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Agenda Item: 11

Integration Joint Board

Date of Meeting: 15 December 2021.

Subject: Remobilisation Plan, including Winter Planning.

1. Summary

1.1. A commissioning pack was received from Scottish Government on 20 July 2021 which outlined the required elements of Remobilisation Plan (RMP) 4 and the submission deadline for draft plans of 30 September 2021. The commissioning letter set out the intention that RMP4 act as both a progress report on delivery of RMP3 and a further update to the priorities and delivery plans for the remainder of the financial year with a particular focus on planning for the winter period.

1.2. Following completion of a wide ranging engagement exercise, a draft Plan was developed in line with the commissioning guidance and submitted to Scottish Government on 30 September 2021. Their confirmation of acceptance of the Plan was received on 19 November 2021. The draft Plan is presented herewith for review and consideration by the Integration Joint Board. It was considered and approved by the Board of NHS Orkney at its In-Committee session on 28 October 2021.

2. Purpose

2.1. To present the Remobilisation Plan 4 for consideration.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Review the Remobilisation Plan, attached as Annex 1 to this report.

3.2. Note the planning assumptions which have shaped Remobilisation Plan 4.

3.3. Scrutinise the update on delivery provided.

It is recommended:

3.4. That the Winter Plan, contained within Annex 1 to this report, be approved.

4. Background

4.1. At the time of assessing and signing off RMP 3 for 2021/22, Scottish Government articulated that a formal opportunity to take stock of developments in our operating context halfway through the year would be taken given the level of uncertainty around the trajectory of the COVID-19 pandemic.

4.2. On 20 July 2021, NHS Scotland's Chief Operating Officer requested all NHS Boards to prepare a fourth RMP, reflecting on progress to date and setting out delivery expectations over the second part of the year. The RMP4 commission included a Winter Planning Checklist and confirmation that a separate winter plan would not be required.

4.3. In recognition of the fact that the next iteration of the RMP was essentially an update of those signed off in April 2021, a simplified and more template-based approach was adopted by Scottish Government with the expectation that RMP4 documents would be based on key deliverables, supplemented with a minimum level of narrative.

4.3.1. The completed submission for RMP4 was requested to consist of the following elements:

- Introduction and brief narrative - focused on areas where there had been considerable change or development since the commissioning of RMP3 and the areas specified in the Guidance which was provided as part of the commissioning pack.
- Delivery Planning Template/Progress Update - a template capturing key deliverables, indicators, milestones and risks, providing a progress update for April to September 2021 and planned deliverables for October 2021 to March 2022.
- Winter Planning Checklist.
- Centre for Sustainable Delivery (CfSD) Heat Map – developed in partnership with the CfSD and articulating the priority areas for improvement in this planning period.
- Updated Activity and Performance Templates – including projected activity levels and performance trajectories for the next six months.

4.4. On receipt of the commissioning pack, the Head of Assurance and Improvement, the Head of Finance and the HR Manager, NHS Orkney, considered the content as well as feedback received from Whole System Recovery Group colleagues in relation to the processes used to develop previous plan iterations. As a result, they developed a proposed approach for preparing the Plan which was subsequently endorsed by NHS Orkney's Executive Management Team. This approach was shared in draft with the Chairs of the Area Partnership Forum and the Area Clinical Forum and their feedback sought.

4.5. The engagement approach included:

- Meetings held with Heads of Service/Service Managers and their nominated staff with a set agenda:
  - Data and scenario review.
  - Delivery updates.
  - Learning from last 6 months.
  - Productive opportunities.
  - Delivery plans for next 6 months.
  - Finance and workforce implications.
  - Risks and mitigations.
- Heat Map development with the CfSD.
- Completion of activity projection templates by Health Intelligence.
- A Winter Planning Workshop to aid completion of the self-assessment.
- Articulation of deliverables by Services.

4.6. In total 16 planning meetings were held with services from across the health and care system and strong themes emerged relating to sustainability, capacity and capability of the workforce, fragility of service provision and risk from concurrency of pressures. Engagement and participation in the planning process was very positive although capacity pressures meant that adherence to timelines for submissions was challenging for many. There was a high level of honesty and openness and the discussions built a strong footing on which development of the three year workforce, operational and financial plans can be built. Feedback on the planning process is being sought from those involved and will be used to shape future planning actions.

4.7. Following completion of the engagement exercise, a draft Plan was developed in line with the commissioning guidance and submitted to Scottish Government on 30 September 2021 after sign-off by NHS Orkney's Executive Management Team. In recognition of the ongoing system pressures, a straightforward and proportionate process of assessment and signoff was followed, with Plan review meetings with NHS Boards being held by exception only.

4.8. The Minister-led NHS Board Annual Review process, which is scheduled to run through the Autumn and Winter, will provide an opportunity for discussion of plans during the forward-looking element of the Review and any elements requiring further discussion will be picked up by Policy Leads as part of their routine engagement with NHS Board contacts. The assessment process was concluded last week and sign off letters issued to NHS Board Chief Executives.

4.9. Looking ahead the format of the plan and deliverables template lends itself well to regular monitoring and review and plans are in place to ensure this is taken forward and reported bi-monthly to NHS Orkney's Executive Management Team by the Head of Assurance and Improvement. Engagement in the national Planning Leads forum will also continue to ensure the Board of NHS Orkney is actively involved in shaping the next planning ask given the intended shift in focus to a three

year planning horizon for the next set of Delivery Plans, which is expected to be due for submission in the summer of 2022. Quarterly updates will be requested in the new year and again at the start of financial year 2022/23 to keep Scottish Government updated on progress.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2021 to 2023 visions are supported in this report adding Yes or No to the relevant area(s):

Resilience: To support and promote our strong communities.	Yes.
Enterprise: To tackle crosscutting issues such as digital connectivity, transport, housing and fuel poverty.	No.
Equality: To encourage services to provide equal opportunities for everyone.	Yes.
Fairness: To make sure socio-economic and social factors are balanced.	Yes.
Innovation: To overcome issues more effectively through partnership working.	Yes
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	Yes.
Sustainability: To make sure economic and environmental factors are balanced.	Yes.

6. Resource implications and identified source of funding

6.1. The financial position is detailed in Section 8 of the RMP4 document, attached as Appendix 1 to this report.

7. Risk and Equality assessment

7.1. There are no immediate risk or equality issues arising from this report.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	Yes.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Authors

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12. Supporting document

12.1. Annex 1: Remobilisation Plan 4.

Re-mobilisation Plan 4

September 2021-March 2022

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

Version	Date	Person Making Changes	Summary of Changes
0.1	14/09/2021	C Bichan	Working draft
0.2	30/09/2021	C Bichan	Correction of spelling and grammatical errors
1.0	23/11/2021	C Bichan	Draft watermark removed following approval

Contents

1 Introduction

The COVID-19 pandemic has resulted in unprecedented impact on population health and wellbeing, and the way in which services are delivered at a time of crisis. NHS Orkney's Re-mobilisation Plan sits within the context of the national, overarching document "***Re-mobilise, Recover, Re-design: The Framework for the NHS Scotland***" [1] for dealing with the immediate and long-term impact of COVID-19 and our ambition is to use this crisis as an opportunity to improve how we are delivering services.

This Plan builds upon Re-mobilisation Plan 3 and is a living document which will be adapted and modified in the weeks and months to come as we seek to provide healthcare services during a time of significant complexity and uncertainty. As we further refine and deliver our Re-mobilisation Plan NHS Orkney is working in collaboration with local, regional and national partners to maximise the significant opportunity presented to capitalise on an increased appetite for change, innovation, new models of delivery and to transform our approach to improving health and wellbeing within Orkney. This plan in its current draft format has not been formally agreed by NHS Orkney however the plan will be presented to the Board and the Integration Joint Board at their next meetings. Formal approval of the Plan by the Board of NHS Orkney will be sought following engagement with Scottish Government Health and Social Care Directorate on any further development required.

2 Aims & Objectives

The aims of NHS Orkney's Re-mobilisation Plan 4 are:

(a) to reduce morbidity and mortality from COVID-19 and non-COVID-19 ill health;
(b) to ensure the delivery of essential services equitably to meet the general health needs of the population whilst at the same time minimizing the risk of virus transmission.
(c) to ensure that the Board is compliant in meeting the requirements of Scottish Government in responding to and recovering from the COVID-19 pandemic;

This plan builds on Re-mobilisation Plan 3 and is set within the context of the strategic priorities of NHS Orkney which are:

- COVID-9
- Culture
- Quality & Safety
- Systems & Governance
- Sustainability

These priorities are further defined in NHS Orkney's Plan on a Page.

[1] Scottish Government, 31 May 2020. "Re-mobilise, Recover, Re-design: the framework for NHS Scotland"
Available at: https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/

NHS Orkney 2021 Plan on a Page

Chief Executive's Intent. The NHS in Orkney has experienced unprecedented demands through 2020 and these events have created a unique set of circumstance and taken its toll on all those involved. It is essential that as we move into 2021 and respond to a new year, we focus our efforts on a smaller set of priority areas. This plan on a page aims to articulate these, the reasons for these and the supportive actions under each priority.

Action Plan. Each priority is to be underpinned by a set of actions at an organisational level and NHS Orkney is supportive of these priorities being taken and translated to local actions.

3 Assumptions

This plan has been prepared in line with the following planning assumptions:

General Principles

- Person Centred Care is a strategic priority for the Scottish Government and for the NHS in Scotland. Healthcare in Scotland will be planned and delivered in a way that is right for each patient, individualised and taking into account community wishes and preferences.
- This person-centred approach will include improving our understanding of the health inequalities which have been brought into such sharp focus during the pandemic, and developing solutions to tackle these systemic issues. To do this, we will not only look within our own processes and assumptions, but also work with wider partners, including through the new Care Programmes, to identify and address the underlying causes of health inequality.
- As we continue to live with COVID-19 and to ensure the safety of patients, staff and visitors, effective Infection Prevention and Control will underpin all of our actions and interactions, and will be a key consideration in capacity planning;
- Workforce and recruitment assumptions will be kept under review to reflect new Business as Usual pathways or service redesign programmes;
- Supporting the recovery and ongoing wellbeing of our workforce will be key to service sustainability.

Living with Covid

- The continuing impact of the virus on the health and care system means that patient facing Boards will have to balance responding to Covid-related demand with the provision of non Covid-related services throughout the remainder of 2021/22 and beyond;
- The ability to respond effectively to this situation, as well as to seasonal demand, will require that appropriate surge capacity is maintained across the system;
- There will continue to be an enhanced/extended role for Public Health (including in relation to Test and Protect, contact tracing, support for Care Homes/home care, specialist advice/guidance, incident management, data and intelligence);
- Vaccination Programmes will continue to be supported for the remainder of the year;
- There will be a requirement for the continuation of screening and testing in line with national policy.

Delivering Non Covid Services

- The range and capacity for the delivery of non-Covid services will be impacted by the varying requirements of living with Covid, as well as other seasonal demands, with

decisions guided by Clinical Prioritisation and the need to ensure the safety of patients and staff;
- The process of moving out of the current emergency footing and towards 'Business as Usual' will build on the new ways of working that have been developed;
- The delivery models for urgent and emergency care services will take account of the ongoing implementation of the Redesign of Urgent Care programme and the subsequent learning from that programme;
- We will continue to embed and extend the role for digital health and care;
- The optimisation of self-care and of the role of primary care/community-based services will be key elements of the new 'Business as Usual' models and pathways;
- Along with delivery partners we will be cognisant of the recommendations and forthcoming consultation related to the Independent Review of Adult Social Care, published on 3 February 2021, as they develop plans.
- We will make the best use of data/evidence to drive planning and decision-making;
- We will fully exploit the opportunities offered by mutual aid; joint working; regional approaches and the support of National Boards.

4 Governance

NHS Orkney stood down its gold, silver, bronze command structure in May 2020 resuming its business as usual governance and management structures supported by additional sub groups reporting into the senior management team for the management of the Board's response to the pandemic and the re-mobilisation of services. This includes a multi agency Whole System Recovery group which was established to progress the development and implementation of this Re-mobilisation Plan ensuring the preparation of services for moving forward out of the acute phase of the COVID-19 pandemic and a focus on recovery and renewal to ensure the health needs of the population can be met whilst our ability to respond to COVID-19 is maintained. Group membership includes representation from across clinical and non clinical service areas as well as the Employee Director and Chair of the Area Clinical Forum.

Meetings of the Board and its supporting Governance committees continue to be held virtually to minimise the need for travel and maintain social distancing whilst allowing the organisation to effectively discharge its governance responsibilities. Members of the Local Press and the Public are able to join the public meeting of the Board remotely via MS Teams and Board papers are available on the NHS Orkney Website. Work to embed changes following the introduction of Associate Medical Director positions for both Community and Acute Services, to enhance medical leadership across the system, as well as the establishment of a standalone Director of Acute Services position continues. Work also continues to progress the recommendations identified through the Digital Health and Care Institute Listening Exercise, with an action plan being implemented to deliver change throughout the organisation, whilst acknowledging the challenges that the continuing gaps in leadership present.

The Board has supported the focus of efforts on a smaller set of priority areas, in light of the unprecedented demands and unique set of circumstances that the pandemic has brought and the need to focus resources and efforts in these areas. The Board have approved the NHS Orkney 2021 Plan on a Page which articulate these areas, the reasons for them and the supportive actions under each priority.

As NHS Orkney navigates the next phase of its response to the pandemic, work has recommenced on the Clinical Strategy. Whilst Covid-19 has presented unique challenges, it has also provided opportunities that must be considered when thinking about the future of our services and at the heart of this is the community of Orkney. Work to develop the Clinical Strategy is being progressed in three parallel strands including consultation with Staff, Public

Engagement and building on engagement undertaken in the first round of consultation. Engagement with the public will include the emerging drivers for change and focus areas, recognising the importance of our community in shaping how we work moving forward.

Governance arrangements have been reviewed regularly throughout the pandemic to ensure they remain fit for purpose and support effective decision making, whilst continuing to recognise and appreciate the additional strain on staff and resources; this balanced and pragmatic approach will continue throughout the coming year.

As with other Boards in Scotland NHS Orkney has put in place the necessary structures and processes to facilitate operation of the National Whistleblowing Standards and is continuing work to progress implementation.

NHS Orkney is supportive of the Scottish Government initiative to introduce active governance and have incorporated changes based on the early work on the project. We are well placed to move forward as soon as this new approach is confirmed and have a session scheduled with the Board in November to consider and start this work in more detail.

5 Orkney Context

Pandemic Response

As of 20th September 2021, NHS Orkney has had 295 positive cases of COVID-19 and 8 COVID-19 related deaths. The cumulative number of Orkney people tested for COVID-19 is 7,206. 93% of the adult Orkney population have received the first vaccine dose and 89.6% the second.

Inpatient admissions for COVID-19 remain small in number however have been at a higher level over the last 2 months than at any other time in the pandemic. The cumulative number of confirmed COVID-19 inpatients that have been discharged is 20. There has been increased demand on health protection from COVID-19 port health incidents in recent months however this should reduce from October with the end of the cruise ship season.

Since the start of the pandemic and through the delivery of our COVID-19 mobilisation plan and subsequent remobilisation plans we have had made significant changes to achieve the level of transformation required to ensure we can respond to COVID-19 as well as the general health needs of our population. This has meant reconfiguring services and our workforce to establish and support new ways of working as well as working across agency boundaries to play our part in keeping Orkney safe.

The continuing impact of the virus means that balancing the COVID-19 response with the provision of non Covid related services remains a priority and has shaped service planning for the remainder of the financial year.

Winter Planning

In developing our plans for this winter we have considered our experience of previous years and the learning we have around the interventions that have been successfully used to manage peaks in demand. In aiming to achieve continuity of services, we have sought the co-operation of all of our NHS Board staff, working within primary care, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition, social care partners, the ambulance service and NHS 24 have all contributed to this work ensuring our preparedness for what is likely be a challenging winter as we face increased pressure from COVID-19, the adverse effects of the pandemic on health and wellbeing, winter respiratory ill health and adverse weather as well as the general fragility of remote and rural service

provision. Within Orkney we are already seeing higher levels of admissions and attendances at our Emergency Department and increased staffing shortages due to isolation requirements. This is a significant risk in our very small teams where there are often single handed practitioners.

Winter projections have been used to inform our planning process and the completed winter planning checklist is provided at Appendix 3. Due to the predicted demand on services there are activities planned to enhance our preparedness and resilience over the winter period in direct response to the challenges faced.

The high levels of fuel poverty in Orkney and any rising cost of living may exacerbate ill health over the winter and the Board will work with partners on income maximisation.

Within the Balfour we will retain surge capacity for COVID-19 patients accepting the impact this has on the shape and capacity of our overall capacity for both inpatient and outpatient services. Across our health care system we will retain the ability to stream COVID-19 and non COVID pathways in line with guidance. Care closer to home and alternatives to admission will be facilitated through the piloting of a Hospital at Home service over the winter period which will be supported by the continuation of the Home First service piloted last year which is enabling timely discharge as well as additional social care and intermediate care capacity.

Care and Wellbeing Programmes

The Centre for Sustainable Delivery (CfSD) heatmap for NHS Orkney is provided in Appendix 2 and referenced within a number of deliverables. Given the small scale of the Board and the limited capacity within services prioritisation of improvement activities has taken place with some programmes being put on hold until 22/23 and others where there is very limited productive opportunity being deferred indefinitely. The Board will remain actively in dialogue with CfSD to ensure this is revisited and updated regularly.

We will also continue to work collaboratively across the North to further implement the Redesign of Urgent Care and through our local Unscheduled Care Delivery Group we will continue to strengthen our position in regards to the 6 Essential Actions for Unscheduled Care. Our pilot work in relation to Hospital at Home will strengthen links between primary, secondary and community care aligning with the principles of interface care, which we will further develop following evaluation as part of a wider “hospital without walls” concept that is being explored.

During the next 6 months we will also commence a more joined up approach to Realistic Medicine through collaboration with NHS Grampian which will see our local efforts bolstered through additional project manager support, alignment of our programme Boards structures and collaboration across our improvement plans to focus on cross boundary flows and providing care closer to home.

We will also continue to engage with partners through the work of the North of Scotland Innovation Steering Group.

NHS Recovery Plan and Transforming Pathways

During the first half of the year NHS Orkney has supported delivery of the NHS Recovery plan through a range of activities, remobilising all service areas within the constraints of the ongoing COVID-19 pandemic. Of particular note is the scale up of NearMe where the Board demonstrated at pace implementation of NearMe across services with excellent uptake rates and business as usual utilisation levels. This continues to be one of the very positive things

to come out of the pandemic with most service areas now embedding NearMe into some element of their practice. The Board also delivered, through its Primary Care team, a very successful COVID vaccination programme and will continue to support this work through further COVID vaccination roll out or booster programmes as required. Flu vaccinations are also being delivered by Primary Care to all patients bar the population of one GP Practice, where a practice delivered model is being used.

The COVID swabbing service continues to also be operationally delivered under the Primary Care umbrella, operating 5 days per week with on call cover at weekends, with the majority of swabs being tested at the Lighthouse Laboratory in Glasgow. Currently turn around for results is 48-72 hours. There is local capacity to carry out a limited amount of testing at our in house laboratory which is prioritised for situations where a timely turnaround is advantageous, this is informed by a risk assessment process to ensure access is given to critical services. Currently we are planning to continue to deliver COVID swabbing until the end of March 2022 and have extended fixed term contracts to reflect this. As well as carrying out COVID-19 swabs for suspected COVID-19 patients the Swabbing team are participating in a pilot as part of the Health Care Support Worker national vaccination training programme. The staff members enthusiasm and enjoyment of providing patient care has proven to be a huge success with 4 of the Team now recruited to permanent health care support worker roles for the vaccination programme.

Delivery of the Primary Care Improvement Plan is also continuing although there are concerns around our ability to deliver fully within the current financial envelope. An updated Memorandum of Understanding was issued to the Board on behalf of the Scottish Government and BMA. This sets out updated timelines and priorities for the contract. Locally we have moved towards achieving these targets with additional pharmacy technicians, vaccination removal from the majority of GP Practices and a test of change around the Community treatment rooms recently being commissioned by the IJB. Additionally, the IJB have commissioned further expansion of our Community Link Workers.

Within GP services, practices continue to struggle with workload and there is ongoing dialogue to identify areas where support can be provided, with a recent example being the agreement to pay practices the extended hours enhanced service without all criteria as laid out within the specification being fulfilled. This has been noted as a significant help and has given some recognition for the additional workload being covered.

In line with other areas of the country we are experiencing difficulties with increased positive COVID cases and the problems associated with staff needing to self isolate, additionally retention of contact tracers due to the temporary nature of contracts is also becoming a major issue with staff leaving for permanent posts. We endeavour to prioritise our GP colleagues and have their tests carried out locally to ensure a quicker result. Across the islands and Board administered practice significant issues have been encountered when staff have required sick leave and finding locum cover has proven to be impossible. We have had to enact our business continuity plans and change models of care at times and much has been learnt from this to support our future resilience and contingency as well as winter planning. Similarly, our GP Out of Hours Services continue to provide resilience to the local SAS team who are unable to have 2 ambulances on duty. This has impacted on the OOH team workload as evidenced by a recent audit and there are ongoing Executive level discussions between the islands Boards and SAS regarding this matter. Custody Care also continues to impact on the GP OOH service and additional funding has been identified to support the clinical Custody Care decision making processes.

In Ophthalmic services we have continued to work with our peripatetic provider and have supported their remobilisation by identifying suitable accommodation for their monthly visits to the islands. Unfortunately, this provider has not deemed any of the accommodation suitable due to the costs of renting accommodation. We have supported the provider and

have encouraged them to have an increased presence on island given the local level of demand for this service however this has not yet been successful and therefore access remains limited to one local service provider. Our local provider has employed additional staff and dialogue about their capacity to provide the required level of service for patient demographics and the backlog of demand will continue in coming months as we seek to remobilise local provision further.

Specialist Nursing

In Specialist Nursing during the first half of the year a Parkinson's Nurse Specialist position was successfully recruited to, to increase our capacity and ability to support patient care in this area. Funding for a Phase 2 project aligned to the delivery of the Neurological Services Framework was also successfully secured and this project will continue throughout the year to enable significant improvements in the level of information and support that is available for this patient group. Looking ahead, it is recognised that the prevalence of diabetes has increased locally and our current model of provision and level of capacity is no longer meeting demand. Securing additional capacity within this service area is therefore a priority for the second half of the year.

Management of cancer pathways has remained a priority throughout the year and access to diagnostics has remained timely throughout. Pro-active and collaborative working with NHS Grampian across patient pathways has enabled timely access to treatment in the majority and minimised breaches of the 62 day standard. This work will continue throughout the remainder of the year and will be built on by the addition of a single point of contact role should a recent bid to the national funding stream be successful.

Within diagnostic services we have addressed the imaging backlog and are now taking steps to increase capacity and access to diagnostic imaging with the addition of portable x-ray to provide care closer to home in the islands, on island cardiac CT and MSK ultrasound and peripatetic ultrasound services.

Mental Health & Wellbeing

All mental health services continue to deliver both national and local mental health strategic priorities. All sub-specialties have experienced similar pressure points with increasing levels of demand, increased clinical acuity across caseloads coupled with the inability to deliver therapeutic group work. Demand continues to rise as the snapshot below demonstrates:

The figures below refer to referrals for the period 1st April -31st August 2020 and the same time period this year for comparison and show a significant increase for 2021.

2020- Urgent referrals – 41 Routine referrals – 293

2021 – Urgent referrals -63 Routine Referrals – 367

Addressing this growing need will be wholly reliant on additional funding to support increased capacity in this area as without this there will be continued growth of waiting lists with routine referrals being resubmitted as urgent as time wears on. One positive new service is that a Distress Brief Intervention (DBI) test of change project will be introduced during the second half of 21/22. This service is partly funded by DBI central resources and partly approved by the IJB to enable a test of change with DBI being delivered jointly by Penumbra and the local Blide Trust.

Evidence shows that people with dementia have experienced significant and disproportionate detriment beyond that of many other groups of people during the COVID-19 pandemic. The decision to prioritise the initial two commitments links to all of the other commitments within the Orkney Dementia Strategy as well as aligning to commitments in the Dementia COVID National Action Recovery Plan. The initial commitments for 2021-2022 are therefore to:

1) Work collaboratively to increase awareness of the benefit of early diagnosis and to improve the rates and experiences for people throughout the assessment and diagnostic process.
2) To work towards the provision of person centred, open ended post diagnostic support.

Key themes for recovery continue to be focussed on the expansion of digital solutions and service recovery. Mental health services will continue to ensure that services are accessible and inclusive; services will continue to use Near Me and Telephone for regular patient contact with face to face being reserved for situations where remote access is counterproductive to patient wellbeing.

A further strand is that of strengthening the senior structure with the appointment of key personnel to Service Manager for the overall service and Consultant Psychiatrist for adult services. These appointments will be taken forward during the autumn of 2021.

Recovery and Renewal Fund: With regard to the CAMHS improvement funding a multidisciplinary approach has been taken with a core group comprising of representatives from the CAMHS clinical team- Psychiatrist, Psychologist and Practitioners. There are also representatives from AHP services, children's services in both health and social work and the third sector. This core group meets regularly to develop plans. An early task for the group was to engage with current and previous users and families with a questionnaire to seek views and opinions. That feedback has been analysed and broadly the ask is for quicker responses with an increased frequency of treatment sessions. The group has also undertaken a self -assessment of our local position with regard to the CAMHS standard specification and have identified some significant gaps which increased staffing will undoubtedly improve. Some early advertisement of key posts has been undertaken with the remainder of the identified posts being considered for approval by the IJB in October. In addition to identifying additional clinical posts, third sector colleagues have also prepared proposals for consideration which would be helpful in reaching those children not yet requiring 3rd or 4th tier treatment.

Due to significant increases in referrals in numbers and complexity we have also written to families to acknowledge that currently, waiting times and frequency of appointments are not optimal or that which we would aspire to.

As posts are approved and recruited to the estimated spend for 21/22 would be as follows:

December 2021: £35,000 March 2022: £ 450,000

This estimate is contingent on our ability to recruit to new permanent posts recognising the wealth of available posts across Scotland. Due to recent data issues we have only just begun reporting on CAMHS data recently after a lengthy period of data cleansing; performance trajectories for CAMHS are therefore not available at this time but will follow.

Our ability to deliver on trajectories will also be contingent on successful recruitment to key posts as previously described.

Mental Heath & Wellbeing of Staff

We continue to build on the positive wellbeing initiatives that were instigated during the pandemic. A draft Terms of Reference for a Wellbeing Group has been prepared and agreed by the Executive Management Team. Executive Directors are highlighting a Champion from each area and is hoped that the first meeting of the revised group will meet in Autumn 2021. We are continually looking at ways to support and encourage our staff, whether these be local or National campaigns. Resurrection of the Staff Wellbeing Group will provide better insight for the whole organisation as to what is required and what can be achieved.

A newsletter is emailed to all staff every Friday with an introduction from The Chief Executive or the Board Chair which flags any issues or new developments. The newsletter has a standalone 'wellbeing' section, helping to signpost resources and promote self-care. Training courses and other opportunities for staff to become involved are highlighted. It is also a space to remind staff of key messages relating to Health and Safety etc.

Music played by staff at lunchtime within the Balfour continues and staff and visitors have noted the friendly atmosphere it creates. Lockdown quizzes will be resuming over the winter months and are open to all and provide great entertainment. Winter can be a bleak period for people for many reasons and this is intended to bring some light relief on an otherwise quiet evening.

The Psychological Resilience Hub is managed by NHS Grampian and will be ongoing and accessible to staff over the coming months. Although it has not been overly utilised staff are now feeling the impact of the past 18 months and there is potential for its usage to increase.

During the COVID-19 response phase, supportive conversations were held with managers by the staff development team, the aim was to support managers resilience during the crisis, and one of the areas that managers described as having difficulty was around conversations that may be of a sensitive or emotive nature. To support staff and managers and to continue with embedding a coaching culture, training including Managing Teams Remotely, and Good Conversations training is being offered.

It is recognised that Leadership is an important aspect to staff experience and is often seen as something that is part of the more senior cohorts of staff roles. During the response phase of the crisis, leadership and management became open and free flowing, both up and down the chain of command. To continue to build on this culture and improve staff job satisfaction, succession planning and the 'can-do' style that shone during the crisis, a leadership and management framework, developed based on staff experience is being developed and will be delivered by January 2022.

Improved access for staff to the Occupational Health and Chaplaincy services has been progressed to offer support and alleviate concerns in a timely manner. If staff have musculoskeletal issues they are referred to our very responsive staff physiotherapy self-referral service. Occupational Health supports managers and staff with phased returns and appropriate reasonable adjustments and can sign-post to a sports massage therapist, and other therapists, if appropriate. For any psychological concerns staff are either referred to Psychology through the local Community Mental Health Team or Occupational Health to NHS Grampian. A process map has been developed for this and there are various counselling options available.

Digital

Throughout the pandemic we have accelerated a number of areas of work to improve access to digital technology for the benefit of patients and staff. This has manifested itself in the delivery of:

- Microsoft Teams and O365 email roll out to all staff.
- NearMe in all healthcare services and within Care Homes.
- Modernising the underlying infrastructure components to underpin the growing requirements for remote working.
- Installation of new Service desk and remote support applications to support the organisation locally and remotely whilst eliminating paper from the account creation process.
- Working closely with NSS on Cybersecurity and shaping the procurement of SWAN V2.
- Implementation of a service Enterprise Resource Planning tool and Knowledge Base system to support the organisation with initial rollout within IT and Estates.
- Completion of the Windows 10 rollout to all GP practices with the final one currently underway.
- Migration of poorer connected GP practices to 4G, improving access to remote working opportunities as a stop gap for main topology changes.
- Standardisation of VPN connections.
- Training and development of staff.

Looking ahead, NHS Orkney is committed to the implementation of the refreshed Digital Health and Care Strategy once published and on further embedding its whole system approach to Technology Enabled Care through the recently established Programme Board. The following priorities for the Programme Board have been defined in its workplan:

- Establishing an Electronic Patient Records Management System
- Island and GP Connectivity Enhancements
- Remote Working
- Cybersecurity Enhancements

6 Progress Update

We continue to progress in line with many of the operational assumptions outlined in RMP3:

- We will minimise the movement we ask of patients both within Orkney and our Isles and between other Board areas (reducing risk to them and to the wider public) although accepting that not all services are available on island and existing pathways for urgent and essential care will remain in place with partner Boards;
- We will schedule whatever elements of care and treatment we are able to, prioritised based on clinical need and will use digital and other technologies to do so;
- The benefit of any face-to-face contact must outweigh the risk. If it does not, we will work to find alternative ways to meet the need if this is clinically required;
- Our system will remain physically-distanced and this may reduce capacity by up to 40% in some service areas;
- A separate bed-base must be maintained for COVID-19 patients supported by segregation red, green and amber flows within the Balfour;
- The need to maintain a de minimus staff level to support COVID-19 and non COVID-19 segregation and the inability to easily draw in further resources given our geographical location will be recognised as important factors in determining our level of response;
- When appropriate and the threat posed by COVID-19 decreases, we will be flexible in response.

A progress update for key deliverables highlighted in RMP3 along with the priorities for the next 6 months is provided in Appendix 1.

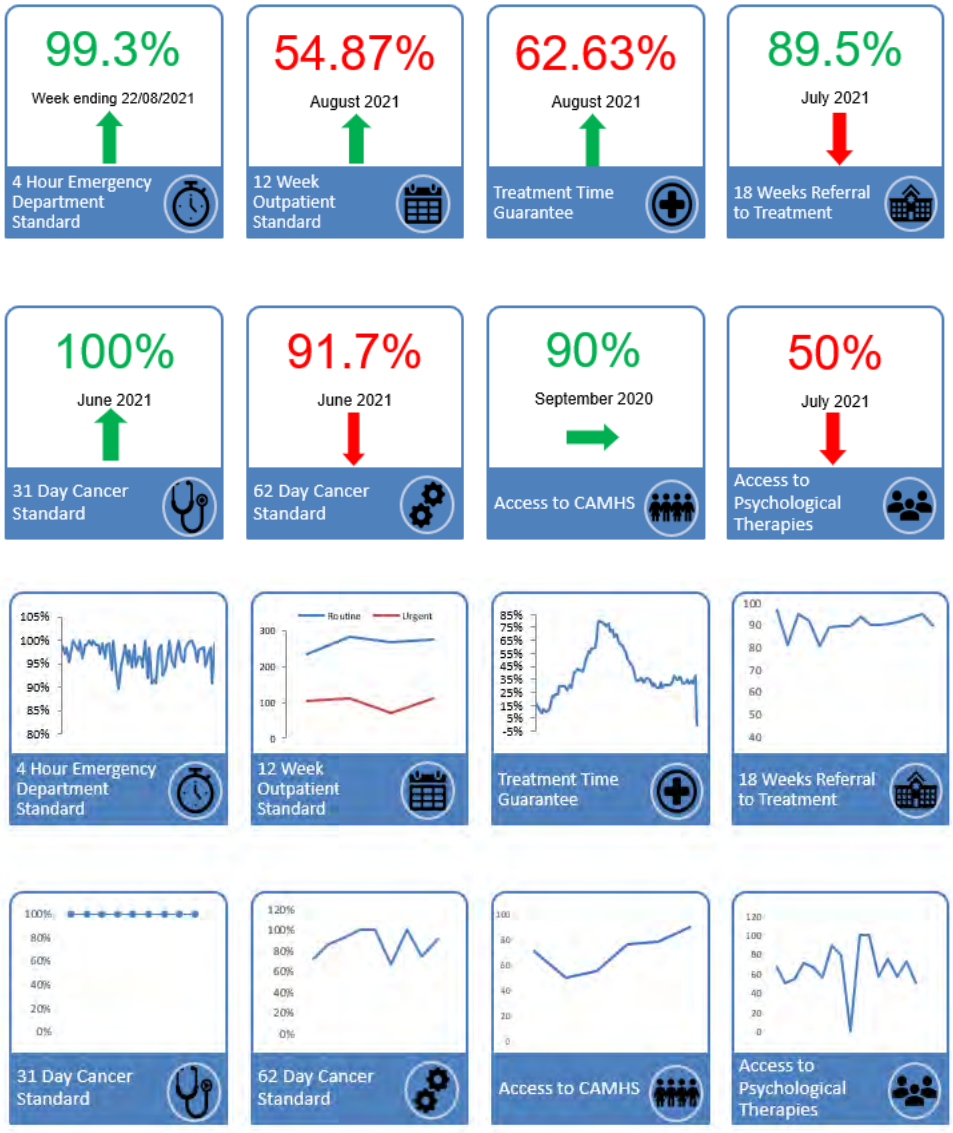
Looking ahead, this plan has been developed by operational, workforce and financial planning leads along with those delivering services ensuring a joined up and collaborative approach. Deliverables highlighted for the period October to March 2022 are caveated upon there being no significant change in the impact of living with Covid, and seasonal pressures being of a level commensurate with that previously experienced in Orkney.

7 Activity & Performance

Updated activity levels and performance trajectories are provided in the accompanying activity and projection templates. These are predicated on continuation of existing levels of service activity both locally and via visiting arrangements provided by partner Boards.

Performance against LDP standards as of 1st September 2021 is provided in Figure 1.

Figure 1: Performance Summary – NHS Orkney, September 2021.



8 Finance

The revenue position for the 5 months to 31 August 2021 reflects an overspend of £2.183m. We are assuming full funding for COVID-19 costs therefore, of the £2.183m overspend, £2.036m relates to unachieved savings, and NHS Orkney's operational performance at month 5 is £147k overspend. We are currently forecasting an overspend outturn of £5.029m, this is made up of:

Unachieved savings	£4.964m
Operational performance overspend	£0.065m

Following recent conversations with Scottish Government colleagues we now anticipate full funding for Covid 19 costs and the position has been adjusted accordingly.

We continue to review spend patterns and we will refine plans to ensure updates are reflected.

We anticipate achievement of £1.43m of the £5.5m savings targets identified in the Remobilisation Plans will be met during the remainder of the year. In addition, the IJB has £0.800m of unachieved savings from 2020/21 and an additional £1m has been added for 2021/22 savings target, at the end of August, the Board was anticipating delivery of £0.200m against the IJB savings target however, a decision was taken by the IJB to divert these sums against operational performance.

Capital Programme

The formula-based resources for 2021/22 accounts for £0.978m. The Board received notification of the same in its June 2021 allocation letter.

The Board proposes a capital to revenue transfer of £250k.

It is anticipated that the Board will deliver against its Capital Resource Limit.

Revenue Resource Limit (RRL)

Our baseline recurring core revenue resource limit (RRL) for the year is confirmed at £55.504m.

Summary Position

At the end of August, NHS Orkney reports an in-year overspend of £2.183m against the Revenue Resource Limit. Table 1 provides a summary of the position across the constituent parts of the system. An overspend of £210k is attributable to Health Board operational performance budgets, with an underspend of £63k attributable to the health budgets delegated to the Integrated Joint Board. There are unachieved savings of £2.036m to date.

Previous Month Variance M04		Annual Budget	Budget YTD	Spend YTD	Variance YTD	Variance YTD	Forecast Year end Variance
£000	**Core RRL**	£000	£000	£000	£000	%	£000
(195)	Hospital Services	12,473	5,276	5,448	(172)	(3.27)	(369)
(93)	Pharmacy & Drug costs	2,896	1,197	1,343	(146)	(12.16)	(343)
20	Orkney Health and Care - IJB	28,725	11,820	11,757	63	0.53	73
(267)	Orkney Health and Care - IJB Savings	(1,800)	(750)	0	(750)	100.00	(1,800)
87	External Commissioning	10,967	4,569	4,616	(46)	(1.02)	108
(305)	Estates and Facilities	7,002	2,912	3,154	(241)	(8.29)	(521)
347	Support Services	7,226	1,977	1,565	412	20.82	787
(242)	Covid-19	5,603	1,745	1,745	(0)	(0.00)	0
(12)	Reserves	1,962	(16)	0	(16)	100.00	200
(1,351)	Savings Targets	(3,164)	(1,286)	0	(1,286)		(3,164)
(2,011)	**Total Core RRL**	**71,889**	**27,445**	**29,628**	**(2,183)**	**(7.95)**	**(5,029)**
	Non Cash Limited						
(0)	Ophthalmic Services NCL	298	122	122	(0)	(0.00)	0
(0)	Dental and Pharmacy NCL - IJB	1,464	776	776	(0)	(0.00)	0
	Non-Core						
0	Annually Managed Expenditure	250	0	0	0		0
(0)	Depreciation	2,418	1,075	1,075	0	0.00	0
(0)	**Total Non-Core**	**2,668**	**1,075**	**1,075**	**0**	**0.00**	**0**
(2,011)	**Total for Board**	**76,319**	**29,419**	**31,601**	**(2,183)**	**(7.42)**	**(5,029)**

Internal Commissioning - IJB

- The Internally Commissioned health budgets report a net overspend of £687k (including £750k unachieved savings and £63k operational underspend), the position is explained by the following:-

    - The service management overspend is partially due to an off island patient placement with increased supported living rate and planned committed expenditure on the council services including; enhanced rapid responder service, modern apprenticeship/double up and home care team and step up step down service.
    - The 2020/21 savings target of £800k remains unachieved.
    - The 2021/22 savings target of £1m has been applied to the IJB budgets, there are currently no savings plans identified against this target
    - Children's Therapy Services and Women's Health are both currently underspending due to vacancies.

- Forecast overspend within Primary Care, there are currently underspends in dental and specialist nurses which is mainly due to vacancies. Locum cover within Primary Care is impacting the year end forecast position.
- Health and Community Care is currently overspent by £31k, this is due to the cost pressure of the locum psychiatrist within Mental Health.
- Pharmacy services underspend is within prescribing unified and invoices are 2 months in arrears. This volatile cost area will continue to be closely monitored along with the accrual assumptions based on payments made 2-months in arrears. Costs in the initial months have been low resulting in an underspend to month 4 of £27k. We are currently forecasting a year end underspend of £68k.

Table 2 below provides a breakdown by area:-

Previous Month Variance M4	Service Element	Annual Budget	Budget YTD	Spend YTD	Variance YTD	Forecast Year end Variance
£000		£000	£000	£000	£000	£000
(285)	Integration Joint Board	4,740	1,824	2,618	(794)	(1,755)
90	Children's Services & Women's Health	2,608	1,083	961	122	217
(35)	Primary Care, Dental & Specialist Nurses	10,998	4,584	4,596	(11)	(32)
(39)	Health & Community Care	4,247	1,774	1,805	(31)	(221)
23	Pharmacy Services	4,332	1,805	1,778	27	65
(247)	**Total IJB**	**26,925**	**11,070**	**11,757**	**(687)**	**(1,727)**

COVID-19 Spend

NHS Orkney has recorded £1.745m spend to date attributable COVID-19, of this £1.418m is attributable to Health Board spend and £0.327m to the HSCP.

The main elements of the Health Board spend to date are:

- Hospital - Additional Bed Model/ Maintaining Surge Capacity
- Vaccine
- Contact Tracing
- Additional Staffing
- Testing
- Loss of income

The significant areas of spend for the IJB commissioned services are:

- The Covid-19 Assessment Centre
- Additional Staffing

Underachievement of Efficiency Savings/ Cost Reductions

The reported underachievement of savings to date are:

- Health Board £1.286m and H&SCP £0.750m

Forecast Position

As outlined above, the Board is forecasting a £5.029m overspend at year end, this is split per below:

Unachieved savings	£4.964m
Operational performance overspend	£0.065m

The position will be monitored as updated information becomes available.

Key Messages / Risks

The assessment of the year-end position will continue to be monitored with particular emphasis on the areas listed above.

Following recent discussions with Scottish Government colleagues we now anticipate full funding for COVID-19 costs and the position has been adjusted accordingly.

Appendices

Appendix 1: Delivery Planning Template/Progress Update
Appendix 2: CfSD Heat Map
Appendix 3: Winter Planning Checklist
Appendix 4: Activity and Projection Templates 1, 2 & 3

NHS Orkney - Delivery Plan Progress Report Apr-Sep 2021 (version 2 13/10/21)

Key for status:

Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

RAG Status **(mandatory)**	**Deliverables (mandatory)** *these can be qualitative or quantitative*	**Lead Delivery Body**	**Risks (mandatory)** *list key risks to delivery and the required controls/mitigating actions*	**Outcomes (optional)** *include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required*	**Strategies, plans & programmes** *repeat for each applicable deliverable/add multiple programmes if required*

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Corporate Services									
Green	Delivery of 90% of the Actions in the Staff Governance Action Plan by March 2022	Improving our Safe Working Environment: Health & Safety	• Create Health & Safety Action Plan • Create KPIs for Health & Safety Reporting • Create Health & Safety Communication plan • Procure and deliver NEBOSH training • Deliver COSHH, Manual Handling and MAPA training	• Action in progress • Action in progress • Action in progress • Training has been procured, coursework started in July 2021 and will run for 1 year. • Action in progress	NHS Orkney	Covid related delays	Teams continue to work from home where possible	Development of a safe and sustainable organisation with a culture where staff feel listened to and valued and able to shape the priorities and actions of the organisation.	Blueprint for good governance.
		Improving our Safe Working Environment: Promoting Attendance & Wellbeing	• Audit of Return to Work process and creation of Action and Development Plan to support any change required • Creation of Wellbeing Champions Group • Review of all psychological/musculoskeletal support available to staff	• New and due to be commenced by Nov 2021 • Action in progress • Action in progress					
		Improving our Safe Working Environment: Knowledge & Skills	• Transfer of learning management and e-learning from Learnpro to Turas • Based on scoped need define and deliver managers training including training on Once for Scotland policies • Create Training Plan • Develop process for auditing, statutory	• Action in progress • Action in progress • Action in progress • Action in progress					

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
			and mandatory training, compliance and revision of Statutory and Mandatory Training Group						
		Workforce Planning & Development	• Create a Workforce Strategy for 2021 and beyond	• New, awaiting NHS Scotland Workforce Strategy which is due Dec 2021.					
			• Create 3 year integrated Workforce Plan	• New					
			• Create Staff Development Strategy	• New					
			• Undertake Workforce Needs Analysis to identify opportunities for apprenticeships	• Action in progress					
			• Create Recruitment Pack to be used for campaigns	• Action in progress					
		Encouraging a Healthy Organisational Culture	• Develop governance framework to support the Safer Staffing legislation	• New					
			• Scope Leadership Development Plan supporting succession planning	• New					
			• Develop Executive Leadership Programme supporting influencing, engaging and communication	• Action in progress					
			• Facilitate iMatter questionnaire and support managers to develop meaningful actions	• Action in progress					
			• Identify Equality and Diversity champions	• Action in progress					
			• Review organisational structure and key roles and responsibilities	• Action in progress					
			• Recruit new Confidential Contacts						
Green	Delivery of Action Plan arising from Digital Health and Care Institute Listening Exercise	Activities span strategy, organisation, governance, improvement, workforce, communication and culture.	Targets set against each activity along with named Executive Lead. Reporting of progress via the Board for governance and oversight.	Delivery ongoing with progress made in a number of areas. Plan on a page to clarify priorities is complete and development of the Clinical Strategy is on target for completion by the end of the year.	NHS Orkney	Timescales for delivery may be impacted by short term gaps in leadership structure as well as capacity	Arrangements in place to ensure all leadership positions are covered in the short term. New Medical Director commences in post in November. All teams have been actively encouraged through	Development of a safe and sustainable organisation with a culture where staff feel listened to and valued, and able to shape the priorities and actions of the organisation.	NHS Recovery Plan

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
						demands from winter pressures and the COVID pandemic.	the wider senior management team to engage in developing activities at an operational level which support in the delivery of the plan ensuring that this is not limited to single areas and has wider organisational buy-in.		
Green	Realistic Medicine	Establishment of joined up approach with NHS Grampian. Development of Project Initiation Document and establishment of shared Project Management resource to support improvement in areas of cross boundary activity with a focus on providing care closer to home. Development and implementation of Realistic Medicine Improvement Plan.	Improvement Plan developed and one operational workstream underway by December 2021. Second workstream underway by March 2022.	Joined up approach agreed with NHS Grampian and shared project management resource secured. PID in first draft.	NHS Orkney	Pace of delivery adversely impacted by additional demands on capacity from winter pressures and COVID pandemic.	Minimise ask on clinical staff by maximising use of project management resource.	Care provided closer to home.	Realistic Medicine
Green	Delivery of Information Governance Improvement Plan	Activities span culture, compliance, governance, systems and processes and workforce responding to the findings of both internal and external audit.	Improvement Plan developed and delivery underway with governance through the Information Governace Committee and Audit & Risk Committee.	Delivery progressing – recruitment to Data Protection Officer and Deputy Data Protection Officer posts has now been completed and both positions will be filled by mid October. This will significantly increase capacity and capability in Information Governance within NHS Orkney. Internal audit underway in September to review progress of delivery.	NHS Orkney	Pace of delivery adversely impacted by additional demands on capacity from winter pressures and COVID pandemic.	Additional staffing investment will significantly increase capacity in this area. This will ensure additional support can be provided across the organisation to maintain compliance and take forward improvement activities.	Good governace in the management of information across NHSO.	Blueprint for good governance.
Red	Implementation of the general principles & duties of the Health & Care (Staffing) (Scotland) Act 2019	1. 12IA - Duty to ensure appropriate staffing 2. 12IB – Duty to ensure appropriate staffing: agency work 3. 12IC - Duty to have real-time staffing assessment in place 4. 12ID - Duty to have risk	1. FY 2022/23 2. FY 2022/23 3. End of Q4	1. Interim Med Dir / Interim DoNMAHP / Interim Dir of HR 2. Interim Med Dir / Interim DoNMAHP / Interim Dir of HR 3. - SG developed RTS resources (adult inpatient ward, critical care, district nursing, AHPs & maternity) distributed to clinical leads / clinical managers.	Interim DoNMAHP Interim Med Dir Interim Dir HR Dir Finance	There is a risk that the general principles & duties set out in the Health & Care (Staffing) (Scotland) Act will not be met as a result of incomplete systems, processes & clinical structure(s)	• SBAR to EMT 18 Oct 21 • 6 monthly report to CCGC & Staff Gov committee • Guidance drafted – H&C (Staffing) (Scotland) Act 2019: Guidance Summaries • Communication via CG Blog page; NAMAC & TRADAC; Snr NMAHP Gp		• Healthcare Staffing Programme • SPSP (including essentials of safe care) • HIS (including Excellence in Care) • Vaccination Transformation Plan • NHSO Plan on a Page • NHSO Workforce Plan • NHSO Annual Operational Plan • NHSO Financial Plan • NHSO Risk Mgmt Plan

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
		escalation process in place 5. 12IE - Duty to have arrangements to address severe and recurrent risks 6. 12IF - Duty to seek clinical advice on staffing 7. 12IH - Duty to ensure adequate time given to clinical leaders 8. 12II - Duty to ensure appropriate staffing: training of staff 9. 12IJ - Duty to follow common staffing method 10. 12IL - Training and consultation of staff 11. 12IM - Reporting on staffing	4. End of Q4 5. End of Q4 6. FY 2022/23 7. FY 2022/23 8. FY 2022/23 9. End of Q4 10. FY 2022/23 11. End Q3	- Local RTS resources in development (ED, HV, dialysis, theatre, day unit, OPD, radiology) 4&5. Work inprogress to develop a resource, as part of Datix, to escalate, manage, address severe & recurrent RTS risk dovetailing into NHSO risk management framework. 6. Interim Med Dir / Interim DoNMAHP / Interim Dir of HR 7. Interim Med Dir / Interim DoNMAHP / Interim Dir of HR 8. Interim Med Dir / Interim DoNMAHP / Dir of Finance 9. Interim Med Dir /Interim DoNMAHP 10. Interim Med Dir /Interim DoNMAHP 11. - A national Board self-assessment (SA) Report is in development. Testing of v0.19 is inprogress (including NHSO) - Qtrly reporting to SG to recommence end of Q3		which may lead to non-compliance with legislation.			
Green	Risk Management	Development and implementation of a refreshed approach to risk management which responds to the findings of NHS Orkney's Blueprint for Good Governance Self Assessment and Internal Audit Reports.	Improvement Plan developed and delivered. 3 tier risk management system adopted. Corporate Risk Register refreshed and approved by Board. Development session for Board members to	In place and ongoing.	NHS Orkney	Variability in knowledge and experience of staff in the assessment and management of risk.	Training needs being assessed as part of wider learning needs assessment. Support available via QHI Hub and Health and Safety Officer.	Risk based decision making enabled.	Blueprint for good governance.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
			develop articulation of risk appetite.						
Acute Services									
GREEN	Critical Care – update from RMP3	Ongoing provision of venitilation unit capacity for COVID-19 patient awaiting off island travel, operating on the assumption that this would be required for no longer than 24-48 hours.	SOP in place for opening of ventilation unit for COVID-19 patient awaiting off island transfer. Equipment, space and staffing identified to support.	In place.	NHS Orkney	Concurrency of events – limited space and staffing means that there is a risk that should there be concurrency in the requirement for ventilation of a Covid patient and a non Covid patient	Staffing bolstered to enable resilience in on call arrangements. Space identified to ensure segregation can be maintained.	Able to meet the care needs of a COVID positive patient requiring ventilation.	NHS Recovery Plan
GREEN	Clinical Prioritisation of Elective Care Access	Elective care managed in line with the COVID-19: supporting elective care - clinical prioritisation guidance.	Referrals are triaged and telephone or Near Me consultations are undertaken where clinically appropriate with face to face consultations only occurring when the clinical benefit of attending secondary care outweighs alternative consultation methods	In place.	NHS Orkney	Public perception of inequity in waits due to people appearing to be taken out of turn.	Public communication around clinical prioritisation, also highlighted at public Board meetings and in Facebook Live session with CEO.	Access is prioritised for those with greatest clinical need.	NHS Recovery Plan
BLUE	Remobilisation of visiting services.	Recommencement of visiting elective services from NHS Highland and NHS Grampian.	All visiting services to be remobilised by August 2021.	Complete.	NHS Orkney support by partner Boards	Pressures on partner Boards may mean that service provision cannot be maintained.	Regular dialogue as part of operational planning. Flexible and supportive with changes to schedule where possible to ensure flexibility in meeting demands. Virtual used where possible to minimise need for travel.	Full range of service secondary care service provision available to Orkney population.	NHS Recovery Plan
AMBER	Improving Access - Diagnostics	Colon Capsule Endoscopy (CCE)	To embed CCE in service provision.	Project established, delay due to system issues which are being resolved by NHS Grampian as host Board.	NHS Orkney	System issues not resolved	Regular liason with NHS Grampian to receive updates and with the national project lead. Local Project Management support in place to progress all other aspects of projects and act as conduit for all communication and information netween stakeholders.	Reduction in demand for Endocopy procedures	NHS Recovery Plan Centre for Sustainable Delivery Heat Map

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Red	Improving Access - Diagnsotics	Develop Nurse Led Endoscopy to increase capacity and capability locally. Part of wider intention to maximise the contribution of non medical staff through the transforming roles agenda and new ways of working.	Plan for implementation of Nurse Led Endoscopy to be developed.	Identified as a priority pre-COVID and yet to be progressed due to other pressures. Will be explored as part of Theatre staffing work being undertaken at present.	NHS Orkney	Ability to attract staff with skillset or willingness to undertake training.	Engagement with local staff as part of personal development planning to support staff development, alternative career pathways and retention.	Increased capacity and capability to support achievement of diagnsitic waiting times.	Care and Wellbeing Programmes
Green	Peripatetic ultrasound service	Provide MSK ultrasound and perpatetic ultrasound services	Have a MSK and peripatetic ultrasound service in use	• Equipment purchased • Job description approved • Job out to advert following withdrawal of candidate.	NHS Orkney	Not able to recruit member of staff	Currently advertising		NHS Recovery Plan Strategic Radiology transformation project (SRTP)
Amber	Cardiac CT	Provide on island cardiac CT	• Deliver on island Cardiac CT angiography • Visit current cardiac centre • Purchase upgrade package for CT	• Assess capabitlity and image quality form a similar scanner • Gain support from NHSG Radiology	NHS Orkney	CT quality too low Funding for upgrades not available	Project will be halted until CT renewed		NHS Recovery Plan SRTP
Green	X-Air test of change	Provide out of hospital plain film x-ray imaging on the isles	• Provide a monthly x-ray clinic at the major isles GP practices • Discuss with INOC • Assess unit by NHSG medical Physics	• Work with SRTP North of Scotland project group • Develop project plan • Secure delivery of unit • Discuss with relevant directors/CEO • Secure radiology support from NHSG	NHS Orkney	Non approval by Medical physics	Project will be halted		NHS Recovery Plan SRTP
Green	Appoint Clinical Imaging Support Workers	Interview and appoint support workers in radiology to develop to Assistant Practitioners	Staff starting work as CISW Train as AP	• Job description approved • Advertised • 2 staff appointed • Funding for development available from SG	NHS Orkney	Funding for AP course withdawn by SG in 2022	Budget identified to support training		NHS Recovery Plan SRTP
Amber	Improving Access – Elective Care	Implementing active clinical referral and triage, and patient initiated review.	To be operational within general surgery, general medicine, trauma and orthopaedics and gynaecology before the end of March.	In place within Trauma and Orthopaedics.	NHS Orkney	Lack of buy in from specialities.	Leadership through Interim Medical Director and Interim Director of Acute Services, active engagement with Hospital Sub Committee.	Increased efficiency and productivity within outpatients services.	Centre for Sustainable Delivery Heat Map
Amber	Improving Access – Elective Care	Trauma & Orthopaedic Pathway Redesign	Revisit local model of trauma and orthopaedic service povision and engagement with Golden Jubilee National Hospital regarding opportunity for service redesign to maximise remote delivery. Engagement with Vanguard Project – NHS Shetland to address backlog of total joint replacement treatment.	ACRT & PIR in place within Trauma and Orthopaedics as well as active use of NearMe. Actively engaged in Vanguard project planning. Discussion re future model to be progressed in second half of year.	NHS Orkney	Patients may not be supportive of travelling to Shetland for treatment rather than GJNH.	Engagement on a patient by patient basis through local consultant, wider public awareness raising, and communication through public Board and CEO livestream on Facebook.	Improved access to service. Waiting times reduced.	Centre for Sustainable Delivery Heat Map

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Green	Improving Access – Elective Care	Invest in additional capacity over and above SLA arrangements to address imbalance in demand and capacity in Ophthalmology visiting service and further develop the nurse led glaucoma pathway.	Additional capacity secured. Glaucoma needs assessment undertaken. Nursing staff identified to undertake development in this area. Training mechanism identified and training undertaken.	In progress. Addditional visits planned throughout the year. Nursing staff and training identified with delivery being taken forward.	NHS Orkney supported by NHS Highland	Capacity secured may not be sufficient to make a significant impact on waiting times given rising demand and backlog generated during pandemic.	Maximisation of nurse led activity within locally available resource. Clinical prioritisation to maximise use of consultant time when on island.	Improved access to service. Waiting times reduced.	Centre for Sustainable Delivery Heat Map
Amber	Improving Access – Elective Care	Rheumatology – recruitment to a local GP with specialist interest position and the upskilling of a local clinical team member to support the visiting consultant service provided by NHS Grampian. Introduction of PIR and Near Me maximised to provide additional consultant support without the requirement for travel.	Development of job description and recruitment to Specialist GP position. Local staff member staff identified to undertake development in this area. Training mechanism identified and training undertaken.	NearMe being used for provision in the month between bi-monthly visiting clinics. PIR implementation plan in place. Progress in other elements delayed due to other areas of focus.	NHS Orkney supported by NHS Grampian	Ability to recruit suitably skilled staff or to attract staff with willingness to undertake training.	Engagement with GP Sub Committee and staff in Outpatients, nursing and therapy services.	Improved access to service. Waiting times reduced.	Centre for Sustainable Delivery Heat Map
Proposal	Improving Access – Elective Care	Explore opportunity for repatriation of some elements of respiratory diagnostics and outpatient provision;	Review data to inform scope and scale of potential pathway redesign. Seek advice and guidance from Respiratory colleagues in NHS Grampain regarding opportunity for enhanced local provision/ remote support via digital technology/ recruitment/ visiting service	Initial discussion has taken place with NHS Grampian colleagues. Review of data undertaken to inform next stage of planning process.	NHS Orkney supported by NHS Grampian	Designing a sustainable and cost effective locally based model may not be possible with the very limited demand for this service area.	Exploration of options to inform cost benefit analysis, maximisation of the use of technology and building resilience through partnership arrangements.	Care closer to home	
Blue	Improving Access – Elective Care	Continuation of additional outpatient facility established within the Health Centre building on the old Balfour Hospital site until end of March 2022 to provide additional Outpatients accommodation capacity.	In place.	Complete.	NHS Orkney	Long term impact on space requirementss hould enhanced IPC measures remain in place indefinitely.	Accommodation options for longer term provision are being explored.	Access to clinical services maintained.	NHS Recovery Plan

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Amber	Transforming Chronic Pain Service Provision	Develop chronic pain service provision to enhance multi disciplinary involvement and ensure appropriately tiered pathways in line with the developing national framework and building on the work undertaken in 20/21 to secure funding from the Modernising Patient Pathways Programme to deliver training and pilot the MAPS model.	To deliver MAPS training. To develop and pilot multi disciplinary approach to Chronic Pain service.	Redesign proposal developed, job description developed for clinical project lead and being progressed to recruitment. Project delivery delayed until recruitment secured.	NHS Orkney	Unable to progress pilot within the timescale associated with short term Access funding. Capacity within teams to engage with and progress multiple strands of improvement work whilst dealing with operational pressures.	Additional capacity to support project delivery to be brought in via recruitment of experienced clinical project lead to take forward this work.	Improved access to service. Waiting times reduced.	Pain Management Recovery Framework
Green	Improving the timeliness of discharge	Deliver a focussed improvement project, facilitated by the Digital Health Institute to take a collaborative approach to ensuring a safe, effective and person centred pathway of care involving all parts of our healthcare system.	Included within the DHI Action Plan being overseen by the Board.	Review undertaken and report produced and widely circulated. Follow on improvement work being led by Interim Director of Acute Services.	NHS Orkney	Pace of delivery may be adversely impacted by additional demands on capacity from winter pressures and COVID pandemic.	Investment in additional Patient Flow Coordinator position as a test of change over the winter period to support and facilitate discharge.	Improvement in timeliness and experience of discharge and patient flow.	6 Essential Actions for Unscheduled Care
Blue	Providing Care Close to Home	Increase the utilisation of digital technologies to enable patients to access services without the need to travel locally within Orkney or out with Orkney to access the services of partner Boards.	Fully implement roll out of NearMe across primary and secondary care.	Complete. NearMe embedded as part of routine business across a range of services.	NHS Orkney	Varying degress of utilisation between practices and service areas may mean this is not optimised and not all realisable benefits are achieved.	Support to further embed NearMe available to services through QI Hub. Engagement with national workstream ongoing and opportunities to enhance use of NearMe through other pathways being explored.	Infection risks of face to face contact minimised. Care provided closer to home.	Digital Health & Care Strategy
Green	Capacity and capability of Theatre Team	External Theatre review to be undertaken to better understand activity levels and inform staffing model for the future.	Phase one to be completed by end of October, Phase 2 Action Plan will commence delivery within 6 months.	NEW	NHS Orkney	Pace of delivery may be adversely impacted by additional demands on capacity from winter pressures and COVID pandemic.	External support secured to facilitate review and form Action Plan to minimise impact on operational team.	Areas for improvement identified and acted upon and future workforce requirements to ensure service sustainability identified.	NHS Recovery Plan Healthcare Staffing Programme

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Green	Cancer and Palliative Care	Remobilising palliative care in the community and breast prosthesis service development Establishment of single point of contact for patients to improve communication and access to support.	To increase provision of palliative care in the community and avoid uncessary travel off island through the development of a local breast prosthesis service. Funding bid developed and submitted to national team. Outcome awaited.	Business case for additional capacity approved. B6 appointed to. Band 5 and Band 3 out to advert. NEW	NHS Orkney	Unable to recruit to new positions.	Maximisation of communication routes for advertisement of positions. Consideration of alternative options for staff development and to meet need should recruitment be unsuccessful.	Improved patient experience of palliative care.	Recovery and redesign: Cancer Services Framework for Effective Cancer Management
Amber	Hospital at Home pilot	To avoid unnecessary admission to the Balfour by providing hospital level care in people's homes.	To have a fully operational service for the November to March period. To have completed the evaluation framework by November 2022 and have undertaken the evaluation on an ongoing basis throughout the pilot to allow impact of various elements to be tested and articulated to inform future decision making and services planning.	Project team in place, national funding secured and spend plan for recruitment approved.	NHS Orkney	Unable to recruit to fixed term positions/ secure locum support.	Consideration of alternative options for facilitating a test of change should recruitment be unsuccessful. This may involve reducing the duration of the pilot or scope of service provided.	Improved access to care in the community to avoid unnecessary hospital admission.	NHS Recovery Plan Care and Wellbeing Programmes
Green	Improving Unscheduled Care	Delivery of Redesign of Urgent Care phases in line with national programme, working in partnership with NHS Highland and the other North Boards.	Phase 1 in place and work to further embed ongoing although uptake locally is small in number.	Ongoing.	NHS Orkney supported by NHS Highland for delivery of the Flow Navigation Centre				6 Essential Actions for Unscheduled Care
Amber	Improving Unscheduled Care	Delivery of planned improvements in line with national direction around Unscheduled Care to further develop new ways of working which reduce barriers and increase joint working across primary, community and secondary, as well as SAS.	Self assessment of 6EA to inform priorities of Unscheduled Care Delivery Group and inform development of Action Plan.	Self assessment on target for completion in October 2021 however this has been delayed from earlier in the year due to capacity issues.	NHS Orkney	Pace of delivery may be adversely impacted by additional demands on capacity from winter pressures and COVID pandemic.	Recruit to vacant improvement position to provide dedicated improvement support in this area.	To ensure a seamless approach through whole system pathways which enable right care, right time, right place.	6 Essential Actions for Unscheduled Care
Infection Prevention & Control									
Green	New National Respiratory Guidance (awaiting release)	Implementation with teams	March 2022	NEW	NHS Orkney	Pressure on releasing staff for training in primary, secondary & Care Homes	Introduce in Comms Provide daily support to teams Physical distancing guidance	To fully implement guidance and staff are aware of respiratory measures required	Physical Distancing DL – dated 01/09/21 National Infection Prevention & Control Manual -Chapter 1 and 2 HIORT reporting template for data exceedance

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AMBER	Staff IP&C training	Deliver training to frontline staff	March 2022	NEW	NHS Orkney	Release of staff for training	RA on hospital register for staff IP&C training	Staff have the skills and competencies relevant to their role.	Respiratory guidance – once released. National Infection Prevention & Control Manual.
Orkney Health & Care									
Proposal	Launch of local Neurodevelop-mental Pathway	SLWGs in place to progress changes. Admin support identified.	Launch materials to be circulated widely by December 2021	New	HSCP	Capacity continues to be a challenge in other professional groups which impacts waiting times	Analysis of barriers to progress is ongoing. Change management support may be available within current systems.	To improve local pathway.	
Proposal	Launch of local pre-term baby follow up service.	Local pathway has been developed and agreed.	Launch materials to be circulated widely by December 2021	New	HSCP	Non-engagement of neonatologists in NHSG.	Champion for pathway identified in NHSG.	Improved local service and pathway between NHSO and NHSG.	
Adult Speech & Language Therapy									
Red	Adult Acquired and ALD service to design a triage system and make increased use of patient initiated review	CPD session to fully understand process and set up suitable triage system. Set up system and trial it. Measure waiting times for treatment and appointment types and patient satisfaction and wait for first contact as new system initiated.	Timescale under review due to lack of capacity within service.	New	HSCP	Increased delay whilst new system initiated. Reduced clinical time for current caseload. Planning and implementation may take longer than 6 months.	Ensure any time for project is ring-fenced and used efficiently. Overall will reduce wait for initial advice. Ensure job planning takes into consideration time needed for triage. Deliverable can be carried on into 2022 plan.	Improved efficiency and productivity.	Active Clinical Referral Triage (ACRT) & PIR – CfSD Heat Map Healthcare Staffing Programme
Amber	Ward referral form to Adult SLT to enable accurate triage.	QI project / driver diagram to look at current systems and information needed for effective triage. MDT discussion around planned introduction. Trial of new system against key drivers.	Project delivery by end of March 2022	New	HSCP	No additional capacity for project work, therefore time used for this project comes out of current service capacity.	Once system established it should enable more appropriate triaging decisions to be made.	Improved referral pathways.	AHP Workforce Planning NES
Red	Implementation of small group work to reduce waiting lists.	Learn from other areas/teams where this is already in place and working well. Establish mechanism which meets IPC requirements and implement.	To be operational before the end of March 2022.	New	HSCP	May need to be cancelled if changes in COVID risks.	Consider capacity for video-therapy in that outcome.	Positive impact on waiting times.	Framework for supporting people through recovery and rehabilitation, Aug 2020
Amber	Targeted training in dysphagia and	SLT to offer virtual or in-person course to settings / people	Enabling settings / teams to act on SLT recommendations within	New	HSCP	Limited capacity within team to	Trial established programmes from other areas.	Improved patient care.	Framework for supporting people through recovery and rehabilitation, Aug 2020

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	communication within ALD and Adult settings.	supporting adults with communication or swallowing issues (across ALD and adult acquired).	the person's day-day environment.			roll this forward. Limited physical space available due to Covid restrictions.	Look at possible spaces (if additional cost, explore funding options). Look at online training.		Neurological Care and Support Scotland
Green	Use of remote technology for team work and accessing training.	Continue using MS Teams and suitable alternatives for communication and collaboration (within SLT, across other health teams (eg CYP Health), cross agency teams (eg ASD coordination group, and linking with third sector partners in ALD, residential settings)	In place.	Ongoing and working well.	NHS Orkney	Nil identified	Nil identified	Improved access to service.	Digital Health & Care Strategy
Green	Blend of virtual and face to face appointments.	ALD and Adult Acquired: review status of urgent and priority cases and re-establish non-urgent case management. Offer Near Me in first instance where clinically appropriate.	In place.	Ongoing and working well.	NHS Orkney	Waiting List size significant and may not be met by current capacity. No guaranteed clinical space beyond March 2022.	Engage in safer staffing discussions / tools and raise risk to senior management. Undertake Demand Capacity modelling to inform staffing requirements. Engage with scoping exercises for uni-professional and multi-professional teams. Engage in accommodation planning workstream. Risk assessed and documented on risk register.	Improving access to service.	Digital Health & Care Strategy NHS Recovery Plan
Maternity									
Green	All Maternity Pathway contacts continue to be provided.	Face to face clinics to be available within Maternity Unit base. Reintroduce remote clinics in Stromness, Dounby and St Margaret's Hope. Option for Near Me appointments to remain available for clinically appropriate contacts.	In place. 31 Dec 2021	Completed New	HSCP	Available room space in surgeries Midwifery staffing capacity	Negotiation with practices	Access to service enabled.	NHS Recovery Plan

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		Provision of Isles face to face visits. Remote monitoring now fully embedded.	 31 Dec 2021	Complete Face to face contacts being introduced subject to transport availability and women's choice. Near Me continues to be of benefit in enabling access for Isle's based families. Complete		Transport availability Midwifery staffing capacity			
Green	Delivery of Pregnancy & Newborn Screening programme	Booking bloods to revert to time of booking Hearing screening	31 March 2022 31 March 2022	Booking discussion currently remains via Near Me, with bloods taken at time of dating scan. This is proving popular with women and the team. Further discussion will take place to determine future provision. Linked to access for onward referral should this be required	HSCP		Risk assessment to determine risk factors for Haemaglobinopathy and earlier blood testing facilitated where required. Small numbers and no requirement for referral has occurred.	Programme delivered and access to screening enabled.	Pregnancy & Newborn Screening programme
Green	Provision of care for women declining transfer to NHS Grampian Obstetric Unit.	Individual risk assessment, Multi-disciplinary Team (MDT) meetings, including colleagues in consultant unit where necessary to develop person centred management plans. Implementation of Best Start Pathways when published.	Ongoing	Development of individualised person centred plans has been established. It is recognised that this is an area which may become a "new normal" and requires consideration as related to the now outdated KCND pathways. Best Start pathways are in development nationally and will be used to review practice going forward.	HSCP	Local service limitations particularly for paediatric support Midwifery staffing capacity	Collaborative working with NHS Grampian to access consultant support. Utilisation of real time staffing and workforce tools to assess capacity and plan future workforce requirements.	Care closer to home.	Best Start

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Green	Further embed and develop sonography service within Maternity	Review of pathways to reflect full transfer to Maternity Services. Training planned for new cardiac screening, including practical sessions in NHS Grampian. Further development of service to include fertility scanning – will also be incorporated into practical sessions in NHS Grampian. Additional trainee post to be advertised to build in resilience. Consideration of introduction of 4D and gender scanning – potential income generation.	31 Oct 2021 30 Nov 2021 30 Nov 2021 31 March 2022 31 Dec 2022	Review of pathways underway Dates booked Dates booked New New	HSCP	Staffing capacity and resilience – currently reliant on two staff members to deliver service Recruitment and retention, particularly in relation to expected retirements over next 12 months.	Training and development of further staff as required to meet demands of service provision. Retire and return to remain available. Vacant and temporary maternity leave posts actively recruited. Succession planning to develop team.	Continuity of care and care closer to home	
Amber	Provision of all Mandatory and essential training	Mandatory Maternity training – national implementation. SG request for updated position due Dec 2021. Service plan developed and fed into wider Nursng & Midwifery training plan providing detail & costings for Maternity mandatory and essential training requirements.	31 Mar 2022	Emergency Maternity Care and Neontatal resuscitation courses have been delivered. CTG Training is included in the K2 package and regular CTG trace reviews undertaken at MDT meeting. Deadline for national implementation has been postponed to end Mar 2022 with update due to be provided to SG in Dec 2021 to indicate readiness and ability to implement within timeframe. L&D papers including maternity information have been presented to EMT for consideration.	HSCP	Access to training (SMMDP Availability) Maternity Staffing Capacity Cost pressures	Options for delivery to be explored and built into training plan. Recruitment, retention and workforce planning as per above. Funding to be identified.	Staff equipped with skills and competencies necessary for role.	Workforce Plan
Green	Breast Feeding initatives and UNICEF Baby Friendly - Sustainability	Service user feedback identified need for consistency of advice. Training sessions delivered. Sustainabilty standards benchmarking and action plan to work towards achievement of Sustainability.	30 Sept 2021 31 Mar 2022	Training schedule in place. Response being prepared to update service users on "you said, we did" basis. NHS Orkney Board Chair is the designated Maternity ambassador. Regular audit schedule in place. Colostrum collection project underway.	HSCP	Maternity and Health Visiting team staffing pressures (BF project lead secondment paused during period of HV recruitment)	BF project lead secondment to resume once HV recruitment complete.	Standard achieved.	Baby Friendly initiative

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Amber	Establish Perinatal & Infant Mental Health Pathway	Draft pathway has been developed development Training programme to be rolled out - Dads network - CBT for midwives & HVs - Trauma informed care Review to be undertaken to improve data availability and to demonstrate improvement. Service user involvement plan to be developed with support from national network team.	31 Mar 2022 31 Mar 2022 31 Mar 2022 31 Mar 2022	Pathway being refined to go out for consultation. Dad's network training has been delivered. CBT Training provisional dates for Nov 2021. New New	HSCP	Staffing capacity in Maternity, Health Visiting and Community Mental Health Teams	Recruitment, retention and workforce planning as per above.	Pathway in place.	
Amber	Increase uptake of COVID vaccination	Direct discussion with women Provision of up to date RCM/RCOG and SG guidelines Active presence on social media Push notifications on Badgernet app.	Ongoing	Proactive information sharing on social media. Kick start clinic held in maternity when vaccines first became available for pregnant and postnatal women. Further clinic based in maternity in planning stages to link with usual flu clinic. National branding and badges/stickers ordered. Badges and stickers are a prompt for discussion about COVID vaccination.	HSCP			High rate of uptake of vaccination within local population, reducing risks associated with COVID-19	NHS Recovery Plan
Health Visiting									
Green	Resume full health visiting pathway delivery.	All visits on the Universal Health Visiting pathway are now being offered face to face within the family home (through the use of PPE). Full service delivery is now also being provided on the outer isles.	Aiming for all outstanding development reviews to be caught up by end of October 2021. Local go-ahead to resume antenatal contacts W/C 18/08/2021.	Ongoing with good progress made on addressing backlog.	HSCP	Capacity if staffing reduced inc. self isolation. Changes to COVID measures.	Additional staff (2x Band 5 staff nurses) joining team on 20/09/21 freeing up Health Visitors to focus on development reviews.	Access to service enabled.	Scottish Government National Guidance for moving out of COVID.
Amber	Reconvening of Child's Plans	Schools and nurseries are now fully open and Child's Plan meetings are being held both face to face and remotely via technology.	Ongoing - Backlog of meetings for Autistic Spectrum disorder & education plans to be addressed.	Ongoing with some progress made on addressing backlog. Schools/nurseries are now fully open and Child's Plan meetings are being held both in face to face and digital formats.	HSCP	Capacity if staffing reduced inc. self isolation. Changes to COVID	Most appropriate lead professional identified from the agencies/professionals involved in the process. Additional staff (2x Band 5 staff nurses)	Child's Plans Reconvened.	NHS Recovery Plan

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			Transition meetings for children entering school in Aug 2021 have been held.			measures. Capacity in other services affecting availability for multi-agency working.	joining team on 20/09/21 freeing up Health Visitors to lead on or attend childs plan meetings.		
Green	Service specific Quality improvement & assurance projects.	Health Visiting standards have been written and are undergoing PDSA evaluation and ongoing trial and adaptation. New process for gathering Patient/family feedback is being trialled and undergoing PDSA evaluation.	Feedback evaluation process to be agreed and fully adopted by end of October 2021.	Ongoing process.	HSCP	Capacity of Team Lead – if staffing reduced lead will need to cover service delivery needs.	Service specific Quality improvement & assurance projects.	Health Visiting standards have been written and are undergoing PDSA evaluation and ongoing trial and adaptation. New process for gathering Patient/family feedback is being trialled and undergoing PDSA evaluation.	Ongoing process. Feedback evaluation process to be agreed and fully adopted by end of October 2021.
Green	Introduction of PARIS as EPR system.	The implementation of PARIS by the 3 initial HV trainees has been embedded into practice for 6 months now.	PARIS to be fully adopted and implemented as the Health Visiting record system by all HV staff by the end of December 2021.	Training is now well underway for the remainder of the team with only 3 staff left to train. Ongoing evaluation of the system and templates with adjustments being made as necessary.	HSCP	Capacity for training remaining staff. Availability of Sharon for troubleshooting.	Local user guide being devised to assist staff with transitioning onto the new system and as on ongoing reference guide.	Improved management of and access to patient information, enabled by the use of technology.	Digital health & Care Strategy
Green	Child Protection Supervision for staff.	All members of the Health Visiting team working directly with children are to have access to regular Child Protection Supervision a minimum of 3 monthly.	Ongoing process.	All staff are being able to attend supervision sessions as they require them.	HSCP	Availability of staff member within partner Board to provide supervision. Workload demands affecting capacity to attend session.	Local PPN can be accessed for advice and support if required, along with HV & school Nurse Team Lead.	All staff are accessing regular child protection supervision.	Local Childrens Services Improvement Plan
School Nursing									
Green	Primary 1 screening	Schools have returned following COVID-19 pandemic and school health team are able to attend schools face to face to deliver service.	P1 screening booked to be completed during or after W/C 13/09/2021.	Consent forms sent out to all P1 children. On target.	HSCP	Capacity if staffing reduced inc. self isolation. Changes to COVID measures.	To be incorporated into business continuity planning arrangements.	Screening available as part of local pathway.	Specialist School Nursing: Priority Areas and Pathways
Green	Primary 7 transition charts	Pathway delivery – all P7 children to be offered the opportunity to meet	Transition chats for children entering P7 occurred within schools	In place.	HSCP	Capacity if staffing reduced inc. self isolation.	To be incorporated into business continuity planning arrangements.	Young people supported through delivery of transition pathway.	Specialist School Nursing: Priority Areas and Pathways

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		with a member of the school health team.	following social-distancing guidlines.			Changes to COVID measures.			
Green	Looked after child health assessments	School aged children who are looked-after are to have a full assessment of their health and wellbeing needs.	All new looked after child health assessments are to be completed within 28 days of notification of LAC status.	In place.	HSCP	Delayed notification from Social Work reducing time frame for completion of assessments.	Weekly looked after-child list to be emailed to School Health by Social Work department.	Health and well needs are assessed in a timely manner.	Specialist School Nursing: Priority Areas and Pathways
Amber	Roll-out of LIAM to school aged-children.	Face to face, one to one work between Child and School Health team to address anxiety (presenting symptoms to be assessed against criteria for the Programme.	Delivery has commenced, however this was suspended due to COVID-19 and children not attending school. Currently no new cases being taken on due to inability to access Supervision.	Delayed.	HSCP	Inability to access the necessary supervision when delivering the programme.	Awaiting meeting with NES (20/09/2021) to discuss possible options for ongoing supervision.	Roll-out of LIAM to school aged-children.	Specialist School Nursing: Priority Areas and Pathways
Red	Paediatric Continence service	To provide a continence service to children and young people of school age.	Currently on hold due to staffing shortages. Awaiting recruitment of Band 5 school nurse.	Delayed. Recent discussion between Leads and School Nurse team around the job description and role of Band 5 School Nurse moving forward have led to an agreement on what is needed. Job to be advertised within next 4 weeks.	HSCP	Capacity within the school nursing team due to reduced staffing.	To be considered within future workforce planning.	Access to service.	Specialist School Nursing: Priority Areas and Pathways
Green	Child Protection Supervision for staff.	All members of the School Nursing team working directly with children are to have access to regular Child Protection Supervision.	Supervision in place, at a minimum frequency of 3 monthly.	In place and ongoing.	HSCP	Availability of Janice to provide supervision. Workload demands affecting capacity to attend session.	Local PPN can be accessed for advice and support if required, along with HV & school Nurse Team Lead.	All staff are accessing regular child protection supervision.	Local Children's Services Improvement Plan
Amber	Introduction of PARIS as EPR system.	All School Health records are to be entered onto PARIS as the main form of record keeping/EPR.	Planning meetings between School Health Team and PARIS lead – OIC to recommence by end of October 2021. Aim for roll out of PARIS to school health team by January 2022.	Currently on hold due to delays in rolling out PARIS to Health Visiting team and troubleshooting issues that have arisen.	HSCP	Capacity for training remaining staff. Availability of support for trouble-shooting	To be considerd within capacity planning. Ongoing support to be sought from Paris Lead – OIC.	Improved access to and recording of clinical information, enabled by technology.	Digital Health & Care Strategy Information Governance principles
Paediatric Occupational Therapy									
Amber	New Referrals to Paediatric Occupational Therapy.	Telephone triage within 12 weeks. Prioritisation of need for face-to-face contact.	Return to pre-pandemic goal of seeing all new pts within 12 weeks of referral	Waiting times have increased due to Staff absence and secondments.	HSCP	Capacity if staff need to self isolate.	Staff secondement finishes 17.09.21	Improved Access to Service.	NHS Recovery Plan
Green	Restarting routine appointments.	Schools are now open and accepting therapy visits.	Children and young people should not be having to wait for therapy sessions	Full staffing compliment will be available from 20.09.21	HSCP	Changes to Covid measures	Offer flexible support if measures become more restrictive again.	Improved access to service.	NHS Recovery Plan

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		Clinic booking system in place.							
Paediatric Physiotherapy									
Green	Access to paediatric physiotherapy	Waiting time has increased due to reduction of hours while vacancy covered by bank hours.	Triaging urgent referrals and clinical prioritisation of waiting list. Recruitment of Band 6 paediatric physiotherapist.	Waiting list management in place. Recruitment underway - Shortlisted 3 applicants Interviews Oct 4th 2021	HSCP	Failure to recruit	Readvertisement and seek to secure locum to bolster service in short term.	Improved access to service.	NHS Recovery Plan
Paediatric Speech Language Therapy									
Red	Establish SLT NHS online presence for public and partners.	Work with NHSO Communications Team; Develop content about local service; Identify and develop resources and signposting for key areas of support at universal/ targeted/ individualised tiers of service delivery.	By July 2021 Revised target December 2021	Intitial discussions with NHSO communications support team to set up SLT page on NHSO website. Information gathering started for populating webpage. Behind schedule due to capacity constraints including long term staff absence.	HSCP	Ongoing capacity issues within SLT. Protecting time for this reduces time for clinical delivery. Ongoing delays due to prioritising clinical delivery.	Short term locum/contract on offer until March 2022. Protecting time for project within capacity.	Improved accessibility and support for self-management and self referral.	NHS Recovery Plan
Red	Establish digital technology as effective option for Paediatric SLT clinical delivery, and activities at targeted and universal tiers (eg training, capacity building)	Maintain IT current equipment; Establish appropriate accommodation; Work with IT for developing online training delivery.	By May 2021 And ongoing	Significant progress in this area with embedding of NearMe in service delivery. Ongoing team development of resources and clarification of clinical pathways for effective digital care. Developing further infrastructure as the need arises (ie online training and workshops for families, professionals etc)	HSCP	Ongoing capacity issues within SLT. Have needed to prioritise clinical delivery. Lack of accommodation for staff to deliver confidential clinical appointments and training.	Short term locum/contract on offer until March 2022. Analyse IT barriers and develop controls as they arise; Continue working with management on accommodation issues	Improved access to service.	NHS Recovery Plan
Amber	Service user and Stakeholder engagement in Paediatric SLT service planning and service development	Develop plan with appropriate support	By 01/12/2021	Initial conversations with SLT Manager NHS Forth Valley whose team have carried this out; resources have been shared and for consideration by NHSO SLT team. At risk of not meeting December deadline. Behind schedule due to capacity constraints including long term staff absence.	HSCP	Ongoing capacity issues within SLT. Have needed to prioritise clinical delivery. Protecting time for this reduces time for clinical delivery.	Short term locum/contract on offer until March 2022. Review timescale and adjust if needed; Potentially involve other Paed AHP teams in project. Ringfence specific blocks of time for project.	Service development informed by service users and stakeholder engagement.	NHS Recovery Plan

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						Availability of NHSO / OHAC support to develop stakeholder engagement project.	Check whether there is any support available from other departments to help implement project.		
Red	Priority Paediatric SLT patient contact	Clinical prioritisation of waiting list. Matrix of remote and face to face contacts (clinic, community) for assessments, episodes of care, and collaboration.	By 01/09/2021 Ongoing target	Paed SLT service continuing to prioritise patients for contact from open waiting lists and new referral waiting lists. Insufficient capacity to see all priority patients due to staff absence and demand on service pre-exisiting COVID.	HSCP	Unmet clinical needs – insufficient capacity to see priority patients. Escalating risks for unmet needs Workforce health and wellbeing. Staff absence affecting specific specialist pathways.	Offering alternative contact for interim advice and signposting via telephone, NearMe, Child's Plan Meetings etc Working with management re demand/capacity issues. Short term locum/contract on offer until March 2022 Monitoring workable caseloads within the paediatric team. Seek specialist SLT support from Grampian available for advice and guidance.	Waiting times are minimised for clinically prioritised patients.	NHS Recovery Plan
Red	Reduce waiting times for Paediatric SLT patients waiting for review, intervention, and initial assessment (open caseload and new referrals)	Triage all waiting lists (open and new referrals) across all Paediatric SLT clinical pathways for priorisation and planning. Close cases for those no longer needing SLT input. Prioritise and plan for patients. Contact patients with updates on status.	By 01/07/2021 Ongoing target to achieve waiting times within national guidance.	Paed SLTs have started triaging in stages and with focus on specific clinical pathways. Sections of open caseload triage are complete and patients identifiifed who require review or intervention. Triage has started on new referral waiting list for children with language based concerns. Differentiation between those requiring further direct triage with referrers and parents, and those clearly needing an appointment and intervention. Further work needed to complete open caseload waiting list and new referrals for remaining clinical pathways.	HSCP	Triage waiting list project requires taking time away from clinical delivery. Still unable to offer required appointments to triaged patients on waiting lists. Staff absence affecting specific specialist pathways. Escalating risks for unmet needs Workforce health and wellbeing	Offering alternative appointment contacts for interim advice and signposting via telephone, NearMe, Child's Plan Meetings etc Working with management re demand/capacity issues. Short term locum/contract on offer until March 2022 Monitoring workable caseloads within the paediatric team. Seek specialist SLT support from Grampian available for advice and guidance.	Improving access to services.	Care and wellbeing programmes.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones/Target	Progress against deliverables end Sept 21 *(NB: for new deliverables, just indicate 'New')*	Lead delivery body	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Amber	Established Paediatric SLT clinical pathways for universal/ targeted/ individualised tiers of service delivery.	Finalise and embed universal/ targeted/ individual tiers of service delivery. Service development in line with Balanced System project work, principles and feedback and SLT and paed AHP best practice models of activity for benefiting most people.	31/08/2021 And ongoing	Siginificant work has been undertaken particularly at individual clinical delivery tier, but capacity issues within Paed SLT and COVID 19 interruptions have delayed progressing targeted and universal tiers of delivery. Ongoing discussions and collaboration with key partners in education and health. Paed SLT planning work for all tiers has been carried out and is contained in Balanced System online framework.	HSCP	Ongoing capacity issues within SLT. Protecting time for this reduces time for clinical delivery. Ongoing delays due to prioritising clinical delivery. Staff absence affecting specific specialist pathways.	Working with management regarding demand/capacity issues. Short term locum/contract on offer until March 2022. Ringfence specific blocks of time for project. Seek specialist SLT support from Grampian available for advice and guidance.	Embedding of a tiered approach to service provision to maximise population benefit.	NHS Recovery Plan
Community Nursing									
Green	Flu vaccines and Covid-19 Boosters	Providing flu vaccinations and Covid-19 Boosters to care home residents and housebound individuals.	Home care residents and housebound individuals vaccinated against Flu and Covid-19 resulting in higher protection.	All aspects of community nursing continue to be delivered despite challenges posed by COVID-19	NHS Orkney	Staff absence/ vacancy	Flexible working across service area to ensure priorities are met.	Increased levels of protection for those who are most vulnerable.	Flu immunisation programme 2021 Scotland's COVID-19 Vaccine Deployment Plan 2021
Green	Care Home Assurance	Assurance visits	Complete and ongoing.	Person specification developed for new role to support continuous quality assurance processes across community. Fostering of ongoing positive relationships between care home managers and staff continues.	NHS Orkney	Unable to recruit to new position	Management within existing resources and exploration of alternative mechanisms for securing additional capacity.	Assurance role fulfilled and reported through governance channels.	
Amber	Excellence in care	Continuous quality improvement activity – preferred place of death.	60% of all patients in receipt of palliative care on caseload will die in their preferred place of death.	Excellence in care data being gathered and reviewed monthly, improving in ability to document and achieve prepared place of death underpinned by. Advanced Care Planning.	HSCP	Pace of delivery is negatively impacted by operational pressures resulting from winter and COVID-19	QI work embedded into business as usual activities.	People supported to die in preferred place of death.	Excellence in Care – Scotland's Natioanl Approach to Assuring Nursing and Midwifery Care Advance Care Planning – Gold Standards Framework
Green	Workforce Development	Ongoing development of a highly skilled workforce supported through district nursing, integrated care diploma training, and access to specialist academic modules such as advanced clinical examination and non-medical prescribing.	Ongoing.	Ongoing.	HSCP	Community nursing experiencing high level of acuity and complexity in their caseload. This makes balancing service pressures with development	Implementation of real time staffing.	Highly skilled workforce able to enhance care availability in the community.	NHS Recovery Plan

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						of staff challenging.			
Dementia Services									
Proposal	Timely diagnosis of dementia and provision of co-ordinated post diagnostic support	Recruitment of GP with special interest 0.5 FTE Recruitment of Band 7 clinical nurse specialist 1.0 FTE	Patients will have initial contact within 4 weeks of referral for assessment and will have access to co-ordinated, open ended, post diagnostic support	New	HSCP	Recruitment of appropriately skilled personnel Accessing additional initial funding in the current financial climate	Note of interest expressed by local practitioners – high level of confidence to recruit locally Evidence of spend to save benefit evidenced from reduced locum costs and evidence of the cost efficiency of the co-ordinated model overtime.	Timely diagnosis, increased access to treatment and therapy, improved well being, improved carer support and well being, reduced crisis, delay in admission to residential care, reduced acute bed days	Dementia COVID National Recovery Plan Scotland's National Dementia Strategy Carers (Scotland) Act
Dietetics Services									
Amber	Self referral to dietetics	Development of self referral form/pathway/introduction, monitoring and review of this	To ensure self referral access to dietetics from all stakeholders to encourage their users to use and to enable more timely and appropriate referrals to dietetics	NEW	HSCP	Increase volume of referrals which current capacity won't allow, also inadequate clinical space available	Trial with one GP practice as test of change Referrals triaged by die titian Liaison with GP where appropriate to ensure appropriate referral	Timely and appropriate referrals Increased engagement from patients resulting in improved attendance and outcomes for patients	Type 2 diabetes framework Adult and child healthy weight programme Diabetes Improvement plan SIGN 116 – management of diabetes
Green	Continued use of near-me with appropriate patients	Offer patients that fit the criteria for near-me appointments. Development of triaging patients pathway to ensure near-me is utilised.	Increase use of digital methods of delivering dietetic care	Currently continuing to offer near-me where appropriate. To send patient satisfaction questionnaire that includes which method patients prefer.	HSCP	Increased near-me saves patient time, however can increase clinicians work load. Need to ensure that there is a confidential space within the hospital in which to deliver near me as dietetics cover community, acute, outpatients and third sector, need to be able to mobilise to different areas within the same day.	Accommodation review is underway and need to ensure dietetics are included in these discussions	Near-me offered to patients where appropriate improving engagement and patient outcomes	Digital Health & Care Strategy

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Green	Weight management pathways	Developed to ensure patients are on the correct WM pathway and receive the right level of care in a timely fashion.	Increased uptake of weight management services with decrease in patient weight/clinical needs associated with this decreasing load to NHS.	Pathways developed and accepted by appropriate groups within NHSO and to be launched in next primary care update	HSCP	Increased referrals to dietetics which does not have capacity to deliver more patient care. Limited clinical space to see patients.	Involvement in accommodation group meetings to ensure dietetics input is given. Ensure each dietitian has a specific case load number to ensure no over booking of cases.	Improved weight loss for patients improving patient outcomes. Decrease ongoing costs of obesity to NHS Orkney as per clinical strategy.	T2 diabetes framework Adult healthy weight programme Child healthy weight programme
Proposal	Improve nutritional care within hospital	Improve malnutrition screening incidence – training, audit on use of MUST tool Implementation of small appetite menu. Audit of food record chart completion, missed meals, interrupted meals.	Reduce incidence of malnutrition in hospital, decreasing length of hospital stay, improving patient outcomes, improving wound healing, decreasing risk to falls, improving rehabilitation potential, decreasing ongoing GP visits and further readmission to hospital	NEW	HSCP	Currently no capacity to take on this work so unfortunately seeing increased poor nutrition on the wards and in community with increased prescription of oral nutritional supplements and ongoing costs to NHSO	To be added to dietetics risk register. SBAR to de done outlining increased referrals/demands on service pre and post covid to evidence need for investment in dietetics.	Improved care in the hospital setting.	HIS food, fluid and nutritional care HIS older people in acute hospital
Proposal	Decrease in oral nutritional supplement prescription and usage within NHS Orkney	Audit of those prescribed supplements – do they take them, need for them etc. Review existing prescriptions. Implement alternative measures to decrease use of oral nutritional supplements.	Decrease in oral nutritional supplement spend within NHS Orkney. Improved nutritional care within community - ongoing benefits to decreased admissions etc. Alternatives to oral nutritional supplements Training for staff on when and how to use supplements. Ensure those prescribed ONS get the ones they prefer and take them as prescribed.	NEW	HSCP	Currently no capacity within NHSO to develop this and take it forward but can see inappropriate prescribing in patients referred to us or on discharge from hospital.	To be added to dietetics risk register as a potential missed saving opportunity that could also benefit nutritional status of community.	Improved efficiency and effectiveness.	ONS:ACBS policy Hip fracture pathway Scottish Oral nutritional supplements framework
Red	Type 2 diabetes group education	Digital and /or face to face group education sessions for T2 diabetes delivered by dietitians	Increased ability to self manage diabetes. Decrease risk to developing co morbidities of poorly controlled type 2 diabetes.	NEW – This was previously delivered by diabetes nurse but with adoption of NHS Grampian's programme it needs to be delivered by dietetics	HSCP	Awaiting resource from NHSG to launch this capacity within dietetics to deliver this	Request additional funding from diabetes to continue this work		Diabetes improvement plan Sign 116 – management of diabetes Sign 154 – pharmalogical management of diabetes T2 diabetes framework

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			Decrease risk to complications to type 2 diabetes.						
Red	Use of in health	Digital pathways for treatment of IBS/Weight management	Referral of patients to self management online programmes to support work of dietetics	NEW	HSCP	Not commissioning the programme			Diabetes improvement plan IBS in adults NICE QS 114
Red	Weight management group work	Digital/face to face group sessions for weight management	Increase throughput of weight management Increased patient outcome Decreased waiting times	NEW – needs to be developed alongside the adult healthy weight framework and milestones developed by Scottish Government	HSCP	Increase work load on stretched capacity department	Request additional investment in dietetics		Adult healthy weight framework milestones Type 2 diabetes framework SIGN 116 – management of diabetes
Proposal	Single point of contact for dietetics	To develop and lead on nutritional care within primary care Available directly to GP surgery	Timely input for patients improving outcome. Decrease need for oral nutritional supplements.	NEW	HSCP	Funding for this is not available	Capacity requirements and associated funding implications to be defined as part of planning and cost benefit analysis process.	Improved access and decreased requirement for oral nutritional supplements.	The active and independent living programme (AILP)
Proposal	Nutritional care provision review in care homes	Work with care homes to improve approaches to care of malnutrition, Training on screening (MUST), food fortification approaches, work with catering on special diets and food fortification. Ensure appropriate use of oral nutritional supplements	Decrease incidence of malnutrition in community care homes. Decrease inappropriate use of oral nutritional supplements saving NHS Orkney money.	NEW	HSCP	Funding not available. No existing capacity within current dietetic work force.	Capacity requirements and associated funding implications to be defined as part of planning and cost benefit analysis process.	Improving nutritional status for care home residents Improve nutritional knowledge of care home staff	The active and independent living programme (AILP) Dignity in care Malnutrition pathway Eating and drinking well in care: good practice guidance for older people – care inspectorate Food, fluid and nutritional care – HIS Older people in acute hospitals - HIS
Red	Analysis of NHSO hospital menus	Analysis of all food and fluid provided for patients in accordance with food in hospitals document guidelines	Meet the benchmarks set by national services Scotland Food in hospitals policy.	None due to lack of funding for dietetic time to provide this.	HSCP	No funding available. No existing capacity within dietetics to provide this.	Capacity requirements and associated funding implications to be defined as part of planning and cost benefit analysis process.	Ensuring standards are met.	Food in hospitals – national services Scotland
Proposal	Fussy/Faddy eating	Development of group work and resources to support families and children with fussy/faddy eating	Decrease demand on dietetic service Decrease waiting list More timely appointments for patients Improve nutritional status of paediatrics and the long term consequences of poor nutrition	NEW	HSCP	No capacity within current dietetics service to provide this	Capacity requirements and associated funding implications to be defined as part of planning and cost benefit analysis process.	Improve access as part of tiered approach to service provision.	Early years framework Early learning and child care guidelines
Proposal	Type 1 education	Improve capacity within dietetics to deliver and support patients diagnosed with type 1 diabetes.	Ensure patients are followed up and have annual review once established. Help to prevent the co morbidities associated	NEW	HSCP	No capacity to improve this service. Increasing numbers over the last 6	Scottish government provide insulin pumps but NHSO provide on costs for this and would be easier to reduce spend if had capacity for regular monitoring	Supporting self management, prevention and early intervention.	SIGN 116 – management of diabetes SIGN 154 – pharmalogical management of diabetes Diabetes improvement plan

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		Increased input for Type 1 patients from dietetics and increased support for insulin pump patients.	with poor blood glucose control in type 1 diabetes. Improve patient outcomes.			years i.e. 0 new type 1 referrals in 2015 and 8 new referrals in the first 8 months of 2021. All of which continue to have diabetes for the rest of their life and need life time support.	and review and to train other health care professionals in the care of this		
Proposal	Home enteral feeding contract and competencies	Ensure all health care professionals and health and social care staff are competent in the delivery of home enteral tube feeding and tube care	Safe administration of feed. Safe tube changes to prevent hospital admission.	NEW	HSCP	Unsafe practices put patients at risk to complications of enteral feeding – infection/sepses/aspiration/ malnutrition.	Training and development of staff to ensure competency.	Improved care.	ESPEN guideline on home enteral nutrition NICE – nutrition support in adults
Home First / Green Team / Isolation									
Green	Home First Service	Therapy/Reablement Team supporting a discharge to assess model for Care at Home Services.	To reduce discharge waiting times for patients requiring a new or increased Home Care package at the point of discharge.	36 individuals have been supported. Reduction in discharge waiting times from **19.5 days to 0.9 days.** A reduction of : **36.38%** on the Home Care hours requested on discharge fromHome First. Overall reduction in care hours from initial request to three months period: **41.67%**	HSCP	Availability of Home Care capacity due to community demand creating a delay in moving people into the Home Care Service and increasing numbers of people waiting for a service. Currently **41.** Balancing priority capacity between Home First and community referrals. The ongoing risk of the impact during	Reduction in the ongoing package hours required from Home Care Service.	To reduce discharge waiting times.	Winter Preparedness 6 Essential Actions for Unscheduled Care

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						winter period of Covid positive cases and other seasonal pressures further affecting the ability to deliver usual business. Business Continuity and re-visiting team delivery to reduce potential contacts should a positive Covid-19 case be identified.			
Green	Green Team	Social care Team supporting discharge or preventing admission to an acute bed. Plans within the **Hospital at Home** pilot to extend the current hours to include overnight support and provide 24/7 support and if funding allows, increase flexible hours to enhance available support with Green Team/Home First where capacity is required.	To reduce discharge waiting times for individuals who require support for a maximum of 3 days post discharge.	Core service in place. Extension plans in progress,	HSCP	Service capacity and staffing impacting on service availability.	Ongoing recruitment.	To reduce waiting times/prevent admission.	Winter preparedness 6 Essential Actions for Unscheduled Care
Green	Isolation Service	To facilitate discharge for individuals, primarily with Dementia, who are transitioning to a care home placement and who require to be isolated for 14 days post discharge.	To reduce discharge waiting times.	Maintenance of service throughout 21/22.	HSCP	Single bed, creating capacity issues if more than one person per fortnight requires a bed. AWI process issues.	A 2nd bed will be available through the winter planning period in the LD Short Breaks Service.	To increase isolation bed capacity to reduce delayed discharge.	Winter preparedness 6 Essental Actions for Unscheduled Care
Mental Health Services									
Green	Primary Care Mental Health Nurse	Funding previously approved to introduce a PCMHN using PCIP funding. Post recruited	Initial July review complete with positive benefit noted from Primary Care colleagues	Post holder receiving referrals and setting short term support goals	HSCP	Risk of patients not being ready to be discharged with result	Further review of service development scheduled for autumn 2021	Improved service for patients. Less pressure on GP colleagues.	Mental Health Recovery Strategy PCIP

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		to and commenced in late May 21.				that new patients cannot be accepted for support			
Green	Distress Brief Intervention	Funding obtained for first responders to be trained at 1st level and 3rd sector to train at 2nd level	Training to be completed by November 2021.	New	Police / SAS / Blide Trust	Training not completed due to pressures on services	Regular planning meetings in place with local Police and SAS. DBI has national buy in from SAS and Police.	Less pressure on secondary services / ED and Unscheduled Care	Mental Health Recovery Strategy
Blue	In keeping with guidance patients triaged and offered face to face appointments where deemend clinically appropriate.	Staff now have access to clinical rooms	As of the 6th September	Allowing patients face to face appointments for those triaged as needing that level of contact.	HSCP	Covid outbreaks	PPE in place as standard, and different Entry/Exit process in place	More personalised care for patients who are assessed as requiring face to face appointments.	NHS Recovery Plan
Amber	CAMHS Funding	Public Survey completed. Regular meetings taking place with various disciplines to ensure a robust service can be offered.	January 2022	Two new PT posts and 1 existing practitioner post have already been advertised. Other options to meet the CAMHS standards are ongoing. Further recruitment options to be considered by the IJB in October Board meeting.	HSCP	Recruiting to the posts may be problematic	Agency worker brought in to cover for vacancy in CAMHS. In addition to the advertisement, vacanices have been highlighted across appropriate professional networks.	For a more robust service for the young people in Orkney	Mental Health Recovery Strategy Children's Plan
Green	Service Manager recruited for Mental Health Team	Post has been advertised previously and recruitment has been problematic	Due to take up post within next couple of months	Strengthen leadership and direction with CMHT	HSCP	Post will be partially remote in early stages.	Agreement and on-going monitoring of which elements of job delivery can be done remotely and which require on island presence.	Service Manager will provide day to day leadership and direction for CMHT.	Mental Health Recovery Strategy
Red	Recruit a permanent Psychiatrist	Preparation of the Job Description / Person Specification / Advert	Advertise in autum of 2021	Give stability to the team and continuation for the patients	HSCP	National shortage of Psychiatrists. Risk of periods of time with no Psychiatrists leading to reduced quality of service delivery.	Continuation of Locum Consultants at considerable expertise.	Stability for the CMHT and better communication with other agencies	Mental Health Recovery Strategy
Amber	Improving Access to Psychology Services	Undertake demand and capacity analysis and develop projections to support articulation of workforce requirement to address backlog and meet demand going forward. Develop an improvement plan	Complete by September 2021 Complete by November 2021	Complete. Improvement Plan developed. To be presented at EMT for consideration.	HSCP	Failure to secure level of capacity necessary to address backlog and meet demand going forwards. Waiting times outwith the	Demand and capacity analysis to inform business case and support decision making.	Improved access to service.	Mental Health Recovery Strategy

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		basded on the findings of above and seek to secure resource to support development of service to meet demand. Enable access to service and tiered support through cCBT, utilisation of NearMe for delivery and face to face appointments where clinically necessary. Release clinical time by provision of additional part time administrative resource.	 Throughout 21/22 October 2021	 Ongoing. In progress.		national standard.			
Occupational Therapy									
PROPOSAL	To ensure patients receive timely and appropriate community support from OT and Physiotherapy	1. Develop criteria for all current OT and physio services 2. Establish a single "request for assistance" referral form 3. Establish a duty rota 4. Develop digital resources to support a tiered approach to service delivery	Single point of referral established Measureable reductions in waiting times for OT and physio Reduction in clinician time spend on administration = increased clinical capacity Increased use of attend anywhere platform to address inequalities and improve efficacy	New	HSCP	Covid and winter pressures preventing progress Having to divert resources to hospital inpatient areas Infection control advice/limits on cross working Single practitioner working/poor resilience	Securing of admin support for these teams would release time to treat and support implementation Staff shadowing to be able to cover areas Single referral point avoids multiple referrals Provision of 20 hours of admin support for 6 months to support implementation (no current admin support to teams)	Improving access.	NHS Recovery Plan Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic UK AHP Public Health Strategic Framework 2019-2024 Safer staffing act Winter preparedness
PROPOSAL	To reduce admissions to hospital from community and ED through supporting the development of hospital at home service	Extend AHP cover to support ED practitioners for 10 hours daily See target above also Recruit additional social care staff to provide 24 hour community support	Recruitment of OT/PT for winter period	New	HSCP	Inability to recruit	Explore bot traditional recruitment and opportunities for flexible mechanisms for enabling the test of chage to be undertaken.	Avoiding unnecessary hospital admission.	6 Essential Actions for Unscheduled Care Winter preparedness
Green	To reduce the number of	Continuation of Homefirst pilot	Evidence of impact secured extension of	Prior to commencement of service average delay was 19.5 days; at 6 month evaluation delay was 0.9 for patients requiring support at home for discharge	HSCP	Staffing availability	Active recruitment and engagement with part	Pilot extended to 31.03.2021	6 Essential Actions for Unscheduled Care Winter Preparedness

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	delayed discharges		funding to deliver service throughout 21/22.			across the winter	time staff members to extend hours.		
Physiotherapy Services									
Amber	Long COVID pathway	Consultant led MDT supported pathway development	Completion of pathway, start delivering MDT service	New – MDT pathway development initiated	HSCP	Lack of funded MDT capacity, reliance upon locum and additional COVID related capacity Pace of pathway development Anxiety within the workforce about capacity	Clinical leadership established through Interim Medical Director/Consultant Physician. Stakeholder engagement through facilitated Area Clinical Forum session to review SIGN guideline.	Long COVID pathways established Workforce funded Resources in community supported Patients improved QOL Reduced impact on primary care provision	Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic Sign Guidelines Safe Staffing Act
Amber	Frailty services	Continue and develop partial remobilisation of services	Restart reduced group sessions Triaging according to clinical need/ risk stratification of patient and patient pathways Service provision for high risk patients	Exploring suitable venues Modified patient pathways Adopted telephone consultations/reviews More 1:1 domicilary visits Group sessions reduced numbers for lower risk patients started Directing patients/signposting to community services	HSCP	Venues not available Transport Social distancing Patient population Poor IT literacy Deployment to support surge Social isolation of patients Reduced patient outcomes Burnout	Tech where possible Modified patient pathways More 1:1 visits	Decreased hospital admission Decreased SAS call outs Improved QOL Dec falls	ALiP Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic Scottish National Falls Prevention Strategy (Draft) Safe Staffing Act
Amber	Acute service provision	Physiotherapy provision to support acute inpatient/rehabilitation and surge units	Patients seen for initial assessment within 24Hr timeframe Effective rehabilitation to reduce hospital stay Prevention of delayed discharges	Surge – new service unscheduled demand currently staffed with locum provision (COVID funds till Dec 2021) Modify existing referral pathway – no longer blanket referral into service Utilising existing HCSW skill sets to max, max staff rostering	HSCP	Locum provision for COVID Current gaps in staffing due to maternity leave No bank Social distancing Staff self isolating small team/	Advertising for maternity cover Modifying referral pathway Explored bank use (none available) Deploying staff from other teams	Prevention of delayed discharge Timely assessment and therapy provision Improved QOL	ALiP Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic Discharge to Assess model of care Safe Staffing Act

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						infection control requirements Impact on other services when staff deployed into acute to support service provision as small teams burnout			
Amber	Community services/LTCs Intermediate community therapy.	Timely assessment of patients in the community and within ambulatory care	Prevention of admission Early intervention/ chronic disease management	Maintaining face to face service provision for vulnerable adults in the community/remote support when considered to be appropriate across H&SC settings Modified programmes/pathways due to covid and local accommodation restrictions Utilising virtual consultations where appropriate Home based rehab as an alternative to traditional models of care Increased use of HCSW to support higher risk patients at home	HSCP	Deployment to support COVID Longer waits for lower risk patients Increased risk of physical and mental health deterioration Capacity within the team Staff isolation due to COVID Social distancing requirements Impact on increase of elective orthopaedics on capacity (Vanguard project) Accommodation Single practitioner services Influx of long COVID lack of capacity Crown vehicle provision not fit for purpose,	Modified programmes/pathways due to covid and local accommodation restrictions Utilising virtual consultations where appropriate Home based rehab as an alternative to traditional models of care Increased use of HCSW to support higher risk patients at home Wider use of MDT to minimise duplication /increase efficiencies	Manage waiting times within standards Prevention of admission Reduced impact on primary care services as patients self manage Improved patient QOL	Alip Framework for supporting people through Recovery and Rehabilitation during and after the COVID-19 Pandemic SIGN guidelines Safe staffing Act

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						existing large equipment handling unreliable Burnout			
Red	Ambulatory care	MSK service provision Elective Orthopaedics MDT pathways OHS direct access to physiotherapy service First point of contact provision	MSK 4 week target (90%)of referrals Timely access to rehabilitation provision for elective ortho Access to FCP within primary care	Not currently achieving WTT within MSK OHS provision maintained throughout 2021 Elective orthopaedic rehabilitation currently being supported through remote and face to face sessions- ongoing Utilising the skills of our HCSW to max	HSCP	Recruitment challenges for FPC/ MSK clinicians Vanguard project risks inability to provide enough capacity within small team to deliver timely rehabilitation outcomes Capacity Staff isolation Accommodation Potential deployment to support acute services/ COVID No capacity for clinical lead to lead Service reputation Delays in access to treatment worsening patient outcomes Low moral from staff burnout	Ongoing recruitment drives Exploration of developmental post Access to some alternative accommodation till March 2022 Bank use (limited)	Improved access to service.	AHP access Targets Re-mobilise, Recover, Redesign; The Framework for NHS Scotland Sign Guidelines Safe Staffing Act
Podiatry Services									
Amber	Clinical prioritisation of service provision following professional guidance	Active foot disease clinics High risk / in remission Foot protection, urgent priority clinics MSK clinics	To remobalise MSK clinics to meet minimal waiting list target 1 month.	Active foot disease clinics and urgent appointments have continued throughout pandemic. Nail surgery clinic have remobilised and are robust. MSK clinics were suspended during the pandemic to leave long waiting lists- Triage of MSK and telephone	HSCP	Staff retention and recruitment issues. Room availability	Creation of Podiatry Bank Staff Triaging MSK appointments and make use of telephone call appointments to triage	Early intervention to avoid more chronic and complex clinical requirements.	AHP MSK REDSIGN Allied Health Professional Musculoskeletal Pathway Minimum Standards: A Framework for Action 2015-2016 Foot screening to improve functionality

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		Nail surgery clinic Core Podiatry has not resumed		calls to access need of appointing face-to –face appointments and onward referral General MSK not remobilised Problems become chronic and complex requiring hours of extra intervention consuming capacity of small service with some specialism and fragile resilience		Generalists with some specialism and specialism stretched Missing waiting time targets e.g. MSK 1 month. Need for face to face assessment Moderate risk persons with diabetes may now be high risk stratification	Need for face-to-face appointment or onward referral and check up, and follow up appointment Triage of Diabetes patients on SCI Diabetes to target rescreening and care plans		
Red	Balancing capacity and demand	Despite service working through pandemic, currently at best, services are coping mainly with urgent care but unable to tackle low level and preventable work. Referrals coming into the service exceeed available capacity.	Waiting list of over 1,500 patients at suspension of routine practice. Need to triage and fully implement personal foot care discharging. Triage of diabetes, other systemic conditions and MSK.	Diabetes and MSK waiting lists triaged. Implementation of sustainable personal footcare project planning across.	HSCP	Waiting list targets unmet Problems become chronic and complex requiring hours of extra intervention Poor recruitment and retainment of staff Room availability	Effective use of triaging Telephone appointments Prioritising patients	Mental Health, fatigue and moral impact on staff and patients. Problems become chronic and complex requiring hours of extra intervention consuming capacity of small service with some specialism and fragile resilience	Allied Health Professional Musculoskeletal Pathway Minimum Standards: A Framework for Action 2015-2016 NICE Diabetes in adults 2015 SIGN Management of Diabetes- A National Guideline 2017
Amber	Diabetes foot screening suspended during the pandemic	Diabetes patients have been triaged. High risk patients have continued to receive face-to-face intervention. Moderate risk patients being appointed for screening and care plans	All patients with diabetes require foot risk stratification screening to receive appropriate intervention and management following suspension of screening throughout pandemic. Medium and high risk diabetic patients need care plans.	Foot screening resumed. Diabetes patients triaged. High risk/in remission persons with diabetes being issued care plans and face-to-face intervention. Starting to give face-to-face appointments to those with moderate risk to rescreen and issue care plans - Starting with Isle patients to target rural inequality Low risk diabetes patients are screened in Primary care.	HSCP	Lack of Staffing and room issues to deliver clinical capacity to enable this remobalisatio n	Increase in foot protection clinics Effective systematic triaging Auditing notes, care plan delivery, active foot disease and deep pressure injury	Prevention of new Active foot disease and hence proactive management of clinical capacity	Guidance on diabetes foot risk stratification has recently changed – foot screening to improve functionality 2021 Traffic lights stratification system NICE Diabetes in adults 2015 SIGN Management of Diabetes- A National Guideline 2017 SCI Diabetes
Amber	Inequality	Travelling to Isles and other outlying clinics suspended during pandemic.	Isles travel is no longer restricted for those that meet criteria. Service needs hospital focus for specilism Active foot disease, Nail surgery	Isles travel has resumed. Most patients are able to attend Kirkwall clinic. Service needs hospital focus for specilism of Active foot disease, Nail surgery Msk, Rheumatology pathways.	HSCP	Clinical capacity and specialism not delivered	Isles patients triaged for apporiate face to face/ care plan first e.g moderate risk diabetes for screening and care plan	Increase in active foot disease, cases presenting late and of a more chronic nature which requires increased	Allied Health Professions National Delivery Plan 2012-15 NHS National Delivery Plan

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			Msk, Rheumatiology pathways. Development of effective Isles high risk/ active foot disease delivery.	Need full implemtation of community personal footcare and Domicillary criteria and Isles visits to those who meet criteria to enable effective care and make best use of capacity. Department investigating and developing infrastructure, establishment of footcare partners and robust pathways, particularly on the Isles, to enable safe and effective delivery of lower level footcare. This will create better equality across the County, as some persons previously had limited or no alternative options for personal foot care.			Development of Isles high risk/active foot disease delivery Ensuring criteria to access and eligibility adherence	clinical input from multiple services Patients requirement to travel for treatment	NHS Scotland 2020 Local Delivery Plan Guidance Personal Footcare Guidance 2013
Amber	Check, protect, refer (CPR) for feet National Initiative not implemented	Initial roll out was planned as an event in Summer 2020. Funding bid through Medical Equipment not completed but requested calculation of ongoing costs might source funding. A Realistic Medicine bid failed to fund initiative. Discussions and proposal with Hospital at Home project 2 Podiatrists involved with Grampain and Moray delivery and training of CPR for feet and standardised equipment.	To prevent development of deep pressure injuries by timely and effective intervention of pressure redistribution in Hospital, Care Homes and community. Improving quality of life for vunerable persons. Preventing Hospitalisation and increasing clinical capacity in services Financial savings	Not funded. To work out ongoing cost estimate and resubmit to Medical Device Group. To discuss options with Sam Philip, Consultant Diabetiologist, Grampian.	HSCP	Lack of funding will prevent delivery of initiative	CPR for feet devices are now standardised and on PECOS but no funding in Podiatry budget Interim measures of repose and talarmade boots and cushions used through Selbro. Training and awareness opportunities taken at each intervention.	If not implemented there will be an increase in preventable deep pressure injuries and active foot disease in department creating a legacy of cases which will require long-term ongoing intensive podiatry management, consuming available clinical capacity and affecting many services across the NHS with complex patients requiring MDT aproach management and hosiptalisation. Financial implications.	Check, protect, refer (CPR) for feet
Green	Personal footcare requiring full implementation to follow national guidance.		To fully implement personal foot care across the County, whilst addressing rural disadvantage, creating a supported group of footcare partners and robust referral pathways between Footcare partners and NHS Podiatry.	We have been working on a Department Development Plan to ensure national initiatives, such as personal footcare are fully delivered and sustainably implemented. This plan co exists with its implementation and efforts are being made to create infrastructure, particularly in rural areas e.g. Isles where alternative provision has not been available. Contact is being made with the Isles Wellness Co-ordinators and creation of a forum of Footcare partners will happen within the next months. Training packages are proposed for Footcare partners. Routine waiting lists will then be triaged and persons discharged with support of sign posting to alternative provision, invitations to training and	HSCP	Staff shortage to facilitate effective delivery	Ensuring Infrastructure development and explore as plan develops	If not fully implemented, waiting lists and referrals will remain overwhelmed, and safe and effective NHS Services will be affected. Delivery will ensure lower level footcare is delivered in the community setting and Hospital.	Personal Footcare Guidance 2013 Allied Health Professions National Delivery Plan 2012-15 NHS National Delivery Plan NHS Scotland 2020 Local Delivery Plan Guidance

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				guidance sessions and robust pathways when circumstances alter. Exploring funding for a short term Band 4 post to deliver training packages and education perhaps with linkage to Dietetics or other AHPs.					
Amber	Staff workforce Recruitment and Retainment	Prior to pandemic, workforce was 3.8 WTE but due to transitional developments to conform to NHS Agenda, capacity was challenged. 2 Podiatrists with specialism became Band 6 – one in Active foot disease and one in MSK. 2 Podiatrists resigned during 2020- loss of 1.4 WTE. Msk Specialist Podiatrist moved over to Podiatry Bank resulting in further loss of 0.4 WTE and stretching specialism in team in existing members - Band 5 position advertised but unfilled. Creation of Podiatry Bank. Student taken for month of February 2 Podiatrists who have been out of Podiatry for a long period and need to complete programme to comply with registration interested in completing this with Department help.	Achieve full staffing levels and retain these staff To have manageable specialism spread through Team Ensuring staff are appropriately banded and valued Create resilience in department	Podiatry bank is created and now in process of recruiting applicants. One Bank member offering 1-2 days in a week to cover for holidays. One bank member offering a week each month, the third bank member able to give 1 day per week at present but hoping to increase this when children slightly older. Another Podiatrist - not on Bank - but showing interest in renewing her registration and Practice Educationer is helping to facilitate this.	HSCP	Stress, illness. COVID could wipe out team. Low staff moral, fatigue, mental impacts. Unable to deliver key services and meet national targets. Loss of specialism meaning stretched clinicians needing to provide,triage and manage several specialisms e.g. active foot disease and MSK	Creation of Podiatry Bank and programmes to help Podiatrists to meet registration. Triaging patients. Centralising work to make best use of clinical capacity. Flexible working. Ensuring annual leave for exhausted workers. Ensuring staff feel supported and involved in decision making.	Poor staff moral and fatigue. Long-term reduced clinical capacity. Escalating waiting lists. Specialism stretched which impacts on service provision and waiting list targets.	Staff Health & Wellbeing Workforce Plan
Amber	Room availability	Remobilisation requires more clinics and to make best use of department capacity, and MDT Podiatry have operated from base of Outpatients.	To enable further remobalisation to make best use of clinical capacity and specialism in the department.	At present room availability is not an issue as such because the Department is severely understaffed and some patients still do not want to come into Hospital setting. AHP clinicians struggling to carry out clinics and remobilise services due to lack of rooms causing reduction in appointments to patients, increasing waiting lists, and affecting staff moral.	HSCP	No extra room availability to flex service to deal with backlog of patients.	Highlighted issues to AHP Lead and Line managers. Part of considerations of accommodation review work referenced in earlier deliverable.	Improving access to service.	Waiting list targets AHP MSK REDSIGN Allied Health Professional Musculoskeletal Pathway Minimum Standards: A Framework for Action 2015-2016 NICE Diabetes in adults 2015

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									SIGN Management of Diabetes- A National Guideline 2017
Green	Mental Health	Suspension of services and severe staff shortages have put immense strain on small team.	To ensure mental wellbeing of staff and patients. To manage staff shortages and stretched specialism across department.	Podiatry Bank created to cover holidays and improve long-term staffing prospects. Ensuring annual leave. Team meetings to ensure staff feel engaged in decisions and change.	HSCP	Staff burn out and disillusion	Department development plan to improve resilience and long term management.	Supporting the mental health and wellbeing of staff.	More mental health support for Health and Social Care Staff 2020. National Wellbeing Hub for staff.
Green	Service provision and IT systems	Face-to-face appointments at Balfour only. Domicillary appointments increased during pandemic through patient stay at home and fear of hospital setting. Most appointments require face-to face appointment. Some use of telephone appointments and photographs. Outpatient rooms at the Balfour enable Active foot disease pathway, Nail surgery emergency help.	To enable best use of clinical capacity by embracing IT solutions where possible.	Podiatry is a practical profession which does not gain from IT services as in some other professions with many patients requiring face-to face appointments for safe and effective assessment and intervention. Trakcare and SCI Diabetes have been useful in triaging patients. Telephone appointments have been useful in high risk diabetes and MSK patients when their triaging access was suspended for face-to-face intervention and onward referral. Photos have been useful in dermatology and care homes. Telephone still used for MSK triage and follow up. Near-me has not helped the department. When fully staffed room availability will become an issue for delivering proposed care and maximising most effective use of clinical capacity. Inventive alternatives will need to be created for future planning.	HSCP	Ineffective diagnosis and management. Increase in requests for domicillary patients consuming clinical capacity. No room capacity at Balfour to remobilise clinics so as to make best use of clinical capacity and when fully staffed situation will be more severe.	Staff shortage has meant room availability has not been fully tested. Inventive rotas.	Maximising the use of technology.	NHS Recovery Plan
Digital Health & Care									
Blue	Scale up of NHS Near Me	Roll out of near me is completed	Embedded as part of Business as Usual across service provision.	Completed.	NHS Orkney			Care closer to home.	Digital Health and Care Strategy
Blue	Roll out of Microsoft Office 365 as part of the cloud-based computing programme	Roll out of Phase 1 – Teams and Email is now completed Planning for Phase 2.	Completed	Completed	NHS Orkney			Digital enhancements in working environment.	Digital Health and Care Strategy
Green	Delivery of an integrated regional clinical	Delivery of a Care Portal to the clinicians	The timeline for removal of the temporary hold placed on this piece of	• Improved Patient Care – a single, live, view of the electronic Health & Social Care Record of a Patient/Client/Citizen, from multiple source systems and multiple Boards • Supports Health & Social Care Integration	NHS Orkney	Internal resourcing eHealth team available in Grampian	Analysis of the requirements and allocation or recruitment incl. engagment with the Director of Finance to	No actions taken yet as project on hold	Digital Health & Care Strategy

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	portal (On Hold)		work during 21/22 is yet to be defined.	• Supports the increased movement between Board areas of both patients and staff • Patient Safety improvements through faster access to a richer data set and history in one place • Patient Experience improved through less repetition of information to multiple clinicians • Ability to design read/write pathways within the Care Portal that transcend geographical boundaries e.g. Major Trauma, Dermatology, Upper GI • Patient Portal to support patient self-management and improve access • Mobile Working – using Care Portal from a mobile device stops clinicians being restricted to a static location. The initial phase of deployment will focus on acute services, phase 2 will include: • Introducing Social Care feeds into the Portal view • GP systems integration • Portal Connections – plans to link to Golden Jubilee Portal as per GGC link • Community Roles – Optometrists, Pharmacists and Dentists RBAC roles/access to be designed and rolled out • Move Orion Portal Infrastructure to the Cloud • NoS Major Trauma Pathway – data to be recorded and viewed in Care Portal. Other pathways suggested could include Dermatology and Upper GI • Introduce new Functionality – Collaborative Worklists and Healthcare Pathways • Links to other Orion Portals across Scotland		Care portal team availability in Highlands User education and practice	address the situation as a whole – not just for this work Conversations with Grampian to ensure fulfilment of contract Engagement with NHS Highlands to ensure resourcing and business requirements Internal engagement of the OD&L team to work alongside the eHealth team		
Amber	Mental health – Deploying a support application for their records	On hold - pending Business case from department	Business case Requirement gathering Resources and allocation Rest to be defined based on the other items	Currently with the business unit to formulate and present to EMT	NHS Orkney	Record keeping is not completed successfully Data in the current health system is not in the system, but in documents attached to it.	Team is being managed by their lead to ensure the deployment OIC is running a project to resolve this	Clean and meaningful data in the system for use / migration.	Clinical Strategy
Green	Enhancement to remote working to support COVID	This program of work will create the basis for the work needed	RDS overhaul and improvement Strategic introduction of VDI/RDS	Baseline hardware and infrastructure is installed Engagement of the 3rd party is underway Allocation of the funds is completed	NHS Orkney	Skillset in the team and pressure on the services	Request for assistance from Scottish Government pressure measures for 2	Staff are enabled to work from home with sufficient access and security to fulfil their duties	COVID support Strategic partnership Partnership programs

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			VPN access enhancement Migration to Configuration center Centralisation of remote control support Enhancement to mobile connectivity	Central remote support – completed Enhanced mobile connectivity and control – Completed VPN enhancement – testing completed VPN Enhancement going live in Jan 2022		are making progress hard Availability of connectivity in Orkney Understandin g and use of the technologies within the sector	resources to run this project Working with NSS and SWAN to ensure outreach programs are working for the remote builings Engage the OD&L team to ensure understanding and adoption of the technologies Engagment with the Director of Finance to address the situation as a whole – not just for this work		CyberSecurity Flexible and remote working
Green	Resilient and robust Disaster Recovery and BCP systems for the infrastructure services	Install hardware to support the new designs Implement the new replication systems Implement the new backup system Secure the entire service	Installation – completed Security - complete Implementation – 2 weeks away Full DR test – Jan 2022	This project is half way through and progressing well	NHS Orkney	Staff availability to complete the project	Utilisation of 3rd part expert to implement and train team in the use and maintenance Engagment with the Director of Finance to address the situation as a whole – not just for this work	Improving organisational resilience.	CyberSecurity Environment resilience BCP
Blue	Track and trace	All support services for Track and Trace	All items are completed	Project has been delivered and is operational within the business.	NHS Orkney / NSS			System is operational.	Test and Protect
Green	GP IT upgrade and provisions	Support improvements to the IT used in general practice and the wider primary care multi-disciplinary teams	Ensure all workstations have dual monitors and equipment in clinical areas Provide appropriate devices to support mobile and remote working allowing for more flexible use of practice accommodation including installation of wi-fi in all GP practices Provide GP practices with access to DocMan 75500 so practices can electronically transfer patient records from one practice to another using the GP2GP solution	Practices upgraded to Windows 10 – 85% - Completed Computer hardware upgrade to exceed requirements to ensure good operation and longevitude – Completed Mobile phone deployment including network roaming sims where required – Completed Remote working – please see other entry Remote working performance – Remote sites placed on the new network infrastructure to improve stability and performance - Completed Connectivity – please see other entry. Upgrade to Docman 7550 once the issue has been resolved by Microtek – awaiting final testing from Vendor	NHS Orkney	Resourcing is the common issue to all of these items Channel supply for parts can delay aspects of the delivery Data migration of domains	Engagement with the Director of Finance to address the situation as a whole – not just for this work Tight control of the project and the process to deliver, ensuring single touch success of the deployments Running a stock of the consumables is helping, but replenishing is slow and will ultimately lead to delay Loss of data during the migration	Supporting Technology Enabled Care.	Primary Care Improvment Plan CyberSecurity Flexible and remote working Environment management and improvement

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			Upgrade operating systems to Windows 10 and Office 365 Provide the software which allows users within Primary Care to access multiple applications with one set of credentials Ensure all GP practices are on the same administrative domain Market test community electronic patient records Work with NSS to re-provision IT equipment	Single Signon – This is on hold due to the GPIT project not providing a new platform and the current applications can not handle single user in multiple contexts making the SSO system redundant – on hold GP Domain migration – 75% complete. There are 2 domain left and they will be removed by the end of this year – Good progress – Final stages					
Green	Cyber security	Advancing the security, control and visibility of the technical landscape within the Board	Implementation of the following - Network monitoring - Application behaviour analysis - Policy and process	- Policy review and allocation – In progress - Implementation of technologies – In progress - Implementation of architectural changes – In progress - Lock down of portal mass storage - Completed	NHS Orkney	Skillset and availability within the team. Was offset by the use of NSS, but that resource has been removed.	Re-evaluating the approach and further engagement of management in the operational aspect thus improving this, but impacting other areas. Engagement with the Director of Finance to address the situation as a whole – not just for this work	Improved cybersecutity across NHS Orkney.	Digital Health & Care Strategy Information Governance principles Cyber Security
Green	Workforce education	To take advantage of any technologies requires the users to gain a good level of knowledge in how to use these opportunities.		- Raise awareness – Completed - Engagement of staff and leads – Completed - Provision of Cyber courses – Completed	NHS Orkney	Engagement by staff Time allocation to allow staff to participate	EMT engagement Staff campaign Head of service engagement	Increased staff competency and capability.	Digital Health & Care Strategy
NEW	Delivery of the refreshed Digital Health and Care Strategy once published	To be progressed through Technology Enabled Care Programme Board.	-	NEW	NHS Orkney	-	-	-	Digital Health and Care Strategy
Pharmacy									
Acute Services / Secondary Care									
Green	Redevelopment of pro-active patient facing clinical service provision which meets patient needs and improves clinical care	By necessity services shifted to a reactive model as a result of Covid 19, significant staff vacancies, long term sickness and multiple maternity leave: Recruitment to vacant posts and back fill for maternity leave	Meeting national targets associated with Medicines reconciliation 95% Attendance on medical consultant rounds 90% PODs assessment 80% shifting to 90%	Meds Rec meeting targets Attendance on ward rounds – Meeting targets POD assessment 60% Completion of CDD 90%	NHS Orkney	Small team numbers; loss of 1 x team member will have negative impact on service provision Team dynamics and	Robust planning Early use of locum staff for long term absence Maximise use of available skill mix	Quality clinical services Timely and safe discharges	Patient Centred Care Realistic Medicine

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		Re assessment of clinical service provision, engaging with MDT Introduction of: Pharmacists on ward rounds and technical ward service. Medicines Reconciliation meeting National Standards Assessment of Patients own meds (PODs)and compliance on admission Patient Counselling Annotaion of medicines on to Core discharge document (CDD) Identification of high risk patients on discharge and ensuring appropriate follow-up and support	Accurate annotation of meds on CDD 90% Follow-up and referral of all identified high risk patients on Discharge			variation in skill sets			
Amber	HEPMA and Procurement	Ensuring national contacts are utilised, the introduction of a pharmacy / finance interface to improve the efficiency of invoicing processes, supporting the effective drug file building associated with the PSC and HEPMA project, and reviewing and improving all stock control processes within pharmacy and at ward and department level	Finance interface functioning Regional Pharmacy Stock Control system (PSC)implemented HEPMA implemented Maximise benefits realisation from PSC and HEPMA	Finance interface undergoing User Acceptance Testing PSC, delays associated with regional governance and systems programming. UAT undertaken where possible PSC is a prerequisite for HEPMA. Significant delays as a result of the above and Covid 19 response.	NHS Orkney	Regional co-dependancies Additional delays associated with PSC MDT resource to support local implimentation of HEPMA	Robust Project Management Plan Utilisation of regional support Effective MDT communication plans Robust UAT at local level	Efficient PSC system implemented HEPMA installed and utilised across all clinical areas of The Balfour Cost effective procurement of Medicines	Digital Health and Care Strategy Regional HEPMA project
Red	Safe and Secure Use of Medicines Policy (SSUMP)	A gap analysis and full review of all process, policy and guidance associated with the Safe and Secure Use of Medicines has commenced with the introduction of an overarching Safe and	Completion of overarching policy Identification and completion of component parts	Competion of Policy postponed to allow collaboration with NHS Shetland	NHS Orkney	Achieving a consensus between NHS Orkney and Shetland, associated with different ways of working	Identify areas of commonality and diversify by necessity. Break work into componant parts and progress individually	Improved: Patient safey Clinical Governance Ensures alignment with best practice and legislative requirements	Patient Safety

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		Secure Use of Medicines Policy (SSUMP) to support the management, librarianship and review of all medicine management related documentation.				Staff resource to undertake large volume of work			
Green	Vaccines Holding Center	In response to Vaccines Transformation Programme, The Pharmacy Department is now the Vaccines Holding Center for NHS Orkney	Assume responsibility for the management, procurement, storage, cold chain, handling, and onward distribution of all vaccines within NHS Orkney	Service functioning Awaiting additional information relating to extended Flu and Covid programmes	NHS Orkney	Segreation of Vaccines transformation work and extended flu and covid programmes associated funding	Effective collaboration with Public Health and Primary Care teams	Cost effective and safe delivery of all imunisation programmes	Primary care Improvement Plan and Vaccine Transformation Programme
Community Pharmacy									
Blue	Pharmacy First	Remobilisation has encompassed the expansion of Pharmacy First Services, which reduces footfall and workload within GP practices, adapting ways of working and management of prescriptions to minimise footfall within Community Pharmacies while maintaining full-service provision and supporting remote communities	Maintaining timely management of prescriptions including the Isles Dispensing Team safe and effective treatment of patients presenting with conditions associated Pharmacy First	Expanded Pharmacy First Services in place	HSCP	Longer term capacity associated with pharmacist shortages and expanding service profile Lack of short term locum availability in the Isles	Proactive planning and management of staff rotas Collaborative approach between service sectors	Improved access to medical treatment Reduction in GP workload	GMS Contract Pharmacy First
Red	Pharmacy First Plus	Clinical Assessment and prescribing treatment for defined conditions	Community Pharmacists must be independent prescribers to undertake this role	None to date	HSCP	Capacity to release Pharmacists to undertake the IP programme	National work being undertaken to assess and address challenges	Improved access to care for patients	Pharmacy First Plus
Primary Care Pharmacy Services									
Green	Appropriately resourced, trained and experienced staff.	PCIP and Pharmacotherapy Services. Gap analysis and review of service delivery and staff resource undertaken with associated business case to progress the delivery of all 3 levels of pharmacotherapy services, ensuring equitable access to	Identify staff resource required to deliver next phase of PCIP and secure funding Recruit to required posts Implement additional service delivery using appropriate staff grade, ensuring staff are supported to work to maximum level of license	Staff resource requirements identified In year funding secured to facilitate recruitment to agreed Technician posts Recruitment in progress as of Sept 21 Provision of induction and training Align changes and introduction of additional service provision with professional capacity and skill mix to maximise equitable service delivery	HSCP	Ability to recruit and retain staff in remote and rural locations Sustainibilty of service delivery in small team covering large number of practices in diverse and	Full engagement with key stakeholders. Development of integrated Multi Disciplinary Team Robust Business Continuity Plan	All posts identified to date recruited to and service delivery aligned with Practice and patient population needs	GMS Contract Pharmacotherapy Services

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		services across all GP Practices				remote locations Variation in General Practice service needs			
Amber	Delivery of additional agreed elements of Pharmacotherapy Service levels which improves quality of care and patient safety	Collaboration with GP Sub-committee and individual practices to prioritise service delivery aligned with existing practice skill mix and gaps across diverse service delivery models on the mainland and outer isles of Orkney	Agree which elements of Pharmacotherapy services will improve patient care and safely in different locations across the Isles. Introduction of safe and sustainable services	Staff resource being recruited to Sept 21 Introduce proosed services: Level 1: Medication compliance reviews (patient's own home) • Medication management advice and reviews (care homes) Level 3 Polypharmacy reviews: pharmacy contribution to complex care • Specialist clinics (e.g. chronic pain, heart failure)	HSCP	Diverse nature of locations and GP service delivery models which necessitate variation in practice	Service delivery will be standardised where possible and diversified when necessary. Collaboration with MDT and key stakeholders.	Improved patient care aligned with the requirements of the GMS contract and PCIP	Pharmacotherapy Services (GMS Contract) Realistic Medicine Care Closer to Home
Primary Care									
Blue	Covid Assesment Centre	Covid Assesment function transferred into core GP services both in and out of hours.	In place	New	HSCP	Surge in cases may overwhelm core GP services and require reinstatement of CAC. GP practices initially relatively unfamiliar with delivering Red pathway, support put in place from CAC who provided all the necessary protocols. Additional support was put in place and risk assessment carried out supported by Estates and Infection Control. GP practices have used some of their additional	GP services are aware of escalation process in place and know to raise concerns if they have concerns regarding capacity.	Be able to deliver timely covid assesments.	National Covid Pathway

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						Covid 19 funding towards this.			
Green	Covid-19 Vaccinations	Currently up to date with all target areas.	Continue to meet government targets.	All deliverables currently met.	HSCP	Workforce/ Interim contracts make post unattractive. Unable to plan forward, only able to react around national decisions.	Training Programme pilot for HCSW's, successful recruitment of 4 permanent members of staff. Attend twice weekly national meetings. Biweekly Board meeting held with COVID national team to discuss performance.	Highly successful vaccination programme.	Covid Vaccination Programme. Healthy living and well being programme.
Blue	COVID swabbing	Currently keeping abreast of all government guidelines.	Continue to try to meet government targets. Working on encouraging staff to record their LFD results online.	Due to increased demand most swab tests are now transported off island for testing. Results are generally given to patients 48-72 hours later. We have capacity on island to test some local tests. These tend to be risk assessed wih priority given to most critical services and patients. NHS Orkney was successful in a bid to expand asymptomatic testing. A vehicle has been purchased, staffing to support the service will be employed through the third sector.	HSCP	Workforce and reliance on interim contracts.	Bi weekly testing sub group meet to discuss issues. Any significant outbreaks are discussed through an incident management team.	Currently meeting government targets by offering a 7 day service.	Winter planning
Blue	Flu Programme/ PCIP Programme	NHS Orkney directed to take responsibility for delivery of all flu vaccinations. All GP Practices have opted out bar one.	Required to meet Government targets.	New. Review updated figures via the national flu portal. Progress will be discussed as part of the bi weekly meeting along with COVID vaccs.	HSCP	Workforce/ Interim contracts.	Morning huddles and weekly operational group to determine progress.	Currently plans are in place to deliver programme by end of November.	Flu vaccination programme including extended elements. Healthy Living and Well being programme. Winter planning.
Amber	General Practice	GP Practices continue to express concerns regarding increased workload. Additional stressors are appearing as more COVID cases are now on island requiring need for staff to isolate. Additional workload is also as a result of increasing waiting lists in secondary care thus requiring additional support from primary care who are supporting patients whilst they wait.		New. To support practices, we have worked with them around business continuity planning. Additional support around infection control processes and spreadsheets with relevant order codes and products have been compiled and shared. It has been agreed locally that we will support practices by allowing them to work differently from the national enhanced service around Extended Hours in recognition of the additional work they are already undertaking. Primary Care and the Comms Team worked with the GP Sub Committee around publicising how general practice were working as we were coming out of lockdown. Primary Care have worked with Public Health on ensuring that GP Practice staff are recognised as critical workers so we can expedite their COVID tests to allow them back to work as quickly as possible.	HSCP	Increase in Covid cases impacting staffing through isolation. Workforce around vaccination. Staff morale due to fatigue Small teams with increased risk of service disruption due to sickness/self isolation. Lack of available	Continue to discuss issues at GP sub committee. Associate Medical Director and Head of Primary Care make themselves available at short notice if issues are raised. Chair of GP sub sits on Boards operational recovery meetings. Business Continuity plans reviewed and tested. Risk assessmements in place for smaller isles should we have no cover.	Increased cohesive working between services and communities. Increased resilience on public comms. Requirement to review current model of care in line with safe staffing legislation.	Primary Care Improvement Plan. Vaccine Transformation Plan.

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				Primary Care worked closely with the GP Sub Committee to ensure that a paper around VTP was discussed at the July meeting, thus ensuring practices were no longer required to offer vaccination this year. Lack of locum cover and additional stressors are also being felt by the board run GP Practices. Our current isles model has had to be adapted and business continuity plans invoked on a number of occasions. Close working has been undertaken with the community councils on the islands affected. NHS24 is not currently adopted across our smaller remote isles but we had to change processes and work closely to ensure we had support from this system during some periods over the summer months. We likewise had to work closely with SAS and their first responder models along with Scottish Fire and Rescue.		locum nursing and GP staff.			
Amber	Custody Care – Out of Hours	Near me has been installed in police custody suite allowing remote consultations. SLA agreed which is now provding additional support and advice to clinicians providing custody services. IT connections continue to be problematic which is not conducive to recording electronically on police adastra system.	100% of Out of Hours custody records on police adastra by 31 March 2022.	New Discussions are being held with local IT teams. Testing is underway to identify issues	HSCP	Paper records are not so easily auditable nor shared.	Risk assessment in place and documented on risk register.	Access to custody care enabled in our of ours period.	Police Custody Adastra Programme
Amber	Out of Hours	The out of hours team are now seeing suspected covid cases again. Covid protocols and policies were shared by CAC with team. Risk assessments and support was given by infection control and estates department. Currently there is still no second on call GP during weekdays. Requests to assist SAS with calls continue.	Business continuity plan was updated and inacted recently. Plans for table top exercise in place. As part of winter planning process we are going to seek interest again in second on call rota. Audit has been carried out from data in Datix detailing number of call outs and reasons. Audit presented to Executive Management Team.	Tabletop exercise due to be undertaken before end of October 2021. Second on call rota to be implemented from beginning of October 2021. Meeting to be held with SAS as part of a wider 3 island board approach in September 2021.	HSCP	Workforce and resilience in times of sickness/need to self isolate.	Risk assessment in place and documented on risk register.		Winter preparedness

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		Service resilience is a risk due to solo member of staff on duty. Planning commenced around rota for both 4 day festive periods.							
Amber	Primary Care Improvement Plan	Memorandum of Understanding has been updated along with associated timescales delivery. 3 areas to be prioritised are. Pharmacy Vaccine Transformation Community Treatment Rooms Additional emphasis locally has been around expanding community link worker provision.	By 31 March 2022	IJB have agreed and directed NHS to provide 3 key areas within timescale. Adverts are out for additional pharmacy technicians. All vaccinations for practices who wish to opt out are underway and staffing recruited. Travel vaccinations are the only exception and there are national ongoing discussions around this issue. Local discussions have likewise commenced to see if we have any local interest in providing this service. Treament room provison is proving the more challenging aspet and is yet to commence.	HSCP	Workforce issues and capacity within a relatively small team to undertake all that is required.	Risk assessment in place and documented on risk register.	Plan delivered and benefits realised.	Primary Care Improvement Plan Healthy Living and Well being programme Preventative and planned care
Amber	Ophthalmic Services	Business continuity planning support has been offered. Regular dialogue with both local and peripatetic service. Recruitment of an Ophthalmic Advisor to support Head of Service. Regular meeting with Scottish Government to disuss local issues.	Restarting of peripatetic service	Previous peripatetic service was delivered from a hotel setting. Under new COVID regulations this is no longer permitted. Extensive work has been undertaken to source alternative venue. To date all venues have been deemed unsuitable by the peripetic provider due to costs. Peripeteric provider only wishes to come to Orkney 3 days each month. Disussions have been undertaken with provider about extending their presence in Orkney to make their situation more viable with no success to date. Whilst venue was being sought 3 months accommodation was offered from within the Vaccination Centre a short term solution. Data from PSD has been reviewed to ascertain need for alternative provider on island. Discussions are ongoing with local service and additional staff have been recruited. Report around this issue and potential of losing peripatetic service to be submitted by end of September. Scottish Government are sighted and are being regularly updated.	HSCP	Loss of peripatetic ophthalmic service.	Regular meetings with both local and peripatetic provider. Risk assessment in place and documented on risk register.	Improving access to service.	Preventative and planned care

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Amber	Specialist Nursing	Increase capacity in Diabetes nursing Parkinson Nurse service in place.	By November 2021	Prevlance of diabetes Is increasing. We have a single Nurse responsible for delivering the care to patients in both the community and hospital setting. It has been agreed by the Chief Exective and Chief Officer that the current diabetes service is a high risk that needs to be addressed. Job description for a development post in diabetes has been agreed and submitted for banding. Funding as yet to be identified.	HSCP	Workforce. Ability to recruit.	Workload data reviewed. Risk assessment in place and documents on risk register. Highlighted within IJB Strategic Plan	Improving access to service.	Healthy Living and Well being programme Integrated unscheduled care. Integrated planned care Preventative and planned care
Proposal	Specialist Nursing	Administration	By March 2022	NEW There has been an additional 2 services added to the current specialist nursing service with no additional administration to support this. Currently we have 5 specialist services supported by only 0.6 WTE administration. Options paper to be presented.	HSCP	Highly skilled staff are having to carry out admin thus reducing their availability to see patients	To go on risk register. Review of admin tasks to be undertaken.	Improving access to service.	Integrated planned care Preventative and planned care
Amber	Frailty during the Covid-19 Pandemic	There was increased recognition during COVID of a need to support and develop a frailty pathway	By March 2022	NEW A bid for funding was made through realistic medicine . We were delighted to be successful. Work will commence soon with the GP cluster to help with the frailty identication process.	HSCP	To be defined as part of project planning.	To be defined as part of project planning.	To be defined as part of project planning.	Realistic medicine Healthy Living and Well being programme Integrated unscheduled care Integrated planned care Preventative and planned care
Proposal	Primary Care Strategy	There is a recognition within Primary Care that their workload has significantly increased Primary Care Strategy to be developed. Request for review of Primary Care Structure to form part of this.	Increase capacity within department due to the major workload.	Initial discussion held with Chief Executive and Chief Officer. All teams within primary care consulted and asked their views . Further discussions regarding structure to be held.	HSCP	Workforce fatigue Potential loss of key personnel to other roles.	Risk assessment in place and documented on risk register. View staff satisfaction via imatter and staff meetings.	Creating sustainable services.	Workforce Planning – NHS & IJB
Dental									
Green	Provision of dental services	Maintain level of rembobilisation already achieved.	Ongoing	Remobilisation activity has improved access and clinical prioritisation continues. Use of virtual technology such as NearMe built into service provision. Remobilisation of visiting service from NHS Grampian. Capacity continues to be adversely affected by increased IPC measures.	HSCP	Reduced capacity for patient facing care as a result of gaps in staffing.	Explore opportunities for remodelling service for the future – review and options papers to be presented by endof year supported by an interim solution.	Creating sustainable services.	NHS Recovery Plan
Amber	Re-establish National Dental Inspection Programme and wider dental inspections	Brief Dental InspectionProgramme for children in nursery and primary school	% of children in P1 and P2 showing no obvious sign of tooth decay. Provide pre covid measure and post covid impact to	National plans agreed for roll out of National Dental Inspection Programme focusing on P1 and P2 children. Local model includes wider age groups, and will allow assessment of covid impact on oral health.	HSCP	Covid impact changing guidance for schools particularly re visitors to	Following national and local guidance on roll our of National Dental Inspection Programme. Risk assessment for	NDIP will provide measure of covid impact on treatment need. This will help determine	Oral Health Improvement Plan 2018

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		Wider dental inspections - school, clinic and use of Near Me to improve access to dental services	demonstrate treatment needs. Utilising measurements information, determine and support best delivery of oral health improvement, preventive and treatment services, both clinic based and virutally.	Dental inspection in clinic, and via Near Me underway supporting access to dental services for all especially those less able to attend clinic. 1303 Near Me dental appts delivered from April 2020 – June 2021. Staff availability and covid guidelines currently restricting clinical prevention activity.		schools, and /or resistance to participation. Staffing availability to provide oral health improvement, preventive and treatment services. Covid guidance restricting numbers of patients able to be seen, limiting opportunity for preventive treatment and care.	each establishment visit. Near Me proves vital tool for improving access to dental services.	prevention and treatment priorities. This will support oral health improvement and reduce inequalities in oral health.	
Green	Re-establishment of Childsmile Oral Health Improvement Programmes	Re-eastablish toothbrushing prpgrammes in all nurseries and schools, the fluoride varnish programme	National and local programme target is 100% nurseries, and 100% primary school participation in toothbrushing programmes. National target for fluoride varnsih (following islands model of Childsmile delivery) is 100% establishment participation	Baseline toothbrushing programe participation at April 2021 – 0% participation due to covid September participation – 75% in nurseries, 55% primary at varying levels, building towards daily tootbrushing. Baseline Fluoride varnishparticipation at August 2021 – 0%. Sign up for participation on 2021/22 is 100%. Expectation locally and nationally is slow incremental return to both toothbrushing and fluoride varnsih, heavily impacted by changing covid sutationand national and local guidance, for healthcare and educational establishments.	HSCP	Covid impact changing guidance for schools particularly re visitors to schools, and /or resistance to participation. Staffing availability.	Partnership development of the programme incrementally to promote, encourage and ensure participation. Follow national and local covid guidance for toothbrushing and fluoride varnish programme delivery. Risk assessment for each establishment visit.	Return to full implementaiton of Childsmile Programmes to improve children's oral health, and reduce inequalities in oral health	Oral health Improvement Plan 2018
Green	Re-establish Caring for Smiles/ Open Wide Programme	Re-establish training and oral care support for care home establishments	All care establishments have access to Caring for Smiles training and oral care support.	Activity suspended during covid. Telephone contact maintained. Online training offered for all care homes May-June 2021. Plans for oral screening and oral care support programme for care home residents in progress.	HSCP	Covid impact restricting access to care homes. Staff availability	Follow local and national guidance determining access to care homes. Utilising telephone/virtual support to ensure support is available where required.	Caring for Smiles training provided for care establishment staff. Oral care is routine part of personal care. Staff confident in delivering oral care and seek support as appropriate.	Oral health Improvement Plan 2018
Public Health									
Amber	Implementation of the Type 2 Diabetes Prevention framework	Pre-diabetes education and weight management pathways T2DM education and weight management pathways	Health imequalities impact assessment completion 31/12/21 Education and weight management pathways operational 31/03/22	Weight management pathways approved through clinical groups Health psychology trainee in post to develop weight management health psychology clinical service	NHS Orkney	Staffing pressures	Review of programme progress and reporting to Scottish Government	Implementation of pathways	Type 2 Diabetes Framework

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		Gestational/ post-partum education and weight management (as appropriate) pathways Treatment for remission pathway		Let's Prevent pre-diabetes education identified and procured Counterweight Plus pathway operational including product and license procurement					
Amber	Weight management service development to achieve the Standards for Delivery of Tier 2 and Tier 3 Weight Management Services in Scotland	Delivery of Tier 2 and Tier 3 weight management servies for both adults and children in keeping with nationally published standards	Health inequalities impact assessment completion 31/12/21 Health needs assessment and Staff training needs assessment completed 31/12/21 Delivery of Tier 2 and Tier 3 weight management servies for both adults and children in keeping with nationally published standards 31/03/22	Child Healthy Weight staff needs assessment complete Adult weight management pathways approved through clinical groups Health psychology trainee in post to develop weight management health psychology clinical service as per standards Core weight management dataset completion process operational Health behaviour change training identified for local devliery	NHS Orkney	Staffing pressures	Review of progress by steering group	Implementation of agreed 2021/22 work strands	Child health weight and adult healthy weight Standards for the Delivery of Tier 2 and Tier 3 Weight management Services in Scotland
Red	Achievement of the LDP Standard to sustain and embed successful smoking quits at 12 weeks post quit in the 60% most deprived SIMD areas	Delivery 121 smoking cessation sessions through trained advisors Awareness raising of service with relevant partners Options appraisal to consider service development to improve aligned to health Improvement goals	31 quits in 60% most deprived SIMD areas in Orkney	Completed service re-alignment based on current national standards for 121 smoking cessation delivery and sustainability in Orkney Developed in-house smoking cessation advisor training to meet national standards of competence for smoking cessation advisors Developed materials and met with partners to raise awareness of service Online self referral system operational	NHS Orkney	Staffing pressures Public engagement	Monitoring of quit rate progress and reporting to Finance and Perfomance	Decreased prevalence of smokers in Orkney	NHS Orkney Local Delivery Standards
Proposal	Supprt OIC to achieve target to reduce the number of children experiencing the effects of poverty by 2030	Engagement with the Orkney Child Poverty Task Force and governance group		New	OIC	Staffing pressures	Dynamic prioritisation of local staff capacity	Contibution to local child poverty strategy	Fairer Scotland Action Plan Local child poverty strategy
Proposal	Define wider Health Improvement Recovery and Renewal priorities for Orkney and agree local strategic Health Improvement Plan	Assessment of health need in Orkney in Recovery and Renewal phase and beyond Covid-19 pandemic Development of local strategic Health Improvement Plan	Health improvement Strategic direction agreed 31/03/22	New	NHS Orkney	Staffing pressures	Link to clinical strategy A cohesive approach is taken in prioritising work and allocating resource	Clear agreed local direction aligned to national priorities	National Public Health Priorities Clinical Strategy

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Proposal	Establishment of procurement portal, Community Benefits Gateway (NSS) for NHS Orkney	Project Plan developed and approved	Initial basic project plan approved 31/10/21	Local triage group established Project proposal approved	NHS Orkney	Staffing pressure	Dynamic prioritisation of local staff capacity	Support of local business	Community Benefits Gateway, National Services Scotland
Proposal	Develop a workforce plan to deliver on all areas across the Public Health priorities and health protection work streams with the capacity and resilience to adapt and flex as services move into the recovery and renewal phase of the pandemic alongside business as usual to ensure the changing needs of the population are met	Workforce requirements to be identified and agreed by department senior team Proposal to be submitted to EMT for consideration Recruitment process to be undertaken	Proposal to be developed and submitted to EMT October 2021 Recruitment process to be completed March 2022	Workforce requirements identified and agreed by department senior team	NHS Orkney	The health protection workload is anticipated to increase as the population begins to mix leading to increased infection rates and the impact of unmet need e.g sexual health and blood borne viruses is realised. The small team may face significant staffing challenges with the introduction of specific COVID-19 activities in relation to contact tracing, care homes, schools, and other workplaces. Access to fully qualified staff is extremely limited creating major issues with resilience as the pandemic continues Small team there is the potential to become overwhelmed	A cohesive approach is taken in prioritising work and allocating resource The recognition that services may be public health led but organisationally delivered. Close working across the North of Scotland through the North of Scotland Public Health network provides some mitigation Contact tracers role incorporates a health improvement function to reduce the impact on health improvement work streams	The department is able to mount a rapid response to changing service demands A collaborative approach has led to the delivery of successful influenza and covid vaccination programmes	NHS Recovery Plan NHS Orkney Workforce plan

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						as covid case numbers rise alongside remobilisation and increasing health protection case work and vacciantion programme demands e.g flu and covid			
Green	All Adult screening programmes remobilised in line with the national direction	Oversight of the remobilisation of screening programmes is provided by the Board Screening Coordinator Attendance at National Board Screening Coordinator Groups ensures progress is aligned with the national implementation plan Some screening programmes are undertaken in conjunction with NHS Grampian. Close working is occurring with NHS Grampian to ensure the needs of NHS grampan and NHS Orkney are met.	All targets set for the remobilisation of screening programmes have been met.	All screening programmes will continue to remobilise in line with the targets set	NHS Orkney	As the Consultant in Public Health covers the screening and immunisation co-ordinator role as well as lead on health protection, there is significant risk to these programmes if additional staffing is not agreed for the public health department	To recruit to the post of Advanced Health Protection Nurse Specialist	All targets set for the remobilisation of the screening programmes have been met	NHS Recovery Plan
Green	Learning disabilities and intimate partner violence screening inequalities projects	Identification of barriers to screening within identified populations Delivery of trauma informed practice training to appropriate staff groups	Identification of barriers to screening within identified populations 31/03/22	LD project plan approved and ethical approval being sought Intimate violence project steering group	NHS Orkney	Staffing pressures	Review of programme progress and reporting to Screening Inequalities Fund Governance	Reduced barriers to screening for people with learning disabilities and people who have experienced intimate partner violence	Scottish Government Screening Inequalities Fund
Amber	COVID-19 Test and Protect services are fully operational	Testing service is operationally delivered within primary care and community services division with strategic oversight from public health Prioritisation of service delivery is ongoing as changes in national testing strategy and the move to a winter	Options in relation to embedding testing across a wider group of professionals in the Orkney mainland are being considered. Process to be developed to support access to rapid testing and facilitate the safe release of health and social care workers and	In the outer isles testing is embedded within primary care services. SOP to support the safe return to work of NHS and social care workers has been developed Consultation period to be completed September 15th Implementation 20th September	NHS Orkney NHS Orkney	Access to fully qualified staff to support complex settings based work is extremely limited creating major issues with resilience within the health protection	Regional recruitment attempted without success Directorate workforce plan to be developed and implemented First on call public health rota has been established to support weekend contact tracing function and	Comprehensive testing services are in place offering asymptomatic and symptomatic testing to the Orkney population. Systems have been tested and surge capacity was effective during an outbreak situation when large scale	Test Trace Isolate and Support Strategy

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		testing protocol are implemented. Point of care testing is being considered to support patient placement in The Balfour	other key worker groups from isolation to maintain service provision	Orkney Local Emergency Coordination Group (OLECG) is considering the process for wider key worker groups	OLECG	team as the pandemic continues	increase out of hours capacity.	community testing was needed.	
		Testing capacity is accessed vie the local laboratory, DHSC testing service and Northern Regional Hub. Close working is occurring to maintain the turnaround time for PCR testing as the demand for testing increases and off island transport links change with the move to winter timetables.	Options for increased use of the Northern Regional Hub (NRH) are being considered with the Scottish Microbiloogy and Virology Network	IT solutions to facilitate electronic referral of specimens to the NRH wich don't impact on the local lab have been identified Awaiting final approval to implement	NHS Orkney				Sustainability Framework
		Oversight of the Asymptomatic Testing Site proposal implementation plan ensuring delivery is in line with national Standard Operating Procedures and governance framework		Partnership group established Recruitment process is underway Procurement of electric veicle is underway in line with the sustainability framework Satellite ATS are being established in the outer isles. Interim service, using the covid assessment centre and GP practices, pending the procurement of the vehicle is in place.	NHS Orkney/Orkney Islands Council				
		Recruitment for contact tracing staff is an ongoing process	7 contact tracers Mon-Sun	Initial recruitment drive appointed 3.5 wte, a further 2.5 wte ave been recruited.	NHS Orkney	Within the Contact tracing and testing workstreams the staffing attrition rate is very high due to fixed term nature of posts	Health improvement team trained to deliver contact tracing service Fixed term funding issue raised at national forums and Scottish Government Performance meetings.	Contact tracing service supported by health improvement staff has to date managed local demand and contributed to the national programme through the provision of mutual aid.	
		The CPH meets regularly with Orkney islands Council Test and Protect team in regard to isolation needs of individual particularly tourists.		A dedicated house is held by the local authority in case required for isolation purposes	Orkney Islands Council	The capacity will not meet demand as tourism increases	Agreement with tourism providers that individuals needing to isolate can remain in their holiday accommodation for the duration of their isolation period.	To date all requiring to isolate on Orkney have been accommodated.	

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Green	Vaccination Transformation Programme (VTP) and implementation of extended influenza and COVID-19 vaccination programmes	Oversight of Immunisation programmes is provided by the Consultant in Public Health who also has the roles of Board Immunisation Coordiantro and VTP Business Change Manager The operational delivery plan for VTP and extended influenza and COVID-19 vaccination programmes has been identified and agreed. Work is underway with Community Pharmacy colleagues to scope out the potential for a community pharmacy travel health service. To take part in national pilot training programme to develop health care support worker (HCSW) vacciantors	VTP to be fully implemented by the end of March 2022 Influenza vaccination programme to be completed by December 2021 Covid 19 vccination programme and booster programme to be delivered in line with national work plan. Travel health service planning to be completed by end of October 2021	Implementation of the VTP operational delivery plan has commenced Lead Immunisation Nurse has been recruited The delivery of the core childhood and adult vaccination programmes by NHS Orkney employed vacciantors within GP practice setting is being piloted in two general practices. Influenza vaccination programme 2021/22 to commence September 2021 COVId-19 vaccination programme is ongoing in line with national guidance and timelines Negotiations have commenced with a local community pharmacy service provider. Pilot training programme completed and four HCSW vaccinators have been recruited.	NHS Orkney	The newly formed and small team may be overwhelmed with the increase in workload at a time of transformatio nal change. This could impact across all vaccination programmes	The CPH has oversight of the transformational change programme and operational delivery through twice weekly meetings with the Immunisation Management Team Skill mix to be implemented within the Immunisation Team to build resillience	Uptake raes across the core vaccination programmes have remained consistent throughout the change programme. NHS Orkney is seeing an above average uptake rate in most cohorts included in the COVID-19 vaccination programme	Vaccination Transformation Programme

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**	**Further Action /Comments**
1	NHS Board and Health and Social Care Partnerships (HSCPs) have clearly identified all potential disruptive risks to service delivery and have developed robust Business Continuity (BC) plans to mitigate these risks. Specific risks include the impact of Respiratory Infections (e.g. Covid, RSV, Seasonal Flu) on service capacity, severe weather and staff absence. Business continuity arrangements have built on lessons identified from previous events, and are regularly tested to ensure they remain relevant and fit for purpose. Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded in Remobilisation / Annual Operating Plans as part of all-year-round capacity and service continuity planning *The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details.* This guidance Preparing for Emergencies Guidance*sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.*	☐ ☐	Green	
2	BC plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst case scenarios. Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required to maintain them are included on the corporate risk register and are actively monitored by the risk owner.	☐ ☐	Green	

	The Health Board and HSC partnership have robust arrangements in place to support mutual aid between local / regional partners in respect of the risks and impacts identified			
3	The NHS Board and HSCPs have appropriate policies in place to cover issues such as : • what staff should do in the event of severe weather or other issues hindering access to work, and • arrangements to effectively communicate information on appropriate travel and other advice to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. *Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local/Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.*	☐	Green	
4	NHS Board/HSCPs websites will be used to advise patients on any changes to service access arrangements or cancellations of clinics / outpatient services due to severe weather, reduced staffing levels etc.	☐	Green	
6	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	☐	Green	

2	Unscheduled / Elective Care Preparedness *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	**Clinically Focussed and Empowered Management**			
1.1	Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity and visibility of other key performance indicators *To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐	Green	
1.2	Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.	☐	Amber	No whole system escalation in place. Keen to have national support in developing this.
1.3	A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU. *This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.* *Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care, with PDDs*	☐	Green	

	(planned dates of discharge) visible and worked towards, to ensure patients are discharged without delay.			
1.4	Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period. *All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.*	☐	Green	
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	Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions *Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.* *Weekly projections for COVID demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.* *Plans in place for the delivery of safe and segregated COVID-19 care at all times.* *Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.*	☐	Green	Projections developed, no ICU on island. Retrieval to mainland for ICU level care required. Requirement for mainland Boards to have sufficient capacity to accept transfers from Orkney is critical to our local system resilience and patient safety.

	NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID-19 surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.			
2.2	Pre-planning created pathways which provide an alternative to admission, and optimised the use of inpatient capacity for the delivery of emergency and elective treatment, including identification of winter / COVID-19 surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work. *This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled, consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.* *Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.* *Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions*	☐	Amber	Hospital at Home project being developed but start date delayed while staffing secured.
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	System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection,	☐	Amber	Reliance on locums due to vacancies across the system

	Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October. *This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations*.			and difficulties in recruitment. This makes defining rota cover for the festive period challenging however it is due to be completed for all services by start of November.
3.2	Extra capacity should be scheduled for the 'return to work' days after the four day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.	☐	Green	Not possible within small system, core services continue throughout to minimise backlog creation.
3.3	Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc. *NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations*	☐	Green	
3.4	Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered. *Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.*	☐	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.			
	To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate. Referrals to the flow centre will come from: • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at A&E services. The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.		Green	Reliance upon NHS Highland for provision of FNC.
	Professional to professional advice and onward referral services should be optimised where required Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.		Green	

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 in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process. *Patients, their families and carers should be involved in discharge planning with a multidisciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.* *Utilise Criteria Led Discharge wherever possible.* *Supporting all discharges to be achieved within 72 hours of patient being ready.* *Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross). Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.*	☐	Green	Patient Flow Coordinator role being recruited to for 6 months to support enhance patient flow over winter period.
4.2	To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate. *Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.*	☐	Amber	Hospital at Home pilot once established will provide a 7 day per week service however there is no 7 day cover for a range of services given demand and scale. Options being explored for reinstatement of discharge lounge facility following

				redesignation of space to support COVID pathways. Criteria Led Discharge tested in one specialty but not yet fully implemented.
4.3	Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon. *Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.* *Extended opening hours during festive period over public Holiday and weekend*	☐	Amber	Requirement of ensuring no "mixing" between COVID pathways means that we are not able to open our existing Discharge Lounge. Options for alternative areas to enable segregation being explored.
4.4	Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this e.g. surge in pre-Christmas discharge *There should be a monitoring and communication process in place to avoid delays, remove bottlenecks and smooth patient discharge processes*	☐	Green	Many services are experiencing increased demand and the ability for very small teams to adapt and meet this demand with limited capacity and options for redirection must be recognised.
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	Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.	☐	Green	Pathway in place to facilitate the provision of Home Oxygen service if necessary,

	This will be particularly important over the festive holiday periods. *Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions. Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.* *Assessment capacity should be available to support a discharge to assess model across 7 days.*			in partnership with Dolby Vivisol Agreements in place with Community Pharmacies to ensure emergency service provision during the festive period Discharge Planning and Out of Hours SOPs support capacity to discharge over 7 days
5.2	Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible. *Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.* *All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible*	☐	Green	Home First agreed to cover the winter period and Hospital at Home pilot being developed.
5.3	Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge. *Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.*	☐	Amber	SPARRA data not routinely used. However high risk patients generally well known to services and KIS kept up to date.
5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.	☐	Green	

	KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur, Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.			
5.5	COVID-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.		N/A	
6.0	**Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.**			
6.1	Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government. *Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.* *Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.*	☐	Green	
6.2	Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent. *SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.*	☐	Green	

	The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes. *The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.* *Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns*			

3	**Out of Hours Preparedness** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays. *This should include an agreed escalation process.* *Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?*	☐	Amber	OOH GP rota cover challenging and recruitment of locums is problematic. Being progressed at present. MHO, SW and CPN and CN rotas all being covered.
2	The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.	☐	Green	
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.	☐	Green	
4	There is reference to direct referrals between services. *For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units*	☐	Green	Supported by regular Huddles across OOH service providers.

	(MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?			
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	☐	Green	
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	☐	Green	
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.	☐	Green	
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres *This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.*	☐	Green	
9	The plan displays a confidence that staff will be available to work the planned rotas. *While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.*	☐	Green	
10	There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24. *This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.*	☐	Green	
11	There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.	☐	Green	
12	There is evidence of joint working between the Board and NHS 24 in preparing this plan.	☐	Green	

	This should confirm agreement about the call demand analysis being used.			
13	There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan. *This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.*	☐	Green	
14	There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan. *This should include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.*	☐	Green	
15	There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan. *The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.*	☐	Green	

4	**Prepare for & Implement Norovirus Outbreak Control Measures** *(Assessment of overall winter preparations and further actions required)*		**RAG**	**Further Action/Comments**
1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings *This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.*	☐	Green	
2	IPCTs and HPTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. *Boards should ensure that their IPCTs and Health Protection Teams (HPTs) are supported to undertake the advance planning to ensure that Norovirus outbreaks in hospitals and care homes are identified and acted upon swiftly. Boards should ensure that there are sufficient resources to provide advice and guidance to ensure that norovirus patients are well looked after in these settings.*	☐	Green	
3	PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff	☐	Green	
4	How are NHS Board communications regarding bed pressures, ward closures, kept up to date in real time. *Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.*	☐	Green	Outbreak notification processes in place.

5	Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. *Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.*	☐	Green	
6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker.	☐	Green	
7	Are there systems in place that would ensure appropriate patient placement, patient admission and environmental decontamination post discharge in ED and assessment areas	☐	Green	Risk assessment and supporting processes in place.
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. *While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.*	☐	Amber	No on call/7 day service for IPCT. Access to microbiology support from NHS Grampian in OOH period but this can be limited in terms of IPC input.
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. *As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.*	☐	Green	
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	☐	Green	

11	Are there systems in place to deploy norovirus publicity materials information internally and locally as appropriate,	☐	Green	
12	Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak. Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of COVID-19.		Green	

5	COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing *(Assessment of overall winter preparations and further actions required)*		RAG	Further Action/Comments
1	Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on Adult flu immunisation programme 2021/22 (scot.nhs.uk) and Scottish childhood and school flu immunisation programme 2021/22 . Further CMO letters will be issued before the flu season begins to provide further details on aspects of the programme, including the marketing campaign and details of education resources for staff administering vaccinations.	☐	Green	
2	All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible. *It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.* *Vaccine uptake will be monitored weekly by performance & delivery division*	☐	Green	

3	The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period. *If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. SG procures additional stocks of flu vaccine which is added to the stocks that Health Boards receive throughout the season, which they can draw down, if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division.)*	☐	Green	Fluidity of this situation is recognised and resilience of our small system will be limited dependent on extent of impact on staff resource and number of areas affected.
4	PHS weekly updates, showing the current epidemiological picture on COVID-19, RSV and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity. *Public Health Scotland and the Vaccinations Strategy Division within the Scottish Government monitor influenza rates during the season and take action where necessary. The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.*	☐	Green	
5	Adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. *NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.*	☐	Green	Caveat above not withstanding.

6	Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are fully aware of all IPC policies and guidance, FFP3 fit-tested and trained in the use of PPE for the safe management of suspected COVID-19, RSV and flu cases and that this training is up-to-date. ***Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's 'Respiratory protective equipment at work' of HSG53 (Fourth edition, published 2013). https://www.hse.gov.uk/pUbns/priced/hsg53.pdf***	☐	Green	Work underway to enhance FFP3 systems and processes.
7	Staff in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) will also be required to continue to undertake asymptomatic weekly testing for COVID-19 throughout this period. We are actively reviewing the current asymptomatic Healthcare Worker testing Operational Definitions to ensure they are still fit for purpose.	☐	Green	

8	Ensure continued support for care home staff asymptomatic LFD and PCR testing and wider social services staff testing. This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results. *Enhanced care home staff testing introduced from 23 December 2020 . This involves twice weekly LFD in addition to weekly PCR testing review of enhanced staff testing underway. PCR testing - transition to NHS lab complete. Good level of staff participation in PCR testing.* *Testing has been rolled out to a wide range of other social care services including care at home, sheltered housing services.*	☐	Green	
9	NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows: • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households The vaccinations are expected to start this week (week commencing 28th September), and we will be working with Boards to monitor vaccine	☐	Green	

	uptake. This will include regular reporting that will commence from day 1 of the programme utilising automated data collection methods for performance monitoring. Public Health Scotland will report weekly.			
10	**Low risk** – Any care facility where: a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative) **Medium risk** Any care facility where: a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARSCoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing **High risk** Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing. So all emergency admissions where COVID-19 status is unknown/awaited will fall into the medium risk pathways until testing can be undertaken to allow them to transition into green.	☐	Green	

11	All NHS Scotland Health Boards have provided assurance that all emergency and all elective patients are offered testing prior to admission. *Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.*	☐	Amber	Red pathway tested prior to admission where appropriate; amber in IP1 once admitted. Elective in place.
12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf *In mid-February 2021, the scope of the LFD testing pathway was expanded further to include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), hospice staff, and NHS24 and SAS call handlers. Some hospice staff had been included in the original scope where staff worked between hospitals and hospices, so this addition brought all patient facing hospice staff into the testing programme.* *On the 17 March Scottish Government announced that the scope of the HCW testing pathway would be further expanded to include all NHS workers. The roll out is currently underway and we expect that all Boards across Scotland will have fully implemented the roll-out of twice weekly lateral flow testing to eligible staff by the end of June 2021. This will include staff who may have been shielding or working from home and is in line with national guidance.* *Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-COVID-19-healthcare-worker-testing/*	☐	Green	

6	**Respiratory Pathway** *(Assessment of overall winter preparations and further actions required)*		RAG	**Further Action/Comments**
1	**There is an effective, co-ordinated respiratory service provided by the NHS board.**			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☐	Green	
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☐	Red	Not applicable
1.3	Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times. *Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place.* *Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.* *Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).*	☐	Green	Additional communication circulated ahead of winter to remind clinicians of mechanisms for exacerbation.
1.4	Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients. *Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.*	☐	Amber	Communications activity will be taken forward to address this action ahead of winter.

2	**There is effective discharge planning in place for people with chronic respiratory disease including COPD**			
2.1	Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation. *Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).*	☐	Green	
2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☐	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	Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease. *Spread the use of ACPs and share with Out of Hours services.* *Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.* *SPARRA Online: Monthly release of SPARRA data,* *Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.*	☐	Green	However, SPARRA not used routinely at present.

4	**There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board**			
4.1	Staff are aware of the procedures for obtaining/organising home oxygen services. Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860) Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period. Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated. *Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.*	☐ ☐ ☐ ☐	Green	
5	**People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.**			
5.1	Emergency care contact points have access to pulse oximetry. *Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.*	☐	Green	

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☐		
	Nursing / Medical Consultants	☐		
	Consultants in Dental Public Health	☐		
	AHP Leads	☐		Vacant AHP Lead position, will progress to recruitment in the autumn.
	Infection Control Managers	☐		
	Managers Responsible for Capacity & Flow	☐		CNM vacancy forthcoming but recruitment being progressed. Patient Flow post out to advert.
	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, incLRPs & RRPs	☐		
	Integration Joint Boards	☐		
	Strategic Co-ordination Group	☐		
	Third Sector	☐		
	SG Health & Social Care Directorate	☐		

COVID-19 Surge Bed Capacity Template **Annex A**

PART A: ICU

	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
Please confirm that your NHS Board can deliver the stated level of ICU Capacity in the time periods set out	0	0	0	0	Y	Assumption of access to off island transfer for patients requiring ICU level care.

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	2	

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	28	Accommodated by redesignation of general inpatient beds in Inpatients 2 Unit and the Day Unit. Our ability to maintain elective surgery would be adversely impacted and availability of beds for non COVID-19 patients would be decreased.

Annex B

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						