

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2020-21		
Date:	15 th December 2020		
Author:	Kathleen Carolan	Job Title:	Director of Nursing & Acute Services
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Decision / Action required by meeting:			
<p>The Board is asked to</p> <ol style="list-style-type: none"> 1) Approve the winter 2020-21 plan 2) Note that planning is a dynamic process and any emerging issues will need to be addressed. Any significant changes will be brought to the Board's attention. 			
High Level Summary:			
<p>The Scottish Government directs winter planning, and it is the responsibility of Health Boards and Councils to ensure that there are robust and effective plans in place to ensure the continuity of service provision over the winter months, and especially over the festive season. This year, the plan also addresses the need to maintain services through the pandemic and additional guidance has been developed in order to provide COVID secure pathways for all patients and residents.</p> <p>The Winter Plan 2020-21 describes the health and social care service provision and special arrangements that will be put in place during the festive season by NHS Shetland and Shetland Islands Council and through the winter period.</p> <p>The Plan has been developed jointly by the Director of Nursing & Acute Services and the Interim Director of Community Health & Social Care with input from Scottish Ambulance Service (SAS) setting out the patient transport arrangements that underpin effective planned and unscheduled care services.</p> <p>It will be presented to the Board and the Integration Joint Board for approval.</p> <p>The Winter Plan will be communicated/enacted by both the Council and NHS and sits alongside the national winter campaigns co-ordinated by NHS 24, which will be locally advertised to ensure our residents know what services are available over the festive season, and how to access them.</p>			
Key Issues for attention of meeting:			
<p>There is a particular emphasis on ensuring that elective services are sustained through the winter months and there is forward planning in January 2021 to deal with any backlog from the festive period (e.g. increasing surgical capacity, outpatient services, diagnostics, availability of patient transport, and care packages to support timely discharge). The plan</p>			

describes the arrangements over the festive period and notes the need to monitor demand for services and develop plans to address them.

We will hold a scenario planning exercise to test the plan on 21/12.

Enhanced monitoring of service performance has been in place since 2015 as part of the unscheduled care improvement action plan and redesign, which is being undertaken locally – the daily measures to support effective service delivery and patient flow also meet the requirements set out in the winter planning guidance issued.

Unscheduled care, delayed discharge, redesigning urgent care and access target allocations have been aligned to support the delivery of the plan e.g. tests of change to support booked appointments to Same Day Emergency Care (SDEC) and Primary Care Emergency Centre in the Emergency Department as an alternative to walk in clinics. The plan also meets the guidance in the 'Adult Social Care Winter Preparedness Plan 2020-21'.

Sections shown in yellow have not yet been agreed or validated and further changes will be added as information is received, recognising this is a dynamic plan and an operational document.

Impact of item / issues on:	
Patient Safety:	Yes – ensuring continuity of delivery to residents
Staffing/Workforce:	Yes – planning ensures that individuals and teams are clear about their roles and responsibilities and the organisations involved are able to respond to a range of situations.
Finance/Resource:	Yes - provision has been made to record the cost pressures of increasing health and social care capacity over the festive season.
Shetland Partnership / Joint Working	Yes – the plan mitigates risk of service failure
Legal Issues:	Yes – ensuring resilience
Previously considered by:	
Committee/Group:	Executive Management Team – for cascade through Directorates Silver command – Acute and Community Hospital Management Team



WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2020-21

Version 1 created 06/10/2020

Version 2 created 16/11/2020

Version 3 created 30/11/2020

Version 4 will be completed on 21/12/2020 (following the pre-festive season plan test)

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1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2019-20. Whilst there were some events of extreme weather elsewhere in Scotland, there were not the heavy or prolonged snow conditions in Shetland which have been experienced in some previous winters. Winter 2020-21 has the potential to be challenging, due to the ongoing pandemic and the need to continue to deliver core services for all patients and clients across Shetland, via the respective services.

This winter plan for 2020-21 has been developed from critically appraising what went well and what lessons were learnt from previous winters, both from within the organisation and from debriefing with other health boards as part of the Scottish Government Health Directorate's winter planning programme for the NHS which also includes representation from local authorities. This year, we have also taken learning from the Mobilisation to respond to the COVID 19 pandemic and the remobilisation of services following the first wave.

2. Primary Care Services

a) Shetland non OOH Co-operative – 4 practices – 3,500 patients

The OOH arrangements for the 4 practices (Unst, Yell, Whalsay and Hillswick) shall be as per normal over the winter and festive period, with each individual practice providing their own out of hours cover. Access to District Nursing services for patients registered with the Hillswick practice is via the District Nursing service for Brae which is included in the OOH co-operative section. No additional resources or capacity is planned. Each practice will have in place their own contingencies for any increased demand over the coming months with Board level support offered if services become overwhelmed due to epidemic or staff absence. Those areas would then be covered by the OOHs GP Co-operative, locums and patients transferred to the Gilbert Bain Hospital.

On the islands of **Yell, Unst and Whalsay** the Community Nursing services will continue to provide a service over the winter and festive periods as noted below:

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2020	Friday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	One nurse On-call on each island contact via information on health centre community nursing answer phone
December	Saturday	Essential visits by one	

26 th 2020	(weekend)	nurse, can be contacted via community nursing answer phone	Normal on call service provision
December 27 th 2020	Sunday (weekend)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
December 28 th 2020	Monday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via community nursing answer phone
December 29 th 2020	Tuesday (normal working day)	Normal Working day	Normal on call service provision
December 30 th 2020	Wednesday (normal working day)	Normal Working day	Normal on call service provision
December 31 st 2020	Thursday (normal working day)	Normal Working day	Normal on call service provision
January 1 st 2021	Friday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	One nurse on call on each island contact via community nursing answer phone
January 2 nd 2021	Saturday (weekend)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
January 3 rd 2021	Sunday (weekend)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision

January 4 th 2021	Monday (PH)	On call and Essential visits only by one nurse contacted via community nursing answer phone	Normal on call service provision
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District Nursing teams on Mainland Shetland will operate a weekend level service on 25, 26 and 27 December with a normal working day on Monday 28 December.

This work pattern will be repeated for 1, 2 and 3 January 2021 with normal working services resuming from Monday 4 January 2021.

Normal oncall arrangements are in place for the entire festive period.

b) Shetland Out of Hours Co-operative Area – 6 practices – 18,750 patients

The Board's normal OOH arrangements will continue throughout the winter period for 6 practices (Bixter, Brae, Walls, Lerwick, Levenwick and Scalloway) with a single GP on call for home visiting, dual response and GP advice for the co-operative area.

The Community Nursing service provides a 24/7 service via a combination of shifts covering the time period 0830-2130hrs, with an on call service overnight from 2130-0800hrs each day.

A&E continues to be available 24/7 with normal staffing levels. Patients will be encouraged to see their primary care practitioner where that is appropriate.

The resources available to the Board will match the predicted demand forecast by NHS 24 and our own forecasts based upon last year's activity levels.

Arrangements for the Festive Holidays for the Out of Hours Co-operative

All items in **bold** are additional provision that the Board is intending to put in place locally to help manage the situation. All these additions are agreed locally and all GP shifts have now been filled.

(N.B. Out of Hours arrangements run from 5.30pm to 8.00am the following day 365 days per year and during the day at weekends and public holidays).

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2020	Friday (PH)	No clinic	24 hour cover by OOH GP
December 26 th	Saturday (weekend)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP
December 27 th	Sunday (weekend)	No clinic	24 hour cover by OOH GP
December 28 th	Monday (PH)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP
December 29 th	Tuesday (normal working day)	Normal working day	One GP on call overnight
December 30 th	Wednesday (normal working day)	Normal working day	One GP on call overnight
December 31 st	Thursday (normal working day)	Normal working day	One GP on call overnight
January 1 st 2021	Friday (PH)	No clinic	24 hour cover by OOH GP
January 2 nd 2021	Saturday (weekend)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP
January 3 rd 2021	Sunday (weekend)	No clinic	24 hour cover by OOH GP
January 4 th 2021	Monday (PH)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP

3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 25 th 2020	Friday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 26 th	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
December 27 th	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
December 28 th	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 29 th	Tuesday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 30 th	Wednesday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X am 1 X pm
December 31 st	Thursday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
January 1 st 2021	Friday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
January 2 nd 2021	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
January 3 rd 2021	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
January 4 th 2021	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X am 1 X pm

*PTS on shift for PH but usually no scheduled care activity, however work activity could be negotiated locally.

Should the hospital reach alert status, then patient transport to discharge patients from hospital can be requested through the normal channels by contacting the Scottish Ambulance ACC (Ambulance Control Centre) by calling 0300 123 1236 where a controller will place the request on the system providing the patient passes the PNA (Patient needs Assessment) whereupon a day controller will call back within the hour to confirm if this request can be accommodated or not.

There will be no reduction in the provision of emergency ambulance services over the holiday period. There is one fully equipped A&E ambulance vehicle with 4x4

capability based in Lerwick as well as other 4X4 equipped vehicles on the islands of Skerries and Fetlar.

NHS Shetland also provides patient transport OOHs, to support access to primary care and emergency care services, located at the Gilbert Bain Hospital.

Throughout this period there will be an Area Service Manager on duty and on call for day-to-day queries and a senior manager available in and oohs for strategic requests via the ACC.

Traditionally activity and demand in Shetland over the festive period has not shown an increase and there has never been a necessity to increase SAS cover. The SAS air assets will be operating as normal throughout the festive period to provide their support and emergency retrieval capabilities to Shetland.

If the hospital is on 'red' see appendix A. The PTS service should be contacted via the email below so that PTS services can fast track patient transfers scotamb.PTSNorthsupervisor@nhs.net

4. Dental Services

The Board delivered Emergency Dental Service will continue to operate throughout the winter including the holiday period. This provides 24/7 access to emergency dental care every day of the year in conjunction with the normal weekday service.

Over the festive season normal and emergency services will be provided as follows:

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2020	Friday (PH)	OOHs Provision	Paul D'Eathe
December 26 th	Saturday (weekend)	OOHs Provision	Paul D'Eathe
December 27 th	Sunday (weekend)	OOHs Provision	Paul D'Eathe
December 28 th	Monday (PH)	OOHs Provision	Stephanie Wiseman
December 29 th	Tuesday (normal working day)	Stephanie Wiseman/Paul D'Eathe	Stephanie Wiseman

December 30th	Wednesday (normal working day)	Stephanie Wiseman/Paul D'Eathe	Stephanie Wiseman
December 31st	Thursday (normal working day)	Stephanie Wiseman/Paul D'Eathe	Stephanie Wiseman
January 1 st 2021	Friday (PH)	OOHs Provision	Stephanie Wiseman
January 2 nd 2021	Saturday (weekend)	OOHs Provision	Joanne Peat
January 3 rd 2021	Sunday (weekend)	OOHs Provision	Joanne Peat
January 4 th 2021	Monday (PH)	OOHs Provision	Joanne Peat

5. Pharmacy Services

The local pharmacies will be open at various times over the festive season. The opening hours will be advertised in the local press as part of the Health Board's advertising campaign; the opening hours are based on historical need and coincide with GP practice activities

Health Board Pharmacists are working at various times during the festive period, however, there is no on call service but in an emergency situation pharmacists will make themselves available at their discretion and can be contacted via the Senior Manager on call. Emergency medicines are always available in the hospital out of hours via the emergency cupboard, but if key stock is taken, then the Pharmacists should be notified so that it can be replenished. This includes daytime contact on public holidays or out of hours.

As part of the pre Christmas publicity campaign NHS Scotland is undertaking, advice for patients on how to best utilise their community pharmacists will be provided, including the availability of additional services from community pharmacies in Shetland

The Accident & Emergency Department will also increase its stock level within permitted levels over the period to ensure that all patients are supplied with any urgent medicines they require as treatment for presenting conditions.

The on call doctors car is well stocked and will be checked on each occasion that it is made available before Christmas and before New Year.

The supplies of hospital oxygen cylinders are already increased in case of need as a result of the COVID pandemic. Dolby Medical supplies all domiciliary oxygen and high use patients have oxygen concentrators. Dolby have an emergency service working over the winter period as a result of COVID. In addition concentrators are available for use in the hospital and high flow oxygen treatments are monitored and regularly reviewed.

Weather conditions are regularly monitored by the pharmacy team over the winter period and stocks are routinely adjusted accordingly

Date	Day	Hospital Provision	Community Provision
December 25 th 2020	Friday (PH)	On call provision	No service
December 26 th 2020	Saturday (weekend)	On call provision	12-1.30pm (Freefield Pharmacy) Scalloway 12-1pm
December 27 th 2020	Sunday (weekend)	ON call provision	No service
December 28 th 2020	Monday (PH)	Limited service 9am-5pm	Laings' + Freefield - normal working hours. Brae+ Scalloway –closed. Boots – 10.30-1.30pm
December 29 th 2020	Tuesday (normal working day)	Normal service	Normal Service
December 30 th 2020	Wednesday (normal working day)	Normal Service	Normal Service
December 31 st 2020	Thursday (normal working day)	Normal service	Normal Service
January 1 st 2021	Friday (PH)	On call service	No service
January 2 nd	Saturday	On call service	Laing's 12-1.30pm, Scalloway

2021	(weekend)		12-1pm
January 3 rd 2021	Sunday (weekend)	On call service	No service
January 4 th 2021	Monday (PH)	Limited service 9am-5pm	Laings' + Freefield - normal working hours. Brae+ Scalloway –closed. Boots – 10.30-1.30pm

6. Clinical Support Services

(a) Laboratory Services

Date	Day	Blood Science	COVID Testing
December 25 th 2020	Friday (PH)	On call	On call
December 26 th 2020	Saturday (weekend)	On call	09.00-17.00
December 27 th 2020	Sunday (weekend)	On call	09.00-17.00
December 28 th 2020	Monday (PH)	On call	09.00-17.00
December 29 th 2020	Tuesday (normal working day)	08.30-17.00, then on call	09.00-17.00
December 30 th 2020	Wednesday (normal working day)	08.30-17.00, then on call	09.00-17.00
December 31 st 2020	Thursday (normal working day)	08.30-17.00, then on call	09.00-17.00
January 1 st 2021	Friday (PH)	On call	09.00-17.00
January 2 nd 2021	Saturday (weekend)	On call	09.00-17.00
January 3 rd 2021	Sunday (weekend)	On call	09.00-17.00
January 4 th 2021	Monday (PH)	On call	09.00-17.00

(b) Medical Imaging

The Medical Imaging service

Date	Day	Provision
December 25 th 2020	Friday (PH)	On-call xray/CT only
December 26 th 2020	Saturday (weekend)	On-call xray/CT only
December 27 th 2020	Sunday (weekend)	On-call xray/CT only
December 28 th 2020	Monday (PH)	On-call xray/CT only
December 29 th 2020	Tuesday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1630
December 30 th 2020	Wednesday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1630
December 31 st 2020	Thursday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1630
January 1 st 2021	Friday (PH)	On-call xray/CT only
January 2 nd 2021	Saturday (weekend)	On-call xray/CT only
January 3 rd 2021	Sunday (weekend)	On-call xray/CT only
January 4 th 2021	Monday (PH)	On-call xray/CT only

(c) Other Diagnostic Support Services

Physiology will be closed for the four public holidays over Christmas and New Year. At other times there will be a normal weekday service provision.

Date	Day	Provision
December 25 th 2020	Friday (PH)	Department closed
December 26 th 2020	Saturday (weekend)	Department closed
December 27 th 2020	Sunday (weekend)	Department closed
December 28 th 2020	Monday (PH)	Department closed
December 29 th 2020	Tuesday (normal working day)	Open – normal hours
December 30 th 2020	Wednesday (normal working day)	Open – normal hours
December 31 st 2020	Thursday (normal working day)	Open – normal hours
January 1 st 2021	Friday (PH)	Department closed
January 2 nd 2021	Saturday (weekend)	Department closed
January 3 rd 2021	Sunday (weekend)	Department closed
January 4 th 2021	Monday (PH)	Department closed

Audiology will be closed for the four public holidays over Christmas and New Year. At other times there will be a normal weekday service provision.

Date	Day	Provision
December 25 th 2020	Friday (PH)	Department closed
December 26 th 2020	Saturday (weekend)	Department closed
December 27 th 2020	Sunday (weekend)	Department closed
December 28 th 2020	Monday (PH)	Department closed
December 29 th 2020	Tuesday (normal working day)	Open – normal hours

December 30 th 2020	Wednesday (normal working day)	Open – normal hours
December 31 st 2020	Thursday (normal working day)	Open – normal hours
January 1 st 2021	Friday (PH)	Department closed
January 2 nd 2021	Saturday (weekend)	Department closed
January 3 rd 2021	Sunday (weekend)	Department closed
January 4 th 2021	Monday (PH)	Department closed

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2021 in order to ensure that the impact of a prolonged shut down does not impact on patient flow and access to services.

Medical Physics will be closed for the four public holidays over Christmas and New Year. At other times there will be a normal weekday service provision.

Date	Day	Provision
December 25 th 2020	Friday (PH)	Department closed
December 26 th 2020	Saturday (weekend)	Department closed
December 27 th 2020	Sunday (weekend)	Department closed
December 28 th 2020	Monday (PH)	Department closed
December 29 th 2020	Tuesday (normal working day)	Open – normal hours
December 30 th 2020	Wednesday (normal working day)	Open – normal hours
December 31 st 2020	Thursday (normal working day)	Open – normal hours
January 1 st 2021	Friday (PH)	Department closed

January 2 nd 2021	Saturday (weekend)	Department closed
January 3 rd 2021	Sunday (weekend)	Department closed
January 4 th 2021	Monday (PH)	Department closed

(d) Public Health

There will be Public Health (health protection) support available 24/7 over the festive period. During normal working hours the Shetland based Consultant in Public Health Medicine will be available, supported by other members of the Shetland Public Health Team; they will be contactable via the Public Health Office or Montfield reception. During the public holidays and out of hours, the usual on –call rotas will apply: with the 1st on-call person being Shetland based, and the 2nd on-call person being one of the Island Board consultants.

On-call staff are contactable through the GBH switchboard. Emergency planning / resilience advice is also available out of hours via the SIC Resilience Team, contactable via GBH switchboard.

7. Facilities

The Estates Team operates an on call rota which can be accessed via the GBH switchboard and this is in place 24/7. A procedure for determining the priority for on call requests out with Lerwick is held on the senior manager on call shared drive.

Details setting out deliveries (e.g. supplies) and collections (e.g. specimens) during the festive period will be circulated by the Estates Team.

Other Facilities services will have a modified service over the festive season and availability is shown below:

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2020	Friday (PH)	Domestic – as normal in clinical areas Seryery – Closed Kitchen – Skeleton Staff Laundry - Closed	on call cover 9pm to 8am
December 26 th	Saturday (weekend)	Domestic – as normal Seryery – Closed Kitchen – Skeleton Staff Laundry - Closed	24 hour cover within the hospital
December 27 th	Sunday (weekend)	Domestic -Normal working day Seryery - Closed Laundry - open	24 hour cover within the hospital
December 28 th	Monday (PH)	Normal working day	24 hour cover within the hospital
December 29 th	Tuesday (normal working day)	Domestic – as normal in clinical areas Seryery – Closed Kitchen – Skeleton Staff Laundry - Closed	24 hour cover within the hospital
December 30 th	Wednesday (normal working day)	Domestic – as normal on clinical Seryery – Closed Kitchen – Skeleton Staff Laundry - Closed	24 hour cover within the hospital
December 31 st	Thursday (normal working day)	Normal working day	24 hour cover within the hospital

January 1 st 2021	Friday (PH)	Domestic – as normal on clinical Savery – Closed Kitchen – Skeleton Staff Laundry - Closed	on call cover 9pm to 8am
January 2 nd 2021	Saturday (weekend)	Domestic – as normal on clinical Savery – Closed Kitchen – Skeleton Staff Laundry - Closed	24 hour cover within the hospital
January 3 rd 2021	Sunday (weekend)	Domestic -Normal working day Savery - Closed Laundry - open	24 hour cover within the hospital
January 4 th 2021	Monday (PH)	Normal working day	24 hour cover within the hospital

8. Community Mental Health Services

Mental Health OOHs Rota

The Community Mental Health Team will ensure arrangements are in place to manage mental health needs during the festive period and that psychiatric emergencies are actively managed. Community Psychiatric Nurse rota is in place for the festive period and held at the GBH reception. Assistance from Royal Cornhill Hospital in Aberdeen is also available to hospital based Consultants and the on call CPN/Psychiatrist (who will be contacted by CPN if necessary) as required.

The local team will have clear protocols in place for the management of mental health presentations to the hospital and in the community. The team will extend their day time operating hours to include on call during the weekends, so in effect providing a 7 day service.

Community Psychiatric Nurses (CPNs)

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2020	Friday (PH)	On call CPN	On call CPN
December 26 th	Saturday (weekend)	On call CPN	On call CPN
December 27 th	Sunday (weekend)	Business as usual	On call CPN
December 28 th	Monday (PH)	Business as usual	On call CPN
December 29 th	Tuesday (normal working day)	On call CPN	On call CPN
December 30 th	Wednesday (normal working day)	Duty Nurse CPN	On call CPN
December 31 st	Thursday (normal working day)	Business as usual	On call CPN
January 1 st 2021	Friday (PH)	On call CPN	On call CPN
January 2 nd 2021	Saturday (weekend)	On call CPN	On call CPN
January 3 rd 2021	Sunday (weekend)	Business as usual	On call CPN
January 4 th 2021	Monday (PH)	Business as usual	On call CPN

9. Surge Capacity Hospital Services

As a result of the COVID 19 pandemic, we have put in place specific and unique arrangements for the winter of 2020-21. This includes substantially increasing our bed base in order to separate out GREEN, AMBER and RED patient pathways.

The narrative below sets out how we intend to manage emergency and elective patient flow in line with the requirements to maintain RAG pathways.

Acute General Beds

Our core bed capacity for general acute service provision is 42 beds, plus 2 higher dependency (level 2) beds. The beds are arranged across two acute units (medical ward has 22 beds and the surgical ward has 20).

As part of pandemic preparedness, we have increased our general bed capacity by 22 and created a respiratory care unit to stabilise patients who require invasive ventilation, which has a maximum capacity for 5 patients.

We will retain 100% of the surge capacity so that the additional clinical areas can be used to maintain COVID resilience and support the remobilisation plan requirements. A table top exercise we have undertaken demonstrates that we would be able to revert 15 beds back to surge capacity within 24 hours and the remaining 7 within 48 hours if required.

Intensive Care (level 3)

We will retain the existing respiratory care unit to maintain COVID resilience and a shadow rota for staffing has been developed to support patients who require invasive ventilation via the red pathway on an ongoing basis. An operational plan, setting out how the Consultant Anaesthetists will respond to the need to open RCU (and consequences for elective care provision) has been prepared and is available on TEAMS in the winter planning folder.

Higher Dependency Care (level 2)

As part of our core capacity we have a 2-3 bedded HDU which is situated in the acute surgical unit and we have maintained this area as part of our amber pathway. In addition to this, we have identified a red HDU pathway which is part of the COVID unit. This will be staffed by our HDU team working on a buddy system with the nurses supporting the acute medical ward. Additional training has been provided to enable us to provide additional HDU nursing capacity across the Hospital site.

Utilising the Gilbert Bain Hospital Site for COVID resilience and increasing the delivery of other services

We have put in place red, green and amber pathways for all clinical specialties and this has included zoning the hospital campus which we have achieved by:

- Creating a 10 bed COVID unit for patients, which is part of the acute medical ward. This level of bed capacity will ensure that we have adequate provision for patients presenting with suspected coronavirus and form part of our winter planning requirements as we expect an increase in patients overall who have

respiratory symptoms. This unit will include isolation rooms that can be used to offer NIV if required and gender segregation.

- Utilising the remaining 30 acute beds across the Hospital for patients who are in the amber pathway (this will be a combination of patients requiring acute medical and surgical care, as well as making provision for children and patients with acute mental health crisis).
- Utilising the surge capacity beds (22) to provide a green pathway which will be used to provide space for a day case unit (DSU), an endoscopy suite (2 beds) and inpatient beds for post-operative patients in the green pathway. We will actively staff 7 beds to provide the DSU capacity. Up to nine beds will be staffed on an ad hoc basis to provide post-operative care to patients requiring an overnight stay in the green pathway.
- Elective ambulatory care will also be provided from the surge capacity bed complement, and the 3-4 beds allocated will also be staffed on an ad hoc basis. The beds will be allocated as an amber pathway, in a separate area from the green.
- Allocating the two theatres as red and green pathways (for emergency and elective cases).
- Outpatients (Adult and Children's) will support patients in amber pathways, with a separate entrance for patients who are shielding.
- Zoning the Maternity Unit to create red and amber pathways and labour wards.

Emergency Care

Ensuring we effectively manage our emergency care flow is critical in being able to continue to offer elective and planned care in all settings and across the whole system. Following local evaluation of ED presentations, we have put in place a test of change until the end of January 2021 to evaluate the impact of introducing a Same Day Emergency Care (SDEC) flow for patients who need assessment and treatment, but do not meet the criteria for ED. The SDEC will be open 7 days per week between 8am and 10pm.

In addition to this, we have revised our out of hours primary care service and put in place a Primary Care Emergency Centre (PCEC) presence in the ED at weekends rather than offering Primary Care weekend drop in clinics. These approaches will enable us to schedule some of the emergency care activity and increase the number of patients who can access a telehealth consultation via the Highland Flow Navigation Hub. GPs and/or ANPs will provide a PCEC in ED on Saturday and Sunday (and Public Holidays over the Festive season) between 12 noon and 8pm.

Maintaining effective care and safe staffing levels

We do not have plans to employ extra staff to cover the winter period, although we have the facility to utilise extra clinical and non-clinical staff as required

through flexible working and bank arrangements. Rosters will be put in place for October 2020 to January 2020 including shifts for the festive period and ongoing through the winter months.

We look to use all of our beds and staff flexibly as and when required to ensure that we can continue to provide safe staffing levels and safe and effective patient care, particularly where there may be peaks in demand for services and/or reduced access to key staff e.g. because of challenges in recruitment etc. All staff co-operate in this type of arrangement to ensure that we can provide continuity of care for patients with acute presentations and ongoing care requirements whilst in hospital.

The safe staffing escalation plan is shown in Appendix C.

Monitoring whole system patient flow

We closely monitor patient flow, particularly as we move into winter planning activities to ensure that we have the capacity available to provide hospital based care, including acute rehabilitation.

Bed occupancy is reviewed at least twice daily, with known elective demands and estimated dates of discharge (EDD) identified when services are on amber/red from a capacity perspective, so that managers can ensure that elective activity can continue safely throughout the period. Severe weather reports are cascaded to all Heads of Department.

If demand for inpatient services exceeds the bed base available, then silver command will be contacted to consider options available, including calling a major alert and setting up contingency plans.

Respite care capacity in the community will be increased during the festive period and access to the short term beds is via the Duty Social Worker. Patients who are ready for discharge may not have discharge medicines organised and so patients can still transfer into the community if they have an up to date Intermediate Discharge Letter (IDL) which is shared with the receiving care team/care home first. This can be used to transcribe key medications onto the MARS sheet. These discharge arrangements are only necessary if the hospital is on 'RED' for capacity and it is an agreed action following a review of the estimated discharge dates for patients in the hospital and the patient flow escalation plan is followed.

The patient flow escalation plan is in place to ensure that we effectively manage emergency and elective admissions throughout the hospital, which is shown in Appendix A. The protocol for 2020, reflects the need to consider patient placement for clinical speciality and the requirement to consider the patients

COVID 19 status. An additional escalation plan to support decision making for patient placement has been developed and is shown in Appendix B.

We have also set out an escalation plan which triggers a review of the current balance of emergency and elective work, taking into account the prevalence of COVID in the community and how we would prepare services for a potential increase in patients presenting with respiratory illness. This is shown in Appendix E.

Waiting times monitoring meetings will take place on December 24th and December 31st 2020 to ensure that appropriate monitoring of shared services and pathways will continue seamlessly, including the organisation of cancer pathways.

Daily reporting will be used to identify any trends/forecast future pressures, although in reality it is easy to spot special cause variation in such a small system through routine root cause analysis of A&E breaches and the metrics noted in Appendix D.

In addition to this, it is critical that we continue to initiate programmes to support community based services in parallel with the changes which are taking place in hospital so that we have a 'whole system' approach to older peoples care.

As a result of the development and extension of community based services over the last three years, we have seen a down turn in bed occupancy (8 % across the two acute units); particularly where it is associated with people requiring rehabilitation or other care that could otherwise have been delivered in the community. There is a multi-agency group that looks at discharge planning and there is close collaboration with the Council to try to prevent any undue delays occurring. Close working between Pharmacy, Community, Hospital and SAS is in place to ensure that planned discharges take place before 12 noon (whenever possible).

The average number of people who were delayed in hospital is in the range of 2 to 6 per month and we have maintained generally low numbers of people delayed in hospital over the last 5 years. As noted in the winter plan, all community services have put plans in place to manage the needs of individual clients and so we are not predicting that the number of people delayed in hospital will increase during winter months.

We will follow the pre-discharge COVID 19 testing requirements for patients transferring to Care Homes from Hospital, as set out in the Adult Social Care Winter Plan¹.

¹ <https://www.gov.uk/government/publications/adult-social-care-coronavirus-covid-19-winter-plan-2020-to-2021/adult-social-care-our-covid-19-winter-plan-2020-to-2021>

The Intermediate Care Team will continue to provide their normal service over the festive periods with specific arrangements in place for individuals on the caseload and due to be seen over the 2 holiday weekends. For operational reasons the Intermediate Care Team and Montfield Support Services will be working closely together to support individuals in either setting in order to continue to ensure that there is responsive whole system working across the care sector at this time.

10. Community Care Services

Hospital staff will continue to work closely with local authority partners, and through the H&SCP will meet the needs of patients in the community and ensure that hospital in patients are discharged appropriately in a timely manner back into the community with proper support. The single shared assessment process “With You For You” is now embedded into practice for health and social care staff.

(a) Social Work Service

The Social Work Offices will be closed for the four public holidays over Christmas and New Year (25th and 28th December 2021 and 1st and 4th January 2021). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

(b) Care Centres for Adults

All care centres will be open as usual and can be contacted directly using the contact details in the Shetland Directory. During the festive season, the Social Care Service will use any spare capacity within the care centres to support the provision of emergency residential short breaks required throughout this period. This resource can be accessed via the duty social worker only over the festive period.

Work is ongoing to make best use of resources to either avoid an unnecessary hospital admission, or to expedite a speedy discharge from hospital. There is a daily bed state for care centre bed capacity, which is shared across community and acute services.

(c) Care at Home

This will operate as normal except where service users choose to get support from their families over the public holidays. Meals on wheels will

not normally be provided on the public holidays but alternative arrangements will be made as required. Any queries about Care at Home during the festive period (excluding public holidays) should be addressed to the local Care Centre. **Contact on public holidays should be via the duty social worker.**

In the central area, Care at Home staff are contactable on 744313 (excluding public holidays). All requests for assessments should be made to the duty social worker.

(d) Mental Health Community Support Service, Annsbrae House

Annsbrae's services for adults with mental health problems will be provided in line with individual service users' care plans during the festive period. Tenants can contact staff out of hours by using their Community Alarm. Annsbrae out of hours service can be contacted via duty social work on 01595 695611.

(e) Adult Services

Adult Services (LD & ASD) – Supported Living and Outreach

Supported accommodation services will operate as normal (and within C-19 Guidance) during the festive period.

Adult Services (LD & ASD) - Short Break and Respite Services (Newcraigielea) Reduced service delivery due to C-19 Guidance. Individual families will be informed of the arrangements.

Adult Services (LD & ASD) - Supported Vocational Activity (EG@Seafield)

Individual service users will be informed of the arrangements.

Emergency Requirement

Any emergency requirement should be referred to the Duty Social Worker on 01595 744400 or 01595 695611.

f) Day Care – Community Care Resources

Over the festive period Day Care services may reduce or cease and will not be provided on public holidays. Individual service users will be consulted about their plans. Alternative services will be made available to meet assessed needs e.g. Care At Home or short breaks.

When Day Care is closed enquiries about existing service users should be directed to the relevant care centre (Newcraigielea for adults with Learning Disabilities). Enquiries about emergency Day Care should be made by contacting 01595 545778.

11. Access to Clinical Information Systems

The Key Information Summary (KIS) system is in place. The eKIS should provide key information to partner agencies e.g. Scottish Ambulance Service (SAS), as well as to NHS employees in primary and secondary care in the out of hours period and therefore will support the delivery of more appropriate care for individuals in the out of hours period.

All eKIS records should contain current information relating to the patients:

- Medical condition and treatment
- Main carer - their name and contact number
- Wishes which they may have about their care and treatment; and
- Preferred place of care

During 2020 in preparation for COVID an extensive programme of Anticipatory Care Planning (ACP) was carried out with all individuals who were identified due to their medical conditions to be on a shielding list having a contact from their GP practice and an ACP put in place. This has increased the number of people who have preferred place of care information available on eKIS.

NHS IT Services during the festive period can be accessed via a telephone service on the normal weekdays (not the usual helpdesk number). This number will be communicated to staff via the weekly newsletter and the intranet before the festive period. On the public holidays and out of hours the department operates an on-call service for urgent issues. This can be accessed via GBH reception.

12. Bad Weather Contingencies

In the case of severe weather, which may restrict patient and/or staff movement, the primary care services will be managed locally with each individual practice covering their own area and patients. Care at Home is already managed on a locality basis with Care Centres acting as hubs.

Community Nursing Services also operate a locally based service in times of severe weather with staff working from their local Health Centre and providing

essential visits as weather and staffing numbers permit. This would continue for the duration of the adverse weather.

Hospital based staff will be provided with accommodation, and would travel when able to do so. Staff wishing to remain in Lerwick who reside out with the town for the duration of a shift pattern will be entitled to the provision of accommodation and meal tokens², which will be managed by the Facilities Manager.

A decision whether to invoke the Board's Inclement Weather Policy will be taken by Gold command. The most recent national advice is shown in DL(2019)17 which can be found on the Scottish Government website. Entitled: NHS Scotland: Interim National Arrangements for Adverse Weather.

For council employees the SIC Adverse Weather Policy should be followed.

Rooms are available in NHS staff accommodation as part of the Inclement Weather Policy and allocation of these rooms over the Festive period will be via the Senior Manager on call. Keys are held at Gilbert Bain Reception.

If emergency accommodation is required to support a member of staff who needs to self isolate (e.g. a visiting clinician) then this can be organised via the Facilities Team. There is an oncall roster available via GBH Reception for Facilities staff who will help identify appropriate accommodation options.

Any additional spend associated with invoking the Inclement Weather Policy should be attributed to the following job code: ZWINTER.

Business continuity plans are in place for all key Clinical Services. Decisions would be taken to invoke multi-agency support via Shetland Multi-agency Response Plan or to deal with pressures beyond normal local capacity in the NHS via the Board's Major Emergency Plan.

Council and NHS staff are reminded before each winter to ensure that their vehicles are prepared for inclement weather, and all Council and NHS owned vehicles are prepared in the same way.

The cost of winter tyre replacement should be identified by Heads of Service and discussed with the respective Directors responsible that that service area.

² Staff will be provided with basic provisions and access to the emergency snack vending machine as required.

13. Preparation and Implementation of Norovirus Outbreak Control Measures & Influenza Planning

The Infection Prevention & Control Team has been expanded to manage the increased workload due to COVID and the provision of additional support to Care Homes, Support Services and Health Centers.

“Red” (High risk), “Amber” (Medium risk) and “Green” (Low risk) pathways for all admissions and for management of patient flow in the hospital have been agreed and implemented by the multidisciplinary team (see Chapter 9). All Health Centers also have agreed pathways to safely manage any potential COVID cases.

Chapter 3 “Healthcare Infection Incidents, Outbreaks and Data Exceedance” in the National Infection Prevention and Control Manual is available via a hyperlink in the “Outbreak Folder” on the Infection Control Portal on the Intranet and provides all the necessary guidance to be followed. The Outbreak Folder contains additional localized protocols and flowcharts for use in the management of an Outbreak and is available to all via the Infection Control Portal on the Intranet. These generic resources support the management of any infectious disease outbreak including COVID, Norovirus and influenza.

There is a local Norovirus Season communication plan which covers distribution of national resources to health and care settings and awareness raising with the public and specific settings such as schools and nurseries. **HPS update for 2020 not yet received.**

The HPS Norovirus Control Measures and resources to support the ‘Stay at Home Campaign’ message are easily accessible to all staff on the Intranet via the Infection Control Portal.

Extensive work has been undertaken by the Infection Prevention & Control Team to support all Care Homes, Support Services and Health Centers in the provision of safe and effective care across all these environments. In addition there is a programme of Integrated Care Assurance Visits in place for the Care Home Sector. Support is provided to help teams implement guidance changes promptly and effectively.

Health and care staff will continue to be reminded of the need to remain absent from all health and social care work for the appropriate timeframes if symptomatic or required to self isolate if identified as a “contact”. This message will be reiterated at daily Safety Huddles across all organizations over the winter period to ensure all staff continue to adhere to this guidance. Information will also be made available via the NHS intranet ‘message of the day’, Team Brief and email

distribution groups as appropriate. Correct Mask Etiquette, Hand Hygiene and the importance of Social Distancing will also continue to be reinforced.

The Infection Prevention and Control Team (IPCT) frequently review the appropriateness of procedures to prevent outbreaks when individual patients have “infectious” symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge. Procedures will be updated immediately if additional advice is received from HPS or other agencies that improve the management of such outbreaks.

The public will be informed about any visiting restrictions in health and care settings which might be recommended as a result of an outbreak. The response to any incidents and outbreaks within health and social care settings and in the community will be led by Public Health supported by the IPCT. PAGs and IMTs will be held following any outbreak to ensure system modifications to reduce the risk and impact of potential future outbreaks.

National Reporting Tools will be used to report any cases/ clusters/ outbreaks within the hospital setting to HPS.

Adequate IPCT cover across the whole of the festive holiday period will be in place with an OOH Public Health on call Rota in place to provide public health management for outbreaks. This rota is predominantly staffed by members of the IPCT team.

NHS Shetland is prepared for rapidly changing situations and this will be assessed on a daily basis at the Hospital Huddle with additional bed management meetings put in place in conjunction with the IPCT/ HPT as and when required e.g. the closure of multiple bays/ ward.

Work is being undertaken nationally to develop a version of the National Infection Prevention and Control Manual which is specific to supporting practice within Primary and Community Care settings. Once this is published awareness of it will be highlighted to all staff across the Health and Social Care Partnership. There is additional Infection Prevention and Control advice, support and training available to the Primary and Community care teams via the Infection Prevention and Control team.

The Board has the following in place relevant to pandemic and winter planning:

- (As above)
- A local Major Emergency Plan for the hospital and departmental business continuity plans which cover healthcare capacity
- Infection control and outbreak guidance for residential care settings provided by HPS – hyperlink available on intranet directly to “COVID” guidance.

- Local plans for implementation of the national seasonal flu immunisation programme to eligible individuals including people over 65, children, people in clinical risk groups, pregnant women and unpaid carers. Uptake rates previously have been similar to the rest of Scotland, with relatively poor uptake amongst under 65 at risk groups. These groups are being particularly targeted this year.
- A variety of approaches aimed to maximise accessibility and uptake of the flu vaccine including local community based flu clinics run by individual practices, school based clinics and the programme for pregnant women now being delivered by midwives through antenatal clinics. An extensive, tailored immunisation training programme for healthcare staff in all settings where the flu vaccination programme is delivered, together with access to local and national resources and ongoing support from the Immunisation Co-ordinator and pharmacy team. An Occupational Health delivered programme to promote and offer flu immunisation to NHS healthcare workers and Shetland Islands Council social care workers. Uptake of flu vaccine amongst frontline healthcare workers in particular has continued to increase year on year, reaching 74.3% last year. We are aiming to exceed that this year through extensive local publicity for staff; providing a highly accessible and flexible service that tailors vaccination administration to suit staff in all settings; and procedures in place to ensure data on immunisation status is captured and collated. ,.
- A winter flu and flu immunisation communications plan which includes local press and social media coverage
- A local Pandemic Influenza Plan in place, modelled on, and continually updated in the light of national guidance

Local plans include:

- Business continuity planning (both for NHS Shetland and other Community Planning partners) which includes consideration of staffing in the event of high absences
- Emergency vaccination arrangements (through the Pandemic Plan)
- Communication and media handling
- Surge capacity agreements

Tabletop exercises have been undertaken to test key procedures for Healthcare Associated Infection (HAI). The lessons learnt from a small care home flu outbreak earlier in 2019 have been incorporated into revised procedures and planning.

The Public Health Team receives and circulates the weekly infection pressure bulletin issued by HPS, which keeps NHS Shetland up to date regarding the national influenza situation. The Immunisation Co-ordinator accesses influenza vaccination uptake information, which is updated on a four weekly basis, for monitoring of local uptake and can put measures in place to encourage and promote vaccination uptake if required.

14. Disaster Recovery Plans

There are business continuity plans for each area of health board business, designed to ensure that services continue to deliver and support patient care. Additional work has been undertaken by all services to develop a remobilisation plan and this reflects at a high level, the business continuity plans we have put in place specifically to deliver services during the pandemic. In addition to this, Heads of Service have been asked to review all business continuity plans that are out of date to ensure they are fit for purpose during the winter months.

Business continuity plans are also in place to manage water ingress into the Hospital (which is a risk to elective service delivery and access to A&E).

15. Escalation Procedures & Management Control

The Board has in place a Gold command on call Director who is able in real time to instigate any of the above contingencies. Gold command will be the first point of contact for local or national escalation procedures and will provide real-time feedback to partner organisations on the service delivery capacity locally.

Contact details for the Gold command are available to all partner organisations via switch.

Gold command will contact Corporate Services on call so that they can update messages to staff and patients if escalation plans need to be enacted.

The Council Resilience Team has a rota in place and they can be contacted via the GBH switchboard if a major alert escalation and multi-agency response is required.

COVID Response – Mutual Staffing Support

In the case of a sudden unpredicted surge in demand or unexpected absence of medical staff in the hospital setting, the shifts will be covered by the other doctors available within the hospital with support from consultant colleagues and/or leave would be cancelled. Some supplementary staff have been assigned to medical teams pre-emptively to support winter pressures during the COVID pandemic.

If activity levels increase to such an extent that the usual patient flow management arrangements in the hospital or community are exceeded then we will move to internal major alert planning which would facilitate the cancellation of leave for all staff required to support the emergency management plan.

In preparation for an enhanced COVID response across the organisation there are plans in place to provide staff mutual aid across hospital and community nursing and between nursing and the care sector. Specific individuals within Community Nursing services, with specialist skills and relevant experience, have been identified who can support Theatre/ Respiratory Care Unit to support the care of critically ill patients.

Specific individuals working within the acute sector who have District Nursing experience would be released to support outbreak situations in the community. Following a review of the Care Home outbreak in 2020 we plan to remove the District Nurse in the locality from caseload holding duties to manage the clinical care of individuals in the outbreak situation with backfill being provided into their caseload and staff team. In extremis, nursing staff from the staff bank or other settings may be asked to volunteer to provide support in the Care Home setting as per DL (2020) 13³

These arrangements are reflected in both the Remobilisation Plan (August 2020) and the Care Assurance Framework to support the Care Home Resilience.

Silver and Gold Command can use the mutual aid arrangements to ensure that safe staffing levels are maintained and continuity of care is provided as part of the winter plan enactment.

16. Publicity

The Council and NHS, in conjunction with its service partners will undertake a publicity campaign. This will describe the arrangements for over the festive period as well as specific information for patients on how best to use the out of hours services. It will include details on when to use the emergency services and when and how to use NHS 24. Our website, which includes information about access to services and health information 'Know Who to Turn to' will also, be included in promotional materials.

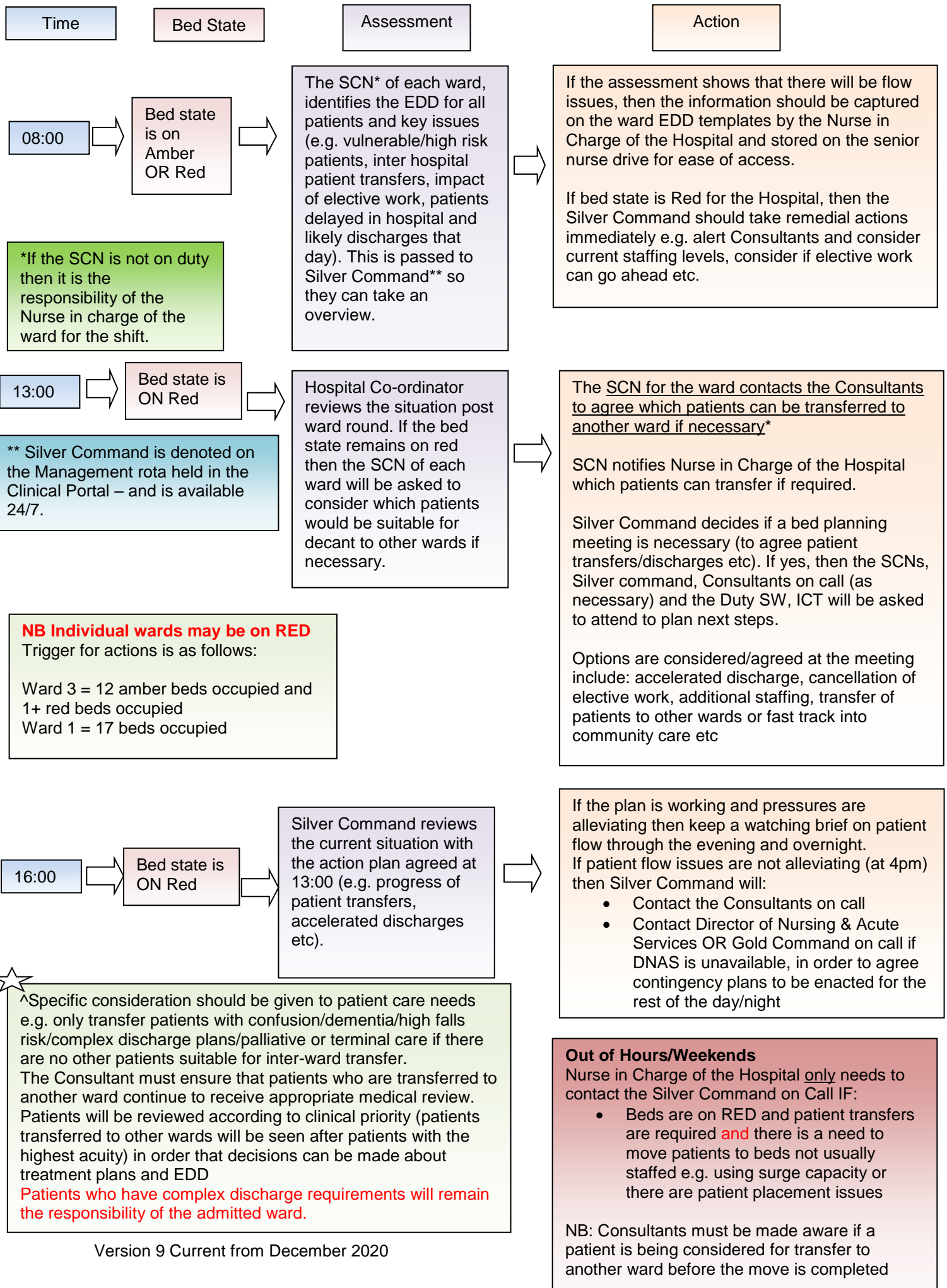
The publicity will include a full-page advertisement in the local press for the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies.

This information will also be updated on social media e.g., Facebook and Twitter throughout the winter period, but particularly during the festive season over Christmas.

³ [https://www.sehd.scot.nhs.uk/dl/DL\(2020\)13.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)13.pdf)

Local public health messages are also given out through the media and our local media diary content will reflect the run up to the festive season. In addition to this, NHS24 will contract with the local press and media to run a pre-festive publicity campaign.

Patient Flow Escalation Plan – NHS Shetland



Red/Amber pathway for emergency admissions

(Patients with COVID symptoms, including surgical patients with pyrexia, Patients who have travelled out with Shetland in last 14 days, Patients with chaotic lifestyle, Patients on CPAP must go **Red** pathway until negative test result)

Estimated date of Discharge (EDD) to be recorded in Track on admission to ward.



Admit surgical patients to Ward 1.
Up to 20 beds are available for the amber pathway.
2 HDU beds also available for the amber pathway

Admit medical patients to Ward 3.
Up to 12* beds are available for the amber pathway (bed availability may be increased to 17 beds if we do not have COVID+ /presumed patients admitted to the COVID Unit on Ward 3)



If W1 is full**, then start to admit into W3 amber beds. Inform Silver command and follow the bed escalation plan.
Organise Senior MDT review of elective surgery for next 24 hrs.

If W3 is full** then start to admit into W1 amber beds.
Inform Silver command and follow the bed escalation plan.

If both wards are full –the bed escalation plan will be triggered. Silver Command will agree if the winter plan surge capacity should be used an additional beds will be opened (see below). Triggering this plan means we will need to identify supplementary staffing to open additional beds – this is an internal major alert response and planned activities will need to be stepped down.



If W1 and W3 are both full then the elective ambulatory care beds on Ronas will be utilised.
An urgent review of elective surgical and ambulatory care activity will be undertaken. Silver command will decide what planned care work can continue based on context.
If necessary, green beds for elective care may also be used and elective work suspended

Amber surge capacity using COVID Unit beds

*If no red pathway patients on W3 and W1 is full, Amber may then surge to 4 bedded bay in red zone, but side room should always be kept free for Red admission. Any amber admission in to this bay must be short stay only. Inform Silver command.

Organise Senior MDT review of elective surgery for next 24 hrs.

Bed availability for emergency admissions

Ward 1 = Max 20 Amber beds (**escalate to SC if 17+ beds occupied)

Ward 3 = Max 12 Amber beds/17 with surge (**escalate if 12+ beds occupied)

Ward 3 = Max 10 Red beds (COVID Unit), reduced to 5 if 17 Amber beds are already occupied. Escalate if 3+ beds occupied

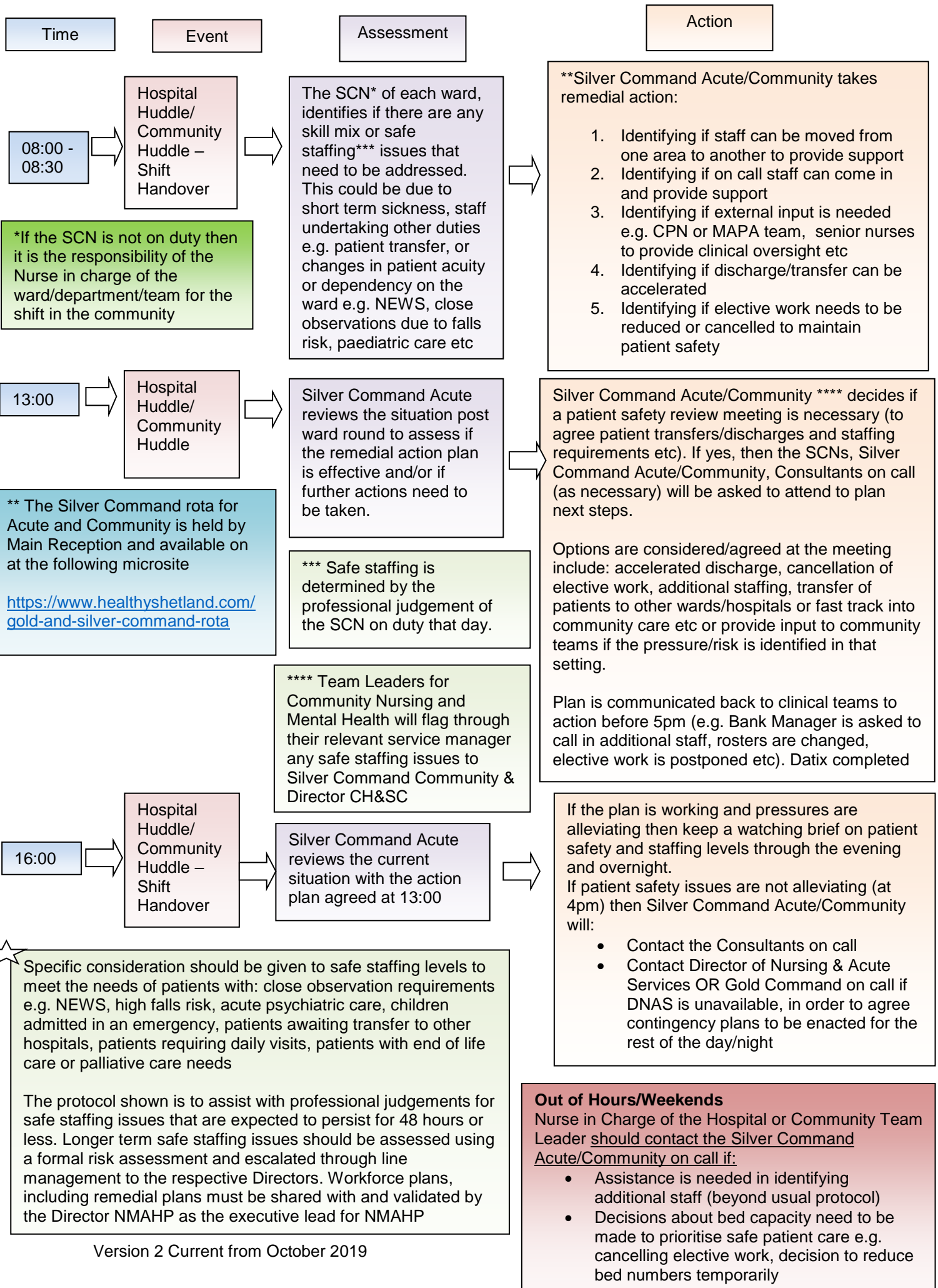
Red pathway

Room 6 to be used for the first admission

Patients who are confirmed COVID cases and presumed COVID cases **cannot be cohorted together.**

2 patients who are presumed COVID **cannot be cohorted together**

Safe Staffing Escalation Plan – NHS Shetland



Appendix B

Daily Performance Metrics to Support Effective Patient Flow¹

Beds Available
Number of Delayed Discharges*
Deaths (in previous 24 hours)*
Planned Admissions*
Planned Theatre Lists*
Planned Clinics Morning Session (e.g. OPD, Child Health, Visiting)*
Planned Clinics Afternoon Session (e.g. OPD, Child Health, Visiting)*
Planned Clinics/Visits - Obstetric (e.g. Antenatal clinics)*
Planned Discharges Before 12 MD*
Planned Discharges After 12 MD*
Monitoring Safe Patient Transfer
Patient Transfers in to GBH (Air Ambulance)*
Patient Transfers to Mainland Hospitals (Air Ambulance)*
Patient Transfers in to GBH (other route - not retrieval)*
Patient Retrievals – Adult*
Patient Retrievals – Child*
Monitoring Patient Dependency/Acuity
Number of Level 2 Patients*
Number of Acute Mental Health Patients*
Number of Children*
Number of Patients with Confusion (e.g. Dementia)*

Number of Patients with Protection Plans (e.g. GIRFEC, CP, PoA etc)
Number of Patients who are receiving End of Life Care
Monitoring Patient Safety
Number of Medical Patients Decanted to another Ward*
Number of Surgical Patients Decanted to another Ward*
Number of Obstetric Patients Decanted to another Ward*
Number of Dementia/High Risk Patients Decanted after 5pm
Number of Patients with Falls Risk (e.g. Previous falls)*
Number of Patients who have Fallen (previous 24 hours)
Number of Patient Falls with HARM*
Number of Patients with GRADE 2/3 Pressure Sores
Number of Patients with an Infection/Requiring Barrier Controls*
Monitoring Safe Staffing Levels
General Staffing Issues*
AA Nurse Status*
Theatre On Call Team/HDU On Call Team Status*
ⁱ Midwife On Call Status*
A&E On Call Status*
General Safety Issues
Environmental/Equipment Issues/SAS Pressures*

ⁱ All of these metrics are discussed at the daily huddles, some items are recorded for ongoing monitoring and others are reported by exception or formally through other routes e.g. patient safety programme. So for instance, we would note if a patient has a significant adverse event such as a fall with harm or a pressure sore but this would be discussed at the huddle as an exception, as it is not part of the core dataset for the huddle discussion. The metrics with an asterisk against them are part of the core dataset for the daily huddles.

Pathways for Winter 2020

GREEN PATHWAYS

THEATRE
 DSU (6 BEDS RONAS)
 ENDOSCOPY (2 BEDS RONAS)

RED PATHWAYS

ED ASSESSMENT AREA
 THEATRE

WARD 3
 RCU

AMBER PATHWAYS

WARD 1/HDU
 WARD 3
 OPD
 ED/SDEC
 ELECTIVE AMBULATORY CARE (4 BEDS RONAS)
 SURGE CAPACITY FOR WINTER (10 BEDS RONAS)
 CHEMOTHERAPY UNIT
 RENAL UNIT
 THEATRE (EMERGENCY CASES)

Outbreak Escalation Plan for Winter 2020

COVID OUTBREAK ALERT

GREEN

SITUATION – LOW/NIL REPORTED
 PREVALENCE OF COVID 19 IN SHETLAND

OR

LOW PREVALENCE IN SCHOOLS

RESPONSE – MONITOR THE SITUATION,
 BUSINESS AS USUAL

COVID OUTBREAK ALERT

AMBER

SITUATION – ANY SUSTAINED
 TRANSMISSION IN WORKING AGE ADULTS

RESPONSE – MONITOR THE SITUATION,
 UNDERTAKE A REVIEW OF STAFFING
 REQUIREMENTS, REVIEW TRAINING FOR
 RCU/CPAP, REVIEW PLANS FOR ELECTIVE
 SURGERY, REVIEW FTF OPD
 CONSULTATIONS, CONSIDER RELOCATION
 OF CHEMOTHERAPY UNIT

COVID OUTBREAK ALERT

RED

SITUATION – ANY SUSTAINED TRANSMISSION IN OLDER POPULATION OR CARE HOMES

RESPONSE – MONITOR THE SITUATION, PUT IN PLACE ROSTERS FOR RCU/PREPARE RCU AREA,
 REVIEW PLANS FOR ELECTIVE SURGERY – INCLUDING STANDING DOWN VISITING SERVICES IF
 REQUIRED, SWITCH TO NEAR ME ONLY OPD SERVICE, STAND DOWN SDEC