</p> <p>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.</p>	Yes / No / Partial / N/A
1.5	<p>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.</p>	Yes / No / Partial / N/A

1.6	<p>Surge capacity and demand planning</p> <p>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.</p> <p>Planning is undertaken with all key LRP partners and includes assessments of reasonable worst case scenarios for:</p> <ul style="list-style-type: none"> • 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	<p>Local communications</p> <p>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</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>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.</p> <p>There is a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</p> <p>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.</p>	Yes / No / Partial / N/A

2	Urgent and Unscheduled Care Preparedness	
2.1	<p>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.</p> <p>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</p>	Yes / No / Partial / N/A
2.2	<p>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.</p>	Yes / No / Partial / N/A
2.3	<p>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</p>	Yes / No / Partial / N/A
2.4	<p>Emergency Physician in Charge (EPIC) roles are in place where possible to provide dedicated leadership in Emergency Departments.</p> <p>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.</p>	Yes / No / Partial / N/A
2.5	<p>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.</p>	Yes / No / Partial / N/A
2.6	<p>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.</p>	Yes / No / Partial / N/A
2.7	<p>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</p>	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: <ul style="list-style-type: none"> 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	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>Plans should involve Local Primary Care Leads and Cluster Leads, and where appropriate the GP Subcommittee/LMC.</p>	Yes / No / Partial / N/A
4.2	<p>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.</p>	Yes / No / Partial / N/A
4.3	<p>NHS Board Directors of Dentistry should:</p> <ul style="list-style-type: none"> • 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	<p>Executive level overview and oversight for Out of Hours (OOH)</p> <p>A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place.</p> <p>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</p>	Yes / No / Partial / N/A
5.2	<p>Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience</p> <p>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.</p> <p>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.</p> <p>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.</p>	Yes / No / Partial / N/A
5.3	<p>Maximising Multi-Disciplinary Teams (MDTs)</p> <p>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.</p> <p>Plans also include the involvement of MDT primary care teams OOH to cover addiction and mental health needs – extending the scope of AHP involvement.</p> <p>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</p>	Yes / No / Partial / N/A
5.4	<p>Working with mental health services</p> <p>In conjunction with HSCPs, clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.</p>	Yes / No / Partial / N/A

5.5	<p>Provision of OOH dental services</p> <p>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.</p>	<p>Yes / No / Partial / N/A</p>
5.6	<p>Working with social care</p> <p>OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite and home care provision.</p> <p>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.</p>	<p>Yes / No / Partial / N/A</p>
5.7	<p>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.</p>	<p>Yes / No / Partial / N/A</p>

6	Planned Care	
6.1	<p>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.</p> <p>Plans are in place that focus on the reduction of long waits including diagnostic endoscopy or radiology</p> <p>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.</p>	Yes / No / Partial / N/A
6.2	<p>Discharge</p> <p>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.</p> <p>To support discharges at weekends and public holidays, regular daily ward rounds and bed meetings are conducted to ensure a proactive approach to discharge.</p> <p>Discharge lounges are fully utilised to optimise capacity - especially important prior to noon.</p>	Yes / No / Partial / N/A
6.3	<p>Discharge – partnership working</p> <p>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.</p> <p>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)</p> <p>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</p>	Yes / No / Partial / N/A

7	COVID -19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing	
7.1	<p>All patient-facing Health and Social Care Staff have easy and convenient access to the Covid-19 and seasonal flu vaccines and that:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>	Yes / No / Partial / N/A
7.2	<p>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.</p> <p>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).</p>	Yes / No / Partial / N/A
7.3	<p>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.</p> <p>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.</p> <p>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.</p>	Yes / No / Partial / N/A
7.4	<p>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.</p> <p>Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings</p>	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: <ul style="list-style-type: none"> • 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**