Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness: Self-Assessment

Priorities

1. **Resilience**
2. **Unscheduled / Elective Care**
3. **Out of Hours**
4. **Norovirus**
5. **Covid-19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing**
6. **Respiratory Pathway**
7. **Integration of Key Partners / Services**

These checklists supplement the narrative and deliverables identified in your RMP4 and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance and experiences of managing Covid-19.

Your winter preparedness assessment should cover systems, processes and plans which take into account the potential impacts of Covid-19, Respiratory Syncytial Virus (RSV), seasonal flu, other respiratory conditions and severe weather impacts. Plans should recognise that some of these events may occur concurrently and should take into account system wide impacts. Plans should also reflect a strategic as well as operational approach to maintain service resilience and business continuity.

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 National 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.

- 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

1	Resilience Preparedness *(Assessment of overall winter preparations and further actions required)*	RAG
1	• There are a number of Business Continuity plans and Resilience arrangements in place to mitigate the risk/reduce the impact of disruptive risks, including disruptive weather, staff absence and Covid-19. These plans are in place across NHS Ayrshire & Arran and South, North and East Ayrshire HSCPs. • Business Continuity arrangements are reviewed and updated to take account of learning and best practice from business continuity events. • There have been a number of stress tests carried out over the last 18 months to test our arrangements, for example: ICU capacity, system wide escalation arrangement and full capacity protocol, community outbreaks, school outbreaks, outbreak on Arran, Labs capacity, Port Health, PPE and workforce. • We have been reviewing our resilience arrangement in preparation for COP26. As part of our preparation we have been working with colleagues nationally and across the West of Scotland in relation to mutual aid arrangements and mass casualty planning. Over the first two weeks in November whilst the conference is taking place we have strengthened the on call arrangements by adding a 2nd on call for both the Strategic and Public Health rota. We are restricting our planned activity w/c 25th October, 1st and 8th November to ensure that we can respond, if required, to any major incidents or request for mutual aid from GGC during COP26. • Resilience officers and resilience leads throughout the organisation are fully involved in winter preparedness and remobilisation planning and response.	**Green**
2	• Business Continuity plans take account of critical activities, prioritise services and describe contingency arrangements for ensuring service delivery during periods of disruptive risks. • Business Continuity plans were developed using a business impact assessment and identified single points of failure. • Staffing contingency arrangements are in place and are being monitored and updated. This remains a risk due to staffing pressures from Covid-19, including the continued need for additional Covid pathways, positive staff cases and staff self-isolating; the increased unscheduled care demand and the need for additional winter capacity already being open. Options for further staff contingency is being developed. • Mutual Aid arrangements are in place and regular discussions take place. These arrangements were recently utilised for Test and Protect.	**Amber**

3	• Staff are encouraged to sign up to weather warnings from the Met Office. We share information with staff about how they can stay safe and what to do in the event of severe weather. This is done through Daily Digest, eNews, and news alert emails. We encourage teams to share this information with staff who don't have access to email. • Business Continuity plans are in place to support alternative working arrangements. These have been put to the test and refined due to Covid-19. • Transport arrangements have been reviewed and 4x4s are available in each of the HSCP areas, including Arran.	**Green**
4	• The Communications Teams across NHS and HSCPs disseminate information on the operation of clinics, ambulance pick-up services and provide signposting to sources of weather and travel advice.	**Green**
5	• Mortuary escalation plans have been agreed in conjunction with our local funeral directors. Additional storage arrangements have been put in place in a joint arrangement across the NHS and our 3 Ayrshire Councils.	**Green**

2	Unscheduled / Elective Care Preparedness *(Assessment of overall winter preparations and further actions required)*	RAG
1	**Clinically Focussed and Empowered Management**	
1.1	• Regular Unscheduled Care workstream meetings take place with representation across the partnerships and Scottish Ambulance Service. • Weekly Operational meetings with HSCP colleagues. • Silver escalation calls are scheduled 3 times per week with membership from across the health and social care system. Where escalation status requires, these meetings are stood up daily.	**Green**
1.2	• Twice daily hospital huddles in place with HSCP representatives. Morning huddles have extended membership which includes Estates, Health and Safety and Clinical Support services. Further capacity meetings scheduled dependant on site position. • Daily site status information provided with the morning huddle. • The allocated duty manager for each Acute site is responsible for co-ordination and appropriate communication of the site safety, escalating via the site triumvirate team including Site director, Associate Medical Director and Chief Nurse.	**Green**
1.3	• Escalation plans specific to each Acute site are in place to ensure a full system response to escalation levels. • In addition Ayrshire & Arran utilise electronic eWhiteboards to monitor patients Planned Date of Discharge. Also in use across Acute Services is the Shrewd System Dashboard which is used in order to pre-empt potential pressures escalating to key members of staff with escalation triggers. • A weekly site based theatre restart meeting models and co-ordinates upcoming elective surgical activity, responding accordingly to unscheduled care and other pressures, with decision requirements being escalated to CMT/EMT as appropriate.	**Green**
1.4	• There are clear communication routes with escalation triggers in place using HSCP SMT, NHS EMT and Council ELT arrangements. • HSCP are key members of both the acute daily hospital safety huddles. • Whole system impacts are considered on a daily basis and escalated to EMT as necessary. • HSCP ICT services are in place with an aim to facilitate early discharge from high dependency areas thereby easing pressures on the acute sites and whole system. • There is an ongoing requirement for the 9 additional step-down beds in Anam Cara Care Home in North Ayrshire. Whilst the uptake has been low, this step-down facility has achieved reduction in potential lengthy delays due to the challenged availability of social care services.	**Green**

	• It is anticipated that the step-down facility in Anam Cara will continue to support delayed discharges / transfers of care over the winter period. • Biggart Community Hospital in South Ayrshire has already opened additional capacity and will continue supporting the additional 17 beds (83 beds compared to 66 funded beds). • East Ayrshire Community Hospital (EACH) increased its workforce to expand provision from 18 to 24 beds early in 2021. This bed capacity will be sustained in line with safe staffing numbers throughout winter 2021/22.	
2	**Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and Covid-19 activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.**	
2.1	• There are systems in place to proactively identify patients within Acute services at 7 and 14 days LOS, to work with HSCPs to create solutions in order to discharge without delay. • Site General Managers will ensure adequate consultant cover as per policy and local agreements. • There is a detailed plan in place to increase core bed capacity in relation to surge for Covid-19 and increased Unscheduled care admissions. This plan has already been enacted. • An ICU surge plan is in place and currently supporting our need for increased capacity. • Updates on forecast of Covid-19 hospital admissions and ICU requirements are being obtained from PHS dashboard, and used for operational planning. • Elective surgical activity is planned and coordinated by weekly Theatre Re-Start meeting, taking into account clinical prioritisation and other system pressures.	**Amber**
2.2	• NHS24 referrals to the Flow Navigation Centre are assessed by a senior clinical decision maker and alternatives to admission offered if appropriate. • GP calls are taken centrally across Ayrshire and alternatives to admission sought if appropriate. • Both CAUs run Same Day Emergency Care where GP referrals are seen and discharged same day. • SAS have access to ED consultants for advice which supports admission avoidance. • Weekly Theatre re-start group is maximising IP/DC capacity on an ongoing basis, responding to other system pressures week by week. Theatre capacity is allocated on the basis of clinical prioritisation. • Endoscopy recovery plan is in the process of being developed, including use of mutual aid. • Additional radiology capacity has been put in place via mobile MRI & CT scanners, and locum Ultrasonographer. • Additional capacity planned for January and February by engaging a fully staffed MRI scanner for 2 months.	**Amber**

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. To note this year the festive period public holidays will span the weekends.**	
3.1	• Annual Leave allocation is planned throughout the year. • Director on call rota agreed in October for the **3 weeks** which encompass the festive period; w/c 20 December (Christmas Eve, Christmas Day and Boxing Day), 27 December (x2 PHs and NYE, NYD) and 3 January (x2 PHs) 2022. • Leave for senior managers/clinicians is included in considerations with contingency plans in case of unplanned absence. • Duty manager teams will ensure cover over the festive period. • Senior clinical decision makers available over the festive period. • Within Acute services, management arrangements are in place to ensure adequate senior cover on key days with recognised increased predicted unscheduled care activity. • Communications Department liaise with local, regional and national partner organisations regularly to agree and share appropriate messaging. We include information from Scottish Government, NHS24 and other partner agencies in our winter guide, which is shared with the public throughout December. • Business Continuity plans are in place across community services to respond as appropriate to winter challenges from inclement weather to higher levels of staff absence due to illness. • Consultants agree cross cover and pre-determined discharge plans so there is no 'pause' over the Festive fortnight. • To enable teams to provide additional weekend presence in the acute hospital and to ensure sufficient levels of staffing for public holidays, there is a requirement to increase the out of hours service staffing levels with dedicated weekend staff.	**Amber**
3.2	• Additional staffing will be in place to ensure that there is adequate cover over the festive period and the days following the public holidays.	**Amber**
3.3	• Festive plans will include collaboration with partner agencies. Additional transport from SAS, Red Cross and through commissioning the use of a private ambulance will be sought to support discharge over the festive period.	**Amber**
3.4	• Festive plans will be communicated which will include updates from Acute, HSCPS, OOHs and Urgent Care services.	**Green**

	Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of hospital associated infection and crowded Emergency Departments. **Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.**	

	• The Redesign of Urgent Care is a national programme aimed at reducing ED attendances by 15% and preventing overcrowding in ED waiting rooms. This will be achieved by directing those whose care requirements are not an emergency, to more appropriate and safer care closer to home, by optimising clinical consultations through telephone and digital solutions. Those who require to attend for a face to face appointment will have, where appropriate, their attendance scheduled.
	• Ayrshire and Arran Flow Navigation Centre offers rapid access to a senior clinical decision maker who has the ability to advise self-care, or direct to available local services such as:
	  ○ Primary care (in and out of hours)
	  ○ Mental Health Team
	  ○ Minor Injury Unit
	  ○ Same Day Urgent Care in ED (Acute)
	  ○ Covid-19 / Viral pathway
	• If a face to face consultation is required, this will be a scheduled appointment with the right person, at the right time and in the right place, based on clinical need whilst ensuring the safety of patients and staff.
	• Professional advice is available through a number of mechanisms in Ayrshire and Arran, such as:
	  ○ Infection control oversight group which is chaired by microbiologist
	  ○ Infection control teams attend clinical areas to provide support
	  ○ A director led oversight group to support decision making (Medical Director/Nurse Director/Acute Director)
	  ○ SAS have access to ED consultants and mental health professionals for advice which supports admission avoidance
	• Ongoing public messaging to promote self-care and direct to NHS Inform continues throughout the year and will be increased on lead up to festive period.
	• Near Me is utilised by OoH Clinicians to support patient assessment within people's own homes where deemed appropriate.
	• There are 24/7 365 days per year mental health unscheduled care services offering specialist psychiatric assessment, ideally in the community setting v Acute Hospital ED to afford clinically appropriate decision making and prevent unnecessary admissions.
		Green

	• Pharmacists are working on both acute site EDs and part of their role is to help people access the right care in the right place. Therefore they may redirect people that have a minor illness or a common condition that is part of the service (Pharmacy First) available at their local community pharmacy.	
4	**Optimise patient flow by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools such as – Daily Dynamic Discharge, to shift the discharge curve to the left and optimise in day capacity and ensure same rates of discharge over the weekend and public holiday as weekday.**	
4.1	• Discharge planning commences on the day of admission with Estimated Date of Discharge (EDD) and criteria led discharge used where appropriate. • Early MDT meetings which include patients and families are in place to reduce delay to discharge with discharge lounge and breakfast club in place. • To support timely discharge, we will commission additional support from both British Red Cross and a private ambulance which will provide additional transport to support throughout winter. • HSCP Team Managers attend multiple meetings weekly to facilitate discharge. Care at Home services aim to be in place 72 hrs of patient being ready. • Within admissions/IPCU setting minimum of one formal MDT review per week. Prioritisation takes place as to new admissions and persons for potential discharge in review order. • All interventions are predicated on a 'home first' ethos. • Patient Safety Improvement Plan has a focus on eliminating 12 hour breaches supported through the 6 Essential Actions work streams.	**Amber**
4.2	• The '*Golden hour'* format to ward rounds is used across the acute sites, which has supported earlier discharges across all 7 days. We have contingencies in place to bring in additional senior decision makers over weekends and public holiday periods to maintain adequate discharges at weekends and through public holidays. • Discharge lounge capacity discussed and patients identified at the morning huddle, are transferred into lounge to encourage morning discharges. • Extended Discharge lounge opening hours in evenings and weekends will be put in place throughout the winter period, where need arises and staff availability allows.	**Amber**
4.3	• Opening hours of Discharge lounge for public holidays will be considered.	**Green**

4.4	• All support services work to facilitate discharge at peak times. • Additional pharmacy for evenings and weekends is planned to support timely discharge. • Clinical support staff for evenings and weekends is already in place in some areas. • There is a dedicated Pharmacy service within Woodland View that supports quick turn-around of discharge medications.	**Green**
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	• Joint working across the health and social care workforce (regardless of sector) will continue in Winter 2021 building on the community resilience developed in the pandemic response. This will be inclusive of all delivery partners. • The 'Home First' approach includes seven day Intermediate care, early supported discharge, reablement and rehabilitation options. • Extensive ongoing programme of care at home assistant recruitment supported by staff from other areas to expedite process. • HSCP work closely with external care at home providers to maximise service delivery opportunities within available resource.	**Amber**
5.2	• Enhanced Intermediate Care Team will be fully operational across the Winter 2021 period. Cover arrangements will be in place over the Festive period in particular to ensure continuity of service.	**Amber**
5.3	• Partnership working on frailty identification, pathways to support and the hospital at home model will add to risk-based interventions in Winter 2021.	**Green**
5.4	• The Care Home Support Team will deliver Anticipatory Care Plan training across the care home sector in throughout 2021. • For individuals with complex presentations anticipatory care plans are devised and available 24/7 for community/unscheduled care services. • Care Programme Approach processes are also in use to support the most complex individuals and set out clear multi agency support arrangements and expectations including 'early warning signs' to allow for early intervention.	**Amber**
6	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**	

6.1	• The Emergency Management Team meets at least weekly, flexing as required for escalation and decision making and a full system approach collaboratively across the services. • We regularly share information on social media and local media to communicate key information. • We include information from Scottish Government, NHS24 and other partner agencies in our winter guide, which is shared with the public throughout December. • Integration arrangements now provide single management across Out of Hours community Medical, Nursing and Social Work services. Now known as AUCS which supports effective communication. • Out of Hours GP rotas will be put in place to ensure cover for the holiday period. • Winter activity will be monitored to determine any requirement for additional cover. • Referral pathways are in place between A&E and Ayrshire out of hours services. This covers Out of Hours Mental Health. The Psychiatric Liaison Team and Crisis Team operate seven days per week and 365 days per year. • Arrangements for community pharmacy services are made to ensure availability over the festive period and this is communicated widely. • Emergency Dental Services are covered through NHS 24 for the festive public holiday period. Escalation protocols and on-call arrangements are in place. • Senior manager leave is planned and contact details for services are shared across all relevant services over Festive Period.	**Green**

3	Out of Hours Preparedness *(Assessment of overall winter preparations and further actions required)*	RAG
1	• Plans are in place for robust measures across the whole winter period with preparations made well in advance for festive period and public holidays. • Arrangements are in place with NHS24 regarding pre-prioritised calls.	**Green**
2	• Through Redesign of Urgent Care, demand from NHS24 is routed through AUCS to the Flow Navigation Centre for patients to be clinically assessed and offered advice or appointed for further treatment / assessment in the right place. Historic demand is reviewed with workforce rotas managed cognisant of known pressure points. • There are contingency plans to create/source required Mental Health beds up to and including seeking to board patients out of area if required. Specific 24/7 page holder cover to support this process.	**Green**
3	• Call demand analysis is utilised to establish and predict pressures with OoH workforce rotas managed accordingly. A core clinical workforce (GPs / ANPs) will be in place by October 2021 to support sustainability of service provision.	**Green**
4	• SAS have access to ED consultants for advice which supports admission avoidance. • Through RUC, patients can be appointed straight to ED / MIU / Covid Assessment Centre direct from NHS24 or through the local Flow Navigation Centre following clinical assessment. • Professional advice is available through a number of mechanisms in Ayrshire and Arran. • Psychiatric/Addiction/EMH Liaison services and MHANPs provide interface between acute hospitals and MH services – supporting assessment and arranging transfer where appropriate.	**Green**
5	• There are established systems and processes in place to ensure good record management and clinical oversight governance of patient records.	**Green**
6	• Referral pathways are in place between A&E and Ayrshire out of hours services. This covers Out of Hours Mental Health. The Psychiatric Liaison Team and Crisis Team operate seven days per week and 365 days per year. • A mental health professional to professional line has been tested. An evaluation has been carried out, resulting in a unified and consistent Pan Ayrshire Mental Health Unscheduled Care Service offering a single point of contact for emergency service partners across the 24/7 period being scoped.	**Amber**
7	• Emergency Dental Services are covered through NHS 24 for the festive public holiday period. Escalation protocols and on-call arrangements are in place across Ayrshire and Arran.	**Green**

8	• Winter activity will be monitored to determine any requirement for additional cover. • A contingency/escalation plan is in place for Ayrshire out of hours medical workforce and this will be up-dated pre-winter 2021. • Dental rotas have been populated for OoH in advance of the festive period. • Out of Hours GP rotas will be put in place to ensure cover for the holiday period. Names of clinicians and staff members willing to be contacted at short notice will be available. • OoH GP / ANP core workforce will be established by October 2021 to mitigate need of volunteer GPs to fill sessional shifts. • Rotas of Advanced Nurse Practitioners will be put in place who will lead the centres.	**Amber**
10	• Established processes are in place to ensure full communication of service provision to staff and citizens across Ayrshire and Arran through NHSAA Comms Team, HSCPs and wider engagement routes via Third Sector / organisations.	**Green**
11	• SAS have access to mental health professionals and ED consultants for advice which supports admission avoidance. • Regular meetings throughout the year are in place with SAS to ensure issues are identified early and mitigated. • A patient transport patient pathway is in place through GP practices for patients who need to attend hospital for assessment / admission who have no alternative transport mitigating need for SAS.	**Green**
12	• Joint working with NHS 24 through the RUC programme (including call demand analysis) allows congoing collaboration to ensure appropriate pathways and joint working are creating a positive patient experience.	**Green**
13	• Continued joint working with Acute and AUCS allows early identification of risks to allow mitigations be implemented. Clinicians within the Flow Navigation Centre can appoint to ED/MIU with established processes and escalation in place.	**Green**
14	• Plans are established to direct those whose care requirements are not an emergency, to more appropriate and safer care closer to home, by optimising clinical consultations through telephone and digital solutions. Those who require to attend for a face to face appointment will have, where appropriate, their attendance scheduled. • Pathways are in place between primary and urgent care, social work and mental health teams to support people within the community / their own homes as a first priority dependent on need. • The social work services element of the Ayrshire Out of Hours service have in place contingency plans and emergency rotas.	**Green**

15	• Business Continuity Plans are in place across the Primary and Urgent care including escalation arrangements. • Trigger points are in place with NHS 24 for required escalation arrangements.	**Green**

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*	**RAG**
1	• Norovirus guidance is collated and accessible on the Infection Prevention and Control section of the Boards AthenA site. • Processes for Norovirus and Infection Control procedures are in place across the Partnership.	**Green**
2	• The IPCT has been provided with additional recurring resources to increase the number of Infection Control Nurse (ICNs). Recruitment is underway and 4 ICNs commenced during the month of August. This will improve the IPCT resilience to support wards with outbreaks of Norovirus and support Covid related activity. • The HPT is recruiting additional Consultant capacity to cover existing vacancies. HPT members will be appropriately trained.	**Amber**
3	• Norovirus guidance is collated and accessible on the Infection Prevention and Control section of the Boards AthenA site.	**Green**
4	• For each outbreak daily e-mails are issued to a wide range of key stakeholders for each outbreak. These detail number of cases, control measures and ward status. Media statements are prepared for each outbreak. Communications Department use traditional and social media methods to communicate with the public on a range of measures in relation Norovirus season.	**Green**
5	• Debriefs are generally held to review Norovirus season rather than individual outbreaks unless there are significant issues that require review.	**Green**
6	• The Infection Control Manager shares the relevant data with key stakeholders.	**Green**
7	• There are systems in place to ensure appropriate patient placement, admission and environmental decontamination post discharge in ED and assessment areas and these have been enhanced during the Covid-19 pandemic with additional domestic resources in place, together with plans to staff surge wards.	**Amber**
8	• The IPCT has a contingency rota should there be a need to initiate 7 day working. This was enacted during the whole of last winter. This has been enacted during September due to increased Covid activity and will now be in place throughout the winter.	**Green**
9	• The acute surge capacity plan takes account of potential ward closures as a result of norovirus. This will be impacted upon by Covid related activity and ward closures.	**Green**

10	• HPTs included in all outbreak e-mails from IPCT. HPT notify IPCT of all care home outbreaks. • The IPC Checklist – Annex B, Bob would be used during an outbreak and this is in place.	**Green**
11	• The IPCT liaise with all wards and departments ahead of Norovirus season highlighting the available resources and how these can be located. • The Communications Department use both traditional methods and social media to share information with staff and the public. This is aligned with national campaign materials.	**Green**
12	• The Communications Department use both traditional methods and social media to share information with staff and the public.	**Green**

5	Covid-19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*	RAG
1	• Covid-19 vaccination booster doses for frontline health and social care staff will be delivered in line with national guidance.	**Green**
2	• Flu & Covid vaccinations will be offered and promoted to health and social care staff, to prevent potential spread of infection and communication messages will be shared with managers of staff to facilitate and encourage vaccination.	**Green**
3	• Uptake rates will be monitored and messages will be shared with staff to encourage vaccination. Delivery models will be optimized to increase staff uptake.	**Green**
4	• PHS weekly updates and other sources on the epidemiological picture of respiratory infections will be routinely monitored over the winter period by the HPT, and any predicted increase will be highlighted to the organisation.	**Green**
5	• The IPCT has been provided with additional recurring resources to increase the number of Infection Control Nurse (ICNs). Recruitment is underway with 4 ICNs commencing during the month of August. This will improve the IPCT resilience to support wards with outbreaks of Norovirus. The HPT is recruiting additional Consultant capacity to cover existing vacancies. HPT members will be appropriately trained. • There are separate business continuity plans for these scenarios including suspending of 'normal' activity and focusing on basic patient care. • Within mental health setting there is no surge capacity that can be opened but would look to board patients into other available beds to accommodate new urgent unavoidable admissions. • A Covid Community Clinical Assessment Centre for patients with worsening symptoms will require to remain open through to March 2022 to ensure this enhanced pathway is maintained. • A nursing escalation plan is in place within paediatrics to draw on community teams to support acute services as required, reducing community teams to skeleton staffing. Additional funding has been requested to support temporary increased staffing to support increase in RSV presentation and admissions.	**Amber**
6	• Staff have access to the National Infection Prevention and Control Manual (NIPCM) on AthenA for list of AGPs and appropriate use of Personal Protective Equipment (PPE), and are required to adhere to this. • Services are responsible for ensuring staff are face fit tested and are fully trained by Health and Safety as appropriate.	**Green**
7	• Staff working in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) wards are undertaking weekly nosocomial PCR testing.	Green

8	• All weekly PCR testing by care home staff is carried out through the regional hub. • Twice weekly LFD testing and weekly PCR testing of care home staff continues with good participation from staff. HSCP and CHPST monitor weekly uptake of PCR testing. • Care Home outbreak mass testing of staff and residents is likely to continue throughout the winter. Processes are being reviewed to ensure that this is operationally fit for purpose and is sustainable throughout this period. Care Home surveillance testing is also being reviewed in line with this to assess if it is still appropriate, required or necessary.	**Amber**
9	• All persons are tested on or before admission as appropriate.	**Green**
10	• All staff have been supplied with LFD kits and asked to test themselves twice weekly. • Nosocomial ward staff test PCR x 1 and LFD x 1 weekly. • Infection Control support/advise re staff testing following an outbreak being declared.	**Green**

6	Respiratory Pathway *(Assessment of overall winter preparations and further actions required)*	RAG
1	**There is an effective, co-ordinated respiratory service provided by the NHS board**	

1.1	• Pathways are established for patients with different levels of severity.
	• A co-ordinated pathway across primary care, acute and paediatric services is being implemented for projected increase of RSV in children. GP practices will require equipment to be purchased to monitor and observe paediatrics.
	• A Rapid Respiratory Response (RRR) team is in place across Ayrshire, managed via AUCS to:
	  ○ Provide specialist respiratory support to people with COPD during exacerbations (flare ups)
	  ○ Support earlier discharge from hospital for those experiencing an exacerbation
	  ○ Help people improve their ability and confidence to self-manage exacerbations in future
	• Respiratory conditions are recognised as a significant factor in additional winter pressures, as such a specialist respiratory service is in place.
	• Respiratory specialist nursing posts in each HSCP provide input, support, education and advice to General Practices and community teams to improve patient care and management.
	• Community-based respiratory clinics established in a few areas to provide service closer to home for patients, and enhance links/relationships between respiratory specialists and General Practices.
	• Supporting patient self-management is a priority, and guidance and information is in place to promote self-management.
	• Pulmonary rehabilitation service is available Ayrshire-wide.
	• Increasingly looking at opportunities for technology/Technology Enabled Care to support self-management and enable people to remain safely at home when appropriate.
	• A&A COPD app, public website and Respiratory Facebook page provide information and support to increase knowledge of condition, services available etc.
	• As a result of Covid-19, most interactions with patients are taking place remotely via telephone, Near Me consultations, or similar.
		Amber

1.2	• Intermediate Care & Rehab Teams Ayrshire-wide provide input to respiratory patients to avoid admission to hospital where appropriate. Teams also support patient discharge from hospital.	**Amber**
1.3	• Anticipatory Care Planning is a priority within A&A and is a core feature of optimal respiratory care/pathway. • Patients frequently admitted to hospital and patients with complex disease are most likely to have ACPs and electronic care summaries.	**Green**

	• Increasing numbers of COPD patients have Rescue Medication supported by a personalised self-management plan. • Asthma self-management plans are recommended and in place for many patients.	
1.4	• Messages about keeping warm, getting flu jab, nutrition and hydration, smoking cessation, are visible and promoted, for example in hospitals, General Practices, clinics. • Processes have been established to enable clinicians to make referral to agencies that will provide advice around fuel poverty and other money/debt issues. • Messages are promoted via the A&A Respiratory Facebook page, public website and COPD app.	**Green**
2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**	
2.1	• This group of patients are managed in a specialist respiratory ward and have access to all support services in order to coordinate a planned discharge in accordance with EDD. • Care bundles for people in hospital with an exacerbation of COPD (for information/education/referral, and covers smoking cessation, inhaler technique, pulmonary rehab, telehealth and self-management) are encouraged.	**Amber**
2.2	• Medication discussed with patients on discharge and plans for follow up agreed. • Intermediate Care & Rehab Teams support discharge from hospital. • Support from primary care and community pharmacy services.	**Green**
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	• Proactive identification and case management of those people most at risk of emergency admission is ongoing • Key information from ACP available in the Electronic Care Summary/clinical portal • Selected patients are referred to Palliative Care services for care and management	**Amber**
4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**	

4.1	• National oxygen service implemented - Patients who require domiciliary oxygen are assessed by the respiratory nursing service and a consultant who then refer the patient to the national oxygen service who manage their ongoing needs. • District Nursing teams have access to oxygen concentrators that are held in a number of localities for patients who require short term oxygen use including patients with malignant palliative care needs as per local guideline.	**Green**
5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**	
5.1	• Patients with a chronic respiratory disease follow a clearly defined pathway. If, following appropriate assessment, the patient requires access to oxygen therapy and supportive ventilation this will be provided where clinically indicated. • Pulse oximeters are widely available and used routinely by emergency services (Scottish Ambulance Service, Urgent Care Service, GPs, Emergency Department). • Patients know to be at risk of CO2 retention are supplied with Oxygen Alert Cards.	**Amber**

7	Key Roles / Services	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 / Resilience Leads, Emergency Planning Managers	
	OOH Service Managers	
	GP's	
	NHS 24	
	SAS	
	Other Territorial NHS Boards, eg mutual aid	
	Independent Sector	
	Local Authorities, inc LRPs & RRPs	
	Integration Joint Boards	
	Strategic Co-ordination Group	
	Third Sector	
	SG Health & Social Care Directorate	

		Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	12	20	27	27		All scenarios assume sufficient staffing can be released through reduction in other activities but may also be constrained by staff absence. Increasing to double capacity requires some reduction in routine elective surgical activity in order to provide staffing for the additional ICU capacity, and also requires a reduction in endoscopy activity due to the impact endoscopy recovery space Increasing to triple capacity requires a significant reduction in elective surgical activity including reduced capacity for cancer treatment and also has a significant impact on endoscopy capacity.

PART B: CPAP	Please set out the maximum number of Covid-19 patients (at any one time) that could be provided CPAP in your NHS Board, should it be required	16	
PART C: Acute	Please set out the maximum number of acute beds that your NHS Board would re-provision for Covid-19 patients (share of 3,000 nationally), should it be required	104	Covid surge capability is less than previous due to the increased demand that has arisen from other non-Covid unscheduled care admissions, and the impact of increased delayed discharges (83 as at 7 Sept). As a result some of the beds previously identified as Covid surge have had to be re-allocated to support these other pressures.

Health Protection Scotland

Infection Prevention and Control Covid-19 Outbreak Checklist

(Refer to the National Infection Prevention and Control Manual (NIPCM) for further information http://www.nipcm.hps.scot.nhs.uk/)

NHS National Services Scotland

This Covid-19 tool is designed for the control of incidents and outbreak in healthcare settings. **Definitions: 2 or more confirmed or suspected cases of Covid-19 within the same area within 14 days where cross transmission has been identified.** **Confirmed case: anyone testing positive for Covid-19** **Suspected case: anyone experiencing symptoms indicative of Covid (not yet confirmed by virology)** **This tool can be used within a Covid-19 ward or when there is an individual case or multiple cases.**						
Standard Infection Control Precautions; **Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.**						
Patient Placement/Assessment of risk/Cohort area **Date**						
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities						
Cohort areas are established for multiple cases of **confirmed** Covid-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.						
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).						
If failure to isolate, inform IPCT. **Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.**						
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed Covid-19 cohorts or wards to support bed management.						
Personal Protective Clothing (PPE)						

1. PPE requirements: PPE should be worn in accordance with the **Covid-19 IPC addendum** for the relevant sector: • **Acute settings** • **Care home** • **Community health and care settings** 2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found **here**.					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the Covid-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily) is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. “frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed Covid should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in Covid-19 - guidance for stepdown of infection control precautions and discharging Covid-19 patients from hospital to residential settings.					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					

Patient Information Leaflet if available or advice provided?					
Education given at ward level by a member of the IPCT on the IPC Covid guidance?					
Staff are provided with information on testing if required					