

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	10 December 2024
Agenda reference:	Board Paper 2024/25/52
Title:	Winter Plan for Ensuring Service Sustainability including the Festive Period 2024-25
Responsible Executive/Non-Executive:	Prof Kathleen Carolan, Director of Nursing & Acute Services; Jo Robinson, Acting Director of Community Health & Social Care
Report Author:	Prof Kathleen Carolan, Director of Nursing & Acute Services

1 Purpose

Please select one item in each section and delete the others.

This is presented to the Board/Committee for:

- Decision

This report relates to:

- Annual Operating Plan
- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Winter Plan 2024-25 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.

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.

It will be presented to the Board and the Integration Joint Board (IB) for approval. The readiness checklist for winter planning has been received by the IJB and the Finance and Performance Committee ahead of the development of the plan.

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

2.2 Background

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 where respiratory pathways are required but much of the COVID specific guidance has been removed.

2.3 Assessment

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.

2.3.1 Quality/ Patient Care

There is a particular emphasis on ensuring that elective services are sustained through the winter months and there is forward planning in January 2025 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 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. We will also consider if any aspects of the Winter Plan 24-25, need to be updated e.g. business continuity plans from mid-January onwards, when scaffolding is being erected around the Hospital site.

2.3.2 Workforce

We have developed rosters for winter months early so that we can try and mitigate any key workforce gaps to ensure that we have robust arrangements in place to address winter service pressures. This is particularly the case over the festive period where we will have more limited service provision. We also have theoretical plans in place for mutual support across agencies if the need arises. We are using Safe Care to monitor safe staffing levels, which forms part of our escalation arrangements and evidencing adherence to legislation i.e. the Health and Care (Staffing) (Scotland) Act 2019.

2.3.3 Financial

Unscheduled care, delayed discharge, redesigning urgent care and access target allocations have been aligned to support the delivery of the plan.

2.3.4 Risk Assessment/Management

Consideration has been given to the need for business continuity planning associated with the potential for industrial action from healthcare unions as well as other industrial action proposed/ongoing which may impact on logistics/procurement.

Enhanced monitoring of service performance are in place with the review of daily measures to support effective service delivery and patient flow. We have embedded, whole system huddles to discuss system pressures in real time, to help manage and mitigate risks. Huddles will be stood up as required.

2.3.5 Equality and Diversity, including health inequalities

The aim of the plan is to provide an ongoing response to winter pressures, to ensure that service provide where possible a 'business as usual' level of response and where that is not possible, an escalation plan to deliver 'safe' levels of care whilst working through system pressures. The aim of this is to ensure that we do not build up further backlogs and compound the pre-existing health inequalities and/or further reduce services through crisis management approaches.

2.3.6 Other impacts

Nil

2.3.7 Communication, involvement, engagement and consultation

The plan has been developed by Directors, Heads of Service across the whole system, including Local Authority and other NHS service providers such as NHS24 and the Scottish Ambulance Service (SAS). Various iterations of the plan have been shared with the Hospital Management Team and the Health & Social Care Partnership Management Team.

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Executive Management Team, 4 December 2024

2.4 Recommendation

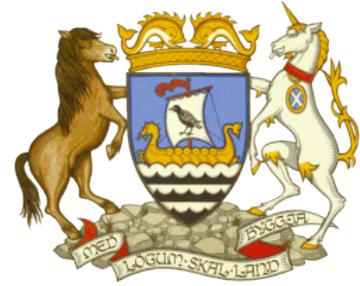
The Board is asked to:

- 1) Approve the winter 2024-25 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.

3 List of appendices

The following appendices are included with this report:

Appendix 1	Winter Plan 2024-25
Appendix A	Festive Period Rotas
Appendix B	Escalation Protocol: Hospital Patient Flow
Appendix C	Surge Capacity Protocol: Additional Acute Beds
Appendix D	Escalation Protocol – Safe Staffing
Appendix E	Patient Placement Protocol
Appendix F	Adverse Weather Plans & Winter Transport Disruption
Appendix G	Winter Vaccination Programme



WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER THE WINTER PERIOD 2024-25

Version 1 created 15/11/2024 template

Version 2 created with contributions from Heads of Service on 03/12/2024

Version 3 created xxxx using lessons learnt following table top exercise for BCP testing on xxxx

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1. Introduction

NHS Shetland, along with its statutory agency partners in Shetland, coped well during the winter of 2023-24 but there were significant challenges as a result of multiple instances of adverse weather affecting transport, logistics and utilities. We also experienced significant COVID sickness in our workforce and the impact of that across the whole system. Winter 2024-25 has the potential to also be challenging as we continue to manage the increasing complexity of patients requiring urgent care and demand across the whole system.

This winter plan for 2024-25 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. We have also taken learning from our response to the various major incidents that occurred in 2023 into our business continuity planning processes for 2024 and updated our response during adverse weather.

2. Primary Care Services

a) Shetland non OOH Co-operative – 3 practices – 2,680 patients

The OOH arrangements for the 3 practices (Unst, Yell, and Whalsay) 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.

The rota for the festive period is shown in Appendix A.

a) Shetland Out of Hours Co-operative Area – 7 practices – 19,570 patients

The Board's normal OOH arrangements will continue throughout the winter period for 7 practices (Bixter, Brae, Walls, Lerwick, Levenwick, Hillswick 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. If demand levels change, then the Primary Care Capacity Challenge Escalation Strategy will be invoked. Decisions to invoke will be taken by the Director of Community Health & Social Care, with the wider Health & Social Care Partnership huddle membership.

The rota for the festive period is shown in Appendix A.

3. Patient Transport & Ambulance Services

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 B. The PTS service should be contacted via the email below so that PTS services can fast track patient transfers sas.ptsnorthsupervisor@nhs.scot

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. The rota for the festive period is shown in Appendix A.

5. Pharmacy Services

The community pharmacies in Lerwick, Brae and Scalloway will be closed on the December 25th and 26th and January 1st and 2nd. A rota with reduced hours is agreed for the 27th December (1300-1600, Laings Pharmacy, Kanterstead) and the 2nd January (1300-1600, Boots Pharmacy, Lerwick). On the 3rd of January Boots Pharmacy, Lerwick, will be open normally, with all other pharmacies closed. From January 4th onwards, all Pharmacies will be open as normal.

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.

Adequate oxygen will be kept within the hospital to accommodate the festive period and possible interruptions due to weather. 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. The rota for the festive period is shown in Appendix A.

6. Healthcare Science, Public Health and Allied Health Professions

Laboratory and Medical Imaging

Laboratory and Medical Imaging services will provide 24/7 cover over the festive period. The rota requirements to ensure there is appropriate cover during this period are shown in Appendix A.

Cardiac Physiology, Audiology, OT, Physiotherapy, Dietetics, SALT, Podiatry

All professions listed above offer planned care services and will have reduced opening times over the festive period. The rota requirements are shown in Appendix A.

Public Health

There will be the usual Public Health (health protection) support available 24/7 over the festive period. During normal working hours the Shetland Health Protection Team will be contactable via the Public Health Office ext 3340 or Montfield reception ext 3060 as usual. Competent person / consultant cover will be provided by the NHS Shetland Director of Public Health until 27th December, and by a locum Consultant from 30th December until 10th January. 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.

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

The Vaccination Team will run clinics for people who are eligible for autumn /winter vaccinations but still not been vaccinated, and for those still eligible for primary doses of COVID vaccination. Over the festive period there will be no planned vaccinations clinics but urgent vaccinations can be arranged by emailing the Vaccination Team on shet.vaccination@nhs.scot (e.g. COVID vaccination for a patient due to start on immunosuppressant therapy, or public health requested post exposure vaccinations).

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. The rota for the festive period is shown in Appendix A.

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 provide their day time operating hours and 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. The rota for the festive period is shown in Appendix A.

9. Surge Capacity Hospital Services

As a result of the ongoing system pressures we have put in place specific arrangements for the winter of 2024-25.

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 high dependency pathways.

Acute General Beds

Our core bed capacity for general acute service provision is 34 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 13).

As part of winter preparedness, we can increase our general bed capacity by 2-3 to support surge requirements. There is an infectious disease bay (three beds) to ensure we have a long term facility in place to support patients with an airborne infectious disease. Gender segregation may not always be possible.

Higher Dependency Care (level 2)

As part of our core capacity we have a 2-3¹ 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 respiratory 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.

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. Primary Care Emergency Centre (PCEC) presence in the ED at weekends and on PHs will be available. 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)².

Symptomatic patients who require admission to hospital will receive a PCR test and assumed to be a presumptive respiratory infection until a negative test is confirmed. Patients will be admitted to a side room or empty bay if their 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

Children will be assessed and if necessary admitted to hospital with RSV. The Consultant Pediatrician will provide support post admission, to help with treatment planning for children who do not meet the criteria for transfer to RACH. Similarly, the

¹ We can depending on the needs of the patients, support up to three HDU patients in the unit but that would be as part of an escalation plan rather than the usual operating/staffing arrangements

² Please note that the PCEC may not be open for between 4 and 8 hours depending on the date, it may be open for shorter periods of time, depending on staff availability

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 from November 2024 to January 2025 including shifts for the festive period and ongoing through the winter months. Safe care has been implemented in the Hospital setting and is being used to monitor real time staffing levels as part of the hospital huddle arrangements. Similar arrangements are in place for community nursing.

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 D.

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.

The data modelling from Public Health Scotland (PHS) sets out a number of scenarios so that we can understand the impact of demand on our system during winter.



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 (Acute and Community) will be contacted to consider options available, including calling a health and social care major alert and setting up contingency plans.

Patients who are ready for discharge may not have discharge medicines organised but 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 PDDs 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 Appendices B/C/E. The protocol for 2024, reflects the need to consider patient placement for clinical specialty and the requirement to consider the patient's respiratory status. An additional escalation plan to support decision making for patient placement has been developed and is shown in Appendix E.

In addition to this, if required, a critical care huddle will be instigated in the week before Christmas (following on from the morning Hospital huddle) to assess and understand patient acuity across the Hospital system and will form part of the risk assessment as to whether any services or elective activity needs to be stood down.

Waiting times monitoring meetings will take place on December 27th and January 3rd (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 ED breaches.

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. The Hospital at Home service is developing and the eligibility criteria for patients has been widened in 2024, so more people can receive early supported discharge via this pathway.

As a result of the development and extension of community based services over the last five years and the increased access to ambulatory care in the Hospital, we have seen a reduction in the length of stay for patients. 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).

We have higher numbers of people who are medically fit, but delayed in hospital through in 2024-25, compared with the target operating model. 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 markedly during winter months.

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 26th December and 1st and 2nd January 2024).

(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). 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

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. Calls OOHs will be triaged by Silver Command for Acute or Community Services.

Details for 2023 are shown below:

The IT service desk will be closed from **16:00 Friday 22th December (Today) to 8:30 Wednesday 3rd January**

During this period there will be limited support available on Wednesday 27th, Thursday 28th and Friday 29th December. If you require assistance on these days please use the online portal to log your incident (available via the NHS Intranet or via this link - [Log Support Call](#)). This will log your call instantly allowing us to provide you with support quickly. The usual email address will also work: shet.service-desk@nhs.scot. The

online portal or email are the most effective way to ensure your request is dealt with quickly.

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.

Staff will be able to access accommodation if needed during adverse weather. 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 meals from the vending machine³, 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. Staff who work in services which operate 24/7 should consider putting in place virtual rosters to facilitate 'sleeping in' as required. Heads of Service have been asked to include these arrangements in the business continuity plans (BCPs) for the relevant departments. The most recent national advice is shown in DL (2022)35⁴ 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 winter 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 is via the Facilities Manager. Keys are held at Gilbert Bain Reception. Silver Commander should be made aware if accommodation is required for situational awareness.

³ Staff will be provided with basic provisions e.g. tea, coffee etc and access to the emergency snack vending machine as required. Staff will need to report to Reception to access petty cash for the vending machine.

⁴ [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)35.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)35.pdf)

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 and non 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 associated with enhanced ICP standards and the provision of additional support to Care Homes, Support Services and Health Centers (Using Collaborative Care Home Support funding).

Capacity within the Health Protection Team has also been increased since the pandemic to manage increased workload including preparedness for and management of incidents and outbreaks.

Adequate IPC cover across the whole of the festive holiday period will be in place from the IPCT during working hours, with on call Microbiology /Infection Control Doctor input if required.

There is 24/ 7 Public Health cover over the whole festive period as usual, including an on call rota in place to provide health protection advice and management for incidents and outbreaks in the community and support for outbreaks in healthcare settings.

In Healthcare settings

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/ wards.

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

NHS Shetland follows Antimicrobial Resistance Healthcare Associated Infections (ARHAI) guidance in the National Infection Prevention & Control Manual (NIPCM).

- Chapter 3 “Healthcare Infection Incidents, Outbreaks and Data Exceedance” in the NIPCM is available via the hyperlink on the Infection Control Portal on the Intranet and provides all the necessary guidance to be followed.
- The Outbreak Folder also on the Infection Control Portal contains additional localized protocols and flowcharts for use in the management of an outbreak. These generic resources support the management of any infectious disease outbreak including COVID, Norovirus and influenza.
- The previous respiratory pathways have been discontinued with a move back to business as usual.

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 ARHA or other agencies that improve the management of such outbreaks.

There is a local Major Emergency Plan for the hospital and departmental business continuity plans which cover healthcare capacity

In Community settings

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.

There is now a specific version 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 Health Protection Team follows the current, national Public Health Scotland and Scottish Government guidance for management of covid, influenza, norovirus and other infectious diseases. National guidance has been shared with care homes, although updated flu and norovirus guidance for this year is still expected.

The Collaborative Care Home Support Team, chaired by the Director of Public Health has oversight of infection prevention and control activity in care homes, as well as the healthcare outcomes for residents.

Symptomatic Health and Care Staff

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 (as per NHS Inform guidance).

Surveillance

The Health Protection Team and the laboratory monitor local infectious disease notifications and lab reports, and act on exceedances over expected prevalence.

There is an interactive dashboard for Viral Respiratory Diseases (including Influenza and COVID-19) Surveillance in Scotland available here: [COVID-19 & Respiratory Surveillance](#)
This link will be circulated each week during the autumn / winter season in the weekly staff bulletin.

Management of Outbreaks

The response to any incidents and outbreaks within health settings will be led by the Infection Control Doctor (Microbiologist) and Infection Prevention & Control Team, supported by the Health Protection Team as required.

The response to incidents and outbreaks in social care settings and in the community will be led by the Health Protection Team supported by the IPCT for community care settings.

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 subsequently 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. 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 ARHAI. All incidents and outbreaks are recorded on the Health Protection Management System- HPzone.

The public will be informed about any visiting restrictions in health and care settings which might be recommended as a result of an outbreak.

Seasonal viral respiratory and GI infections prevention and control activity

- Autumn/winter vaccination programme- see Appendix G
- There is continuing local publicity to encourage the public to take precautions to prevent the spread of all winter infections including respiratory and norovirus.
- The Health Protection Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health.

Summary of local plans in place:

- A local Public Health Outbreak and Incident Plan, based on national guidance (NB new version being drafted)

- A Hospital Outbreak Plan
- Hospital Emergency Plan (NB new Major Incident Plan being drafted)
- 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

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. 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 given the expected winter pressures.

The Business Continuity and Resilience Officer is supporting Heads of Department to ensure BIAs and BCP are up to date. And there are two table top winter planning exercises are being run – one for acute settings and one for community settings to test BCPs.

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). The updated business community template has been circulated to Heads of Service for completion.

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. The Caring for People Plan must be invoked by the Director of Community Health & Social Care or depute, if required as part of a wider major incident or in response to a health and social care related escalation plan.

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

The Council has an Emergency Planning and Resilience duty rota in place and the on – call person can be contacted via the GBH switchboard if there is a major alert escalation and multi-agency response is required.

Mutual Staffing Support – unpredicted surge in demand or unexpected staff absence due to illness

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. If there is time to plan, then supplementary medical staffing would be considered.

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 an internal major alert planning level of escalation ie critical incident footing; which would facilitate the cancellation of leave for all staff required to support the emergency management plan. Daily briefings will be put in place leading up to the festive period and will continue if required for the first 4 weeks into 2025 if required.

In preparation for an enhanced winter pressures response across the organisation there will be plans in place to provide staff mutual aid across hospital and community nursing and between nursing and the care sector. Specific individuals within Community/Primary Care Nursing with specialist skills and relevant experience, will be identified to augment the theatre team to support the care of critically ill patients if needed, particularly if we see a rise in the number of patients with severe respiratory illness⁵. Identification of staff will be for BCPs only and they will not assigned to a virtual rota unless an actual risk is identified.

The Chief Nurse (Acute) and Chief Nurse (Community & Mental Health) will work together to determine where the greatest risks are in terms of safe staffing and how best to address this with the provision of mutual support e.g. in extremis, nurses who usually work in the acute sector supporting community nursing and vice versa.

These arrangements are reflected in the Care Assurance Framework to support the Care Home Resilience.

⁵ Any staff providing mutual support will remain employed by their host employer for salary and indemnity purposes. Any staff working in new and unfamiliar settings will be provided with appropriate induction. The host organisation will cross charge the organisation which received mutual support, retrospectively

Other than during the festive period, requests for mutual support should be made to the Executive Directors for the H&SCP and/or Acute & Specialist Services who will then contact Bank Coordinators to start a search for staff. Over the festive, 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 service partners, will undertake a publicity campaign regarding winter preparedness and the festive period. This will describe steps people can take to help themselves such as ensuring prescriptions are ordered in good time, and ensuring they have at home some over the counter remedies for common ailments. It will also explain the arrangements for accessing care over the festive period, with specific information for patients on how best to use out of hours services. It will include details on when it is appropriate to use emergency services and when and how to use NHS Inform or NHS 24. Our website, which includes information about access to services and health information will also be included in promotional materials.

Right Care Right Place information on our website:
<https://www.nhssheland.scot/right-care-right-place>

Publicity will include social media posts and a full-page advertisement in the Shetland Times the week prior to Christmas; press releases; information at health centres; dental clinics and community pharmacies. The link to the festive opening times is shown below: <https://www.nhssheland.scot/right-care-right-place/festive-arrangements>

Corporate social media posts on Facebook and Twitter will be focussed on winter messaging with particular emphasis during the festive season over Christmas and New Year.

Local public health messages are also given out through the media and the Healthy Shetland social media account. In addition to this, NHS24 will contract with the local press and media to run a pre-festive publicity campaign.

17 Human Resources & Support Services

HR Team

Office closed Public Holidays.

Occupational Health

No planned clinics but someone will be available following weekends/PH for any needle stick injury follow up as required.

Learning and Development

Closed for Public Holidays.

Information Governance

Closed for Public Holidays.

Information

Closed for Public Holidays.

Health and Safety

Closed for Public Holidays.

Appendix A

Roster programme for the festive period 2024-25

Shetland non OOH Co-operative – 3 practices – 2,680 patients

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 2024	Wednesday (PH)		
December 26 th 2024	Thursday (PH)		
December 27 th 2024	Friday (normal working day)		
December 28 th 2024	Saturday (weekend)		
December 29 th 2024	Sunday (weekend)		
January 1 st 2025	Wednesday (PH)		
January 2 nd 2025	Thursday (PH)		

Shetland Out of Hours Co-operative Area – 7 practices – 19,570 patients

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 2024	Wednesday (PH)	Practices closed, call NHS24	Clinician on call 0800-0800
December 26 th 2024	Thursday (PH)	Practices closed, call NHS24 PCEC clinic in place 1000-1600	Clinician on call 0800-0800

December 27 th 2024	Friday (normal working day)	Practices open as normal	Clinician on call 1730-0800
December 28 th 2024	Saturday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800
December 29 th 2024	Sunday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800
January 1 st 2025	Wednesday (PH)	Practices closed, call NHS24	Clinician on call 0800-0800
January 2 nd 2025	Thursday (PH)	Practices closed, call NHS24 PCEC clinic in place 1000-1400	Clinician on call 0800-0800

Patient Transport & Ambulance Services

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 25 th 2024	Wednesday (PH)			
December 26 th 2024	Thursday (PH)			
December 27 th 2024	Friday (normal working day)			
December 28 th 2024	Saturday (weekend)			
December 29 th 2024	Sunday (weekend)			
January 1 st 2025	Wednesday (PH)			
January 2 nd 2025	Thursday (PH)			

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

Dental Services

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

25/12	26/12	27/12	28/12	29/12	01/01	02/01

**Emergency On-Call Phone – 07827 283762
(direct dial – NOT FOR PATIENT USE)**

Pharmacy Services

Date	Day	Hospital Provision	Community Provision
December 25 th 2024	Wednesday (PH)		
December 26 th 2024	Thursday (PH)		
December 27 th 2024	Friday (normal working day)		
December 28 th 2024	Saturday (weekend)		
December 29 th 2024	Sunday (weekend)		
January 1 st 2025	Wednesday (PH)		
January 2 nd 2025	Thursday (PH)		

Diagnostic Services

Date	Day	Medical Imaging	Labs	Audiology	Physiological Measurements
December 25 th 2024	Wednesday (PH)	On-call XR/CT only	On-Call Only	Closed	Closed
December 26 th 2024	Thursday (PH)	On-call XR/CT only	On-Call Only	Closed	Closed
December 27 th 2024	Friday (normal working day)	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call	Answering phone messages only NO REPAIRS SERVICE	
December 28 th 2024	Saturday (weekend)	On-call XR/CT only	On-Call Only	Closed	Closed
December 29 th 2024	Sunday (weekend)	On-call XR/CT only	On-Call Only	Closed	Closed
December 30 th 2024	Monday	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call	Answering phone messages only NO REPAIRS SERVICE	
December 31 st 2024	Tuesday	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call	Answering phone messages only NO REPAIRS SERVICE	
January 1 st 2025	Wednesday (PH)	On-call XR/CT only	On-Call Only	Closed	Closed
January 2 nd 2025	Thursday (PH)	On-call XR/CT only	On-Call Only	Closed	Closed

Podiatry Services – Service Provision & Staffing Levels

DATE	DAY	STAFFING
December 25 th 2024	Wednesday (PH)	
December 26 th 2024	Thursday (PH)	
December 27 th 2024	Friday (normal working day)	
December 28 th 2024	Saturday (weekend)	
December 29 th 2024	Sunday (weekend)	
January 1 st 2025	Wednesday (PH)	
January 2 nd 2025	Thursday (PH)	

Prior to this period, those patients who are assessed as requiring ongoing treatment over the festive period will be allocated appointments onto days when staff are in and working.

Community nursing will be contacted for other patients who require dressings on days when there is no Podiatry service.

A number of appointment slots will remain un-booked to allow for emergencies on 28th, 29th 30th, 4th, 5th and 6th.

Dietetic Services – Service Provision & Staffing Levels

Date	Day	Hospital DT	Community DT
December 25 th 2024	Wednesday (PH)		
December 26 th 2024	Thursday (PH)		
December 27 th 2024	Friday (normal working day)		
December 28 th 2024	Saturday (weekend)		
December 29 th 2024	Sunday (weekend)		
January 1 st 2025	Wednesday (PH)		
January 2 nd 2025	Thursday (PH)		

Occupational Therapy Services – Service Provision & Staffing Levels

Acute Occupational Therapy Services as below

DATE	DAY	STAFF AVAILABLE
December 25 th 2024	Wednesday (PH)	
December 26 th 2024	Thursday (PH)	
December 27 th 2024	Friday (normal working day)	
December 28 th 2024	Saturday (weekend)	
December 29 th 2024	Sunday (weekend)	
January 1 st 2025	Wednesday (PH)	
January 2 nd 2025	Thursday (PH)	

Physiotherapy Services – Service Provision & Staffing Levels

DATE	DAY	STAFF AVAILABLE
December 25 th 2024	Wednesday (PH)	
December 26 th 2024	Thursday (PH)	
December 27 th 2024	Friday (normal working day)	
December 28 th 2024	Saturday (weekend)	
December 29 th 2024	Sunday (weekend)	
January 1 st 2025	Wednesday (PH)	
January 2 nd 2025	Thursday (PH)	

Prior to this period, those patients who are assessed as requiring ongoing treatment over the festive period will be allocated appointments onto days when staff are in and working.

Urgent slots will be available as usual on these dates 28th, 29th 30th, 4th, 5th and 6th.

Community physiotherapy will be provided on a needs based assessment however there will be a reduced service to enable ward cover but all essential visits and contacts will be made.

Speech and Language Therapy – Service Provision & Staffing Levels

DATE	DAY	STAFF AVAILABLE
December 25 th 2024	Wednesday (PH)	
December 26 th 2024	Thursday (PH)	
December 27 th 2024	Friday (normal working day)	
December 28 th 2024	Saturday (weekend)	
December 29 th 2024	Sunday (weekend)	
January 1 st 2025	Wednesday (PH)	
January 2 nd 2025	Thursday (PH)	

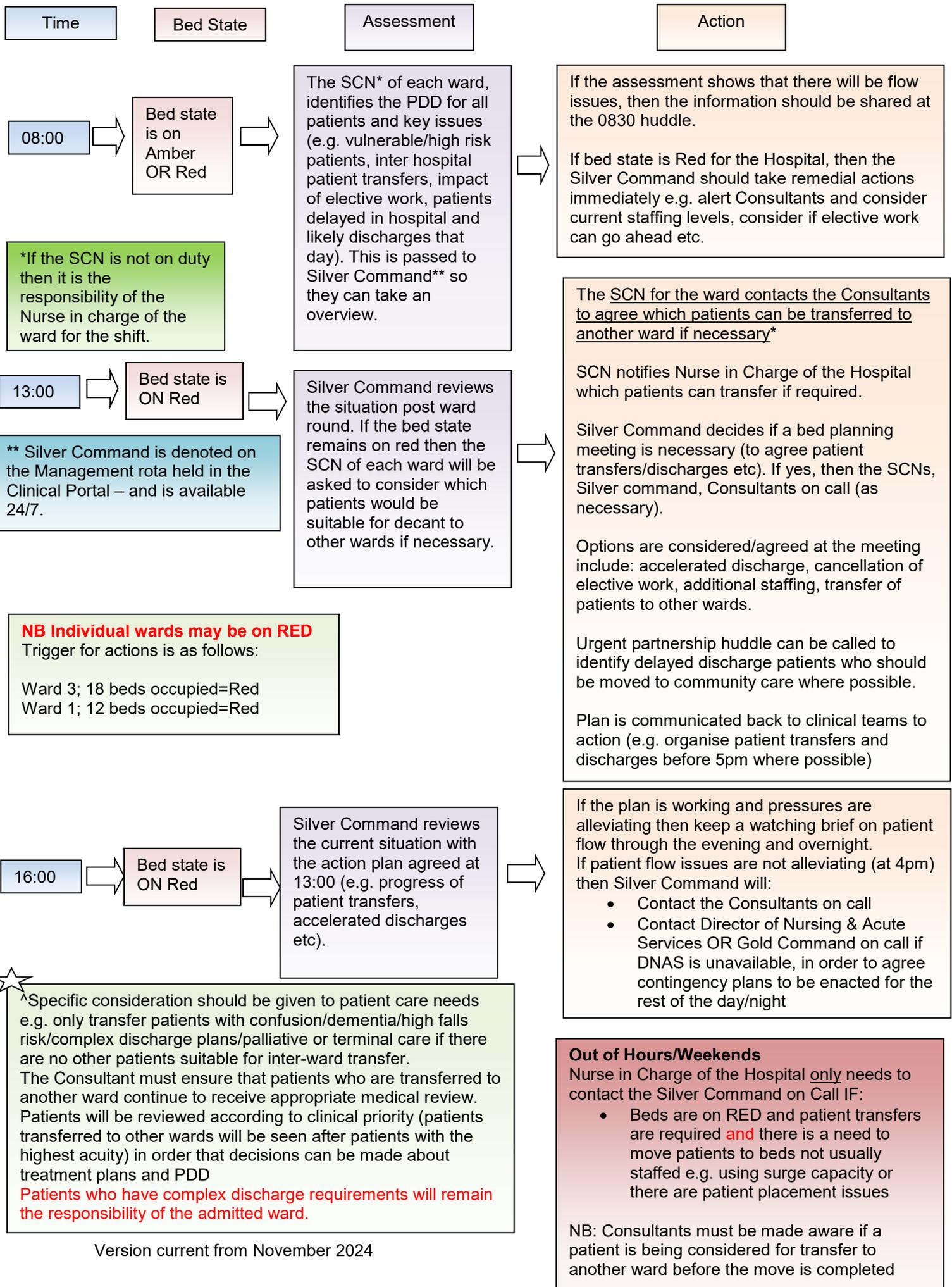
Facilities

Date	Day	Daytime Provision	OOHs Provision
December 25 th 2024	Wednesday (PH)		
December 26 th 2024	Thursday (PH)		
December 27 th 2024	Friday (normal working day)		
December 28 th 2024	Saturday (weekend)		
December 29 th 2024	Sunday (weekend)		
January 1 st 2025	Wednesday (PH)		
January 2 nd 2025	Thursday (PH)		

Community Psychiatric Nurses (CPNs)

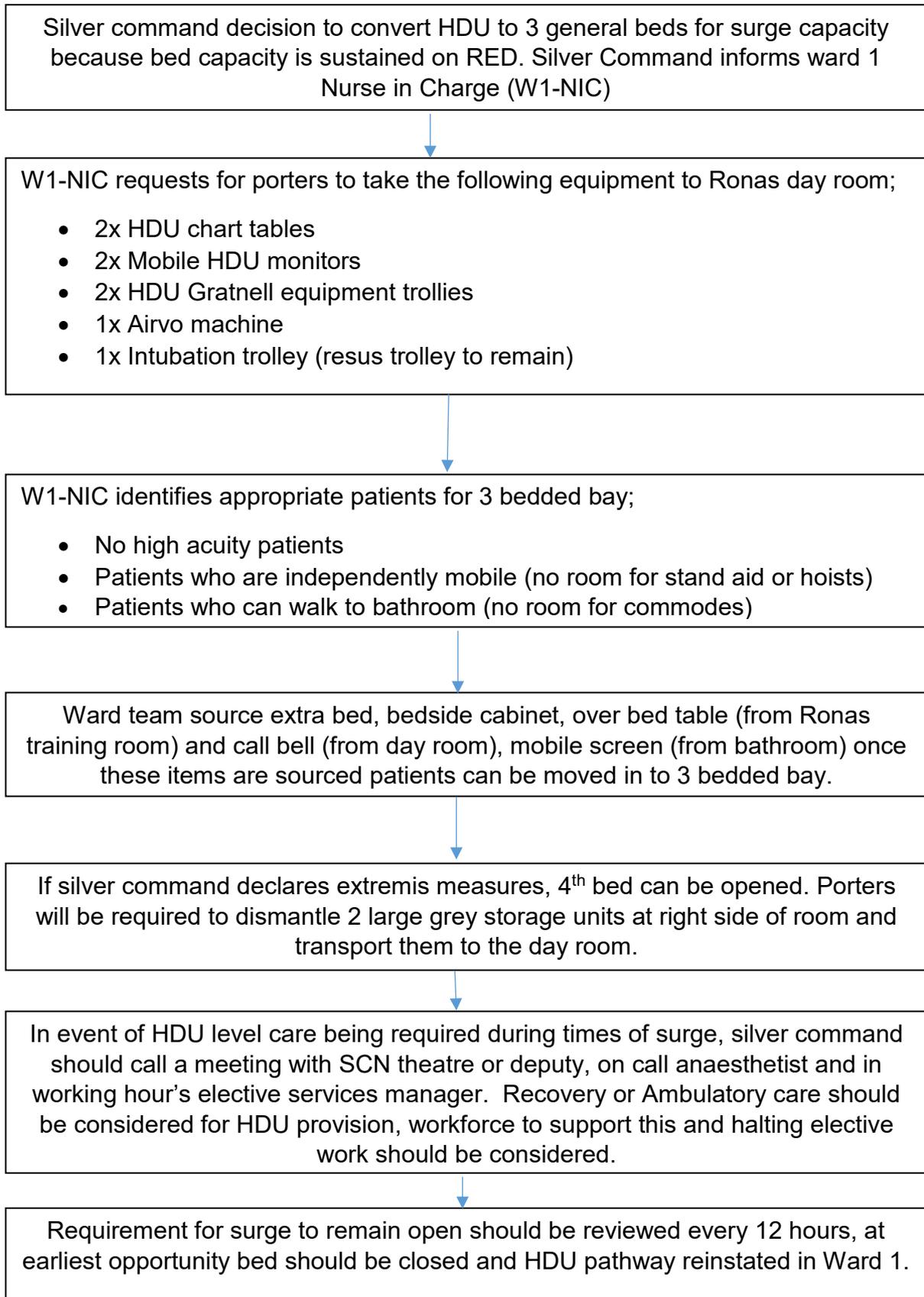
Date	Day	Daytime Provision	OOHs Provision
December 25 th 2024	Wednesday (PH)		
December 26 th 2024	Thursday (PH)		
December 27 th 2024	Friday (normal working day)		
December 28 th 2024	Saturday (weekend)		
December 29 th 2024	Sunday (weekend)		
January 1 st 2025	Wednesday (PH)		
January 2 nd 2025	Thursday (PH)		

Appendix B Patient Flow Escalation Plan (Acute Directorate) – NHS Shetland

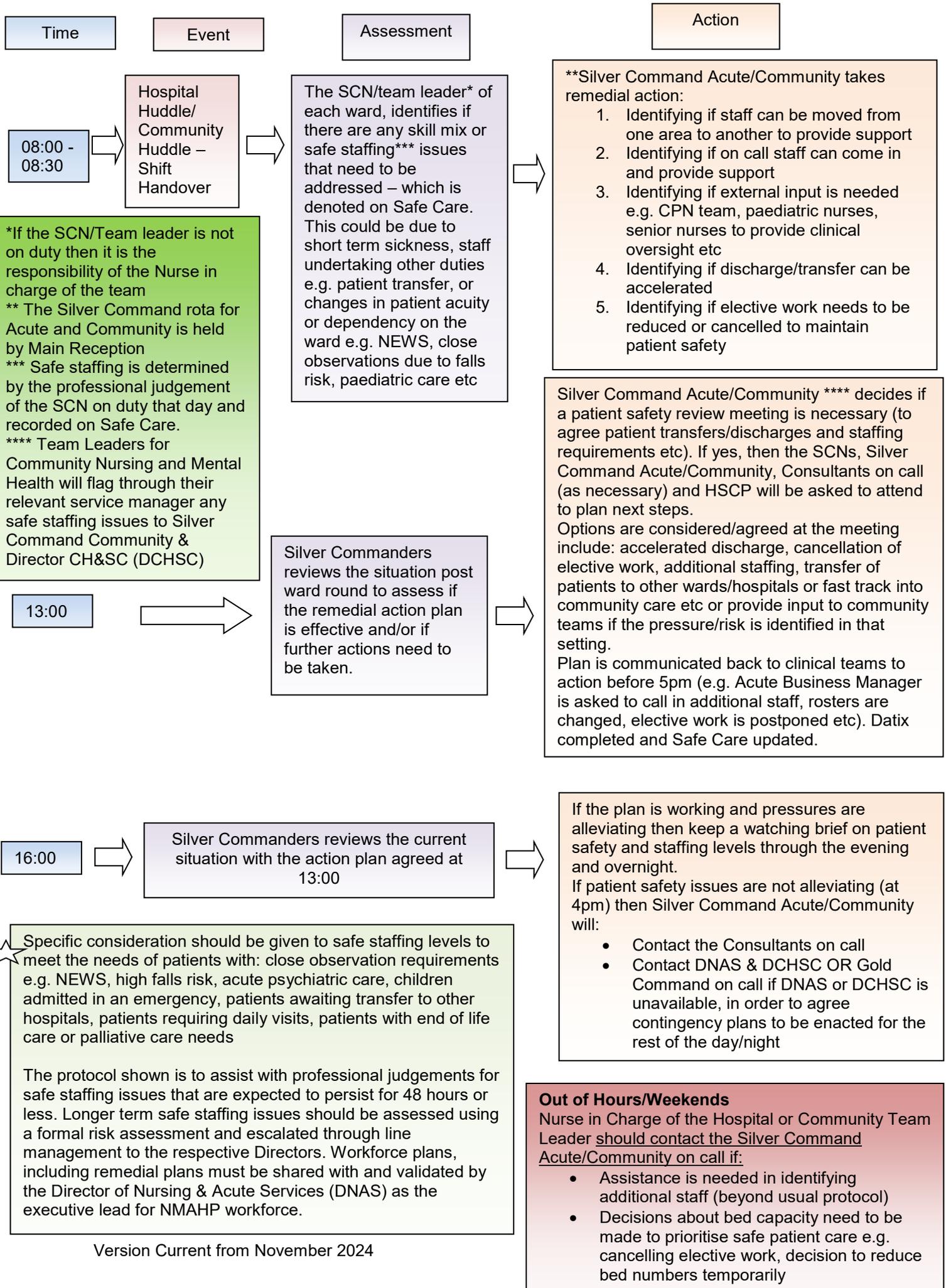


Appendix C, Flow Chart

Surge plan to create 1-2 additional acute beds, Gilbert Bain Hospital



Appendix D Safe Staffing Escalation Plan – NHS Shetland



Appendix E – Patient Placement Plan 2024

Patient Placement for Emergency Admissions with Respiratory Symptoms

Patients with respiratory symptoms should be isolated until a negative PCR result is obtained, labs only need to run this “out of hours” where this result needs to be known for safe patient placement e.g. bed shortages

Predicted date of Discharge (PDD) to be recorded in Track on admission to ward.

Admit surgical patients to Wd 1. Patients requiring isolation should be admitted to side rooms. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

Admit medical patients to Wd 3. Patients requiring isolation should be admitted to side rooms - preferred Side Rooms 6/3/4. If a side room is not available, patient can be placed in an empty bay. Only confirmed positive cases can be cohorted together.

If Wd 1 is full, then start to admit into Wd 3 beds. Inform Silver Command and follow the bed escalation plan.
Organise Senior MDT review of elective surgery for next 24 hrs.

If Wd 3 is full, then start to admit into Wd 1 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. Silver Command (H&SCP) will be alerted as fast track discharges may be needed.

If Wd 1 and Wd 3 are both full then 1-2 extra beds can be placed in HDU. Additional staff may be required dependent on existing patient acuity.
Inform 1st on call for Theatres that HDU cases will need to be managed in Recovery. 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.

Patient Placement Advice for the Respiratory Pathway

Side rooms should always be used for placement of patients with respiratory symptoms or where NIV is required, when possible.

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

Suspected cases **cannot be cohorted together**

Appendix F - Winter Transport Plan for NHS Shetland

Purpose:

The Winter Transport Plan has been developed to ensure the timely and efficient transport of patients, staff, and critical medical supplies during adverse weather conditions in Shetland. This transport plan prioritises safety, timely care, and robust coordination to ensure NHS Shetland’s resilience during winter disruptions. It is presented in the following sections:

Contents

1. Preparation.....	1
2. Escalation.....	3
3. Operational Response.....	5
4. Post-Event Review.....	8

1. Preparation

1.1. Risk Assessment

Effective adverse weather risk assessment should be conducted by all service leads as part of business continuity planning. It aims to:

- Identify key transport routes vulnerable to snow, ice, flooding or landslides;
- Assess alternative routes and transport methods, including air and sea options;
- Gather weather information from the Met Office Hazard Manager which is available to all NHS staff and details emerging weather-related risk and timescales. [Log in - Met Office Services](#);
- Assess impact on planned activities of any likely disruption

A number of sources of information are available to support the evaluation of emerging risk and support decision making:

a. Roads

The Winter Gritting Map listed on the SIC webpage ([Winter roads treatment](#)) provides a breakdown of gritting coverage through Shetland.

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.

The [Roads Weather Stations](#) link contains data from road weather monitoring stations throughout Shetland, the data shown provides an indication of typical

conditions at that weather station only. These are situated at Gulberwick, Sandness, Toft and Unst.

Up-to-date information regarding roads conditions can be obtained from Shetland Islands Council Roads Inspector (01595 744109). Where there is widespread disruption information will be disseminated to staff via Corporate Communications.

b. Ferries

SIC Ferries status can be ascertained via the following link [Ferry Status](#).

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

To receive email or SMS updates, email the following address -

ferries.admin@shetland.gov.uk

c. Flights

Shetland is served for lifeline passenger flights via Sumburgh Airport in the South Mainland of Shetland.

The terminal opening hours are;

Monday - Friday 06:30 - 20:15

Saturday 06:30 - 16:15

Sunday 10:15 - 20:15

Live airport information can be located at;

[Airport Information for Sumburgh Airport – About us - Highlands and Islands Airports Limited](#)

1.2. Equipment and Vehicles

- Ensure all NHS vehicles are sufficiently winterised with the necessary equipment.
- Ensure staff have appropriate clothing.
- Ensure winter fuel supplies for buildings with generators.

Appendix G details a Winter Safety Checklist for Primary Care locations and can be used for risk mitigation by managers.

1.3. Staff Preparedness

- Ensure that staff have access to a Winter Driving Checklist (Appendix Fi).

- Ensure that staff are willing and able to drive 4x4 vehicles if these are supplied.
- Ensure essential staff have alternative accommodations near key facilities, if travel is restricted

2. Escalation

2.1. Trigger for Escalation

When a Yellow, Amber or Red Weather Warning is issued by the Met Office, Gold Command should consider instructing the following BEFORE the weather causes significant disruption to services;

- Convene an adverse weather meeting with the Gold Commander, Director of HSCP, Primary Care Manager, Chief Nurse (Community), Silver Command (Acute & Community) and Maintenance Manager using the indicative agenda:
 - Assess planned activities against the Yellow, Amber or Red Weather Warnings and projected impact to transport, buildings and infrastructure and what steps require to be taken in order to protect the transportation of staff, supplies, medicines and samples.
 - 4x4 Checklist (Section 2.2 below)
 - Prepare to invoke [NHS SCOTLAND: INTERIM NATIONAL ARRANGEMENTS FOR ADVERSE WEATHER \(DL \(2022\)35\[1\]\)](#) and circulate to staff via appropriate internal communications (Section 3).
 - Prepare for the formation of a Transport and Logistics Hub (section 3.3)
 - Stakeholder coordination: Establish communication channels for real-time updates on road, sea, and air conditions via any of the Category 1 or Category 2 agencies listed (section 2.3).
- Consult with the Executive Management Team to discuss the emerging weather risk, its location and the necessary next steps.

2.2. 4x4 vehicle checklist

Bolts Care Hire provide car hire for NHS Shetland and hold vehicles at two locations – Virkie and Grantfield, Lerwick. They have a large inventory of 4x4 vehicles but this is dynamic due to market demand. Consequently, proactive steps may be required to secure the necessary resources.

During the initial Adverse Weather meeting action the following checklist can be utilised;

- How many 4x4 vehicles are required and for what services?
- At what location will they be required?
- Estimate how long the hire will last.
- Contact Bolts ahead of the Adverse Weather and ascertain 4x4 levels available at that point and during the period of adverse weather.

- Ascertain from Bolts what the likely demand will be from other agencies and whether they can 'ring fence' vehicles.
- Decide whether to hire vehicles ahead of the adverse weather to secure the resource, if appears that there will be limited access to 4x4s.

2.3. Stakeholder Coordination

- Collaborate with Shetland Islands Council, emergency services, and transport providers (SIC Roads and Ferries can be consulted via SIC Emergency Planning or via the Shetland Emergency Planning Forum Contact Numbers listed below). The level of coordination is dependent on the scale on the disruption i.e. Gold, Silver or Bronze level.
- Establish communication channels for real-time updates on road, sea, and air conditions via any of the Category 1 or Category 2 agencies listed below. These can be used depending on the nature and scale of disruption.

Agency		Tel. Number
Police, Fire, Ambulance, HM Coastguard	Emergencies Only	999
Police	Non Emergency	101
Fire	Non Emergency (Office Hours) (Out of Hours)	01595 695233 01382 835804
Ambulance	Non Emergency (not 24hr)	01595 695344
HM Coastguard	Non Emergency	01595 692976
Road Hazards / Winter Gritting Out of hours	Office Hours Duty Roads Inspector	01595 744866 07795 400697
Building Services	Office Hours Out of Hours	01595 744183 01595 744150
Housing	Repairs (Out of Hours) Homeless (Out of Hours)	01595 693972 01595 695611
Social Work – Community Care	Office Hours	01595 744400
Childrens' Services (including children's social work)	Office Hours	01595 744000
Out of Hours Social Work (children and adults - via GBH)	Out of Hours	01595 695611
Ferries	Emergencies Only	Via HM Coastguard
Resilience Advisor (Ian Taylor)	Work Mobile	01595 744740 07831 306124

	Home	01806 588 211
SIC, Communications (Carol Anderson)	Work Mobile Home	01595 744258 07747 108795 01595 810873
NHS Shetland	GBH Reception	01595 743000
Scottish & Southern Electricity Networks	Emergency	105
Scottish Environment Protection Agency (SEPA)	24hr	0800 807060
Scottish Water	24hr	0800 0778778
British Red Cross	Office Hours Out of Hours Emergency Response	01595 695498 07599 740475 0300 0230700

3. Operational Response

3.1. Patient Transport

- Critical Patients: Use ambulance or Coastguard 4x4 vehicles for emergencies. Collaborate with the coastguard for sea-based transport if required.
- Routine Appointments: Reschedule non-urgent appointments if transport is unsafe. Utilise virtual consultations for routine and follow-up care.
- Dialysis and Regular Care: Prioritise patients requiring ongoing treatment; deploy specialised transport and escalate via Silver Command (Acute) to organise this. Consider referring to Transport and Logistics Hub.

3.2. Staff Transport

- Establish temporary accommodation at or near healthcare facilities.
- Shuttle services for essential staff will be provided using sourced 4x4 vehicles and coordinated via the T&L Hub.
- Safe transportation of key staff to other healthcare facilities i.e. GPs to Health Centres, can be coordinated by the T&L Hub.

3.3. Transport and Logistics Hub

The purpose of the Transport and Logistics Hub is to:

- coordinate the transport of staff to key locations throughout Shetland.
- coordinate 4x4 resources and triage transport requests around critical services;
- combine journeys to lessen risk and increase effectiveness of coordination;
- maintain the local supply chain of medicines, samples and non-PTS patients.

The hub will do this by:

- gathering information from within NHS Shetland and in particular Silver Command (Community and Acute), Primary Care, Community Nursing, Pharmacy and Estates;
- pass information and need to decision makers at the Gold and Silver Command levels and allocate resources at the tactical level;

The T&L Hub has the following people resource available depending on the nature of the incident and the membership is to be decided by Gold Command in conjunction with Silver Command.

- NHS Shetland Resilience Officer
- NHS Shetland Planning and Performance team
- NHS Public Health Business Manager/Admin and HSCP Admin
- Silver Command Acute/Community
- Maintenance Manager or Portering Supervisor

The T&L Hub will be stood up as required by Gold Command, the Hub will then make contact with all Silver Command to establish lines of communication.

If the weather-related incident escalates into a Major Incident, rather than an NHS business continuity episode, the Transport and Logistics Hub may be combined with Category 1 and 2 transport partners into a larger logistics Hub. This can be activated by the Director of the HSCP when activating Care for People arrangements.

3.4. Communication

The following messaging can be considered when invoking any adverse weather contingencies to ensure timeous messaging.

For attention of joint silver command:

EMT is invoking the bad weather contingencies procedures in the Winter Plan. An all user email will be sent shortly.

1) Take a business continuity footing and assess if services and functions need to be reduced or limited for the next (specify time period).

2) If WFH is an option use it.

3) Risk assess any journeys and whether there are alternative means of achieving the same. If you work in a service that provides 24/7 cover, then discuss with your manager if sleeping in should be considered/is required.

4) Look ahead and plan what appointments and activities are required for the next few days of adverse weather.

5) Check the weather updates regularly – if you are encountering any difficulties in providing safe staffing levels, please escalate early. Details on transport and weather updates can be found in the attachment.

For the attention of all staff:

Sent on behalf of the Executive Management Team;

In light of the adverse weather conditions forecast over the next (specify time period), we have taken the decision to invoke the bad weather contingencies procedures in the Winter Plan. This will be reviewed daily.

The most recent national advice shown in DL (2022)35[1] is found on the Scottish Government website: NHS Scotland: Interim National Arrangements for Adverse Weather: [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)35.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)35.pdf)

Managers are being asked to take business continuity footing and assess if services and functions need to be reduced or limited for the next 48 hours, should it prove necessary, liaising with Silver Command (Acute and Community) and escalating any issues accordingly.

Staff who do need to travel to a specific work base are asked to prepare carefully for that journey and review the live updates from Shetland Islands Council and Police Scotland. Links to helpful resources are included in the attachment, along with winter roads driving advice.

Any additional spend associated with invoking the bad weather contingencies should be attributed to the following job code: ZWINTER.

If you have any questions or safety issue concerns please direct these through line management in the first instance. Line managers will escalate issues to Silver Command as required (acute or community) in line with the information in the attached document.

Please take care and thank you for your flexibility and support in delivering care to patients in the hospital and the community during this period of wintery weather.

3.5. Ongoing Management

- Consider ongoing Adverse Weather Meetings on Teams, or in-person, to monitor weather conditions, road closures, and transport options while balancing greater strategic considerations.
- Issue alerts to staff and patients via SMS, email, and social media.
- Maintain regular updates with Shetland Islands Council, transport operators, and emergency services to assess whether Shetland Emergency Planning Forum requires to be activated.

- Use community-based radio and social media to share information with the public and co-ordinate public communications with SIC Comms.

4. Post-Event Review

4.1. Debrief

- Conduct a full review of transport operations after major weather events.
- Identify lessons learned and integrate improvements into the plan.
- Involve Clinical Governance in fully updating and scoping the adverse weather risk.

4.2. Reporting

- Prepare a summary report detailing challenges, successes, and areas for improvement. Share findings with all stakeholders.

Winter Safety Checklist



As we head into the winter and with colder weather approaching now is the time to plan ahead to ensure your department is prepared for the probability of bad weather at some point during the winter.

Most slips, trips and falls occur in wet or contaminated conditions, so needless to say the risk increases significantly at this time of year.

We recommend you undertake a winter risk assessment to identify hazards that might affect your employees and others.

The following checklist provides you with a brief snapshot of sensible winter practices. Taking a few minutes to review your winter health and safety practices will help identify whether you are doing everything you should be to keep staff safe.

Checklist completed by:

PRINT NAME

SIGNATURE

Building name:

Date Completed:

Area		Yes	No	N/A
Building and external Areas including Working outside	Appropriate security in place e.g. staff members have keys to access building, doors and windows close securely			
	Plan for clearing away slippery leaves			
	Visual check of gutters and downpipes – are they are clear and not dripping?			
	Do you have warning signs in place for possible slip/trip/fall hazards			
	Is there a plan for snow clearance of premises/paths			
	Ensure you have adequate supplies of salt/grit or suitable alternative arrangements in place. Consider putting together a gritting plan and clearly identify key areas that need to be kept clear and prioritise these. This might include access to car parks, footpaths, access to main doors, bin stores, outbuildings and emergency exits			
	Are rubbish bins secured to prevent blowing over in strong winds and away from building			
	Are handrails in safe useable condition			
	Is outside lighting adequate and working in all areas			
	Can staff access a warm area during breaks			
Ensure that you (your staff) have the right personal protective equipment and it is appropriate for the conditions.				

Winter Safety Checklist



Area		Yes	No	N/A
Office	Plan where possible for alternative ways of working, for example staff may be able to work from home or an alternative office. Check with IT that remote connections are working			
	Adequate heating and ventilation in place			
Driving / company vehicles	Check tyre treads and pressure. To check tyre treads quickly, all you need is a 20p coin. Take the coin and insert it into the tread grooves on your tyre. If, when you have inserted the coin, you cannot see the outer band of the coin, this indicates that your tyre is above the legal limit of 1.6mm			
	Oil, water, screen wash, brake fluid topped up			
	Check vehicles are serviced and have current MOT (where applicable)			
	Emergency supplies kit in the boot – including first aid kit, torch, full water bottle, blankets, hazard triangles, coats, hats, gloves, emergency contact numbers, non-perishable snacks			
	Emergency plan in place in case car gets trapped or breaks down in snow e.g. do you have contact numbers for car retrieval easily to hand, do your staff know who to contact if you are on leave?			
General	First aid kit available and appropriately stocked			
	All Risk Assessments reviewed and up to date			
	Adverse weather plans in place if roads are closed, phone lines go down etc.			
	Ensure there a risk assessment for lone working (where applicable)			
	Check that the back-up generator is working and has fuel			
BCP	Ensure your BCP is up to date with staff contact details			

Comments, observations and any actions taken

Appendix G

The Autumn/Winter (Seasonal Flu and Covid) vaccination programmes 2024-25

Since 1st April 2022 we have had a dedicated vaccination team to deliver adult flu, covid, pneumococcal and shingles vaccination programmes, with Respiratory Syncytial Virus (RSV) vaccine for adults added in 2024; along with ad hoc vaccines and to support other services with their vaccination programmes. It is managed through the Public Health Directorate and supplemented by community and primary care nursing teams and bank staff (for this seasonal programme).

School Nursing / Child Health delivers the school based flu programme and Occupational Health works with the Vaccination Team to deliver the staff vaccination programme. There is also a small team of staff scheduling appointments at the Vaccination Centre and other clinics, and administering the programme as a whole, supported by the primary care administration team and practices. The programme is also supported by significant staffing capacity from Public Health, Pharmacy, Maternity 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.

The autumn / winter flu and covid programme commenced at the beginning of September and will run until 20th December. However there will be further catch up activity from the beginning of January continuing until the end of the covid programme on 31st January 2025 and the flu programme on 31st March 2025.

There has been considerable local public communications (social media local media, and via local businesses and organisations) for both the covid and flu vaccination programmes, led by the communication team and vaccination teams. This will continue until the end of the vaccination programme

Eligible Groups 2024-25

The following groups are being offered seasonal flu and covid booster vaccination:

- People living or working in a care home for older adults
- People aged 65 and over
- Children and adults aged 6 months and over [with an eligible health condition](#)
- Pregnant women
- Frontline health and social care workers

Co-administration of flu and covid vaccines is done wherever possible.

The following groups are being offered just seasonal flu vaccination:

- People aged 18 to 64 with [an eligible health condition](#)
- Anyone living with someone who has a weakened immune system
- Unpaid or young carers
- Non-frontline NHS workers
- Poultry workers

- Asylum seekers living in a home office hotel or B&B accommodation
- People experiencing homelessness or substance misuse
- People living in a Scottish prison
- People living in long-stay residential care home or other long stay care facility

Venues and scheduling

This season, we have moved towards issuing more appointments and prompts via national letter rather than individual phone calls. People who receive a prompt letter can book an appointment via the national booking portal or by contacting the vaccination (admin) team, occupational health or their health centre. Individual health centres also invite their patients by phone and local publicity.

Clinics are being / have been held for adults in the following settings:

- The Grantfield Vaccination Centre -Lerwick residents and people from other areas, health and social care staff (no appointment needed for staff).
- Unst, Yell and Whalsay and Hillswick Health Centres and non-doctor island clinics – all registered patients
- Levenwick, Scalloway, Bixter, Walls, Brae Health Centres - all over 75s and some other adults
- Care Centres -residents and staff
- Community settings –Bixter Hall, Sandwick Social Club, Brae Hall, Bressay Hub – primary those aged 65-74 from these areas, all residents in Bressay.
- Occupational Health –health and social care staff
- Gilbert Bain Hospital – NHS staff, eligible in-patients, clinics for high risk patients, patients needing non mRNA vaccine, pregnant women in antenatal clinics.

Children are offered flu vaccine in school or at their GP practice; and covid vaccine at dedicated clinics in the Vaccination Centre .

In addition:

- Housebound people have been offered vaccination in their own home
- The vaccination team has worked with the Learning Disabilities nurse to offer appointments in the most appropriate setting for individuals.
- If people walk in to the vaccination clinic with no appointment, they will still be seen if eligible for vaccination but may have to wait.

Uptake Rates

All covid vaccinations and flu vaccinations are recorded on the Vaccination Management Tool which feeds into EMIS. Uptake is monitored weekly through national dashboards, Scottish Government flash reports and locally collected data

Uptake rates are available here: [PHS Vaccination Surveillance \(shinyapps.io\)](https://shinyapps.io/PHS-Vaccination-Surveillance/)

By 24th November 39.2% of all those eligible for covid vaccination in Shetland had been vaccinated. This is much less than last year (61.4%) but more than the Scottish overall uptake (32.8%) And 41.7% of all adults eligible for flu had been vaccinated, again lower than last year (54.6%) but higher than the Scottish figure (36.1%).

For staff, only 36.5% of NHS staff have had flu vaccination so far this year (but much higher than Scottish average of 24.6%) and just 15.4% of frontline social care workers (Scotland 10.3%). The covid uptakes are lower but JCVI no longer recommends covid for staff anyway. 27.8% frontline healthcare staff (Scotland 15.9%) and 12% of Social care workers (Scotland 7%)

For children aged 2-18, the flu uptake is much higher at 56.7% (Scotland 42.2%).