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Agenda Item: 9.

Integration Joint Board

Date of Meeting: 13 December 2023.

Subject: Joint Winter Plan.

1. Purpose

1.1. To present Members with the draft Joint Winter Plan and the Balfour Surge/ Escalation Plan.

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 Joint Winter Plan, attached as Appendix 1 to this report, be approved insofar as it applies to the Integration Joint Board.

2.5. That the Balfour Surge/Escalation Plan, attached as Appendix 2 to this report, be approved insofar as it applies to 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 delivery which 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, attached as Appendix 1 to this report, 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. Surge/Escalation Plan

5.1. The Surge/Escalation Plan, attached as Appendix 2 to this report, details the principles and parameters the whole hospital site will adopt for its operational service delivery model.

5.2. The four core priorities that aim to deliver this are:

- Reduced and reshaped demand on services.
- Reduced congestion and overcrowding of the hospital Emergency Department.
- Optimise discharge pathways,
- Enhance resilience and responsiveness of social care.

6. Contribution to quality

Please indicate which of the Orkney Community Plan 2023 to 2030 values 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.	No.
Sustainability: To make sure economic and environmental factors are balanced.	No.

7. Resource and financial implications

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

8. Risk and equality implications

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

9. Direction required

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

NHS Orkney.	No.
Orkney Islands Council.	No.

10. Escalation required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.

11. Author and contact information

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

12. Supporting documents

12.1. Appendix 1: Joint Winter Plan 2023/24.

12.2. Appendix 2: Surge/Escalation Plan.

Template for Winter Planning (2023/24)

Orkney – Acute and Community Services

1. Introduction

Outcomes

- A decrease in the overutilisation of hospital services.
- Optimised patient placement to ensure the right care, in the right place, at the right time.
- Increased staff satisfaction, health, safety and wellbeing
- A targeted and efficient approach to service delivery that maximises the use of available capacity, maintains staff and patient safety and patient flow through the hospital setting.

Priorities

- Reduce and reshape demand on services.
- Reduce congestion and overcrowding of the hospital Emergency Department and In-patient wards.
- Optimise discharge pathways.
- Enhance resilience and responsiveness of social care.

2. Action Plan for Winter 2023/24

2.1 WINTER TARGET OPERATING MODEL AND SURGE CAPACITY				
Some examples for consideration within this section: - • **Workforce - capacity of department, arrangements for staff rotas, utilisation of planned leave, ensuring staff health and wellbeing, use of agency/locums, arrangements for staff accommodation or transport if required to support surge capacity.** • **Additional bed capacity – re-mobilisation bed footprint plan, additional interim beds in care homes and very sheltered housing to support discharges.** • **Emergency and acute medicine surge plans** • **How will planned healthcare re-mobilisation and management of backlog be maintained?** • **What activity will be paused in the event of surge?** • **Admission criteria changes**				
No	**Actions to date/required**	**By whom**	**Outcome**	**Follow up/Contingency**
1.	Winter bed plan requires to be confirmed to establish allocated beds and plan for surge capacity escalation.	Director of Nursing, Midwifery, Allied Health Professions and Acute Services (DoNMAHP/Acute). Interim Deputy Director Acute. Clinical Nurse Managers (Acute).	Clarity of bed base and associated workforce arrangements across Multi-Disciplinary Team (MDT), elective activity planning and contingency planning in case of activity surge beyond agreed bed capacity An agreed Escalation Bed Plan is understood and followed.	Escalation Bed Plan V2.docx
2.	Acute Nurse staffing capacity requires to be sufficient for proposed bed base. Clarify vacancy profile and forecast vacancy fill.	DoNMAHP/Acute. Interim Deputy Director Nursing. Clinical Nurse Managers (Acute).	Sufficient substantive nurse workforce available to maintain safe patient care throughout winter,	

			minimise reliance on bank shifts and avoid the need to use agency nurses balanced with ensuring staff health and wellbeing.	
3.	Confirmation of acute nursing rosters 6 weeks in advance on a rolling weekly basis. This will include through the 3-week festive period. No annual leave to be offered during festive period.	Clinical Nurse Managers (Acute).	Allocate rollout and utilisation of e-roster with confirm and support meetings with SCN's	
4.	Any supplementary staffing required to be agreed by DoNMAPH prior to booking.	DoNMAHP/A.	Supplementary staffing will only be used out with PHs and if additional surge capacity is activated that requires it.	
5.	Critical and Protected service profile to be described. Impact of 'dialling down' non-critical functions to deliver critical functions to be understood and risk assessed. Potential staffing resource released to be described.	Interim Deputy Director of Acute. Deputy Medical Director.	Critical services and winter planning priorities are delivered and maintained throughout winter months.	
6.	Clinical support service staffing arrangements over winter to be clarified with implications for the Balfour clearly identified to delivery of the hospital winter plan.	Relevant leads for: Pharmacy. Allied Health Professions (AHPs). Radiology. Laboratories. Estates and Facilities. Domestics and Portering.		

		Oncology. Renal.		
7.	Flow 1 Urgent Care Emergency Department (ED) attendances to be reduced and low-acuity patients to be redirected to other care providers	DoNMAHP/Acute. Interim Deputy Director Acute. Deputy Medical Director.	Reduce ED congestion to maintain a safe environment for patients and staff. Minimise inappropriate attendance to ED. Minor Injuries to be scheduled.	
8.	Urgent only Outpatient activity to continue in extremis, otherwise aim for normal activity. At least 50% of activity should be by remote consultation. Impact of this be assessed and understood.	Interim Deputy Director Acute. Deputy Medical Director.	A plan that delivers a controlled dialling down of non-urgent activity. This will enable activation of any potential staff redeployment opportunities to maintain critical service functions.	
9.	Education to continue for Personal Protective Equipment (PPE) including donning and doffing as refresher on most current guidance. Monitoring of PPE compliance and assurances. Face fit testing to be refreshed across the hospital. Continuous flow of messaging on PPE guidance	Infection Prevention and Control Team (IPCT), Clinical Nurse Managers.	Staff and patients are safe and protected from nosocomial transmission. Avoidable harm is minimised. Staff are kept informed about any changes to PPE guidance	
10.	Patient transport – liaison with Orkney Islands Council and Scottish Ambulance Service (SAS) to confirm community transport options throughout winter.	Interim Deputy Director Acute.	Transport capacity matches discharge and hospital flow needs.	

11.	Medical/Surgical/Anaesthetic/Orthopaedic Consultant workforce risk mitigation plan.	Interim Deputy Director Acute. Deputy Medical Director. Medical Staffing Officer.	A safe and reliable rota is in place throughout winter to maintain the hospital's scheduled and unscheduled care capability.	
12.	Admissions criteria for High Dependency Unit (HDU) to be clear and widely understood.	Interim Deputy Director Acute. Interim Deputy Director Nursing. Deputy Medical Director.	Patient placement is optimised to support effective patient flow. ED congestion is minimised.	
13.	Improve efficiencies, length of stay and throughput to ensure patient outcomes are optimised.	DoNMAHP/Acute. Deputy Medical Director. Interim Deputy Director Nursing. Clinical Nurse Managers (Acute).	Patient placement is optimised to support effective patient flow	
14.	A work plan to be developed with SAS to minimise delays/lost SAS hours at ED.	Interim Deputy Director Acute.	SAS capacity is maximised and responsive to local demands.	
15.	Identify with staff what Health and Wellbeing resources and support will be useful in anticipation of winter pressures.	Safer Workplaces Group. Partnership Reps.	Staff have access to meaningful resources and support at all times.	
16.	The laboratory at the Balfour has experienced staffing difficulties over the last year.	Laboratory Manager. Interim Deputy Director Acute.	Use of agency staff has enabled the lab to remain open and provides resilience against staff absence.	

17.	Out of Hours (OOH) service for Radiology - continuity plan required to mitigate risks over the winter period.	Radiology Manager. Interim Deputy Director Acute.	Achievable plan in place to minimise patient safety risks and to keep patients as close to home as possible.	
18.	Clinical support service staffing arrangements over winter to be confirmed with implications for the Balfour clearly identified to enable integration of implications to local service delivery plans for winter	Relevant leads for: Pharmacy. AHPs. Radiology. Laboratories. Facilities. Estates.	Sufficient skill mix of substantive and supplementary staff to provide full imaging modalities.	
19.	Radiology category 3 patients may have imaging procedure cancelled to prioritise Category 1 and 2 if there is a surge in demand.	Radiology Manager.	Backlog of 'non-urgent' Category 3 patients. Depending on duration of paused work, review delayed Category 3 patients to ascertain whether clinical priorities have changed.	.
20.	In event of unplanned staff absence, surge in acute admissions, Outpatients and Day Patients (OPD) activity will be reduced as required to urgent only.	Interim Deputy Director Acute. Deputy Medical Director.	Backlog of OPD activity.	

2.2 NEW WAYS OF WORKING

Some examples for consideration within this section: -

- **Home First Framework– new/improved cross-system clinical pathways of care. What will your department do to maintain people safely at home, avoid unnecessary hospital attendance or admission, and support early discharge? Realistic impact for winter 2023/24.**
- **Work underway via various work streams e.g. Frailty model, optimising Near Me consultations.**
- **Development of MDT teams to support national Urgent Care Programme – cross system.**
- **Workforce implications – will new models require employment of additional staff, deployment/training of existing staff to support implementation?**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1.	Decision Support function to be established that supports Ambulatory pathways and hospital admission avoidance and reduces readmissions of patients with complex needs. Arrangements to support disease specific pathways to be developed – frailty, respiratory, palliative care.	DoNMAHP/Acute. Interim Deputy Director Acute. Deputy Medical Director. Chief Officer.	Unscheduled demand is reshaped and reduced, and hospital admissions are avoided. Reduced bed days, length of stay, waits and delays.	
2	Utilisation of available bed estate in Care Home to create Step Up/Step Down facility and facilitate discharge from Inpatients (IP)2 to free capacity for inpatient acute activity. Current requirement for 35 acute beds, with 22 available. Staffing requirements to be mapped and feasibility undertaken.	DoNMAHP/Acute. Chief Officer. Associate Director – AHPs.	Demand is reshaped and reduced, and hospital admissions are avoided by utilisation of enhanced community facility. Reduced bed days, length of stay, waits and delays.	
3	Physiotherapy and Occupational Therapy support available in ED.	Associate Director – AHPs.	Unscheduled demand is reshaped and reduced, and hospital admissions are avoided.	
4	Frailty Model, Discharge 2 Assess, Community Resource Teams. Balfour teams to engage with these work streams and develop pathways to support effective hospital patient flow.	Balfour Clinical Leads	Unscheduled demand is reshaped and reduced, and hospital admissions are avoided.	

			Delays in care transitions are minimised.	
5	Possible opportunity for DCU Nurses to be trained to undertake the role of Venesection, Outpatients Parenteral Antibiotics Therapy (OPAT), Transfusion - Nurses keen to upskill. Need to identify nurses to undertake role – aware of staffing issues, redesign space in DCU to accommodate two chair spaces.	Clinical Nurse Managers (Acute). Senior Charge Nurse. Theatre/DCU. Pharmacy lead for OPAT.	Upskilling of nursing staff in DCU. Admission avoidance, reduce lost bed days to Antibiotics therapy.	
6.	Home First The Service is a discharge to assess model offering up to six weeks of reablement support to enable timely discharge from the hospital and the opportunity to assess patients in their own home.	Occupational Therapy Lead – Adult Services.	The model provides an evidenced based approach to maintaining an individual's independence at home and increases the confidence of the individual and their family members and reduces the expectation and reliance on a long term Care at Home package being required to enable the person to remain at home for longer.	
7.	Pilot an Advance Nurse Practitioner available on Saturday and Sundays for six months to focus on preventing admissions to Hospitals from Care Homes and to assist Community Nursing with palliative care.	Head of Primary Care Services.	Prevent admissions to Hospital from Care Homes and assist with palliative care.	

2.3 OPERATIONAL RESILIENCE

Some examples for consideration within this section: -

- **Updated Service Continuity Plans in place for all sectors including care homes/Civil Contingencies support.**
- **Hospital Discharges – what is in place/needed to facilitate timely and safe discharge (Acute and Community – systems, processes, workforce e.g., access to social care, pharmacy, AHPs, equipment, transport**
- **General Practice/ACPs/wider primary care services**
- **Community support – link workers, third sector, Community Planning Partnerships**
- **What is your sector doing to support vulnerable people in communities during winter?**
- **SAS increased use of Professional-to-Professional line to treat people at home and avoid attendance at hospital.**
- **Non-SAS transport providers**
- **Respiratory Pathway/Extending Pulmonary Rehab/tools to support self-care including a COPD self-management app.**
- **Access to required systems e.g., Trakcare, Wardview**
- **Management of elective activity**
- **Availability of key services (Labs, imaging, pharmacy (hospital and community), Social Work (hospital and community), porters, domestic services, AHPs, SAS)**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1.	Service continuity plans developed for ALL services operating on the Balfour site.	Interim Deputy Director Acute. Resilience Officer.	Documented BCPs in place that describe business critical functions.	
2.	Consider weekend endoscopy activity within Balfour and Theatre continuing.	Interim Deputy Director Acute. Deputy Medical Director. Theatre team.		
3.	Examine resilience of medical and surgical junior grade rotas and secure resources to mitigate any potential rota gaps.	Interim Deputy Director Acute. Deputy Medical Director.	Junior Grade rotas are resilient.	
4.	Ensure systems and processes are in place and applied consistently to promote efficient discharge planning and patient placement.	DoNMAHP/Acute. Interim Deputy Director Acute. Discharge Coordinator.	Discharge planning starts at the point of admission. Planned Date of Discharge (PDD)s are in place for all patients.	

			Daily Dynamic Discharge process is in place. PDDs are started on admission. Patients suitable for boarding are identified daily. Next day discharges are identified. Criteria led discharge to support weekend discharges.	
5.	TRAKCare and Ward View are updated daily at safety huddles/bed meetings.	Clinical Nurse Managers (Acute). Senior Charge Nurses. SCM	PMS systems become a reliable source of patient information and capacity planning.	
6.	Adherence to Once for Scotland Employee Attendance Policy.	Line Managers.	Consistent application of the policy Sickness absence is managed fairly.	
7.	Adherence to Balfour Rostering Policy.	Clinical Nurse Managers Senior Charge Nurses.	Consistent application of the policy Nurse staffing off-duties ensure minimum safe nurse to patient ratios are always available.	
8.	Junior Doctor Rota.	Deputy Medical Director. Interim Deputy Director Acute.	Trainee doctor rotas are supported, coordinated and aligned to support the hospital winter plan.	

			Sickness absence or other leave is recorded, monitored and rota swaps facilitated to ensure rotas remain safe and compliant.	
9.	Review MDT role and consider where their skill set will be best placed in light of bed base plan and service continuity plans.	Associate Director – AHPs.	Further training and development may be required in the team.	

2.4 PREVENTION AND ANTICIPATING DEMAND (Public Health)				
Some examples for consideration within this section: - • Requirements of updated Major Infectious Diseases Plan – ongoing Covid response, preparedness for flu pandemic, other outbreaks • Maintaining Covid and non-Covid pathways, staff testing, safer workplace, IPCT and Public Health/Health Protection guidance • Seasonal flu immunisation programme – how your sector will contribute to maximising uptake across at-risk groups, health and social care staff, care homes, carers etc. • Communication of seasonal flu vaccination campaign, national media and locally for patients, staff and key workers delivering care • Management of Norovirus/other outbreaks (IP hospital sites, Care Homes – liaison with IPCT and Health Protection, reporting requirements etc) • PPE - maintaining supplies, training in use, face fit testing etc. • Scheduled and unscheduled care capacity and demand (acute and community) - Intelligence led modelling data (local and national)				
No	**Actions to date/required**	**By whom**	**Outcome**	**Follow up/Contingency**
1	Review of Public Health Department Business Continuity arrangements in relation to surge capacity, including the provision of contact tracing. Mutual aid can be obtained via other NHS Boards and Public Health Scotland (PHS). Festive rota to be reviewed to ensure sufficient capacity.	Consultant in Public Health Medicine (CPHM) Director of Public Health.	The Public Health Department have adequate resources in place to manage the predicted winter surge of infectious diseases and the disruption of normal services because of weather and festive period.	
2	Training activities and debrief of outbreaks and cases are provided regularly.	CPHM.	The Public Health workforce remains appropriately trained in relation to the provision of the public health response, including in relation to contact tracing.	
3	The Orkney Local Emergency Co-ordinating Group (OLECG) has agreed that the previously developed COVID-19 response plan would be implemented if required because of a possible emergence of a new	Resilience Officer.	Contact list of OLECG covid response plan is being refreshed to ensure it remains	

	SARS-CoV-2 variants and mutations (VAMs) of public health importance with increased severity. Should this need to be implemented, an OLECG meeting would be called.		current. Awaiting recommendations of a national multi-agency VAM plan exercise held to explore remote and rural considerations.	
4.	Residential and supported accommodation services are well versed in how to deal with infection control outbreaks, however, to embed this further, Public Health regularly engages with them to offer support, for example in relation to updated guidance, reporting requirements or outbreak management procedures. The Collaborative Care Home Support Team (CCHST) provides a forum to raise any issues and provide information, guidance and support. Regular surveillance data in relation to infections and outbreaks is monitored and any reactive action is taken as required.	CPHM. Health Protection Nurse Specialist (HPNS)	Public Health providing a 24/7 service to contribute to the management of outbreaks and high-risk infections in the community, including continued support and advice provided to care home staff's management of outbreaks and cases. Mobilisation and Surge Plans in place to manage COVID-19 infection within community.	
5.	Chief Medical Officer (CMO) letter notifying that influenza rates circulating in the community reach a trigger level will be circulated to health professionals.	CPHM. HPNS.	Health professionals aware that prescribing for seasonal influenza in the community may be undertaken when influenza rates circulating in the community reaches trigger level.	

6.	Autumn influenza and COVID-19 vaccination program planning to be undertaken in July 2023.	CPHM.	Winter vaccination programme will commence locally on 7th September 2023 with prioritisation according to national policies and guidance. Mixed delivery model for vaccination across Orkney for all eligible groups, including frontline staff. Estimated uptake of 90% of those receiving co-admin vaccination (75% COVID-19 uptake and 65% flu uptake in adult population).	
7.	Communication plan in relation to Autumn influenza and COVID-19 vaccination Program, using national communication assets, internal communications, press releases, social media, radio interviews and Facebook live stream opportunities.	CPHM.	Members of the public, patients and staff informed about vaccination program. Staff and key workers delivering care will use opportunities to encourage staff and patients to be vaccinated if eligible to maximising uptake across all groups.	
8.	Continuous monitoring of local Business Intelligence and national PHS vaccination uptake data across eligible groups, settings and localities in order to effectively consider appropriate actions to target	CPHM.	Target vaccination actions to increase uptake where needed.	

	areas and populations to maximise vaccination uptake.			
9.	If there are reported flu or COVID-19 outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Board will consider undertaking targeted immunisation.	CPHM.	Target vaccination actions to reduce impact of outbreaks in selected areas, settings and populations.	
10.	Continuous monitoring of local Business Intelligence and national PHS epidemiological infectious diseases data in order to effectively consider appropriate actions to manage outbreaks and detect early warning of imminent surges in activity. This will include epidemiological data in relation to the potential emergence of SARS-CoV-VAMs. Changes in epidemiological picture and any predicted increase will be highlighted to the organisation.	CPHM. DPH.	Predicted increases will be highlighted to the organisation so appropriate response is provided. Outbreaks are managed appropriately.	

2.5 FESTIVE PERIOD				
Some examples for consideration within this section: - • **Oncall rota arrangements** • **Identification of key interdependencies with other sectors/departments** • **GP/wider primary care provision and hospital elective activity is communicated in advance to key services e.g., SAS, Labs, Diagnostics** • **Contact details for sector leads and clear communication channels for discussing pressures and escalating/agreeing key actions**				
No	**Actions to date/required**	**By whom**	**Outcome**	**Follow up/Contingency**
1.	Review and confirm rotas to ensure adequate staffing over the festive period. Any gaps identified and mitigation plans in place as required.	All line managers.	All critical functions are fully operational over festive period.	
2.	Confirm Central Sterile Services Department (CSSD) service over the festive period.	Estates and Facilities.	Arrangements for instrument sterilisation are maintained.	
3.	Ensure links with wider system are maintained daily.	Corporate Leadership Team.	Awareness of system pressures and escalation status.	
4.	Duty Management and On-Call rotas are in place.	Medical Director.	Hospital duty management in and out of hours is in place over the festive period. Executive On-Call rota in place.	
5.	G-OPES framework is implemented and clearly understood by Senior Leadership Team (SLT).	DoNMAHP/Acute. SLT.	Escalation triggers and actions are consistently applied commensurate with site and system pressures.	
6.	Shift rota in place for Labs to ensure continuity of service.	Laboratory Manager.		

7.	Review and confirm rotas to ensure adequate staffing over the festive period (all surgical and medical areas and all disciplines) by end of October.	Interim Deputy Director Acute. Deputy Medical Director. Service Managers.		
8.	Radiology: • Emergency service cover only for festive public holidays. • Category 1 and 2 patients prioritised from Thursday, 21 December 2023 until Wednesday, 3 January 2024 inclusive. • Normal service resumes Thursday, 4 January 2024	Radiology.		
9.	Mental Health Services All rotas are in place to ensure that appropriate staffing levels are maintained through the public holiday period. For emergencies, the OOH Community Psychiatric Nurse service can be contacted through the Balfour Hospital on 01856 **888000** for the duration of the festive period apart from the 27, 28 and 29 December 2023, the Mental Health Service will be available as normal from 9am to 5pm.	Service Manager – Mental Health Services.	To ensure that all critical functions are fully operational over festive period.	
10.	Community Occupational Therapy and Selbro Occupational Therapy will have emergency cover on Tuesday, 26 December 2023 and Tuesday, 02 January 2024. Please call the Intermediate Community Therapy number – **01856 888234** if you require urgent support. NHS Orkney Occupational	Occupational Therapy Lead – Adult Services.	To ensure that all critical functions are fully operational over festive period.	

	Therapy teams will be open for their regular hours on the 27, 28 and 29 December 2023. Selbro will open from 0900 – 1330 on the 27, 28 and 29 December 2023.			
11.	Social Work and Social Care All rotas are in place to ensure that appropriate staffing levels are maintained through the public holiday period. For emergencies, OOH Duty social work services can be contacted through the Balfour Hospital on **01856 888000** for the duration of the holiday period (4pm on Friday, 22 December 2023 to 10am on Wednesday, 3 January 2024) for the following services: • Criminal Justice. • Children and Families. • Adult Social Work. For all Care at Home enquiries please contact **01856 888390**, the office will be staffed as usual from 7.00 am to 10.00 pm each day over the holiday period.	Chief Social Work Officer.	To ensure that all critical functions are fully operational over festive period.	
12.	Community Nursing	Clinical Nurse Manager (Community).	To ensure that all critical functions are fully	

	Will continue to provide 24 hour cover on the Mainland, however, there will be reduced staff on the public holidays. There will be no change to the arrangements over the festive period on the Isles.		operational over festive period.	
13.	Community Pharmacy The Community Pharmacies will be available as normal on Wednesday, 27 to Saturday 30 December 2023. Boots Kirkwall will be open for emergency prescriptions only on Tuesday, 26 December 2023 and Tuesday, 2 January 2024 between 3 and 4pm. Normal opening hours will commence on Wednesday, 3 January 2024. The Pharmacy Department of the Balfour Hospital will be open on Tuesday, 26 December 2023 and Tuesday, 2 January 2024 between 10am and 2pm.	Principal Pharmacist.		
14.	Primary Care and Dental All GP and Dental surgeries will be closed on the festive Public Holidays: Monday, 25 and Tuesday, 26 December 2023 and Monday, 1 and Tuesday, 2 January 2024. For emergencies a GP can be contacted in the same way as routine evening/weekend cover. If you are ill when your practice is closed and can't wait until it reopens, you should call NHS 24 on 111. For any medical emergencies you should still call 999.	Head of Primary Care Services. Director of Dentistry.		

2.6 INFORMATION, COMMUNICATION AND ESCALATION

Some examples for consideration within this section: -

- **Staff familiarity with own sector winter plans and access to relevant supporting information e.g., key contacts, policies, rotas**
- **Process for escalation within own clinical area**
- **Arrangements for communication/escalation to SLT**
- **Communication with patients and public, self-management, winter campaigns re Flu, antibiotics etc**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1	Tactical Operating Model for Balfour is refreshed and circulated widely.	DoNMAHP/Acute.	System wide understanding of Balfour winter plan	
2	Invitation to Hospital Safety Brief is extended to include all services/departments.	Interim Deputy Director Acute.	Daily Hospital Safety Brief provides a comprehensive overview of site pressures and actions required to respond.	
3	Key communication with patients and public to be shared as part of Balfour communication plan including: • Urgent care pathways. • OOHs access to pharmacy etc. • Self-management options. • Flu immunisation uptake. Daily/Weekly Video messaging plan to be considered. Digital Screens to be utilised across the site with messaging.	NHS Orkney Communications Team.	A comprehensive public communications plan is in place that informs service users and the public of how to use services appropriately.	
4.	A reminder of escalation processes and contacts be issued to those covering OOH:	Orkney Health and Social Care	All professions are clear where they can go for	

	• Social Work. • Community Psychiatric Nurses. • GPs.	Partnership's Senior Management Team.	guidance and escalation should it be required.	
5.	Ensure that Orkney Islands Council's Winter Treatment Updates and Barrier updates are cascaded to relevant teams.	Orkney Health and Social Care's Service Managers and Lead Professionals.	To ensure that key information can be shared with relevant staff.	

2.7 ADVERSE WEATHER

Some examples for consideration within this section: -

- **Attendance Policy – adverse weather**
- **Rotas – what is contingency if front line staff unable to attend workplace?**
- **Civil Contingencies arrangements**
- **Early warning systems – LAs, Met Office, LRP**
- **Accommodation/transport arrangements for staff if working and unable to get home.**
- **SAS/ScotSTAR/EMRS transfers Balfour, Ferry linked Islands.**

No	Actions to date/required	By whom	Outcome	Follow up/Contingency
1.	Adherence to both NHS Orkney Adverse Weather Policy and Orkney Islands Council Adverse Weather Plan.	SLT.	Maintain service resilience – minimise impact of severe weather events – staff safety.	
2.	Establish options for staff accommodation. Generate a list of staff that might be impacted by severe weather and prevented from getting to work.	Line Managers.	Maintain service resilience – minimise impact of severe weather events – staff safety.	
3.	Patient transport – liaison with Orkney Islands Council and SAS to confirm community transport options throughout winter.	Interim Deputy Director Acute.	Transport capacity matches discharge and hospital flow needs.	
4.	Ensure attendance at any Incident Management Team Meetings (both NHS Orkney and Orkney Islands Council) and OLECG when the need arises.	Orkney Health and Social Care Partnership's Senior Management Team	To ensure that key information can be shared with relevant staff.	
5.	Ensure that Orkney Islands Council's Winter Treatment Updates and Barrier updates are cascaded to relevant teams.	Orkney Health and Social Care's Service Managers and Lead Professionals.	To ensure that key information can be shared with relevant staff.	

1. Risk Register

RISK	IMPACT	LIKELIHOOD	RISK SCORE	MITIGATION
Acute and General Medical Workforce				
Nursing Workforce for both Acute and Community				
Bed Capacity Plan				
Emergency Department Congestion				
SAS Capability				
PPE Compliance				
Staff Health and Wellbeing				
Co-dependences on wider system				
Mental Health Services Workforce				
Social Care Workforce				

Tactical Operating Model and Surge Bed Plan for The Balfour

This document describes the principles and parameters the whole hospital site will adopt for its operational service delivery model.

This is underpinned by a winter preparedness plan that seeks to deliver the following outcomes:

- A decrease in the overutilisation of hospital services
- Optimised patient placement to ensure the right care, in the right place, at the right time.
- Increased staff satisfaction, health, safety and wellbeing.
- A targeted and efficient approach to service delivery that maximises the use of available capacity, maintains staff and patient safety and patient flow through the hospital setting.

These outcomes and this plan form part of the NHS Orkney and Orkney Integration Joint Board response to demand recognising that the hospital operates as part of the local and regional health and care system.

Whilst the impact may be different for each service within the local system, there is an inherent co-dependence between services that requires a coordinated approach to ensure that actions are designed to work cohesively and don't, intentionally or unintentionally, destabilise any of the component parts.

The NHS Orkney and Orkney Integration Joint Board have agreed to coalesce around four core priorities that aim to deliver the outcomes described above:

- Reduce and reshape demand on services.
- Reduce congestion and overcrowding of the hospital Emergency Department (ED).
- Optimise discharge pathways.
- Enhance resilience and responsiveness of social care.

Key Principles and Parameters

The following principles and parameters underpin the operating model for the hospital:

- The Balfour will continue to provide the range of services commensurate with its rural district general hospital function.
- Safety and wellbeing of staff and patients is paramount. Patient placement will be guided by the National Infection Prevention and Control Manual (NIPCM) and the NHS Orkney Patient Placement Tool.
- Focus will be on maintaining flow, rather than increasing capacity. Patient movement between wards will be minimised to enable Multi-Disciplinary Teams (MDTs) to function as efficiently as possible with consistent processes.

- Patients requiring escalation for critical care beyond agreed ceilings of care that can be safely delivered at The Balfour will be transferred to Aberdeen on the appropriate clinical pathway.

Critical dependencies

The following factors will be of direct bearing on the success of The Balfour in delivering its outcomes:

- A staffed and resilient hospital that has the ability to adapt its configuration in response to increasing unscheduled demand.
- Compliance with PPE and self-isolation guidance as per national IPC manual and local NHS Orkney measures.
- Scottish Ambulance Service (SAS) and Transport – sufficient inter-hospital transfer and local transport capability and agility to re-direct patients' post-assessment to other appropriate locations of care
- Robust decision support arrangements are in place prior to any hospital admission.
- The hospital operates within the Orkney Operational Escalation Levels (O-OPEL) across the health and care system.

Tactical Operating Model

Core functions to be prioritised pending further actions required:

- Critical and protected activity is to be maintained as far as possible.
- Routine inpatient and day case elective and outpatient activity maintained - predominantly Orthopaedics, General Surgical and Gynaecology.
- Emergency attendances, referrals and patient flows in the ED will be managed in line with the redesign of urgent care principles.
- Ambulatory pathways for medicine and surgery require review with a greater focus on Assessing to Admit and improved patient pathways.
- Delays in transitions of care are to be minimised and Care Home bed capacity is optimised to support patient flow.
- The Balfour's Senior Leadership Team (SLT) will join relevant system wide safety briefings/huddles and will pull in clinical/department leads as necessary.
- The twice daily Balfour site safety huddles will be the key touch points to review safe staffing, capacity, placement plans and for escalation of any other safety concerns.

Bed Configuration and Surge Plan

Principles

- Minimum safe staffing level exist in all areas and wards/areas are functioning safely as per proposed bed configuration plan.

- All Balfour site surge options have been considered and implemented where safe to do so before the request to Stabilise and Transfer out with board area is requested for capacity purposes.
- Ambulance cohorting will not be possible at The Balfour due to lack of suitable space in proximity to ED. Surge options detailed in this paper will support whole site flow and minimise waiting times for SAS handover to ED.

Adult in-patient bed configuration + Day Case Unit and Maternity

Ward / Department	Speciality	Staffed in-patient bed number	Maximum in-patient beds with surge capacity
In patients 1	Acute medicine, surgery and orthopaedics	20	22
High Dependency Unit (HDU)	High Dependency level 2 Care	2	2
In patients 2	Assessment and Rehabilitation	16	16
Macmillan	Symptom Control/EOL Care	4	4
Day Case Unit (DCU)	Day Case		8
Maternity	Obstetrics		2
TOTAL Balfour in patient beds		**42**	**54**

Options for surge capacity with embedded risk assessments (risk assessments to be undertaken and embedded)

Location	Key considerations / Risks	Indicative order of surge
In patients 1	• Staff to patient ratio (considering numbers, speciality mix and acuity)	1st
Macmillan beds	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Impact on Macmillan services	2nd
Maternity surge beds	• Staff to patient ratio (considering numbers, speciality mix and acuity • Impact on Maternity services	3rd

ED Care	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Impact on SAS turnaround times and response times • Impact on ED flow and capacity	4th
Conversion of DCU to inpatient beds	• Staff to patient ratio (considering numbers, speciality mix and acuity) • Cancellation of elective procedures and theatre activity • Increased waiting times	5th
Stabilise and Transfer- SG and regional request for support	• Impact on SAS turnaround times and response times • Poor patient journey with risk of deterioration during transfer	6th

Staff ratios – In patient 1
Ward ratios are as follows – Day shift 4 Registered Nurses (RN) 3 Health Care Support Worker (HCSW).
Night shift 3 RN 2 HCSW.
To increase from 20 to 22 in patients – NO additional staffing required.
To increase from 22 in patients and utilise the 2 surge beds on maternity 1 RN per day and night shift will be required.

Staff ratios – Emergency Department
ED ratios are as follows – Day shift 1 ? Nurse Practitioner (ENP) 3 RN 1 HCSW.
Night shift 1 ENP 1 RN.
To accommodate patients overnight as in-patients 1 RN dayshift and 1 RN and 1 HCSW night shift will be required.

Staff ratios – Day Case Unit
To enable in patient capacity on the DCU 2 RN and 1 HCSW per day and night shift will be required. These staff will be a cohort of staff from both In patient 1 and DCU requiring skill mix review and oversight from the Clinical Nurse Managers (Acute).

Maternity will **NOT** be considered as a surge capacity option past the 2 beds on the basis that:

- Midwives are not dual-trained to care for adult speciality in patients.
- This would derogate the privacy, dignity and security of the maternity service at The Balfour beyond an acceptable level.

Alternative considerations in line with business continuity would be considered in the case of Major Incident declaration.

Key Risks

- Utilising surge areas requires comprehensive risk assessment in order to minimise Infection Prevention and Control and other safety risks.

- Loss of any assessment function will have a detrimental impact on hospital flow.

- Availability of multi-professional staff to support the bed surge plan is currently not assured – this applies across all disciplines Nursing, Medical staffing, Physiotherapy, Occupational Therapy, Domestics, Pharmacy.

- Surge plans are subject to change aligned with refined O-OPEL actions.

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