

Shetland NHS Board

Meeting:	Shetland NHS Board		
Paper Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2021-22		
Date:	14 December 2021		
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 2021-22 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 continues to address 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 2021-22 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 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 2022 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 prior to the festive period.

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' and the DL(2021) 46 - Launch of The Scottish Winter 2021/22 Respiratory Infections in Health and Care settings - Infection Prevention and Control (IPC) Addendum.

Sections shown in blue 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. The escalation arrangements are also in draft until the scenario planning exercise has been completed. The Appendices will also be updated following the scenario planning exercises and reflect our current escalation arrangements without specific adaptation to manage pressures this winter or new/emerging guidance.

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 Partnership Hospital Management Team H&SCP Management Team



WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2021-22

Version 1 created 22/09/2021

Version 2 created 29/11/2021

Version 3 created

Version 4 will be completed on (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 2020-21 but there were significant challenges as a result of the second wave of the pandemic and the impact across the whole system. Winter 2021-22 has the potential to also be challenging as we continue to manage the impact of COVID 19 and the increasing demand for emergency care and delays to planned care.

This winter plan for 2021-22 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 our response to the COVID 19 pandemic and the remobilisation of services following the second wave early 2021.

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 2021	Saturday (weekend)	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 26 th 2021	Sunday (weekend)	Essential visits by one nurse, can be	Normal on call service

		contacted via community nursing answer phone	provision
December 27 th 2021	Monday (PH)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
December 28 th 2021	Tuesday (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 2021	Wednesday (normal working day)	Normal Working day	Normal on call service provision
December 30 th 2021	Thursday (normal working day)	Normal Working day	Normal on call service provision
December 31 st 2021	Friday (normal working day)	Normal Working day	Normal on call service provision
January 1 st 2022	Saturday (weekend)	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 2022	Sunday (weekend)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision
January 3 rd 2022	Monday (PH)	Essential visits by one nurse, can be contacted via Community nursing answer phone	Normal on call service provision

January 4 th 2022	Tuesday (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, 27 and 28 December with a normal working days on 29, 30, 31 December.

This work pattern will be repeated for 1, 2, 3 and 4 January 2022 with normal working services resuming from Wednesday 5 January 2022.

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 2021	Saturday (weekend)	No clinic	24 hour cover by OOH GP via NHS24
December 26 th 2021	Sunday (weekend)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP via NHS24
December 27 th 2021	Monday (PH)	No clinic	24 hour cover by OOH GP via NHS24
December 28 th 2021	Tuesday (PH)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP via NHS24
December 29 th 2021	Wednesday (normal working day)	Normal working day	One GP on call overnight via NHS24
December 30 th 2021	Thursday (normal working day)	Normal working day	One GP on call overnight via NHS24
December 31 st 2021	Friday (normal working day)	Normal working day	One GP on call overnight via NHS24
January 1 st 2022	Saturday (weekend)	No clinic	24 hour cover by OOH GP via NHS24
January 2 nd 2022	Sunday (weekend)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP via NHS24
January 3 rd 2022	Monday (PH)	No clinic	24 hour cover by OOH GP via NHS24
January 4 th 2022	Tuesday (PH)	NHS24 triaged to PCEC at Gilbert Bain Hospital between 12.00 – 20.00	24 hour cover by OOH GP via NHS24

3. Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 25 th 2021	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 26 th 2021	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
December 27 th 2021	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	
December 28 th 2021	Tuesday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 29 th 2021	Wednesday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
December 30 th 2021	Thursday (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 2021	Friday (normal working day)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
January 1 st 2022	Saturday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	1 X pm
January 2 nd 2022	Sunday (weekend)	2 x A&E On Shift	1 X On Shift 1 X On Call	
January 3 rd 2022	Monday (PH)	2 x A&E On Shift	1 X On Shift 1 X On Call	
January 4 th 2022	Tuesday (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 2021	Saturday (weekend)		
December 26 th 2021	Sunday (weekend)		
December 27 th 2021	Monday (PH)		

December 28 th 2021	Tuesday (PH)		
December 29 th 2021	Wednesday (normal working day)		
December 30 th 2021	Thursday (normal working day)		
December 31 st 2021	Friday (normal working day)		
January 1 st 2022	Saturday (weekend)		
January 2 nd 2022	Sunday (weekend)		
January 3 rd 2022	Monday (PH)		
January 4 th 2022	Tuesday (PH)		

5. Pharmacy Services

The community pharmacies in Lerwick, Brae and Scalloway will be closed on the 25th/26th December and 1st/2nd January. A rota with reduced hours is agreed for the 27th December and the 3rd January. Boots and Laing's pharmacy in Lerwick will open regular hours on 28th December and 4th January.

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 the Pharmacy First service from community pharmacies in Shetland. Patients accessing NHS 24 will be sign-posted to community pharmacy services where appropriate.

The hospital pharmacy will be closed on 25th-27th December and 1st-3rd January but open with reduced staffing on the 28th December and 4th January. The on-call service will be available throughout the festive period.

Appropriate stock levels to cover the extended period of closure will be allowed in each ward and department. However if significant shortages become evident the on-call service can be contacted.

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. 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 2021	Saturday (weekend)	On call provision	No service
December 26 th 2021	Sunday (weekend)	On call provision	No service
December 27 th 2021	Monday (PH)	ON call provision	Boots 10.30am -1.30pm
December	Tuesday (PH)	Limited service 9am-	Laings' + Boots - normal

28 th 2021		5pm	working hours. Brae, Freefield + Scalloway – closed.
December 29 th 2021	Wednesday (normal working day)	Normal service	Normal Service
December 30 th 2021	Thursday (normal working day)	Normal Service	Normal Service
December 31 st 2021	Friday (normal working day)	Normal service	Normal Service
January 1 st 2022	Saturday (weekend)	On call service	No service
January 2 nd 2022	Sunday (weekend)	On call service	No service
January 3 rd 2022	Monday (PH)	On call service	Laing's 10.30am-1.30pm
January 4 th 2021	Tuesday (PH)	Limited service 9am-5pm	Laings' + Boots - normal working hours. Brae+Freefield+ Scalloway –closed.

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

6. Clinical Support Services

(a) Laboratory Services

Date	Day	Blood Science	COVID Testing
December 25 th 2021	Saturday (weekend)	On call	On call
December 26 th 2021	Sunday (weekend)	On call	09.00-17.00
December 27 th 2021	Monday (PH)	On call	09.00-17.00
December 28 th 2021	Tuesday (PH)	On call	09.00-17.00
December 29 th 2021	Wednesday (normal working day)	08.30-17.00, then on call	09.00-17.00
December 30 th 2021	Thursday (normal working day)	08.30-17.00, then on call	09.00-17.00
December 31 st 2021	Friday (normal working day)	08.30-17.00, then on call	09.00-17.00
January 1 st 2022	Saturday (weekend)	On call	09.00-17.00
January 2 nd 2022	Sunday (weekend)	On call	09.00-17.00
January 3 rd 2022	Monday (PH)	On call	09.00-17.00
January 4 th 2022	Tuesday (PH)	On call	09.00-17.00

(b) Medical Imaging

The Medical Imaging service

Date	Day	Provision
December 25 th 2020	Saturday (weekend)	On call xray/CT only
December 26 th 2020	Sunday (weekend)	On call xray/CT only
December 27 th 2020	Monday (PH)	On call xray/CT only
December 28 th 2020	Tuesday (PH)	On call xray/CT only
December 29 th 2020	Wednesday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1730
December 30 th 2020	Thursday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1730
December 31 st 2020	Friday (normal working day)	CT/Xray 0800-2030 then On-call Ultrasound 0800-1730
January 1 st 2021	Saturday (weekend)	On call xray/CT only
January 2 nd 2021	Sunday (weekend)	On call xray/CT only
January 3 rd 2021	Monday (PH)	On call xray/CT only
January 4 th 2021	Tuesday (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.

Audiology will be closed for the four public holidays over Christmas and New Year and December 29th. At other times there will be a normal weekday service provision.

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.

As part of the routine review of waiting times we will look at the level of capacity that will be required in January 2022 in order to ensure that the impact of a prolonged shut down does not impact on patient flow and access to services.

(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 interim Director of Public Health will be available, supported by other members of the Shetland Health Protection and Test & Protect Teams; 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.

Covid testing and contact tracing will continue throughout the holiday period. [Table for Test & Protect team staffing to be added](#)

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.

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 2021	Saturday (weekend)	Domestic – as normal in clinical areas Serving – Closed Kitchen – Skeleton Staff Laundry - Closed	on call cover 6pm to 7pm and 5am to 8am COVID Support 7pm- 5am
December 26 th 2021	Sunday (weekend)	Domestic – as normal Serving – Closed Kitchen – Skeleton Staff Laundry - Closed	on call cover 6pm to 7pm and 5am to 8am COVID Support 7pm- 5am
December 27 th 2021	Monday (PH)	Domestic -Normal working day Serving - open Laundry - open	24 hour cover within the hospital
December 28 th 2021	Tuesday (PH)	Normal working day	24 hour cover within the hospital
December 29 th 2021	Wednesday (normal working day)	Normal working day	24 hour cover within the hospital
December 30 th 2021	Thursday (normal working day)	Normal working day	24 hour cover within the hospital
December 31 st 2021	Friday (normal working day)	Normal working day	24 hour cover within the hospital
January 1 st 2022	Saturday (weekend)	Domestic – as normal weekend rota Serving – Closed Kitchen – Skeleton Staff	on call cover 6pm to 7pm and 5am to 8am COVID Support

		Laundry - Closed	7pm- 5am
January 2 nd 2022	Sunday (weekend)	Domestic – as normal weekend rota Serving – Closed Kitchen – Skeleton Staff Laundry - Closed	on call cover 6pm to 7pm and 5am to 8am COVID Support 7pm- 5am
January 3 rd 2022	Monday (PH)	Normal working day	24 hour cover within the hospital
January 4 th 2022	Tuesday (PH)	Normal working day	24 hour cover within the hospital

8. Community Mental Health Services

Mental Health OOHs Rota

The Community Mental Health Team have arrangements in place to manage mental health needs during the festive period and psychiatric emergencies will be 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 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 and overnight, so in effect providing a 7 day service. The on call rota has a backup system in place to cover any potential covid related issues or sickness.

Community Psychiatric Nurses (CPNs)

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2021	Saturday (weekend)	On call CPN	On call CPN
December 26 th 2021	Sunday (weekend)	On call CPN	On call CPN
December 27 th 2021	Monday (PH)	On call CPN	On call CPN
December 28 th 2021	Tuesday (PH)	On call CPN	On call CPN
December 29 th 2021	Wednesday (normal working day)	Business as usual	On call CPN
December 30 th 2021	Thursday (normal working day)	Business as usual	On call CPN
December 31 st 2021	Friday (normal working day)	Business as usual	On call CPN
January 1 st 2022	Saturday (weekend)	On call CPN	On call CPN
January 2 nd 2022	Sunday (weekend)	On call CPN	On call CPN
January 3 rd 2022	Monday (PH)	On call CPN	On call CPN
January 4 th 2022	Tuesday (PH)	On call CPN	On call CPN

9. Surge Capacity Hospital Services

As a result of the COVID 19 pandemic, we have put in place specific arrangements for the winter of 2021-22. This includes substantially increasing our bed base in order to separate patient pathways for planned elective procedures, acute admissions and patients on the respiratory pathway¹.

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

¹ <https://www.nipcm.hps.scot.nhs.uk/winter-2122-respiratory-infections-in-health-and-care-settings-infection-prevention-and-control-ipc-addendum/>

Acute General Beds

Our core bed capacity for general acute service provision is 41 beds, plus 2 higher dependency (level 2) beds. The beds are arranged across two acute units (medical ward has 21 beds and the surgical ward has 20).

As part of winter preparedness, we have increased our general bed capacity by 12 and created an infectious disease bay (three beds) to ensure we have a long term facility in place to support patients with an airborne infectious disease. This bay will be fully operational with a compliant ventilation system in Q4 of 2021-22.

Intensive Care (level 3)

We will retain a shadow rota for staffing to support patients who require invasive ventilation via the respiratory pathway. An operational plan, setting out how the Consultant Anaesthetists will open a RED theatre (and consequences for elective care provision) will be prepared and made 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 to support patients with non-respiratory illness. In addition to this, we have identified a respiratory 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 acute, elective and respiratory pathways for all clinical specialties and this has included zoning the hospital campus which we have achieved by:

- Creating a 10 bed COVID/respiratory 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 includes isolation rooms that can be used to offer NIV if required and gender segregation.
- Utilising the remaining 31 acute beds across the Hospital for patients who do not have respiratory illness (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 (12) to provide additional inpatient capacity for visiting services (e.g. orthopedics) and re-opening the Day Care Unit (DSU) with 6 beds to ensure that we can continue to provide an elective care programme during Q4 of 2021-22. If there is a significant surge in emergency care activity, then we will limit elective work until emergency demand reduces and can be managed through the agreed emergency bed capacity allocated.
- Elective ambulatory care will continue during the winter months and will be relocated to the Renal Unit (which is open 3 days per week for dialysis).
- Both theatres will be available for emergency and elective activity and patients with respiratory symptoms will be identified so that they can receive appropriate testing and treatment.
- Patients attending Outpatients (Adult, Children's and Maternity) will be asked to complete the respiratory screening assessment and asked to undertake a lateral flow test before a consultation if they have any of the key respiratory symptoms associated with COVID 19.
- Zoning the Maternity Unit to create a respiratory pathway for women attending the delivery suite.

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 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 5 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.

All ambulatory patients will be asked to complete the respiratory screening assessment in order to determine transmission risk for COVID 19. Patients who require admission to hospital will receive a PCR test and assumed to be a presumptive COVID case until a negative test is confirmed. Patients will be admitted to the COVID unit if there respiratory symptoms are the main reason for admission. If they have been admitted with an acute surgical problem, then they will be risk assessed and admitted to the surgical unit (with transmission based precautions) once a negative PCR test has been confirmed.

Respiratory Illness and Children

Primary Care teams have also put in place a respiratory consultation pathway for patients requiring face to face assessment. This includes the assessment of children presenting with respiratory illness e.g. Respiratory Syncytial Virus (RSV).

Children will be assessed and if necessary admitted to hospital with RSV. The Consultant Paediatricians will provide support post admission, to help with treatment planning for children who do not meet the criteria for transfer to RACH. Similarly, the Specialist Paediatric Nurses will also provide support to the acute unit teams when children are admitted so that we have a 'virtual ward' approach.

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 2021 to January 2022 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 planned dates of discharge (PDD) 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 2021, reflects the need to consider patient placement for clinical specialty 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 23rd and December 29th 2021 (virtually) 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 (17 % 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 week 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 Plan².

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 2022). A duty Social Worker (contactable via the main hospital reception) will be available to deal with **emergencies**.

(b) Care Centres for Adults

² <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>

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). If emergency day care is needed then Duty Social Work should be contacted.

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 tokens³, 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. Information about transport services and adverse weather can be found in Appendix F.

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 on call 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.

³ Staff will be provided with basic provisions and access to the emergency snack vending machine as required.

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.

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 Centres.

The existing “Red” (High risk), “Amber” (Medium risk) and “Green” (Low risk) pathways for all admissions and for management of patient flow in the hospital that were previously agreed and implemented by the multidisciplinary team are to be replaced by the introduction of Respiratory and non-respiratory pathways to separate those with respiratory infections from those with none. The new pathways are being rolled out from December 2021 and the link to the guidance is shown in section 9 of the Winter Plan.

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. **ARHAI update for 2021 not yet received.**

The Antimicrobial Resistance Healthcare Associated Infections (ARHAI) 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 temporarily self-isolate until PCR testing is completed if identified as a "contact". Doubly vaccinated staff can return to work following a negative PCR test but must agree to undertake daily LFD tests for the next 10 days. 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', newsletter 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.

There is now a purpose built three bedded bay on Ward 3 specifically dedicated for the management of infectious cases.

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 settings will be led by the Infection Control Doctor (Microbiologist) and Infection Control Team. The response to incidents and outbreaks in social care settings and in the community will be led by Public Health supported by the IPCT. A Problem Assessment Group may be held initially to understand a situation; and if an incident or outbreak is declared, then an Incident Management Team will be called to manage the situation. The Chair of the PAG /IMT will decide who else needs to be involved or represented and this may include Public Health Scotland and Scottish Government representatives. A review will be held after any significant incident or 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 ARHA1.

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.

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.

There are now specific versions of the National Infection Prevention and Control Manual to support practice within Care Homes, Primary and Community Care settings. There is additional Infection Prevention and Control advice, support and training available to Care Homes, 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 is provided by Public Health Scotland – there is a hyperlink available on intranet directly to “COVID” guidance. There is also norovirus guidance for care settings.
- There is an oversight group for care home assurance led by the interim Director of Public Health, with a key focus on infection prevention and control in care settings.

Specific Covid prevention and control activity

- There is continuing local publicity to encourage the public to take precautions to prevent the spread of covid primarily, but also flu and norovirus.
- There is a universal offer of Lateral Flow Device Testing for anyone over the age of 12. LFDs are readily accessible from the Test & Protect base, the testing pod, pharmacies and on line.

- All health and care staff are encouraged to take a LFD twice a week. Certain staff take regular weekly PCR tests. Visiting staff may also be required to take PCR tests.
- The Test and Protect team co-ordinates requests for PCR testing from symptomatic individuals and contacts of cases, utilising both local lab capacity and Lighthouse lab capacity on the mainland and has a surge capacity plan.
- Our contact tracing team provides rapid identification of contacts, allowing early isolation and testing, and has support for the National Contact Tracing Centre for surge capacity.
- The Public Health Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health. The Team also has a weekly meeting with Education staff to manage any issues in schools that may escalate.

Flu and covid vaccination programmes

- This year we are delivering both an extended flu vaccination programme and a covid vaccination programme including covid boosters and 1st, 2nd and 3rd doses. The delivery of the national extended national seasonal flu immunisation programme for 21-22 started in mid-September and includes offer of flu vaccine to all those aged over 50, people in clinical risk groups, all NHS staff, all care staff who provide personal care, all unpaid carers, all pregnant women all pre-school children and school pupils, and school staff. Rates across all groups last year was increased, and we anticipate rates will remain high this season.
- The covid vaccination programme includes boosters for all those aged over 50, people aged 16 and over in clinical risk groups, unpaid carers, people who live with those who are immunosuppressed; and all health and care staff who provide frontline services. In addition we are still vaccinating children aged 12-15 and people aged 16 and over who have not yet completed their vaccination course.
- The flu vaccine has been offered to all care home residents and all housebound individuals by the community nursing team, who are now delivering the covid vaccine to these groups. And who will also provide the service to the non-doctor islands, where all residents are being offered flu vaccine. People aged 80 and over have been vaccinated at their own GP practice. Most other people on mainland Shetland are being invited to the Vaccination Centre at Gilbertson Park which runs clinics most days, including some weekends and evenings. The smaller and island practices are also delivering vaccination services. Occupational Health is running several clinics a week for health and care staff. Nearly all those in these groups who are eligible for flu and covid vaccine are being offered them together.
- Pregnant women are offered the flu vaccine by their midwife, and pre-school children are seen in their own practice. The Child Health Service has run flu vaccination clinics for all the secondary aged pupils and will be

running clinics in primary schools from the end of October. People aged over 50, unpaid carers, those in clinical risk groups and health and social care staff are being offered flu vaccination alongside their covid booster.

- There is a dedicated team of staff administering the programme and scheduling appointments at the Gilbertson Park clinic. We have a temporary, dedicated team of vaccinators led by community nursing and supported by colleagues from acute services, community nursing and primary care. The programme is also supported by significant staffing capacity from Public Health, Pharmacy, Occupational Health, Child Health and Estates & Facilities. Staff training has been facilitated by staff development and public health and clinical team leaders, utilising the national training resources on Turas. All covid vaccinations and all adult flu vaccinations (other than pregnant women) are recorded on the Vaccination Management Tool which feeds into EMIS. Uptake is monitored through the daily updated national dashboards, the flu portal and locally collected data.
- There has been considerable local public communications for both the covid and flu vaccination programmes, led by the communications team with Public Health and Health Improvement, including a dedicated covid website. This will continue through social media and local press.

Other local plans include:

- A local Pandemic Influenza Plan (working document) modelled on, and updated in the light of national guidance
- A local Covid outbreak plan covering all sectors, currently being updated and based on national guidance and plans.
- A local Public Health Outbreak and Incident Plan
- A Hospital Outbreak Plan
- Business continuity planning (both for NHS Shetland and other Community Planning partners) which includes consideration of staffing in the event of high absences
- Communication and media handling
- Surge capacity agreements

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 (and other seasonal / respiratory infections). This year we will have local flu surveillance as all covid swabs are tested for flu.

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 Health Board and the H&SCP 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) 13⁴

These arrangements are reflected in both the Remobilisation Plan (September 2021) 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 'Right Care Right Place' will also, be included in promotional materials.

Right Care Right Place website

<https://www.shb.scot.nhs.uk/hospital/rcrp.asp>

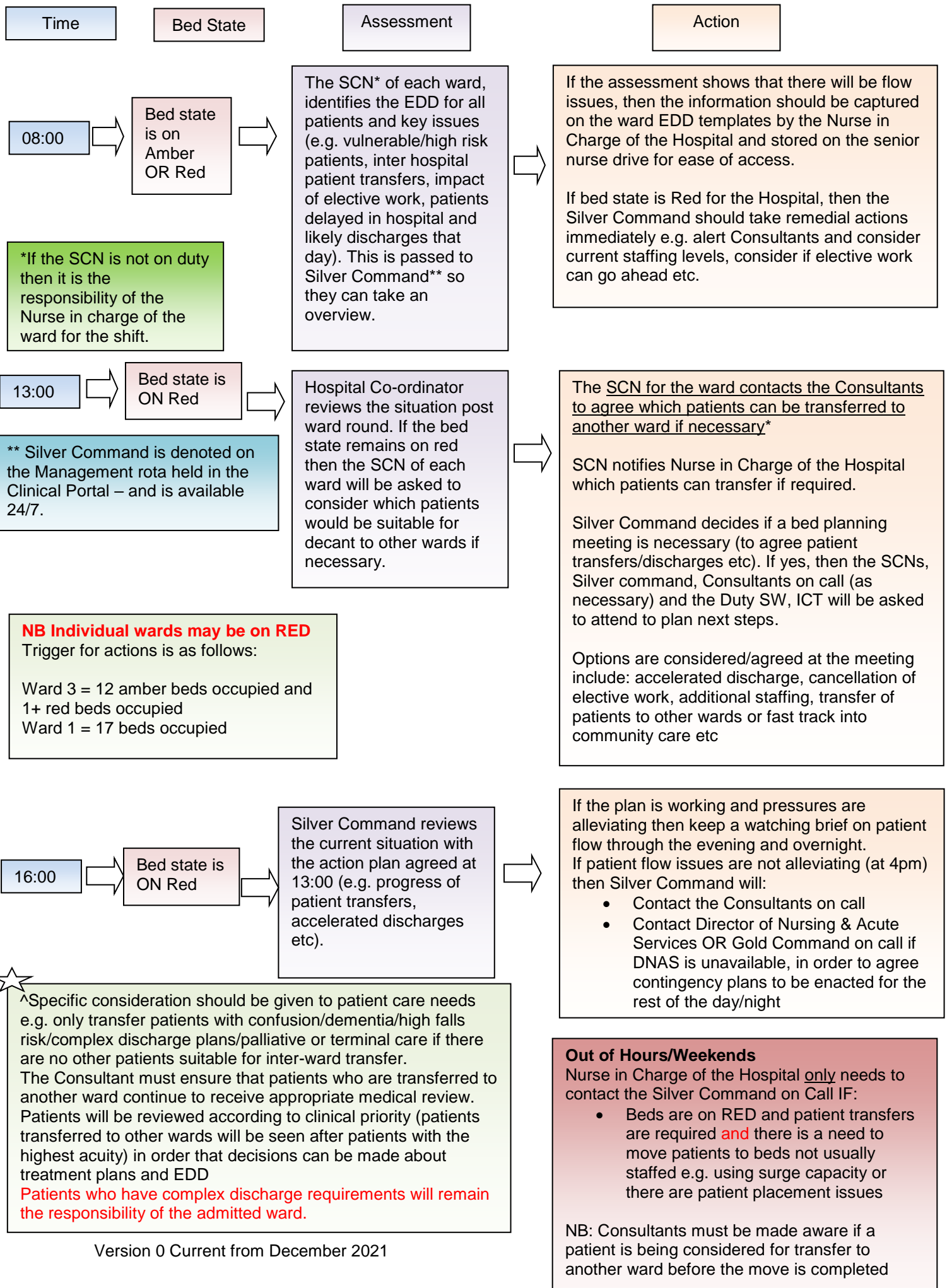
The publicity will include a full-page advertisement in the local press for the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies.

⁴ [https://www.sehd.scot.nhs.uk/dl/DL\(2020\)13.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2020)13.pdf)

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.

Local public health messages are also given out through the media and the Healthy Shetland website. 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



Respiratory pathway for emergency admissions

(Patients with COVID symptoms, including surgical patients with pyrexia, Patients who have travelled out with Shetland in last 10 days (including fishing vessels, rigs), Patients with chaotic lifestyle, Patients on CPAP MUST go respiratory pathway until negative test result)

Admit surgical patients to Ward 1.

Up to 20 beds are available for non-respiratory pathway (NR)

2 HDU beds also available for the amber pathway

Admit medical patients to Ward 3.

Up to 12* beds are available for the NR 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 NR 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 and 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 elective 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 respiratory pathway patients on W3 and W1 is full, NR may then surge to 4 bedded bay in respiratory zone, but side room should always be kept free for resp admission. Any NR 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 NR beds (**escalate to SC if 17+ beds occupied)

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

Ward 3 = Max 12 respiratory beds (COVID Unit), reduced to 5 if 17 Amber beds are already occupied. Escalate if 3+ beds occupied

Red pathway

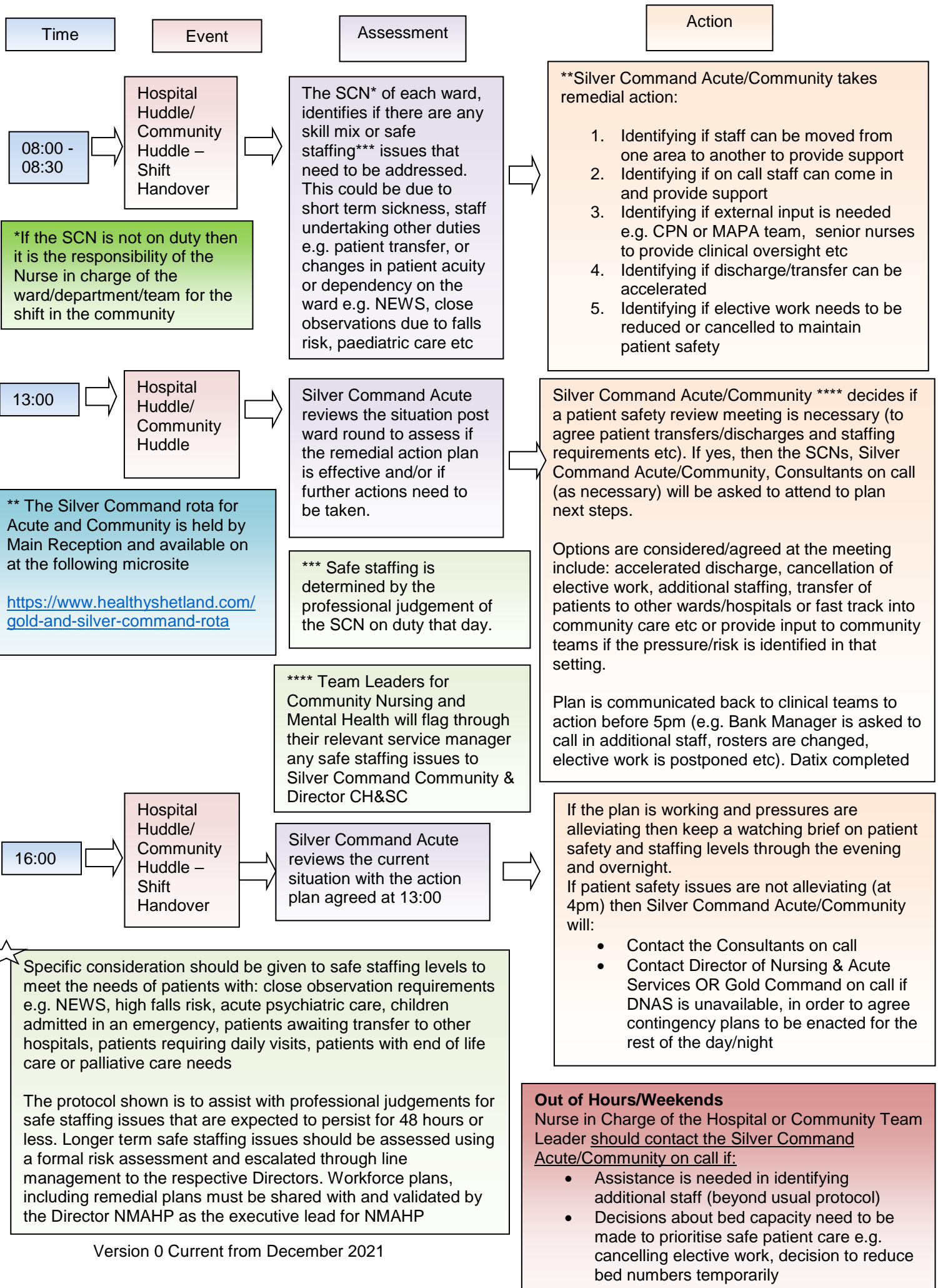
Room 6 to be used for patients who have a high probability of requiring NIV/AGP

Room 3+4 can be used as Resp Beds if required giving 12 red beds in total

Positive pts and suspected **cannot be cohorted together.**

2 presumed COVID pts **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

Appendix F Information for managers on transport services and data to support adverse weather contingency planning

The Winter Gritting Map provides a breakdown of gritting coverage.

Priority 1 & 2 routes are gritted any day required.

Priority 3 – only in the event of heavy snow or ice. The gritters will deploy at the request of one of the blue light services.

<https://www.shetland.gov.uk/roads-footpaths/winter-roads-treatment?documentId=406&categoryId=20061>

Forecasting and weather data is prepared on an hourly basis from Weather Stations that feed into the Met Office main algorithm.

The main hub for SIC Roads information is Ross Jarmson (contact details held by Reception). During severe weather he is available 0500 – 1700 hours. He provides the info for weather related school closures.

Outside these hours Lerwick Police Station will provide the most up-to-date info regarding road conditions.

Hazard Manager which gives the yellow weather warnings over a 7 day period. Anyone can subscribe to this and receive email notifications. <https://hazardmanager.metoffice.gov.uk/weatherandwarnings>

SIC Ferries - <https://www.shetland.gov.uk/homepage/73/ferry-status>

This link provides Service Information and Voicebanks for service disruption and news. This operates out-of-hours. For more detailed out-of-hours information contact MRCC Lerwick on 01595 692976.

For email or SMS updates email below:

ferries.admin@shetland.gov.uk