

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	16 December 2025
Agenda reference:	Board Paper 2025/26/44
Title:	Winter Plan 2025-26 DRAFT
Responsible Executive/Non-Executive:	Dr Susan Laidlaw (Director of Public Health)
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1 Purpose

This is presented to the Board for:

- Discussion
- 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 ambitions:

- Safe
- Effective
- Person-centred

2 Report summary

2.1 Situation

The Winter Plan 2025-26 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 NHS Shetland and Health and Social Care Partnership. It will be presented to the Board and the Integration Joint Board (IJB) for approval.

There has been no national readiness checklist or return this year, though an interim draft version of the plan was shared with national colleagues for awareness and no feedback was received.

This is a dynamic plan and is subject to change. The Appendices may be further updated following winter planning testing workshops.

2.2 Background

The Scottish Government requires 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. There has not been the same direction or guidance from Scottish Government this year, though there was a requirement to provide assurance local winter planning was under way. The NHS Shetland and Shetland HSCP Winter Plan seeks to meet local needs and support local response to system pressures.

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.

The development process of the plan, between the NHS and HSCP has built on learning from a debrief earlier in 2025/26, and has incorporated feedback from teams and service leads.

It is recognised within the plan that our social care system is under continual pressure and has been operating under “escalation protocols” at all times for the past 2 years approximately – having only 0-1 beds available. This significantly limits the potential for surge capacity or flexibility within Social Care settings. This pressure is impacting bed availability within the acute setting, where there are relatively high numbers of people delayed in hospital – this is not optimal for the patients or for the system.

There is work underway, alongside this plan to meet operational pressures, to address some of these challenges in the medium to longer term by improving the functions of our system relating to people living with frailty – those who are most likely to be delayed if they are admitted to hospital. It is hoped that this work will begin to have an impact within this winter period.

1.3.1. Quality / patient care

There is a particular emphasis on ensuring that elective services are sustained through the winter months to support work towards 52-week wait trajectories. 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 workshop exercise to test the plan prior to the festive period.

We will continue to monitor and update the plan as required.

1.3.2. 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.

1.3.3. Financial

Unscheduled care, delayed discharge, frailty, hospital at home and access target allocations have been aligned to support the delivery of the plan.

1.3.4. 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.

1.3.5. 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.

1.3.6. Other impacts

N/A

1.3.7. 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). The intentions for the plan was discussed with the Hospital Management Team and the Health & Social Care Partnership Management Team, and leadership from both have input.

2.4 Recommendation

NHS Shetland Board is asked to:

- 1) Approve the Winter Plan 2025-26
- 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 appendix is included with this report:

- Appendix 1, Winter Plan 2025-26
- Appendix A, Festive Rota and Service Availability
- Appendix B, Escalation Procedures
- Appendix B1, Acute Patient Flow Escalation
- Appendix C, Acute Surge Plan Flowchart
- Appendix D, Preparation and Management of Norovirus Outbreak, and Influenza Planning
- Appendix E, Emergency Admission with Respiratory Symptoms – Patient Placement Plan
- Appendix F, Winter Transport Plan
- Appendix G, Winter Communications Plan
- Appendix H, Whole System Dashboard example and access information

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

NHS Shetland and Shetland HSCP

Winter Surge Plan 2025-26



WINTER PLAN

CAPACITY MANAGEMENT PLANS FOR THE PROVISION OF SERVICES OVER

Winter Period 2025-26

NHS Shetland and Shetland HSCP Winter Plan 2025

Contents

Purpose, Aims and Objectives of plan	3
The System	6
Assessment	8
Prevention	10
Preparation	13
Response	19
System Demand Pressures	19
Transport & Access	20
Adverse Weather Contingencies	20
Recovery	23

Appendices

Appendix A	Festive Rota and Service Availability
Appendix B	Escalation Procedures
Appendix B1	Acute Patient Flow Escalation
Appendix C	Acute Surge Plan Flowchart
Appendix D	Preparation and Management of Norovirus Outbreak, and Influenza Planning
Appendix E	Emergency Admission with Respiratory Symptoms – Patient Placement Plan
Appendix F	Winter Transport Plan
Appendix G	Winter Communications Plan
Appendix H	Whole System Dashboard example and access information

Purpose, Aims and Objectives of plan

This plan aims to improve whole system flow through the winter months to protect our patients and service users, our teams and our services.

We will do this by using a proactive and preventative approach recognising that supporting people to avoid crisis, stay at home, and return home as quickly as possible is best for patients, in line with the 'No Place Like Home' ethos of the national 'Home First' campaign which recognises the risks to individuals of being in hospital any longer than necessary. Implementing this locally will mean changing the conversation around admission and discharge, using the tools from [Realistic Medicine around shared decision making](#), to make informed decisions with patients.

We recognise that there is very little capacity for surge within our system, particularly in social and residential care. Taking a preventative planning approach within services should give individuals and teams the tools to proactively risk assess every part of the 'system', effectively identify and understand potential risks, prevent those risks occurring where possible, minimise the impact of issues by being prepared, and respond effectively to winter demand challenges when they occur. Working together to take this approach consistently should impact enough individuals to relieve some pressure on our system.

The plan is not intended to cover all possible actions and outcomes but will cover the most likely and impactful events, and provide a framework to support localised action to prevent, mitigate and respond; and guidance for when that decision making needs to be escalated. Individuals and teams will be expected to apply this process to their own service or delivery area to support organisational resilience through the winter period.

Our key objectives in this winter period are:

- Prevent hospital admission wherever possible, by preventing illness; identifying and responding to escalation of need in those at risk of admission; and offering alternatives to admission, including Hospital at Home. We will do this through effective use of data and collaborative work across teams and interfaces within the system.
- If admission is not preventable ensure people spend as little time in hospital as possible to improve their outcomes, by identifying risk of delay quickly, avoiding deconditioning and supporting early discharge in line with '[Home First](#)' approach
- Recognise existing demand pressures, and monitor and respond to emerging pressures as a system to protect service capacity and delivery, by working together to target resource more effectively, releasing capacity wherever possible

To support system understanding and response we will track and share operational pressures and escalate appropriately in order that adjustments and mitigations can be made to manage surge and demands. It is understood that in our small, local system singular triggers or escalation points are unlikely to be sensitive enough and requirement for escalation will be subjective to some degree. To make this process as robust as possible there must be collaborative consideration of data around system pressure to support evidence based, timely escalation.

A proposed meeting setup and structure to provide space for this collaborative consideration and shared escalation is included within this plan.

Implementing a proactive and forward-looking structure to consider system pressure, layered on top of a system which has assessed risks, considered prevention and prepared to mitigate should minimise requirement for escalation through the winter period.

The plan is divided into 5 sections,

Assessment :: Prevention :: Preparation :: Response :: Recovery

Each will include indication of what could be considered by individuals, by teams, and by leaders to support their own services, and services dependent on them, through the winter period, to help support engagement by those not previously involved in winter planning e.g.

As an individual you can Read the plan	As a team, you should Discuss at a team meet
As a leader, you might Attend winter plan workshop Consider how your team can identify and prioritise those at risk of admission	As an organisation, NHS Shetland will: Listen to your concerns about winter and work with you to come up with solutions.

There are a number of relevant appendices attached, including the standard capacity management plans, and adverse weather plans familiar to users of previous winter plans.

These include:

- Appendix A – Escalation Procedures
- Appendix B – Acute Patient Flow Escalation
- Appendix C – Acute Surge Plan Flowchart
- Appendix D – Preparation and Management of Norovirus Outbreak, and Influenza Planning

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

- Appendix E – Emergency Admission with Respiratory Symptoms – Patient Placement Plan
- Appendix F – Winter Transport Plan for NHS Shetland
- Appendix G – Winter Communications Plan
- Appendix H – Festive Rota and Availability list [to be added]
- Appendix I – Whole System Dashboard example and access information

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The System

The pressure on our health and social care system varies and sometimes surges, creating capacity shortages. This can be fast in some areas but more 'slow-burn' in others. In our small system small numbers of people admitted, delayed or discharged can have a considerable effect. Targetting delivery to those most likely to be admitted to hospital, and those most likely to be delayed if they are admitted, will allow us to make best use of resources in a busy period.

Three main components of the system are considered: the hospital and hospital-based services, residential social care services, and community health and care services. The hospital part of the system moves and changes more quickly than residential care part of the system, due to the nature of services provided in each.

The simple diagram below is to help understand possible actions to relieve pressure. Currently, increasing capacity or adding "surge" capacity (yellow and blue dashed boxes) is not an option or severely limited in both our hospital setting (due to physical space constraints and remedial works) or our residential care setting (due to staffing/workforce supply constraints, and lack of housing options). While change or flow in the acute system happens fairly quickly with patients moving in and out, flow in the care system (both residential and care received at home) moves very slowly, as the majority of service users will receive support until the end of their life, and there are no alternative options for providing care on island. The social care system (residential and care at home) are at saturation point having supported absorption of pressure earlier in 2025 and have been operating on "Black" bed availability for a number of months and this is unlikely to change, so there is no ability to respond to escalation of pressure.

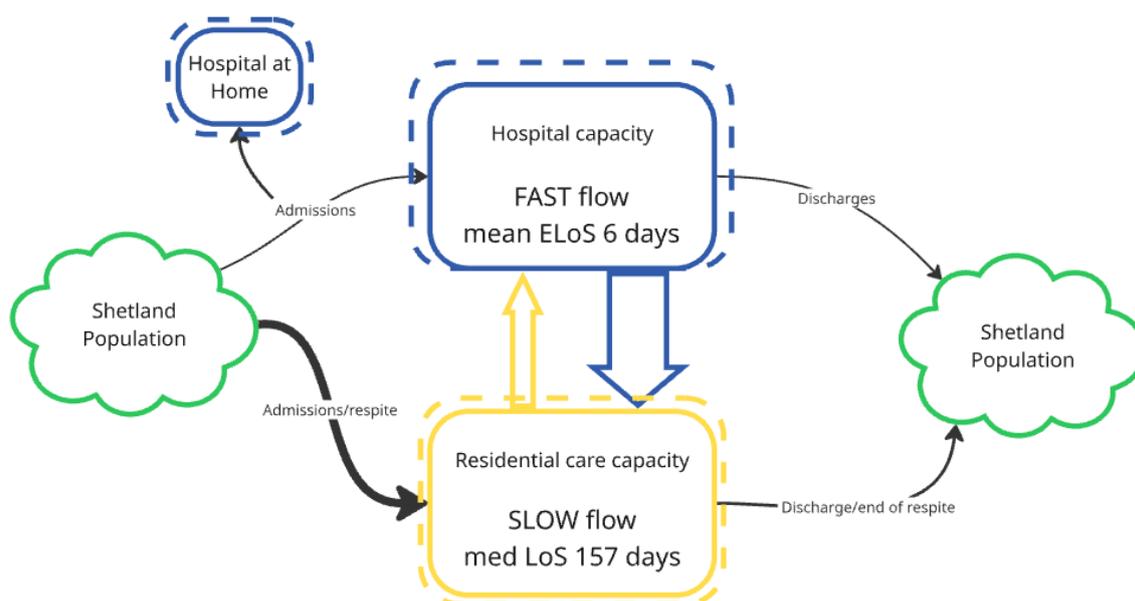
The most impactful options for relieving system pressure are decreasing admissions (stopping flow IN) or speeding up/increasing discharges (improving flow OUT). The work to impact flow into and out of the system happens across different organisations and between teams. Some pieces of work under way to impact these this winter, are:

- IN Flow
 - Increasing Hospital at Home capacity
 - Identification of frailty in community, through Primary Care data and standardisation of community MDT
 - "Frailty at the Front Door" initiatives
 - Increasing AHP availability in community to avoid admission
 - ReSPECT future care planning to reduce unnecessary admissions
- Out Flow
 - Increase hospital MDT frequency to daily
 - Discharge without Delay self-assessment and improvement work
 - Dedicated Hospital Liaison Social Work time
 - Improve Social Care data visibility to release capacity

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

- Increasing AHP availability to support earlier discharge, and release care capacity through reablement

Many teams have the potential to impact in-flow and out-flow of the system, and you should consider your role in system flow and connection to other services to support this work. We know our services generally work well together, and there are not significant inefficiencies within our services, we also know our system is small, and relatively small numbers of people can overwhelm capacity. This also means that managing relatively small numbers, of the right people, differently, can have a meaningful impact on how we manage over winter.



The winter plan aims to support improved flow through the winter months by:

- Proactively risk assessing every part of the system.
 - Understanding any business continuity issues and assessing how these may affect other parts of the whole system e.g. staff absence creating a backlog of a key service or a 'long weekend' delaying discharge.
 - Secondly, looking into the community and using practitioner knowledge to prioritise and 'get ahead' of frailty i.e. taking proactive measures to ensure the individual has a lessened risk of hospital admission. Small numbers can have a large impact.
- Monitoring the whole system on a routine, structured basis via set data parameters e.g. bed occupancy, and local, professional intelligence.
- Escalation through Operational Pressures Escalation Levels (OPEL) should those parameters be triggered.
- Responding via set actions to reduce those pressures and de-escalate,
- Expedite discharge to the community and reduce re-admission.

Assessment

There are a number of standard or organisational risks we would identify as being more likely to occur over the winter period, these include:

- Adverse weather disrupting transport, logistics, and utilities
- Winter virus-related staff sickness, including COVID, flu and respiratory illness surges.
 - Water ingress to critical services that will affect the whole-system, reducing capacity or creating delays to discharge i.e. any diagnostic services, A&E, Wards or loss of a Care Home.

There are also a number of ongoing issues, likely to be compounded by the above meaning the health and care system in Shetland is less resilient or able to absorb increased demand, these include:

- Increased complexity in patient care and system-wide demand.
- Delayed discharges due to capacity issues in community care.
- Workforce supply challenges in social care, with prolonged and significant supplementary staffing use
- Single or small-handed teams providing key services

Every service will have their own Business Continuity Plan and Service Impact Assessment that will illustrate their own risks, these should be considered side by side.

When relevant risks are identified, they should be assessed, with appropriate treatments put in place, and this should be monitored regularly. Treatments for the following risks are included as appendices to this plan for reference. Note this is not exhaustive.

- Norovirus and influenza outbreak [Appendix D]
- Transport Plan for Adverse weather [Appendix F]
- Acute Bed state RED+ occupancy escalation [Appendix A, B1, C]

Risks associated with capacity can emerge quickly in a small system. An OPEL approach has been taken in development of the Acute escalation plan, and this will be further tested in regards to data availability to key colleagues over the winter period. In a small system, where challenges can escalate rapidly, there is a clear need for input of professional intelligence on top of system pressure data. Flow through our system will continue to be closely monitored to ensure that we have the capacity available to provide hospital based care, including acute rehabilitation.

<p>As an individual you should</p> <p>Be familiar with your team's BCP and service impact assessment.</p> <p>Consider what you can do in your day-to-day work to decrease pressure on others</p>	<p>As a team, you should</p> <p>Test BCP - does team know what to do?</p> <p>Consider teams you support or work with – are they impacted? How could you support?</p>
<p>As a leader, you should</p> <p>Check your BCP is up to date and fit for purpose</p> <p>Consider winter specific risks to your service</p> <p>Make contact with leaders in services you support or connect with</p>	<p>NHS Shetland will...</p> <p>Support development of data visibility to understand pressure.</p> <p>Enable transport and logistics hub to support during adverse weather.</p> <p>Continue accommodation arrangements for staffing in adverse weather to help teams protect services.</p> <p>Carefully consider appropriate requests for support for resilience.</p>

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Prevention

Having identified risks, we can put steps in place to prevent them becoming issues, and having an impact on services or capacity. Some key prevention measures are outlined below.

Preventing illness in staff and the public, in community, social care and acute healthcare settings, helps to protect staffing of services, decrease illness related demand, and support timely discharge:

- **Vaccination Programme:**
 - Clinics for autumn/winter vaccinations are in place and uptake is monitored closely.
 - Targeted support from Occupation Health for uptake in high risk areas, including social care staffing to protect workforce capacity.
 - Urgent vaccinations arranged via email (e.g. immunosuppressant therapy).
 - Publicity campaign to encourage uptake.
 - **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.
- **Infection Control Measures:**
 - Dedicated infectious disease bay in Ward 3.
 - IPC protocols aligned with ARHAI guidance.
 - Enhanced support for care homes and community settings.
 - The Health Protection Team works closely with Environmental Health in the identification and management of outbreaks, especially through Port Health.
- **Community Frailty - Preventing crisis**

There are people in our community who are more likely to be admitted to hospital, who are less resilient if they become ill, and are more likely to decondition if they do end up unwell and/or in hospital. For these people a stay in hospital can have many negative impacts and is best avoided, or kept

as short as possible. Many of these people will be older and they are often living with frailty.

Identifying and supporting these people to stop them experiencing a crisis or ill-health, or managing them differently if they do become ill, will help them to have better outcomes. These changes can also relieve hospital capacity. This is how our Primary Care and Community Health and Care teams work currently, aiming to keep people at home wherever possible. Some steps can support this work, including improved identification and targeting of resource: Work is ongoing on a local Focus on Frailty project, so awareness of frailty and the potential impact of improved collaboration is increasing, and Frailty leads have been identified for each practice under the recently released [Frailty Directed Enhanced Service](#).

- Identification of frailty and escalating need in the community
- Testing SHIP frailty dashboard to identify need
- Utilising MDT structure and locality meetings to identify need and target support

Preventing accidents:

- **Vehicle & Staff Readiness:** (include health and safety messaging in comms plan above)
 - Winter tyre replacement planning.
 - Staff reminded to prepare vehicles for adverse weather – with winter checklist support Appendix XX [LINK].
- **Slips, trips and falls**
 - At home and out and about – this will be included in public messaging, utilising home safety and falls awareness resources

As an individual you should:

As a leader, you should:

Encourage team uptake of vaccines, support people with concerns or worries.

Support team with resources or ideas to discuss prevention this winter.

Consider whether any training or connection with other teams could improve your team's impact.

As a team, you should:

Share key messages with your patients and wider networks, display information and discuss.

Consider your environment – infection control, and slips, trips and falls.

Consider different ways of working with other teams to prevent crisis, admission and delays that will impact patients.

NHS Shetland will...

Run timely vaccine programme as per national guidance.

Support managers and leaders with information for staff with concerns about vaccines.

Share communications with wider public.

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Preparation

Not all incidents or issues can be prevented, and it is likely that there will be some periods of high demand, requirement for surge, or incidents over the winter period. It is likely to be particularly challenging over the 4-day weekend periods with public holidays.

Internal and external communications

Localised Messaging & Campaigns

Winter Communication Plan available at Appendix G

The Council and NHS will undertake a publicity campaign regarding winter preparedness and the festive period, through usual communication channels including local media and social media.

The focus of the communication will be around prevention, preparation and responding to illness or crisis for members of the public, including but not limited to:

1. Ensuring prescriptions are ordered in good time, and ensuring they have at home some over the counter remedies for common ailments. Encourage forward planning re: ill health or crisis and how to respond
2. Advice around adverse weather, and considering people who may be more at risk, in your family, friend groups or community.
3. Arrangements for accessing services over the festive period, with specific information for patients on how best to use out of hours services.
4. Reminders of when it is appropriate to use emergency services and when and how to use NHS Inform or NHS 24.
5. Include right care/right place localised messaging to support conversations in hospital and public expectations particularly re: care

Develop bespoke local social media graphics for the Right Care Right Place (RCRP) campaign using local imagery and tailored messaging for:

- Pharmacy
- Hospital
- Health Centres
- Draft and approve localised key messages to accompany graphics.
- Support required from relevant teams.

Routes of communication will include:

- Local Media Engagement
- Social Media Video Content
- Press & Public Engagement
- Internal Communications

Right Care Right Place information is available on our website:

<https://www.nhssheland.scot/right-care-right-place>

Festive opening arrangements for services are included at Appendix H.

Business Continuity Planning:

- Updated BCPs across departments.
- The Winter Plan draft will be discussed at HMT and CHSC Meetings to allow leaders to familiarise themselves with the content and proposed approach.
- Workshops will be held to allow staff to familiarise themselves with the Winter Plan and identifying pressure and appropriate response actions
 - These will be based on outcomes of debrief from spring pressures (partnership and acute) and gathering info from staff re: what went well/could have been better
- Support from Business Continuity and Resilience Officer.
- Severe weather reports are cascaded to all Heads of Department for appropriate local action.

Staffing & Rotas: -

- Festive rotas across all services are included at Appendix A
- SafeCare tool will be used for real-time staffing monitoring, and this will be fed into the system overview meeting to inform.
- In preparation for an enhanced winter pressures response across the organisation there is the capability to provide staff mutual aid across hospital and community nursing and between nursing and the care sector as in previous years. 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 illness.
- 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). 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.

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

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

Facilities & Logistics:

- Estates on-call rota and delivery schedules. Are included in Festive Roster Appendix H
- Accommodation and meals for essential staff during adverse weather are available where required as per [adverse weather contingencies](#) in response section

Information Systems:

- eKIS system supports continuity of care, this is used in conjunction with ReSPECT system locally - all Shetland health centres now use ReSPECT for future care planning conversations in care homes and the wider community, primarily led by GPs and ANPs. Training for community nurses is planned.
- ReSPECT forms can be completed electronically via the intranet (Clinical Portal>Primary Care) and are automatically filed in DOCMAN. A printed copy should be left with the patient, similar to DNACPR forms. Paper forms are available if needed but must be scanned into DOCMAN.
- A note should be added to the eKIS special notes section to indicate a ReSPECT form is in place, allowing NHS24 to inform OOH clinicians when required.
- IT support available via portal and email during holidays. Opening hours included in Festive Roster Appendix H

Discharge Planning

- 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. This MDT meeting is to be stood up to take place daily Monday-Friday, and include Social Work input as standard, to support timely appropriate discharge, and minimise delays.
- Close working between Pharmacy, Community, Hospital and SAS is in place to ensure that planned discharges take place before 12 noon (whenever possible). A Discharge without Delay self assessment has recently been

completed to identify potential areas for improvement around the discharge process, and offer clarity around areas of challenge.

System Monitoring

Bed occupancy is reviewed at least twice daily in the acute setting, 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.

Bed occupancy is reviewed daily in the social care setting, and this informs prioritisation of planned and emergency respite provision, and prioritisation of discharge support and management of emergent risks across community settings.

There is not currently a visible portal that holds this information across acute hospital and social care settings – information is shared via email, or in meetings as required. A solution for daily sharing, that can highlight associated expected actions depending on demand pressure, is being explored. A system overview is available weekly (updated each Thursday for the week ending previous Sunday) via the PHS Whole System Dashboard.

Within the acute setting this information is shared and discussed through a regular MDT – this winter period we are trialling increasing frequency of these from twice weekly to daily, Monday-Friday, with inclusion of the Hospital Liaison Social Worker as standard to allow sharing of social care availability and staffing situations, and support joint planning for discharge.

Within the community setting there are HSCP locality huddles by area, weekly.

These huddles and MDTs allow sharing of intel and system state to respond to a number of pressures including, but not limited to: system demand pressure, adverse weather, and infection or disease outbreaks.

System Pressure Release:

ADD section re: pre and post festive shared effort re: discharge to offset 4-day weekend periods.

Add on-call contingencies when detail available.

Whole System Escalation Protocols:

Pressures within the acute and social care setting are monitored via a significant number of measures which are submitted on a regular basis to Public Health Scotland. The following measures are considered most locally useful to gain a sense of system pressures and these are monitored regularly:

- Emergency Department 4hr Wait target
- Emergency Department 8/12 hour wait breaches
- Acute bed occupancy/availability

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

- Emergency Length of Stay (eLOS)
- Delayed Discharges
 - Number of
 - Reason for delay
- Residential Care Bed availability

An adapted OPEL framework is used in the local acute setting, full details of triggers and actions can be reviewed at Appendix B with Surge Plan detail at Appendix C.

The residential and community social care system has been under prolonged, sustained pressure operating in a state of escalation due to both demand and staffing availability pressures. The residential social care system has been in continual RED bed availability (equivalent of BLACK rating in acute hospital settings) since October 2023. In the past year there have been 0 or 1 beds available in 48 of 52 weekly census points. The social care system has been operating under escalation protocols for the past 2 years. The existing escalation actions in place are detailed in the response section of this plan. Due to operating under persistent escalation, there is not capacity or flexibility to escalate further.

As a team, you should

Consider what you can do to decrease pressure by ensuring your service and patients are ready for busy periods,

“Waiting Well” - Communicate with your service users or patients so they understand why they are waiting, when they might be seen, and what they can do to look after themselves

NHS Shetland will

Support sharing of communications, information and materials.

Listen and respond to remove barriers to proactive management of risk, wherever possible.

Use all opportunities to communicate with teams and the public to allow a joined up response to pressures.

As an individual you should

Discuss and arrange leave requests

Let your manager know if you have availability and could support cross cover or contingency cover in periods of pressure.

Consider what your patients or service-users might need –what can you do to help them prepare for holiday period so they can manage?

As a leader, you should

Review how you interact with ReSPECT/Future Care Planning process.

Encourage your team to think about proactive support to help patients prepare.

Support teams who are proactively targeting resource, even if this means longer waiting times for those at less risk.

Response

In our small system it is important to work closely together during times of pressure. There are regular mechanisms across both acute and community healthcare, and community social care to support communication about pressures and challenges.

System Demand Pressures

There are a limited number of actions that can be undertaken during times of extreme pressure in the acute setting – these are detailed across Appendix B/B1/C. All proposed actions come with potential risks and consequences to other parts of the system – for example HDU capacity, and elective services productivity. Decisions to respond to pressure are made as situations emerge, with key bed occupancy check times at 3 points throughout the day.

Unfortunately, our social system is already in a period of extreme pressure and has been for more than 2 years. This can become normalised, but it must be understood across the system that there is no ability to respond to further pressure. The risks associated with operating under persistent pressure have been realised in 2025 when a number of settings became unavailable for admissions due to Care Inspectorate concerns. Remedial actions have been taken, but the risk of ongoing pressure remains. There are a number of escalation actions which are in place day-to-day in the social care system, these include:

- Use of agency staffing to operate at maximum capacity
 - Monitor agency levels for safety
- Review service users with “interim” status, confirm planned discharge, ensure prioritised by reablement input/provision of equipment etc
- Consider planned respite provision – risk assess cancellation to support emergency respite need, allow responsive support and enable discharge
- Prioritise Emergency respite provision by estimation of harm – this includes likelihood of admission to hospital, to avoid further delays in hospital
- Prioritise use of agency staffing to balance capacity and safety across sites
- Continue to risk assess hospital based delays, with assessed need in community, and emergent urgent need

Note due to the sustained RED bed capacity, the following longer term/systemic actions are also underway:

Sustained RED =

- Consider root causes
 - Poor workforce supply
 - Values based recruitment, review JDs, increase pay structure, review bed staffing ratios to optimise staffing resource
 - Unavailability of supported accommodation
 - Maximise level of care provided at home
 - Engage with housing, and review accommodation situation (long term)

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

- Barriers to employment
 - Values based recruitment, review JDs, increase pay structure, review bed staffing ratios to optimise staffing resource
- Unsustainable demand
 - Review SDS policy
 - Review thresholds for provision to optimise impact of resource, targeted to highest need

Transport & Access

The Winter Transport Plan for NHS Shetland is designed to ensure the safe and efficient movement of patients, staff, and critical medical supplies during adverse winter weather. The plan's primary focus is on maintaining resilience, prioritising safety, and ensuring timely care through robust coordination.

Preparation involves comprehensive risk assessments by service leads, identifying vulnerable transport routes, and considering alternative methods (including air and sea). The plan leverages real-time weather data from the Met Office and local resources, such as the Shetland Islands Council's gritting and road status updates. NHS vehicles are winterised, staff are equipped with appropriate clothing, and alternative accommodation is arranged for essential staff if travel is restricted.

Escalation procedures are triggered by Met Office weather warnings (Yellow, Amber, Red). Gold Command convenes key stakeholders to assess risks and plan responses, including securing 4x4 vehicles and activating the Transport and Logistics Hub. Coordination with local agencies and emergency services is emphasised, with clear communication channels established for real-time updates.

Operational Response prioritises critical patient transport using ambulances or Coastguard vehicles, rescheduling non-urgent appointments, and deploying virtual consultations where possible. Staff transport is managed through shuttle services and temporary accommodation. The Transport and Logistics Hub coordinates resources, triages requests, and maintains supply chains for medicines and samples.

Communication is central, with template messages for staff and management, regular updates via email, SMS, and social media, and ongoing liaison with local authorities. The plan also outlines procedures for ongoing management and strategic review during incidents.

Post-Event Review ensures lessons are learned, with debriefs, reporting, and integration of improvements into future planning, involving Clinical Governance and all stakeholders.

See Appendix F for full Winter Transport Plan

Adverse Weather Contingencies

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

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 machine¹, 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)35² 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.

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.

¹ 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.

² [https://www.sehd.scot.nhs.uk/dl/DL\(2022\)35.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)35.pdf)

NHS Shetland and Shetland HSCP Winter Surge Plan 2025/26

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

<p>As an individual you should</p> <ul style="list-style-type: none">Check for staff communications when there are local weather warningsEnsure your vehicle or transport to work is fit for winterConsider how you can support NHS response to winter and weather challenges.	<p>As a team, you should</p> <ul style="list-style-type: none">Consider how you can support NHS response to winter and weather challenges.Offer cross team support where possible to relieve pressuresFamiliarise yourself with your role in escalation plans.
<p>As a leader, you should</p> <ul style="list-style-type: none">Ensure your team are aware of weather warnings and appropriate actions.Share key information from Gold and Silver Command with your team.Consider how you can support adjacent or related teams to relive system pressure, including prioritising this over your nosiness as usual where appropriate.	<p>NHS Shetland will</p> <ul style="list-style-type: none">Fund additional bank/overtime used where it can be clearly demonstrated the extra resource was in support of escalation protocolsProvide accommodation to support safer staffingRecognise pressures across the system and support teams in their responses.

Recovery

Debriefing and learning after working through periods of pressure is vital for building a safer, more effective, and resilient organisation. This recovery period ensures experience is translated into actionable improvements, to support better outcomes for staff and patients.

There have been developments to this plan following learning from last year, and this will continue next year to build on these changes. Plans for review and recovery include:

- Plan debrief and lessons-learned exercise for Q1 2026/27
- Begin surge plan development process immediately following this exercise to realise shift from “Winter Planning” to “Surge Planning”
- Incorporate lessons from tabletop BCP exercises and lived experience
- Continue work to improve collaboration across teams to reduce hospital delays and improve whole system flow
- Continue work to improve data quality and visibility across whole system
- Continue work around Gold and Silver Command support and development

<p>As an individual you should</p> <p>Join winter debrief activities in team or organisation to share your own reflections and learning.</p> <p>Support team planning for next year.</p>	<p>As a team, you should</p> <p>Consider having a “Winter Debrief” in a team meeting</p> <p>Make any necessary changes to your own BCP.</p>
<p>As a leader, you should</p> <p>Consider your team’s impact, and discuss with leaders in adjacent areas to understand how working together could support improved planning, preparation and response.</p>	<p>NHS Shetland will</p> <p>Review lessons learned from Winter period in early 2026/27</p> <p>Use this learning to begin work on Winter Plan for 2026 during Q2</p>

Patient Flow Escalation Plan (Acute Directorate) – NHS Shetland

Part 1 – Escalation Triggers and key information

Area	AMBER		RED		BLACK		Critical incident	
	Occupied	Available	Occupied	Available	Occupied	Available	Occupied	Available
Whole Hospital	31-34 of 41	7-10	35 of 41	6 (NOT including HDU)	37+ of 41	<5	0-1 beds available SURGE beds open AND no PDDs in next 24hrs that would reduce to BLACK or RED	

→ The **SCN** is referred to in the flowchart - if the SCN is not on duty then it is the responsibility of the Nurse in charge of the ward for the shift.

→ **Silver Command (SC)** and **Gold Command** is denoted on the Management rota held in the [Clinical Portal – and is available 24/7](#).

→ **Out of Hours/Weekends**

Nurse in Charge of the Hospital only needs to contact the Silver Command on Call IF:

- Beds are on RED/BLACK and patient transfers are required **and** there is a need to move patients to beds not usually staffed e.g. using surge capacity or there are patient placement issues that have not already been addressed in hours

NB: Consultants must be made aware if a patient is being considered for transfer to another ward before the move is completed

• **Transfer between wards**

Specific consideration should be given to patient care needs e.g. only transfer patients with confusion/dementia/high falls risk/complex discharge plans/palliative or terminal care if there are no other patients suitable for inter-ward transfer.

The Consultant must ensure that patients who are transferred to another ward continue to receive appropriate medical review.

Patients will be reviewed according to clinical priority (patients transferred to other wards will be seen after patients with the highest acuity) in order that decisions can be made about treatment plans and PDD

Patients who have complex discharge requirements will remain the responsibility of the admitted ward.

Part 2 Patient Flow Escalation Plan – **BUSINESS AS USUAL**

Time	Bed State	Assessment	Action
08:00	Amber or Red	The SCN* of each ward, identifies the PDD for all patients and key issues (e.g. vulnerable/high risk patients, inter hospital patient transfers, impact of elective work, patients delayed in hospital and likely discharges that day). This is passed to Silver Command** so they can take an overview.	<ul style="list-style-type: none"> • If the assessment shows that there will be flow issues, then the information should be shared at the 0830 huddle. • If bed state is Red for the Hospital, then the Silver Command should take remedial actions immediately e.g. alert Consultants and consider current staffing levels, consider if elective work can go ahead etc
13:00	Red	Silver Command reviews the situation post ward round. If the bed state remains on red then the SCN of each ward will be asked to consider which patients would be suitable for decant to other wards if necessary.	<ul style="list-style-type: none"> • The SCN for the ward contacts the Consultants to agree which patients can be transferred to another ward if necessary* • SCN notifies Nurse in Charge of the Hospital which patients can transfer if required. • Silver Command decides if a bed planning meeting is necessary (to agree patient transfers/discharges etc). If yes, then the SCNs, Silver command, Consultants on call (as necessary). • Options are considered/agreed at the meeting include: <ul style="list-style-type: none"> ○ accelerated discharge, ○ cancellation of elective work, ○ additional staffing, ○ transfer of patients to other wards. • Urgent partnership huddle can be called to identify delayed discharge patients who should be moved to community care where possible. • Plan is communicated back to clinical teams to action (e.g. organise patient transfers and discharges before 5pm where possible)
16:00	RED	Silver Command reviews the current situation with the action plan agreed at 13:00 (e.g. progress of patient transfers, accelerated discharges etc).	<p>If the plan is working and pressures are alleviating then keep a watching brief on patient flow through the evening and overnight. If patient flow issues are not alleviating (at 4pm) then Silver Command will:</p> <ul style="list-style-type: none"> • Contact the Consultants on call • • Contact Director of Nursing & Acute Services OR Gold Command on call if DNAS is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night

Part 3 – Escalation Plan – **CRITICAL INCIDENT**

Time	Bed State	Assessment	Action
08:00	BLACK	Contingency beds on W1 are either already open or need to be stood up. The SCN* of each ward, identifies the PDD for all patients and key issues (e.g. vulnerable/high risk patients, inter hospital patient transfers, impact of elective work, patients delayed in hospital and likely discharges that day). Detailed passed to SC to take an overview.	<p>If the assessment shows that there will be flow issues, then the information should be shared at the 0830 huddle.</p> <p>If bed state is BLACK for the Hospital, then the SC (Acute) should take remedial actions immediately:</p> <ul style="list-style-type: none"> • review staffing levels for site • trigger bank requests as needed • check PDDs • review if elective activity can proceed • contact SC (community) and Duty SW to risk assess the current levels of risk and request mutual support as needed • Alert GOLD command.
13:00	BLACK	SC (Acute) will review the site following the ward round. If the bed state remains on BLACK a MDT planning meeting will be called to agree plans for the next 24 hours.	<p>SC holds a planning meeting to ensure that:</p> <ul style="list-style-type: none"> • Consultants are apprised of the escalation status and involved in the decision making process • SW is involved and arrangements are made to fast track patients who are delayed and bring discharge forward whenever possible • SCN/SCM are aware of the whole system pressures and ready to provide mutual support where it is needed • Other members of SC including SC (Community) are aware of the sustained pressure and that contingency beds are now in use and mutual support is needed • Staffing levels for the next 24 hours are reviewed and additional staff are identified as needed to support the use of contingency beds. This may include when on escalation level BLACK, calling in staff who are on on-call rotas to provide input as needed. This will be only undertaken in extremis • Director of Nursing and Acute Services (DNAS) or Gold command will take a lead on communication internally and externally
16:00	RED	Silver Command reviews the current situation with the action plan agreed at 13:00 (e.g. progress of patient transfers, accelerated discharges etc).	<p>If the plan is working then keep a watching brief on patient flow through the evening and overnight.</p> <p>If patient flow issues are not alleviating (at 4pm) then Silver Command will:</p> <ul style="list-style-type: none"> • Contact the Consultants on call • Contact the Duty SW or CSWO • Contact DNAS OR Gold Command on call if DNAS is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night. • This may then trigger a critical incident

Appendix B

Escalation Procedures & Management Control [ADD acute appendices – flow escalation and surge plan – check relevant post beds re-opening]

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.

Acute Bed State RED+

NOTE – this section to be edited updated

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 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.

Residential Care

IF Bed State = RED

THEN:

- Consider agency staffing to operate at maximum capacity
 - Check agency levels for safety
- Consider cancel planned respite to retain emergency respite capacity, and support discharge/minimise delays from hospital
- Review those with "interim" status, confirm PDD, ensure prioritised by reablement input/provision of equipment etc

Sustained RED =

- Consider root causes
 - Poor workforce supply
 - Values based recruitment, review JDs, increase pay structure, review bed staffing ratios to optimise staffing resource

- Unavailability of supported accommodation
 - Maximise level of care provided at home
 - Engage with housing, and review accommodation situation (long term)
- Barriers to employment
 - Values based recruitment, review JDs, increase pay structure, review bed staffing ratios to optimise staffing resource
- Unsustainable demand
 - Review SDS policy
 - Review thresholds for provision to optimise impact of resource, targeted to highest need
- Maximise staffing availability
 - Increase agency staffing hours within safe limits – monitor and report to CPOG to understand impact

IF Bed State = BLACK

THEN:

- Consider planned respite provision – cancel to allow responsive support, enable discharge, and support emergency respite need
- Prioritise Emergency respite provision by estimation of harm – this includes likelihood of admission to hospital, to avoid further delays in hospital
- Prioritise use of agency staffing to balance capacity and safety
- Continue to risk assess hospital based delays, with assessed need in community, and emergent urgent need

This will be done whenever a bed becomes available

Current situation = sustained RED/BLACK bed availability since October 2023. In past 1 year there have been 0 or 1 beds available >90% of census points (i.e. 48 out of 52 weeks), the other 4 weeks there were 2 beds listed as available.

The last time the social care system was not in RED was in October 2023.

Longer trend, with BRAG thresholds where available



Appendix C – Surge Plan Flowchart

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

Silver Command decision to convert HDU to 3 general beds for surge capacity because bed capacity is sustained on RED.

Silver Command informs ward 1 Nurse in Charge (W1-NIC)

W1-NIC requests for porters to take the following equipment to Ronas day room:

- 2x HDU chart tables
- 2x mobile HDU monitors
- 2x HDU Gratnell equipment trollies
- 1x Airvo machine
- 1x intubation trolley (resus trolley to remain)

W1-NIC identifies appropriate patients for 3 bedded bay:

- No high acuity patients
- Patients who are independently mobile (no room for stand aid or hoists)
- Patients who can walk to bathroom (no room for commodes)

Ward team source:

- Extra bed (Ronas training room)
- Bedside cabinet (Ronas training room)
- Overbed table (Ronas training room)
- Call bell (day room)
- Mobile screen (bathroom)

Then proceed to move identified patients into 3-bedded bay.

IF Silver Command declares extremis measures, 4th bed can be opened.

Porters will be required to dismantle 2 large grey storage units at right side of room and transport them to day room.

Requirement for surge to remain open should be reviewed every 12 hours, at earliest opportunity bed should be closed and HDU pathway reinstated in Ward 1

In the event of HDU level care being required during times of surge, Silver Command should meet with SCN Theatre or deputy, on-call anaesthetist and in working hours Elective Services Manager. Recovery or Ambulatory Care should be considered for HDU provision, workforce to support this and halting elective work should be considered.

Appendix D – Preparation and Implementation of Norovirus Outbreak Control Measures & Influenza Planning

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 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.

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 in their environments. Additional Infection Prevention and Control advice, support and training is available to Care Homes, Primary and Community care teams via the Infection Prevention and Control team, and national guidance and updates are routinely shared with teams.

This is supported by 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.

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).

Management of Outbreaks

The response to any incidents and outbreaks within **acute 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.

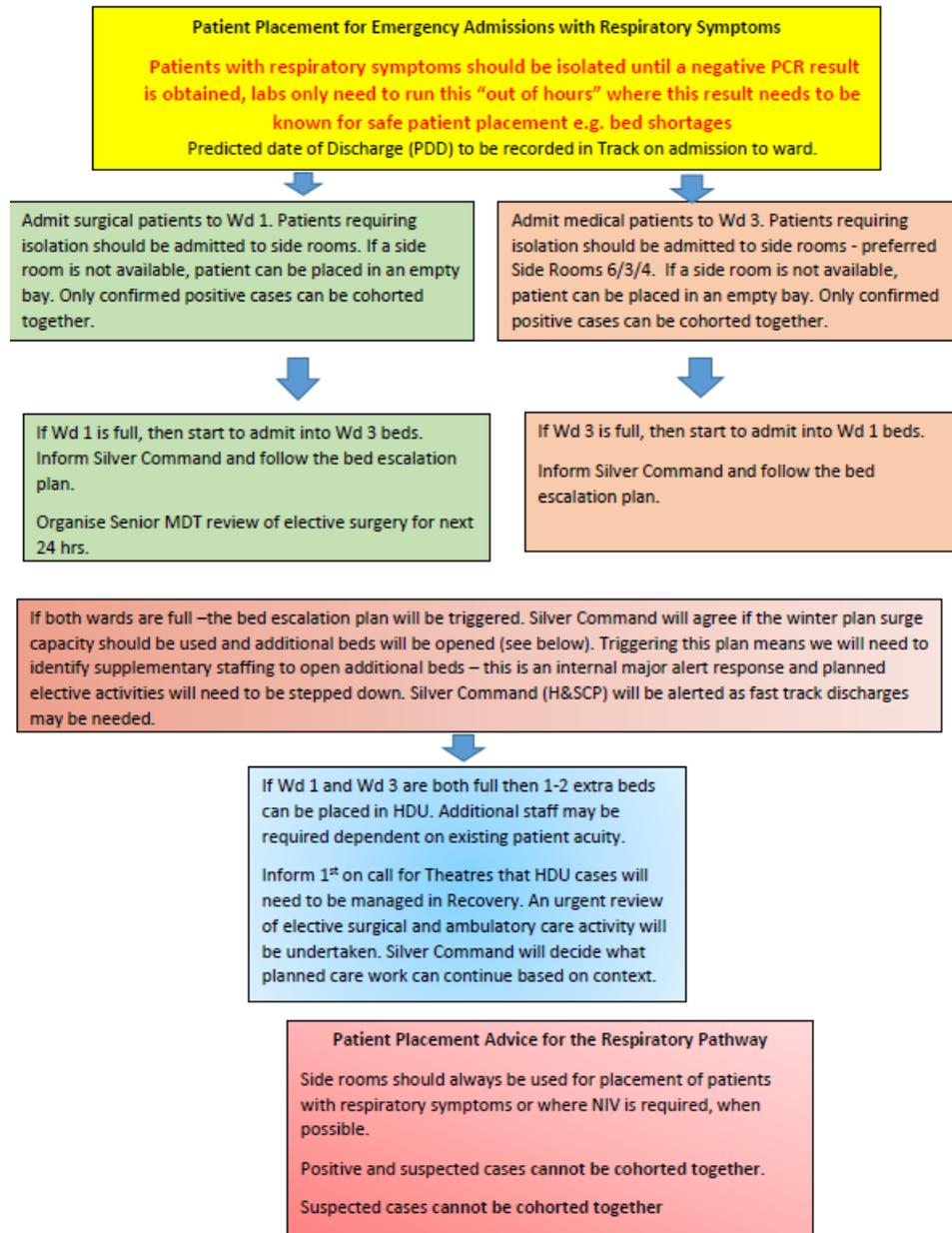
A Problem Assessment Group (PAG) may be held, if deemed necessary by on-call Public Health, initially to understand a situation; and if an incident or outbreak is declared, then an Incident Management Team (IMT) will be called to subsequently manage the situation. The Chair of the PAG /IMT will decide 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.

Any cases/ clusters/ outbreaks within the hospital setting will be to Antimicrobial Resistance and Healthcare Associated Infection using usual national reporting tools. 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.

Appendix E – Emergency Admissions with Respiratory Symptoms – Patient Placement Plan

Appendix E – Patient Placement Plan 2024



Appendix F - Winter Transport Contingencies

Purpose:

These contingencies have 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 - <mailto: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.

NHS Drivers

Two NHS Drivers are employed during office hours to transport blood products, cytotoxic medicines and Primary Care Samples to Gilbert Bain Hospital. During periods of adverse weather conditions, it is likely that Primary Care sample collection will be reduced alongside the demand for cytotoxic medicines. Consideration should

be given to contacting the drivers via Estates to adjust their workload and task them accordingly. This may be GPs to key Primary Care locations and staff to Gilbert Bain Hospital.

Both drivers are trained in the use of 4x4s and capable of assisting in the movement of key staff and supplies.

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.
 - 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

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 Home	01595 744740 07831 306124 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 consideration. 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.

Appendix G Winter Communications Plan

Comms required	Audience	Purpose	Method	Who involved?	Network/shares
PREVENT					
Winter Vaccines	As per risk groups offered vaccine Particular focus on health and social care staff, and older	Increase vaccine uptake Myth busting Sharing clinic times	Internal – org update Weekly bulletin Manager comms External – Social media National campaign as per guidance	Comms Public Health – vaccines Occ Health	
Hand Hygiene	All – particular focus people with school + nursery age kids Those visiting hospital People with frail/vulnerable adults in household	Decrease incidence of D+V viruses over winter period – decrease admissions, and parental absence Improve good hand hygiene practice	Social media Targeted push to school and parent councils Physical posters in high risk areas Video singing the hand washing songs? Make Brian viral again....	Comms PH- Health Protection	Schools/ELC Parent Council Care Homes Primary Care shares

Slips, trips and falls	Older, frail, risk of falls Family/friends/neighbours of above	Decrease incidence of falls. Prompt thinking about home safety and avoiding accidents	Social media ?Protect your grandfolk approach engaging younger people Local shops Newspaper/radio (trad media for older generation?)	Comms Healthy Shetland Falls Coordinator	Reach family and carers through parent councils?
PREPARE					
Big 6 exercise videos – falls	Older, frail, risk of falls Family/friends/neighbours of above	Decrease incidence of falls. Encourage safe activity to minimise risk of falls	Social media – video content	Comms Healthy Shetland Falls Coordinator	Library Parent Councils UHI (for carers of)
Future Care Planning/ReSPECT (frailty/older/complex needs)	Older, frail, risk of falls Family/friends/neighbours of above	Encourage planning ahead to avoid admission where possible	Through Primary Care – social media and conversations targeted	Comms PC teams Social Care/Residential	

				Care colleagues	
Medicines order ahead of time	Anyone with repeat prescriptions	Decrease incidence of people running out of medicines Decrease backlogs/demand surge for urgent requests at holiday period	?note in regular repeat prescription Social media Newspaper/radio	Comms PC Teams Community Pharmacy colleagues	Action = Speak to Laura and Jane about having a campaign date (Prescription Day)
Right Care Right Place – what is available over holiday period?	All public	Support people accessing right care in right place	Share service availability – website and social media	Comms Winter Plan gather rotas IT for webpage?	
Weather warnings etc	Public Staff	Encourage consideration of safety for travel to appointments. Decrease risk of incidents and accidents.	Social media. All staff emails plus communications through Directors and HoDs to teams.	Comms	

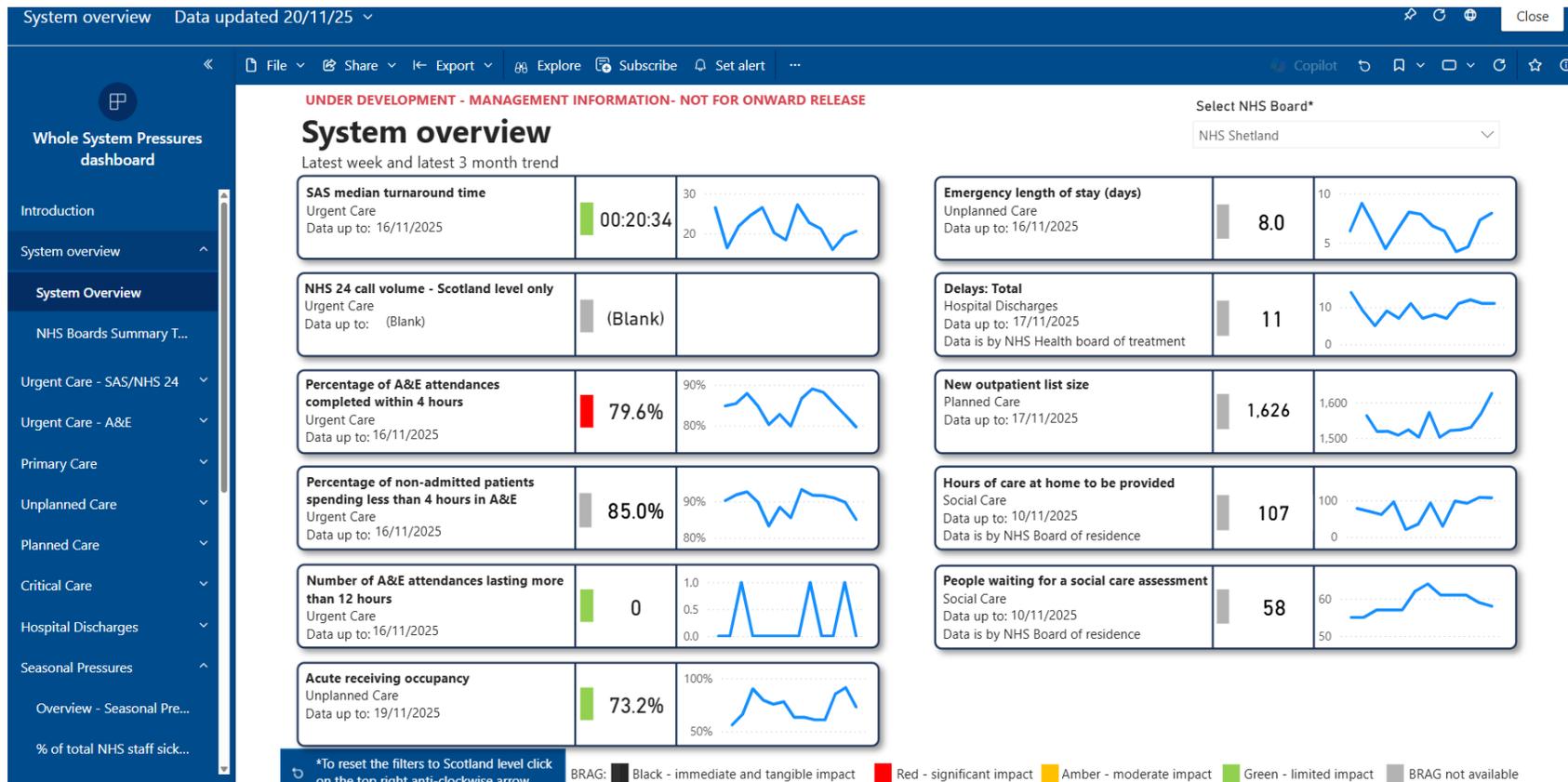
		Protect staffing levels.			
RESPOND					
Right Care Right Place – what to access when	All public	Support people accessing right care in right place Myth busting around time to access (NHS24) ED appropriateness of access What can your pharmacy help with etc	Service availability AND service function (Amy slideset)	Comms	
If you are coming to hospital what do you need? e.g. own medicines, medical history, what to expect – HOME FIRST materials	Those likely to be admitted/have been admitted	Smoother flow, patient and family readiness, support professional input	Primary and Social Care discussions with patients/families.	Comms Community Pharmacy Primary Care	Shops Lunch clubs

<p>Home First – home is best</p>	<p>Those likely to be admitted/have been admitted</p>	<p>Support smoother discharge</p> <p>Support change risk tolerance in discharge</p> <p>Support earlier, easier discharge conversations</p>	<p>External – social media with national materials; visible resources in hospital; targeting at family and family carers.</p> <p>Internal – support through MDT (targeted cascade to clinicians/decision-makers) conversations; monthly brief? Newsletter?</p>	<p>Comms</p> <p>Acute team?</p> <p>MDT?</p> <p>Social Care</p> <p>Primary Care</p> <p>(Local Huddles)</p>	
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Appendix H – Whole System Dashboard example and access information

The ‘Whole System Dashboard’ is a PowerBI dashboard of data hosted by PHS – data displayed includes Urgent and Unscheduled Care, Planned Care, Delayed Discharges, Social Care, Seasonal Pressures.

Staff within Health and Social Care can request access by emailing nss.neartimedata@nhs.scot . Data is updated weekly, on a Thursday. Ability to access the content depends on a user’s M365 licence – if you request access but cannot see/use PowerBI you should discuss with your IT provider, and line manager to agree whether access is required and merits increase in licence capability. An example visual of the dashboard is shared below. People with existing access can view the [Whole System Dashboard here](#).



Appendix A - Festive Rotas and Service Availability [at 21/11/25]

Table of Contents

Primary Care Services.....	2
a. Shetland non-OOH Co-operative	2
b. Shetland Out of Hours Co-operative Area	4
Patient Transport & Ambulance Services	6
Dental Services.....	10
Pharmacy Services.....	11
Healthcare Science, Public Health and Allied Health Professions	13
Laboratory and Medical Imaging	13
Cardiac Physiology, Audiology, OT, Physiotherapy, Dietetics, Podiatry	16
Public Health.....	18
Facilities and Estates.....	19
Community Mental Health Services.....	22
Corporate Communications	24
Digital – IT Support.....	24
Finance.....	24
HR	25
Community Care Services	26
Social Work Service.....	26
Care Centres for Adults.....	26

Care at Home.....26

Mental Health Community Support Service, Annsbrae House26

Adult Services (LD &ASD) – Supported Living and Outreach26

Emergency Requirement27

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) are as normal over the winter and festive period. 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 manage 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 cooperative, locums and patients transferred to the Gilbert Bain Hospital.

Date	Day	Daytime Provision	OOHs Provision
December 25th 2025	Thursday (PH)	Yell/Whalsay/Unst – On call provision for 24 hour period	On Call 24 hour period
December 26th 2025	Friday (PH)	Yell/Whalsay/Unst - On call provision for 24 hour period	On call 24 hour period

December 27th 2025	Saturday (weekend)	Normal Weekend Service	On Call 24 hour period
December 28th 2025	Sunday (weekend)	Normal Weekend Service	On Call 24 hour period
December 29th 2025	Monday (normal working day)	Normal Service	On Call 1730-0830
December 30th 2025	Tuesday (normal working day)	Normal Service	On Call 1730-0830
December 31st 2025	Wednesday (normal working day)	Normal Service	On Call 1730-0830
January 1st 2026	Thursday (PH)	Yell/Whalsay/Unst – On call 24 hour period	On Call 24 hour period
January 2nd 2026	Friday (PH)	Yell/Whalsay/Unst – On call 24 hour period	On Call 24 hour period
January 3 rd 2026	Saturday (weekend)	Normal Weekend Service	On Call 24 hour period

January 4th 2026	Sunday (weekend)	Normal Weekend Service	On Call 24 hour period
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b. 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 from 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, if 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.

(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 25th 2025	Thursday (PH)	Practices closed, call NHS24	Clinician on call 0800-0800
December 26th 2025	Friday (PH)	Practices closed, call NHS24 PCEC clinic in place 1200-1600	Clinician on call 0800-0800
December 27th 2025	Saturday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800
December 28th 2025	Sunday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800
December 29th 2025	Monday (normal working day)	Practices open as normal	Clinician on call 1730-0800
December 30th 2025	Tuesday (normal working day)	Practices open as normal	Clinician on call 1730-0800
December 31st 2025	Wednesday	Practices open as normal	Clinician on call 1730-0800

	(normal working day)		
January 1st 2026	Thursday (PH)	Practices closed, call NHS24	Clinician on call 0800-0800
January 2nd 2026	Friday (PH)	Practices closed, call NHS24 PCEC clinic in place 1200-1600	Clinician on call 0800-0800
January 3 rd 2026	Saturday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800
January 4th 2026	Sunday (weekend)	PCEC clinic in place 1000-1400	Clinician on call 0800-0800

Patient Transport & Ambulance Services

PTS cover section to be updated – in discussion with SAS

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 hours and OOHs for strategic requests via the ACC (Ambulance Control Centre).

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

Date	Day	Daytime Provision	OOHs Provision	Patient Transport Service (PTS)
December 25th 2025	Thursday (PH)			2 x crews
December 26th 2025	Friday (PH)			2 x crews
December 27th 2025	Saturday (weekend)			2 x crews

December 28th 2025	Sunday (weekend)			2 x crews
December 29th 2025	Monday (normal working day)			2 x crews
December 30th 2025	Tuesday (normal working day)			2 x crews
December 31st 2025	Wednesday (normal working day)			2 x crews
January 1st 2026	Thursday (PH)			2 x crews
January 2nd 2026	Friday (PH)			2 x crews
January 3 rd 2026	Saturday (weekend)			2 x crews
January 4th 2026	Sunday (weekend)			2 x crews

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

Dental Services

The Board delivered Emergency Dental Service will continue to operate throughout the winter including the festive 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.

Date	Day	Provision
December 25th 2025	Thursday (PH)	NHS 24
December 26th 2025	Friday (PH)	NHS 24
December 27th 2025	Saturday (weekend)	NHS 24
December 28th 2025	Sunday (weekend)	NHS 24
December 29th 2025	Monday (normal working day)	BAU
December 30th 2025	Tuesday (normal working day)	BAU
December 31st 2025	Wednesday (normal working day)	BAU
January 1st 2026	Thursday (PH)	NHS 24
January 2nd 2026	Friday(PH)	NHS 24
January 3 rd 2026	Saturday (weekend)	NHS 24
January 4th 2026	Sunday (weekend)	NHS 24

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

Pharmacy Services

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-26th December and 1st-2nd 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 contact Dolby on 0800 833531

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

Date	Day	Hospital Pharmacy Provision	Community Pharmacy Provision
December 25th 2025	Thursday (PH)	On-call service via switchboard	All community pharmacies closed
December 26th 2025	Friday (PH)	On-call service via switchboard	Boots 1300-1600
December 27th 2025	Saturday (weekend)	Open 0900-1700 with reduced staffing. Discharges and emergency orders	All community pharmacies open as usual
December 28th 2025	Sunday (weekend)	On-call service via switchboard	All closed as usual
December 29th 2025	Monday (normal working day)	0900-1700	All community pharmacies open as usual
December 30th 2025	Tuesday (normal working day)	0900-1700	All community pharmacies open as usual
December 31st 2025	Wednesday (normal working day)	0900-1700	All community pharmacies open as usual
January 1st 2026	Thursday (PH)	On-call service via switchboard	All community pharmacies closed
January 2nd 2026	Friday (PH)	On-call service via switchboard	Boots 1300-1600

January 3 rd 2026	Saturday (weekend)	Open 0900-1700 with reduced staffing. Discharges and emergency orders	All community pharmacies open as usual
January 4 th 2026	Sunday (weekend)	On-call service via switchboard	All closed as usual

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.

Date	Day	Medical Imaging	Labs
December 25 th 2025	Thursday (PH)	On-call XR/CT only	On-Call Only
December 26 th 2025	Friday (PH)	On-call XR/CT only	On-Call Only
December 27 th 2025	Saturday (weekend)	On-call XR/CT only	On-Call Only

December 28th 2025	Sunday (weekend)	On-call XR/CT only	On-Call Only
December 29th 2025	Monday (normal working day)	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call
December 30th 2025	Tuesday (normal working day)	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call
December 31st 2025	Wednesday (normal working day)	CT/MR/US/XR 0900-1700 then CT/XR On-call	0830-1700 Then on-call
January 1st 2026	Thursday (PH)	On-call XR/CT only	On-Call Only
January 2nd 2026	Friday (PH)	On-call XR/CT only	On-Call Only
January 3 rd 2026	Saturday (weekend)	On-call XR/CT only	On-Call Only
January 4th 2026	Sunday (weekend)	On-call XR/CT only	On-Call Only

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

All professions listed above offer planned care services and will have reduced opening times over the festive period.

Note Physiotherapy and OT cover is under review for 4-day weekend periods and will be updated as soon as confirmed

Date	Day	Podiatry	Dietetics (Hospital & Community)	Occupational Therapy	Physiotherapy	Speech and Language Therapy	Cardiac Physiology
December 25th 2025	Thursday (PH)	Closed	Closed	Closed	Closed	Closed	
December 26th 2025	Friday (PH)	Closed	Closed	Closed	Closed	Closed	
December 27th 2025	Saturday (weekend)	Duty Podiatrist	On-call 0830-1630	Closed	Closed	Closed	
December 28th 2025	Sunday (weekend)	Closed	Closed	Closed	Closed	Closed	
December 29th 2025	Monday (normal working day)	BAU	Urgent – Prioritised Cover	1 x OT and OTA Ward Cover prioritised	Ward Cover, Prioritised Community and MSK service	Ward/Community Cover for Urgent referrals	
December 30th 2025	Tuesday (normal working day)	BAU	Urgent – Prioritised Cover	1 x OT and OTA	Ward Cover, Prioritised	Ward/Community Cover for Urgent referrals	

				Ward Cover prioritised	Community and MSK service		
December 31st 2025	Wednesday (normal working day)	BAU	Urgent – Prioritised Cover	1 x OT and OTA Ward Cover prioritised	Ward Cover, Prioritised Community and MSK service	Ward/Community Cover for Urgent referrals	
January 1st 2026	Thursday (PH)	Closed	Closed	Closed	Closed	Closed	
January 2nd 2026	Friday (PH)	Closed	Closed	Closed	Closed	Closed	
January 3 rd 2026	Saturday (weekend)	Duty Podiatrist	On-call 0830-1630	Closed	Closed	Closed	
January 4th 2026	Sunday (weekend)	Closed	Closed	Closed	Closed	Closed	

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 Consultant in Public Health Medicine or the DPH. 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).

Facilities and Estates

The Estates Team operates an on-call rota which can be accessed via the GBH switchboard. A procedure for determining the priority for on-call requests outside Lerwick is held on the senior manager on call shared drive.

Date	Day	Daytime Provision	OOHs Provision
December 25th 2025	Thursday (PH)	Domestic - Normal working day Serving - Closed Kitchen - Skeleton staff working hours 6am -2pm Laundry - Closed Accommodation - Closed emergency keys available from reception	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
December 26th 2025	Friday (PH)	Domestic - Normal working day Serving - Closed Kitchen - Skeleton staff working hours 6am -2pm Laundry - Closed Accommodation - Closed emergency keys available from reception	Pager Support all areas 12pm – 7.30pm Pager support A&E only 9pm- 4.30am Additional cleans should be authorised by Nurse in charge of hospital
December 27th 2025	Saturday (weekend)	Normal working day all departments Laundry – 9am – 2pm Accommodation – Closed emergency keys available from reception	Pager support A&E only TBC Pager Support all areas 8am – 6pm Additional cleans should be authorised by Nurse in charge of hospital

December 28th 2025	Sunday (weekend)	Normal working day all departments Accommodation – Closed emergency keys available from reception	Pager support A&E only TBC Pager Support all areas 8am – 6pm Additional cleans should be authorised by Nurse in charge of hospital
December 29th 2025	Monday (normal working day)	Normal working day all departments Accommodation – Closed emergency keys available from reception	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
December 30th 2025	Tuesday (normal working day)	Normal working day all departments Accommodation – Closed emergency keys available from reception	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
December 31st 2025	Wednesday (normal working day)	Normal working day all departments Accommodation – Closed emergency keys available from reception	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
January 1st 2026	Thursday (PH)	Domestic - Normal working day Serving – Closed Kitchen – Skeleton staff working hours 6am -2pm Laundry – Closed Accommodation – Closed emergency keys available from reception	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
January 2nd 2026	Friday (PH)	Domestic - Normal working day Serving – Closed	Pager Support all areas 12pm – 8pm Pager support A&E only 9pm- 5am

		Kitchen – Skeleton staff working hours 6am -2pm Laundry – Closed Accommodation – Closed emergency keys available from reception	Additional cleans should be authorised by Nurse in charge of hospital
January 3 rd 2026	Saturday (weekend)	Normal working day all departments Laundry – 9am – 2pm Accommodation – Closed emergency keys available from reception	A&E only Pager Support 12pm – 8pm & 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital
January 4 th 2026	Sunday (weekend)	Normal working day all departments Accommodation – Closed emergency keys available from reception	A&E only Pager Support 12pm – 8pm & 9pm- 5am Additional cleans should be authorised by Nurse in charge of hospital

Community Mental Health Services

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 weekdays 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.

Note on-call provision is under review to understand possibility of providing extra cover – this will be updated as soon as confirmation is available.

Date	Day	Daytime Provision	OOHs Provision
December 25th 2025	Thursday (PH)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
December 26th 2025	Friday (PH)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
December 27th 2025	Saturday (weekend)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
December 28th 2025	Sunday (weekend)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
December 29th 2025	Monday (normal working day)	0900 – 1700 CMHT open as normal	1630 – 0000 On call RMN & Consultant Psychiatrist

December 30th 2025	Tuesday (normal working day)	0900 – 1700 CMHT open as normal	1630 – 0000 On call RMN & Consultant Psychiatrist
December 31st 2025	Wednesday (normal working day)	0900 – 1700 CMHT open as normal	1630 – 0000 On call RMN & Consultant Psychiatrist
January 1st 2026	Thursday (PH)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
January 2nd 2026	Friday (PH)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
January 3 rd 2026	Saturday (weekend)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist
January 4th 2026	Sunday (weekend)	On call RMN & Consultant Psychiatrist	On call RMN & Consultant Psychiatrist

Corporate Communications

The Corporate Communications Team will continue to operate over the festive period, though with significantly reduced staffing levels.

- Standard Hours: Monday–Friday, 9am–5pm Email: shet.communications@nhs.scot - Phone: 0300 365 7167
- Out of Hours: The team provides an urgent enquiries service only between 8am–8pm on weekends and weekdays. Please note this service is not for routine or non-urgent media enquiries.
- Public Holidays: On the public holidays, the team will operate an out-of-hours service. Please call 0300 365 7167— your call will be automatically connected to the duty team member via our cloud network system. Emails will not be routinely monitored.
- Emergency Contact (Outside These Hours): In the event of an emergency outside the times listed above, please contact the Gilbert Hospital Switchboard on 01595 743000 and ask to speak with the Senior Manager on Call.

If you require a member of the Corporate Services Team for an urgent matter-only, please phone - 0300 365 7167, and a message will be passed on.

Digital – IT Support

There is year-round emergency IT support cover – this is an established process and contact can be made through GBH reception.

The IT team will distribute details as appropriate regarding any changes to the process.

Finance

Finance will be operating a reduced service from Monday 22nd Dec to Friday 2nd January with the office closed for routine business.

Head of Finance and Procurement and senior staff available for urgent requests - contact through switchboard

HR

We have reduced availability between Christmas & New Year, all workforce actions and essential HR processes will continue to be monitored and escalated for action appropriately. Please continue to use the usual HR contact emails.

Community Care Services

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). Duty Social Work cover will be in place as usual for public holidays.

Care Centres for Adults

These will be operating as normal for residents.

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. All requests for assessments should be made to the duty social worker.

Contact on public holidays should be via the duty social worker.

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.

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.

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.