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Agenda Item: 11.

Integration Joint Board

Date of Meeting: 10 February 2021.

Subject: Orkney Winter Plan 2020/21.

1. Summary

1.1. This is a whole system plan which aims to address the predicted additional pressures of winter across 2020/21 alongside the ongoing COVID-19 pandemic. Delivery of this plan will require strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective and person centred care.

2. Purpose

2.1. The purpose of this paper is to present the Integration Joint Board with the draft Orkney Winter Plan 2020/21 for consideration and approval.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Approve the Orkney Winter Plan 2020/21, attached as Appendix 1 to this report.

4. Background

4.1. NHS Orkney, in common with other health boards, is expected to prepare a Winter Plan, in partnership based on national guidance and from lessons learned the previous year.

4.2. The Winter Plan, attached as Appendix 1 to this report, aims to create a set of conditions which improve resilience by building capability to absorb, respond and recover from disruptive challenges. Winter disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness; increased numbers of falls and trips; and wards closed to admission due to higher levels of norovirus.

4.3. Given the ongoing emergency footing and the COVID-19 pandemic, planning for this winter where there is a high likelihood of concurrent events is critical in ensuring services are best placed to meet the demands which are likely to be placed on them.

5. Contribution to quality

Please indicate which of the Orkney Community Plan 2019 to 2022 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.	No.
Leadership: To involve partners such as community councils, community groups, voluntary groups and individuals in the process.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

6. Resource implications and identified source of funding

6.1. Additional funding of £47,000 has been allocated by Scottish Government to support winter plan delivery across Orkney. The proposed use of this funding is outlined in section 8.4 of the Plan.

7. Risk and Equality assessment

7.1. A full risk assessment relating to delivery of the Winter Plan is provided at section 8.3 of the Plan.

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.

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12. Supporting documents

12.1. Orkney Winter Plan 2020/21.



Orkney's Winter Plan 2020/21

Version Control: Draft 2	Prepared by Christina Bichan, Head of Assurance & Improvement
Implementation Date	TBC

Approval Record	Date
NHS Orkney Senior Management Team	November 2020
NHS Orkney Board	17 December 2020
Integrated Joint Board	TBC

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Introduction

This winter plan builds on the plans of previous years and the interventions that have been successfully used to manage peaks in demand over the winter period and over the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of all of our NHS Board staff, working within primary, 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 pressures from the ongoing COVID-19 pandemic, winter respiratory ill health, adverse weather and the end of the EU exit transition period on 31/12/2020.

Aim and Objectives

Aim

The aim of this Plan is to set out the arrangements for the delivery of primary and community care, out-of-hours and hospital services over the winter period and to ensure that our collective provision can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand as a result of wide spread illness such as seasonal flu or epidemic viral illness coupled with the ongoing COVID-19 pandemic is likely to add a level of burden to our shared ability to deliver services.

Objectives

The principle objectives of the plan are:

- to set out how we will work together to respond to the unprecedented challenges being faced over winter 2020/21 and to deliver against the priorities Scottish Government have set for the NHS and their delivery partners. Namely:
- Minimising the impact of the acute pandemic phase
- Suppressing the virus and
- Keeping people alive and well through provision of essential health and social care services, including those that promote physical and mental wellbeing.

Related Plans and Guidance

The following plans set out detailed policies and procedures which relate to or are part of Orkney's response to winter pressures:

- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management September 2015
- NHS Orkney Pandemic Flu Plan 2017
- NHS Orkney Major Incident and Emergency Plan Version 1.2
- Orkney Islands Council Emergency Plan 2019 Version 1.7
- Orkney Islands Council – Winter Service Plan 2015-16 (reviewed 2020/21)
- NHS Orkney Communication & Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance 2015
- NHS Scotland Standards for Organisational Resilience May 2018 Second Edition
- NHS Scotland - winter preparedness plan: 2020 to 2021
- Adult social care - winter preparedness plan: 2020 to 2021
- Exercise Silver Swan Overall Exercise Report April 2016
- NHS SCOTLAND Major Incidents with Mass Casualties National Plan for NHS Boards and Health and Social Care Partnerships, 2019
- EU-exit Scottish Risk and Mitigation (Official Sensitive)

Consultation

This Plan was prepared collaboratively by services from across the health and social care system through a multi agency Winter Planning Group.

Review of the Plan

The plan has been reviewed by the Winter Planning Group, Clinical Care Governance Committee, Senior Management Team and Integration Joint Board. It will be circulated to stakeholders within Orkney Local Emergency Co-ordinating Group (OLECG) once the plan has been formally adopted. This year's plan considers the additional pressures of concurrent events such as Flu, EU-Exit and the potential challenges of a major incident taking place during a COVID-19 pandemic. Debriefs relating to COVID-19 outbreaks are now available from a variety of sources and will assist and inform our winter planning processes as we seek to return to a new model of service delivery in the midst of a pandemic.

SECTION 1. RESILIENCE PREPAREDNESS

1.1 Resilience Preparedness

NHS Orkney undertook Business Impact Analysis (BIA) with services across the organisation and now has Business Continuity Plans (BCPs) in place covering all areas. This works alongside Primary Care who have further developed their plans covering the Isles Network of Care, delivering services to the outer isles of Orkney. Whilst there is no statutory obligation under the Civil Contingencies Act 2004 the majority of the independent GP practices have now completed their own BIAs and BCPs.

In February 2020, the Board began its COVID-19 response planning and stood up a Gold, Silver and Bronze Command structure mirroring the strategic, tactical and operational structures within the Board's Major Incident Plan. As part of this response specific areas of The Balfour were re-configured to form the NHS Orkney Acute Services COVID-19 Capacity Plan. This four-step plan was designed to expand in three stages within the footprint of the new hospital to create surge capacity for COVID-19 patients. Whilst this escalation plan represents a significant increase in bed capacity, the challenge of staffing all four phases will be the limiting factor in the winter months with historically higher rates of staff sickness and the potential to lose staff who are required to self-isolate. The availability of locum staff and the uncertainty around EU-Exit may also reduce the pool of staff on temporary contracts.

As part of the hospital re-configuration, a ventilation unit was set up within the existing theatre area with additional staff trained in ventilation procedures to increase the Board's capacity to ventilate patients on island, awaiting transfer off island to ICU facilities

A Covid Assessment Centre (CAC) for the assessment and testing of members of the public who display COVID-19 symptoms has been set up off site by re-commissioning the old Health Centre. This measure is designed to screen patients and reduce the risk of introducing the virus into the Balfour via attendance at the Emergency Department or at the two GP practices located within the new hospital. Footfall into The Balfour and all GP practices across the Board has been reduced through the increased use of telephone and video consultations.

1.2 Training and Exercising

Four critical areas within the new hospital were identified for table top testing against the Major Incident Plan. These included Switchboard, Emergency Department, Radiology and Theatre. The overall plan is to use the product of these exercises to develop a larger table top exercise for the Senior Management team. Whilst three areas were exercised, the Emergency Department exercise was put on hold as a consequence of the pandemic.

On the 12th and 13th February 2020, the Scottish Resilience Development Service (ScoRDS) delivered the Integrated Emergency Management training to NHS Orkney managers and partner agencies covering founding principles and crisis management. This training has given those managers on call a wider understanding of the resilience structures and benefits of multi-agency responses.

On the 27th of April 2020 the Silver Command Group undertook Exercise Silver Standard facilitated by the two embedded Military Liaison Officers and the Resilience Officer with three simulated Covid-19 scenarios designed to help participants identify key risks and a range of solutions within a safe learning environment.

On the 1st of June 2020 NHS Orkney held a multi-agency exercise focussing on a COVID-19 outbreak amongst care staff and residents. Learning from the Home-Care One outbreak in Portree, Isle of Skye provided additional valuable lessons learnt and was disseminated to Orkney Health and Care and care home managers.

NHS Orkney has had a number of singular COVID-19 positive cases with the most significant incident centred on an outbreak aboard an Orkney based fishing vessel. This tested the Board's collaborative response with partner agencies with the setting up of a problem assessment group including representation from Scottish Government and partners from OLECG. These live incidents have allowed NHS Orkney and partners to test their response processes and their contact tracing arrangements and well as live testing the logistics of transferring a COVID-19 patient to the intensive care unit at Aberdeen Royal Infirmary.

1.3 COVID-19 Risk Reducing Measures

Significant work has been undertaken to reduce the risk of COVID-19 transmission across staff cohorts. All staff who can work from home have been actively encouraged to do so in an effort to reduce the number of staff working within The Balfour. A number of workstations have been removed to comply with the latest social distancing guidance issued by NSS Scotland COVID-19 remobilisation guidance on social distancing in the workplace. Signage has been displayed throughout the NHS estate with the setting up of one-way systems in an effort to regulate the flow of staff around the hospital building. All staff moving around are required to wear face masks/face coverings with FFP2 face masks required when entering any clinical areas. Where possible non-resident staff are housed in single occupancy accommodation or bubbled together in working cohorts. Public Communications and messaging will be pivotal through the winter months as students return from the mainland to Orkney for the festive break. Coupled with the increase in social gatherings as families celebrate Christmas, these factors represent a significant risk of spreading the virus but this could be mitigated with careful public messaging.

1.4 Personal Protective Equipment (PPE)

As the pandemic intensified worldwide demand for PPE outstripped supply creating uncertainty and instability within the supply chain with price fluctuations, product quality issues and a lack of availability. In recognition of the critical need for a buffer stockpile of suitable PPE NHS Orkney set up the PPE and Supply Chain-sub Group to support Boards COVID-19 response. The group set up processes to build up a buffer stock of PPE with robust stock control measures to ensure that staff across the organisation had access to the appropriate levels of PPE. Single Points of Contact have been appointed to represent the organisation national meetings for both PPE and Procurement. This ensures that the Board is sighted on supply chain issues and can plan appropriately. Due to the fluctuations in availability of Filtering Facepiece (FFP3) masks for Aerosol Generating Procedures NHS Orkney has trained an additional eight clinical and non-clinical staff to undertake

face fit testing as well as training face-fit testers for Orkney Islands Council so that staff can be tested into new and sustainable product lines as they become available. This will remain a rolling programme for the foreseeable future to ensure that staff have access to the necessary PPE to respond to the COVID-19 pandemic and any increase in seasonal flu patients.

1.5 Vaccination Programme

This year the Board will undertake a flu vaccination programme in a range of venues outwith normal healthcare facilities. The venues have been set up on an appointment only basis with patients being escorted from their vehicles into the vaccination centres to ensure that there is no queueing and that social distancing is maintained at all times. This patient flow process is regulated by Marshalls provided by a range of category 1 and category 2 responders from OLECG supporting the NHS flu vaccination programme. Public messaging around the programme will be key to its success by ensuring that patients are aware of all the changes to the process from previous years. It is anticipated that this year's flu vaccination programme will be a significantly larger with the additional cohorts of patients to be vaccinated and a larger uptake from the original cohorts.

1.6 Adverse Weather Planning

On the 13th and 14th of January 2020 OLECG stood up in relation to an extreme weather event and predicted tidal surge. A rest centre was set up and coastal defences deployed at a number of locations. NHS Staff were pre-positioned by partner agencies to ensure that patients in the more remote communities still had access to NHS services. As a consequence of these measures, and the management of a significant number of weather events over the previous years, the resilience partnership has become well versed in its response.

On the 9th of October 2020, Police Scotland Emergency Planning Department ran a multi-agency table top exercise relating to a major weather event as part of the winter planning process. This was attended by a range of partners across OLECG and featured a deteriorating weather situation with a multitude of emerging threats. The debrief report will be published in due course.

1.7 Brexit Planning

Initially the Board had set up a Brexit Steering Group to review the Scottish Governments Planning Assumptions based on the UK leaving the EU without a deal. Local and regional workshops were attended and the Board produced its own Brexit risk register sitting alongside risk registers produced by the resilience partnerships. OLECG and NHS Orkney are now beginning to re-focus on planning arrangements on the new departure date of the 31st of December 2020.

1.8 Technology Enabled Care

The introduction of Office 365 (O365) is one of two major implementations of Microsoft products being undertaken across NHS Scotland which will support our mobilisation plans. Over the next 6 months we will move our entire IT estate over to the Microsoft Office 365 suite enabling our workforce to use devices in different locations including accessing data outside of our IT networks.

The take up and use of Near Me in Orkney to date has been a fantastic achievement. As part of our winter plans the use of Near Me will continue and be rolled out to all health and social care services as well as the voluntary and community sector.

Building on our successes of Near me, we will undertake a test of change with the national Technology Enabled Care Programme to roll out remote blood pressure monitoring for newly diagnosed hypertensive patients from the Isles Network of Care GP Practices enabling more people to receive their care at home or in the community.

North of Scotland (NoS) eHealth Leads meet on a regular basis to establish regional solutions for community and clinical service improvements. This includes implementing the NoS care portal Care portal providing cross-Board Electronic Patient Records (EPR) to support GPs, and clinicians within secondary care with a single view of a person's health and care record.

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SECTION 2. UNSCHEDULED/ELECTIVE CARE PREPAREDNESS

2.1 Hospital Overview

The Balfour Hospital inpatient capacity is currently as follows:

IP1	20
HDU	2*
IP2	16
C19 Surge Unit	4
MHTB	1
Maternity	4
Acute Assessment	2
C19 Ventilation Unit	2
Total	51
Total C19	6

To supplement the above a COVID-19 escalation plan detailing surge phases and associated bed numbers has been developed in line with Scottish Government requirements.

This gives a total of 51 beds of which 6 are allocated to the management of COVID-19. The new hospital facility, The Balfour, has all individual patient rooms with en-suite, allowing a higher degree of flexibility within this system at times of high occupancy/demand.

The average number of admissions each month to the Balfour Hospital is 345 (including day cases) with episode data by year being provided in Figure 1 below. Additionally, a summary of consultant led outpatient activity at the Balfour Hospital is provided in Table 1. As well as variation from year to year, we experience variation from month to month as a result of the variable schedule of visiting services delivered in Orkney by staff from other Boards. The frequency of visiting service clinics is dependent upon demand as well as historical agreements and can be monthly to 6 monthly dependent on specialty.

Figure 1. Admissions to The Balfour quarter ending March 2014- December 2019

(Source: ISD - extracted October 2020)

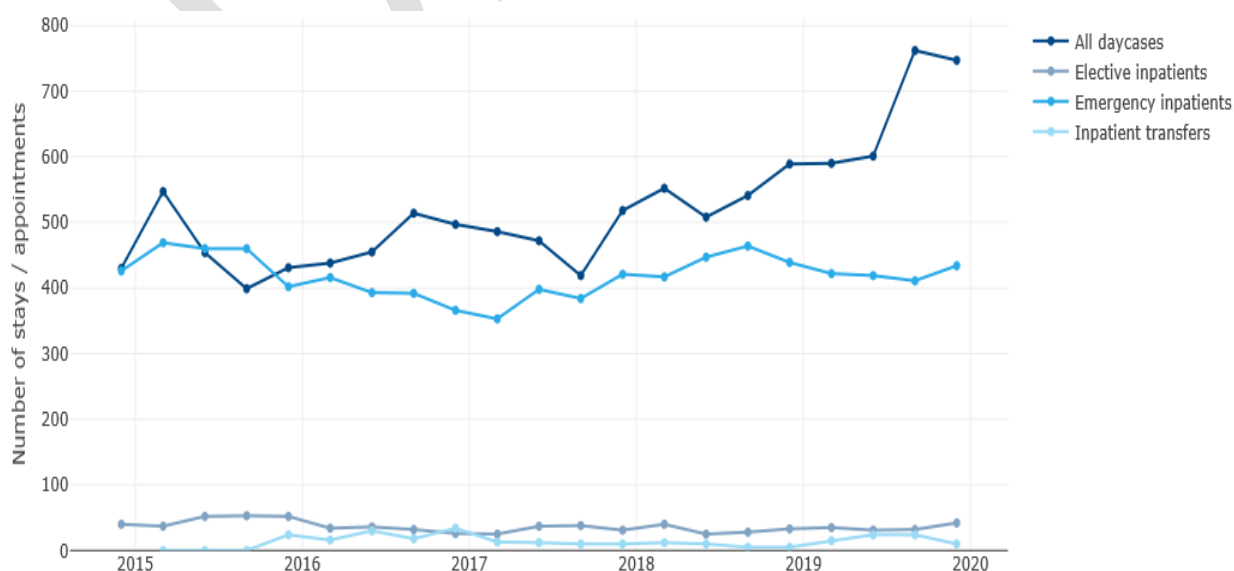


Table 1. Consultant Led Outpatient Activity, The Balfour 2013/14 – 2019/20 (Source: ISD)

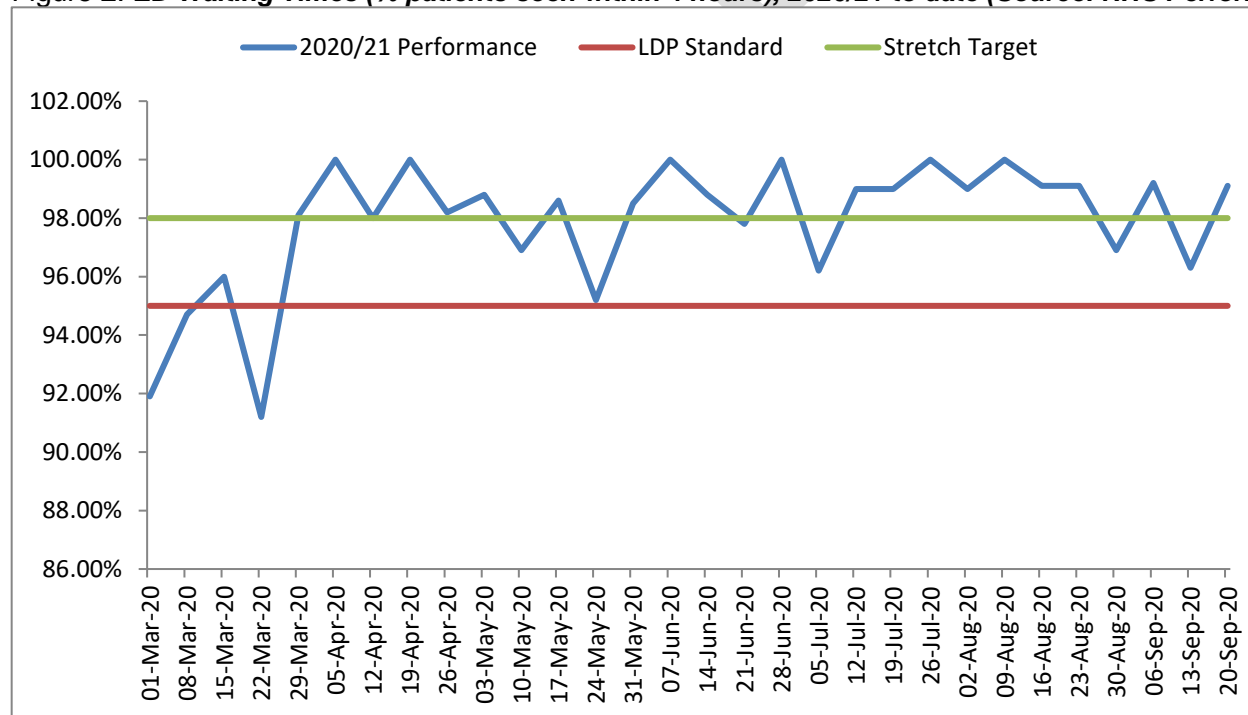
Year	New	Return	Grand Total
2014/15*	2029	3831	5860
2015/16	3990	7796	11786
2016/17	4111	7239	11350
2017/18	3862	7118	10979
2018/19	4125	7009	11134
2019/20**	3220	5507	8727

*Data only includes Oct 2014 – March 2015.

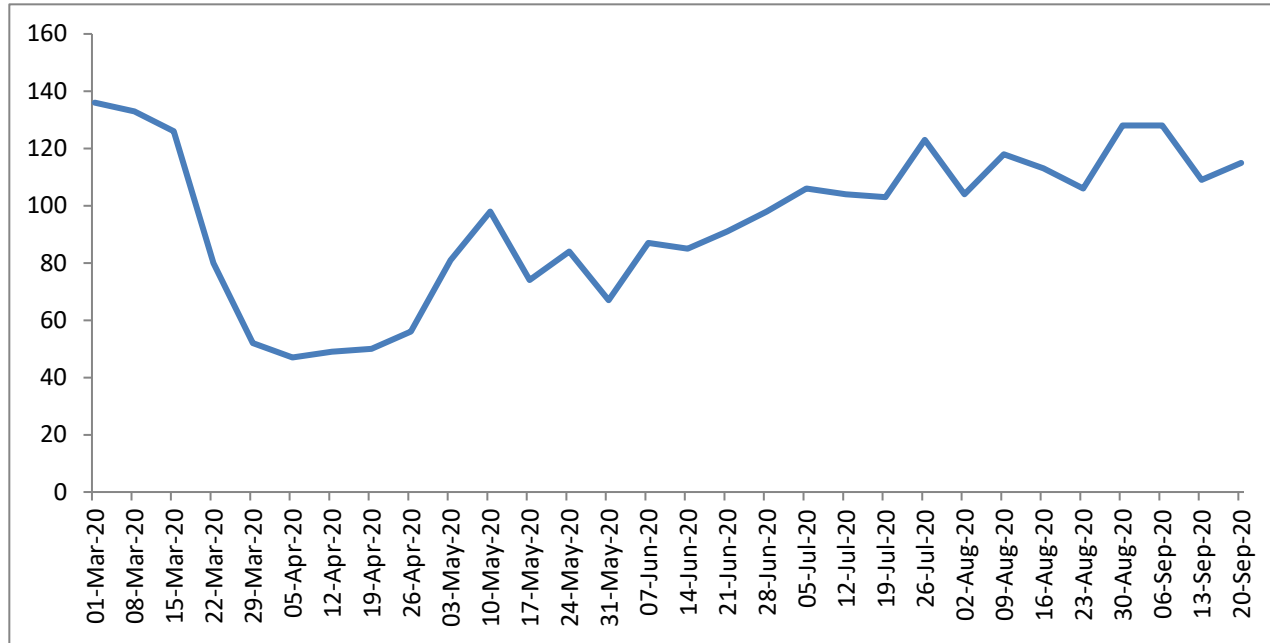
** Data only includes April 2019 – December 2019

Figure 2 provides an overview of Emergency Department attendances and compliance with the 4 hour standard during 2020/21. As can be seen from this chart NHS Orkney continues to achieve the LDP standard of 95% and seeks to obtain the 98% stretch aim in regards to the 4 hour target however this has become more challenging over time with a significant increase in attendances. Just over 6,600 ED attendances are expected annually and breaches of the 4 hour target are largely due to timely access to a senior decision maker (particularly in the OOH period when medical cover is more limited) and waits for CT reporting or lab results

Figure 2: ED Waiting Times (% patients seen within 4 hours), 2020/21 to date (Source: NHS Performs)



ED Attendances, 2020/21 to date (Source: NHS Performs)



Unscheduled care services in The Balfour are managed through a collaborative approach. NHS Orkney's Medical Director is the designated clinical lead for Unscheduled Care and works alongside the Board's Unscheduled Care Lead (Head of Assurance & Improvement) and Director of Nursing, Midwifery, Allied Health Professionals and Acute Services as well as the Chief Officer for the Orkney Integrated Joint Board to ensure management processes are in place to maintain an overview of all emergency and elective activity and to support patient flow across the whole health and social care system in Orkney. A dedicated Unscheduled Care Delivery Group to support this purpose is established including representation from all areas critical to maintaining unscheduled care performance. This group routinely considers and acts based upon performance and improvement metrics.

Within The Balfour, daily huddles and multi-disciplinary team meetings are used to support effective communication and the identification of emerging issues. An Escalation Policy is in place to support effective communication between wards and departments and enable issues to be responded to timeously as they emerge. This process is supported operationally by a designated senior nurse for flow management which is shared on a rota basis with the aim of maintaining an overview of inpatient capacity including liaison between off island facilities and community services to ensure timely access to care and support to facilitate supportive patient discharge. All breaches of the ED standard are reviewed to support the identification of themes and areas for improvement. Breaches of 8 hours or above are recorded on the Datix incident reporting system and are subject to full investigation to identify learning opportunities and the dissemination of best practice with reporting through to the Unscheduled Care Delivery Group who are directing improvement activities in line with the 6EA programme.

2.2 Scheduled/Unscheduled Care

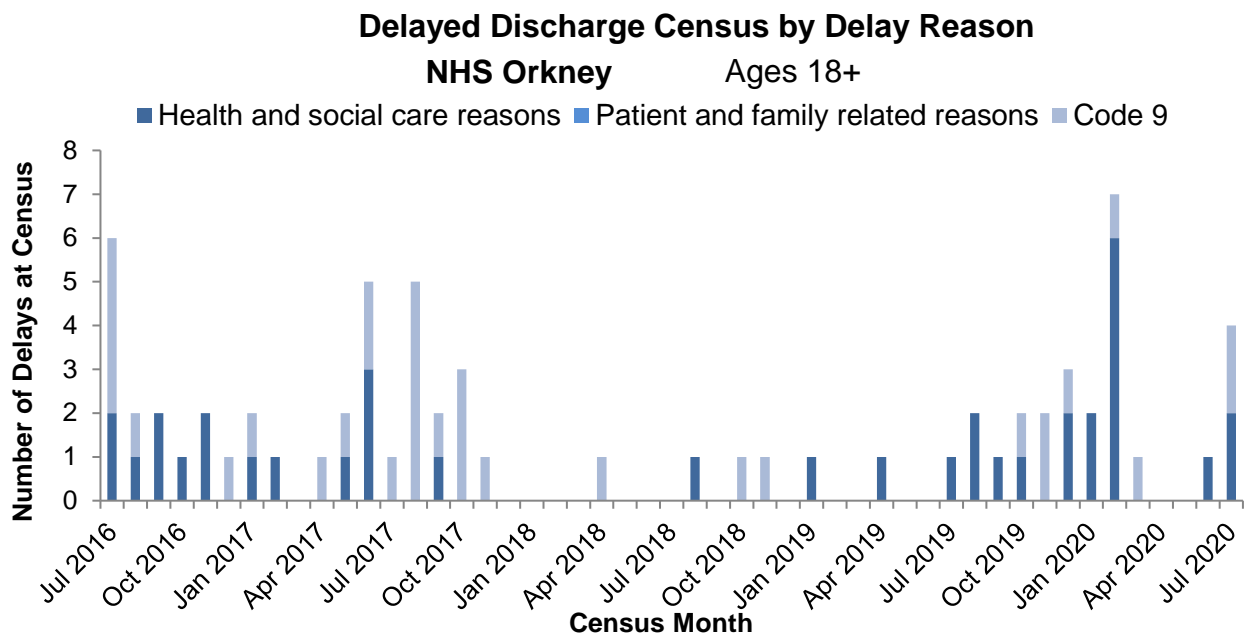
Since migrating to the Balfour in June 2019, the level of scheduled care provided by NHS Orkney has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Operational Plan and Waiting Times Improvement Plan trajectories. Whilst significant work has been completed to limit the impact this additional activity has on unscheduled

care capacity, there is potential for this to have some impact on the availability of capacity within acute services. However, the new facility provides 2 theatres and an endoscopy suite thus significantly reducing the previous issue experienced within Orkney of being limited to one theatre on the old site with the resulting impact emergency presentations had on short notice elective cancellations. This is a very positive step forward for NHS Orkney which will ensure elective cancellation rates are minimised.

2.3 Managing discharges and transfers from mainland hospitals

Patients whose discharge has been delayed for non medical reasons are relatively few in number as a result of proactive communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian who provides the majority of NHS Orkney’s off island secondary care provision. Figure 3 provides an overview of delayed discharges within the Balfour Hospital over the period July 2016 – April 2019.

Figure 3: Patients whose discharge has been delayed for non medical reasons, The Balfour, July 16 – July 20 (Source: ISD)



The trend shown above has continued throughout the year and no more than 2 delayed discharges are expected at any time within the Balfour in line with bed modelling undertaken for the new facility, including over the forthcoming winter period. A locally agreed Discharge Policy is in place which focuses on commencing planning for discharge at the point of admission. An audit on compliance with the policy is regularly undertaken and used to inform continuous improvements. All incidents relating to ineffective discharges are reported in the Datix system and investigated to identify opportunities for learning and improvement. Lessons learnt are shared through the Patient Flow Group and Quality and Safety Group as appropriate as well as operational dissemination to teams by team leads.

Health and Social Care Services are anticipating a higher level of transfers and discharges from acute mainland hospitals (Aberdeen Royal Infirmary - ARI in particular) as these providers prepare for the festive period and discharge patients back home. Our clinical flow coordination role and Orkney/Shetland Liaison Nurse in NHSO and NHS Grampian will liaise about the reduction in elective

admissions, the increase in discharges (if clinically appropriate) with appropriate plans in place, and transport arrangements. Good working arrangements are in place across health and social care services on island and off island secondary care providers to ensure the smooth and timely transfer for patients throughout the winter period.

If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that Community Nursing, Homecare, Community Mobile Responder Service, Intermediate Care Team, AHP services, Inpatient Teams and General Practice are involved in the discharge process and arrangements for a seamless transfer are as robust as possible. The support of local Housing service is also critical in many cases and therefore their early involvement in the process is also ensured.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be unavoidable delays for some patients. This is however considered as part of the discharge planning process and where possible alternative arrangements for transport or accommodation are made.

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SECTION 3. OUT OF HOURS & FESTIVE PREPAREDNESS

3.1 Festive Arrangements

A full range of elective and supporting services is provided up to and including 24 December, with reduced on call services for 25 and 28 December. Similarly usual provision is in place up to and including 31 December with reduced on call services for 1 and 4 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the out patients standard and TTG.

There is limited capacity to increase staffing numbers to cope with potential upsurge in patient numbers immediately beyond the festive period. Patient discharge through the daily safety huddle as well as the use of a limited pass system to allow some patients back to family environments also assists in this process.

Account has also been taken of Christmas revelries in the main town including what is known locally as 'Mad Friday'. Staffing levels will be slightly raised in anticipation in a spike in demand for services although given current restrictions it is likely that this will be much reduced from the level experienced in previous years.

Due to the ongoing COVID-19 pandemic there will be no Ba taking place on either 25 December or 1 January and therefore additional staff to respond to emergencies arising from this will not be required. Preparations are underway to ensure that all Out of Hours GP shifts and COVID Assessment Centre arrangements are covered from the period 24 December 2020 to 4 January 2021.

Service winter planning updates will also be provided through the OLECG meeting process in the autumn so that agencies can update their respective partners with regard to their winter preparedness

3.2 Primary Care Out of Hours Services

The Head of Primary Care Services will as part of her discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as 24, 28, 31 December and 4 January. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHS Board and alleviate any pressures on the OOH service at these critical times.

Patients will be advised to ensure supplies of repeat medications are ordered sufficiently for the holiday period, with Practices taking responsibility to promote this locally and NHS Scotland undertaking the national campaign with this advice as part of the message.

NHSO will provide the usual Out of Hours service during the 2 festive 4 day breaks although it should be noted that at this stage the OOH rota has not yet been fully confirmed. There will be a first and second on call for this period. NHSO has a standing arrangement with NHS24 that any Orkney calls that wait longer than 40 minutes will be passed onto the first on call GP who will make the decision to either deal with the case themselves or pass it on to the second on call. The Isles' GPs and Nurse Practitioners will provide an on call service over the festive period.

GP Practices will be encouraged to keep the days after re-opening after Christmas and New Year strictly for urgent, on the day appointments, to cope with patient demand after practices have been closed for the festive period.

Practices will be encouraged to ensure that all patients with high risk of admission over this period have EKIS (Electronic Key Information Summary) special notes in place to help OOH team and prevent unnecessary admissions EKIS will allow clinicians access to relevant data when the practice is unavailable. Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.

All independent practices have opted out of providing out of hours care. NHS Orkney has invested in and provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness) for nurse triage.

NHS Orkney will continue to provide 24 hour access to our respiratory assessment centre over the festive period. Opening hours for our swabbing service will be reduced to correlate with our laboratory opening over the festive period.

3.3 Pharmacy Cover

Community Pharmacy provision over the festive period is well tested and activity levels monitored each year. The community pharmacy rota has been drawn up to take this into account and will be well publicised.

The Emergency Department and the Out of Hours GP service have good access to an extensive range of essential medicines. The stock levels in all wards and departments of the Balfour will be adjusted appropriately over the festive period. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Bank Holidays are:

NHS ORKNEY FESTIVE & NEW YEAR 2020/2021 OPENING TIMES (Community Pharmacies)

Name of Pharmacy	Address	Fri 25 th Dec 2020	Sat 26 th Dec 2020	Sun 27 th Dec 2020	Mon 28 th Dec 2020	Tues 29 th Dec 2020	Wed 30 th Dec 2020	Thur 31 st Dec 2020	Fri 1 st Jan 2021	Sat 2 nd Jan 2021	Sa 2 nd Jan 2021	Mon 4 th Jan 2021
Dounby Pharmacy	Vetquoy Rd Dounby	Closed	TBC	Closed	09:00 to 17:00	10:00 to 13:00	09:00 to 17:00	09:00 to 17:00	Closed	TBC	Closed	09:00 to 17:00
WHB Sutherland Ltd	74 Victoria Street Stromness	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30
WHB Sutherland Ltd	43 Victoria Street Kirkwall	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30
Boots Ltd	51 Albert Street Kirkwall	Closed	TBC	Closed	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	09:00 to 17:30	Closed	TBC	Closed	09:00 to 17:30

These arrangements will be circulated to ensure NHS 24 & the OOHs GPs are fully sighted on opening hours in order to access patient medication during this restricted period.

The Pharmacy Department within The Balfour will be open on the Bank Holidays of the 28th of December and the 4th of January between the hours of 10:00 and 14:00 hours for the supply of medicines and to facilitate discharges.

There is no formal on-call provision for pharmacy staff within the Balfour, however service provision for out of hours medical information and guidance can be accessed through NHS Grampian OOH

service which operates on a 24/7 basis and can be contacted via the Balfour Switchboard service who hold the contact details.

Medicines can be obtained following the OOH access to medicines procedure: electronic copy available on [Blog>Pharmacy & Prescribing>OOH](#)

The Balfour Pharmacy Department is an integral part of the discharge process as outlined in our local Health and Care Discharge Policy. Pharmacy staff attend daily dynamic discharge meetings to facilitate the allocation of appropriate staff resource to support timely processing of discharges. Staff will work late or attend early to support additional work load associated with winter pressures or festive bank holidays. Pharmacy will receive discharge prescriptions or electronic notification of discharge at least two hours in advance of discharge from acute wards and 24 hours before discharge from other areas. The aim is to assist in making the discharge of patients as seamless as possible.

3.4 Dental Cover

Public holidays and weekends are considered to be 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHS Orkney will run an emergency dental service, to see appropriate cases once triaged by the Hub. The rota for the holiday period is in place.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHS Orkney will confirm this cover with local independent practitioners in advance of the holiday season whilst also taking into consideration the latest national Covid guidance.

Similarly, out with the weekend and public holidays, NHS Orkney will arrange in-hours cover for their own patients and those who cannot access care elsewhere. As above consideration will also be taken around latest national Covid guidance and patients will be asked to attend our most appropriate dental facility by contacting 01856 888258.

3.5 The Scottish Ambulance Service

The Scottish Ambulance Service (SAS) are responsible for patient transport including transfer from the outer isles to hospitals on the Scottish Mainland and will decide on the most appropriate form of transport based on patient priority. The SAS air desk co-ordinates with a range of agencies such as the coastguard and if necessary the military in order to source available air assets. In severe weather when flying is beyond safe limits, the OIC Harbours Department can be contacted re the use of the inter isles ferries. Similarly in extreme cases Shetland Coastguard has lifeboat assets based Kirkwall, Stromness and Hoy which may be available to transport patients from the outer islands.

3.6 Community Health and Social Care Services

Adult, Children's and Criminal Justice Social Work services will commence the festive season out of hours period at 4.00pm on 24th December 2020, and reopen for business at 9.00am on 5th January 2021. Emergency out of Hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

On 29th, 30th and 31st December a duty worker for social work and social care services will be contactable on 01856 886470 between 9am and 1.30pm each day: the ASW duty worker will liaise with care home and hospital colleagues and allocate any available vacancies. Referrals to the Telecare service will be checked for urgent new requirements once per day on 29, 30 and 31 December

also. The Responder and Homecare services will operate as normal, throughout the festive period. The Selbro Community Equipment Store will be closed from 25th December 2019 reopening again on Tuesday 5th January 2020. For urgent referrals and in addition a small supply of pressure relieving equipment is held in all GP Practices. For all Home Care enquiries please contact 01856 888390. Working arrangements will return to normality on 5th January 2020.

Mainland community nursing services will continue to provide 24 hr cover however there will be reduced staff on the public holidays. The level of staffing required will be reviewed by the Clinical Team Lead who will arrange cover to cope with the forecasted demand, this will be between 4 and 6 staff over the two teams. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

Where older people require to be admitted into a residential care bed on discharge, in response to Scottish government Covid guidance whereby individuals are required to isolate for 14 days on admission to a care home, where this is not possible for some individuals who lack capacity and as a consequence would be unable to comply with the requirements as a consequence, additional services have been developed to support the required period of isolation and facilitate a timely discharge from an acute bed.

In response to winter pressures and the potential for a significant spike in Covid, the step up/step down facility, Brinkie's Wing at Hamnavaoe House would be re-mobilised to provide a rehabilitation and protect acute beds.

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SECTION 4. PREPARE FOR AND IMPLEMENT NOROVIRUS OUTBREAK CONTROL MEASURES

4.1 Infection Prevention & Control Team Preparedness

The Infection Prevention & Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention & Control Manual (2012) throughout the clinical areas which is available to all staff through their desktop NHS Orkney BLOG page, named Infection Control Services. There are direct links to all National and local documents with quick links ensuring the most up to date information is available to staff, including the Health Protection Scotland website www.hps.scot.nhs.uk

The Corporate Induction includes infection prevention and control information, supported with online LearnPro for NES Standard Infection Prevention & Control Education Pathway (SIPCEPS). Additional refresher training has been delivered to support COVID-19 as per Health Protection Scotland guidance. This has been rolled out to Care Homes and other services on request.

Daily 'huddles' facilitate communication. Where required, there is escalation to Board Directors. Any outbreaks of infection in hospital or community instigates an outbreak control meeting followed with public health information via NHS Orkney Comms.

Personal protective equipment is available on top-up and through pandemic stocks. Close monitoring of PPE continues in line with COVID-19 supply issues and BREXIT.

4.2 Engagement with other Services

Residential and supported accommodation services are well versed in how to deal with infection control outbreaks, however, to embed this further infection control outbreaks are continuing to be supported through enhanced education sessions and areas for improvement are identified and implementation supported.

Care Homes now have their own daily huddles and escalation processes in place supporting the CNO letter 17th May 2020 Enhanced Professional Clinical Oversight of Care Homes. This ensures appropriate clinical support is available for each care home in the Board area.

4.3 Preparation for and Implementation of Norovirus Outbreak Control Measures

Board procedures for the management of Norovirus and infection control are firmly embedded and supported by IPCT training. There is close working with local Infection Prevention and Control staff across all receiving units.

Staff are encouraged to take personal responsibility to ensure the wellbeing of patients and their colleagues through not attending work until 48 hours symptom free.

4.4 Seasonal Flu testing

Due to COVID-19, to ensure there is no contamination within the Emergency Department where point of care testing took place, since March 2020 testing for Flu is embedded through the laboratory department.

4.5 COVID-19

Novel coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan, China. Clinical presentation may range from mild-to-moderate illness to pneumonia or severe acute respiratory infection. COVID-19 was declared a pandemic by the World Health Organisation on 12/3/2020.

A priority for limiting spread of COVID-19 is maintaining isolation of suspected and confirmed cases. To avoid unnecessary contact in healthcare settings, there is provision for community testing. This is supported by our local protocol for Community Testing of COVID-19.

Enhanced pathways for patient management and remobilisation of services i.e Green (low risk)/Amber (medium risk) and Red (high risk) are outlined in the 'COVID-19: Guidance for the remobilisation of services within health & social care settings; Infection prevention & control recommendations', available at

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

Provision has been made where practicable to support these pathways. Single room accommodation within IP 1 for green/low risk theatre cases who have been tested and self isolated prior to surgery. All other patients are considered to be in the amber/medium risk pathway unless suspected or confirmed COVID-19 positive patients who would be in the red/high risk pathway (this is the SURGE and Vent areas).

The Infection Prevention & Control Team have supported implementation of the guidance for reducing staff crossover. This is through reducing all crossover of staff between hospital, community and care home settings. In the event of high sickness within a care home, staff will be released to provide support.

Inpatients are continued to be screened as part of the over 70 testing programme for COVID-19 and testing prior to discharge to care homes.

4.6 Outbreak Control meetings & reporting

Early and effective response to an actual or potential healthcare incident, outbreak or data exceedance is crucial. The local Board IPCT and HPT should be aware of and refer to the national minimum list of alert organisms/conditions. See [Appendix 13](#) as per National Infection Prevention and Control manual (NIPCM) <http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>

All **new** Outbreaks, Incidents and Data Exceedance from now on should be recorded on this tool, and data extracts should be submitted to ARHAI Scotland as per the frequency for each incident type as outlined in the protocol. Data extracts should be sent to NSS.HPSInfectionControl@nhs.scot

Locally the Public Health Department and Infection Prevention & Control Services monitor all areas affected by norovirus both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to Health Protection Scotland (HPS). In the event of an outbreak, meetings will take place daily and more frequently if the circumstances dictate. On a weekly basis Public Health will provide a routine statistical return for

HPS on normal business. As well as notifying the Senior Management Team, liaison will also take place with OIC and other bodies or agencies as soon as the local trigger factors indicate such to a response is appropriate.

4.7 IPCT Festive arrangements

Whilst there are no formal on-call arrangements for IPCT over the festive period, Public Health provide advice and guidance through the 24/7 on-call system. The Public Health on call is currently provided through a tripartite agreement between the three island boards. Clinicians have access to the on-call microbiologist in NHS Grampian for specific infection and guidance on antimicrobial prescribing.

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SECTION 5. SEASONAL FLU, STAFF PROTECTION & OUTBREAK RESOURCING

5.1 Predicted surge of flu activity

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices.

During the 2018/19 influenza season, there were 17 confirmed cases of influenza in Orkney residents and one influenza outbreak occurred in a school which received support from the public health team.

The most effective way to prevent influenza and/or severe complications is vaccination. There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2018/19 campaign:

- All adults aged 75 years or more were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)
- All adults aged 65-74 years were offered a trivalent inactivated vaccine (TIV)
- Those aged 18-64 years with at-risk conditions, including pregnant women were offered quadrivalent inactivated flu vaccine (QIV)

Throughout the UK, the target for the adult seasonal influenza immunisation programmes is 75%. The uptake in 2018/19 in Orkney for people aged 65 to under 75 years was 69.7% (Scotland 69.3%) and for those aged 75 years and over it was 82.6% (Scotland 79.3%). For those at risk (excluding healthy pregnant women and carers) the uptake rate was 51.2 % (Scotland 42.4%). Seasonal influenza vaccines are offered to pregnant women by maternity services, the uptake for pregnant women not in a clinical at risk group was 39.1% (Scotland 44.5% and for pregnant women and in a clinical risk group was 59.1% (Scotland 57.4%)

The adult influenza vaccination programme will remain line with 2019/20 in Orkney all adults aged 65 years and over will be offered aTIV. A cell base quadrivalent inactivated vaccine (QIVc) will be available for individuals who are contraindicated to the egg based vaccines.

NHS Orkney will develop the programme and further publicise the benefits of immunisation through the local media. We aim to be above the Scotland average in 2020/21. Orkney Disability Forum will be informed of the dates of flu clinics so that they can arrange for extra buses to help increase uptake of the flu vaccine at GP practices.

The child flu immunisation programme is for all children aged 2-5 years through primary care and a school based programme for children in P1-7 arranged via Public Health. These children will be offered a nasal flu vaccine unless contra-indicated in which case they will be offered a quadrivalent inactivated influenza vaccine. The uptake target for immunising preschool children is 65%. The uptake in 2018/19 was 69.5% (Scotland 55.7%). For primary school children the uptake target is 75%, in 2018/19 76.7% of the children were immunised (Scotland 75%). Any primary school child who misses their school session will have the option to attend their GP practice for vaccination or to be mopped up during a later school session.

Health Protection Scotland provides four weekly updates of vaccine uptake rates via the flu portal.

5.2 Staff Vaccination Scheme

The target for each health board is 60% of NHS staff involved in delivering care to be vaccinated. The seasonal flu immunization scheme was extended in June 2020 to cover all social care, home care, care home and private care staff.

Historically, the Occupational Health Department have worked collaboratively with the Public Health Department to be actively involved in promoting and delivering the seasonal flu vaccine to key healthcare workers. As per the CMO guidance, NHSO is committed to ensuring staff are offered and encouraged to take up the seasonal flu vaccine and making the flu vaccine as accessible as possible. This year due to pandemic restrictions, the vaccinations will be carried out in a variety of different places. Clinics are being set up out with the Balfour to reduce footfall into the Hospital. Clinics are being set up and staff are being asked to call to book a place, to ensure there is limited cross over of staff. A range of engagement techniques have been utilised including email, posters, booking appointments and ward/department visits. The established dates for immunisation clinics will also be widely circulated on staff information platforms. The flu programme will run from 1 October 2020 to 31 March 2021.

The vaccine will be offered to staff in as equitable and flexible a way as possible. It is anticipated that all senior clinicians and managers will be engaged from the outset of the campaign by sharing national resources regarding the role Flu vaccination plays in preventing the spread of the virus. Key messages should be reiterated to individual teams across the organisation with particular attention to the engagement of the staff in front-line areas.

5.3 Staff Absence

64% of NHS Orkney staff had the flu vaccination in 2019/20. The Occupational Health team worked hard to promote and engage with the workforce to improve the uptake, including targeting areas that had historically shown to have little uptake. This approach proved successful, enabling a consistency in staff absence across the winter period and lessons will be taken forward into the planning for this year and next.

NHS Orkney and Orkney Island Council Community Social Services staff are encouraged to have immunisation against seasonal flu. Under the auspices of the Occupational Health and Safety Committee the Public Health and Occupational Health Departments (Occupational Health Services are provided by NHS Grampian as part of a service level agreement) are working together to promote and deliver a staff vaccination programme with the aim of increasing the number of staff vaccinated. The Human Resources Department monitor absence rates closely and have established policies to promote attendance at work. Innovative approaches to increasing uptake and encouraging staff to be vaccinated will be utilised supported by role modelling by the Executive and Senior Management Team

SECTION 6. POINT OF CARE TESTING

6.1 Point of Care Testing

In 2019 a business case was completed to enable the introduction of Point of Care molecular testing for Influenza A/B and RSV, supported through NHS investment and Winter Planning funding. Implementation of this business case resulted in the procurement of two analysers, one based in the Laboratory and one in the Emergency Department, which provided rapid testing for 24/7 diagnosis.

The benefits included improved patient flow, the ability to increase discharge from the ED with a diagnosis, ensuring the appropriate use of antivirals and reducing inappropriate antibiotic use in those with known viral infections. Testing began in December 2019, but the analysers had to be withdrawn from ED in March 2020 because of the beginning of the COVID-19 pandemic. Due to similarities in presentation between Influenza, other respiratory conditions and COVID-19, the risk of infection of the equipment and the Point of Care room was regarded to be high and all testing was withdrawn to the Laboratory where specimen preparation could safely take place in the safety cabinet. Shortly afterwards the analyser manufacturers ceased production of their Respiratory/Flu test in order to incorporate COVID-19 into a new panel which was released shortly afterwards but was widely unavailable because of world-wide demand.

In the interim the remaining kits were still utilized to continue Flu testing up to September 2020, when the new panel incorporating COVID-19 was procured for use. This is currently being validated for use with the analysers and it is expected to be cleared for use by early-mid October 2020. This will give a diagnostic element for all elements of respiratory infection, including COVID-19, but use will need to be strictly focused because of the price of testing and the limited availability of tests. It is likely to find best use in diagnosis of patients being admitted through ED with acute respiratory symptoms. To that end, an agreed procedure is necessary to ensure appropriate testing in order to maximize the value of this resource. It is unlikely that Flu testing or COVID-19 testing will return as a point of care test unless one of the new technologies prove to be useful in that context.

6.2 COVID-19 Testing

At the beginning of the COVID epidemic NHS Orkney had no local testing capability, but with the help of the Scottish Microbiology and Virology Network (SMVN) and National Services Scotland (NSS) PCR analysers were brought in early in April 2020 and testing began on April 20th 2020. This is still ongoing and to date over 2,500 tests have been performed locally. This testing concentrates on symptomatic patients and cohorts eligible for NHS testing, with surveillance testing of care homes and other groups utilizing the UK Gov Lighthouse facilities. For individual urgent tests turnaround time is around an hour, which rises to around 2-3 hours from receipt with batch testing. COVID testing capacity is around 48 tests per day sustained and 64 per day for short periods, but this has been hampered by reduction of allocation due to worldwide demand, which reduces this to around 25 tests per day. The tests are highly accurate and very sensitive and are among the most reliable available worldwide. As COVID testing is an entirely new stream of work which sits alongside continuing normal services it has been necessary to increase staff resources via agency staff, and this is expected to be necessary as long as current demand continues, and may need increased if testing is stepped up due to resurgence during winter or changes in testing pathways. There is also an 'overspill' route to send samples to ARI if needed, which has been occasionally utilized for the over 70s testing which is still continuing. In addition, it is hoped that local testing for COVID-19 antibodies will begin during October to help define previous infection.

Testing will soon be changing in a major way as different analysers are brought in during November to reduce the high cost of testing and allow capacity to be reached, albeit with an increase in turnaround time due to the nature of the testing. However, there will still be a capability to process clinically urgent samples, but in greatly reduced numbers of 2-3 per day. The various platforms mean that NHS Orkney has a resilient layer approach to testing, with will take the form of the BD Max analyser performing non-urgent testing, the Cepheid GeneXpert analyser performing urgent COVID-19 testing, and the Quiagen QiaStat-DX analysers providing Flu testing and a comprehensive diagnostic panel of 22 respiratory pathogens, including Influenza A+B, RSV, COVID-19, Rhinovirus, non-COVID Coronaviruses, Bordetella pertussis and others all available in a single test.

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SECTION 7 RESPIRATORY CARE

7.1 Local Pathway

Patients with respiratory symptoms can access care via NHS24 on 111 (24/7) and where appropriate, they will be offered a face to face assessment via the Covid Assessment Centre. Where a practice or clinician chooses to triage a patient and they identify the need for a face to face assessment, these can also be referred to the Covid Assessment Centre.

Patients who report symptoms that suggest serious disease should be referred urgently to secondary care. There is no local lead for Respiratory Medicine however clinicians are familiar with the local pathway for patients with different levels of severity of exacerbation and GPs can access advice from the hospital based Physician of the week to aid decision via Switchboard on tel: 888100. The care of patients affected by respiratory disorders is supported by off island secondary care provision in NHS Grampian via the Respiratory Medicine Unit. Referrals to this unit should be made via SCI Gateway.

Respiratory physiotherapy support is available to primary, community and secondary care services through referral to the Pulmonary Rehabilitation team at the Balfour.

7.2 Discharge Planning

There is a Grampian based Respiratory Managed Clinical Network which has an active Facebook page providing regular updates and information. This can be accessed at <https://www.facebook.com/respiratorygrampian/>

7.3 Prevention of Illness

Information about keeping warm and well in winter is available on the OIC and NHS Orkney website and given opportunistically by primary care and social care staff. NHS 24 leaflets with a one point of contact number and when to contact NHS24 are to be widely distributed via healthcare professionals over the coming months. A multi-agency action plan is in place to reduce fuel poverty. Currently up to 30% of families in Orkney are living in fuel poverty. Many at risk properties have been assessed for energy efficiency and insulation. Advice on grants to insulate houses and installation of energy efficient heating systems is available locally.

SECTION 8. MANAGEMENT INFORMATION

8.1 Reporting Arrangements

Effective NHS Orkney reporting lines are in place to provide the Scottish Government with routine weekly management information and any additional information that might be required on an exception/daily basis. Information will be obtained from the Trakcare system following real time data entry in regards to admissions, transfers and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of service pressures that will disrupt services to patients as soon as they arise.

Balfour Hospital Overview – Festive Period

Date	Action
24 December 2019	Last elective list, extra surgical clinics for urgent cases will be scheduled as required.
25 December 2020 to 26 December 2020 and 1 - 2 January 2021	Surgical Teams emergency cover only.
24 December 2020 to 3 January 2021	Out of Hours Duty Social Worker accessed via Balfour Hospital switchboard.
25 & 26 December 2020 and 1 & 2 January 2021	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2020	Day surgery trolleys available for Emergency Department if needed.
3 January 2021	Elective surgery resumes.
24 December 2020 to 3 January 2021	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

8.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHS Orkney Chief Executive/Medical Director/ Senior Manager on Call require the setting up of an Incident Management Team (IMT). However it is good practice to establish a co-ordinating group from a core number of individuals whose service delivery may be affected by a disruption/incident.

Representation on this group will be on a case by case basis and will be facilitated virtually via Microsoft Teams wherever possible to reduce the risks associated with face to face contact. Clear recording processes are essential and the group will ensure that Sit-Rep forms are circulated on an hourly basis initially to the Chief Executive, Medical Director, Director of Public Health and Senior Manager on Call so that Senior Management are fully sighted on any ongoing incidents relating to the Winter Plan and can thus make the decision to escalate to a meeting of the full IMT if required. In addition the sub-group will follow a fixed agenda and be formally minuted. The group will complement the IMT by gathering information and resolving lower level incidents. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

8.3 Risk Assessment

	Risk	Action	Lead and Timescale
1. Potential for patients to not know who to turn to in order to access services, particularly during the festive period.	<ol style="list-style-type: none"> 1. Emergency Department unable to manage increase in demand. 2. Switchboard becomes overwhelmed in festive periods 	<ol style="list-style-type: none"> 1. External communications to increase awareness of services available and contact methods. 2. Extra staff on standby to provide additional capacity and support if required. 	Communications Department
2. Balfour Hospital must be able to respond adequately to surges in demand.	<ol style="list-style-type: none"> 1. Secondary care services are not able to provide timely access to care potentially resulting in increased pressure on off island transfers and facilities. 	<ol style="list-style-type: none"> 1. Workforce planning to staff reconfigured areas to take into account winter preparedness and the timing of ward changes in maintaining surge capacity. 2. Oversight and operational management to be provided by the Clinical Nurse Manager in liaison with 3. Daily management of capacity via morning Huddles. 4. Finalise Surge Capacity Plan and Early Warning Metrics 	Director of Nursing Midwifery & AHPs and Acute Services
3. Orkney Out of Hours Service covers a large geographical area of mainland and linked islands including both urban and rural areas.	<ol style="list-style-type: none"> 1. South Ronaldsay and Burray (linked isles) may become cut off from road transport in severe weather, which would result in the shutting of the barriers. 2. Weather may cause difficulties for non-linked small isles air and boat transport. These OOH service, but have a 24hr service from a local, GP or Nurse Practitioner. 	<ol style="list-style-type: none"> 1. Additional cover from 2nd Out of Hours GP. In hours cover provided by GP practice on call arrangements via Switchboard. 2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area (SLA in place). 	Head of Primary Care - arrangements in place

	Risk	Action	Lead and Timescale
4. Epidemic of viral illness.	<ol style="list-style-type: none"> 1. System becomes overwhelmed by need to respond to epidemic. 2. Large number of staff affected by viral illness. 3. Staff remain at home to look after family members. 4. All available bed space occupied. 5. Low uptake of Flu vaccine amongst staff. 	<ol style="list-style-type: none"> 1. Activate Outbreak Plan (or Pandemic Flu Plan if appropriate). 2. Ensure that arrangements are in place to make the flu vaccine as available as possible to staff. 	Public Health Department – in place
5. Pharmacy closed over festive period.	<ol style="list-style-type: none"> 1. Unable to access required drugs in a timely manner. 	<ol style="list-style-type: none"> 1. Stock levels in wards & departments are increased, where appropriate, in anticipation of extra winter demand. 2. Emergency drugs cupboard accessible to all clinical areas and OOH GP services. 3. Normal OOH procedures and access to medicines will be available for Balfour Hospital Staff. 4. The Pharmacy department will be open on Bank holidays. 5. Community Pharmacies will be open as normal on 24 Dec 2020 and a Kirkwall Community Pharmacy will be open for a pre defined and advertised period to dispense prescriptions as per section 3.3 above. 	Head of Pharmacy – arrangements in place

	Risk	Action	Lead and Timescale
		<ul style="list-style-type: none"> 6. Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA. 7. NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required. 	
6. Severe weather threatens business continuity.	<ul style="list-style-type: none"> 1. Risk to organisations ability to deliver services due to effects of severe weather. 	<ul style="list-style-type: none"> 1. Severe weather guidelines in HR policies implemented. 2. CEO or On Call Senior Manager to assess if should be treated as major incident and emergency plan brought into play. 	On Call Senior Manager as required
7. Managing Patient Flow.	<ul style="list-style-type: none"> 1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services. 	<ul style="list-style-type: none"> 1. Multi agency Discharge Policy in place. 2. Guesthouse available through Red Cross to support patients with no clinical requirement for admission (e.g. those attending for surgery from outer isles) or those who are medically fit for discharge. 3. Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption. 4. Daily Huddles to oversee bed management, supported by 	Director of Nursing, Midwifery, AHPs and Acute Services and Interim Chief Officer, Integrated Joint Board – arrangements in place

	Risk	Action	Lead and Timescale
		<p>daily and weekly MDT meetings to support discharge planning.</p> <p>5. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.</p>	
9. Communications.	1. Limited communications on more remote locations Islands	<p>1. Raised through Orkney Local Emergency Co-ordinating Group (OLECG). Some resilience provided via other attending agencies Police, Scottish Fire and rescue Service/Coastguard airwave access.</p> <p>2. Risk managed as part of Corporate Risk Register.</p>	IT Manager/Resilience Officer - ongoing
10. Vulnerable groups.	<p>1. Very cold weather and significant snow may isolate residential care homes, people with physical or mental health problems and cause difficulties in accessing food and medicine deliveries.</p> <p>2. May also results in issues surrounding staff rotation and attendance.</p>	<p>1. OIC Winter Services Plan details response.</p> <p>2. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative.</p> <p>3. Care for People Plan via OIC implemented</p> <p>4. OLECG group stood up.</p>	OIC Development & Infrastructure/OLECG – arrangements in place

	Risk	Action	Lead and Timescale
12. Increase in non-scheduled admissions over winter such as orthopaedics	1. Reduction in scheduled care capacity and resulting increase in waiting times	1. Capacity built into lists to allow for limited emergency disruption	Clinical Nurse Manager - ongoing
13. Workforce health and wellbeing	1. Staff health and wellbeing and service resilience adversely affected by poor uptake of flu vaccination	1. Short life working group set up to rapidly organise provision	Head of Corporate Services & Consultant in Public Health Medicine - complete

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8.4 Investment Priorities for Winter Funding

£47,000 allocation received to be used in the following areas:

- Optimising discharge home as first choice
- Avoiding admission
- Reducing attendances
- Sufficient staffing
- Surge capacity

Considering our local position it is proposed that the allocation be utilised as follows:

£10,500 21 hours per week Band 6 OT for 5 months, November 2020 to March 2021 to support community OT, Homecare and Social Care services including the Green Team to facilitate home first approach to discharge

£36,500 To be confirmed.

Total investment: £47,000

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