

indicators of success that should be included as part of local planning. These were aligned to the Unscheduled Care 6 Essential Actions and included:

- business continuity plans tested with partners
 - escalation plans tested with partners
 - safe and effective admission/discharge in the lead-up to and over the festive period and into January
 - strategies for additional surge capacity across health and social care service
 - whole system activity plans for winter: post-festive surge/respiratory pathway
 - effective analysis to plan for and monitor winter capacity, activity, pressures and performance
 - workforce capacity plans and rotas for winter/festive period agreed by October
 - discharges at weekends and bank holidays
 - the risk of people being delayed on their pathway is minimised
 - communication plans
 - preparing effectively for Norovirus
 - delivering seasonal flu vaccination to public and staff.
6. Malcolm Wright, Chief Executive NHS Scotland and Director General Health & Social Care, wrote to the Chief Executives of NHS Boards and Chief Officers of Health & Social Care Partnerships on 4 September 2019 regarding preparation for winter 2019/20. The letter confirmed the final amount that has been allocated for 2019/20 and instructs Health Boards and IJBs to specifically target delivery of services with a key focus on:
- Reducing attendances wherever possible by managing care closer to home, preferably at home
 - Managing/avoiding admission wherever possible
 - Reducing length of stay
 - Focus on flow through acute care

- Workforce
7. The letter also requested that Winter Plans be submitted by the end of October 2019. In order to inform the winter plan and local winter operations, a supplementary checklist of winter preparedness: self assessment was completed for the Partnership.
 8. A Regional Winter Learning Event was held on 4 October 2019. The key take home message from the event was that Boards and Partnerships should make stringent efforts to maximise uptake of flu vaccinations as the early position was indicative of higher levels of influenza this winter. The other key message was that delays are too high and that these needed to be significantly reduced pre-Winter.
 9. The Partnership's Winter Planning Group, which includes multi-agency and acute representation, leads on the planning, monitoring and evaluation of the Winter Plans. Monthly meetings are scheduled for Winter 2019/20.

Main report

Winter Bids 2019/20

10. The 2019/20 winter planning process has again evolved from the processes used in previous winters, with greater emphasis upon building on the successes of previous years, realising the impact of any funded winter scheme and clear metrics being considered alongside the rationale for funding.
11. On 12 June 2019, the Partnership was invited to submit bids for winter funding.
12. A communication was sent out at that time to a range of key internal stakeholders in the Partnership, including operational managers, locality managers, members of the Partnership's Winter Planning Group, the Unpaid Carer Lead, Strategic Planning Managers and the Chief Nurse, who were asked to liaise with staff and partners to generate proposals. EVOC was invited to contact Third Sector organisations through their network to generate proposals.
13. The deadline for winter submissions was 29 July 2019. The Partnership submitted 14 bids.
14. A Winter Planning Short Life Working Group (SLWG) was convened to undertake prioritisation of submitted bids. 15 teams comprising of two people were established to score 6-7 winter bids per team, against the following criteria:
 - Supports joint working between Acute and HSCPs
 - Supports a Home First approach

- Facilitates 7 day working and discharging
- Site and community flow/resilience
- Admission avoidance
- Supports a non bed-based model

15. Table one gives a breakdown of the Partnership submissions in rank order:

Proposal Title	Rank Number (out of 99)
Home First Navigators Flow Centre	1
Open House (EVOG)	3
Winter Support Team/Home First	8
Care Home Walking Aid Safety Project	15
Adults with Incapacity (AWI)/Guardianship	15
Carer Counselling & Groupwork	19
Festive Practice	26
CRT+	26
Advanced Nurse Practitioner for Residential Care Homes	42
Enhanced Community In-reach	46
Social Work to Support Home First Model	46
Falls Assistant Practitioner	80
Improved Discharge Support – Diabetes	92
Increased District Nursing Capacity – supporting earlier discharge and admission avoidance	95

16. The SLWG then met on 12 September 2019 to discuss the outcome of the scoring and to finalise the list of winter bids to fit the financial envelope for 2019/20.
17. A total of 7 bids were successfully funded from winter monies. Two of these bids were amalgamated into one – the Winter Support Team and Home First Navigators for Flow Centre. Following the meeting, the Partnership funding was identified for 2 of the unsuccessful bids. Four bids were unsupported and, therefore, unfunded.
18. The Partnership submitted bids totalling £530,753, of which £351,867 (66%) was initially secured.
19. The list of funded winter bids was taken to the Lothian Unscheduled Care Committee meeting for their approval on 4 October 2019. Recruitment commenced immediately.

20. As of 14/11/2019, recruitment to the initial tranche of winter funded posts is ongoing: social work is nearly fully staffed with 4 out of the 6 posts filled and the festive practice is staffed with the exception of locum GPs. 16 frontline staff have been identified for the Winter Support Team, which will be led by a North and a South Home Care Coordinator, who will both be seconded. 50% of the AWI resource has been secured and work is ongoing to secure the remaining hours. CRT have been unable to recruit and will seek to deploy existing physiotherapy staff to join the team.
21. An additional allocation for the Partnership was confirmed on 18 November 2019 and is allocated to two bids. An additional 2 social worker posts have been funded to support Home First: this proposal was initially awarded 75% of the funding requested (equating to 6 social workers), but now has the full 100% allocated (8 social workers). A new bid, for 500 hours of additional Care at Home capacity through external providers, is fully funded.
22. A more detailed breakdown of all bids is shown below. This also details which bids support the ambition to improve Health & Social Care service resilience over Public Holidays and 7 day working.

Title	Amount Requested	Amount Awarded	% Awarded	Start Date	7 Day Working	Covering Public Holidays
Funded by Unscheduled Care Committee Winter Funding						
Festive Practice	£25,830.00	£25,830.00	100%	26/12/2019	N/A	Yes (except 25/12)
CRT+	£23,227.00	£23,227.00	100%	01/12/2019	Yes	Yes
Winter Support Team	£180,858.00	£180,858.00	100%	01/12/2019	Yes	Yes
Social Work to Support Home First Model	£101,866.00	£101,866.00	100%	01/12/2019	No	Yes (except 25/12 and 01/01)
AWI	£35,000.00	£17,500.00	50%	01/12/2019	No	No
Home First Navigators Flow Centre	£25,466.00	£0.00	0%	01/12/2019	Yes	Yes
Open House	£28,038.00	£28,038.00	100%	15/12/2019	Yes	Yes
Care at Home	£158,342.00	£158,342.00	100%	09/12/2019	Yes	Yes
	£578,627.00	£535,661.00				
Funded by EHSCP						
Walking Aid Safety Assessments in Edinburgh Care Homes	£22,789.00	£22,789.00				
Carers Counselling	£1,500.00	£1,500.00				
	£24,289.00	£24,289.00				
Unsupported/unfunded						
Community in-reach	£15,025.00	£0.00				
Falls Assistant Practitioner	£10,554.00	£0.00				
District Nurse Continence Care	£48,480.00	£0.00				
Diabetes	£12,120.00	£0.00				
	£86,179.00	£0.00				

Winter Weather Resilience Arrangements

23. The Partnership's 2017/18 winter resilience was robustly tested by the short, but eventful, visitation of the 'Beast from the East', which created severe snow and ice conditions between 28 February and 4 March 2018. The main impacts were transport, communications and staff and service user's welfare. This created a unique opportunity to introspectively look at incident readiness and response and, as a result of that, resilience arrangements have significantly changed.

24. In May 2018, the EIJB approved the Partnership's Overarching Resilience Arrangements, which includes winter resilience. Since then the Partnership's Severe Weather Contingency Plan has been developed, most recently updated in November 2019, the aim of which is to facilitate an effective response to severe weather incidents with the purpose of mitigating the impact of disruption in the delivery of services
25. The plan will better enable services to continue to deliver the Partnership's essential activities required within a 7 day period to pre-determined levels (following disruption to normal business caused by severe weather) and to respond according to the needs of the incident. A copy of the plan is attached at Appendix 2.

Flu Vaccinations

26. Ensuring high uptake of flu vaccination among staff and patients is one of the key underpinning and most effective elements of winter planning. Prevention of flu in the community decreases the number of admissions and presentations, and prevention among staff decreases both nosocomial transmission and staff sickness.
27. In Winter 2018/19, 51% of staff were vaccinated against flu and the ambition is to improve upon this uptake this year, further closing the gap between the national target of 60% and our performance.
28. Peer vaccinations and staff vaccination clinics have been ongoing since the end of October. District Nurses have been visiting care homes to vaccinate staff in their place of work. A programme for vaccinations for housebound people is also underway.
29. Whilst the Partnership was given basic data about the number of staff who were vaccinated in the organisation during Winter 2018/19, more detailed information was not available at that time. The staff flu vaccination consent form for Winter 2019/20 has therefore been amended to capture more detailed information about locality and team/service in order for a more detailed analysis to take place this year.

Communication

30. The Partnership is now in its third year of working with the NHS Lothian Communications Team to complement their Lothian-wide winter communications campaign.

31. Communications will be target to key audiences, such as:
- High risk/frontline staff about getting the flu vaccine
 - Care home staff about the importance of anticipatory care plans
 - Social Care Direct staff to allow them to signpost callers to the right service
 - Homecare staff on keeping themselves and clients safe and healthy over winter
 - Those with long term condition
 - Those most at risk of falling
 - Unpaid carers
32. The Partnership's Communications Team is working with key stakeholders to understand the target audiences and the best way to communicate key messages to them.

Plans to improve Delayed Discharge

33. There is a concerted focus on improving the position around delayed discharge. The September Census shows improvement around number of delays but, more importantly, the occupied days. Edinburgh has been set a target of 113 delays by 13th December as part of the NHS Lothian recovery plan. There are a number of actions directed towards providing more capacity within community services to reduce the number of people waiting in hospital. We are working with an external care at home provider to support an additional 500 hours across the city within the next 4 weeks. It is anticipated that this will enable the unblocking of Reablement to allow this team to support higher numbers of discharges from hospital. Conversations are also underway around purchasing additional care home beds for those people who are eligible for Local Authority funding as currently there is limited capacity in the system.
34. Discharge to Assess has rolled out across the North East and North West Localities. The target for this new service is 20-25 discharges a week. Discharge to Assess is Therapy Lead rehabilitation pathway focused on supporting the assessment of the individual in their own home as an alternative to hospital. It is anticipated this additional pathway will allow greater opportunities for discharge and prevent people becoming delayed. In addition to this, there has been additional support looking at the current care at home delays. This support is to provide homecare expertise aimed at optimising the package of care request, which should allow a speedier turnaround from initial referral to discharge taking place.

35. We now have an established Home First Navigator post at the front door assessment areas of the Western General Hospital. Through early identification of people known to services in Edinburgh, as well as those who would benefit from being connected to local teams, the Home First Navigators are facilitating early discharge and ongoing assessment in the community.

Key risks

36. Key risks include:

- Recruitment remains the main risk. There are challenges of recruiting additional staff for only a 12 week period, although it has been agreed that the Winter Support Team and, as of 14/11/2019, Home First Social Work will be permanent. Some other Partnerships are deciding to recruit to permanent contracts. There are a limited number of applicants for some posts, and there is the possibility of destabilising the system by recruiting from the existing pool of staff.
- There is a risk that community infrastructure cannot meet demand, resulting in continued reliance on bed-based models, with associated risk to site flow, Emergency Department (ED) crowding and staffing.
- Failure to achieve the delayed discharge target of 113 and sustain this improvement through winter, which will impact on system wide flow.
- The availability of Locum GPs to staff the Festive Practice.
- High levels of sickness absence.

Financial implications

37. NHS Lothian was initially allocated a total of £698,087, a reduction of 49.9% compared to 2018/19.
38. A total of £351,867 was awarded to 6 winter bids for the Partnership in 2019/20, with an additional 2 bids funded from other sources to a total of £24,289.
39. Since then, an additional £727,801 has been allocated to NHS Lothian. From this, the Partnership has secured £183,794, bringing the total amount of funding to £535,661.

Implications for Directions

40. There are no implications for directions arising from the detail contained within this report that relate specifically to winter. There are implications for Home First.

Equalities implications

41. An integrated impact assessment was undertaken in December 2017 to consider both positive and negative outcomes for people with protected characteristics and other groups. The general findings were very positive. Areas for improvement were unpaid carers and hard to reach groups. It was noted that there has been an impact on staffing due to the Council and NHS staff having different contracts and the ability to pay enhanced rates to incentivise staff to work weekends or public holidays based on different terms and conditions.

Sustainability implications

42. There may be sustainability implications to maintain improved flow and community capacity with regards to AWI when this returns to normal levels post-Winter.

Involving people

43. Winter plans were developed in close consultation with key internal and external stakeholders through the Partnership's Winter Planning Group and the planners and operational managers who generated the proposals.
44. A communication plan is being developed for the Partnership to ensure that staff in health and social care, partner organisations, the public and visitors to the city are aware of the services available over the festive period and how to access these.
45. The key target groups are people using the largest proportion of health care resources, primarily vulnerable older people, people who receive a care at home, people with long-term health conditions, and unpaid carers.

Impact on plans of other parties

46. Winter plans are being developed in very close consultation with relevant parties through the Partnership's Winter Planning Group. This includes the Delayed Discharge Lead and the staff who are leading on the development of Home First. This group has membership from acute sites and includes leads for flu, resilience and communications, as well as third sector.

Background reading/references

47. Scottish Government DL(2017)19 guidance.

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Appendices

Appendix 1	Completed Self-Assessment Checklist
Appendix 2	EHSCP Severe Weather Resilience Plan

Preparing for Winter 2019/20: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. Resilience
2. Unscheduled / Elective Care
3. Out of Hours
4. Norovirus
5. Seasonal Flu
6. Respiratory Pathway
7. Integration of Key Partners / Services

These checklists supplement the Preparing for Winter 2019/20 Guidance and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance



- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.
- There is no requirement for these checklists to be submitted to the Scottish Government.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
■ Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
■ Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
■ Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required



				<p>Internal Audit programme and has specific risk findings set against the completion of this work in 2020.</p> <p>Severe Weather Group - members from Council, NHS Lothian and EHSCP to further strengthen resilience response and share resources during weather related incidents.</p>
3	<p>The NHS Board and HSCPs have appropriate policies in place that cover:</p> <ul style="list-style-type: none"> • what staff should do in the event of severe weather hindering access to work, and • how the appropriate travel advice will be communicated to staff and patients • how to access local resources (including voluntary groups) that can support the transport of staff to and from their places of work during periods of severe weather. Policies should be communicated to all staff on a regular basis. 	<input type="checkbox"/>		<p>CEC and NHS have adverse weather policies. This is included in the Severe Weather plan</p>



	<i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i>			
4	The NHS Board's and HSCPs websites will be used to advise on travel to appointments during severe weather and prospective cancellation of clinics.	<input type="checkbox"/>		Communication plans and contacts are in place to alert staff, patients and service users of any disruption.
5	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input type="checkbox"/>		This is included the Council's Severe Weather plan.
6	The effectiveness of winter plans will be tested with key stakeholders by 30 October. The final version of the winter plan has been approved by NHS Board and HSCPs.	<input type="checkbox"/>		Not yet tested. The winter plan is not yet finalised – it was submitted to Scottish Government at the end of October, but they have asked for some changes to be made to it
7	The NHS Board and HSCPs have considered the additional impacts that a 'no deal' EU withdrawal on 31 st October might have on service delivery across the winter period.	<input type="checkbox"/>		EHSCP has considered the impacts of service delivery across the winter period. This is listed in a Brexit Risk Register that is regularly updated and shared with both NHS Lothian and Council partners.

2	Unscheduled / Elective Care Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	Clinically Focussed and Empowered Management			

1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity.</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	<input type="checkbox"/>		<p>Clear operational lines of escalation are in place within EHSCP</p>
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1.2	<p>Effective communication protocols are in place between clinical departments and senior managers 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.</p>	<input type="checkbox"/>		<p>As per Winter 2017/18, daily teleconferences will be scheduled if there are significant pressures across the system.</p>
1.3	<p>A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay</i></p>	<input type="checkbox"/>		<p>N/A – Acute to complete</p>
1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.</i></p>	<input type="checkbox"/>		<p>Care Home admissions are managed centrally matched to available capacity and information about capacity in private care homes is also utilised to match service users to places dependant on price and funding available. Should exceptional pressures develop these will be escalated to EMT</p> <p>Sheena Muir is in regular contact with the AAH Discharge Hub throughout the day especially over winter and has knowledge /early sight of any specific issues which could impact on flow and assist the team in finding solutions. There are no plans to increase the capacity in Liberton over winter. Any escalations will be via Tom Cowan to the EMT / Chief Officer.</p>
2	<p>Undertake detailed analysis and planning to effectively manage schedule elective and unscheduled activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.</p>			

2.2	<p>Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p>	<input type="checkbox"/>		N/A – Acute to complete
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	<p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p>			
3	Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge			
3.1	<p>System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October.</p> <p><i>This should take into account predicted peaks in demand, including impact of significant events (e.g.). Hogmanay Street parties on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.</i></p>	<input type="checkbox"/>		EHSCP will map annual leave arrangements for all teams to ensure that there is adequate cover in place
3.2	Extra capacity should be 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.	<input type="checkbox"/>		EHSCP will map annual leave arrangements for all teams to ensure that there is adequate cover in place
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc.	<input type="checkbox"/>		EHSCP now has a tactical resilience plan and an Incident Management Team. The resilience plan includes collaborative links with Police Scotland for example during severe weather.
	St Andrew's House, Regent Road, Edinburgh EH1 3DG			Festive service planning in place for unpaid carers with VOCAL

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	<i>NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations</i>			
3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		<p>This is communicated via NHS Lothian Primary Care Contracts Office (PCCO) at Waverley Gate.</p> <p>PCCO communicate the Community Pharmacy hours of service to relevant parties, including updating NHS Inform</p>
4	Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.			
4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i></p> <p><i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>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) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.</i></p>	<input type="checkbox"/>		<p>Proactive MATT meetings daily to support hospital flow with dial into acute sites.</p> <p>Home First Flow Navigators in the WGH site to support early pull.</p> <p>Discharge to Assess on North of City to create an alternative pathway to admission on WGH site.</p> <p>Home First Flow Navigators to support people at home based at the flow centre</p> <p>Home First Prevention Care to support people up to 72 hours in crisis as an alternative to admission.</p>

4.2	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate.</p>	<input data-bbox="1444 151 1489 199" type="checkbox"/> <div style="background-color: green; width: 50px; height: 100px; display: inline-block;"></div> <p>The MDTs will be focussed on 7 day discharges and that all discharges take place as early in the day as possible. As long as the discharge takes place in day time hours then the bed can be utilised on the same day. Many of the patients being discharged require SAS transport so morning discharges cannot always be guaranteed. Discharges can take place over the weekend if planned in advance to allow for discharge medications to be prepared (no on site pharmacy staff or medical staff at Liberton at the weekend) but this is dependent on ongoing care arrangements being in place if required.</p>
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	<p>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</p>			
4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	<input type="checkbox"/>		N/A – Acute to complete
4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will 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> <p><i>There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes</i></p>	<input type="checkbox"/>		<p>The NHS Lothian Community Pharmacy Core Group review demand and adjust Community Pharmacy opening hours accordingly. Pharmacists and Technicians are deployed across GP Practices to support pharmacotherapy services, medicines reconciliation at discharge and acute prescription requests.</p>
5	Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.			
5.1	<p>Close partnership working between stakeholders, 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><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.</i></p> <p><i>Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.</i></p> <p><i>Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>	<input type="checkbox"/>		<p>EHSCP will work with third and independent organisations to ensure that they can maintain workloads over the festive period to ensure whole system flow along with pulling patients from Reablement to create capacity post Christmas when the demand will surge.</p>

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<p>5.2</p>	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input type="checkbox"/>	<p>Therapy capacity in the Locality Hubs will be increased in order to support Discharge to Assess. This extra capacity will support 5 patients per day to be discharged in the North of the City with a 24hr response time from Occupational and Physiotherapy Team.</p> <p>Home First Prevention Care has been funded to support people at home as an alternative to hospital for up to 72 hours. This service will be community facing.</p> <p>Reablement will run over the festive period and will prepare for surge actions for the post Festive Surge.</p> <p>Patients will be considered for all pathways, discharge to assess, reablement, hospital at home as alternative to a lengthy admission and to prevent a delayed discharge</p> <p>We will work with our independent providers to move as many cases onto to create capacity in the reablement team so that we can respond to the winter surge.</p>
<p>5.3</p>	<p>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.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p> <p>St Andrew's House, Regent Road, Edinburgh EH1 3DG</p>	<input type="checkbox"/>	<p>People with multimorbidity known to IMPACT nursing team have this noted in their KIS special notes. High risk individuals with COPD are identified via Frequent Attender database and those known to the Community Respiratory Team have this noted in their KIS special notes – prompt for CRT as first point of</p>

			<p>contact in event of exacerbation. Long Term Conditions (LTC) programme leading on project to improve ACP pathway for care home residents. This has resulted in increased quantity and quality of KIS and improved access rates leading to a 56% reduction of avoidable hospital admissions since April 2018. 30 care homes and associated GP practices are supported in this workstream and 10 tests of change are underway to spread this good practice with health and social care teams.</p>
<p>5.4</p>	<p>All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	<input type="checkbox"/>	<p>There are 47,425 KISs in place for high risk individuals in Edinburgh, an increase of 25% compared to 2017. 257 care home staff, 25 GP practices and 184 health and social care staff have been trained to improve ACP. LTC Programme currently supporting Home Care teams, District Nurses, OPRA, Pulmonary Rehab, Genetics team, Fairmile ward (Royal Edinburgh Hospital), Medicine of Elderly team, Carer Support Team and third sector agency VOCAL to improve ACP pathways. This includes adopting a 'Think Ahead' approach, identifying high risk individuals that would benefit from an ACP/KIS, resulting in increased quality, quantity and access to ACPs via KIS. KEY magnets and wallet cards are issued to people who are at risk of hospital admission to prompt emergency services that they have a KIS. Emergency cards are issued to patients and carers by the carer support team to alert that a KIS is in place.</p>

6.0	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.			
6.1	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p>	<input type="checkbox"/>		EHSCP Communications Plan is being developed and will include this.

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	<i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i>			
6.2	<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.</p> <p><i>SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>	<input type="checkbox"/>		<p>This will be included within EHSCP's communications plan.</p> <p>NHS Lothian will lead on external communications for messaging to avoid hospital admissions and reduce impact on acute sites.</p> <p>Partnership communications will focus primarily on the workforce, which supports the most vulnerable service users, to promote targeted preventative messages (e.g. care at home workers, care homes, long term conditions etc)</p> <p>Both partner organisations will be heavily involved in resilience communications</p>

3	Out of Hours Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?</i></p>	<input type="checkbox"/>		N/A – this is for OOH/LUCS to comment on
2	<p>The plan clearly 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.</p>	<input type="checkbox"/>		N/A – this is for OOH/LUCS to comment on

3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	<input type="checkbox"/>	<div style="background-color: green; width: 100%; height: 100%;"></div> Extra GP sessions, including Practice Nurse and Mental Health Nurse, will be available 9am – 5pm in a city centre site for three days over the festive period to ease pressures on OOH services, District Nursing Services, and A&E
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4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>	<input type="checkbox"/>		<p>No Primary Care Emergency Centres in EHSCP</p> <p>There is however direct contact arrangements are in place between winter GP service with OOH services and minor injuries</p>
5	<p>The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.</p>	<input type="checkbox"/>		<p>Processes are in place to enable safe information governance and referral</p>
6	<p>There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa</p>	<input type="checkbox"/>		<p>Pharmacists have established professional to professional lines in place and LUCS has access to the Community Pharmacy Palliative Care Network of pharmacies providing an emergency call out service. NHS24 algorithms updated to include details of the community pharmacy first service, treating UTI and impetigo infections.</p>
7	<p>In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.</p>	<input type="checkbox"/>		<p>Intensive Homecare Treatment Team is the main out of hours response service and operate throughout the year. There is also the Mental Health Assessment Service based at REH that is a walk-in service for people in distress and is operational throughout the year. The crisis centre is a Third sector commissioned service that is operational 52 weeks of the year and provides people with advice and support, it also has the capacity for people to stay over in the building. This service is accessed by people in distress, services can refer but it is a not clinical area and people need to be self-determined to make use of the service</p>

8	In conjunction with HSCPs, ensure that there is reference to provision of dental services, to ensure that services are in place either via general dental practices or out of hours centres <i>This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.</i>	<input type="checkbox"/>		PCCO lead on this for HSCPs
9	The plan displays a confidence that staff will be available to work the planned rotas. <i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.</i>	<input type="checkbox"/>		Currently in the process of booking festive shifts. Work underway with LUCS to determine medical staffing
10	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. <i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</i>	<input type="checkbox"/>		N/A – NHSL to complete
11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	<input type="checkbox"/>		EHSCP has not been involved with SAS
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan.	<input type="checkbox"/>		N/A – NHSL to complete



	<i>This should confirm agreement about the call demand analysis being used.</i>			
13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	<input type="checkbox"/>		N/A to EHSCP. For OOH services to complete
14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	<input type="checkbox"/>		The EHSCP Winter Planning Group includes representatives from teams and professions across the Partnership, and includes multi-agency and acute representation. The Group leads on the planning, monitoring and evaluation of the Winter Plans. Members of the group and other key stakeholders have all contributed to preparing the plan and populating this checklist.
15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic plan including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.</i></p>	<input type="checkbox"/>		Business Continuity Plans are available for the majority of services however they are currently through a modernisation review. Links to pandemic is not specific, however overarching strategic Pandemic Flu plans exist for the both the Council and NHS Lothian to which the EHSCP will align itself against until the Scottish Governance releases a Health and Social Care Partnership Guidance Documents (date to be confirmed, EHSCP has provided its comments through consultation exercise in September 2019)

4	<p align="center">Prepare for & Implement Norovirus Outbreak Control Measures</p> <p align="center"><i>(Assessment of overall winter preparations and further actions required)</i></p>		<p align="center">R A G</p>	<p align="center">Further Action/Comments</p>
1	<p>NHS 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> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete

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2	<p>IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
3	<p>HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards and that frontline staff are aware of their responsibilities with regards prevention of infection.</p>	<input type="checkbox"/>		N/A – NHSL to complete
4	<p>NHS Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time.</p> <p><i>Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
5	<p>Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
6	<p>IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the HPS Norovirus Activity Tracker.</p>	<input type="checkbox"/>		N/A – NHSL to complete



7	<p>Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.</p>	<input type="checkbox"/>		N/A – NHSL to complete
8	<p>NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. <i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
9	<p>The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wardsover a couple of days. <i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
10	<p>There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. <i>This could include the notification of 'tweets', where appropriate, to help spread key message information. HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i></p>	<input type="checkbox"/>		N/A – NHSL to complete
11	<p>The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message. <i>This could include HPT supporting schools to have awareness raising prior to norovirus season and the notification of 'tweets', where appropriate, to help spread key message information.</i></p>	<input type="checkbox"/>		EHSCP is prepared to deploy information appropriately. Materials have not yet been received (they may have gone directly to GP sites)



5	Seasonal Flu, Staff Protection & Outbreak Resourcing <i>(Assessment of overall winter preparations and further actions required)</i>		RA G	Further Action/Comments
1	<p>Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on 26 Aug 2019 https://www.sehd.scot.nhs.uk/cmo/CMO(2019)11.pdf</p> <p><i>This will be evidenced through end of season vaccine uptake submitted to HPS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.</i></p>	<input type="checkbox"/>		N/A – Acute to complete
2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter 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 and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p>	<input type="checkbox"/>		Peer vaccination programmes and staff clinics now underway. District nurses are going into care homes to enable care home staff to have vaccinations in their place of work.



3	<p>The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required. 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)</i></p>	<input type="checkbox"/>		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines to enable us to target activity.
4	<p>HPS weekly updates, showing the current epidemiological picture on influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>Health Protection Scotland and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. HPS produce a weekly influenza bulletin and a distillate of this is included in the HPS Winter Pressures Bulletin.</i></p>	<input type="checkbox"/>		Regular updates from NHS Lothian Public Health and Infection Prevention and Control Teams regarding outbreaks and availability of flu vaccines.
5	<p>Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>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 to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input type="checkbox"/>		<p>Contingency plans include the formation of an incident management team which will include staff from the communications teams.</p> <p>Contingency plans include the prioritisation of services and deployment of staff and supplementary staff.</p>



6	<p>Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are FFP3 fit-tested and trained in the use of PPE for the safe management of suspected flu cases and that this training is up-to-date..</p> <p>Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf</p>			N/A – Acute to complete
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6	Respiratory Pathway <i>(Assessment of overall winter preparations and further actions required)</i>		RA G	Further Action/Comments
1	There is an effective, co-ordinated respiratory service provided by the NHS board.			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	<input type="checkbox"/>		Multi-disciplinary Community Respiratory Hub is well established in Edinburgh. Annually GPs, Out of Hours, SAS receive winter reminder of service available supplemented by mouse mats and dashboard stickers to prompt clinicians to access this highly effective community service. Fortnightly Multi-disciplinary team meetings held in two hospital sites to discuss patients at risk and strengthen links between hospital units and community services. Between April 2018–March 2019, 574 people who were at immediate high risk of hospital admission were assessed by the Community Respiratory Team within the hub. 91% (520) of these people were able to be safely cared for at home, avoiding hospital admission.
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate. St Andrew's House, Regent Road, Edinburgh EH1 3DG	<input type="checkbox"/>		Multi-disciplinary Community Respiratory Hub operates 7 day week, 8am-6pm weekdays and 9am-4pm weekends with acute response to COPD

				<p>exacerbations. 90min response pathway in place for COPD exacerbations referred from Scottish Ambulance Service. Prof to Prof support line set up with Respiratory Consultant for Community Respiratory Hub to escalate decision making if necessary and/or fast track to hot clinic during winter period.</p> <p>The community Respiratory Hub will increase staffing capacity to support a larger group of patients to include those with acute respiratory illness over the winter period, including at the weekend. Enhanced staffing is also planned for over the festive weekend periods to support respiratory care in the community.</p>
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1.3	<p>Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.</p> <p><i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..</i></p> <p><i>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</i></p> <p><i>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</i></p>	<input type="checkbox"/>		<p>Individuals at high risk of admission identified via COPD frequent attender database. High risk patients reviewed at consultant led multi-disciplinary team meeting (two hospital sites) using care bundle checklist. ACP/KIS generated for high risk patients shared across the health system via TRAK alert and ACP created using KIS. Special notes of KIS created to alert all staff across the health system to contact Community Respiratory Team for COPD exacerbation. Patients issued with self management ACP and 'Think COPD Think CRT' fridge magnet to prompt them to contact CRT in the event of exacerbation.</p>
1.4	<p>Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.</p> <p><i>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</i></p>	<input type="checkbox"/>		<p>Key messages are sent to all patients with COPD known to CRT including fridge magnet of CRT contact details as first point of contact should the patient feel unwell with their COPD.</p> <p>Simple advice given by all HCP's to keep warm and hydrated over the winter period</p>
<p>2 There is effective discharge planning in place for people with chronic respiratory disease including COPD</p>				
2.1	<p>Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p><i>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</i></p> <p>St Andrew's House, Regent Road, Edinburgh EH1 3DG</p>	<input type="checkbox"/>		<p>Community respiratory Hub will support the discharge plan by ensuring a holistic assessment and management plan is put in place, This may include medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p>High risk individuals identified proactively using Frequent attender database. Care bundle checklist in place to prompt for support required for stop smoking, pharmacy review (including inhaler technique), psychology support. Dedicated third sector COPD co-ordinator in post to support house bound patients and provide support on wider issues such as housing, financial support, keeping warm,</p>

				disability information.
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	<input type="checkbox"/>		Dedicated pharmacist within community respiratory hub. Medication review will be carried out at initial assessment by the Community Respiratory Hub. Access to specialist pharmacy review available if required

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3	People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.	
3.1	<p>Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.</p> <p><i>Spread the use of ACPs and share with Out of Hours services.</i></p> <p><i>Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.</i></p> <p><i>SPARRA Online: Monthly release of SPARRA data, https://www.bo.scot.nhs.uk/. This release estimates an individual's risk of emergency admission.</i></p> <p><i>Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.</i></p>	<input type="checkbox"/>  <p>Individuals with COPD at high risk of admission are proactively identified via COPD frequent attender database which is refreshed every 6-8 weeks. 56% of Edinburgh COPD patients (439) have an active KIS with prompt to contact Community Respiratory Team in event of exacerbation. KIS accessible by primary & secondary care, LUCS and SAS out of hours. TRAK alert as prompt for prompt to acute services COPD KIS in place.</p> <p>COPD patients issued with ACP self management plan and 'Think COPD Think CRT' fridge magnet to prompt contacting CRT in event of exacerbation as alternative to emergency services. 691 of patients actively managing their condition using LiteTouch telehealth – with dedicated CRT support line should their condition deteriorate.</p>
4	There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board	
4.1	<p>Staff are aware of the procedures for obtaining/organising home oxygen services.</p> <p>Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860)</p> <p>Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period.</p> <p>Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated.</p> <p><i>Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.</i></p> <p>St Andrew's House, Regent Road, Edinburgh EH1 3DG</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <p>Patients with COPD should aim to have oxygen saturations on air of 88% or above at rest if doesn't have LTOT at home.</p> <p>If a patient is acutely unwell with lower oxygen saturations they should be referred to hospital for treatment which may include acute oxygen therapy</p> <p>If a patient is stable and oxygen saturations on air are 88% or below then they should be referred for an LTOT assessment at the respiratory outpatient clinic. There is no evidence for only ambulatory oxygen for patients with COPD.</p> <p>Once a patient receives LTOT they will be given the appropriate system for their requirements.</p> <p>Please remember O2 Sats fall when mobilising even wearing LTOT. Monitor how long takes to recover back to patients norm</p>

				<p>If any issues with equipment contact Dolby Vivisol on the number on machine</p> <p>If questions re flow rate or use contact RNS service depending where LTOT was initially prescribed at RIE or WGH</p> <p>Completed by Denise Brown RNS RIE on behalf of Elspeth Christie</p>
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5	People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.		
5.1	Emergency care contact points have access to pulse oximetry. <i>Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.</i>	<input type="checkbox"/>	Currently 691 CRT patients on Lite Touch/ Self Referral have a pulse oximeter at home. There is capacity for this to increase and pulse oximeters are available.

7	Key Roles / Services		RA G	Further Action/Comments
	Heads of Service			
	Nursing / Medical Consultants			
	Consultants in Dental Public Health			
	AHP Leads			
	Infection Control Managers			
	Managers Responsible for Capacity & Flow			
	Pharmacy Leads			
	Mental Health Leads			
	Business Continuity / Emergency Planning Managers			
	OOH Service Managers			
	GP's			
	NHS 24			
	SAS			
	Territorial NHS Boards			
	Independent Sector			
	Local Authorities			



	Integration Joint Boards			
	Strategic Co-ordination Group			
	Third Sector			
	SG Health & Social Care Directorate			





Edinburgh Health and Social Care Partnership

Severe Weather Contingency Arrangements

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1. Summary

This document is the Edinburgh Health and Social Care Partnership (the Partnership) Severe Weather Plan to be used by service managers and their respective teams in the event of severe weather disruption.

This plan should be read in conjunction with Council and service areas Business Continuity Plans – it is a supplement to those planning arrangements; it is not intended to repeat information from those plans here.

The aim of this plan is to facilitate an effective response to severe weather incidents with the purpose of mitigating the impact of disruption on the delivery of Councils services and on the city.

The main objective of these arrangements is to better enable services to continue to deliver Partnership essential activities required within a 7 day period to pre-determined levels (following disruption to normal business caused by severe weather) and to respond according to the needs of the incident.

The Partnership is committed to ensuring that access to services is maintained at all times in the event of severe weather and that service disruption is minimised. It is recognised that while a level of disruption can be expected, this plan will help managers to manage business disruption to ensure that services remain available safely wherever possible.

The Council maintains a separate generic Council Business Continuity Plan.

The Council also maintains a Council Emergency Plan, which details the response to serious emergencies or major incidents affecting the Edinburgh area. The Council's business continuity process is integrated and consistent with the Council's policy of responding to emergencies while maintaining critical services.

Plans that may be relevant to a severe weather incident re:

Council Business Continuity Plan (this includes the Service Area's Business Continuity Plan)
Council Emergency Plan

Severe weather also has an impact on third party contracts. Close communication should be maintained with those suppliers and information pooled.

During severe weather, the message is very much "Business as Usual". It is the Council's assumption that most services should be able to operate. We recognise staff work hard to plan and operate in difficult weather conditions; however the experience of severe weather in 2009, 2010 & 2018 has shown us all that severe weather can still disrupt the best plans.

General advice in terms of planning includes ensuring contact details and communication methods from units and services to service users and their carers are up to date. This document details the process of how severe weather business

interruption should be reported and how service reductions, closures and part closures should be reported and managed.

Practical arrangements need to be planned and put into effect during severe weather e.g. maintaining stocks of salt/grit at some units, ensuring orders are placed timeously well in advance of the winter.

Authorisation to reduce services and close establishments during severe weather is taken by Senior Managers in liaison with Heads of Service; operational service areas may need to establish their own incident management team to co-ordinate with the Partnership's wider incident management team (Partnership Incident Management Team) emergency response.

We hope that this document is useful and provides guidance to managers and staff on how to manage service reductions and establishment closures and / or partial loss to business due to severe weather.

Judith Proctor
Chief Officer, Edinburgh Health and Social Care Partnership

2. General Information on Severe Weather

2.1 Definition of Severe Weather

Definition of Severe Weather

There is currently no agreed definition for Severe weather. The current criteria, thresholds and likely impacts used by the Met Office for the issue of warnings for snow, blizzards and widespread ice under the National Severe Weather Warnings Service (NSWWS) are:

Heavy snow

Met Office criteria: snow falling at a rate of 2 cm/hour or more expected for at least 2 hours

Possible effects: increased journey times, minor accidents

Very heavy snow

Met Office criteria: snow falling at a rate of 2 cm/hour or more expected for at least two hours, accumulating to 15 cm or more

Possible effects: local routes impassable, local loss of power and telecommunication lines

Blizzard

Met Office criteria: moderate or heavy snow accompanied by winds of 30 m.p.h. or more, with visibility reduced to 200m or less; or drifting snow giving rise to similar conditions

Possible effects: major routes impassable, local loss of power and telecommunication lines

Severe blizzard

Met Office criteria: heavy snow accompanied by winds of 30 m.p.h. or more, reducing visibility to near zero

Possible effects: transport infrastructure paralysed, regional loss of power and communication lines

Widespread icy roads, glazed frost, freezing rain

Met Office criteria: when rain falls on to surfaces with temperatures at or below zero, or condensation occurs on surfaces at or below zero, or already wet surfaces fall to or below zero. The ice is usually clear and difficult to distinguish from a wet surface and usually forms in sheets. Warnings are issued when any depth of ice is expected over a widespread area.

Possible effects: damage to power and telecommunication lines, driving difficulties, difficulty walking

Advice to the public is available at the following link to the Met Office website at:

<http://www.metoffice.gov.uk/weather/uk/advice/>.

The Highways Agency has adopted a definition of winter as 1 October to 30 April and has identified three risk periods, namely high, moderate and low. The high risk period is defined as between December and February, inclusive.

2.2 Thaw and Freeze Advice

Extreme Weather Conditions – Thaw and Freeze

Risks:

The responsible manager must undertake and update the necessary risk assessment on a regular basis, i.e.:

- **Falling obstacles/ unsafe structures:** snow, gutters, slates, glass roofs, fragile structures, trees and branches.
- **Safe Access and Egress:** clear entrance paths, fire exits and path ways clear from both snow and ice and tripping hazards.
- **Flooding:** Burst Pipes, blocked drains. Where possible open access hatches to loft/attic spaces to allow heat to pipes over night/weekends.
- **Heating Failure:** ensure sufficient fuel supplies as delivery time may be effected including any temporary heating arrangements.

Emergency Contacts:

Property Care Help Desk: 0131 529 5999 report all Property related matters in the first instance. Out of Hours contact 0131 200 2000.

For non-emergency ~ due to the high volume of Emergency Calls being dealt with by the Help Desk please refrain from reporting non-emergency issues as long as possible to ensure limited resources as used effectively. E-mail: corporateproperty.helpdesk@edinburgh.gov.uk

2.3 Circulation of Severe Weather Information – Severe Weather Warnings

During periods of severe weather, forecasts are received regularly by the Service Area from the Met Office, National Severe Weather Warning Service (NSWWS).

The NSWWS will send weather warnings to warn of severe or hazardous weather which has the potential to cause danger to life or widespread disruption of communications to transport.

We can generally expect to hear from NSWWS during periods of the following types of severe weather:

Severe gales
Heavy rain
Heavy snow and icy roads
Thunderstorms and lightning
Heat and sun
Dense fog

Information from NSWWS will allow you to start to plan for severe weather in practical terms.

2.4 Useful Weather Links

When a severe weather forecast is received the first thing to do is check the local and national weather forecasts. Details of websites where you can obtain this information are provided below.

www.bbc.co.uk/weather

www.stv.tv/weather

www.metoffice.gov.uk

2.5 Communications Services

The Council's Communications Services team is represented on the Partnership Incident Management Team, which during periods of severe winter weather may meet on a daily basis.

Communications have the following in place to help ensure business continuity:

- email, social media contact, web editing and news management systems that can be managed remotely from any internet-enabled PC
- a wireless laptop to allow remote working from any location
- Smart phones for senior managers and media officers
- a 24-hour on-call rota for media officers, managed via the Customer Hub, and an escalation procedure for call-outs in response to major incidents
- a 'battle box' containing various resources located in the media team area at Waverley Court.
- Repairs Direct change their automatic phone message to confirm emergency repairs only

During a prolonged period of business disruption, the Partnership Incident Manager in collaboration with the Council's Communication Officer (Health and Social Care liaison) and NHS Lothian's Communications Team will communicate with and update external partner organisations through various appropriate methods, depending on the situation.

The Partnership recognises that staff may receive the same information twice from different sources (Council and/or NHS Lothian). As such, the Partnership will make every effort to align/coordinate communications with its business partners to ensure consistency and avoid confusion.

The Council's Twitter feed will also continue to be one of the channels available to Communications for the prompt sharing of information. Staff should be encouraged to check these communication channels on a regular basis throughout incidents of severe winter weather.

Helplines may also be rolled out during an incident.

Communications Contact Details:

- On call Media Officer (contact out with office hours) 0131 200 2000.
- General media line (8.00 am to 6.00 pm Monday to Thursday and to 5.00 pm Fridays) 0131 529 4040.

3. Practical Use of these Arrangements

3.1 Service Area Roles, Responsibilities and Authorities

The role of the Service Area in a period of severe weather is to maintain its critical in house and contacted services, to continue to respond to requests for service and to focus on the needs of the most vulnerable citizens of Edinburgh.

3.2 Role of the Service Area Resilience Co-ordinator

The Service Area Resilience Co-ordinator liaises with the Council Incident Management team, the Partnership's Council Resilience Business Partner, Heads of Service, Senior Managers and other Category 1 responders as required, e.g. Police, Fire and Rescue, Health Board.

3.3 Role of the Partnership and Service Areas Incident Management Teams

The Partnership Incident Management Team (PIMT) will be established in the case of severe weather. A Senior Manager from the Partnership Executive Team will be appointed to the position of the Incident Manager and will chair the meeting(s). This role can be interchanged dependant on the duration of the incident. All Operational Teams will be expected to form their own individual incident managements to feedback and escalate any issues to the PIMT. Together, these teams will deal with the Partnership's winter resilience business response.

The Partnership's incident management team's role is to:

- evaluate the extent of the situation and the potential consequence to business continuity
- provide the Partnership Chief Officer and stakeholders with reports of the scale of impact on normal services the incident has had
- consider the frequency, location and membership of PIMT meetings
- maintain a decision log based on the response to the incident
- authorise the recovery procedure in order to maintain strategy prioritised activities
- liaise with users and stakeholders who may be involved with the incident
- order or obtain new or replacement equipment to deliver essential services if required
- maintain a log of costs incurred to maintain the services
- establish the return to normal working

3.4 Plan Invocation, Incident Management, Reporting and Useful Templates

The Edinburgh Health and Social Care Partnership weather plan will be invoked when severe weather is:

- confirmed and
- imminent or occurring

Arrangements may be invoked in full or part, depending on the severity and length of the severe weather.

Within Edinburgh Health and Social Care Partnership, the plan will be invoked following authorisation from the Edinburgh Health and Social Care Partnership Resilience Group.

The responsibilities and authorities of the Incident Team include the following:

What? (Tasks)	Who? (Responsibility)
Confirming the nature and extent of the situation	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team
Addressing Risk Assessments / Phone Calls to units / providers	Senior Managers for service areas
Monitoring Service Area essential activities and any issues	Partnership Incident Management Team
Considering the frequency, location and membership of the Health and Social Care Emergency Continuity team meetings	Council Incident Management Team NHS Lothian Incident Management Team
Ensuring a consistent approach across the Council and Service Area	Partnership Incident Management Team
Delegating tasks	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team
Managing pre-determined recovery objectives	Partnership Incident Management Team
Providing situation reports to the Council Incident Management Team	Resilience Partnership Co-ordinator
Overseeing the incident response	Council Incident Management Team NHS Lothian Incident Management Team Partnership Incident Management Team

What? (Tasks)	Who? (Responsibility)
Offering strategic and operational direction to all unit / service managers involved in response	Partnership Incident Management Team
Liaison with Communications in terms of update	Partnership Incident Management Team
Passing on instruction to stand down, as advised by the Council or NHS Lothian Incident Management team	Resilience Co-ordinator
Holding post incident Service Area debriefs	Resilience Co-ordinator

Partnership Incident Management Team meetings will either in at Waverley Court (room 1.10) or at Astley Ainsley Hospital - Senior Managers can obtain access codes to the control room by calling 0131 200 2000.

Latest Weather Update

Latest information from the Met Office for the forthcoming days.

Update from Council Severe Weather Specialists Meeting

Council update of discussion and actions required from this meeting.

Invocation of these Arrangements

Consider whether these arrangements require to be invoked, consider daily representation of the Incident Management team.

Essential Activities

Wherever possible the Service Area will ensure that essential activities are maintained. Please refer to section 3 for the Service Area's Essential Activities.

Communications for Council website and staff

Discussion with Communications representative on information to be put on Council web site.

Met Office AMBER/RED weather alerts

When severe weather warnings are received from the Met Office, a RED weather alert will be sent to service managers warning that bad weather is on its way and that continuity arrangements may need to be invoked.

Useful Documents

The following pages contain use templates, checklists and action cards to be used during a weather-related incident.

Sample Agenda Template

Agenda

Incident	
Venue/Time	

1. Confirm the chair and identify who will log issues and agreed actions for the meeting.
2. Create a common understanding of the emergency and the impact on the Partnership
3. Agree and prioritise the matters for urgent decisions.
4. Agree tasks and who will lead on them.
5. Establish communication and information links with other command levels.
6. Consider the media strategy and messages to staff and other stakeholders.
7. Identify and prioritise the strategic/tactical risks.
8. Consider longer term operational issues.
9. Agree frequency of meetings if future meetings necessary
10. Agree authorisation of expenditure
11. Any Other Business.
12. Date and Time of Next Meeting

Key Objectives:

- Coordinate the response (to mitigate impacts and prevent escalation)
- Support the emergency and health services
- Ensure staff welfare
- Warn, inform and reassure (staff and the public)
- Coordinate the return to normality



Internal Situation Report (SitRep)

SITREP INFORMATION			
Site/Team/Group			
SitRep Number:			
Date:		Time:	
Completed by:		Phone Number:	
Is this a NIL Return			
EMERGING ISSUES			
Staffing			
Level of absence (Number of staff absent)	N/A		
Impact to Service:	None <input type="checkbox"/> Negligible <input type="checkbox"/> Medium <input type="checkbox"/> Significant <input type="checkbox"/>		
Supply Chain – Have any of these been disrupted?			
Pharmaceuticals		Waste Disposal	
Food		Other:	
Linen			
Safety			
Utility Issues			
Site Accessibility			
Health & Safety Risks			
Security			
Communications			
Other			
Forward Look: Anticipated challenges, forecasted resumption of normal activity, etc			
Other Comments:			
Next Anticipated Report:			
Date		Time	

Response Checklist

This page can be used as a checklist during the response phase of an incident:

Task List for <u>First 24 Hours</u> Following an Incident		Completed
1	Start log of actions undertaken	
2	Ensure liaison with emergency services	
3	Notify / alert main Service Area contacts and provide regular updates as appropriate.	
4	Alert Service Area Incident Management Team	
5	Identify admin support and other required resources	
6	Identify and quantify any damage to buildings, including staff, premises, equipment, data, records, etc.	
8	Provide information and / or notify as appropriate: <ul style="list-style-type: none"> • establishment staff • suppliers • service users carers • other key internal and external contacts - especially transport 	
Task List for First 24 – 48 Hours Following an Incident		Completed
9	Consider relocation options if required, working with the Council IMT and other Service Areas	
10	Notify and relocate staff to alternate site(s)	
11	Provide regular updates to: <ul style="list-style-type: none"> • staff • suppliers • service users and carers • other key internal and external contacts 	
Additional Tasks (Optional)		
12	Daily report from Social Care Direct (SCD) / Emergency Social Care (ESC) 0131 200 2324 (SCD) 0800 731 6969 (ESC)	

Checklist by Scenario

Checklist Managing the Loss of ICT (e.g. email, telephony, etc.)

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller and take note of CGI Helpdesk reference number (Council system) or NHS Lothian IT Helpdesk reference number.
2	Incident Manager/Loggist: <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place • Work with respective ICT CFOs (Council or NHS Lothian) • Agree alternative work arrangements/arrange for non-essential staff to support the prioritised activities or agree with management/HR what action to take (e.g. take annual leave, paper based activities) • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to Partnership assets and inform Chief Officer
5	Health and Safety / Risks <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on 'return to normal'
7	At the end of the incident <ul style="list-style-type: none"> • Document all the discussions and actions and file according to records retention policy

Checklist Managing the Loss of Staff

Having been alerted, you need to consider what actions need to be taken. Use this card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these
3	Line Managers <ul style="list-style-type: none"> • Ascertain current staffing levels and identify staff available • Assess current risks and actions being taken to mitigate these
4	Incident Manager <ul style="list-style-type: none"> • Identify each service area's time sensitive activities at that moment • Get authorisation from Chief Officer/Senior Manager for staff to work at home or at an alternative location • Receive clarification from Chief Officer/Senior Manager/HR on: <ul style="list-style-type: none"> ○ Part-time staff to work additional hours/accrue time in lieu as required ○ use of annual leave if/as required use of overtime if/as required ○ use of interim staff • In all above, liaise with the finance department and Chief Finance Officer
5	Health and Safety <ul style="list-style-type: none"> • Incident Manager to assess the potential duration of the incident and arrange for alternate staff to take over at an agreed time if incident is prolonged
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider interim staff use until situation stabilises • Consider overtime until all non-essential/suspended activities have been fully restored
7	At the end of the incident <ul style="list-style-type: none"> • Deliver hot debrief for the staff involved • Prepare post incident report • Consider if situation is short or long term, if long term, consider contract reviews, and recruitment

Checklist Managing the Loss of Premise

1	On being alerted, confirm current situation with the caller.
2	<p>Incident Manager/Loggist:</p> <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/ functions, inform the appropriate Senior Manager/Head of Service
3	<p>Incident Manager</p> <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Chief Officer • Identify what mitigating actions are currently in place • Inform the Chief Officer or Deputy on call • Inform Council and/or NHS Lothian resilience teams. • Agree alternative work arrangements/arrange for non-prioritised staff to support the prioritised activities or take annual leave • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	<p>Resources</p> <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer/Chief Finance Officer regarding extra resources required; i.e. staff/equipment • Incident Manager to assess damage to actual Partnership assets and inform Chief Offer/Chief Finance Officer
5	<p>Health & Safety / Risks</p> <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address issues arising
6	<p>Recovering considerations and actions</p> <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on ‘return to normal’
7	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Document all the discussions and actions and file according to Records Retention Policy

Checklist Managing the Loss of Key Supplier

1	On being alerted, confirm current situation with the caller.
2	Incident Manager/Loggist: <ul style="list-style-type: none"> • Commence preparation of Incident Log • Identify activities immediately affected by the disruption • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are continuing • Where there is disruption to service delivery/functions, inform the appropriate Senior Manager
3	Incident Manager: <ul style="list-style-type: none"> • Assess key risks and the likely duration of the incident • Assess damage to actual Partnership assets and inform Resilience Business Partners (Council or NHS Lothian) (dependent on fault) • Identify what mitigating actions are currently in place (check contract's business continuity plan) • Agree alternative supplier arrangements/ arrange for non-essential staff to support the prioritised activities or agree with management what action to take • Inform all staff – initiate call cascades • Liaise with Communications Team to alert key stakeholders and other interested parties
4	Resources <ul style="list-style-type: none"> • Incident Manager to liaise with Chief Officer regarding extra resources required (e.g. staff/equipment) • Incident Manager to assess damage to actual Partnership assets and inform Chief Officer
5	Health and Safety / Risks <ul style="list-style-type: none"> • Ensure the health and safety of all staff is always upheld • Implement action plan to address arising health and safety risks
6	Recovering considerations and actions <ul style="list-style-type: none"> • Consider restoration timescales for suspended activities • Post Incident Debrief • Prepare post incident report and document lessons learnt and policy review • Communication with interested parties on 'return to normal'
7	At the end of the incident <ul style="list-style-type: none"> • Document all the discussions and actions and file according to records retention policy

Action Cards

ACTION CARD 1 INCIDENT MANAGER

NOMINATED PERSONS	ROLES
	To receive calls from Partnership Senior Management Team regarding any incident
	To conduct a further risk assessment if required
	To escalate the incident as appropriate
	Undertake the role of Resilience Response Lead
	To act as a spokesperson for the service at strategic meetings (on request by the Chief Officer)

1	On being alerted to an incident, confirm details of current situation with the notifying manager.
2	Obtain further information <ul style="list-style-type: none"> • Ascertain steps being taken to mitigate impact • Liaise with notifying manager on how best to resolve the situation • Put in place plans to receive updates until incident resolves • Close the log once management of the incident has been completed
3	Declare Business Continuity/Emergency Incident if necessary <ul style="list-style-type: none"> • Business Continuity/Emergency Incident declared • Business Continuity/Emergency Incident (Standby)
4	Undertake role of Incident Manager <ul style="list-style-type: none"> • Commence Incident Log to record all information relating to this incident
5	Alerting others – request activation of call out cascade
6	Request activation of Incident Management Team <ul style="list-style-type: none"> • Utilise Tactical Resilience Plan for generic response • Prepare first agenda for the Incident Management Team
7	Chair initial meeting of Incident Response Team <ul style="list-style-type: none"> • Appoint Loggist/Business Support • Ensure an accurate decisions and Actions Log is kept of meetings
8	Inform key stakeholders as appropriate
9	Health and Safety <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another deputy to take over responsibilities at an agreed time
10	At the end of the incident <ul style="list-style-type: none"> • Stand Down instructions • Liaise with appropriate stakeholders

	<ul style="list-style-type: none">• Inform staff / take advice from Communication Team.• Hot debrief Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident• Recovery Process
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ACTION CARD 2

INCIDENT MANAGEMENT TEAM

Having been alerted, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	<p>On being alerted to an incident, confirm details of current situation with incident manager</p> <ul style="list-style-type: none"> • Obtain services Operational Resilience Plans • Commence Incident Log and update throughout incident
2	<p>Communicate the details of your incident to your service/ department staff</p> <ul style="list-style-type: none"> • Inform staff to obtain staff Action Card • Provide regular information to staff and ensure staff provide regular update to you
3	<p>Impact assess the incident on the essential functions of your service or department</p> <ul style="list-style-type: none"> • Collate information with staff with regards to your department • Identify steps being taken to mitigate the effects
4	<p>Prioritise essential functions within your department</p> <ul style="list-style-type: none"> • Review key functions at regular intervals as listed in the department/ service BIA, to ensure all essential services are still running • Where there is a disruption to service/functions being delivered, inform Service Resilience Officers
5	<p>Communication</p> <ul style="list-style-type: none"> • Communicate with Service Resilience Officers as requested to keep them updated of how the incident develops • Inform Incident Manager of any resource requirements, e.g. staff or equipment
6	<p>Health and Safety</p> <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
7	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Hand the log book to the Resilience Lead once the incident has closed and you are no longer the manager if this is a prolonged incident • Liaise with the Resilience Lead re: attending a debriefing of incident • Consider Hot debrief for your staff

ACTION CARD 3

STAFF

Having been alerted, you now need to consider what actions need to be taken. Use this action card as a checklist, but keep an accurate record of messages received or given on your personal log sheet.

1	<p>On being alerted to an incident, confirm details of current situation with incident manager</p> <ul style="list-style-type: none"> • Obtain service Operation Resilience Plan if required to do so by your line manager
2	<p>Impact assess the incident on essential functions you perform</p> <ul style="list-style-type: none"> • Collate information as requested by or with your manager relating to your service or department • Identify any disruption that is likely to your key functions • Identify steps that are being taken to mitigate the effects
3	<p>Prioritise essential functions within your department</p> <ul style="list-style-type: none"> • Review and prioritise key functions to be carried out at regular intervals with agreement of your manager as listed in the service/locality Business Impact Assessment, to ensure all essential services continue. • Where there is a disruption to service delivery/functions, inform the service lead and Resilience Officer/Co-ordinator as directed
4	<p>Communication</p> <ul style="list-style-type: none"> • Communicate with your manager regularly or as requested and keep them updated on how the incident is affecting your key function
5	<p>Resources</p> <ul style="list-style-type: none"> • Inform your manager of any additional resource requirements, e.g. staff or equipment
6	<p>Record Keeping</p> <ul style="list-style-type: none"> • If requested to do so, obtain a log book from the Resilience Plan and complete as necessary • Hand the log to your service Resilience Officer/ Incident Manager once the incident has closed or you are no longer working
7	<p>Health and Safety</p> <ul style="list-style-type: none"> • Assess the potential duration of the incident and the requirement for another person to take over the responsibilities at an agreed time
8	<p>At the end of the incident</p> <ul style="list-style-type: none"> • Liaise with the service Resilience Officer re attending a debriefing of incident

ACTION CARD 4
BUSINESS SUPPORT/LOGGIST

NOMINATED PERSONS	ROLES
	To maintain an accurate combined log of messages received by incident managers
	To maintain an accurate combined log of decisions and actions taken by incident managers

1	Agree roles and immediate action with Incident Manager
2	Ensure that all managers are keeping accurate individual logs
3	Compile a combined log of messages sent and received
4	Compile a combined log of decision and actions agree by the Incident Management Team
5	Ensure all complete logs are signed and date and that pages are numbered
6	Health and Safety <ul style="list-style-type: none"> • In agreement with the Incident Team Manager, assess the duration of the incident and the requirement of another loggist to take over responsibilities at an agreed time, a new loggist should sign and date a new log sheet
7	At the end of the incident <ul style="list-style-type: none"> • Hand the log book to the Resilience Lead/Incident Manager once the incident has closed or you are no longer acting as a loggist • Liaise with the Resilience Lead/Incident Manager re attending a debrief of the incident

3.5 Service Area Out of Hours, Weekend and Holiday Cover Arrangements

During a severe weather incident, out-of-hours senior management arrangements for the Partnership will be regularly updated and shared through internal communication channels. If staff are unable to contact their line manager, they should be aware to contact the helpdesk on 0131 200 2000 to get in touch with a resilience co-ordinator or Senior Duty Manager for assistance.

4. Service Area Response

4.1 Service Area Essential Activities to be Maintained

The Council have identified Essential Activities (ie those activities that must be maintained during an incident).

These Essential Activities are currently being reviewed and the current list is available from Resilience.

If you require further information about Business Continuity processes and /or Essential Activities please contact Resilience.

It may also be necessary to close day services and reduce some support arrangements.

4.2 Priority Locations

Priority locations for road clearance and gritting are care homes for older people – in house and contracted.

4.3 Vulnerable People

Edinburgh Health and Social Care Partnership services will share information from Council and NHS systems to help identify vulnerable people in a specific area affected by weather related incident.

4.4 Access to Emergency Food Supplies

Emergency supplies will be provided to those assessed as requiring them. Social Care Direct will make the assessment.

Calls should be directed to Social Care Direct (0131 200 2324).

The criteria are set out below would apply in a period of severe weather when the weather is expected to last more than five days and normal movement in the city is expected to be significantly restricted.

To be classified as vulnerable and in need of assistance, one or more of the following criteria would need to be met:

- Aged 80+ and / or with a significant medical condition / disability
- Social Isolation i.e. Living alone or with only other adults also 80+ and / or with a significant medical condition / disability
- No support / assistance available from family member / neighbour i.e. there is no-one who is available to support the vulnerable individual's requirements

(including internet shopping) during the incident or are unable to as they are housebound (lone carers).

- Support currently provided by Council / other support services are not or are unable to provide support or assistance normally provided.

For a vulnerable individual to qualify for essential food supplies they must also meet the following criteria:

- Not currently in receipt of a home care service
- Insufficient food in house for next two days to meet dietary / essential needs

Partnership Locality Managers and the Resilience Co-ordinator have access to Council purchase cards that can be used in an emergency. Example of supplies are below. Transport arrangements will either be through the Council's Transport Operations, taxi or via the Red Cross.

A standard supply box will include:

- UHT Long Life milk or dried milk powder
- Tins of corned beef / ham / tuna / salmon etc.
- Tins baked beans
- Tins macaroni cheese / mince / meatballs / spaghetti bolognese etc.
- Tinned vegetables
- Tinned fruit
- Multi-pack assorted cup-a-soups
- Teabags
- Packet plain biscuits e.g. digestive / rich tea etc.
- Packets instant potato
- Small pots rice pudding / custard
- Oatcakes
- Jam
- Porridge oats / multi pack mini breakfast cereals
- Two toilet rolls

In order to purchase emergency supplies, please contact either: Mike-Massaro Mallinson, Deborah Mackle, Nikki Conway, Angela Lyndsay or Cathy Wilson. Tom Cowan, Head of Operations is the payment authoriser.

4.5 Contractual Arrangements / Key Suppliers

The Partnership will maintain open and frequent communications with its contracted suppliers via email on a regular basis via the Contracts Manager.

4.6 Personal Protective Equipment

This will be provided to workers exposed to severe weather when their work location is primarily outside (subject to further review and decision) – please speak with your line manager for further information.

4.7 Unit Preparedness

Senior Managers will maintain daily contact with their units during a period of severe weather – via email or mobile phone.

SitRep form has been created for unit managers to use to report on the impact the severe weather is having on their services. Please see Useful Documents in 20.4. The form should be sent to cathy.wilson@edinburgh.gov.uk. The data will then be reported to the Service Area Incident Management Team.

If unit closures are required, these will be agreed at the Partnership's Incident Management Team meeting, or, if decision required earlier by a Head of Service.

4.8 Access to 4WD vehicles

The resourcing and coordination of 4 wheel drive vehicles and the equipment for other vehicles (e.g. winter weather snow tyres) will be agreed between Resilience Coordinators / Business Partners based on an assessment of the needs of all Service Areas. The procedures and protocols for this are given in a separate document which is reviewed annually, available on the shared drive: [4x4 Arrangements](#).

EHSCP may have leased additional 4x4s for the winter period. Allocation will be based on need.

4.9 Flexible Working Options, Redeployment of Staff, Skills Database

Home care and Intermediate Care services may be able to draw on staffing resources from day care / disability services if they are not operating in a period of severe weather.

4.10 Key Processes and Procedures

The Service Area's business processes are built into the Customer Hub processes and the core SWIFT system.

4.11 Awareness Training

At the start of September every year unit managers and service managers will review their service preparations for the following winter.

4.12 Generators

Each care home has a bespoke contract with Aggreko for generator hire.

4.13 Scottish Water

Latest updates from Scottish Water re water supplies available at:

<http://www.scottishwater.co.uk>

4.14 Temporary Heating (out of hours)

In the first instance, please contact 0131 200 2000 to place a request for portable heaters from the Council Housing Team. If they are unavailable, a small stock of convector heaters is stored with the Community Equipment Store. These are accessed via the Edinburgh Health and Social Care Partnership Resilience Co-Ordinator.

4.15 Temporary Heating (business hours)

If there is a need for heaters within business hours, please contact your property care officer.

5. Maintenance, Monitoring and Review

This plan will be reviewed and updated every year by the Service Area Resilience Co-ordinator. Any lessons learned from the previous winter will be incorporated.

Appendix A

Questions & Answers for Work Arrangements during Severe Weather for Council Staff.

Please also see the HR Policy on Severe Winter Weather on the ORB

Q1. Am I entitled to special leave if I am not able to get to work because of bad weather?

No. You must use annual leave, flexi leave (if you are in the Flexitime Scheme) or unpaid leave. This is the case no matter what has prevented you from being able to attend work because of bad weather, e.g. no public transport, inability to walk due to excess snow.

Q2. Am I entitled to special leave if I have had to take days off work to look after my children as a result of school closures?

If the school closure was unforeseen, you will be able to apply for up to one day's paid leave for breakdown of normal care arrangements in order to deal with this emergency and make alternative childcare arrangements. You will not be able to apply if you have already used this entitlement in the last 12 months. No other paid special leave is available. It is your responsibility to cover any further time-off needs by using annual, flexi or unpaid leave.

Q3. What will staff get paid if they were not able to get to work?

If they have used annual or flexi leave or have agreed a temporary adjustment to their working pattern, staff will receive their pay as normal. If it has been agreed that they will use unpaid leave, their pay will be reduced accordingly.

Q4. What pay will staff receive if their place of work was closed completely by the authority?

As the authority has closed the place of work staff will be paid as normal.

Q5. Can I work from home if I cannot get to work?

You must ask your line manager who will decide if the nature of your work allows for working from home, either for part of or all of a day.

Q6. I am losing flexitime because it is taking me longer to get to work because of the bad weather and I have been leaving earlier. Should I not receive a standard day's credit since I have made an effort to attend work?

For employees on the Flexitime scheme, actual attendance hours are recorded. Core time can be relaxed, e.g. to allow someone to leave early because they are worried about transport home, but additional credits will not be given. This will allow staff to attend work for short periods of time, if that is all that can be achieved. Therefore, you should always clock in and out when you arrive and leave even if it is within core time.

Q7. I have a lot of flexi built up. Can I use more than one and a half days flexi leave during the severe weather?

The scheme does not allow for more than one and a half days of flexi leave. However, as an exception this will be allowed subject to management discretion and the arrangements below. Managers have already been given discretion during the severe weather period to allow debit balances of over the scheme limit of 10 hours providing the employee can reduce the debit balance to 10 hours or under over the next two flexi periods.

Q8. How do I record the absence for any of my staff who have not been able to come to work because of bad weather?

You should wait until you have discussed the options with the employee. Having agreed what leave will be used, the employee should apply for annual, flexi or unpaid leave via myHR. If the employee does not have access to myHR, the manager can record the leave via myPeople. Leave can be requested/recorded after the event.

Q9. What do I enter on myPeople for staff who cannot come to work because their child's school is closed?

If the school closure was unforeseen and it has been agreed the employee is eligible for one day's paid leave, you should select the option 'Breakdown of normal childcare arrangements'. Otherwise, annual, flexi or unpaid leave should be entered as shown above.

Q10. A member of staff could not make it into their base office but managed to attend another office closer to their home. How should I record this. Also, I have allowed a member of staff to work from home. How should this be recorded?

There is no need to record either of these officially on My People as the employee is still working and should be paid as normal. You may wish to keep informal records within school as to what work is being undertaken at home or the hours that staff are actually working.

Q11. If I already had flexi or annual leave approved before the bad weather, can I cancel this given that my building has been closed and there is no alternative building to go to?

No. Any leave approved before the decision to close the building should still stand, since you were not scheduled to work.

Appendix B



EMPLOYMENT POLICIES AND PROCEDURES

ADVERSE WEATHER AND MAJOR TRANSPORT DISRUPTION Policy and Procedure

Reviewed and Updated February 2018

Unique ID: ADW&MTDP
Category/Level/Type:
Status: Final

Author: HR Policy Group
Version: 5.0
Authorised by: R. Kelly

Date of Authorisation: November 2011
Date added to intranet: February 2018

Review Date: February 2020

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1. INTRODUCTION

NHS Lothian recognises that adverse weather and travelling conditions may delay or prevent staff from attending work. This policy formalises the actions which should be taken should such conditions arise.

The provision of the organisation's services is dependent on staff to deliver them.

Accordingly, all staff employed by NHS Lothian should make every effort, within the boundaries of safety, to attend work on time. Failure to attend should occur only in exceptional circumstances, eg severe snowfall, snowdrifts or flooding **etc** making routes impassable. It remains the responsibility of the individual to assess the risks before making the decision to set out on the journey to work.

In the case of protracted adverse weather conditions, Emergency Planning procedures and advice will be consistent with this policy.

2. RESPONSIBILITIES OF MANAGERS AND STAFF

Staff will be encouraged, where possible, to share private transport to overcome travel difficulties. Managers should facilitate local discussion regarding the sharing of telephone contact numbers to allow staff to "buddy up" on difficult journeys.

Similarly staff should be encouraged to use different routes or modes of transport to enable them to report for duty, eg bus services may still be accessible where rail services have been withdrawn.

Staff living reasonably near their place of employment should attempt to make the journey on foot but would be expected to take account of prevailing weather conditions and not expose themselves to unnecessary risks. Whether or not it is possible for them to do so will be a matter for local judgement, eg:

- * distance involved (up to 3 miles may be reasonable, depending on environmental/personal circumstances)
- * weather conditions
- * time of day
- * fitness of staff member

If they have any problems in getting to work, staff must contact their line manager as soon as possible, in line with local arrangements and as far in advance as possible of normal starting time, to allow cover to be arranged if necessary.

Once staff have arrived at work, where their duties involve travel (eg community nursing), managers should undertake a suitable risk assessment and prioritisation of workload.

3. INABILITY TO ATTEND WORK

Staff who are unable to attend their workplace, or who are late in reporting for duty, due to

severe weather conditions, may still receive payment for the time lost, depending on individual circumstances.

Payment will normally be made where staff demonstrate that real efforts have been made to get to work, **or** that any effort would have been dangerous. Each circumstance would be considered on its own merits, before deciding whether payment should be made or withheld. Managers should acknowledge the efforts of other staff travelling from the same area. The position should be reviewed on a daily basis, as weather conditions may vary from day to day.

If, after due consideration, payment is to be withheld, staff should be notified as soon as possible in writing. Alternatively, staff will have the option to cover such a period by annual leave.

Absence will be monitored and recorded in line with normal practice.

4. LEAVING WORK EARLY

During times of severe weather conditions it may be deemed appropriate in certain circumstances to allow staff to travel home at a time earlier than their normal finishing time, without deduction of payment for the time lost. This will only be allowed in exceptional circumstances, within the exigencies of the service, and only after the latest update on the situation has been obtained by the manager.

Depending on the circumstances, consideration may be given to providing overnight accommodation on hospital premises for staff who cannot get home, or who for service continuity reasons have agreed to stay on site pending the arrival of staff on day shift. Local arrangements should be made for such contingencies.

Line managers should consider making internet sites available to staff to check latest weather conditions.

5. CLOSURE OF SCHOOLS AND NURSERIES

If weather conditions become so severe that schools, nurseries and/or day centres are closed without prior warning, staff required to take time off to look after dependants should be given Carer Leave on the first day of absence. Discretion will be used on the second and/or following days. Managers should be aware of the appropriate use of Carer Leave. (Please see separate policy.)

6. WORKING AT AN ALTERNATIVE LOCATION WITHIN OWN BOARD AREA

In certain circumstances, where every effort has been made to attend the normal place of work, it may be appropriate for staff to carry out their duties at an alternative site within their own Board area. Agreement should be reached in advance between managers and members of staff as to which alternative sites in their own Board area might be appropriate for this, depending on where the member of staff lives. When phoning in, the member of staff should check with the manager or appropriate deputy on duty whether they are required to report to an alternative site, (subject always to an assessment of risk in travel). It may be that working from home would be a practical alternative in some circumstances, and the manager and staff member should agree the arrangements for this.

In order to secure the appropriate deployment of skills, the member of staff should present their NHS Identity Badge to the person in charge of the site/clinical area. The manager

should then undertake a normal risk assessment and provide local orientation to the area of work.

7. WORKING AT AN ALTERNATIVE LOCATION WITHIN ANOTHER BOARD AREA

It is recognised that for some members of staff, depending on their home address, the nearest NHS establishment might be within another Board area from the one in which they are employed. If having made every effort to attend their own place of work or an alternative location within their own Board area, it may be appropriate for the member of staff to offer their services at alternative NHS establishment within another Board area. In these circumstances, the employee should contact their own line manager to agree this course of action, and who in turn will then contact the relevant duty manager at their nearest appropriate NHS establishment to determine whether or not the member of staff should present themselves to work at this location to provide assistance.

It is important that staff do not just turn up at these establishments without first making contact with their line manager to determine if assistance is required or indeed appropriate.

In these circumstances the following checks should be carried out where an NHS Identity Badge is available:

- Within standard/normal working hours, contact should be made with the Board's own HR Department using the appropriate contact number below, who in turn will make contact with the employing NHS Board and check currency of employment and with the appropriate registration body if necessary;

NHS Borders – 01896 826162

NHS Fife - 01592 648136

NHS Forth Valley - 01786 431194

NHS Lothian - Medical Staff - 0131 465 7737 or General Staff - 01506 523418

- Outwith standard/normal working hours, it will not be possible to check the authenticity of a member of staff's Identity Badge and therefore the contact details should be kept so that the appropriate checks can be made and the individual recalled if necessary. However, in the event of severely low staffing, and after a thorough risk assessment, the member of staff may be allocated tasks that can be supervised and have either minimal or no patient contact in a clinical area where patients have lower dependency/less complex needs.

If the member of staff does not have an NHS Identity Badge the following would apply:

- Copy any other photographic identification that they have brought with them;
- Within standard/normal working hours, contact should be made with the Board's own HR Department who in turn will make contact with the employing NHS Board and check currency of employment and with the appropriate registration body if necessary. Following a risk assessment, the member of staff may be allocated tasks that can be supervised and have either minimal or no patient contact in a clinical area where patients have lower dependency/less complex needs.

- Outwith standard/normal working hours, it will not be possible to check the authenticity of a member of staff's identification and therefore the contact details should be kept so that the appropriate checks can be made and the individual recalled if necessary. In these circumstances it would not be appropriate to do any risk assessments and the individual should not be allowed to commence work of any kind until the necessary checks have taken place.

All hours worked by a member of staff working at an alternative location must be recorded and either sent to the individual's line manager if employed within the same Board or forwarded to the HR Department for individuals employed in another Board along with copies of the identification and contact details and they will be forwarded to the individual's line manager in their own Board.

8. MEDIA ADVICE

During periods of severe weather, media coverage may advise that the police have asked the public to refrain from travelling unnecessarily. It is understood that such advice may refer to genuinely dangerous routes and/or to what are considered to be frivolous journeys, for example, shopping trips to town.

The NHS is an essential service, and accordingly managers should ensure their staff know that in principle they may be expected to attend work in such situations, but as highlighted above, staff should always assess the risks involved in travelling to work before setting off on their journey.

If in any doubt, staff should contact their manager to discuss the situation.

9. MAJOR PUBLIC TRANSPORT DISRUPTION

The above principles would also be appropriate in the short term where there are major disruptions to public transport systems.

10. FAIR FOR ALL

It is imperative that this policy is applied in a fair and equitable manner so that it does not discriminate between staff.

If managers have any queries regarding this policy they should contact the appropriate HR Manager.

11. MONITORING AND REVIEW

This policy will be monitored to ensure its continued effectiveness and will be reviewed after a period of two years by the Lothian Partnership Forum.

Appendix C - Decisions Log

Name:	Job Title:	Date:	Page ____ of ____
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Date / Time	Decision	Taken by:	Decision Action	Assigned to:	Issue Closed Y / N?

Appendix D

Initial Assessment for Response

Question	Logged Response
What is the nature of the incident (type, location, severity)?	
Are there any casualties or fatalities?	
Are there any staff casualties or fatalities?	
Is the incident currently affecting service / Service Area / council business operations? If so, which areas?	
What is the estimated duration of the incident?	
Have the emergency services been called?	
Has access to the whole site been denied? If so, for how long (estimate if not known)?	
Which work areas have been destroyed, damaged or made unusable?	
Which work areas are inaccessible but intact?	
Which systems and other resources are unavailable (include computer systems, telecoms and other assets)?	
Have any utilities (gas, electricity or water) been affected?	
Can the incident be controlled by the Service Area or is Council Incident Management involvement required?	
Have Insurance Services been informed?	

Name:

Job Title:

Date:

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Appendix E

Initial Assessment for Recovery

Question / Issue	Logged Response	Date
Are any key staff unavailable for work?		
Which work premises cannot be used? When will these premises be useable?		
Which systems and other resources are unavailable? Require a report from ICT Solutions about the impact on BT service provision. When will normal service be resumed?		
Are any external communications links affected? When will they be reinstated?		
List any key equipment loss and impact on services. How long before it can be replaced?		
Has any critical work-in-progress been affected? When will it be resumed and how are essential activities affected?		
Have any critical assets been lost? How and when will these be replaced?		
What is the expected impact on essential service delivery?		
List the Service Area's / Council priorities during the recovery phase.		
What are the recovery objectives, what recovery teams are required and which staff are identified to participate / lead these teams?		
If relocation sites have been required what are the on-going issues and objectives?		

Name:

Job Title:

Date:

Page ___ of ___

Appendix F

Recovery Checklist

The transition from Recovery to Return-to-Normal will depend on the Service Area, nature of the incident, its severity and the time taken to manage the consequences. Issues to consider may include:

Issue	Yes / No	Comment
Call diverts and voicemail messages removed		
Networks secure and working normally		
ICT accessible and working normally		
Security and access to buildings as normal		
Staff in normal or temporary places of work		
Backlog of work cleared and / or scheduled and allocated		
Work flow normal		
Learning points agreed internally		
Debrief scheduled		
All involved parties agree that the incident has been dealt with and closed		

Name:

Job Title:

Date:

Page ___ of ___

Appendix G

Incident Closure Form

Incident Closure Report Form	
Incident Report Reference:	Date and Time:
1	Provide a brief summary of the incident, including date, time, duration and key actions:
2	What were the impacts? On staff: On service delivery: On clients / customers: On the provision of insurance:
4	Record any outstanding actions arising from the incident.
5	Has a debrief been scheduled? What were the main issues? What were the learning points?
6	List any supporting documentation that you have submitted with this form (e.g.: incident logs, status reports, debrief reports, etc.)
7	Please record any additional comments:
8	Does the Service Area Business Continuity Plan need to be reviewed (please detail suggestions)?

Name:

Job Title:

Date and Time:

Page __

Appendix H

Residential Care Homes and Respite Units: Severe Weather – Access Road Mapping of Social Care Units (with contact numbers and gritting requirements)

Clovenstone

Centre manager:	Pam Colston
Centre address:	27 Clovenstone Gardens, EH14 3EX
Telephone:	0131 442 2312

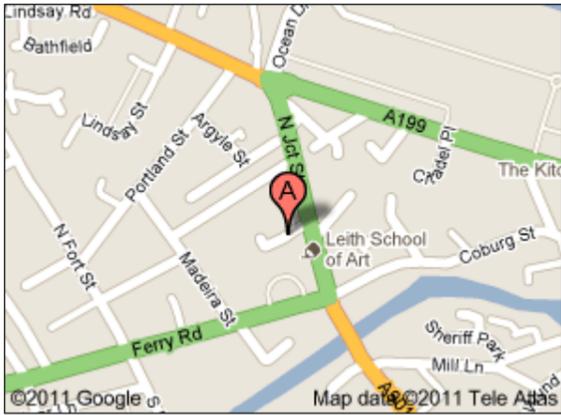


Requirements – Access Roads: Clovenstone Gardens and Clovenstone Road to be cleared and gritted; also clear and grit access into Clovenstone House.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Ferrylee

Centre manager:	Karen Wright
Centre address:	33 North Junction Street, EH6 6HR
Telephone:	0131 554 7179

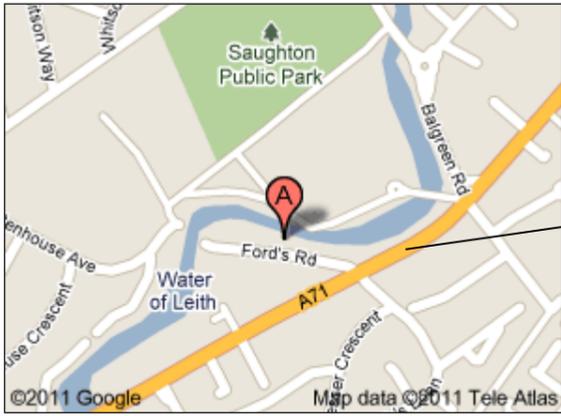


Requirements – Access Roads: North Junction Street and driveway into Ferrylee to be cleared and gritted.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Ford's Road

Centre manager:	Shona McGregor
Centre address:	8 Ford's Road, EH11 3HP
Telephone:	0131 443 3731



Gorgie Road
(A71)

Requirements – Access Roads: Ford's Road to be cleared and gritted.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Jewel House

Centre manager:	Gwen Lawrence
Centre address:	15 Bingham Crescent, EH15 3JZ
Telephone:	0131 669 0886

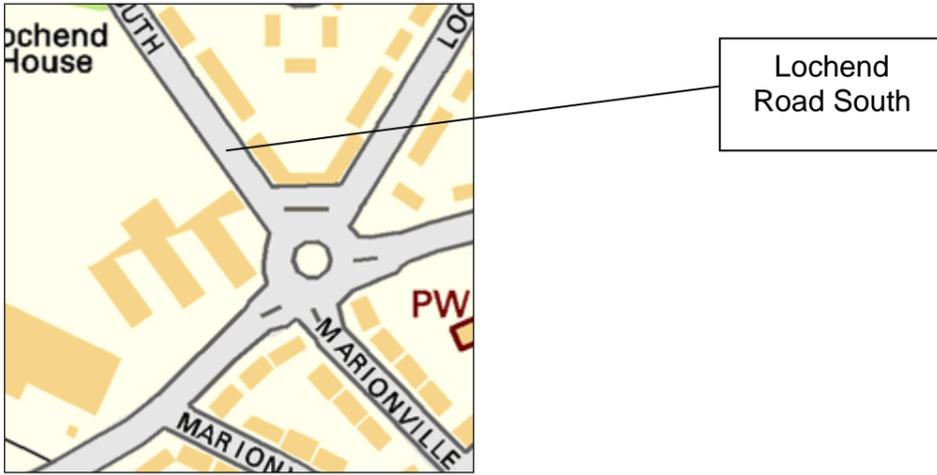


Requirements – Access Roads: Mountcastle Drive South to be cleared and gritted; also clear and grit access into Jewel House Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Marionville Court

Centre manager:	Donna Robertson
Centre address:	3 Lochend Road South, EH7 6BP
Telephone:	0131 652 8160

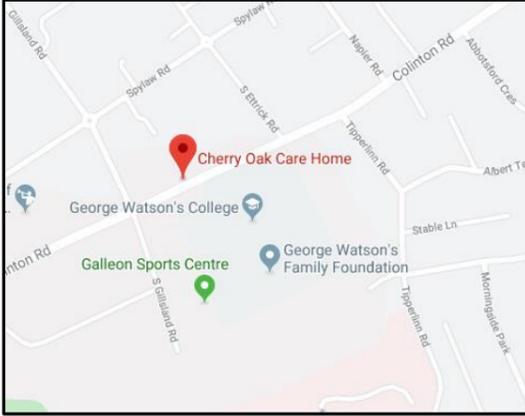


Requirements – Access Roads: Lochend Road South and Marionville Road to be cleared and gritted; also clear and grit access into Marionville Court Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Cherry Oak

Centre manager:	Jackie Reid
Centre address:	26 Colinton Rd, Edinburgh EH10 5EQ
Telephone:	0131 447 9944

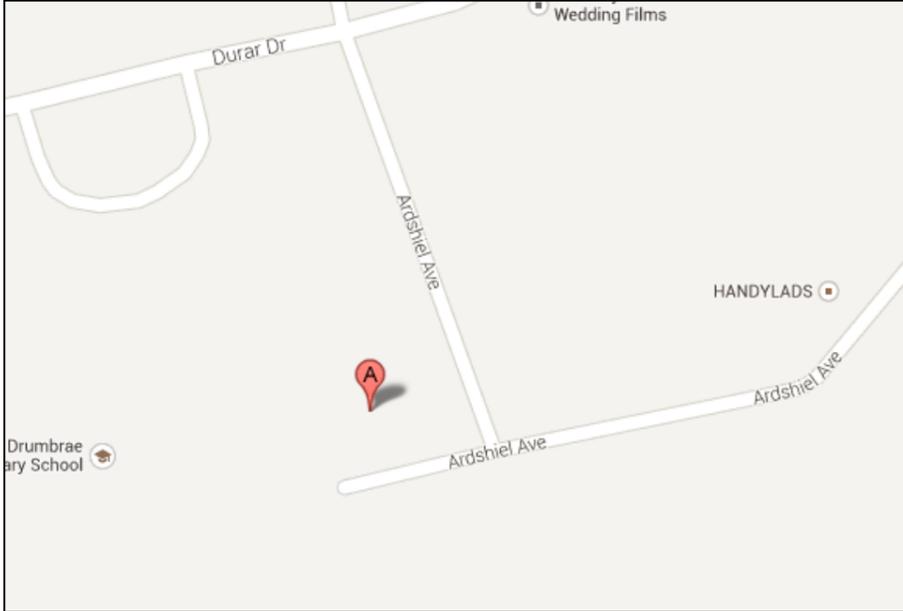


Requirements – Access Roads: Colinton Road to be cleared and gritted; also clear and grit access into Cherry Oak Care Home.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Drumbrae

Centre manager:	Karen Wright
Centre address:	24 Ardshiel Avenue, EH4 7HP
Telephone:	0131 339 4667

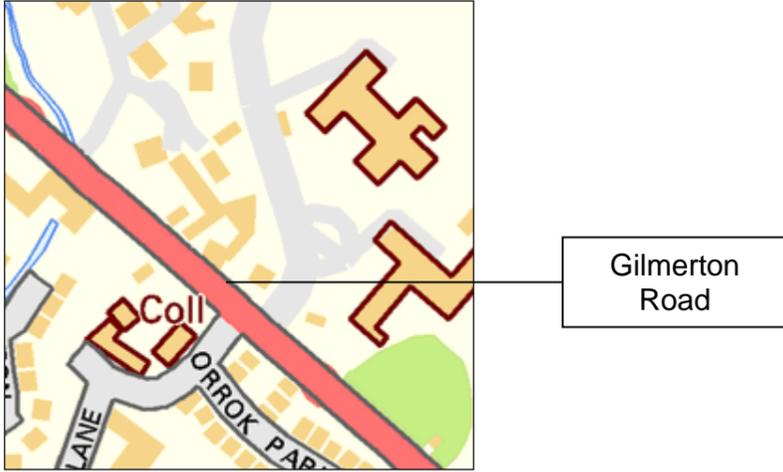


Requirements – Access Roads: Ardshiel Avenue to be cleared and gritted; also clear and grit access into 24 Ardsheil Avenue.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Inchview

Centre manager:	Jane Brown
Centre address:	233 Gilmerton Road, EH16 5UD
Telephone:	0131 658 5000

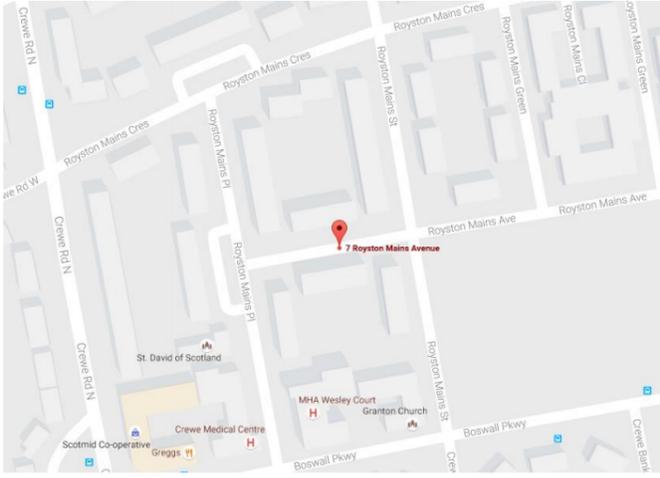


Requirements – Access Roads: Gilmerton Road to be cleared and gritted; also clear and grit access into 233 Gilmerton Road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Royston Care Home

Centre manager:	Carol Culburt
Centre address:	7 Royston Mains Avenue, EH5 1LE
Telephone:	0131 552 2505



Requirements – Access Roads: Royston Mains Avenue to be cleared and gritted; also clear and grit access into 7 Royston Mains Road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Castle Crag

Centre manager:	Robert Smith
Centre address:	157 Duddingston Road West, Edinburgh, EH16 4UY
Telephone:	0131 200 4160



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Craighall Centre

Centre manager:	Linda Dodgson
Centre address:	210 Ferry Road, Edinburgh, EH4 2RB
Telephone:	0131 551 2194



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.

Firhill Respite Unit

Centre manager:	Emma Pemberton
Centre address:	257B Colinton Road, Edinburgh, EH14 1DW
Telephone:	0131 441 5117



Requirements – Access from main road.

Within Grounds: Clear car park and vehicle loading areas where these exist.