



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

Table of Contents

Chapter Number	Chapter Name	Page Number
1	Introduction	3
2	Primary Care Services & Community Nursing	3
3	Patient Transport & Ambulance Services	4
4	Dental Services	5
5	Pharmacy Services	5
6	Healthcare Science, AHPs & Public Health	6
7	Facilities	7
8	Community Mental Health Services	7
9	Surge Capacity Hospital Services	7
10	Community Care Services	11
11	Access to Clinical Information	13
12/14	Bad Weather Contingencies/Disaster Recovery Plans	14/18
13	Preparation/Implementation of Outbreak Control Measures	15
15/16	Escalation Procedures/Management Control/Publicity	18/20
17	Human Resources & Support Services	20
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	

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 0830-1700hrs, with an on call service overnight from 1700-0830hrs 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 via NHS 24 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 December 25th. Boots will be open from 1300-1600 on 26th December, with opening hours returning to normal for all of the community pharmacies from 27th through to 31st December. All community pharmacies will again be closed on 1st Jan and Laings will open from 1300-1600 on 2nd Jan. From 3rd Jan onwards all pharmacies will again 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-26h December and 1st-2rd January but open with reduced staffing on the 27th December and 3rd 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.

Oxygen supplies in the hospital

Adequate oxygen will be kept within the hospital to accommodate the festive period and possible interruptions due to weather.

Oxygen supplies for people living at home

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. The first point of contact for oxygen enquiries in the community is Dolby-Vivisol on 0800 833531.

If staff receive calls about oxygen please advise patients or their relatives/carers to make contact with Dolby on 0800 833531

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 the provision in place of 1 RMN and 1 Consultant Psychiatrist who will support any crisis and emergency presentations that require specialist assessment and would be under the remit of Adult Mental Health during public holiday period.

The team provides normal working hours on week days out with PH. If onward transfer is required to an inpatient services in NHS Grampian, the Head of Service should be contacted as a means of escalation and to support any planning and additional staffing requests.

The on call rotas and Head of Service contact are held at GBH reception. NHS24 Mental Health Hub provides triage and appropriate onward referral for any person who requires RMN contact during OOH and PH periods. 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 Paediatrician 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.



WSM Shetland WP
Model Outputs Upd

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 ARHAI 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.