

Stephen Brown (Chief Officer)
Orkney Health and Social Care Partnership
01856873535 extension: 2601
OHACfeedback@orkney.gov.uk



Agenda Item: 11

Integration Joint Board

Date of Meeting: 22 February 2023.

Subject: Winter Plan 2022/23.

1. Purpose

1.1. To present Members with the draft Winter Plan for 2022/23.

2. Recommendations

The Integration Joint Board is invited to note:

2.1. That NHS Orkney and the Integration Joint Board are required to produce a plan for the management of anticipated peaks in demand over the winter period and over the statutory holiday periods.

2.2. That delivery of the Winter Plan, attached as Appendix 1 to this report, 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.

2.3. That the Winter Plan remains a live document subject to adaptation as circumstances demand.

It is recommended:

2.4. That the Winter Plan, attached as Appendix 1 to this report, be approved in so far as it relates to the remit of the Integration Joint Board.

3. Background

3.1. The aim of the Winter 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 to ensure that NHS Orkney and Orkney's Health and Social Care Partnership, together with their partners, 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 widespread illness such as seasonal flu or epidemic viral illness.

4. Winter Plan

4.1. The key objectives of the Winter Plan are to:

- Maintain performance over the winter period.
- Set out risk to business continuity and deliver of core health and social care services may face during the period.
- Identify contingency processes.
- Detail resources available.
- Detail processes and procedure in relation to communication.

4.2. The development of the Winter Plan included the engagement of key staff within acute, primary and community services including independent primary care contractors.

4.3. The Winter Plan details information on a range of services including primary care and mental health services over the festive period and out of hours. The plan has already been approved by NHS Orkney Board and remains a live document subject to adaptation as circumstances demand.

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.	No.

6. Resource and financial implications

6.1. There are no resource or financial implications directly arising as a result of this report.

7. Risk and equality implications

7.1. There are no risk or equality implications directly arising as a result of this report.

8. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

9. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Authors and contact information

10.1. Stephen Brown (Chief Officer), Integration Joint Board. Email: stephen.brown3@nhs.scot, telephone: 01856873535 extension 2601.

10.2. Carrie Somerville (Planning, Performance and Risk Manager), NHS Orkney. Email: carrie.somerville@nhs.scot, telephone: 01856888000.

11. Supporting documents

11.1. Appendix 1: Winter Plan 2022/23.



Orkney's Winter Plan 2022/23

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Introduction

This Winter Plan builds previous years' plans and interventions used to manage peaks in demand over the winter period and the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health and Social Care Partnership arrangement) and hospital services.

Aim and Objectives

Aim

The aim of this Plan is to set out the arrangements, demonstrate the collaboration, and joint working across the interface of General Practice, Secondary Care and Health and Social Care Partnerships, to ensure a whole system multi-disciplinary approach to winter planning. To ensure the successful delivery of primary and community care, out-of-hours, and hospital services over the winter period and to ensure that NHS Orkney (NHSO), Orkney Islands Council (OIC), Scottish Ambulance Service (SAS), NHS 24 and our Third sector partners can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand because of widespread illness such as seasonal flu or epidemic viral illness may also add a level of burden to our collective ability to deliver services.

Objectives

The key objectives of the plan are:

- to maintain performance over the winter period
- to set out risk to business continuity and delivery of core services that NHSO and OIC (social care) may face during the periods set out in the plan
- to identify contingency processes
- to detail resources available
- to detail processes and procedures in relation to communications

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 Local Unscheduled Care Action Plan
- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- Orkney Islands Council Winter Service Plan
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management
- NHS Orkney Pandemic Flu Plan
- NHS Orkney Major Incident and Emergency Plan
- Orkney Islands Council Emergency Plan
- Orkney Islands Council – Winter Service Plan
- NHS Orkney Communication and Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance
- NHS Scotland Standards for Organisational Resilience
- National Unscheduled Care Programme: Preparing for Winter
- Exercise Silver Swan Overall Exercise Report
- NHS Scotland Resilience Mass Casualties Incident Plan for NHS Scotland
- EU-exit Scottish Risk and Mitigation (Official Sensitive)
- NHS Scotland Standard for Organisational Resilience
- Preparing for Emergencies: Guidance for Health Boards in Scotland
- NHS Scotland Major Incidents with Mass Casualties National Plan for NHS Board and Health and Social Care Partnerships

Consultation

This Plan was prepared in consultation with NHSO Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health and Social Care Partnership arrangement) and hospital services.

Review of the Plan

The Plan will be reviewed through the NHSO Resilience Group meetings and Senior Management Team and circulated to stakeholders within the Orkney Local Emergency Coordinating Group (OLECG). In addition, the plan will be reviewed against debriefs circulated by NHS Scotland Health Resilience Unit and posted on Resilience Direct as well as debriefs on lessons learnt through the Highlands and Islands Local Resilience partnership and North of Scotland Regional Resilience Partnership.

SECTION 1. RESILIENCE PREPAREDNESS

1.1 Business Continuity

NHSO Board has a Business Continuity Management Policy which has been approved by internal governance arrangements and are in accordance with CCA 2004 Category 1 and 2 responsibilities and other guidance. This outlines what Business Continuity Management is, its cycle and the roles and responsibilities of staff members about Business Continuity at all levels of the organisation.

The NHSO Board and OIC have Business Continuity Plans (BCPs) in place with clear links to the pandemic plan including provision for an escalation plan. In addition, Primary Health Care contractors have individual plans. All of which are subject to review and lessons learnt are fed through the OLECG as well as across internal service areas as appropriate. The NHSO Blog also contains information on Business Continuity for staff.

Business Continuity Management arrangements are in place and regularly reviewed and updated. In addition, Business Impact Analysis are completed by the various services and departments covering the key elements of People, Policies Plans and Procedures, Structures and Resources as outlined in the NHS Scotland Standards for Organisational Resilience. This is assisting operational managers in identifying departmental risks and key interdepartmental dependencies. A risk-based programme of testing of BCPs to confirm that they can support departments in providing an effective and efficient response to a business disruption is to be undertaken. This will link in with the IT Disaster Recovery Plan, so that in the event of a failure in IT systems and applications are recovered in a pre-agreed order. Finite IT resources will focus on recovering pre-identified critical patient services as a priority as well as managing service expectation.

During the planning process critical areas of continued service delivery were identified along with common risks and mitigating factors. Time critical action cards were developed to assist staff with clear guidance. This includes action cards for the loss of staff and single points of failure. Due to its remote geographical location NHSO is reliant on well-established partnerships which include OLECG. There are also Mutual Aid arrangements in place with neighbouring Boards.

The focus for the NHSO Board with its partners is to sustain the delivery of core services during worst case scenario within the following areas: Maternity Unit, High Dependency Unit, Emergency Department, Inpatients 1, Inpatients 2 including Macmillan area, Theatre, Radiology, Laboratory and Renal Unit. Mutual Aid arrangements are fully documented within the updated version of the Major Incident and Major Emergency Plan. The plan has been redrafted to support the organisational move and multi-occupancy nature of the new healthcare facility and reflect current arrangements within NHS Scotland Major Incident with Mass Casualties National Plan 2019. In addition, as a Category 1 responder, NHSO has well developed relationships with a range of partners and sits on the OLECG. Several managers have also undergone Integrated Emergency Management Training provided by the Scottish Resilience Development Service.

1.2 Potential Disruption

With the uncertainty around disruption to service delivery, clear and robust action plans will be used to capture the impact and the associated mitigation risks. These will include lessons learned from Winter 2021/22 and Brexit. Where necessary working groups will be established to support a whole system approach to disruptive risks.

Some of the key considerations for 2022/23 include but are not limited to :-

- Impact of Industrial Action
- Power Outage (National, Localised and Planned)
- Supply Chain Issues

The Resilience Officer will be fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded as part of both planning and service continuity with specific consideration for all critical activities across the Board and Health and Social Care Partnership. This should include analysis of the risks of disruption and the actual effects, and that planning is based upon the likelihood and impact of worst-case scenarios.

All risks are captured on the risk register which is reviewed monthly by the Risk Management Forum and all high risk and those which require executive support are escalated to the Executive Management Team.

1.3 Adverse Weather Policies

The NHSO Board has adopted the national severe weather policy which provides staff with advice and guidance – this includes guidance for staff unable to attend work, late arrivals, special leave, school closures, protracted weather events, working extra hours and arrangements for staff in local accommodation. The policy can be found on the NHSO staff Blog. The staff blog and social media are also used to communicate travel disruption together with direct contact with patients and patient escorts through the patient travel service. OLECG is convened during any period of adverse weather and can arrange access to 4x4 vehicles such as the coastguard. Staff messaging is considered in this forum based on advice and modelling from the Met Office to ensure that there is a consistent multi-agency message that is clear for the public.

NHSO operates a Winter Maintenance Plan. All NHSO properties have salt bins provided and the NHS board co-ordinates with the Orkney Islands Council Roads and Environmental Services to maintain access. NHSO and OIC co-ordinate their response to severe weather conditions that may threaten essential lifeline services especially communication and transport links. In addition, the Winter Service Plan drafted by OIC Neighbourhood Services and Infrastructure outlines the priority gritting routes across Orkney paying particular attention to the school bus run and the main route to Kirkwall Airport for medical transfers off island.

Services delivered in the community are well versed in coping with adverse weather procedures; these include a plan to deliver care in the linked south isles when the barriers are closed. Care at home scheduling staff are skilled in being able to revise care arrangements to ensure service users needs are catered for; however it should be noted that occasionally family members will be asked to assist if adverse weather prevents a scheduled visit.

Using the PARIS software system utilized principally by the social work team it is possible to run data to create a real time Person at Risk Database (PARD). This PARD can be utilized to highlight vulnerable people who may be particularly affected and prioritise the need for help. This was utilised during flooding in Autumn 2022.

1.4 Staff and Public Communication

The NHSO Blog, web site and all other available mediums will be used to distribute relevant, accurate and consistent information to both the public, patients and staff in the event of risk of service delivery, these will include as well as social media such as Facebook and Twitter. The point of contact is the NHS Orkney/Shetland Corporate Communications Team. Out with office hours, the Communications Team can be contacted through the on-call press officer by calling 0300 365 7167.

In addition, local media resource can be utilised to promote nationally produced media information. The local newspaper and Radio Orkney (Monday to Friday morning and evening slots) are the main sources of local information for many residents and should be used to raise awareness about winter well-being and specific information in response to events. This will include surgery, pharmacy and dental practices opening times.

Social media will also be utilised to support timely dissemination of information in line with NHSOs Communication and Engagement Strategy. NHS Orkney/Shetland Communications team made effective use of social media to advise the public about activity levels and waiting times. This is seen as best practice and will be adopted by NHSO.

Helpful sources of support which can be highlighted include:

- www.readyscotland.org as a source of information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies;
- The Met Office National Severe Weather Warning System for information on the localised impact of severe weather events;
- Use of NHS Inform to support people to look after themselves and identify alternative pathways of care where appropriate;
- Travel advice is provided by Police Scotland in consultation with the OLECG and is communicated through the Police Scotland Communications Team.

1.5 Mass Fatality Arrangements

OIC is currently developing the excess deaths plan and has 3 Nutwell units, one on standby and a further 2 in storage so that mortuary capacity can be increased. In addition, there is increased body storage within The Balfour. Arrangements are also in place for additional body storage at the new undertaker's facility and at Selbro in Kirkwall using refrigeration units.

1.6 Testing the Plan

Multi-agency winter planning meeting is scheduled to take place at the December OLECG meeting. Internally the winter planning group will consider testing the effectiveness of the Boards Plan. The Public Health Department has undertaken an exercise in contact tracing and using the FF100 documentation. More recently members of the NHSO have been involved in testing the National Pandemic Flu Service application.

1.7 Surge Capacity and Demand Planning

Winter Planning includes demand, capacity, and activity plans across urgent, unscheduled, and planned care provision with these being integrated, including identification of surge beds for emergency admissions. The projections are reviewed at least weekly. Planning is undertaken with all key local resilience partners and includes assessment of reasonable worst-case scenarios for:

- Different levels of hospital capacity, both generally and in ICU;
- Infectious disease prevalence including different flu and COVID-19 impacts such as the emergence of variants of concern;
- Vaccination update;
- Delayed discharge numbers;
- Commissioning of beds in care homes as NHS beds to support transfer of care from hospital to release capacity;
- Identification of designated beds within current footprint to enable focused care for patients experiencing delays with a different model of staffing to meet their care needs
- Streamline processes for patients on the AWI/Guardianship pathway

1.8 Intermediate / Step Up / Step Down Care

Work is ongoing to increase the provision of intermediate care to impact positively on patients and services over the winter, and also to work towards building sustainability for the future.

Plans include:

- Consideration of implementation of Discharge without Delay, Discharge to Assess and effective End of Life pathways to enable step up and step-down care and prevent admission where appropriate;
- Maximise community capacity to enable patients to be discharged to their own home (or as homely a setting as possible);
- Collaboration to maximise support to community services

SECTION 2. URGENT AND UNSCHEDULED CARE PREPAREDNESS

2.1 Hospital Overview

The Balfour Hospital inpatient capacity is:

Ward	Capacity (beds)
Inpatient 1	20
Inpatient 2	20
High Dependency Unit	2
Mental Health Transfer Bed	1
Macmillan/Palliative care	4
Maternity	4

This gives a total of 51 beds of which 5 are ring-fenced (4 for Maternity and 1 for mental health transfers). 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.

A summary of consultant led outpatient activity from 2016/17 to 2021/22 is provided in Figure 1. The frequency of visiting service clinics is dependent upon demand and can be monthly to 6 monthly depending on speciality.

Figure 1. Consultant Led Outpatient Activity, The Balfour 2016/17 – 2021/22
(Source: PHS Cons. Led Outpatient Activity Publication)

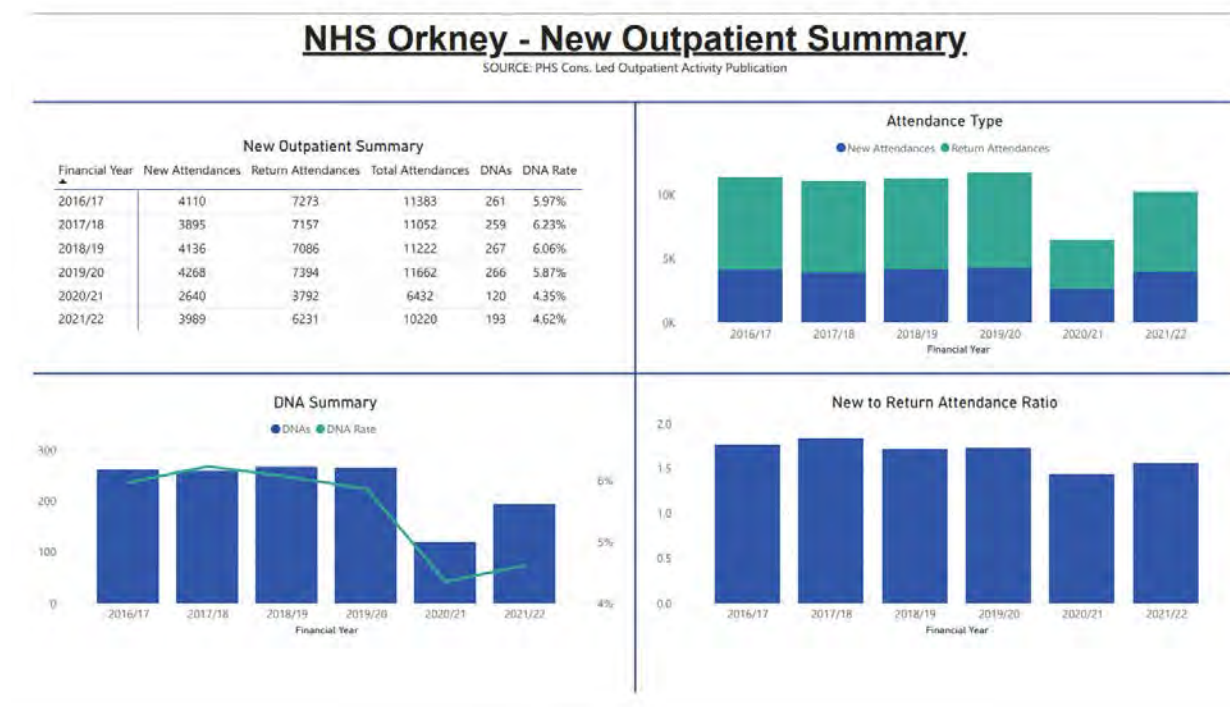
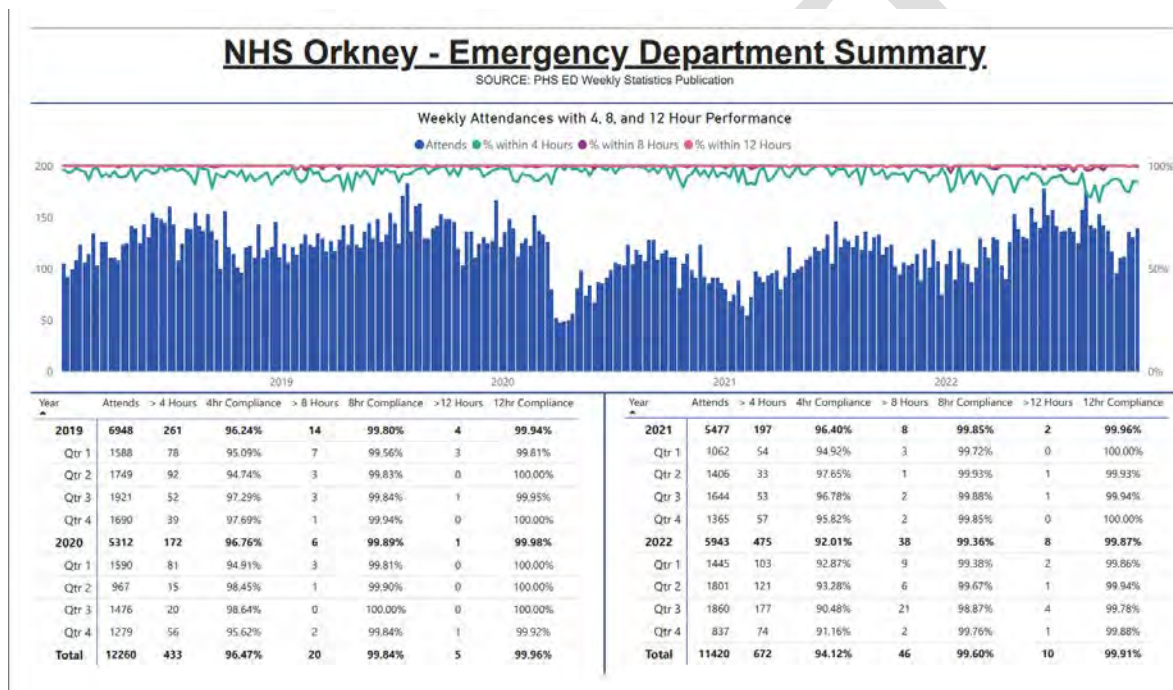


Figure 3 provides an overview of Emergency Department attendances and compliance with the 4, 8 and 12 hour standards over the period July 2019 to June 2022. NHSO performs well against 8 and 12 hour standards. Around 6,000 attendances are expected annually through the Emergency Department. Maintaining a high level of performance is a priority for winter and further implementation of improvement activities are key, with key focus on enhanced joint working between OOH, SAS and Emergency Department to best meet demand and increased focus on timely discharge to bring the admission and discharge curves into better alignment and minimise pressure on beds over the winter period.

Figure 3: Attendance and Compliance with 4, 8 and 12 Hours Standards, NHS Orkney, July 2019 – June 2022 (Source: PHS ED Weekly Statistics Publication)



NHSO’s Medical Director is the designated clinical lead for Unscheduled Care and works alongside colleagues including the Director of Nursing, Midwifery, Allied Health Professional Lead and the Chief Officer for the Orkney Integration 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.

Within The Balfour, daily huddles and multi-disciplinary team meetings support effective communication and the identification of emerging issues. Morning huddles focus on the day’s activity and status whilst an afternoon huddle focusses on prediction of capacity and demand for the next day.

An Escalation pathway supports 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.

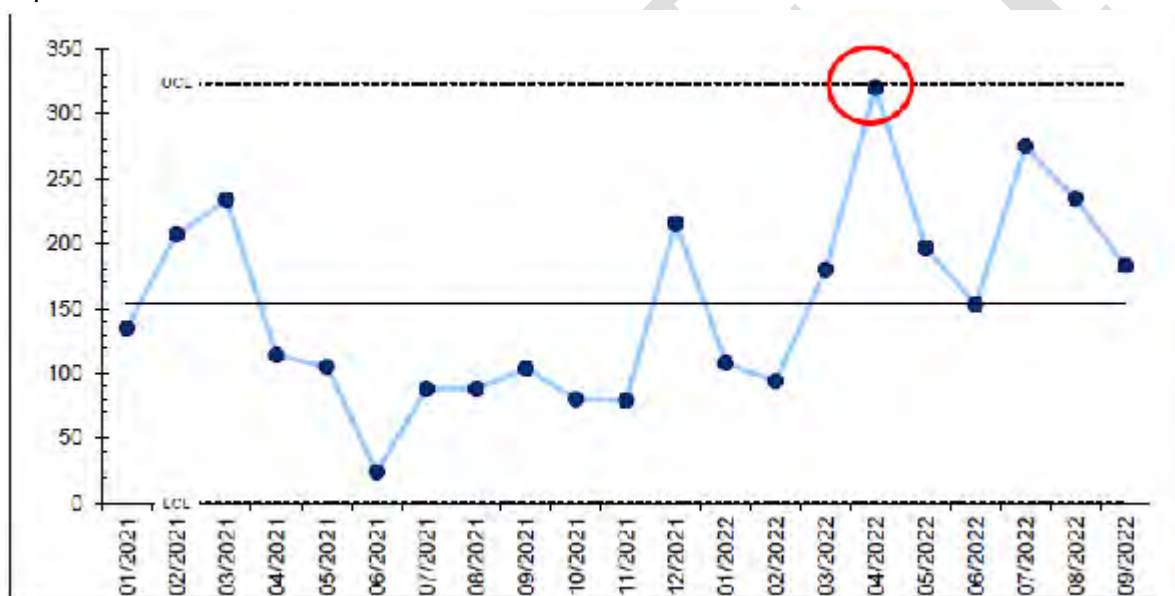
2.2 Scheduled/Unscheduled Care

The level of scheduled care provided by NHSO through the Balfour Hospital has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Delivery 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.

2.3 Managing discharges and transfers from mainland hospitals

Patients whose discharge has been delayed for non-medical reasons are uncommon because of communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian and other Mainland Health Boards who provide NHSO's off island secondary care provision.

Figure 4, Bed Days Occupied by Delayed Discharges, Balfour Hospital. January 2021 to September 2022



No more than 2 delayed discharges are expected at any time within the Balfour, including over the winter period. Figure 4 indicates special cause variation was experienced in early in 2021 and more recently in April 2022 for bed days where the bed days occupied levels exceeded the upper confidence level.

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. The Orkney/Shetland Liaison Nurse in NHS Grampian will liaise with the Patient Flow Coordinator in Orkney about reductions 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 those services who support the discharge process are involved and arrangements for transfers are as robust as possible.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be 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. PRIMARY CARE AND OUT OF HOURS PREPAREDNESS

3.1 Primary Care Winter Plan

To support resilience, exploration of operational solutions and agreeing appropriate escalation plans during the winter period the Primary Care Winter Plan requires engagement with Independent Contractors, SAS, NHS 24 and Primary Care OOH Services to consider what could be done collaboratively to improve continuity of care. This will allow the Board to manage predicted and unpredicted demand and includes weekends, public holidays to ensure we are operating effectively. The plan will cover resource planning and demand management and how these are prioritised out of hours.

Support for Independent Contractors to manage sustainability over the winter period. Planning will involve Primary Care Lead and GP Subcommittee/LMC.

This should include:

- Measures which are in place to identify and resolve issues in accessing appointments as soon as possible
- Review of Business Continuity Plans and ensuring they include plans
- Where practices are unable to open due to staffing or other reasons
- Pooling appointments within locality or cluster to ensure patient access is not restricted unduly
- Escalation process where the Primary Care Team are notified of any practice in difficulty.
- Maximising multi-disciplinary teams within OOH Services where possible, increasing capacity of senior clinical and non-clinical leadership to provide professional to professional advice across acute and community where possible.

The Head of Primary Care Services will as part of discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as the festive period. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHSO 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 a four-day daytime Out of Hours service on 24 until 28 December and 31 December until 3 January. 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 continue to provide an on-call service over the festive period although we are currently in discussions around potentially implementing NHS24 next year across our smaller isles as part of our Winter planning process
- 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. NHSO has invested in and has a salaried GP service which provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness)

3.2 Dental

Dental Services will liaise with NHS 24 (Highland Hub) to ensure they have sufficient capacity in place to meet any potential increased demand for out of hours services care during the winter period. Dental practices must have robust contingency plans in place for outbreaks of respiratory disease.

Public holidays and weekends are 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHSO will run an emergency dental service, to see appropriate cases once triaged by the Hub.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHSO will confirm this cover with local independent practitioners in advance of the holiday season.

Similarly, out with the weekend and public holidays, NHSO will arrange in-hours cover for their own patients and those who cannot access care elsewhere. This will be based at the Public Dental Service Clinic in The Balfour and can be contacted on 01856 888258. At least two dentists, with the necessary associated nursing and support staff, will be available.

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 publicised in advance.

The Emergency Department and out of hours GP service have good access to an extensive range of essential medicines and the stock levels over the festive period will be checked accordingly. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Festive Bank Holidays are:

Date	Boots Kirkwall	W.H.B Sutherland Kirkwall	W.H.B Sutherland Stromness	Dounby Pharmacy
Saturday 24 th Dec	09:00 to 16:00	09:00 to 17:30	09:00 to 14:00	Closed
Sunday 25 th Dec	Closed	Closed	Closed	Closed
Monday 26 th Dec	Closed	Closed	Closed	Closed
Tuesday 27 th Dec	WHB Sutherland Kirkwall open 15:00 to 16:00 for emergency prescriptions only All other pharmacies closed			
Wednesday 28 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Thursday 29 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 14:00	09:00 to 17:00
Friday 30 th Dec	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Saturday 31 st Dec	09:00 to 16:00	09:00 to 17:30	09:00 to 14:00	Closed

Sunday 1 st Jan	Closed	Closed	Closed	Closed
Monday 2 nd Jan	Closed	Closed	Closed	Closed
Tuesday 3 rd Jan	Boots Kirkwall open 15:00 to 16:00 for emergency prescriptions only. All other pharmacies closed			
Wednesday 4 th Jan	09:00 to 17:30	09:00 to 17:30	09:00 to 17:00	09:00 to 17:00
Thursday 5 th Jan	Normal Opening Hours Resume			

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

The Pharmacy Department within The Balfour will be open 27th December and the 3rd 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 workload 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 joined up and seamless as possible.

3.4 Mental Health Services

Clear arrangements are in place to enable access to mental health services OOH and during the festive period.

Normal process and procedure for access to Mental Health Community Mental Health Nurse Services OOH will continue as normal. All process and procedures are outlined below:

Orkney Community Mental Health Services Normal Hours of Service		
		Contact Details
Monday – Friday	9am – 5pm	Telephone: 01856 888280

Following a Mental Health Assessment having been undertaken by either Balfour Medical Staff or the OOH GP service, the OOH cover is provided by contacting the Balfour Switchboard for request to be connected to the OOH COMMUNITY MENTAL HEALTH NURSE on call.

Orkney Community Mental Health Services Routine Community Mental Health Nurse On call Out of Hours		
		Contact Details
Monday – Tuesday	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Tuesday - Wednesday	5pm - 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Wednesday - Thursday	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Thursday - Friday	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Friday - Monday	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000

Cover over the Festive Period is slightly altered.

Following a Mental Health Assessment having been undertaken by either Balfour Medical Staff or the OOH GP service, the OOH cover is provided by contacting the Balfour Switchboard for request to be connected to the OOH COMMUNITY MENTAL HEALTH NURSE on call.

Orkney Community Mental Health Services Festive Period Community Mental Health Nurse Routine and On call Out of Hours		
		Contact Details
4pm Friday 23 rd December, Routine Community Mental Health Service will close and reopen 9am Wednesday 28 th December	Community Mental Health Nurses will be on call for emergencies	Balfour Switchboard requesting On call Out of hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Wednesday 28 th December	9am – 5pm	Telephone: 01856 888280
Wednesday 28 th – Thursday 29 th	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Thursday 29 th December	9am – 5pm	Telephone: 01856 888280

Thursday 29 th – Friday 30 th	5pm – 9am	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000
Friday 30 th December	9am – 5pm	Telephone: 01856 888280
5pm Friday 30 th December, Routine Community Mental Health Service will close and reopen 9am Wednesday 4 th January 2023	Community Mental Health Nurses will be on call for emergencies	Balfour Switchboard requesting On call Out of Hours Community Mental Health Nurse to be contacted: Telephone: 01856 888000

From 9am on Wednesday 4th January 2023 normal scheduled services will resume.

Should the Mental Health Transfer Bed require to be used, Balfour Nursing and Medical Staff and the Community Mental Health Nursing Staff will continue to follow process and procedure outlined in the ***Interim Standard Operating Procedure for the Mental Health Transfer Bed***.

Risk Assessments and contingency plans are also in place for implementation should adverse weather events cause impact to service delivery with staff being able to maintain routine service via use of the Near Me, Virtual Appointment system for patients.

3.5 Community Health and Social Care Services

Adults, Learning Disability, Children's, and Criminal Justice Social Work services will provide out of hours cover from 16:00 on 23 December 2022, and recommence normal services from 09.00 on 4 January 2023. Emergency out of hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

Staff will be available in the Selbro Store and Resource Centre between 09:00 and 13:30 on 28, 29 and 30 December to respond to urgent requests. Telephone 873535 extension 2632. A small supply of pressure relieving equipment is held in all GP Practices and in addition, equipment is available at the out of hours store at The Balfour to address urgent needs (this can be accessed through the community nursing or the Intermediate community teams (888234) when Selbro is closed.

Referrals to the Telecare Service will be checked for urgent new requirements once per day from 26 to 30 December (inclusive) and on the 2 to 3 of January. The Responder and Care at Home services will operate as normal, throughout the festive period. For all Care at Home enquiries please contact 888390.

Mainland community nursing services will continue to provide 24 hour 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. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

SECTION 4. FESTIVE PREPAREDNESS

4.1 Festive Arrangements

A full range of elective and supporting services are provided up to and including 23 December, with reduced on call services for 24 and 25 December. Provision is in place up to and including 30 December with reduced on call services for 1 and 2 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the outpatient 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 where staffing levels will be slightly raised in anticipation for a spike in demand for services.

The Ba will be on Monday 26 December and Monday 2 January and the Surgical Team will be available if required. OOH GP shifts are covered from the period 24 December 2022 to 2 January 2023.

Service winter planning updates will also be provided through the OLECG meeting process so that agencies can update their respective partners regarding their winter preparedness.

4.5 The Scottish Ambulance Service

The 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 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.

SECTION 5. PREPARE FOR AND IMPLEMENT COVID-19, RSV OR NOROVIRUS OUTBREAK CONTROL MEASURES

5.1 Infection Prevention and Control Team Preparedness

The Infection Prevention and Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention and 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 is direct link to all National and local documents with quick links ensuring the most up to date information is available to staff, including [NSS.HAI Compendium](#)

All new starts to the organisation, have infection Prevention and Control training through corporate induction. Additional training includes Turas Learn NES Standard Infection Prevention and Control Education Pathway (SIPCEPs) modules relevant to their role, plus additional face to face sessions are delivered to staff in both hospital and community, including Residential Care Homes, on an operational basis.

Staff are encouraged to take personal responsibility to ensure the wellbeing of patients and their colleagues through not attending work, whilst symptomatic with illnesses or prior to risk assessment by their line manager.

The IPC team work closely with the laboratory service to ensure timely and coordinated results for inpatients and enhance patient care and reduce the burden of some PPE items being used.

5.2 Engagement with other Services

Residential and supported accommodation services are well versed in how to deal outbreaks of infection. However, the team support all IPC aspects of outbreak management, identifying areas for improvement and feeding back to leads and teams.

Additionally, the IPC team continue to support residential settings through link staff education sessions, including winter viruses. IPC are undertaking weekly drop-ins to care homes and open access from teams to the IPC team through telephone enquiries and email response.

The IPC team attend and offer support and guidance through the Care Home and Care at Home fortnightly meetings, also attended by Health Protection and Community Nursing. These meetings are also attended by Third Sector social care providers

5.3 Norovirus Information

Public Health Scotland inform Boards of any increase in levels of norovirus across Scotland and ask Boards to be prepared in advance to help reduce the likelihood of outbreaks arising. The IPCT have monitoring processes in place recording patient's infection status as well as signage for staff and relatives to raise awareness around infection control measures. In addition, the IPCT are part of the daily nursing and RAG huddle to offer support where all suspected or known infections are present. This includes information on environmental decontamination processes post discharge or transfer.

5.4 Outbreak Control Meetings and Reporting

The Public Health Department and Infection Prevention and Control Services monitor all areas affected by outbreaks of infection both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to ARHAI through the HIIORT reporting tool. In the event of an outbreak, meetings will take place as directed by the Incident Management Team (IMT). Executive Directors are notified of any alert infection triggers prior to meeting as an IMT in the hospital setting. In the community liaison will take place with Orkney Health and Social Care Partnership and other bodies or agencies as soon as the local trigger factors indicate such a response is appropriate.

To help detect early warnings of imminent surges in activity, routine monitoring of PHS publications showing the current epidemiological picture of winter viruses across Scotland is undertaken, where any surges in activity are seen this is shared with the Emergency Department and within secondary care through the Daily RAG huddles and through the Whole System Recovery Group for awareness and vigilance.

5.5 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.

SECTION 6. SEASONAL FLU, STAFF PROTECTION AND OUTBREAK RESOURCING

6.1 Predicted surge of flu activity and vaccination delivery

Respiratory infection is associated with appreciable levels of morbidity and mortality, especially during the winter months and particularly among those at risk of complications, including the elderly, children under two years of age, those with chronic health problems and pregnant women. The 2022/23 season will be the first season of co-circulating respiratory pathogens including Influenza virus and SARS-CoV-2. Before the COVID-10 pandemic, most influenza infections would be expected to occur in the winter months with a peak between December and March. The virus undergoes some level of genetic change each year causing different strains of the virus to predominate each season. As such, the number of people affected each year depends on how well the vaccine is matched against the circulating strain and how many people access the vaccination. The seasonal influenza programme for the current year commence in September 2022.

Infection usually lasts for about a week with some people experiencing no symptoms others mild/moderate symptoms including sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat, and a runny nose. Some may develop severe complications, including pneumonia, or other serious complications which can, in extreme cases, result in death. Those most at risk from flu related complication are also vulnerable to concurrent infection with COVID-19.

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.

The winter vaccination programme is the most effective way to prevent COVID-19 and influenza and/or associated severe complications. The vaccination programme aims to protect those most at risk from flu, and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to a minimum in the coming season.

The influenza vaccination programme has been extended and now includes:

- Those aged 65 years and over
- All those aged 6 months and older, in clinical risk groups
- Health and social care workers
- Children aged two years to less than 18 years of age (for school aged children only those still attending school are eligible)
- All those aged 50-64 years
- Independent contractors (GP, dental, optometry and community pharmacy practices), non-NHS laboratory staff (if working on COVID-19 testing during the flu season) including support staff
- Teachers, pupil facing support staff
- Prison population and prison officers who deliver direct front facing services

Vaccinee has been procured to cover increased uptake amongst existing cohorts with planning based on an 80% uptake.

The recommended vaccines are outline below

Eligible Groups	Vaccine – JCVI Recommended
Individuals aged 65 years and over	aQIV - Adjuvanted Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 18-64 years with “at-risk” conditions	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Health, Social Care Workers and NHS independent contractors	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Unpaid/Young carers	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Individuals aged 50-64 not otherwise eligible through a qualifying health condition or employment.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Nursery, Primary and Secondary school Teachers and support staff.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).
Prison population and prison officers.	QIVc - Cell-based Quadrivalent Influenza Vaccine (Seqirus).

Table: Recommended influenza vaccines by eligible group

Uptake to date in 2022/23 in Orkney from start of campaign (11/9/22) until 27/11/2022 is included in the table below

Cohort	COVID-19				Influenza		
	Orkney			Scotland	Orkney		Scotland
Cohort Name	Cohort	Vaccs	Uptake %	Uptake %	Vaccs	Uptake %	Uptake %
Older people care home resident	74	73	98.6%	89.6%	73	98.6%	89.0%
Frontline NHS Workers	322	191	59.3%	52.7%			
All NHS Workers	721				385	53.4%	50.9%
Frontline Social Care Workers	706	320	45.3%	35.5%			
All Social Care Workers	770				314	40.8%	31.8%
Age 5 to 64 COVID-19 at risk	2768	1948	70.4%	57.2%			
Age 18 to 64 Influenza at risk	3158				2076	65.7%	51.2%
Age over 65 COVID-19	5354*	4848	90.5%	88.1%			
Age over 65 Influenza	5576				4731	84.8%	82.9%
50-64 COVID-19	4863*	3708	76.2%	52.7%			
50-64 Influenza	5355				3500	65.4%	44.8%

Table: Uptake rates for the 2022/23 adult COVID-19 and Influenza vaccination programmes as of 27th November 2022. Staff numbers should be treated with caution as many staff are eligible for vaccination out-with work and there is currently no mechanism to reconcile staff who were vaccinated within their own Practice.

6.2 Vaccination Delivery

Vaccination delivery across Orkney for all eligible groups utilises a mixed delivery model. Across the outer isles all vaccinations are provided by general practices. On the mainland of Orkney vaccination delivery is provided by the NHSO Immunisation Service and Occupational Health Service working collaboratively.

To improve uptake amongst staff the Occupational Health Department offers vaccination in service areas (health and social care), via appointment only clinics and drop-in clinics. Staff can also access the community vaccination clinics.

National communication assets are utilised to promote the vaccination programmes with messages shared via internal communications, press releases and social media. Radio interviews and Facebook live stream opportunities are also utilised to engage with members of the public.

6.3 Staff Absence

NHSO and OIC Health and Social Care staff are encouraged to have immunisation against seasonal flu and COVID-19. The Occupational Health Department works 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.

SECTION 7. PLANNED CARE

7.1 Outpatient and Inpatient / Day case Procedures

Plans are in place to focus on reduction of long waits including diagnostic endoscopy and radiology. Plans are in place to maintain activity over winter for outpatient and inpatient / day case procedures. Those plans consider the impact of unscheduled admissions on planned care activity. Planned care will not be paused or cancelled routinely.

7.2 Discharge / Partnership Working

Patient flow is optimised by managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools to optimise capacity, and ensure same rates of discharge over the weekend and public holidays as weekdays. Regular ward rounds and meetings are conducted when required to ensure a proactive approach to discharge.

Work is underway to improve the partnership approach including the third and independent sector to ensure that adequate care packages are in place in the community to meet discharge levels.

SECTION 8. POINT OF CARE TESTING

8.1 Point of Care Testing

Point of care molecular testing was made available for Influenza A/B and RSV with the purchase of two analysers in 2019, however due to the introduction COVID protocols the analyser had to be withdrawn from ED in 2020.

The COVID legacy has led to better rapid testing within the laboratory and a 4-plex molecular test is now available for testing COVID, Influenza A/B and RSV. However due to continuing COVID regulations this must be carried out by qualified staff under a safety cabinet. Testing is available from 09:00 until 16:30 Monday to Friday and from 09:00 until 11:30 at the weekend and on public holidays. Any testing outside of these times is available if required for medical retrieval. Any other out of hours testing should be discussed with a Consultant Microbiologist.

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SECTION 9 RESPIRATORY CARE

9.1. Local Pathway

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. 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 Consultant of the week to aid decision via Switchboard on tel: 888100.

9.2. 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 10. WORKFORCE

10.1 Recruitment and Retention

Appropriate steps are being taken to support the recruitment of staff on an ongoing basis within financial parameters. Consideration is given to the most suitable contractual arrangement including (permanent, bank or fixed term). Where appropriate and compliant with [DL\(2022\)30.pdf \(scot.nhs.uk\)](#) staff who have retired can return to work on a part time basis if they wish to do so.

10.2 Staffing Levels and Additional Capacity

Staffing levels should be appropriate to allow the whole system to facilitate efficient and effective patient care, to ensure consistent discharge over 7 days (including weekends and holiday periods). This must include sufficient senior medical and other senior clinical decision makers to facilitate decision-making and pharmacists to prepare timely discharge medications.

To support a whole system approach a strategy for the deployment of volunteers and making effective use of established local and national partnerships.

Where appropriate a review of those registered with the staff bank can be contacted to provide additional capacity.

Managers consider appropriate staffing required to support the day-to-day running of their service eg, 'Safe to Start' RAG, Department and, or Organisational safety huddles / incident team management.

10.3 Staff Wellbeing

Through the weekly and monthly staff bulletin staff are directed to a range of local and national wellbeing resources.

A wellbeing group has been established and actions from this group include winter support for colleagues (including campaigns in relation to fuel, money, and food awareness).

SECTION 11. DIGITAL AND TECHNOLOGY

11.1 Digital Resilience

The IT Disaster Recovery plan supports planning and prioritization. Hardware and new networks have been deployed to the Remote Sites to support the availability of Near Me video consultations for planned and unscheduled care where appropriate to provide greater choice and benefit during severe weather and preventing the spread of infection.

Digital equipment is available and has been distributed to support home working arrangements. Expertise and support can be rapidly put in place in the event of a cyber-attack and plans have been developed to mitigate any impact of an attack.

Disaster recovery programs are underway and have already delivered a multi-platform backup and replication of the datacentres with hardened backup repositories to protect against Ransomware.

Mandatory training is ongoing within the general staff and specific threat behaviour and awareness is regularly discussed within the IT department and highlighted at all committees under AOB to reach as many people as possible.

A comprehensive and ambitious program of works is now into its second year of a five-year plan, to tighten the security and introduce multi-level security across the entire organization and facilitate remote working in a flexible and safe manner.

SECTION 12. MANAGEMENT INFORMATION

12.1 Reporting Arrangements

Effective NHSO 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 regarding admissions, transfers, and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce and 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
23 December 2022	Last elective list, with exception of scope activity which is planned for 28 th , 29 th and 30 th December, an urgent fracture clinic on 28 th December and an urgent surgical clinic on Thursday 29 th December.
25, 26 and 27 December 2022 and 1, 2 and 3 January 2023	Surgical Teams emergency cover only.
24 December 2022 to 3 January 2023	OOH Duty Social Worker accessed via Balfour Hospital switchboard.
25, 26 and 27 December 2022 and 1, 2 and 3 January 2023	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2022	Day surgery trolleys available for Emergency Department if needed.
4 January 2023	Elective surgery and Outpatient activity resumes.
24 December 2022 to 3 January 2023	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

12.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHSO Chief Executive/Medical Director/ Executive on Call require the setting up of an Incident Management Team (IMT). However, it is good practice to establish a coordinating 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 located either in person within the Brodgar Room, the Skara Room or the Reisa Room depending on which is available and least disruptive to normal business or virtually through a Teams Channel. 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 and Director of Public Health so that the wider Senior Management Team are fully sighted on any ongoing incidents and can thus make the decision to escalate to a meeting of the full IMT if required. In addition, a sub-

group will follow a fixed agenda and be formally minuted. The group will complement the IMT by gathering information and resolving operational incidents, whilst the IMT will focus on Tactical and Strategic considerations. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

12.3 Investment for Winter Funding

As in previous years we anticipate additional funding of £50,000 to support the system during the Winter and the deminimus level of service provision across both Hospital and IJB Services. The full impact of this additional funding has not been described at a detailed level. However, as described in the earlier parts of this document there is a commitment to ensuring targets for both elective and emergency access are met throughout the winter period and that delayed discharges remain at a low level.

12.4 Management Information

The Health Intelligence Team are producing a report which can be used to look at performance and modelling across the whole system with consideration to key areas such as workforce and admission/discharge, this will aim to help identify pressures in the system as early as possible to allow action to be taken.

12.5 Risk Management

During Winter 2022/23 the NHS faces a unique set of challenges as have been outlined in the Winter Plan, there is a potential that several risks may align to create intolerable demands on the system with significant consequences. To ensure appropriate management of the risks several operational risks will be captured and reported through a Risk Register (some examples from the Operational Risk Register are included below in Figure 5) via Datix which the Whole System Group will update. An escalated corporate risk will ensure full visibility and management of the combined risk.

Figure 5, Examples from Risk Register (Operational)

	Risk	Action	Lead
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 manage increase in demand. 2. Switchboard becomes overwhelmed in festive 	<ol style="list-style-type: none"> 1. External communications to increase awareness of services available and methods. 2. Extra staff on standby to provide additional capacity and support if required. 	Deputy Director of Acute Services Head of Primary Care Communications support via NHS Shetland
2. Balfour Hospital must be able to respond adequately to surges in demand.	<ol style="list-style-type: none"> 1. Secondary care services not able to provide timely access to care potentially resulting in increased pressure on off island transfers and 	<ol style="list-style-type: none"> 1. Workforce planning to staff reconfigured areas to take account winter preparedness and the timing of ward changes in maintaining surge 2. Oversight and operational management to be provided by the Deputy Director of Acute Services 3. Daily management of capacity via morning 4. Draft Surge Capacity Plan 	Deputy Director of Acute Services Deputy Director of Nursing and Lead
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 (linked isles) may become cut off from road transport in severe weather, which would result in the shutting barriers. 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 2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area 	Head of Primary Care

	Risk	Action	Lead
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
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 and 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 2019 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

	Risk	Action	Lead
		<p>Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA.</p> <p>NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required.</p>	
6. Severe weather threatens business continuity.	1. Risk to organisations ability to deliver services due to effects of severe weather.	<p>Severe weather guidelines in HR policies implemented.</p> <p>CEO or On Call Executive to assess if should be treated as major incident and emergency plan brought into play.</p>	On Call Executive as required
7. Managing Patient Flow.	1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services.	<p>Multi agency Discharge Policy in place.</p> <p>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.</p> <p>Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption.</p> <p>Daily Huddles to oversee bed management, supported by</p>	Deputy Director of Acute Services and Chief Officer, Integration Joint Board

	Risk	Action	Lead
		daily and weekly MDT meetings to support discharge planning. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.	
9. Communications.	Limited communications on more remote locations Islands	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. Risk managed as part of Corporate Risk Register.	Resilience Officer
10. Vulnerable groups.	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. May also results in issues surrounding staff rotation and attendance.	OIC Winter Services Plan details response. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative. Care for People Plan via OIC implemented OLECG group stood up.	OIC Neighbourhood Services and Infrastructure/OLECG
11. The Ba.	Significant number of people injured.	Balfour Hospital open and able to provide service/treatment. In the event of significant number of people injured consideration will be given Major Incident and Emergency Plan into play.	Deputy Director of Acute Services /On Call Executive

	Risk	Action	Lead
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 – Elective Care

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