

REPORT

Preparations for Winter 2024/25

Edinburgh Integration Joint Board

17 December 2024

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with a progress update on preparations for Winter 2024/25.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note preparations for Winter 2024/25 to date contained in this paper. 2. Note that only limited, 'mission critical' funding has been made available for bids from partnerships to NHS Lothian to support the costs of ensuring health and social care services preparedness for winter 2024/25. 3. Note that Edinburgh Health and Social Care Partnership (EHSCP) have successfully secured funding for Enhanced Community Respiratory Pathways over the winter period.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council NHS Lothian	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

1. Winter preparedness planning plays a key role in ensuring NHS Boards and Health and Social Care Partnerships (HSCPs) are ready to meet the additional challenges likely to be faced over the winter months due to seasonal increase in influenza, COVID-19, norovirus, severe weather and public holidays.
2. Edinburgh Health and Social Care Partnership (EHSCP) preparations for winter 2024/25 is being overseen by an extended Operations Senior Management Team (see appendix 1). Representation includes leads for operations, community hospitals and care homes, winter vaccination, mental health and substance use and social work to ensure a system wide



approach to organisational resilience. Meetings are scheduled to take place on a monthly basis throughout the peak winter period.

3. This year the timeline for winter planning was delayed due to the late publication of the *Health and Social Care: Winter Preparedness Plan 2024 to 2025* (released 24 Sept 2024) and *Health and Social Care Winter Preparedness Checklist* (issued 25 Sept 2024) to be completed collaboratively between NHS Boards and associated Partnerships (submitted 16 Oct 2024). For the full timeline to date, please see appendix 2.
4. The NHS, Scottish Government and COSLA Winter Resilience Priorities 2024/25:
 - a. Priority 1: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
 - b. Priority 2: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
 - c. Priority 3: Maximise capacity and capability to meet demand and maintain integrated health, social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
 - d. Priority 4: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.
5. Principles at the heart of priorities for winter are:
 - a. Person centred and person led care as embodied through the Getting it Right for Everyone (GIRFE) Principles, which aim to ensure personalised way access to care and support. This ensures that people are at the centre of decisions that affect them.
 - b. Strong leadership and partnership working across the whole system.
 - c. Implementing local and national actions we know work to improve the patient journey, and ultimately that improve outcomes for people, such as Discharge Without Delay principles.
6. However, the winter preparedness plan 2024-25 highlights that ***“Winter is not the only period this (increased demand) can occur and surge pressures can happen at any time; therefore we are transitioning to year-round surge planning and the measures outlined in this plan are applicable throughout the year as well as the winter months.”*** (*Health and Social Care: Winter Preparedness Plan 2024 to 2025* page 3)



7. The Scottish Government requested that each NHS Board complete a winter preparedness self-assessment checklist in collaboratively with HSCPs (see appendix 3). The checklist comprises of four overarching principles;
 - a. Overview of Preparedness and Business Continuity
 - b. Urgent and Unscheduled Health and Social Care; Planned Care
 - c. Primary Care, Mental Health and Social Care
 - d. Health and Social Care Workforce and Staff Wellbeing

8. NHS Lothian preparedness self-assessment 2025/25 identified three category red responses (definition: major issues still to be resolved and it is estimated with current plans, this area will not be ready for winter);
 - a. Resilience Preparedness - The Lothian system does not have access to additional beds, either within the NHS system or outside it (Section 1.4).
 - b. Planned Care - NHS Lothian will not pause or cancel activity routinely but will take evidence-based decisions on elective activity reflecting well-developed and embedded business continuity planning. This is necessarily fluid and situation-based so the timescales for agreeing each rescheduling/cancellation with Scottish Government will not allow notification in advance in every case (Section 2.16).
 - c. Seasonal outbreak - As last year, the Lothian system cannot undertake to meet "all" potential increases (Section 4.9).

9. In terms of the EHSCP, particular pressures have been noted regarding care home beds and Royal Edinburgh (acute psychiatric and mental health services) bed occupancy.

10. Increased delayed discharges are mainly due to lack of care home capacity in and around Edinburgh are at National Care Home Rate. This was on the back of an external care home closing in May 2024. Financial pressures have also restricted increasing capacity. However, in Sept / Oct 2024, 10 nursing care home beds opened within internal care homes, with further 10 beds planned for coming on stream in December 2024.

11. In the medium term, the plan is to move to a right sized inhouse reablement function, enhancement of care home brokerage and expansion of Hospital @ Home in addition to regular huddles to target capacity and manage demand.

Financial allocation to support winter pressures.

12. Funding available to support specific winter pressures this year is significantly less than in previous years. By necessity, 'Mission Critical Bids for Winter Funding', put forward for the



consideration of the NHS Lothian Unscheduled Care (USC) Tactical Committee were required to have extremely clearly defined and deliverable benefits.

13. Bids were required to directly address:
- a. Can impact be directly measured and therefore evaluated?
 - b. What month in 24/25 will the impact of the proposal materialise?
 - c. Can the proposal (including any recruitment) be implemented within the “winter period”?
 - d. Can the proposal be decommissioned with no further cost by 31st March 2025?
14. EHSCP submitted one bid which was successful in being granted funding, based on impact evidenced in previous winters: Edinburgh Enhanced Community Respiratory Pathways

Edinburgh Enhanced Community Respiratory Pathways

Objectives:

1. To support people with respiratory conditions beyond COPD with assessment, treatment, and self-management of acute chest infections at home with a focus on prevention of hospital admissions 7 days a week.
2. To optimise the flow of patients with respiratory conditions from hospital to home 7 days a week. This may include the early supported hospital discharge of specific patient groups e.g. Covid19 or flu the monitoring of respiratory symptoms and facilitating oxygen weaning in the community.

What will be delivered?

- Additional staffing capacity Mon-Fri over the 4-month winter period (1st Dec 24 – 31st March 25).
- Additional Advanced Physiotherapy Practitioner staffing over 10 weekends during peak winter period (Dec 24- Jan25).
- Additional supported discharge pathways for patients with oxygen requirements.
- Additional 200 pulse oximeters to enable home monitoring of respiratory patients in the community.

Funding: £59,601.03

Vaccination Programme

15. 115,000 vaccinations have been delivered since September, including 2,800 people who are housebound, 2,400 care home residence and 9,000 staff.



Frontline health and social care workers and staff in care homes for older adults are eligible for both Covid-19 and Flu vaccinations. Non-frontline health and social care staff employed by the NHS are eligible for the flu vaccine.

16. Staff uptake of vaccinations has been lower than at the same point last year. The primary care vaccination team are working with EHSCP communications team to increase awareness.

WINTER VACCINES

Staff uptake: 4 November 2024*

33.5% - Medical and Dental
 32.1% - Allied Health Professionals
 29.8% - Other Therapeutic Services
 29% - Healthcare Science
 21% - Personal and Social Care
 19.6% - Support Services
 19.3% - Medical & Dental Support
 18.2% - Nursing & Midwifery

**Stats include staff who've had at least one winter vaccine.*

17. Drop-in clinics for staff wishing to attend EHSCP community clinics were available between Tuesday 17 and Friday 27 September, or they can book a timed appointment on the national portal. Further drop-in clinics across our community clinics are being planned for later in the programme (dates to be confirmed).
18. Staff members who signed up to digital vaccination prompts will be sent an email/SMS to book appointment on the national portal.

EHSCP Communications

19. The EHSCP Communication Team are working closely with Scottish Government colleagues to ensure consistency of approach around winter messaging.
20. Locally EHSCP communications team are working with teams including the primary care vaccination team to promote the vaccination programme and Home Energy Scotland to raise awareness of how to stay warm this winter in light of the cost-of-living crisis. There will also be an emphasis on promoting 'Right Care, Right Place', to raise awareness amongst the citizens of Edinburgh as to where they can access appropriate care (e.g. pharmacy, day hospital) and alleviate pressures in primary care and unscheduled care.

Organisational Resilience

21. All services are in the process of reviewing and updating their resilience planning. Alongside this, the EHSCP overarching severe weather plan has been reviewed including access to 4x4 provision if required. Recognising that winter can be challenging, there is sufficient provision for locum support if required. Alongside this, key operational teams have provided assurance that Winter Resilience Planning is underway for respective areas. This will be kept under review on an ongoing basis.

22. As part of operational planning, several teams are reviewing their rostering arrangements to ensure adequate cover for essential services (including AHP, Social work and Social Care) and a sufficient level resilience over the winter period.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention	✓	Priority 1
Tackling Inequalities	✓	Priority 1
Person Centred Care	✓	Priority 2
Managing our resources effectively	✓	Priority 3
Making best use of capacity across the system	✓	Priority 3 Priority 4
Right care, right place, right time	✓	Priority 2

National Health and Wellbeing Outcomes

Please note which national Health and Wellbeing Outcomes your report aligns to			✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.	✓	Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

23. The amount of funding available this year to support winter pressures is significantly less than in previous years for Mission Critical Service bids only.
24. Nonetheless the Edinburgh Community Respiratory Team has been successful in securing funding of £59,601 to provide an enhanced pathway over the winter months. In previous years EHSCP has received £171,000 to administer for health, social care and community based / third sector services.
25. Given the significance of the EIJB financial pressures there are minimal opportunities for generating capacity. This therefore places immense pressure on the whole system without any further financial investment. Responding to peak surge episodes will be particularly challenging this winter and any requirement to reprioritise capacity will place additional pressure on our core services.

Risk, legal, policy, compliance, governance, and community impact

26. EHSCP recognises the challenge in increasing capacity across the system during periods of sustained pressure and are committed to working with partners to do everything possible to support the health and social care system to meet demand and deliver high quality services. However we must note that due to the significance of the financial pressures the EHSCP's ability to discharge core statutory responsibilities will remain under serious pressure with increased likelihood of core statutory breaches.
27. The approach to planning incorporates ongoing improvements and continue to work to maximise capacity and improve flow through all parts of the system. It also utilises effective monitoring of activity data to bolster their understanding of the resilience of the health and social care system and services.

Equality and Poverty Impact

28. Winter Planning represents a whole system approach to addressing seasonal surge in demand for health and social care services.
29. EHSCP Winter Preparedness Planning brings together a range of services from across the health and social care system to prepare for the increase in demand and pressure expected over winter 2024/25. These actions are being adopted as part of a business-as-usual approach to local planning for surges in demand and complement local capacity plans.

Environment, climate, and sustainability impacts

30. EHSCP communication team are working with Home Energy Scotland to raise awareness about their free advice and support to help make peoples' homes warmer, reduce energy bills, and contribute to a greener, more sustainable future. Home Energy Scotland's primary focus is tackling fuel poverty and the climate emergency, by helping people stay warmer at home for less and reducing their carbon footprint. The service is funded by Scottish Government and managed by Energy Saving Trust.

Quality of care

31. Preparations for winter 2024/25 is being overseen by an extended Operations Senior Management Team (see appendix 1). Representation includes the EHSCP Service Director - Operations and Heads of Service to ensure a system wide approach to organisational resilience.
32. Winter planning continues to enable safe and effective care for people using services. It focuses on providing options for the right care, at the right place and care close to home, avoiding unnecessary admissions and re-admissions where possible and facilitating the early supported discharge where admission is needed.

Consultation

33. The EHSCP is represented on the NHS Lothian Unscheduled Care Tactical Committee which has oversight of Lothian-wide planning for winter.
34. As no addition funding has been allocated to the EHSCP to ensure winter preparedness, there has not been the usual collaboration in relation to funding some third sector initiatives. However, working with colleagues at Edinburgh Voluntary Organisations' Council (EVOC), consideration is being given to opportunities to align mutual support.

Report Author

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Background reading / external references

[Health and social care: winter preparedness plan 2024 to 2025](#)

Appendices

Appendix 1	Extended Operations Senior Management Team Membership
Appendix 2	EHSCP Winter 2024-25 Timeline
Appendix 3	NHS Lothian Health and Social Care Winter Preparedness Checklist



**EHSCP WINTER PLANNING GROUP 2024-25
Meets Monthly**

Chair:	Role
Angela Lindsay (AL)	Head of Service Home First, Community Rehabilitation and Reablement & SRO One Edinburgh
	Ops SMT Members
Mike Massaro-Mallinson (MMM)	Director of Service Operations, EHSCP
Anna Duff (AD)	Head of Service, Mental Health, Substance Use & Learning Disabilities
Matt Kennedy (MK)	Principal Social Work Officer
Heather Tait (HT)	Head of Service, Community Hospitals, Care Homes and Technology, EHSCP
Helen Elder	EA to Mike Massaro-Mallinson
	Other Key Leads
Angela Brydon (AB)	Operations Manager, EHSCP
Rachael Fletcher (RF)	Communications and Engagement Officer, EHSCP
Eileen McGuire (EM) / TBC	Primary Care Service Manager, EHSCP
	Partnership Rep
Heather Gilfillan (HG)	Lead Partnership Representative EHSCP & Lead CSP Steward
	Winter Planning Support
Karina O'Rourke (KO)	Programme Manager, Long Term Conditions Programme, EHSCP
Wendy Michael (WM)	Business Manager, EHSCP
Helen Taylor	Project Team Manager, Long Term Conditions Programme, EHSCP
Dene Walker	Project Support Officer Long Term Conditions Programme, EHSCP

Timeline: Winter 2024-25

No Winter Summit

August

No Winter Planning Summit Event. Event previously brought staff from HSCP, COSLA, Scottish Government to launch

20th August

Evaluation of Winter Paper 2024 sent to EIJB

September

24th September

Health & Social Care: Winter Preparedness Plan 2024-25 published

25th September

Announcement that there will be no Winter Planning funding made available this year except for "Mission Critical" projects

COSLA Leaders Winter Preparedness Checklist Template received. (To be completed and submitted 16th October 2024, NHS Lothian deadline 2nd October 2024)

October

3rd October

Mission Critical bid submitted by Claire Easton, Enhanced Community Respiratory Pathways

8th October

Deadline for Mission Critical Submissions

11th October

Review of submissions by the Unscheduled Care Tactical committee

13th October

Mission Critical Funding for Enhanced Community Respiratory Pathways Approved

14th October

Winter Preparedness Documents submission date

November

7th November

Kick off meeting for Winter Planning in EHCP

15th November

Submitted for review at Executive Team Meeting

18th November

Deadline for the papers for EIJB in December

Return Due: 16 October 2024

WHOLE SYSTEM CHECKLIST RETURN - AREA DETAILS

Board	NHS Lothian
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Please select Health Board from drop down above

Board Chief Executive	Caroline Hiscox (Interim)
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Partnerships	City of Edinburgh, East Lothian, Midlothian, West Lothian
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Chief Officers	Pat Togher, Fiona Wilson, Morag Barrow, Alison White
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Number of integration partnerships	4
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Submitted by	<i>Colin Briggs</i>
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Approved by	<i>CMT</i>
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Date of approval	<i>8th October</i>
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Please note Caroline Hiscox is the substantive CEO of NHS Lothian

SUMMARY DASHBOARD

#	Area	Progress	Status	Partial	No	Yes	n/a
1		Complete	Partial and/or No	2	1	7	0
2		Complete	Partial and/or No	6	1	12	2
3		Complete	Partial and/or No	7	0	10	0
4		Complete	Partial and/or No	2	1	8	0

Section 1

Progress Status **Complete**

Manual dropdown - use this box to track your progress

Overall Status **Partial and/or No**

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Overarching principles	1.1	There are sufficient mechanisms in place to support the collaboration and co-operation with other Boards and Partnerships in the delivery of health and care.	Yes		1
Overarching principles	1.2	Plans have been developed through joint working between the Board, associated HSCPs, and other key partners (i.e. Primary Care practitioners, SAS, Scottish Prison Service, care at home and care home providers etc.). a) It is clear to all parties how plans will be delivered through joint mechanisms.	Yes		1
Overarching principles	1.3	Winter Planning includes demand, capacity, and activity plans across all health and care delivery (including urgent, unscheduled, social care and planned care provision). a) Projected staffing levels in your acute wards and community hospital wards are sufficient for the winter period; if no, please provide further detail.	Partial	Our approach to planning is a business continuity one, and therefore we believe that we have sufficient capacity in place and appropriate plans for supporting and managing challenges that emerge. However, we cannot guarantee that this capacity will be sufficient for every eventuality, and we also note that financial challenges for the whole system mean that accessing additional capacity will not be possible.	63
Resilience preparedness	1.4	Planning for winter reflects identification of surge capacity to ensure capacity is made across the health and care system to allow new emergency admissions to be accommodated.	No	The Lothian system does not have access to additional beds, either within the NHS system or outside it	18
Resilience preparedness	1.5	Business Continuity Management arrangements are in place and regularly reviewed, exercised, and updated. These are in accordance with Civil Contingencies Act 2004 for Category 1 and 2 organisations and other guidance including: a) NHS Scotland Standards for Organisational Resilience 2018. b) Preparing For Emergencies: Guidance for Health Boards in Scotland.	Yes		1
Resilience preparedness	1.6	Plans have identified potential disruptive risks to service delivery and associated mitigation responses. These incorporate lessons identified from Winter 2022/23 in addition to concurrent risks. Resilience Teams are involved in winter preparedness to ensure that business continuity management principles are embedded as part of year-round capacity and service continuity planning.	Yes	We assume the reference to Winter 2022/23 is an error and should reference 2023/24.	14
Resilience preparedness	1.7	Business Continuity plans take into account critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.	Yes		1
Resilience preparedness	1.8	Business continuity plans include response(s) if a clinical system outage occurs and the steps required to ensure continuity of services.	Yes		1

Communications	1.9	<p>Local communication plans: A review has been undertaken of communication channels to ensure that key messages about winter planning are clearly and consistently delivered to all parties, involved.</p> <p>This includes :</p> <ul style="list-style-type: none"> a) Key partner communication protocols b) OOH information including four day festive period c) Surgery hours & access arrangements <p>General practices contingency plans for respiratory disease outbreaks</p> <ul style="list-style-type: none"> d) Signposting to Scottish Government assistance for households struggling to meet their energy bills. e) Service-linked communications issued, whether online or printed format, include content or text highlighting where public can access information on which service is right for which medical need, such as nhsinform.scot/right-care 	Yes	There is not a 4-day festive period in 2024-25.	9
Step up / Step down care	1.10	Boards and HSCPs can evidence plans to increase the provision of intermediate care to impact positively on patients and services over the winter; and work towards building sustainability for the future.	Partial	The Edinburgh IJB has Directed changes to capacity which temporarily reduce intermediate care capacity as part of a longer-term strategy to increase it. All IJBs are keen to expand intermediate care capacity but at this point in time the financial dimensions are such that this is not possible.	48

Section 2

Progress Status **Complete**

Manual dropdown - use this box to track your progress

Overall Status **Partial and/or No**

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Urgent & Unscheduled Care	2.1	To ensure Right Care is provided in the Right Place, a 24/7 Health Board Flow Navigation Centre is in place to offer rapid access to a senior clinical decision maker as well as the option of appointments via Near Me.	Yes		1
Urgent & Unscheduled Care	2.2	Effective communication protocols are in place to support whole-system situational awareness of emerging pressures. Monitoring of key indicators across the system forms the basis of huddle discussions. This 'early warning system' should highlight areas of concern and drive action to maintain or regain a balanced system.	Yes		1
Urgent & Unscheduled Care	2.3	Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles) including morning hospital-safety huddles, focusing on the day's activity and current status, and afternoon huddles, setting Planned Date of Discharge and using this to predict capacity and demand for the next day. a) There is a Home First / Transition Team in place to support hospital discharge and Discharge to Assess; please provide further detail.	Yes		1
Urgent & Unscheduled Care	2.4	Emergency Physician in Charge (EPIC), Flow Co-Ordinator roles are in place where possible to provide dedicated leadership in Emergency Departments. A Discharge Co-ordinator is in place in each ED to act as a single point of contact (SPOC) to arrange rapid discharge from ED and take responsibility for co-ordinating community support.	Yes		1
Urgent & Unscheduled Care	2.5	Pathways are in place which provide care closer to home through pathways such as Hospital at Home for Older People; Respiratory Rapid Response and Out-patient Parental Antibiotic Therapy (OPAT); and supported by appropriate digital interventions such as Remote Consultation by phone and Near Me and Remote Monitoring, call before convey with SAS and flow navigation hub working to maximise virtual/remote Monitoring.	Yes		1
Urgent & Unscheduled Care	2.6	Boards and Partnerships have effective organisation of care across between primary and secondary care so that patients receive high-quality care and the best use is made of clinical time and resources in both settings. This could be through a mechanism such as an Interface Group.	Partial	An interface group is in place as part of BAU, but is not specifically winter-focussed. Marked as partial as a result.	21
Urgent & Unscheduled Care	2.7	Escalation procedures are directly linked to a plan which encompasses the full use of step-down community facilities.	Yes		1
Urgent & Unscheduled Care	2.8	Boards and HSCPs have additional festive arrangements, over the four-day public holiday, planned in collaboration with partner organisations such as Local authorities, Police Scotland, SAS and the local Voluntary Sector and in line with recommendations from the Four Day Public Holiday Review.	n/a	There is not a four-day public holiday for winter 2024/25	10
Urgent & Unscheduled Care	2.9	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.	Partial	GPOOH services can see KIS and ECS records; TRAK also records "risk of admission.readmission" and supportive plans.	17

Urgent & Unscheduled Care	2.10	Processes are in place to enable patients with respiratory conditions and those who are frail are given the opportunity to have an anticipatory or future care plan. There should be a system in place for identifying these individuals and it should be clear which professional clinical groups will take a lead on having these care planning conversations depending on the persons circumstances.	Yes		1
Urgent & Unscheduled Care	2.11	Pathways are in place for patients who are identified as 'frail' and those with respiratory or cardiac exacerbations, and these are embedded within primary care services, in and out of hours, as alternatives to admissions.	Partial	In-hours - good coverage. Out of hours is less good, and financial and workforce restrictions will prevent further expansion this winter.	21
Urgent & Unscheduled Care	2.12	People living with a respiratory condition have access to a respiratory team 7 days a week, should they become unable to self-manage their condition from home. People with heart failure and those who are living with frailty should be given the opportunity to have an anticipatory or future care plan.	Yes		1
Urgent & Unscheduled Care	2.13	Care Homes will be supported with timely access to professional support and clinical advice to enable admission prevention and more planned interventions to keep residents safe in their own home. This includes proactive contact on at least a weekly basis to discuss any residents the care home staff are concerned about and agree a plan of care and interventions if these should be required. Remote consultations via phone or Near Me video consultation should be available.	Partial	This is over and above core GMS and therefore an enhanced service. Most care homes will have a lead practice.	20
Urgent & Unscheduled Care	2.14	For Health Boards with Major Trauma Centres (Grampian, GGC, Lothian, Tayside), to incorporate into their winter surge plans, assurance of sufficient safe staffing on MTCs (both adult and paediatric) to ensure Scottish Trauma Network MTCs will continue to deliver high quality, integrated, multi-speciality care to severely injured patients. Further consideration is also required for those Boards with Major Trauma Units to similarly support safe staffing.	Yes		1
Urgent & Unscheduled Care	2.15	Where admission is necessary, ensure there is a mechanism and/or agreements in place with primary care and secondary care clinicians to minimise delays in pathway, and avoid multiple discussions that can lead to delays; recognising that in periods of increased demand, general practice may not have the functional capacity to follow the usual processes such as pathways for admission.	Partial	This cannot be taken to mean all services.	8
Planned Care	2.16	Plans are in place to maintain activity over winter for planned care, including outpatients and inpatient / daycase, diagnostics, imaging and cancer, with plans considering the impact of increased unscheduled admissions on planned care activity. Planned care activity will not be paused or cancelled routinely – if Health Boards need to consider this as part of their business continuity / escalation plans it needs to be discussed and agreed in advance with Scottish Government.	No	NHS Lothian will not pause or cancel activity routinely, but will take evidence-based decisions on elective activity reflecting well-developed and embedded business continuity planning. This is necessarily fluid and situation-based so the timescales for agreeing each rescheduling/cancellation with SG will not allow this.	43
Planned Care	2.17	Health Boards are considering opportunities to maximise capacity through Pooled Lists - locally for high volume specialties and pooled lists regionally / nationally for those patients waiting the longest.	Yes		1
Planned Care	2.18	Health Boards are making use of the National Elective Coordination Unit (NECU) to support admin and clinical validation.	Yes		1
Planned Care	2.19	For those Health Boards with National Treatment Centres (NTCs), plans are in place to enhance and maximise use of the NTCs through winter and beyond.	n/a		1
Planned Care	2.20	Discharge: close partnership working is in place, including the third and independent sector, to ensure that adequate care packages are in place in the community to meet all discharge levels.	Partial	We cannot undertake to meet "all" discharge levels.	8
Digital assets	2.21	Plans are in place to support the availability of Near Me video consultations to optimise estate and workforce capacity.	Yes		1

Section 3

Progress Status **Complete**

Manual dropdown - use this box to track your progress

Overall Status **Partial and/or No**

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Primary Care	3.1	Plans are in place to support General Practice (and where necessary other independent contractors) to manage provision of core General Medical Services (and sustainability more widely) over the winter period. Specific reference should be made to contingency arrangements where practices are unable to open (or provide General Medical Services) due to staffing or other reasons. Health Boards and HSCPs should ensure that where services are reduced or unavailable they support the practice with communications to patients including alternative arrangements.	Partial	Due to the Lothian system's business continuity approach there is not additional "winter-specific" support in place. The mechanisms described in the statement are in place but for the avoidance of all doubt we have identified as "partial".	37
Primary Care	3.2	Maximising Multi-Disciplinary Teams (MDTs) Plans explicitly reference the use of MDTs within OOH services; indicate where increased use of MDTs are in place. This includes increasing capacity of senior clinical and non- clinical leadership, use of multidisciplinary teams and availability of professional-to-professional advice across acute and community.	Yes		1
Primary Care	3.3	Executive level overview and oversight for Out of Hours (OOH) A Primary Care OOH winter plan has been signed off at Executive level, with clear escalation processes in place. There is Board Executive level oversight of OOH to support resilience, explore other operational solutions and agree appropriate escalation plans during the winter period given its essential role as a "front door" service	Partial	Oversight in place. No specific winter plan, given use of business continuity plan approach.	14
Primary Care	3.4	Link with wider winter plans and engagement with SAS and NHS 24 to improve system resilience. The plan puts Primary Care OOH within the context of winter readiness preparedness, as part of the urgent/unscheduled care landscape and whole system local planning, including community and social care responses through urgent care resource hubs/flow navigation centres (FNCs), or equivalent.	Partial	Arrangements are in place, not specifically "winter"	7
Primary Care	3.5	NHS Board Directors of Dentistry engage with NHS 24 to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours care during the winter period	Yes		1
Primary Care	3.6	Provision of OOH dental services Plans reference provision of dental services; services are in place either via general dental practices or out of hours centres. This should include an agreed escalation process for emergency dental cases, i.e. trauma, uncontrolled bleeding and increasing swelling.	Yes		1
Primary Care	3.7	Working with mental health services HSCPs should have clear arrangements in place to enable access to mental health crisis teams/services 24/7, including availability of professional to professional advice for out of hours services, particularly during the festive period	Yes		1
Primary Care	3.8	Increased level of professional-to-professional advice Boards and HSCPs have increased, where possible, the availability of professional to professional advice across acute and the community to ensure the patient receives right care in the right place at the right time.	Partial	Advice services are in place but will not be increased for the winter period.	14

Primary Care	3.9	Working with social care OOH Plans demonstrate consideration to social care services and where possible close links are in place for emergency respite, community alarm services and home care provision. OOH Plans will identify how Care Homes will be supported with timely access to professional support and clinical advice (particularly in the OOH period) to enable admission prevention and more planned interventions to keep residents safe in their own home.	Partial	Care homes can access GPOOH support through 111. Professional-professional pathways are in place for healthcare providers working in care homes which undertakes the functions described in the statement.	28
Primary Care	3.10	Winter readiness plans consider the needs of those living with a mental health, learning disability, neurodiverse or dementia diagnosis, including the needs of carers.	Partial	As with last year's submission, we would welcome clarity on definition.	11
Primary Care	3.11	Plans to ensure appropriate staffing levels include consideration of mental health services and the need to maintain support for service provision and patient rehabilitation (such as suspension of detention), including for forensic mental health patients.	Yes		1
Primary Care	3.12	The discharge partnership working plans include consideration of those requiring mental health supports and/or being discharged from a mental health setting, including the unique support package needs of those leaving forensic inpatient settings or with complex care needs.	Yes		1
Primary Care	3.13	Plans ensure continued access to dementia diagnosis services for both inpatients and those in the community, ensuring people have care and treatment appropriate to their needs and any potential dementia-related issues are recognised and addressed.	Yes		1
Primary Care	3.14	Plans are in place to ensure data is available to monitor the performance and capacity of primary care and mental health services throughout the winter.	Partial	We do not have in place a daily data upload from primary care services, although other mechanisms are agreed and in place, therefore marked as partial. Mental health services	33
Prisons	3.15	Plans are in place to ensure that the delivery of prison healthcare, including mental healthcare, is maintained and that there are appropriate levels of healthcare staff in prisons to deliver efficient and effective patient care.	Yes		1
Social Care	3.16	Care at home assurance boards and care home assurance arrangements are in place to ensure all risks in care provision are recorded and appropriate mitigating actions are put in place.	Yes		1
Social Care	3.17	Capacity to deliver key public protection functions is in place e.g. child and adult protection, MAPPA (Multi Agency Public Protections Arrangements)	Yes		1

Section 4

Progress Status **Complete**

Manual dropdown - use this box to track your progress

Overall Status **Partial and/or No**

Automatic status

Subsection	#	Statement	Response	Rationale for response rating	Words
Workforce	4.1	Appropriate steps are being taken to support recruitment of staff on an ongoing basis within recognised financial parameters, utilising the full range of potential contractual arrangements including (but not limited to) Permanent, Sessional Worker, Bank or Fixed Term contracts (or a combination of these). Work undertaken with local college and HEI student workforce to offer holiday shifts and regular part time contracts can be evidenced.	Yes		1
Workforce	4.2	Boards and HSCPs are continuously deploying the range of tools available to them to support efforts aimed at staff retention. For Boards, this is including but not limited to those set out through DL (2022) 30: DL(2022)30.pdf (scot.nhs.uk) to enable those staff who have retired to return to work on a part time basis should they wish to do so.	Yes		1
Workforce	4.3	Plans are in place for appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods. This requires sufficient senior medical and other senior clinical decision makers to facilitate decision-making, and pharmacists to prepare timely discharge medications. For HSCPs, this includes sufficient social work staff and others associated with discharge planning.	Partial	These plans are in place but this is marked as "partial" due to the use of the word "sufficient".	19
Workforce	4.4	A strategy is in place for the deployment of volunteers over winter, making appropriate use of established local and national partnerships. Investment in and funding of local voluntary and third sector organisations to support care@home teams and provide practical support to people who are ready for discharge, and across the wider community can be evidenced.	Yes		1
Workforce	4.5	Staff are appropriately supported to access the range of available local and national staff wellbeing resources. This includes Primary Care independent contractor staff.	Yes		1
Workforce	4.6	In relation to potential adverse weather, Boards and Partnerships have contingency plans in place covering staff disruption to manage the impacts – for NHS this is specifically according to DL(2022)35.pdf (scot.nhs.uk). Staff are fully aware of the contingency plan.	Yes		1

Seasonal outbreak	4.7	<p>COVID-19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing</p> <p>All patient-facing (i.e. "frontline") Health and Social Care Staff (including Primary Care independent contractor staff) and ALL NHS workers have easy and convenient access to the seasonal flu vaccine and that:</p> <p>a) staff are able to drop in to any community clinic without needing to make an appointment</p> <p>b) peer to peer vaccination for flu is facilitated, where practicable, to bring the vaccine as close to the place of work for staff as possible.</p> <p>c) information and guidance is provided to staff on how to book appointments via the online portal or the National Vaccination Helpline and that they can drop in to any clinic without needing to book.</p> <p>d) Information and guidance / promotional materials are provided to staff on the benefits of vaccination for both themselves, their colleagues and their patients.</p> <p>(Full details on the programme can be found in the annual flu CMO letter.)</p>	Yes		1
Seasonal outbreak	4.8	Plans take into account the predicted surge of Covid-19 as well as other viruses including seasonal flu, RSV and Norovirus activity that can happen between October and March and have adequate resources in place to deal with potential outbreaks and the impact these have on services (health and social care inclusive of primary care) across this period.	Partial	The Lothian system has resources in place to deal with potential outbreaks, but could not guarantee that these are adequate to deal with all outbreaks.	25
Seasonal outbreak	4.9	Adequate resources are in place to manage all potential increases in Covid-19 including possible new variants with increased severity, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Debriefs should be undertaken following significant outbreaks or end of season outbreaks to identify lessons and ensure system modifications to reduce the risk of future outbreaks	No	As last year, the Lothian system cannot undertake to meet "all" potential increases.	13
Seasonal outbreak	4.10	To help detect early warnings of imminent surges in activity, Boards routinely monitor PHS weekly publications, showing the current epidemiological picture on COVID-19, RSV, Norovirus and influenza infections across Scotland, and PHS Whole System Model Winter outputs.	Yes		1
Seasonal outbreak	4.11	Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings	Yes		1