Winter Wellbeing: Practical support for your clients and staff this winter

The Webinar will begin shortly

Welcome

Winter Wellbeing: Practical support for your clients and staff this winter

Date: 9th November 2026

Host: Peter Bullen



Housekeeping



COMFORT BREAKS



BEHAVIOUR



TECHNOLOGY



TIME KEEPING



CONFIDENTIALITY



STRUCTURE



ASK QUESTIONS



KEEP LEARNING

(C) Hertfordshire Care Providers Association

Agenda:

- Welcome and review – Peter Bullen
- Public Health update – Tanya Brady
- Managing deterioration – Suzy White
- Staying bright in dark months – Stephanie Clarke
- Workforce resilience and MH support – Jess Bentley
- Questions – All
- Next Steps – Peter Bullen

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Welcome – A quick recap

Reminder of Winter Webinar 1 and accessing key resources

- Checklist
- Guidance
- Support Service Directory
- Hospital admission avoidance services
- Free flu vaccination letter of entitlement for staff

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Quick Winter Checklist

What is it?

- A quick checklist with the immediate actions you should do to prepare for winter.

What does it cover?

- Vaccinations, PPE, Hand Hygiene, Cleaning schedules, Medication management, Nutrition and Hydration, Early deterioration, Outbreaks, Environmental Safety, BCP's, Falls policies, Discharge from hospital policies

How do you use it?

- Use the Quick Winter Checklist as a practical tool to prepare, monitor, and manage winter-related risks in your services.

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Detailed Winter Action Planning Guide

What is it?

- A detailed guide designed to help you prepare for and manage the challenges of winter.

What does it cover?

- The guide is structured into ten key areas, each addressing essential aspects of winter readiness—from vaccinations and infection prevention to emergency contingency planning and wellbeing support.

How do we use it?

- Work through each tab to review the recommended actions.
- For each area: Assess Current Practice, Delegate Actions and Monitor Progress.

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Collaborating for Excellence in Care

Local Admissions Avoidance Services

All the contacts you need IN ONE PLACE!

Use this QR code to access contact details for services available to Care Homes including **admission avoidance**, mental health, end of life and much more.

East and North Hertfordshire:

- Care Coordination Hub - 0300 123 7571

South and West Hertfordshire:

- HAARC Vehicle 0345 601 0552
- Urgent Community Response 03000 200 656

hcpa.info/supportservicedirectory

DOWNLOAD YOUR POSTER TODAY

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Collaborating for Excellence in Care

Reminder – Is your Business Continuity Planning up to date?

Reminder - Check heating systems in all locations:
Do radiators need attention?
Are boilers working?
Fire risks managed?

Ask questions today…or later: assistance@hcpa.co.uk

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The true impact of the combined pressures that the health and care system faces this winter remains to be seen.

However, what isn't in doubt is the dedication and resilience of its staff…
Everyone working in health and care — including CQC — is bound by the shared mission to keep people safe and deliver the best possible care.

- **CQC**

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Public Health update

Tanya Brady | HCC

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We RISE to the challenge

RISE

as OneHCC

Public Health Update

ASC Providers Winter 2026

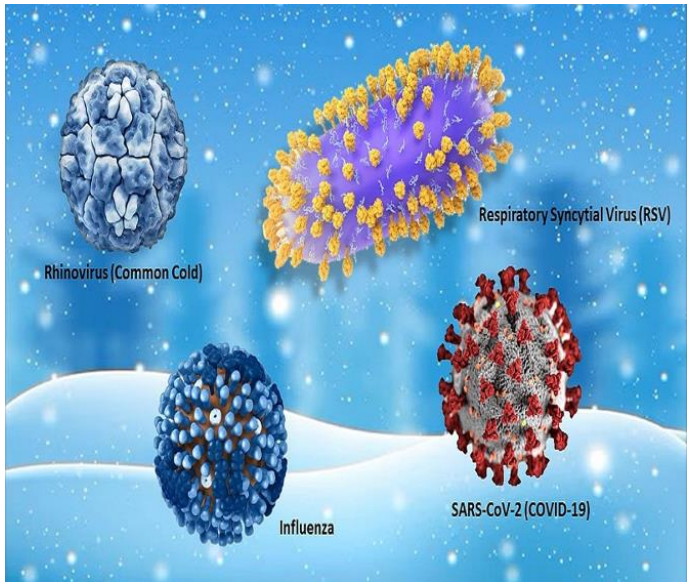
Hertfordshire

Overview

- Current situation
- Vaccinations
- Actions to reduce the spread of respiratory infections
- Infection Prevention and control advice
- Outbreak recognition and reporting
- Staff well being and resilience

Current Situation

Respiratory infections a key winter challenge



Influenza

- Flu is now circulating in the community
- Co circulation of a drifted strain Flu A (H1N1) , Flu A (H3N2) and Flu B
- Increase in influenza outbreaks reported to UKHSA HPT
- Flu vaccines typically remain effective at preventing severe flu, even when drifted strains are seen.

COVID-19

- COVID-19 activity has shown some recent increases
- the strains currently circulating, including those known as XFG, are closely related to strains seen in UK for over a year.
- No evidence that these are making people more ill or spreading faster than before, and this year's autumn vaccine has been specifically designed to protect against them.

National flu and COVID-19 surveillance reports: 2026 to 2027 season - GOV.UK

Flu Vaccination Eligibility

As a frontline social care worker, you are eligible for free flu vaccine

- In some cases, your employer may offer the flu vaccine through work
- You can access a free flu vaccine from the NHS by visiting your GP or a local community pharmacy and self identifying as a social care worker

Letter-of-entitlement-Frontline-Health-and-Social-Care-Staff.pdf

National Booking Service (NBS)

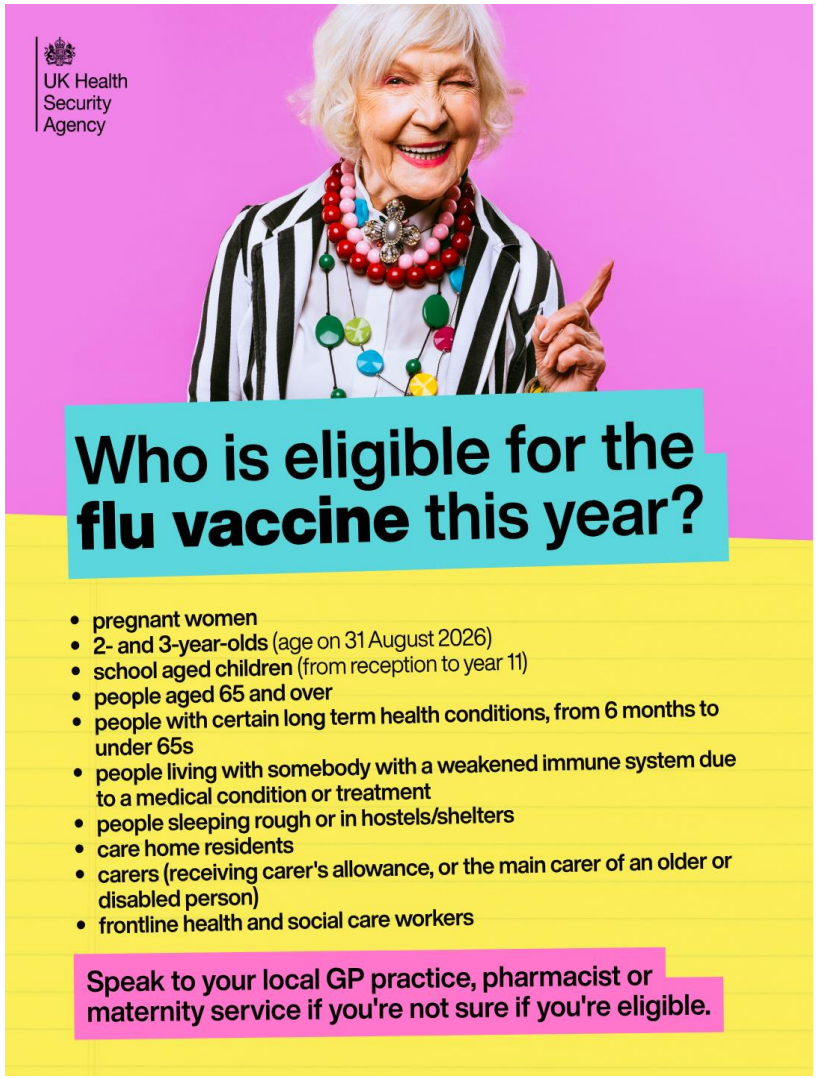
The NBS is open for bookings for all those eligible Book, change or cancel a flu vaccination appointment – NHS.

Booking with NHS App

If you've signed up for the NHS App, you can use it to book a flu vaccination.

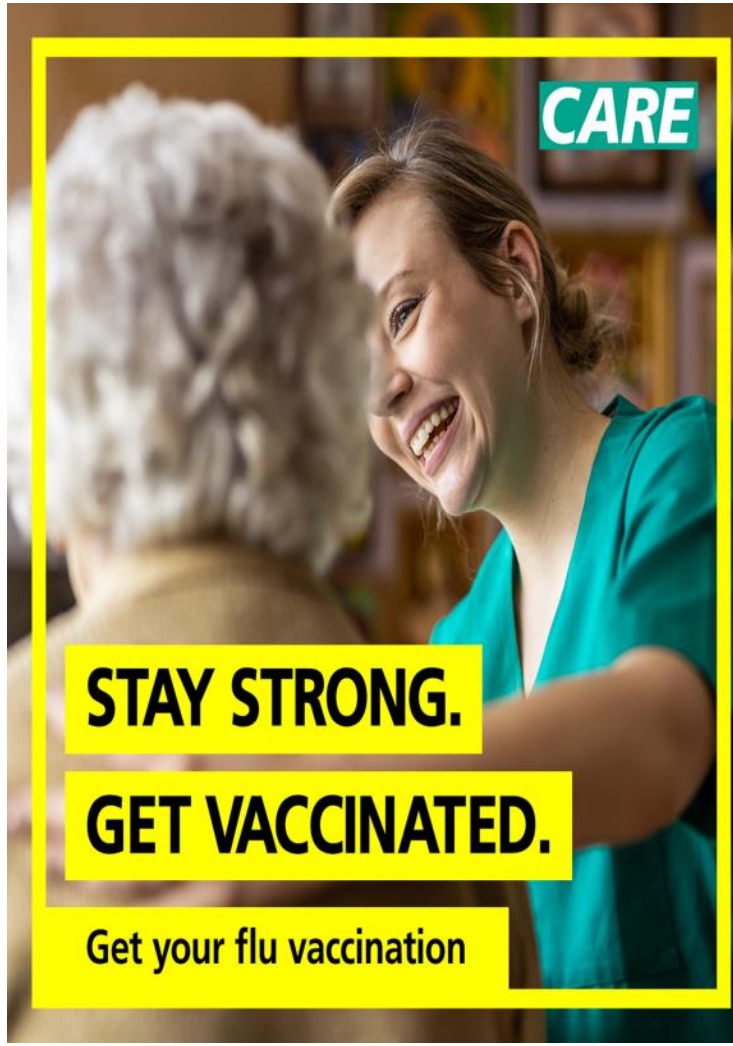
Book over the phone

You can call 119 free of charge to book over the phone if you cannot book online.



Importance of Flu Vaccination

- Flu is a serious and can lead to severe illness, hospitalisation and even death
- Vaccination provides the best protection against flu
- As a frontline care professional, you may be more likely to be exposed to flu virus
- If you've been vaccinated, you're less likely to catch or spread flu.
- If you are vaccinated and catch flu this winter, you are likely to have milder symptoms and recover faster.
- Getting vaccinated helps maintain essential services during winter pressures.



[Flu vaccination in the social care sector - GOV.UK]

[5 reasons flu vaccine poster for social and personal care settings]

COVID-19 Vaccination Eligibility

- **adults aged 75 years and over**
- **residents in a care home for older adults**
- **individuals aged 6 months to 74 years who are immunosuppressed (as defined in the ‘immunosuppression’ sections of tables 3 or 4 in the green book.**

JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK



Vaccine Effectiveness

UKHSA surveillance data shows that those who received a vaccine are around 43% less likely to be admitted to hospital with COVID-19.

RSV Vaccination Eligibility

Older adults are eligible if not had a dose before and are:

- **Aged 75 yrs and over**
- **Adults of any age living in a care home for older adults**
- **Aged 65-74 yrs and have a weakened immune system or long- term lung condition**

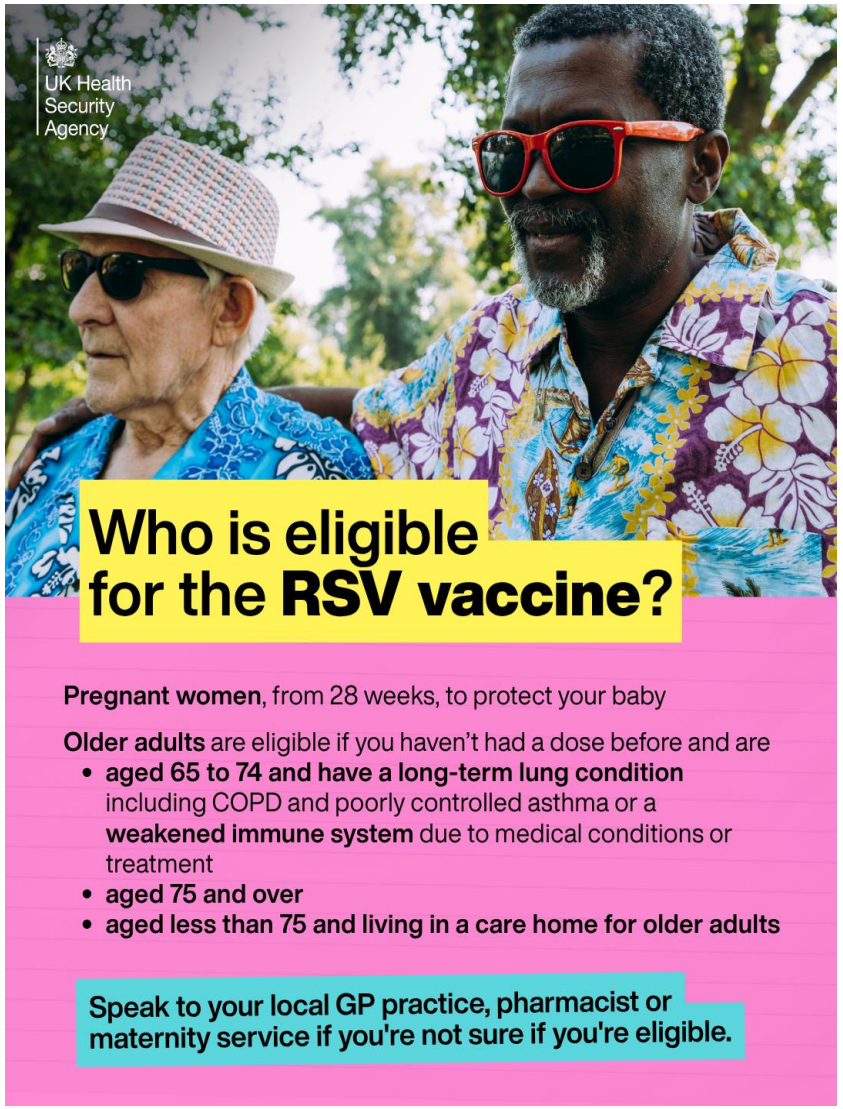
RSV vaccine is offered throughout the year and only one dose is needed to protect against RSV infection.

Vaccine Effectiveness

A UKHSA study has shown RSV vaccine to be 82% effective in preventing hospital admission with RSV infection in older adults

Respiratory syncytial virus (RSV): A guide to vaccination for older adults

RSV poster for older adults

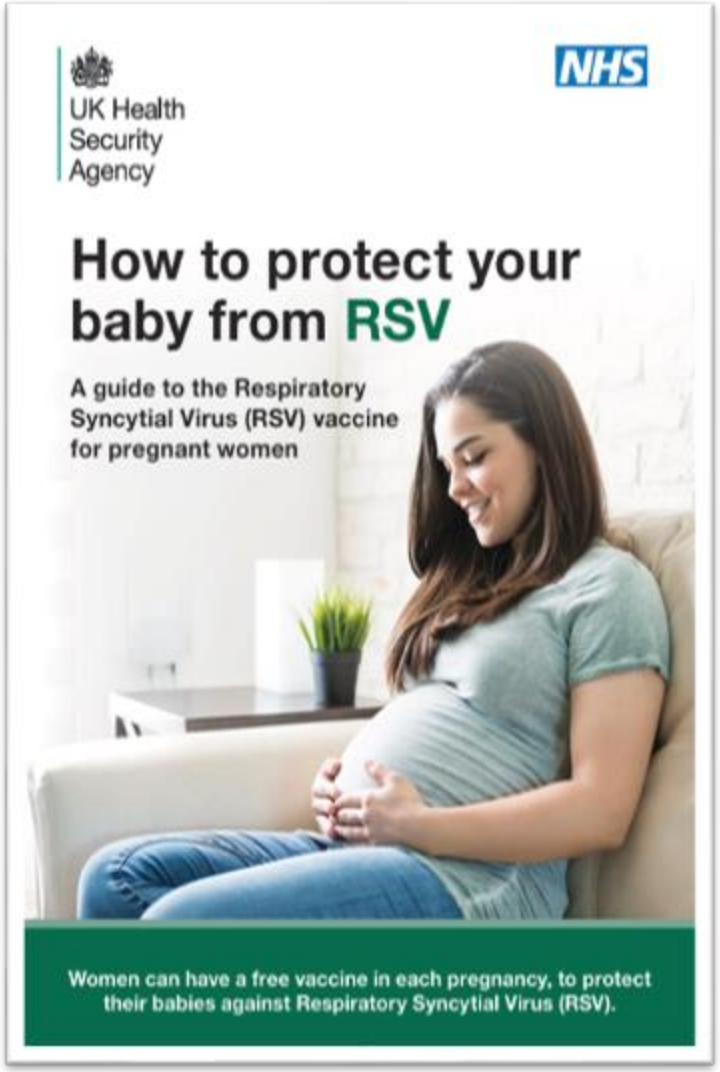


RSV Vaccination Eligibility

Pregnant women to protect the infant

- All women who are at least 28 weeks pregnant are offered a single dose of the RSV vaccine to protect their baby and remain eligible up to birth.
- Speak to your maternity service or GP surgery to get your vaccine
- A vaccine is needed in every pregnancy to give your new baby the best protection

A guide to RSV vaccination for pregnant women - GOV.UK (www.gov.uk)



Reduce the Spread of Respiratory Viruses

Actions you can take to avoid catching or spreading respiratory illness

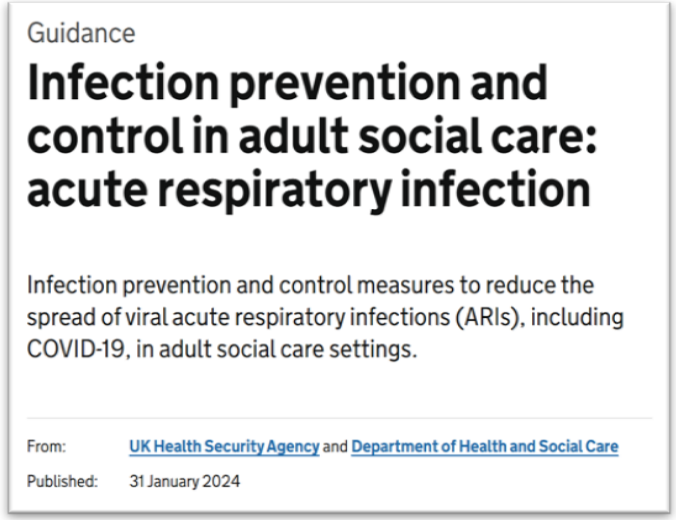
- Get vaccinated against seasonal Flu and COVID-19 where eligible
- Stay at home and avoid contact with others if you have symptoms of Flu / COVID
- Practice good hand hygiene
- Cover coughs and sneezes
- Let fresh air in regularly
- Clean surroundings often especially frequent touch points
- Appropriate PPE – Type IIR FRSM



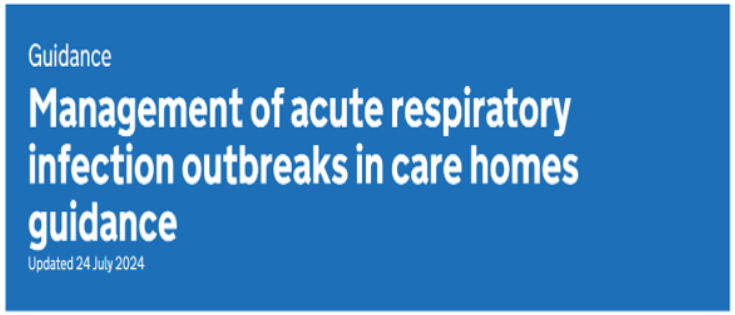


Infection Prevention and Control Advice

- Follow National ARI/IPC guidance (remains unchanged).
- Implement IPC measures – hand & respiratory hygiene, PPE, adequate ventilation
- Ensure IPC policies/procedures, outbreak management plans are up to date.
- Ensure residents are vaccinated against Flu, COVID, RSV where eligible.
- Ensure adequate stock levels – PPE, LFD test kits, cleaning materials /products
- Ensure staff know how to recognise, monitor and escalate worsening symptoms of acute respiratory infection and action to take to reduce spread to others.
- Arrange refresher PPE donning / doffing training for staff.
- Ensure staff know how to report suspected outbreaks



UK Health Security Agency



Recognise Respiratory Outbreaks

Consider the possibility of an ARI outbreak:

Where you have 2 or more cases of a respiratory illness within 5 days with a link to the setting.

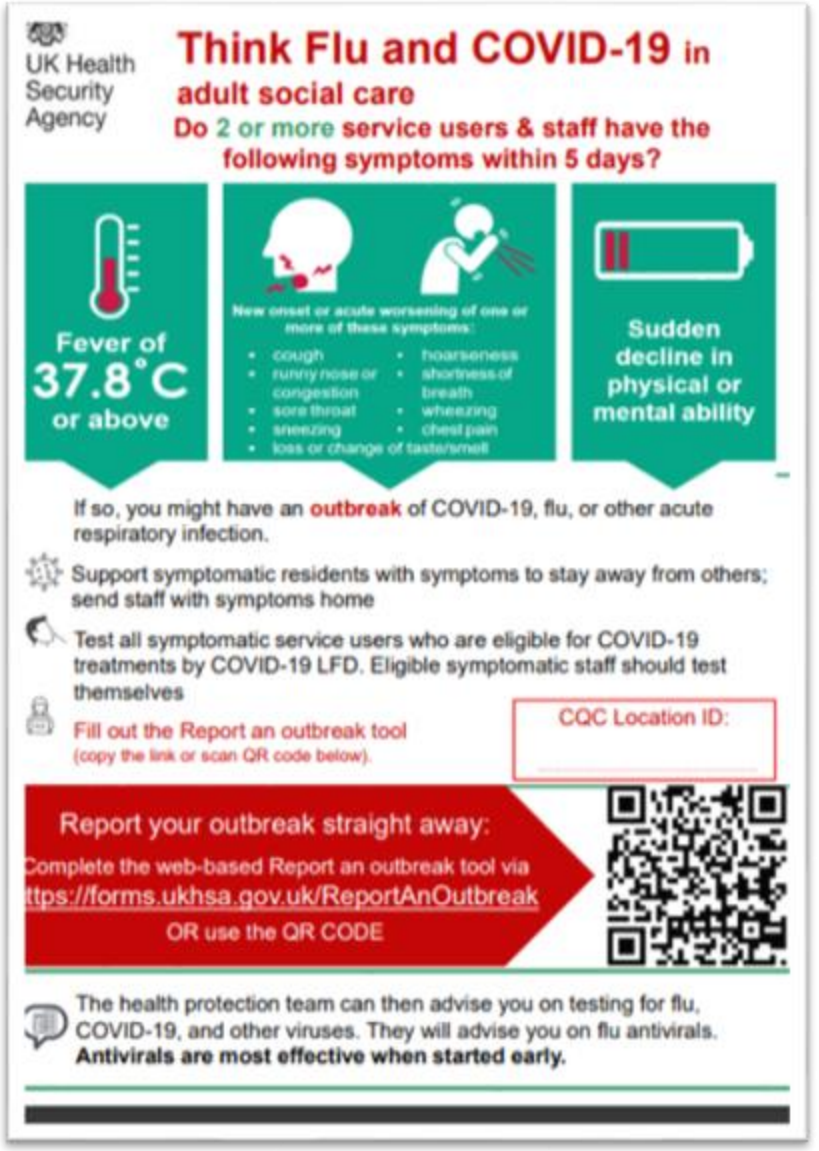
Report an ARI outbreak promptly to UKHSA HPT

Via the web- based tool using the link Report an outbreak of acute respiratory infection in an adult social care setting – Report an outbreak

Follow the ARI outbreak guidance

Infection prevention and control (IPC) in adult social care: acute respiratory infection (ARI) - GOV.UK

Management of acute respiratory infection outbreaks in care homes guidance - GOV.UK



Diarrhoea and Vomiting Outbreaks

Report the outbreak promptly to UKHSA Health Protection Team

Tel: 0300 303 8537 Option 1

or

Email: eastofenglandhpt@ukhsa.gov.uk

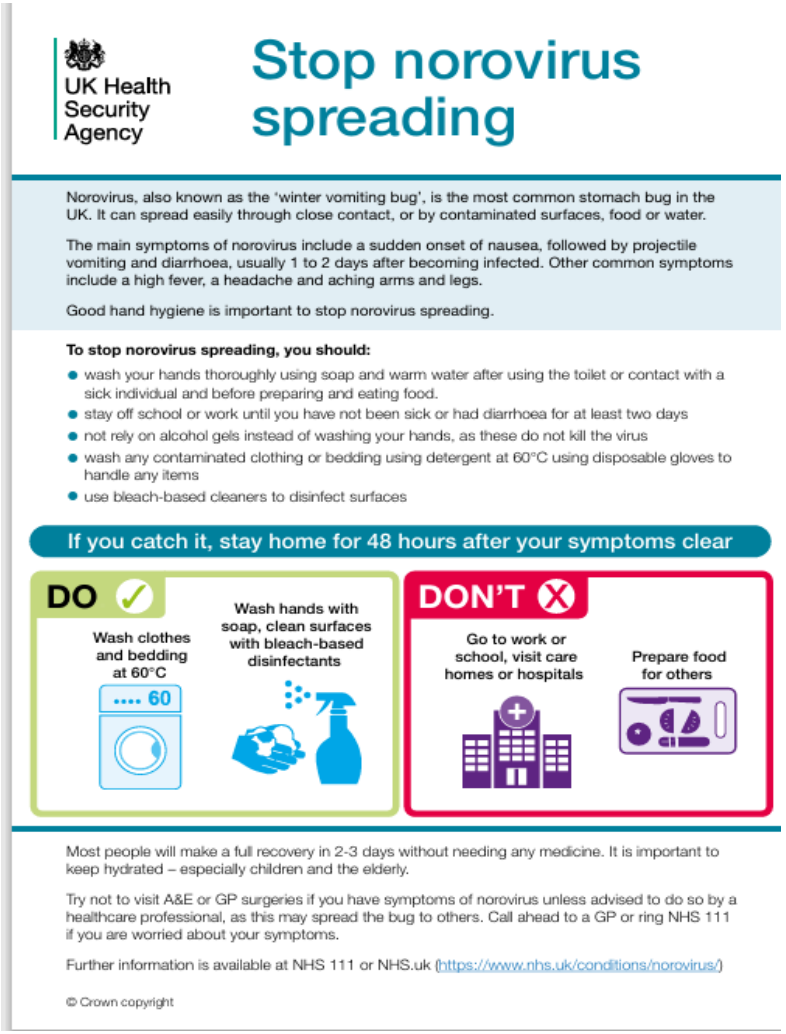
Diarrhoea and Vomiting Outbreak Management

Immediate control measures:

- Isolation of residents/affected staff until clear of symptoms for 48 hours
- Enhanced cleaning (1,000ppm chlorine)
- Effective hand hygiene with liquid soap and warm water only (**DO NOT use alcohol-based hand rub)**
- Personal Protective Equipment (PPE) - disposable apron /gloves

[Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (publishing.service.gov.uk)]

[Stop norovirus spreading poster (publishing.service.gov.uk)]



UK Health Security Agency

Stop norovirus spreading

Norovirus, also known as the 'winter vomiting bug', is the most common stomach bug in the UK. It can spread easily through close contact, or by contaminated surfaces, food or water.

The main symptoms of norovirus include a sudden onset of nausea, followed by projectile vomiting and diarrhoea, usually 1 to 2 days after becoming infected. Other common symptoms include a high fever, a headache and aching arms and legs.

Good hand hygiene is important to stop norovirus spreading.

To stop norovirus spreading, you should:

- wash your hands thoroughly using soap and warm water after using the toilet or contact with a sick individual and before preparing and eating food.
- stay off school or work until you have not been sick or had diarrhoea for at least two days
- not rely on alcohol gels instead of washing your hands, as these do not kill the virus
- wash any contaminated clothing or bedding using detergent at 60°C using disposable gloves to handle any items
- use bleach-based cleaners to disinfect surfaces

If you catch it, stay home for 48 hours after your symptoms clear

DO

Wash clothes and bedding at 60°C

60

Wash hands with soap, clean surfaces with bleach-based disinfectants

DON'T

Go to work or school, visit care homes or hospitals

Prepare food for others

Most people will make a full recovery in 2-3 days without needing any medicine. It is important to keep hydrated – especially children and the elderly.

Try not to visit A&E or GP surgeries if you have symptoms of norovirus unless advised to do so by a healthcare professional, as this may spread the bug to others. Call ahead to a GP or ring NHS 111 if you are worried about your symptoms.

Further information is available at NHS 111 or NHS.uk (https://www.nhs.uk/conditions/norovirus/)

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Staff Well Being and Resilience

- Staff health and wellbeing is essential for delivering safe, high-quality care and effective infection prevention and control

- Staff health and wellbeing are closely linked to preventing and managing infections.

- Good physical health helps support a strong immune system and protects against infection. Positive mental wellbeing promotes resilience, clear decision-making, and the ability to cope with challenging situations, including ID outbreaks and periods of increased pressure.

- Supporting staff wellbeing helps reduce sickness absence, improving continuity of care for people who access care and support

Preventing and managing sickness

Managers must have arrangements in place to prevent infection transmission and to manage sickness related to infection to maintain safe, effective and continuous care.

- Care workers can prevent sickness or reduce its severity by accessing vaccinations that they are eligible for.
- Using SICP's routinely at work, including hand hygiene, will help minimise opportunities for infections to spread to care workers.
- Managers should ensure any care workers who are more susceptible or clinically vulnerable to infections have risk assessments in place.
- Managers should support staff to report symptoms when they are unwell, stay away from work when needed to help stop infections spreading and follow exclusion advice.
- Support staff to access occupational health service where available or seek advice from GP.

Support Health and Well Being

Create working conditions that support good health and wellbeing

- Provide appropriate breaks and warm staff areas
- Support staff to stay hydrated
- Manage workload where possible
- Ensure work areas are clean, safe and well ventilated
- Ensure access to PPE, hand hygiene facilities
- Provide refresher IPC training

Managing Deterioration

Suzy White | HCPA

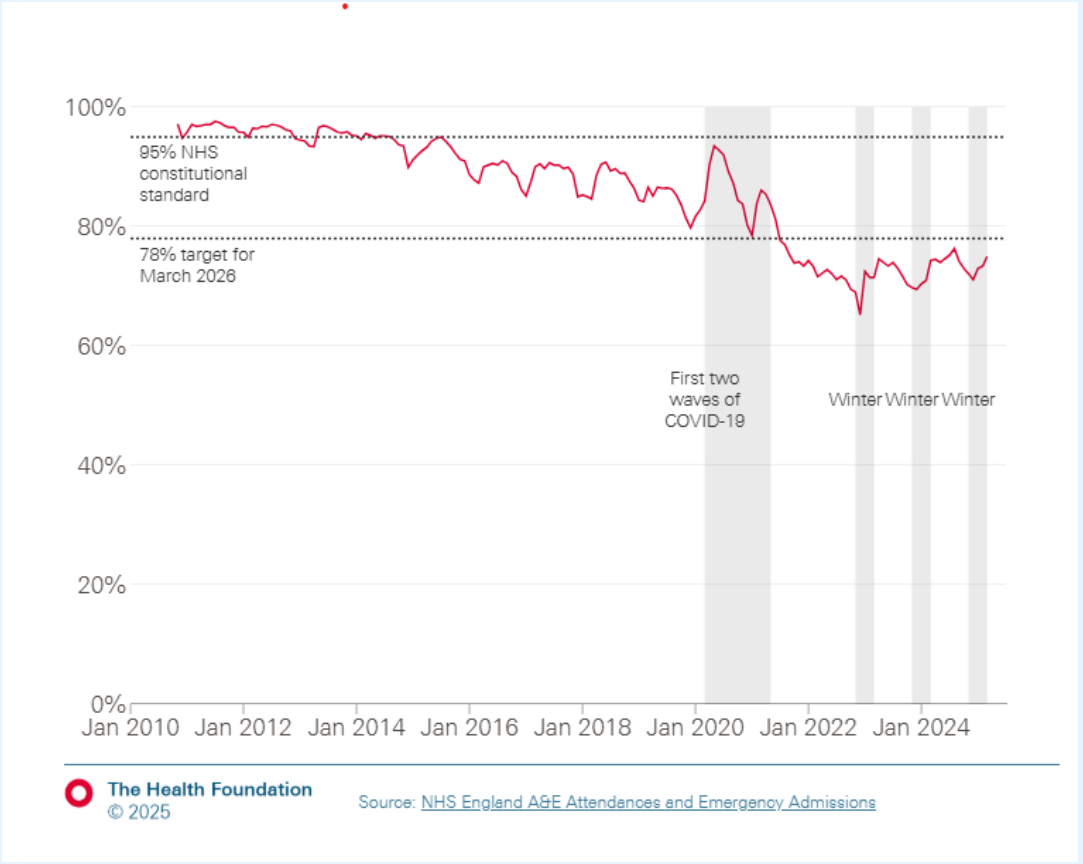
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Winter 2024/2025 - New analysis shows NHS faced record winter pressures

- The NHS constitutional standard is that at least 95% of patients attending A&E should be admitted, discharged, or transferred within four hours of arrival

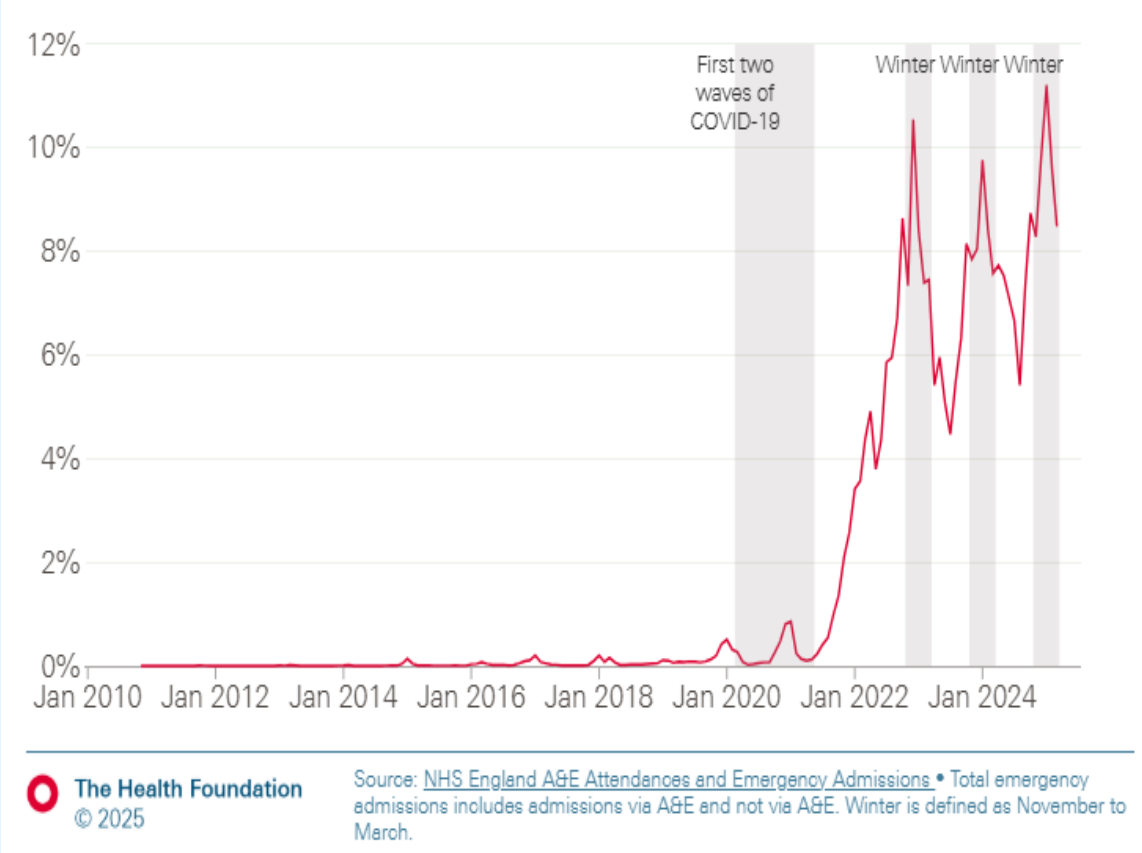
- In the 2024/25 winter, 73% of all A&E patients were seen within four hours, slightly more than in 2022/23 (70%) and 2023/24 (71%) but **far below** the 95% constitutional standard

- The last time the NHS met the 95% standard was in the 2014/15 winter season, highlighting that performance has steadily fallen in the previous ten years



Winter 2024/2025 - New analysis shows NHS faced record winter pressures

- Since COVID-19, the NHS has reported significant increases in ‘trolley waits’ where patients wait for **over 12 hours for a hospital bed** after a decision to admit, usually due to a lack of available beds.
- In winter 2024/25, a record 11% of patients waited over 12 hours to be admitted to hospital, compared to 9% in the past three winters



The NHS Winter Preparedness document



This briefing looks at some of the reasons there are additional pressures on the NHS during the winter, and how the NHS in England seeks to address this, ensuring hospitals can cope through the colder months

Pressures identified in winter 2024/25, direct the plans for the NHS in England to prepare for winter 2025/26

Whilst the focus is often on ambulance and hospital services, general practice and other non-hospital care can also face heightened demand

Why are there winter pressures?

Increased demand and complexity

- Cold weather increases hypothermia, falls, RTCs, increases risk of heart attacks and strokes, weakens immune system, worsens effects of long-term conditions, and flu, norovirus and pneumonia and some gastrointestinal viruses tend to be more common in winter

High bed occupancy

- Bed occupancy over 100% in peak winter, levels above the 85% threshold for safe care delivery since 2010
- UK has fewer beds per 1000 population than most of Europe, and has higher levels of occupancy than most of Europe

Growing pressures for 2026-27

- 2.44 million people attended A&E departments in September 2026, the highest number ever recorded for the month
- Ambulance services also dealt with a record 806,707 incidents
- Flu and other respiratory viruses, including respiratory syncytial virus (RSV), are circulating, with more patients, including children, arriving at A&E with respiratory illnesses
- Hospital beds are also under significant pressure. In September, 94.9% of adult acute hospital beds were occupied on average, compared with 94.3% in August and 94.7% in September last year
- More than 13,600 patients were also in hospital each day despite being medically fit to leave.

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Year-round pressures

- Winter pressure is no longer seasonal – and what the NHS data is now telling us (Feb 2026)
- The system no longer returns to baseline
- Urgent and emergency care performance has continued to deteriorate outside traditional winter months. Ambulance response times remain persistently stretched. Bed occupancy remains high for prolonged periods. Delayed discharge has not resolved during lower-pressure seasons
- Winter amplifies the demand

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Prevention and managing demand

The British Geriatrics Society has published actions and checklists for healthcare professionals to prepare older patients for winter.
12 actions to help manage winter pressures | British Geriatrics Society

12 actions to help manage winter pressures

1. Upskilling - Encourage everyone in your service to equip themselves with the skills they need to care for older people with frailty, including general staff and those delivering other specialist services

2. Proactive Care Plans - Implement proactive care plans and advance care plans (known as anticipatory care plans in Scotland) in primary and community settings, especially care homes, to consider future health needs including end of life care. Those based in the acute setting may be able to do this as part of the discharge process. Age UK Advance Care Plan booklet.pdf

3. Vaccination - Encourage all people aged 65 and over, and all care home residents and staff, to receive vaccinations against Flu and Covid-19.
In addition, people aged 75-79 will be offered a vaccine for RSV for the first time this year

Prevention and managing demand

12 actions to help manage winter pressures

4. Collaboration - Get to know your local social worker with the aim of developing better connections between health and social care

5. Technology - Make better use of technology available through social care to support people at home. These might include smart devices that help people to carry out day-to-day tasks or devices to help healthcare professionals to monitor someone's health remotely

6. Medication Management - Address polypharmacy and waste by asking patients to 'show me your meds please.' Medication-related complications are thought to contribute to up to 30% of admissions in older people. Deprescribing reviews should be completed as part of routine inpatient care for older people

7. Safe Care Environments - Seek to minimise use of temporary care environments (also known as 'corridor care') for older people – this includes 'boarding', as these environments increase the risk of delirium, falls and pressure area damage for older people with frailty

Prevention and managing demand

12 actions to help manage winter pressures

8. Frailty Identification - Identify patients with frailty as soon as they arrive at the hospital through proactive use of the Clinical Frailty Score in triage.
The Acute Frailty Network have developed an app to help staff to determine a patient's clinical frailty score (CFS) CFS APP — Specialised Clinical Frailty Network and therefore ensure that the person accesses appropriate pathways and care such as front door frailty services. Once a patient has had their CFS assessed, this should be recorded to make further decision-making easier. Avoiding hospital admission for older people improves flow across the hospital system

9. Mobilisation - Encourage older people in hospital to get up, get dressed and get moving to avoid deconditioning.
This is a real risk for older people in hospital – hospital inpatients have muscle strength reduced by up to 10% in the first seven days of admission

10. Prevent Delirium - Recognise and treat delirium as a medical emergency and prioritise its prevention and recognition.
The incidence of *inpatient* delirium in older people is around 20%. Useful tools to identify delirium are the 4AT Rapid Assessment Test 4AT and the single question in delirium (SQiD) test SQiD

Prevention and managing demand

12 actions to help manage winter pressures

11. Prevent Pressure Ulcers - Prioritise pressure area care for older people who are admitted to hospital.
The majority of pressure injuries are hospital-acquired and they are associated with increased morbidity and mortality. Hospital-acquired pressure ulcers increase length of stay by an average of 5-8 days per pressure ulcer.
Make sure you complete a Bodymap assessment immediately before the person leaves your service and immediately on their return from hospital

12. Alternatives to Hospital - Consider whether older people could be treated in a Hospital At Home service as an alternative to hospital admission.
While hospital may be the best option for some older patients, it is a risky environment for many older people, especially when pressure on the system is at its highest.

4AT

(label)

Patient name:

Date of birth:

Patient number:

Assessment test for delirium & cognitive impairment

Date: **Time:**

Tester:

CIRCLE

[1] ALERTNESS

This includes patients who may be markedly drowsy (eg. difficult to rouse and/or obviously sleepy during assessment) or agitated/hyperactive. Observe the patient. If asleep, attempt to wake with speech or gentle touch on shoulder. Ask the patient to state their name and address to assist rating.

Normal (fully alert, but not agitated, throughout assessment)	**0**
Mild sleepiness for <10 seconds after waking, then normal	**0**
Clearly abnormal	**4**

[2] AMT4

Age, date of birth, place (name of the hospital or building), current year.

No mistakes	**0**
1 mistake	**1**
2 or more mistakes/untestable	**2**

[3] ATTENTION

Ask the patient: "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted.

Months of the year backwards	Achieves 7 months or more correctly	**0**
	Starts but scores <7 months / refuses to start	**1**
	Untestable (cannot start because unwell, drowsy, inattentive)	**2**

[4] ACUTE CHANGE OR FLUCTUATING COURSE

Evidence of significant change or fluctuation in: alertness, cognition, other mental function (eg. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24hrs

No	**0**
Yes	**4**

4 or above: possible delirium +/- cognitive impairment
1-3: possible cognitive impairment
0: delirium or severe cognitive impairment unlikely (but delirium still possible if [4] information incomplete)

4AT SCORE ☐

GUIDANCE NOTES Version 1.2. Information and download: **www.the4AT.com**

The 4AT is a screening instrument designed for rapid initial assessment of delirium and cognitive impairment. A score of 4 or more *suggests* delirium but is not diagnostic: more detailed assessment of mental status may be required to reach a diagnosis. A score of 1-3 suggests cognitive impairment and more detailed cognitive testing and informant history-taking are required. A score of 0 does not definitively exclude delirium or cognitive impairment: more detailed testing may be required depending on the clinical context. Items 1-3 are rated *solely on observation of the patient at the time of assessment.* Item 4 requires information from one or more source(s), eg. your own knowledge of the patient, other staff who know the patient (eg. ward nurses), GP letter, case notes, carers. The tester should take account of communication difficulties (hearing impairment, dysphasia, lack of common language) when carrying out the test and interpreting the score.

Alertness: Altered level of alertness is very likely to be delirium in general hospital settings. If the patient shows significant altered alertness during the bedside assessment, score 4 for this item. **AMT4 (Abbreviated Mental Test - 4):** This score can be extracted from items in the AMT10 if the latter is done immediately before. **Acute Change or Fluctuating Course:** Fluctuation can occur without delirium in some cases of dementia, but marked fluctuation usually indicates delirium. To help elicit any hallucinations and/or paranoid thoughts ask the patient questions such as, "Are you concerned about anything going on here?"; "Do you feel frightened by anything or anyone?"; "Have you been seeing or hearing anything unusual?"

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Single Question in Delirium

SQID

Delirium is a common and treatable condition that often affects older people with frailty in hospital.

Delirium may be present on admission, but often develops during the hospital stay.

Identification of delirium should prompt specific measures to identify the cause of delirium and to manage the condition appropriately (see TIME bundle and Delirium/Dementia Care Pathway).

One way of identifying delirium is to ask the Single Question in Delirium (SQID):

Is your patient more confused or drowsy than normal?

A positive response should prompt consideration of the presence of delirium.

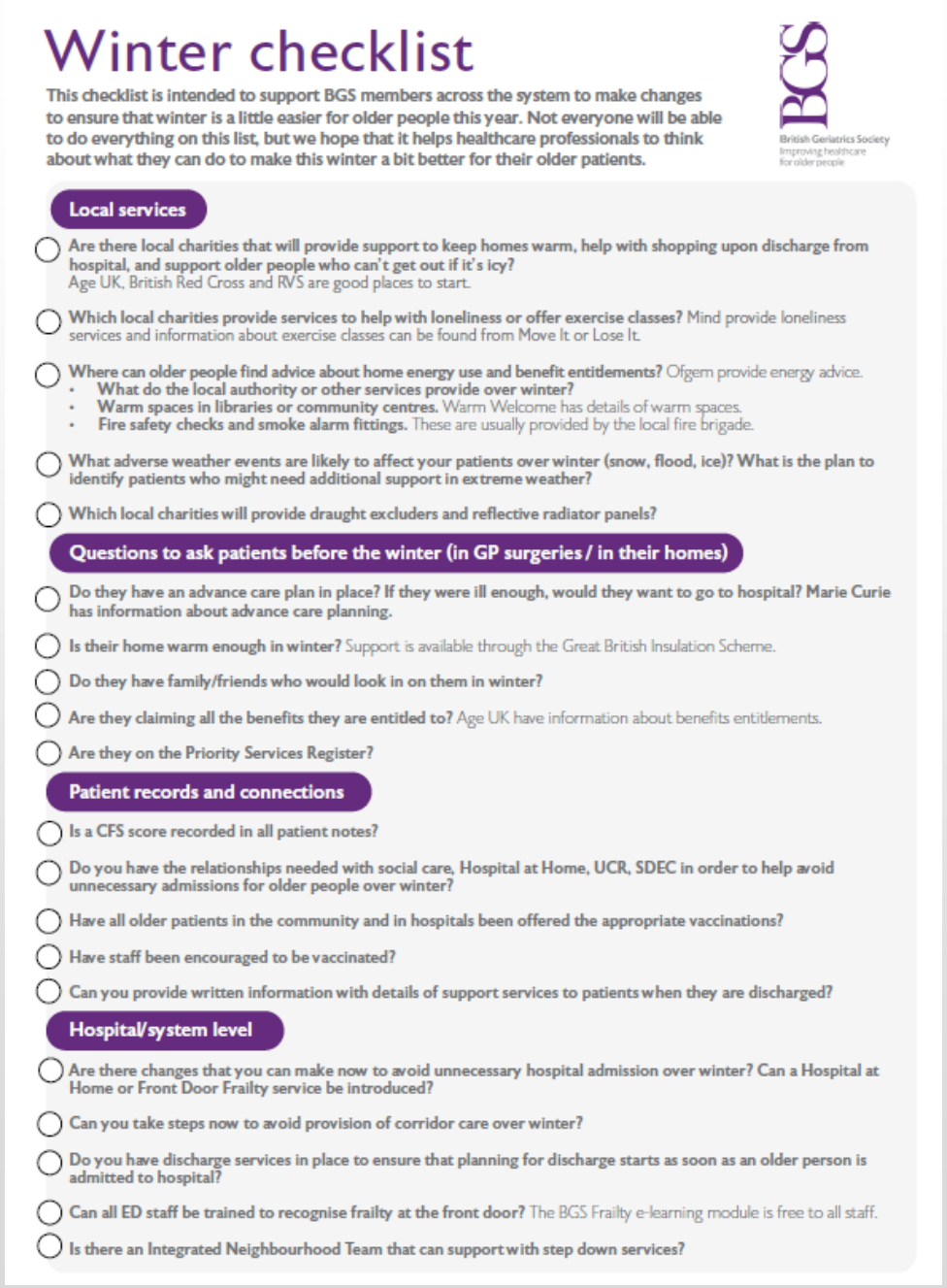
SQID should be asked on a daily basis by nursing or multidisciplinary staff.

'SQID+ve' or 'SQID-ve' should be clearly written into the nursing record at least once in every 24 hour period, and the result should be routinely included in any handover and/or multi-disciplinary communication (e.g. at board rounds).

Preparing for winter: A checklist for healthcare professionals caring for older people

Published and last updated **06 August 2025**
British Geriatrics Society

Winter in the NHS is tough. This checklist is intended to support BGS members across the system to make changes to ensure that winter is a little easier for older people this year. Not everyone will be able to do everything on this list. But we hope that it helps healthcare professionals to think about what they can do to make this winter a bit better for their older patients.



Winter checklist

BGS
British Geriatrics Society
Improving healthcare for older people

This checklist is intended to support BGS members across the system to make changes to ensure that winter is a little easier for older people this year. Not everyone will be able to do everything on this list, but we hope that it helps healthcare professionals to think about what they can do to make this winter a bit better for their older patients.

Local services

- ◯ **Are there local charities that will provide support to keep homes warm, help with shopping upon discharge from hospital, and support older people who can't get out if it's icy?** Age UK, British Red Cross and RVS are good places to start.
- ◯ **Which local charities provide services to help with loneliness or offer exercise classes?** Mind provide loneliness services and information about exercise classes can be found from Move It or Lose It.
- ◯ **Where can older people find advice about home energy use and benefit entitlements?** Ofgem provide energy advice.
  - **What do the local authority or other services provide over winter?**
  - **Warm spaces in libraries or community centres.** Warm Welcome has details of warm spaces.
  - **Fire safety checks and smoke alarm fittings.** These are usually provided by the local fire brigade.
- ◯ **What adverse weather events are likely to affect your patients over winter (snow, flood, ice)? What is the plan to identify patients who might need additional support in extreme weather?**
- ◯ **Which local charities will provide draught excluders and reflective radiator panels?**

Questions to ask patients before the winter (in GP surgeries / in their homes)

- ◯ **Do they have an advance care plan in place? If they were ill enough, would they want to go to hospital? Marie Curie has information about advance care planning.**
- ◯ **Is their home warm enough in winter?** Support is available through the Great British Insulation Scheme.
- ◯ **Do they have family/friends who would look in on them in winter?**
- ◯ **Are they claiming all the benefits they are entitled to?** Age UK have information about benefits entitlements.
- ◯ **Are they on the Priority Services Register?**

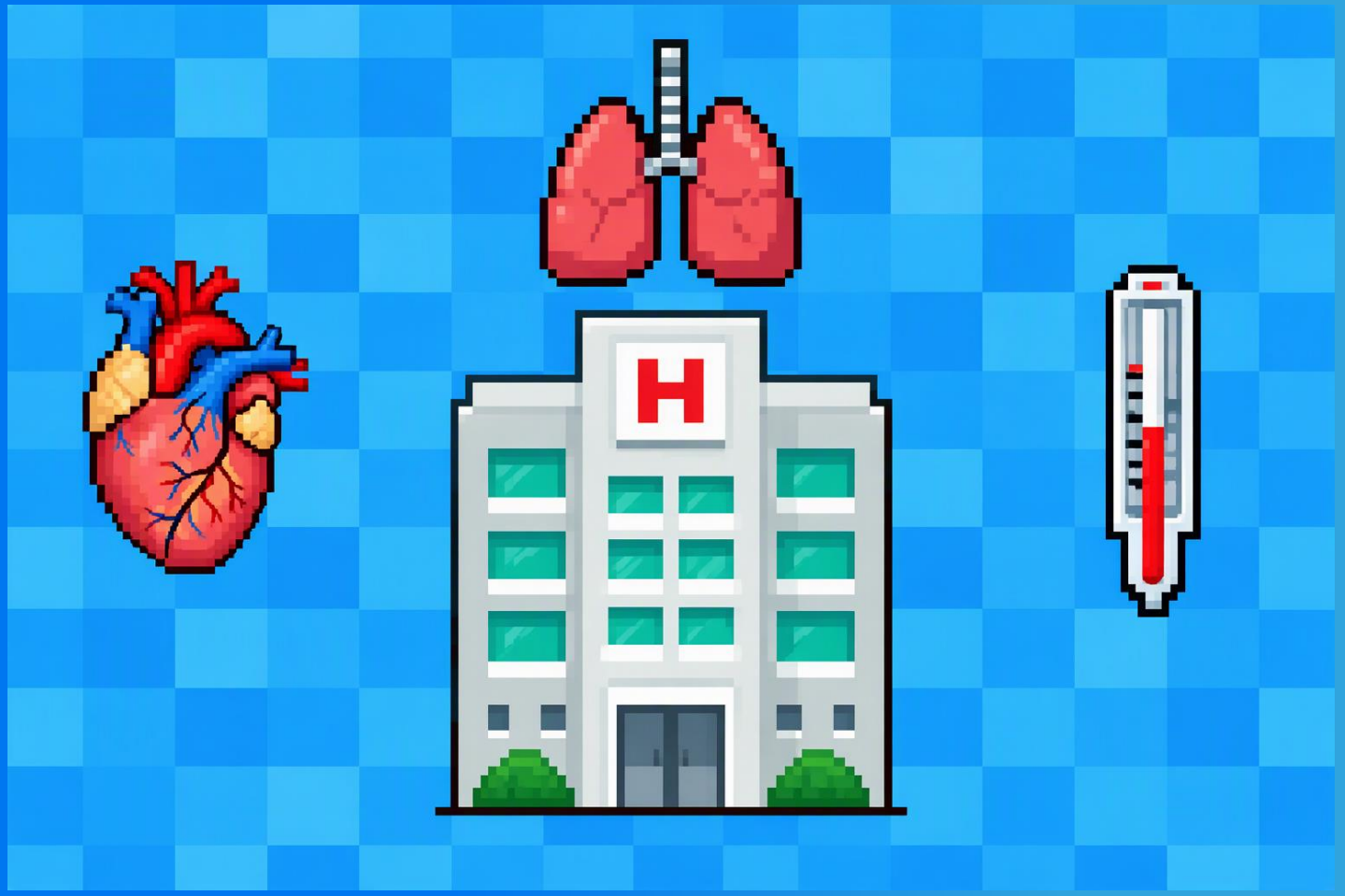
Patient records and connections

- ◯ **Is a CFS score recorded in all patient notes?**
- ◯ **Do you have the relationships needed with social care, Hospital at Home, UCR, SDEC in order to help avoid unnecessary admissions for older people over winter?**
- ◯ **Have all older patients in the community and in hospitals been offered the appropriate vaccinations?**
- ◯ **Have staff been encouraged to be vaccinated?**
- ◯ **Can you provide written information with details of support services to patients when they are discharged?**

Hospital/system level

- ◯ **Are there changes that you can make now to avoid unnecessary hospital admission over winter? Can a Hospital at Home or Front Door Frailty service be introduced?**
- ◯ **Can you take steps now to avoid provision of corridor care over winter?**
- ◯ **Do you have discharge services in place to ensure that planning for discharge starts as soon as an older person is admitted to hospital?**
- ◯ **Can all ED staff be trained to recognise frailty at the front door?** The BGS Frailty e-learning module is free to all staff.
- ◯ **Is there an Integrated Neighbourhood Team that can support with step down services?**

Keeping people well



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Respiratory disease figures

- Respiratory disease affects one in five people and is the **third biggest cause of death** in England (after cancer and cardiovascular disease).Lung cancer, pneumonia, and COPD are the biggest causes of death.
- **Hospital admissions** for lung disease have risen over the past seven years at three times the rate of all admissions generally.
- Respiratory diseases are a **major factor in winter pressures** faced by the NHS; most respiratory admissions are non-elective and during the winter period these double in number.

NHS England » Respiratory disease

Posture and Breathing

A. Sit in a slumped position in your chair – imagine you are one of the individuals you care for who has slipped down the bed, and is hunched with chin on chest

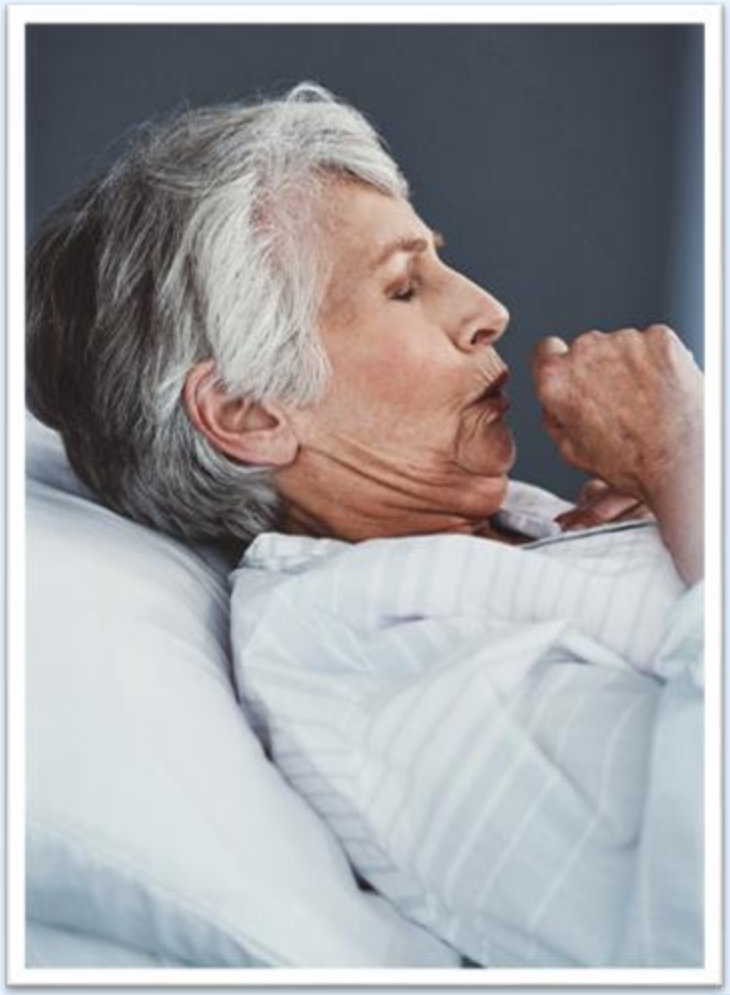
- **Try to take a deep breath**
  - *Notice how difficult this is. Imagine you need to generate a deep enough breath to cough to clear your chest in this position*

B. Change your position to sit up straight

- **Now take a deep breath**
  - *Is this easier?*

Posture and Chest Infections

- A cough is required to ‘clear’ our chest (airway)
- We need to take deep breaths in order to cough
- Poor posture can impact upon a person’s ability to take a deep breath therefore they may be unable to generate a cough and thus are likely to be at a greater risk of developing a chest infection



Dysphagia

“Dysphagia is the medical term for swallowing difficulties”

“Some people with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all. Other signs of dysphagia include: coughing or choking when eating or drinking”

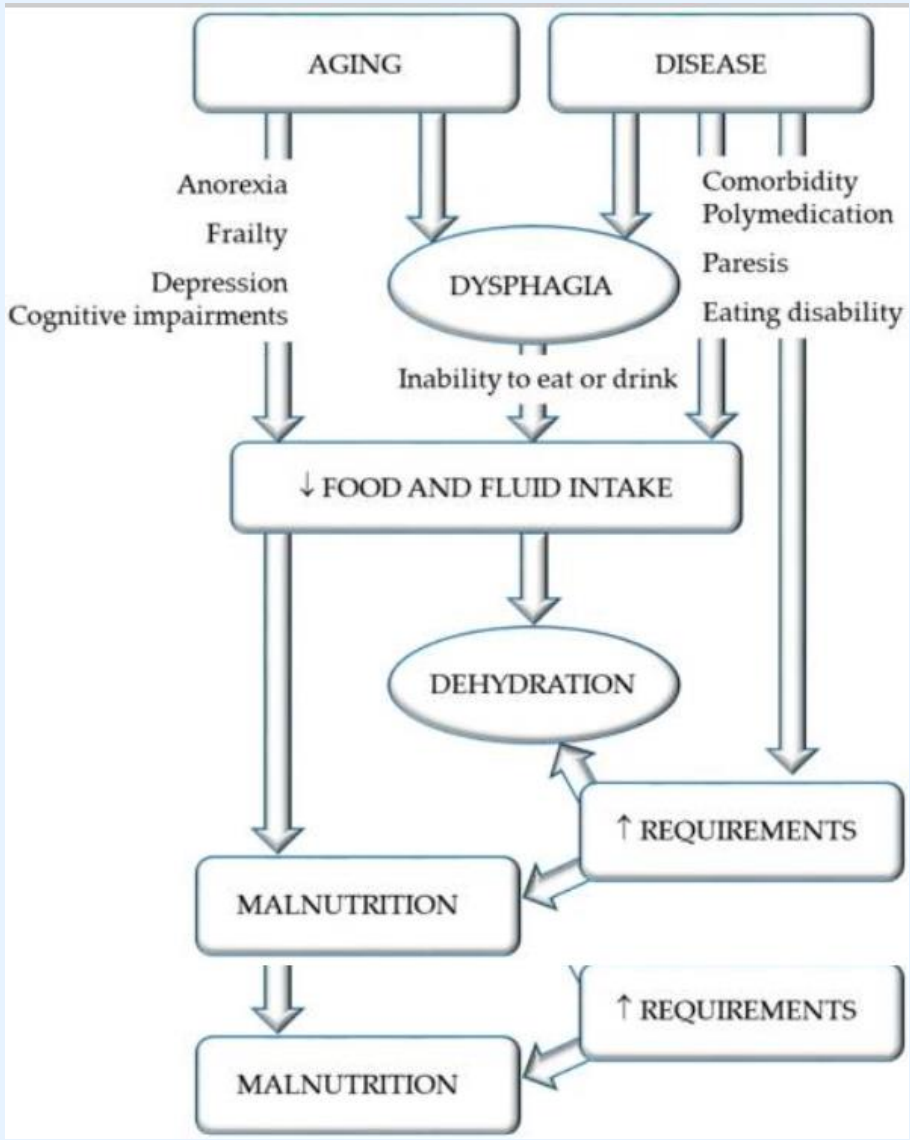
https://www.nhs.uk/conditions/swallowing-problems-dysphagia

Complications associated with dysphagia:

- Aspiration pneumonia
  - What is aspiration?
  - What is aspiration pneumonia?
  - What is silent aspiration?

Effects of Dysphagia

- Dehydration
- Malnutrition
- Reduced quality of life
- Social isolation
- Depression
- Aspiration pneumonia
- Increased hospital admissions



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Strategies for Safer Swallowing

- **S**tay Alert Ensure the person is and remains alert for all food and drink.
- **T**ime Allow adequate time to support the person to eat and drink.
- **R**egular mouth care Oral hygiene is of key importance.
- **A**ids Glasses and hearing aids must be worn and fit comfortably – swallowing requires multi-sensory stimulation.
- **T**eeth If worn, dentures should fit well and be cleaned regularly.
- **E**nvironment Reduce distractions at mealtimes to support concentration and awareness.
- **G**ood positioning The person should always be positioned in as upright a position as comfortable for all food and drink.
- **I**ndependence When we feed ourselves – or participate in feeding ourselves – our body prepares itself to swallow.
- **E**ncouragement Allow adequate time to support the person to eat and drink.
- **S**tay flexible Every single person is different, and their abilities can fluctuate not only from day to day, but from meal to meal.

Basic Health Observations

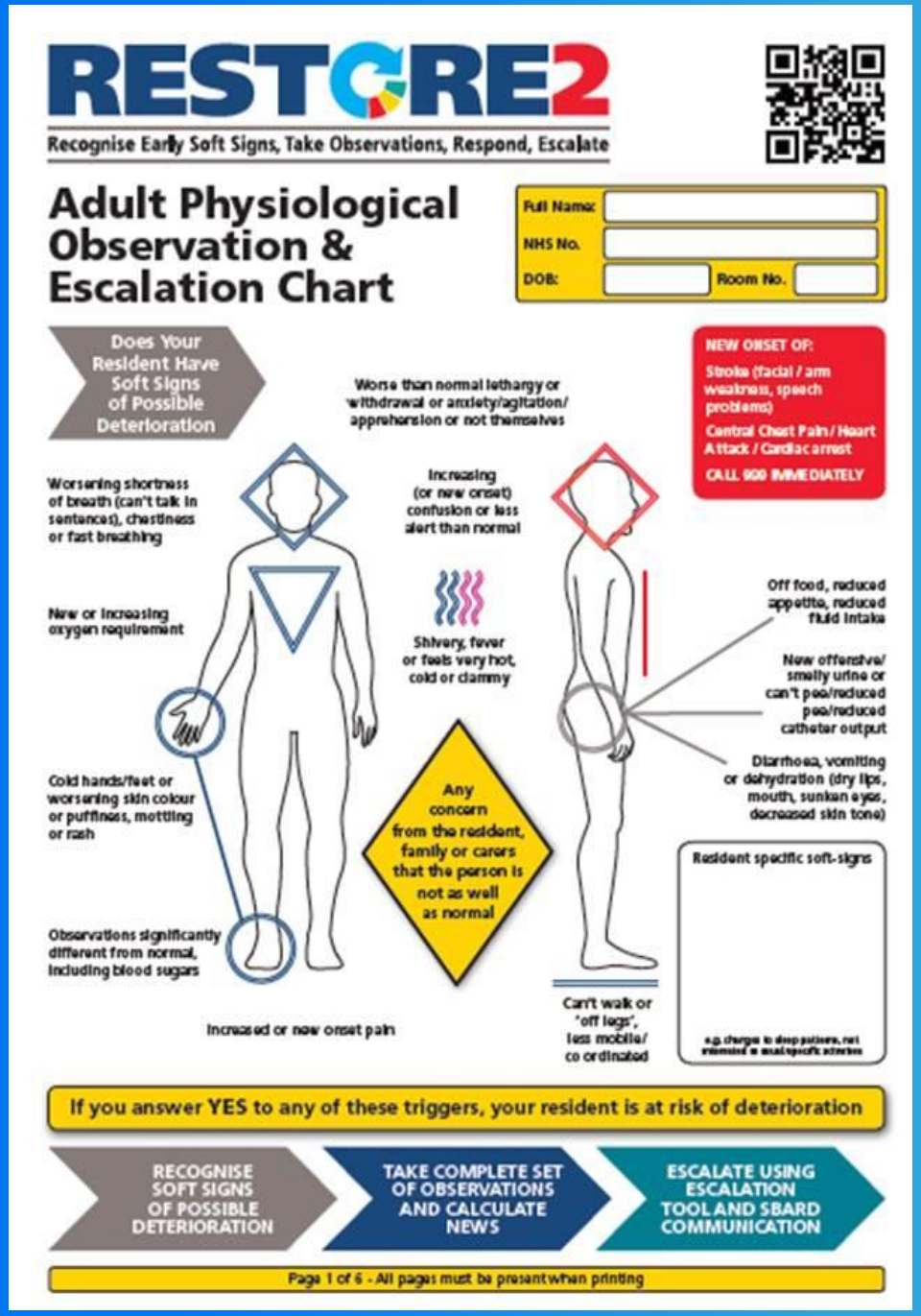
Soft Signs



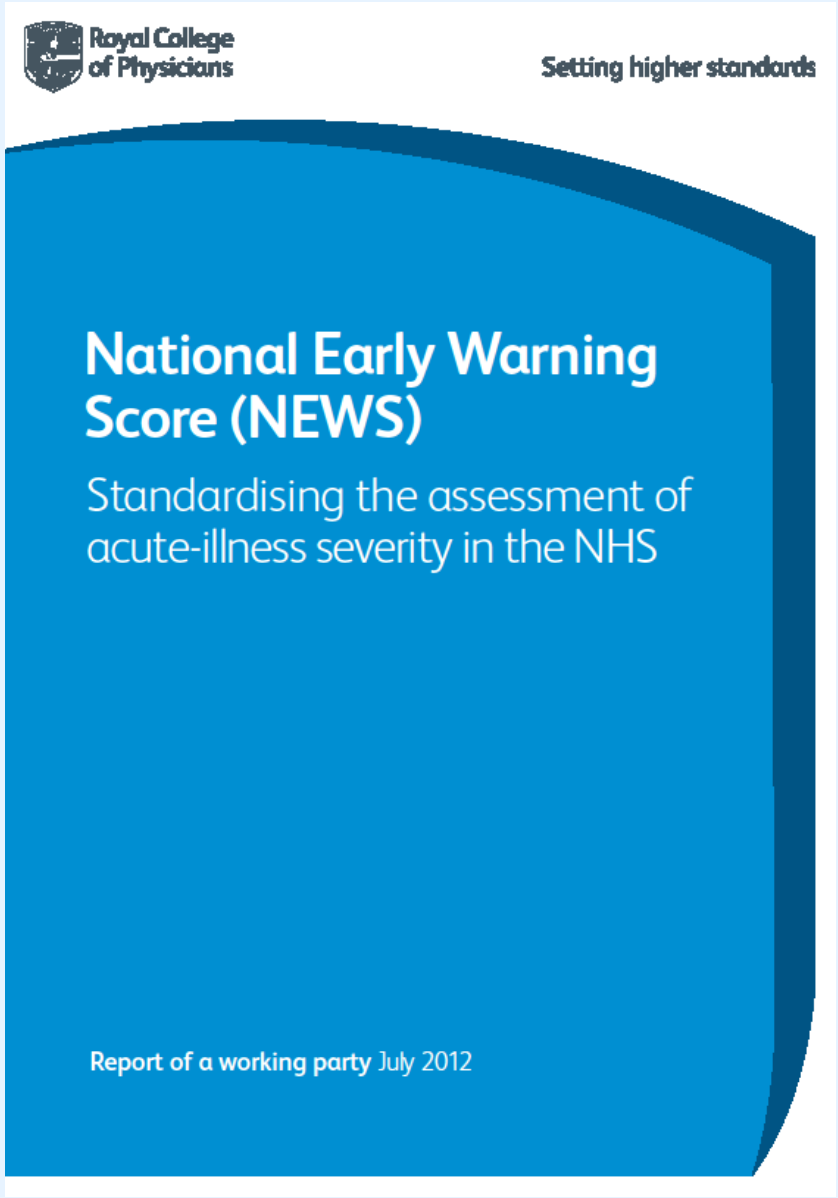
- LOOK
- LISTEN
- FEEL
- SMELL



RESTORE2



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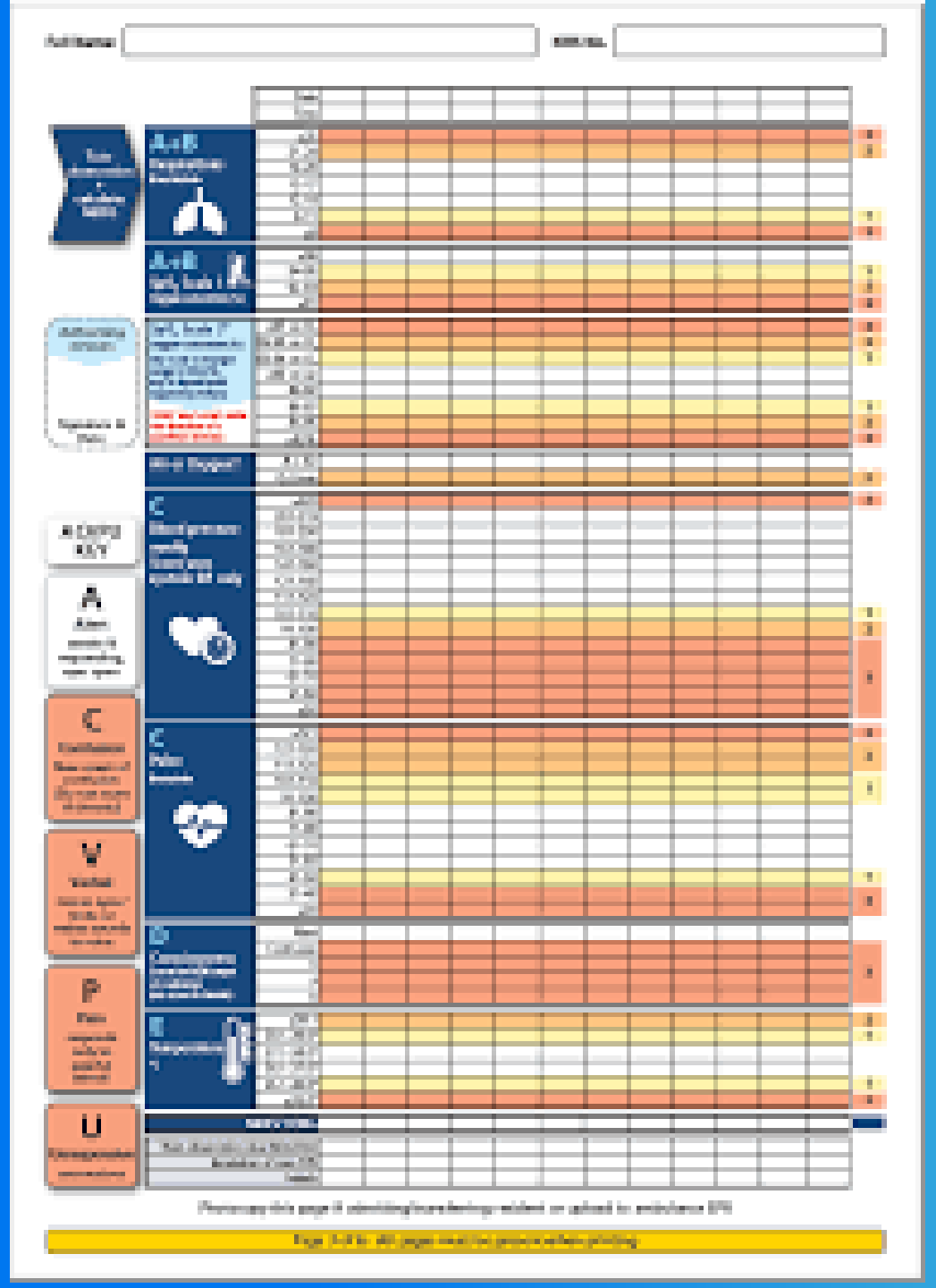


Citation for this document:
Royal College of Physicians. National Early Warning Score (NEWS): Standardising the assessment of acute illness severity in the NHS. Report of a working party. London: RCP, 2012.

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NEWS2



Vital signs - What are they?

The NHS Vital Signs:

- **Respiratory Rate**: The number of breaths per minute.
- **Oxygen Saturation**: The amount of oxygen in the blood
- **Blood Pressure**: The pressure exerted by the blood against the walls of the arteries.
- **Heart Rate**: The rate at which the heart beats, measured in beats per

  minute (bpm).
- **Temperature**: The body's temperature
- **Level of Consciousness**: Measured using AVPU or GCS scales

Baseline observations

- Do you measure and record them?
- When?
- Why are they useful?
- Discuss equipment for taking vital signs

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Changes in vital signs can indicate deteriorating health in any person

- Heart failure
- Infection
- Acute respiratory problems
- Shock
- Pulmonary embolism
- Pneumonia
- Dehydration
- Other serious acute illness

National Early Warning Scores (NEWS2)

Physiological parameter	Score						
	3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO_2 Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO_2 Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

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Low blood pressure – symptoms & risks

- Dizziness
- Drowsiness
- Unconsciousness
- Falls and subsequent injury
- Heart Attack
- **Indicates sepsis**

Physiological parameter	Score						
	3	2	1	0	1	2	3
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220

National Early Warning Scores (NEWS2)

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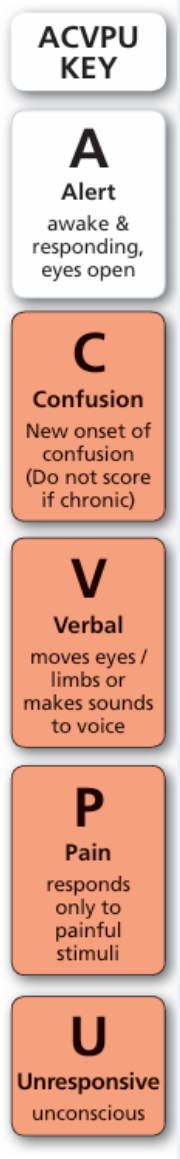
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Consciousness

- ACVPU KEY
- A = Allert
- C = Confusion: **New onset of confusion** (Do not score if chronic)
- V = Verbal: Moves eyes / limbs or makes sounds to voice
- P = Pain: Responds only to painful stimuli
- U = Unresponsive: Unconscious

If you notice you get a score of 3 for anything that isn't 'Alert'

- Record your own level of consciousness on the NEWS2 chart with a dot in the appropriate box

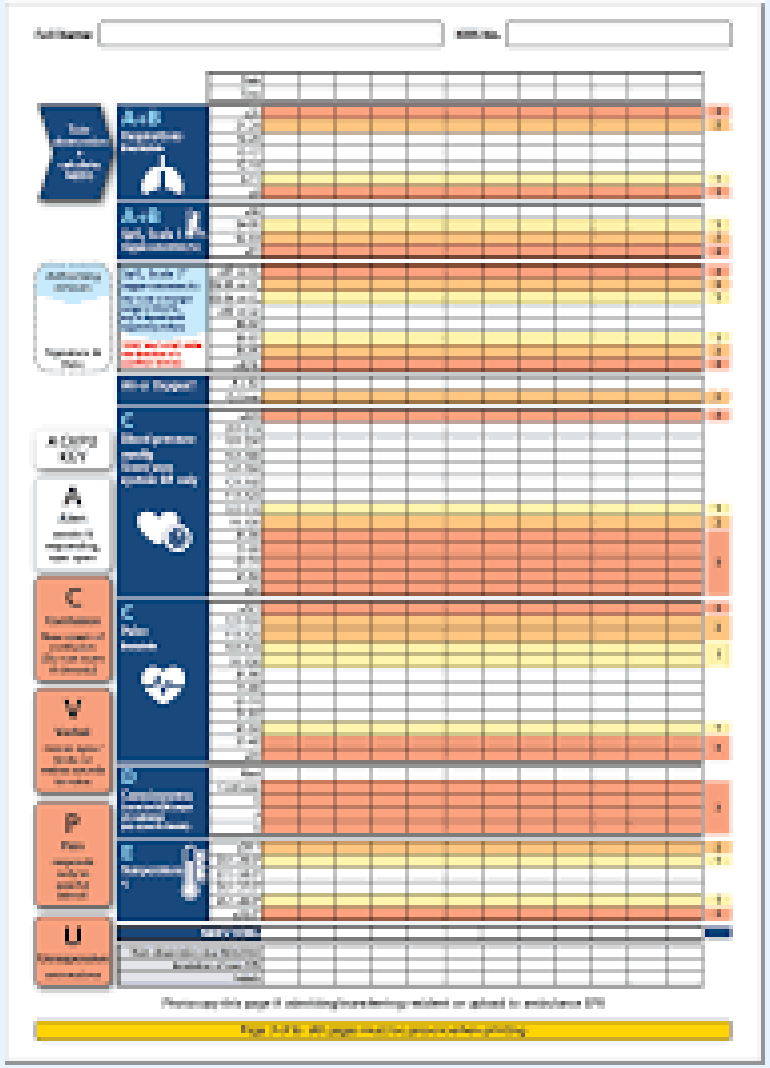


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NEWS2 Score



Add up your column score, using the numbers at the side or using this easy to read chart

Physiological parameter	Score 3	2	1	0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
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NEWS2 - Clinical Responses for Care and Residential settings

NEWS2 Escalation (get the right help early)

	Suggested Actions (always consider the resident's total NEWS2 in relation to their normal reference score)	Observations
0	Observe – likely stable enough to remain at home Escalate if any clinical concerns / gut feeling	**At least 12 hourly until no concerns**
1	Immediate senior staff review, escalate if concerned. Repeat observations within 6 hours. If next observations remain elevated with no obvious cause arrange for GP review suggested within 24 hours. If NEWS is worsening, move to appropriate escalation point.	**At least 6 hourly**
2	Immediate senior staff review, if no improvement in NEWS (or the same) **within 2 hours**, seek GP telephone assessment within 2 hours +/- GP review within 6 hours. If NEWS is worsening, move to appropriate escalation point.	**At least 2 hourly**
3-4 / Single Observation 3	Repeat observations within **30 minutes**. If **observations = NEWS +3 or more**, seek urgent GP telephone or face to face review within 2 hours. If NEWS is worsening, move to appropriate escalation point.	**At least every 30 minutes**
5-6	Immediate clinical review/advice required. Refer to GP using surgery bypass number or use NHS 111 to contact out of hours. Urgent transfer to hospital within 1 hour may be required.	**Every 15 minutes**
7+	Admission to hospital should be in line with any appropriate, agreed and documented plan of care. Blue light 999 call with transfer to hospital (15 minutes), follow guidance of call handler	**Continuous monitoring until transfer**

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NEWS2 form continued



Full Name: NHS No.

How to use RESTORE2

RESTORE2 which includes the National Early Warning Score (NEWS2) promotes a standardised response to the assessment and management of unwell residents. It is not a replacement for clinical judgement and should always be used with reference to the persons care/escalated plan and any agreed limits of treatment. If you are concerned about the resident or if one observation has changed significantly ALWAYS ACT ON YOUR CONCERNS AND SEEK ADVICE from a competent clinical decision maker e.g. GP, Registered Nurse or AHP.

- This chart uses aggregated (total) NEWS - it is important that you understand the residents normal NEWS (the score when they are stable and as well as usual) to support appropriate escalation. You should try and establish what is normal for residents on admission with a member of the multi-disciplinary team (e.g. General Practitioner, frailty practitioner).
- **Only a Medical Professional can authorise use of the hypercapnic respiratory failure scale for residents who normally have low oxygen levels as part of a diagnosed condition (e.g. COPD)**
- Use this chart for all your routine observations as per your local policy. If your resident shows ANY of the soft signs of deterioration, record their observations and NEWS immediately on the chart and follow the escalation tool as appropriate, using SBARD to communicate
- There may be a need to re-consider what is normal for the resident following any sustained improvement in their condition or non-acute deterioration.

What's normal for this resident

Print name: Date: Signature:

What is the resident normally like? What observations and NEWS are reasonable and safe for them? When would their GP want you to call them? What escalation has been agreed with the resident (or their advocate)?

End of Life (EOL) or Agreed Limit of Treatment

- All residents should have had the opportunity to discuss their end of life preferences in advance of any crisis
- RESTORE2 must be used in conjunction with the expressed wishes of the resident e.g. treatment escalation plans or advanced care plans.
- RESTORE2 can be used in residents with an agreed limit of treatment (e.g. not for hospital admission, not for resuscitation or not for intravenous antibiotics) to identify recoverable deterioration amenable to treatment. It is also useful for anticipating end of life to inform conversations with residents and their relatives - once the resident is on an EOL care pathway, RESTORE2 should be discontinued.

NEWS2 Escalation (get the right help early)

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0	Observe – likely stable enough to remain at home Escalate if any clinical concerns / gut feeling	**At least 12 hourly until no concerns**
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Page 2 of 6 - All pages must be present when printing

SBARD Escalation Tool and Action Tracker

(get your message across)

REMEMBER TO SAY: The residents TOTAL NEWS SCORE is...

Name:

NHS No.

		Notes (Date, Time, Who)	
S	**Situation** **(briefly describe the current situation and give a clear, concise overview of relevant issues)** (Provide address, direct line contact number) I am… from… (say if you are a registered professional) I am calling about resident… (Name, DOB) **The residents TOTAL NEWS SCORE is...** **Their normal NEWS/condition is...** I am calling because I am concerned that… (e.g. BP is low, pulse is XX, temp is XX, patient is more confused or drowsy)		
B	**Background** **(briefly state the relevant history and what got you to this point)** Resident XX has the following medical conditions… The resident does/does not have a care plan or DNACPR form / agreed care plan with a limit on treatment/hospital admission They have had… (GP review/investigation/medication e.g. antibiotics recently) Resident XX's condition has changed in the last XX hours The last set of observations was… Their normal condition is… The resident is on the following medications…		
A	**Assessment** **(summarise the facts and give your best assessment on what is happening)** I think the problem is XX And I have… (e.g. given pain relief, medication, sat the patient up etc.) **OR** I am not sure what the problem is but the resident is deteriorating **OR** I don't know what's wrong but I am really worried		
R – D	**Recommendation** **(what actions are you asking for? What do you want to happen next?)** I need you to… Come and see the resident in the next XX hours **AND** Is there anything I need to do in the meantime? (e.g. repeat observations, give analgesia, escalate to emergency services) **Decision** **(what have you agreed)** We have agreed you will visit/call in the next XX hours, and in the meantime I will do XX If there is no improvement within XX, I will take XX action.	**Actions I have been asked to take** (initial & time when actions completed)	Initials

Photocopy this page if admitting/transferring resident or upload to ambulance EPR

S	**Situation** e.g. what's happened? How are they? NEWS2 score if available	Key prompts / decisions
B	**Background** e.g. what is their normal, how have they changed?	
A	**Assessment** e.g. what have you observed / done?	
R	**Recommendation** 'I need you to…'	
D	**Decision** what have you agreed? (including any Treatment Escalation Plan & further observations)	

Equipment

- Stopwatch/ Smartwatch/Mobile phone
- Pulse oximeter (and batteries)
- Blood pressure monitor (with additional large cuffs as needed)
- Tympanic thermometer

- Home care considerations

Preventing infections

Ensure best IPC practice at all times

- SICPs include:
  - Hand hygiene between tasks and between service users with soap and water or alcohol-based hand rub
  - Respiratory and cough hygiene (catch it, bin it, kill it!)
  - Regularly letting fresh air into rooms and shared areas (cleaning of shared equipment, especially after use
  - Regular cleaning of the environment with particular attention to frequently touched surfaces and shared areas and equipment
  - Appropriate use of personal protective equipment (PPE)
  - Correct handling and segregation of waste and infectious linen
  - Adult social care clients should also be supported to contribute to SICPs by handwashing, cough hygiene and other simple measures as appropriate.
  - All measures to prevent and manage infections should be risk assessed, prioritised in line with the hierarchy of controls and balanced to ensure the wellbeing of people receiving care

Covid-19 or Flu

Care homes

- If a person has symptoms of ARI has a high temperature or does not feel well enough to do their usual activities, they should be supported to stay away from others.
- Test for COVID-19 only if eligible for COVID-19 treatments
- If tests positive for COVID-19, arrange an assessment for appropriate treatment and follow guidance

Non care homes

- Support to follow the guidance - People with symptoms of a respiratory infection including COVID-19 - GOV.UK

All settings

- Ensure IPC precautions are followed
- Ensure adequate Ventilation
- Ensure enhanced cleaning (1,000ppm chlorine-based solution) of environment and frequent touch points
- Appropriate PPE

Falls figures

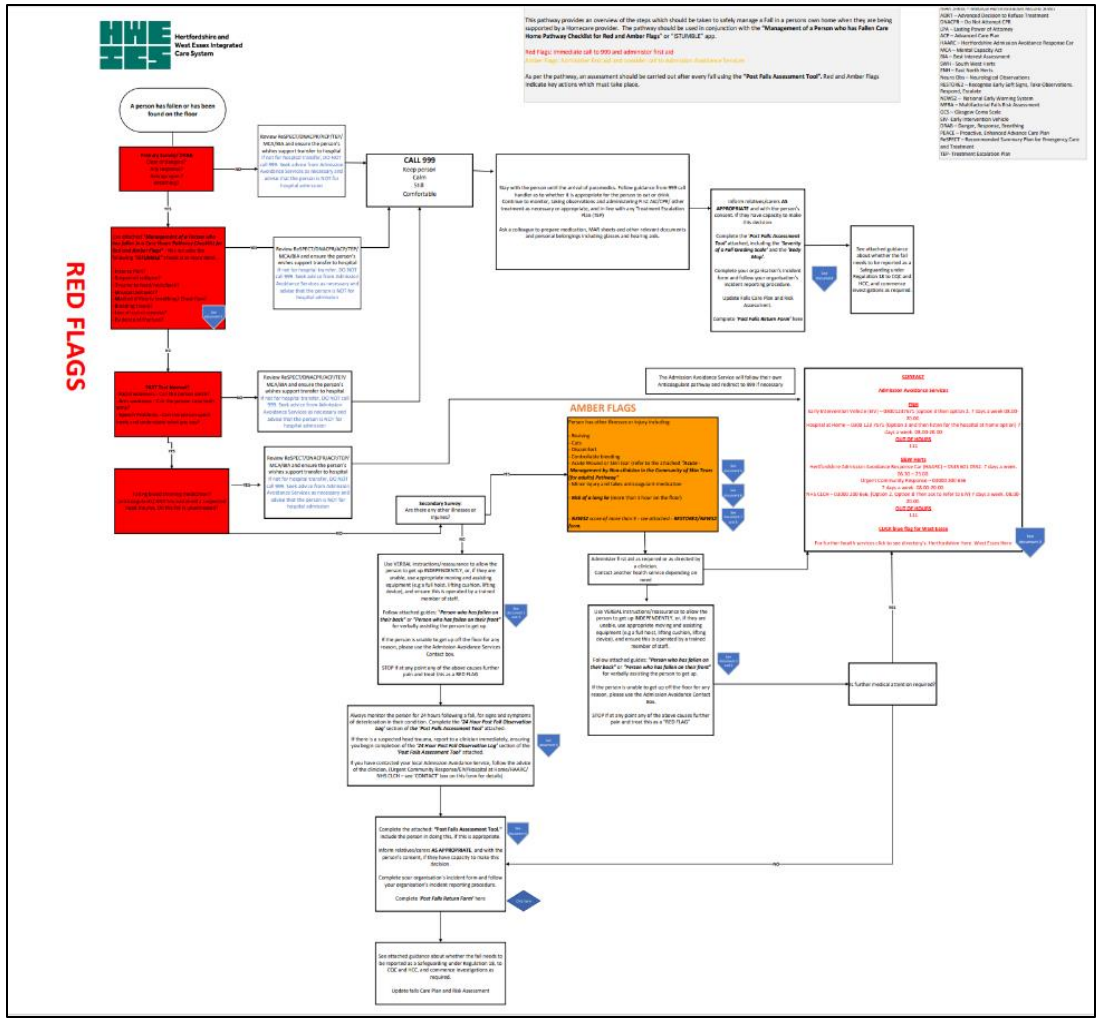
1. The British Geriatrics Society reports that the **cost of falls** to the NHS is more than **£2.3 billion** per year

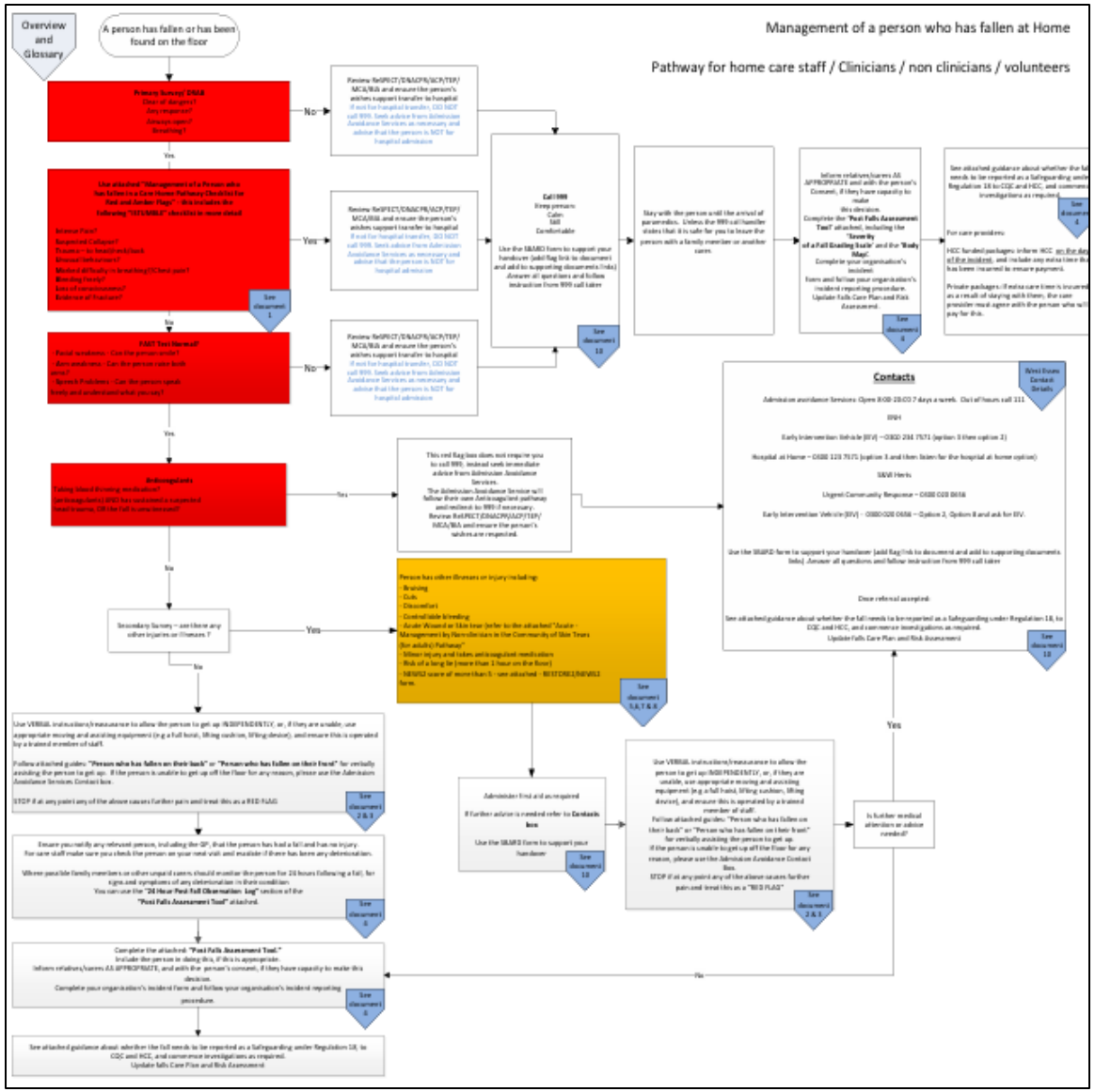
2. Annually, **ambulances** respond to around **700,000** calls from older people who have fallen.

3. The total annual cost of **fragility fractures** to the UK has been estimated at **£4.4 billion** per year

4. It is estimated **684000 fatal falls** occur each year globally, making it the second leading cause of unintentional injury death, after road traffic injuries.

Management of a Person who has Fallen in a Care Home /at Home Pathways





[Flowchart Template]

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Falls Pathways - supporting documents

Supporting Documents

1. Management of Person who has Fallen in Care Home Pathway Checklist for Red and Amber Flags
2. What to do when a person has fallen on their back
3. What to do when a person has fallen on their front
4. Post Falls Assessment Tool
5. Acute Management by Non-Clinician in the Community of Skin Tears (for Adults)
6. Complications of Long Lie
7. NEWS2 Score Chart
8. RESTORE2-Chart
9. West Essex Contact Information

Additional Supporting Documents:

Glasgow Coma Scale (GCS)

Multifactorial Falls Risk Assessment Form

Hertfordshire Care Home Support Services Directory

All the contacts you need IN ONE PLACE!

Use this QR code or link to access contact details for services available to Care Homes including admission avoidance, mental health, end of life and much more.
www.hcpa.info/supportservicedirectory

YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Early Intervention Vehicle
7 Days a week 08:00-20:00
0300 123 7571
(option 3 then option 2)

Hospital at Home
7 Days a week 08:00-20:00
0300 123 7571
(option 2)

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk

Hertfordshire
NHS Hertfordshire and West Essex Integrated Care Board
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East and North Hertfordshire Homes
Updated November 23

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YOU SHOULD CALL 999 IN A LIFE-THREATENING EMERGENCY

Admission Avoidance Response Care
7 Days a week 06:30-23:00
0345 601 0552

Urgent Community Response
7 Days a week 08:00-20:00
03000 200 656

Any questions? Contact details out of date?
Contact the HCPA Care Provider Hub:
01707 708108 / assistance@hcpa.co.uk

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South and West Hertfordshire Homes
Updated November 23

Falls 2 hour Community Response

NHS Hertfordshire and West Essex

Providing assessment and testing for patients without the need to go to hospital

8am - 8pm 7 days a week

Person has fallen. Call the local Community Response team on:
0300 123 7571 (East and North Herts)
03000 200 656 (South and West Herts)
0300 123 5433 (West Essex)

Response team will visit patient within 2 hours and will:

2 HOURS

- Make patient comfortable and complete full assessment to determine cause of fall
- Take blood samples, including creatine kinase (CK), urea and electrolytes (U&Es), where appropriate
- Blood test results back within 4 hours
- If raised CK levels or dehydrated, patient will be started on IV fluids.

4 HOURS



Patient benefits

- ✓ Can stay comfortable at home
- ✓ No need for ambulance
- ✓ No waits in emergency department
- ✓ Blood results back with 4 hours - faster than if taken to hospital
- ✓ Same treatment as would take place in hospital, including fluids and follow up blood tests
- ✓ Physiotherapy, occupational therapy, home equipment and ongoing monitoring where needed

HWE ICS Hertfordshire and West Essex Integrated Care System

Staying Bright in Dark Months
The Resource

Stephanie Clarke
Occupational Therapist
HCPA

Prevention & Enablement

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- Introduction of the Winter Well-being Toolkit
- Summary of the toolkit
- Summary of the Routine Planner/Goal planner
- Overview of Winter Welling

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Supporting proactive, preventative care throughout winter



- **Stay vigilant:** Recognise winter risks and take early action to protect vulnerable adults.
- **Promote wellbeing:** Maintain health, meaningful engagement, reliability and routine.
- **For all care settings:** Designed for both care homes and domiciliary care services.
- **Take ownership:** Review the toolkit as a team and assign responsibility for checklists and activity analyses.
- **Evidence good practice:** Reflect preventative activities in care plans, documentation and family updates where appropriate.

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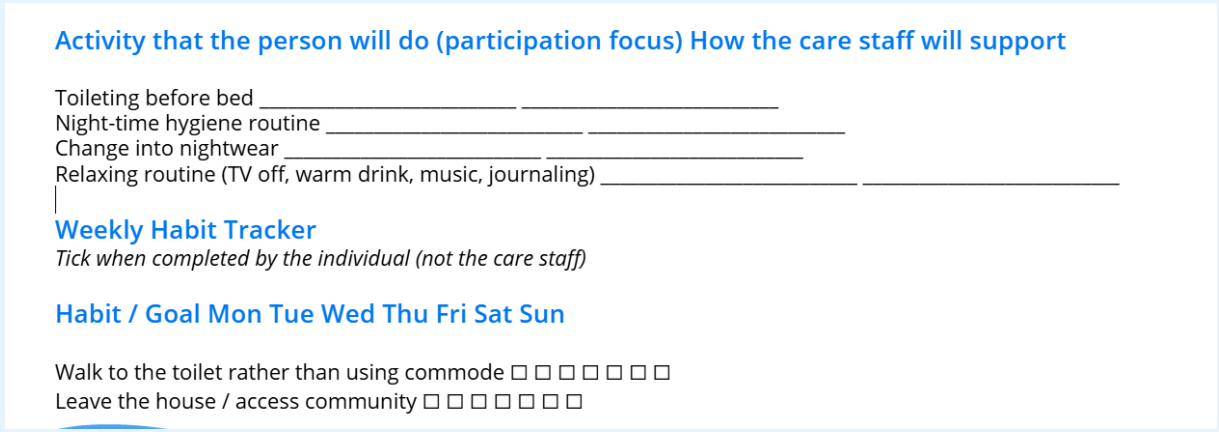
Practical Tools

Winter Wellbeing Guidance & Checklist

- Highlights key winter-related risks, signs to look out for and why early identification is important.
- Provides practical preventative measures, guidance on supporting wellbeing and when to escalate concerns.
- Includes a structured checklist that can be incorporated into care plans to support monitoring and proactive care.

Routine Planner & Goal-Setting Template

- Designed for use in both community and care home settings to encourage independence, movement and meaningful daily activity.
- Supports staff to establish personalised routines and achievable goals based on individual abilities and preferences.
- Encourages opportunities for movement throughout everyday activities, helping to reduce sedentary behaviour and maintain functional abilities.



Activity that the person will do (participation focus) How the care staff will support

Toileting before bed _____ _____
Night-time hygiene routine _____ _____
Change into nightwear _____ _____
Relaxing routine (TV off, warm drink, music, journaling) _____ _____

Weekly Habit Tracker
Tick when completed by the individual (not the care staff)

Habit / Goal Mon Tue Wed Thu Fri Sat Sun

Walk to the toilet rather than using commode ☐ ☐ ☐ ☐ ☐ ☐ ☐
Leave the house / access community ☐ ☐ ☐ ☐ ☐ ☐ ☐

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What are the Winter Pressures?

- **Cold homes and comfort** About 21% of over-60s say their home is too cold “most or all of the time” in winter. Age UK “Cold at Home” report (2023) Cold environments can lower mood and increase risk of illness, fatigue, and social withdrawal.

- **Financial worries** 48% of older people worry about heating their home; 45% worry about paying bills. Age UK (2023) Financial stress contributes to anxiety and reduced motivation to stay active or social.

- **Loneliness and isolation 1 in 14** older people (65+) say they are often lonely; those who go a week without social contact are almost **3× more likely** to be lonely.

- **Mobility and physical activity** Around **36%** of adults 65+ report doing less physical activity during winter months. Sport England “Active Lives Survey” (2023) Reduced movement contributes to stiffness, low energy, and worsened mood regulation.

- **Daylight and Seasonal Affective Disorder (SAD)** Estimated 3% of adults 55+ meet criteria for SAD. Microbiz Mag (2024) Lower daylight levels can directly affect serotonin and circadian rhythm, influencing mood stability.

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Movement and Activity

Adults may spend more time indoors and become less active. Regular movement and meaningful activities can help to support people through the winter

What care staff can do:

- Encourage regular movement and reduce prolonged sitting.
- Support participation in enjoyable, meaningful activities.
- Promote independence through everyday tasks and routines.

Use the Care Routine Planner (Sections 13 and 14) to support a consistent, enabling routine.

- **Movement, Routine and Mood**



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Nutrition & Food Security

Good nutrition helps older adults maintain energy, immunity and body warmth, particularly during winter.



Practical actions for care staff

Offer warm, nourishing food: Encourage easy-to-prepare meals and snacks such as soup, stews, porridge and custard.

Support poor appetite: Offer small, frequent meals throughout the day.

Boost nutrition: Encourage fortified or milky drinks to increase calorie and protein intake where appropriate.

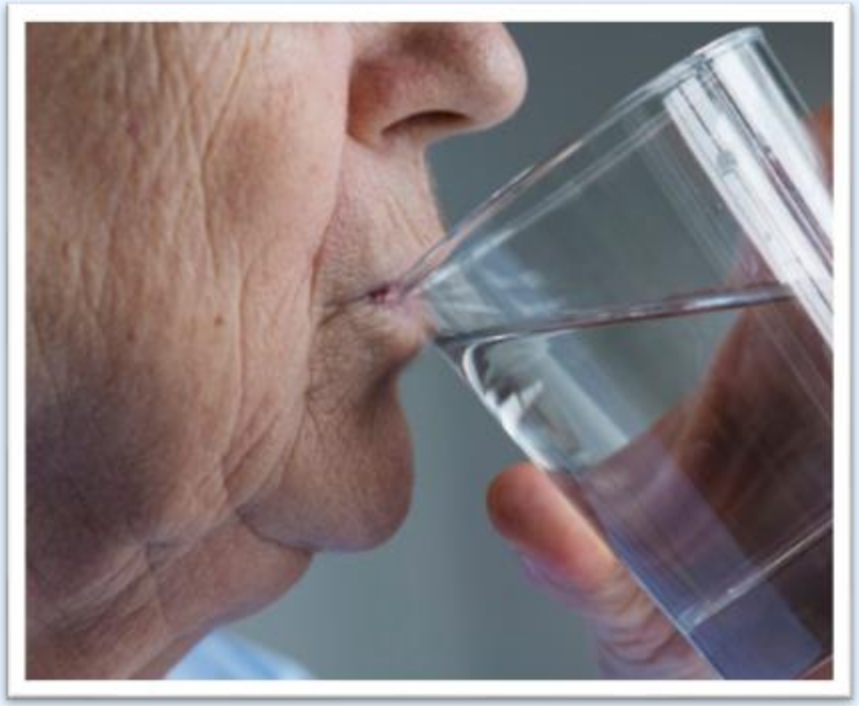
Improve access to food: Signpost or refer to Meals on Wheels, community lunches or supermarket delivery services.

Involve family: Liaise with relatives to support shopping and grocery orders where mobility or financial difficulties are barriers.

Remember: Report concerns about unintentional weight loss, poor food intake or difficulty accessing food in line with local escalation procedures.

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Hydration



- Offer regular drinks throughout the day, not just at mealtimes
- Provide a variety of hot and cold options
- Prompt and assist to drink.
- Monitor for signs of dehydration (dark urine, dry mouth, fatigue, confusion)
- Encourage warm clothing & appropriate indoor temperatures
- Support gentle movement to reduce stiffness and maintain circulation
- Ensure good nutrition to support energy and immune function
- Be mindful of increased falls risk due to cold-related stiffness or slippery footwear.

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Home Environments: Temperature & Comfort

- Older adults are slower to respond to cold — risk if home ≤18°C
- Living spaces ideally **18°C minimum** (19–21°C for very frail adults)
- Check heating systems, draughts, blankets, layered clothing
- Monitor fuel costs / energy access — link to support services
- Address damp & cold-related breathing risks
- Encourage movement to support warmth
- Escalate if home/environment remains too cold

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Supporting Sensory Needs & Light / Vitamin D



- Less daylight in winter affects mood, energy & circadian rhythm
- Encourage daylight exposure daily — even 10–15 minutes
- Consider SAD / bright light lamps for low mood & lethargy
- Check vitamin D intake and supplementation needs
- Keep spaces well-lit, warm and visually stimulating
- Suggested monitoring: light exposure, mood, sleep changes

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Digital Safety & Avoiding Scams

- Sleep affects mood, cognition, balance & falls risk
- Early darkness and reduced activity can disrupt sleep



What to look for:

- Sleeping much more / much less than usual
- Frequent daytime napping affecting night-time sleep
- Night agitation / confusion (“sundowning”)

Supportive actions:

- Daylight exposure early in the day
- Short naps only (20–30 mins, early afternoon)
- Calming bedtime routine, warm drink, soft lighting
- Comfortable bedroom temperature (18–21°C)
- Monitor medications that may impact sleep
- Escalate if sleep changes suddenly with confusion, falls, or severe fatigue

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Supporting Sensory Needs & Light / Vitamin D

- **Winter scams often target older people worried about bills**
- **Common scams:**
- Fake boiler repair / heating engineers
- Fake energy company payment demands
- Bogus charity collectors
- Phishing emails/texts asking for bank details



- **Actions and reminders for care staff to support people.**
- Never share personal/banking details over phone or door
- Ask for ID and verify using **official contact number**
- Log & report suspicious calls/visits
- Encourage secure payments through **official websites only**
- Where to get help: Trading Standards, Citizens Advice, Age UK, safeguarding lead/manager

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Medication Safety in Winter





- Encourage medications to be taken as prescribed (correct dose, time, and method).
- Support individuals who have difficulty remembering or organising their medication.
- Check for difficulties opening packaging, swallowing tablets, or using inhalers/creams.
- Be alert to side effects such as dizziness, drowsiness, nausea, or confusion.
- Monitor for changes in behaviour or physical function after new medications.
- Ensure medications are stored safely and appropriately
- Encourage regular medication reviews with GPs or pharmacists
- Report concerns promptly (missed doses, refusal, adverse reactions)
- Promote understanding of what each medication is for, where appropriate

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Infection Prevention & Early Signs

- Infections spread more easily in winter; frailty increases risk
- Support winter vaccinations
- Hand hygiene & surface cleaning
- Appropriate distancing / PPE when unwell
- Report outbreaks immediately
- Watch early warning signs — use RESTORE2 / NEWS2
- Escalate mild or severe symptoms promptly



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Emergency Winter Preparedness

Keep a **visible checklist in the person's notes**
Essentials to check:

- Charged phone + emergency contacts accessible
- Torch & batteries reachable
- Key safe / access instructions confirmed
- 7–14 days of medications
- Warm clothing & blankets accessible
- Food & water for 72 hours
- Working smoke & carbon monoxide alarms
- Plan for heating failure (warm hub / contact / safe heater)
-
- Named contact to check on them in severe weather
- Staff in severe weather:
- Prioritise most vulnerable
- Keep resident warm & hydrated
- Report heating/power failure immediately
- If medical devices affected by outage → emergency services

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Winter monitoring prompts

Short monitoring prompts care staff can use on visits (very quick checklist to record or say to next care staff when there are concerns)

- **Hydration:** offered drink? Y / N - urine colour ok? Y / N
- **Food:** hot meal today? Y / N - appetite normal? Y / N
- **Medication:** full supply? Y / N - missed doses? Y / N
- **Mobility:** walked today? Y / N - any dizziness? Y / N
- **Mood:** low / normal / improved - note any withdrawals or new agitation
- **Sleep:** sleeping more / less / same - naps today? Y / N
- **Home warmth:** room temp comfortable? Y / N - heating working? Y / N
- **Safety:** any suspicious callers? Y / N - concerns reported? Y / N

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Routine Care Planner

&

Goal Setting

- A practical, person-centred tool for care staff to encourage independence, movement and meaningful participation.
- Supports individuals to set personal goals and build healthy habits into their daily routines.
- Encourages active participation during morning, lunchtime and evening care visits.
  Includes a weekly habit tracker to monitor progress and celebrate achievements.
- Care home tracker has more flexibility due to being present throughout the day.
- Provides prompts for care staff to identify barriers, record progress and support continuity of care.

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FINAL POINTS

- Winter can significantly impact mood, wellbeing & physical health in older adults
- Proactive support helps prevent deterioration, isolation & loss of independence
- Importance of routine, meaningful occupation & goal setting
- Home environment monitoring – temperature, comfort, damp & safety
- Sensory & light support – daylight, vitamin D, SAD-lights & sleep rhythms
- Medication safety – supplies, administration, side effects & escalation
- Infection prevention & early recognition – spotting deterioration early

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Workforce Resilience and Mental Wellbeing Support

Jess Bentley

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Key elements of a Business Continuity Plan (BCP)

The Purpose of the BCP: A proactive plan of action put in place in readiness to control arising risks that would cause significant disruption to your service delivery. A proactive planning tool that identifies, minimises the impact of a risk and brings the risk back into control as quickly as possible.

BCP Risk v BAU risk: A BCP risk can be described as an out-of-the-ordinary occurrence that can cause significant disruption to the service. E.g. 10 staff calling in sick all at once = BCP
whereas 1 or 2 member/s of staff calling in sick = Business as usual (BAU)

Establish a BCP Response Team: with clear details of who will deputise in their absence and who can invoke the BCP.

Reviews & Testing: Make sure that your BCP is up-to-date, relevant to your business needs and staff are aware of their responsibilities, and what to do in the event of an emergency. Build in regular checks and reviews to ensure mitigating arrangements put in place are still viable i.e. check if the recruitment agency you use is still operational and available to draw upon.
A BCP should be tested four times a year, approximately every three months.

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BCP risks over the winter period

BCP risks and threats that should be reviewed to ensure your plan remains up to date over the winter period.

- Flooding
- Adverse weather including storms, heavy snow and heavy fog
- Shortage of staff/staff sickness
- Infection control
- Flu and other viral infections



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Flood

- **Potential risk/threat:** Flood
- **Business issues:** damage to the property; possible relocation of the clients and staff in temporary accommodation; disruption to travel, road closures
- **Mitigating actions in place:** ensure that the business insurance has relevant coverage for flood; Check all gutters and keep them clean throughout the year; Ensure that you have an evacuation plan in place and have alternative accommodation where you can relocate clients to if need to; Ensure that your flood policy is up to date; Arrange to maintain staffing levels where there might be difficulties with staff travel arrangements; Arrange to maintain essential supplies such as food and medicine; Ensure that you have got enough PPE supplies; Ensure that you have got up to date action cards with clear processes and available for all staff; Have a disaster preparedness kit;
- **Triggers:** weather changes - too much rain pouring in a small space of time; water gutters are not clean and overflowing; nearby rivers and lakes affected by huge amount of rain.

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Action card

- **Step 1:** Communicate to all staff to warn them of the flooding risk.
- **Step 2:** Ask all staff to follow each client's PEEPs (please include the exact place that these are located)
- **Step 3:** Ensure that you have enough staff on board. If not arrange for backup immediately
- **Step 4:** Staff to collect the grab bag (please add the exact place where it is located)
- **Step 5:** Call for disabled cabs (please include the name and number of the company that you use)
- **Step 6:** Call for a private ambulance to transport patients if needed (please include the number of the private ambulance)
- **Step 7:** Call the fire brigade if you need help to assist clients to evacuate safely from upper floors- 999- please state the address and your situation and highlight that there are vulnerable adults in the building
- **Step 8:** Ensure that you grab all emergency medication supplies
- **Step 9:** Evacuate everyone to the following place (include the alternative accommodation name and address)
- **Step 10:** **Incident close-down procedure:** The BCP Lead ensures the incident has been logged, conducts a debrief, discusses lessons learned, and reviews the BCP if required
- **Step 11:** Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends

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Adverse weather including storms, heavy snow and heavy fog

- **Potential risk/threat**: Heavy Snow
- **Business issues**: Staff may not be able to travel to work; possible public transport stop; shortage of staff; business disruption;
- **Mitigating actions in place**: The provider should ensure that insurance policies adequately cover winter-related hazards; determines your greatest risk potentials such as loss of heating, loss of access, frozen pipes; ensures that staff are aware of the emergency plan; ensure portable electric heaters are available; ensure that you carry out electricity and gas safety checks regularly; have extra cars ready with fuel in case you need to transport staff who may be unable or unwilling to drive in severe weather conditions.
- **Triggers**: weather forecast; low outside temperature and moisture in the air; seasonal

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Action Card

- **Step 1:** Communicate to all staff about the problem
- **Step 2:** Check all access including driveways and parking. If access routes are blocked, staff should clear snow using the equipment provided (review where these equipment are located)
- **Step 3:** Check that all heating systems are working correctly. If the heating stops call the emergency number for a call out on *(name and number of the company*)
- **Step 4:** In the meantime, until the contractors come, please use the electric heater *(please add the location where these are located*)
- **Step 5:** Staff should monitor indoor temperatures and provide regular hot drinks where appropriate
- **Step 6:** If the heating cannot be repaired within a safe timeframe, staff should evacuate clients in line with the evacuation plan *(please state where is it located*) to the following location (*please add the location where the clients will be evacuated to)*
- **Step 7:** Ensure that staff takes all medication for clients and any emergency supplies that may be required
- **Step 8:** **Incident close-down procedure**: The BCP lead ensures that the incident has been logged, conducts a debrief discusses lessons learnt and reviews the BCP if required
- **Step 9:** Communication: Thank the team that has helped, and learning shared with the wider team including individuals who are supported and their families or friends

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Business Development
Business Continuity Planning

Business Continuity Plan Toolkit
for Care Providers

Document Management

- [ ] There is information on the front page detailing version control of the current BCP plan
- [ ] There is details on the front page of when the BCP was last reviewed
- [ ] There is details on the front page of when the BCP was last updated and by whom
- [ ] There is details on the front page of who the document owner is (who is also responsible for any reviews and updates
- [ ] Details contained on the front page detailing date of next review (this should state mandatory reviews and when also)
- [ ] Document testing exercises stating when you will do these and how i.e. fire drills, desktop exercises, scenario practice run's

Storage

- [ ] The document is easily accessible i.e. a location of grab bag is included and factors in confidentiality
- [ ] The plan clearly states where the Master paper copy is stored electronically in a secure location and details access persons/ details
- [ ] The plan clearly states where a hard/ paper copy is stored on site and provides clear access details
- [ ] The plan clearly states where (and how many) the off-site copies are kept (also that laptops are password protected
- [ ] The plan clearly states alternative remote access i.e. secure e-copy file location, iCloud access and named persons

Audience

- [ ] Plan clearly states who it has been written for
- [ ] Plan has been written to be and easy read that can be followed by anyone with no prior knowledge
- [ ] It is usable and understandable
- [ ] There is a master version containing all required information
- [ ] There is a data sensitive version that signposts to confidential information

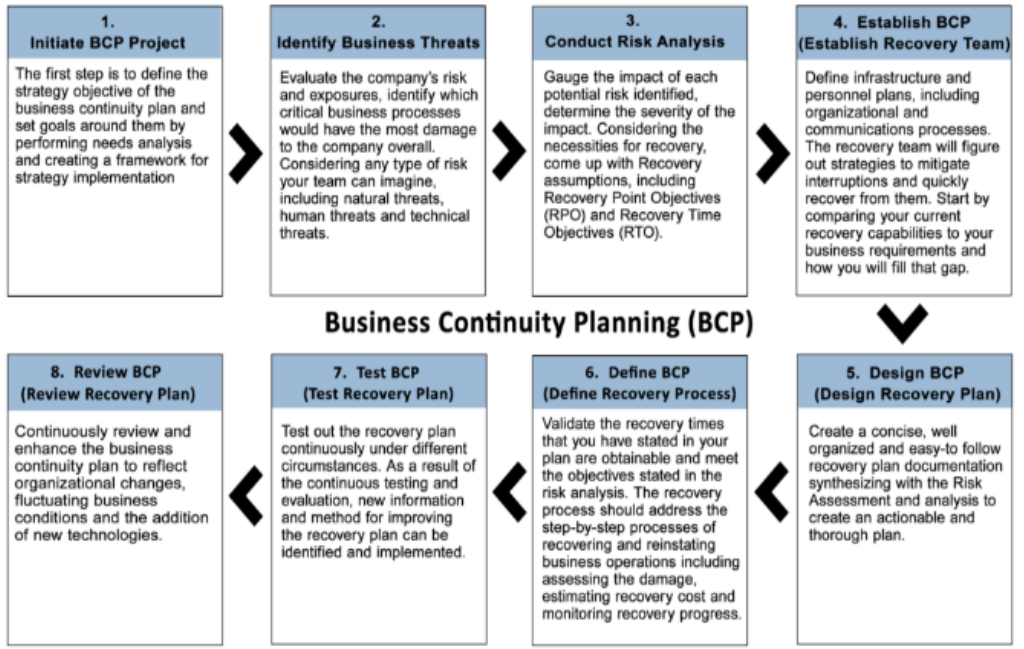
Awareness

- [ ] Plan clearly explains how staff are made aware of the BCP and details frequency in raising awareness and familiarity with it
- [ ] Details of when and how it is shared with staff has been documented within the plan

Additional Guidance Notes:

This should be reviewed annually and as and when as a minimum practice.

Leadership Overview of BCP Activity



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hcpa Care Professional Academy
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Workforce Resilience and Staff Mental Wellbeing Support

Winter can create a combination of pressures for adult social care staff:

- Higher workload and demand
- Staff sickness and absence
- Short staffing
- Fatigue and burnout
- Emotional strain
- Financial pressures
- Travel disruption and severe weather
- Christmas and New Year pressures
- Reduced opportunities to recover

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What workforce resilience should look like

Plan

- Identify anticipated winter staffing gaps early
- Review sickness and absence patterns from previous winters
- Build contingency capacity into rotas
- Identify staff who could work flexibly across teams or locations
- Plan Christmas and New Year cover early
- Have clear escalation thresholds for unsafe staffing
- Test staffing-loss scenarios through the Business Continuity Plan

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Protect

- Make sure staff can take appropriate breaks
- Monitor excessive overtime and consecutive shifts
- Encourage staff to report when workloads are becoming unmanageable
- Hold regular wellbeing check-ins and supervision
- Make psychological safety part of team conversations, rather than waiting for people to become unwell
- Ensure managers know how to respond where someone's mental health is deteriorating

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Support

- Make mental health and wellbeing resources easy to access
- Provide practical support around financial wellbeing and travel where possible
- Signpost staff to occupational health or employee assistance provision
- Offer reflective supervision following particularly difficult incidents
- Make reasonable adjustments where appropriate rather than relying solely on sickness absence

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Recognise

- Thank staff for additional effort during pressure periods
- Make recognition visible and regular
- Celebrate teams managing difficult periods safely, not just individuals working additional hours
- Avoid creating a culture where working while exhausted is treated as commitment

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NEXT STEPS

Peter Bullen – Provider Support, HCPA

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YOUR NEXT STEPS

Catch up with Winter Webinar 1 and those resources we talked about

- Download the Checklist and work through it
- Download the action plan and consider challenges
- Review your BCP
- Remind team of letter of entitlement for staff flu jab
- Consider staff well-being and access to support

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Newsletters

Stay up to date with sector news!

Ensure you and your leadership team are signed up to receive HCPA's newsletters.

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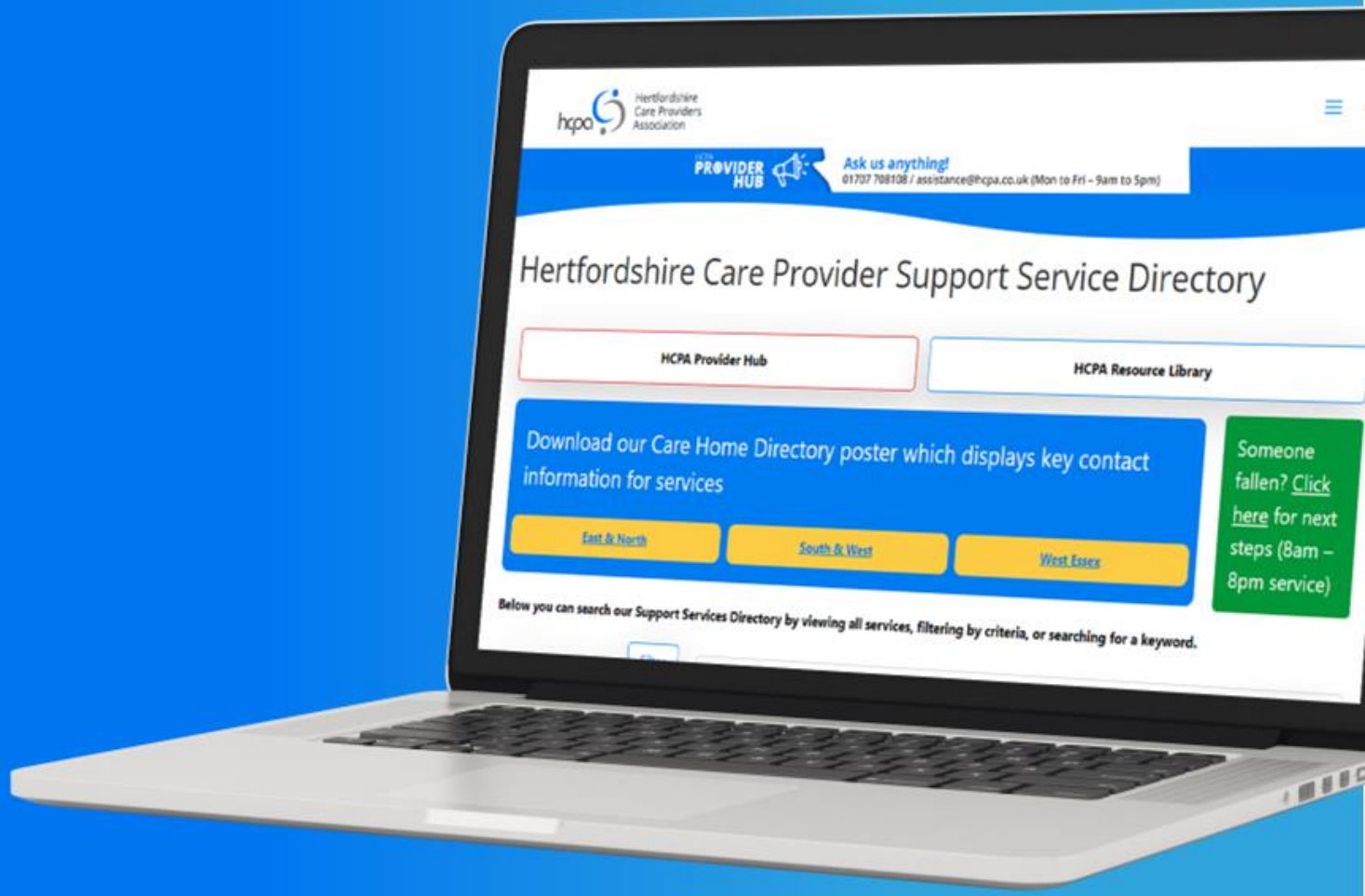


Support Service Directory

All the contacts you need, in one place

Up to date contact details for all the Hertfordshire support services you need

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- Govt guidance, laws, standards and expectation
- Covid: PPE, vaccinations and infection control
- Liaison with Hertfordshire County Council
- Funding, contracting and commissioning
- Staff wellbeing and recognition
- HR, Staffing and recruitment
- Training and education
- Business continuity
- Data protection
- Monitoring
- Equipment
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