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Agenda Item: 14.

Integration Joint Board

Date of Meeting: 11 December 2019.

Subject: Orkney Winter Plan 2019/20.

1. Summary

1.1. This is a whole system plan which aims to address the predicted additional pressures of winter across 2019/20. Delivery of this plan will require strong leadership and collaborative working across the health and social care system at the most senior level to provide a focus on the additional impacts, challenges and resources required to sustain safe, effective and person centred care. The draft Winter Plan for Orkney is attached in Appendix 1 for the Integration Joint Board's consideration and approval.

2. Purpose

2.1. The present the draft Orkney Winter Plan 2019/20 for approval.

3. Recommendations

The Integration Joint Board is invited to:

3.1. Approve the Orkney Winter Plan 2019/20, attached as Appendix 1 to this report.

4. Background

4.1. NHS Orkney, in common with other Boards, is expected to prepare a Winter Plan, in partnership, based on national guidance and from lessons learned the previous year. The Winter Plan attached aims to create a set of conditions which improve resilience by building capability to absorb, respond and recover from disruptive challenges. Winter disruptions can include increased demand and activity due to seasonal flu, respiratory and circulatory illness; increased numbers of falls and trips; and wards closed to admission due to higher levels of norovirus.

4.2. It is expected that final winter plans will be published by NHS Boards and supported by a letter from Health Board Chief Executives, IJB Chief Officers and both Chairs to John Connaghan, Director for Performance and Delivery, Scottish Government, confirming that plans have been reviewed and that they are collectively satisfied these plans are fit for purpose.

5. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.
Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	No.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	No.

6. Resource implications and identified source of funding

6.1. Additional funding of £46,512 has been allocated by Scottish Government to support winter plan delivery across Orkney. The proposed use of this funding is split as follows:

Detail.	£.
Primary / Community Care.	17,256.
Acute Services.	17,256.
Flu Point of Care Testing.	5,000.
National Communications.	2,500.
Local Communications.	2,500.
Attendance at National Events.	2,000.

7. Risk and Equality assessment

7.1. A full risk assessment relating to delivery of the Winter Plan is provided at section 8.3 of the Plan.

8. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

9. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Author

10.1. Christina Bichan, Chief Quality Officer, NHS Orkney.

11. Contact details

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12. Supporting documents

12.1. Appendix 1: Orkney Winter Plan 2019/20.



Orkney's Winter Plan 2019/20

Version Control: draft V2 for consideration	Prepared by Christina Bichan, Head of Transformational Change & Improvement
Implementation Date	TBC

Approval Record	Date
NHS Orkney Senior Management Team	Date
NHS Orkney Board	n/a
Integrated Joint Board	n/a

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Introduction

This winter plan builds on the plans of previous years and the interventions that have been successfully used to manage peaks in demand over the winter period and over the statutory holiday periods. In aiming to achieve continuity of services, we have sought the co-operation of all of our NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition social care partners, the ambulance service, NHS 24 and the voluntary sector have all contributed to this work. We acknowledge that it is essential that these stakeholders have contributed to the development of this Plan as part of the consultation process and ultimately the ownership of Orkney's Winter Plan.

Aim and Objectives

Aim

The aim of this Plan is to set out the arrangements for the delivery of primary and community care, out-of-hours and hospital services over the winter period and to ensure that NHS Orkney, Orkney Islands Council, SAS, NHS 24 and our Third sector partners can respond effectively to periods of high predicted or unpredicted activity. The extended public holiday periods and the possibility of high demand as a result of wide spread illness such as seasonal flu or epidemic viral illness may also add a level of burden to our collective ability to deliver services.

Objectives

The principle objectives of the plan are:

- to maintain performance against the emergency care access standard as well as elective access targets over the winter period
- to set out risks to business continuity and delivery of core services that NHS Orkney and Orkney Islands Council (social care) may face during the periods set out in the plan
- to give the roles, responsibilities and preparatory actions of the main participants in the plan
- to identify contingency processes
- to detail resources available
- to detail processes and procedures in relation to proactive communications

It is intended that this Plan can be developed to detail arrangements for other periods of extended public holiday, e.g. Easter.

Related Plans and Guidance

The following plans set out detailed policies and procedures which relate to or are part of Orkney's response to winter pressures:

- NHS Orkney Local Unscheduled Care Action Plan 2015
- NHS Orkney Business Continuity Plans
- Adverse Weather Guidelines
- Orkney Health and Care (NHS Orkney and Orkney Islands Council partnership) Discharge Policy
- Orkney Islands Council Winter Service Plan 2015/16
- The Scottish Ambulance Service Generic Contingency Plan – Out of Hours Capacity Management September 2015
- NHS Orkney Pandemic Flu Plan 2016
- NHS Orkney Major Incident and Emergency Plan Version 1
- Orkney Islands Council Emergency Plan
- Orkney Islands Council – Winter Service Plan 2015-16 (reviewed 2016/17)
- NHS Orkney Communication & Engagement Strategy
- NHS Orkney Outbreak Control Plan
- Health Protection Scotland Outbreak Guidance 2015
- NHS Scotland Standards for Organisational Resilience 2016 Standard 18
- National Unscheduled Care Programme: Preparing for Winter 2015/16
- Exercise Silver Swan Overall Exercise Report April 2016
- NHSScotland Resilience Mass Casualties Incident Plan for NHS Scotland
- EU-exit Scottish Risk and Mitigation (Official Sensitive)

Consultation

This Plan was prepared in consultation with NHS Board staff, working within primary, including our independent primary care contractors, and community (as part of the Orkney Health & Care partnership arrangement) and hospital services. In addition Orkney Island Council, the ambulance service, NHS 24 and the voluntary sector, notably Voluntary Action Orkney and Orkney Disability Forum have all contributed to this work.

Review of the Plan

The plan will be reviewed through the NHS Orkney Resilience Group meetings and Senior Management Team and circulated to stakeholders within the Orkney Local Emergency Co-ordinating Group. In addition the plan will be reviewed against debriefs circulated by NHSScotland Health Resilience Unit and posted on Resilience Direct as well as debriefs on lessons learnt through the Highlands and Islands Local Resilience partnership and North of Scotland Regional Resilience Partnership.

SECTION 1. RESILIENCE PREPAREDNESS

1.1 Business Continuity

The Board has a Business Continuity Management Policy which has been approved by internal governance arrangements. This outlines what Business Continuity Management is, its cycle and the roles and responsibilities of staff members with regard to Business Continuity at all levels of the organisation.

The NHS Board and Orkney Islands Council have Business Continuity Plans (BCPs) in place with clear links to the pandemic plan including provision for an escalation plan. In addition Primary Health Care contractors have individual plans. All of which are subject to review and lessons learnt are fed through the Orkney Local Emergency Co-ordinating Group (OLECG) as well as across internal service areas as appropriate. The NHSO Blog also contains information on Business Continuity for staff.

Following the move to the new healthcare facility, The Balfour, in June the majority of the Board's departments have reviewed their BCPs. In addition Business Impact Analysis has been completed by the various services and departments covering the key elements of People, Policies Plans and Procedures, Structures and Resources as outlined in the NHS Scotland Standards for Organisational Resilience. This is assisting operational managers in identifying departmental risks and key interdepartmental dependencies. A risk-based programme of testing of BCPs to confirm that they can support departments in providing an effective and efficient response to a business disruption is to be undertaken. This will link in with the IT Disaster Recovery Plan, so that in the event of a failure in IT systems systems and applications are recovered in a pre-agreed order. Finite IT resources will focus on recovering pre-identified critical patient services as a priority as well as managing service expectation.

During the planning process critical areas of continued service delivery were identified along with common risks and mitigating factors. Time critical action cards were developed to assist staff with clear guidance. This includes action cards for the loss of staff and single points of failure. Due to its remote geographical location NHS Orkney is reliant on well established partnerships which include OLECG. There are also Mutual Aid arrangements in place with neighbouring Boards.

The focus for the NHS Board with its partners is to sustain the delivery of core services during worst case scenario within the following areas: Maternity Unit, High Dependency Unit, Emergency Department, Inpatients 1, Inpatients 2 including Macmillan area, Theatre, Radiology, Laboratory and Renal Unit. Mutual Aid arrangements are fully documented within the updated version of the Major Incident and Major Emergency Plan. The plan has been redrafted to support the organisational move and multi-occupancy nature of the new healthcare facility and reflect current arrangements within NHS Scotland Major Incident with Mass Casualties National Plan 2019. In addition as a Category 1 responder, NHSO has well developed relationships with a range of partners and sits on the OLECG. A number of managers have also undergone Integrated Emergency Management Training provided by the Scottish Resilience Development Service.

This winter plan has been circulated for consultation prior to finalisation.

1.2 Brexit Planning

With the uncertainty around Brexit, the Board set up a Brexit Steering Group with the planning assumptions based on the reasonable worst case scenario with the UK leaving the EU without a deal. Risks were identified using the information from Scottish Government Planning Assumptions, The Scottish Government Resilience Partnership Sub-Group on EU Contingency Planning, Regional and Local Resilience Partnerships. This has proved particularly challenging for resilience planners as national planning arrangements for political reasons could not always be distilled down to an operational level during negotiations with the EU 27.

Local and regional multi-agency workshops attended by NHS Staff have however supported the planning process and a reporting and response structure has been developed nationally. This involves NHS Boards reporting to a Health and Social Care Hub in order to identify emerging issues at an early stage and begin applying local multi-agency solutions. It also allows for the identification of trends and the collation of a national picture around the potential impact of Brexit.

It is anticipated that Brexit planning arrangements will intensify and have a significant impact on resilience planning work streams as we move towards the departure date on the 31st of January 2020. However the work that has been undertaken around migration to the new facility has helped focus staff on the potential impact of Brexit particularly since we are reliant on lifeline services for the delivery of food, fuel, medicines, medical devices and clinical consumables.

1.3 Adverse Weather Policies

The Board has adopted the national severe weather policy which provides staff with advice and guidance – this includes guidance for staff unable to attend work, late arrivals, special leave, school closures, protracted weather events, working extra hours and arrangements for staff in local accommodation. The policy can be found on the NHSO staff Blog. The staff blog and social media are also used to communicate travel disruption together with direct contact with patients and patient escorts through the patient travel service. OLECG is convened during any period of adverse weather and can arrange access to 4x4 vehicles such as the coastguard. Staff messaging is considered in this forum based on advice and modelling from the Met Office to ensure that there is a consistent multi-agency message that is clear for the public.

NHSO operates a Winter Maintenance Plan. All NHSO properties have salt bins provided and the NHS board co-ordinates with the Orkney Islands Council Roads and Environmental Services to maintain access. NHSO and Orkney Islands Council co-ordinate their response to severe weather conditions that may threaten essential lifeline services especially communication and transport links. In addition the Winter Service Plan drafted by Orkney Islands Council Development and Infrastructure outlines the priority gritting routes across Orkney paying particular attention to the school bus run and the main route to Kirkwall Airport for medical transfers off island.

1.4 Staff and Public Communication

Travel advice is provided by Police Scotland in consultation with the Orkney Local Emergency Co-ordinating Group and is communicated through the Police Scotland Communications Team. The NHSO Blog and web site will be used to distribute relevant information to both the public and staff in the event of weather disruption as well as social media such as Facebook and Twitter. The Communications Officer will act as the single point of contact for all required communications and may be assisted in this process by the NHS Grampian Corporate Communications Team. Out with office hours, the Grampian Communications Team can be contacted through the Aberdeen Royal Infirmary Switchboard.

In addition local media resource can be utilised to promote nationally produced media information. The local newspaper and Radio Orkney (Monday to Friday morning and evening slots) are the main sources of local information for many residents and should be used to raise awareness about winter well-being and specific information in response to events. This will include surgery, pharmacy and dental practices opening times.

Social media will also be utilised to support timely dissemination of information in line with NHSOs Communication & Engagement Strategy. NHS Grampian Corporate Communications team made effective use of social media to advise the public about activity levels and waiting times. This is seen as best practice and will be adopted by NHSO.

1.5 Mass Fatality Arrangements

Orkney Islands Council is currently developing the excess deaths plan and has purchased a Nutwell's unit so that mortuary capacity can be increased. In addition, there is increased body storage within The Balfour. Arrangements are also in place for additional body storage at the new undertaker's facility and at Selbro in Kirkwall using refrigeration units.

1.6 Testing the Plan

Multi-agency winter planning meeting is scheduled to take place at OLECG in November 2019. Internally the winter planning group will consider testing the effectiveness of the Boards Plan. The Public Health Department has undertaken an exercise in contact tracing and using the FF100 documentation. More recently members of the NHSO have been involved in testing the National Pandemic Flu Service application.

SECTION 2. UNSCHEDULED/ELECTIVE CARE PREPAREDNESS

2.1 Hospital Overview

The Balfour Hospital inpatient capacity is:

Ward	Capacity (beds)
Ward 1	20 + 2 assessment beds
Ward 2	16
High Dependency Unit	2 (1 pop up)
Mental Health Transfer Bed	1
Macmillan/Palliative care	4
Maternity	4

This gives a total of 49 beds of which 5 are ring-fenced (4 for Maternity and 1 for mental health transfers). The new hospital facility, The Balfour, has all individual patient rooms with en-suite, allowing a higher degree of flexibility within this system at times of high occupancy/demand.

The average number of admissions each month to the Balfour Hospital is 345 (including day cases) with episode data by year being provided in Figure 1 below. Additionally, a summary of consultant led outpatient activity at the Balfour Hospital is provided in Table 1. As well as variation from year to year, we experience variation from month to month as a result of the variable schedule of visiting services delivered in Orkney by staff from other Boards. The frequency of visiting service clinics is dependent upon demand as well as historical agreements and can be monthly to 6 monthly dependent on speciality.

Figure 1. Admissions to The Balfour quarter ending March 2015- December 2018

(Source: ISD - , extracted September 2019)

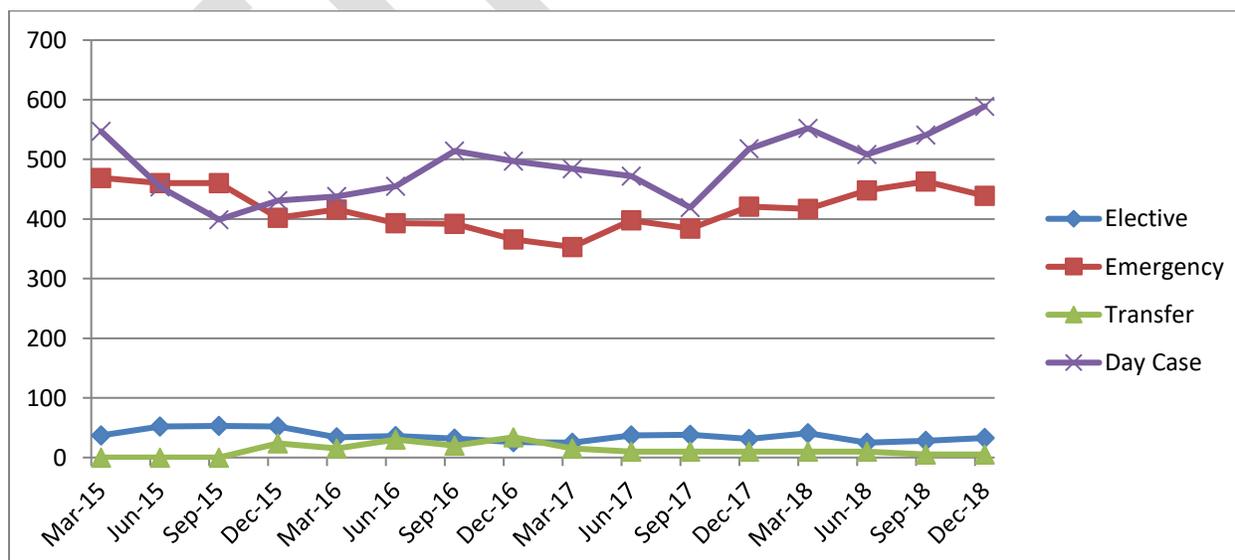


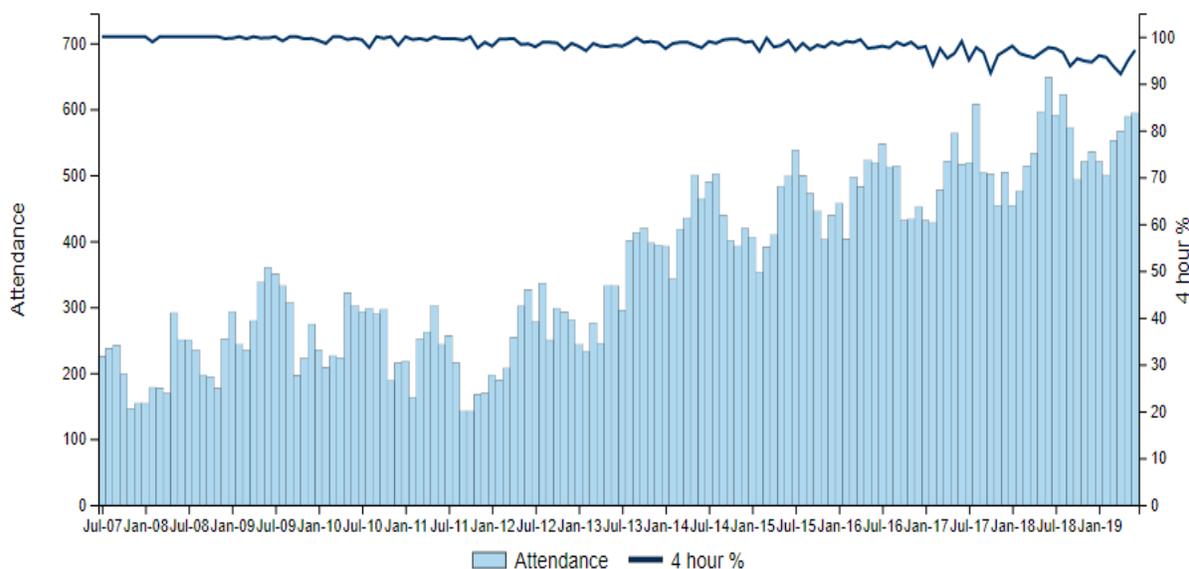
Table 1. Consultant Led Outpatient Activity, The Balfour 2013/14 – 2017/18 (Source: ISD)

Year	New	Return	Grand Total
2013/14	4094	7610	11704
2014/15	4082	7897	12069
2015/16	3993	7796	11789
2016/17	4111	7239	11350
2017/18	3858	7117	10975

Figure 2 provides an overview of Emergency Department attendances and compliance with the 4 hour standard over the period July 2007 to June 2019. As can be seen from this chart NHS Orkney continues to achieve the LDP standard of 95% and seeks to obtain the 98% stretch aim in regards to the 4 hour target however this has become more challenging over time with a significant increase in attendances. Just over 6,600 ED attendances are expected annually and breaches of the 4 hour target are largely due to timely access to a senior decision maker (particularly in the OOH period when medical cover is more limited) and waits for CT reporting or lab results. Early indicators of performance since migrating to the new hospital and healthcare facility in June 2019 are positive with improved flow being achieved and performance in excess of 95% being achieved weekly and in excess of 98% on occasion. Maintaining this high level of performance is a priority for winter and will be ensured through further implementation of improvement activities aligned to the 6 Essential Actions for Unscheduled Care, such as enhanced joint working between OOH, SAS and ED to best meet demand and an increased focus on before 12noon discharge to bring the admission and discharge curves into better alignment and minimise pressure on beds over the winter period.

Figure 2: Attendance & Compliance with 4 Hours Standard, NHS Orkney, July 2007 – June 2019 (Source: ISD)

NHS Orkney: Attendance and compliance with 4 hour standard



This Health Board began submitting episode level data in June 2011

Unscheduled care services in The Balfour are managed through a collaborative approach. NHS Orkney's Medical Director is the designated clinical lead for Unscheduled Care and works alongside the Board's Unscheduled Care Lead (Head of Transformational Change & Improvement), Head of Hospital and Support Services and Director of Nursing, Midwifery and Allied Health Professionals as well as the Chief Officer for the Orkney Integrated Joint Board to ensure management processes are in place to maintain an overview of all emergency and elective activity and to support patient flow across the whole health and social care system in Orkney. A dedicated Unscheduled Care Board to support this purpose has recently been established including representation from all areas critical to maintaining unscheduled care performance. This group routinely considers and takes action based upon performance and improvement metrics. To date NHS Orkney has not utilised System Watch for predicting demand and informing service planning however data is now being submitted with plans in place to fully utilise this resource for operational planning purposes.

Within The Balfour, daily huddles and multi-disciplinary team meetings are used to support effective communication and the identification of emerging issues. An Escalation Policy is in place to support effective communication between wards and departments and enable issues to be responded to timeously as they emerge. This process is supported operationally by a designated senior nurse for flow management which is shared on a rota basis with the aim of maintaining an overview of inpatient capacity including liaison between off island facilities and community services to ensure timely access to care and support to facilitate supportive patient discharge. All breaches of 8 hours or above are recorded on the Datix incident reporting system and are subject to investigation to identify learning opportunities and the dissemination of best practice with reporting through to the Unscheduled Care Board who are directing improvement activities in line with the 6EA programme.

2.2 Scheduled/Unscheduled Care

Since migrating to the Balfour in June 2019, the level of scheduled care provided by NHS Orkney has increased to respond to increased waiting times and ensure the Board is able to meet the targets set out in its Annual Operational Plan and Waiting Times Improvement Plan trajectories. Whilst significant work has been completed to limit the impact this additional activity has on unscheduled care capacity, there is potential for this to have some impact on the availability of capacity within acute services. However, the new facility provides 2 theatres and an endoscopy suite thus significantly reducing the previous issue experienced within Orkney of being limited to one theatre on the old site with the resulting impact emergency presentations had on short notice elective cancellations. This is a very positive step forward for NHS Orkney which will ensure elective cancellation rates are minimised.

2.3 Managing discharges and transfers from mainland hospitals

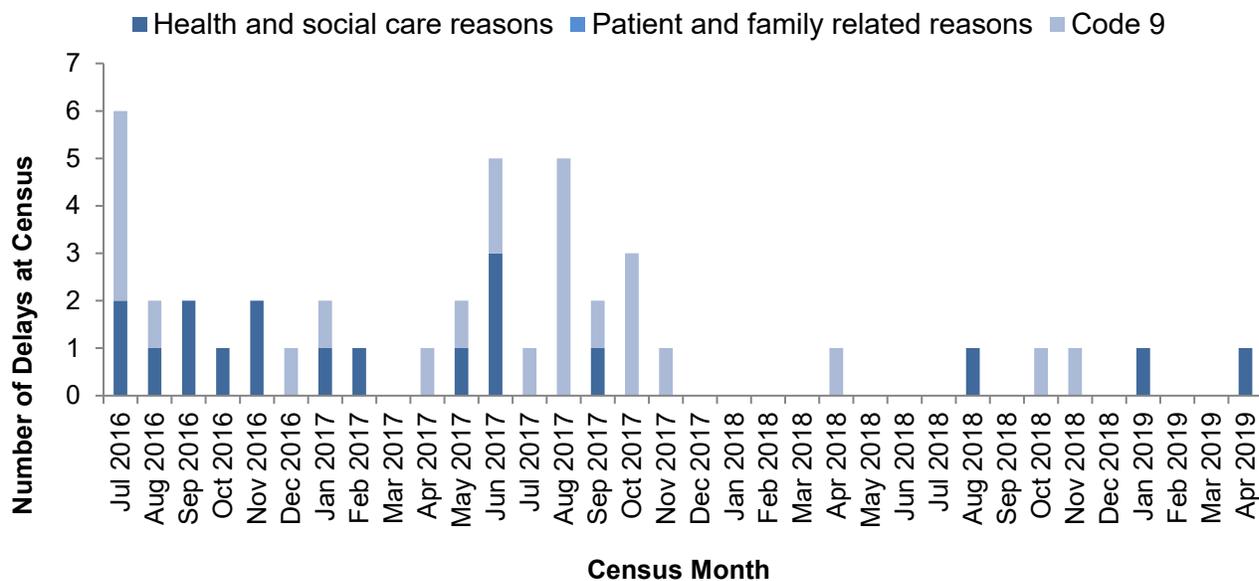
Patients whose discharge has been delayed for non medical reasons are relatively few in number as a result of proactive communication and management processes between operational teams both internal across Orkney and externally with colleagues in NHS Grampian who provides the majority of NHS Orkney's off island secondary care provision. Figure 3 provides an overview of delayed discharges within the Balfour Hospital over the period July 2016 – April 2019.

Figure 3: Patients whose discharge has been delayed for non medical reasons, The Balfour, July 16 – April 19 (Source: ISD)

Delayed Discharge Census by Delay Reason

NHS Orkney

Ages 18+



The trend shown above has continued throughout the year and no more than 2 delayed discharges are expected at any time within the Balfour in line with bed modelling undertaken for the new facility, including over the forthcoming winter period. A locally agreed Discharge Policy is in place which focuses on commencing planning for discharge at the point of admission. An audit on compliance with the policy is regularly undertaken and used to inform continuous improvements. All incidents relating to ineffective discharges are reported in the Datix system and investigated to identify opportunities for learning and improvement. Lessons learnt are shared through the Patient Flow Group and Quality and Safety Group as appropriate as well as operational dissemination to teams by team leads.

Health and Social Care Services are anticipating a higher level of transfers and discharges from acute mainland hospitals (Aberdeen Royal Infirmary - ARI in particular) as these providers prepare for the festive period and discharge patients back home. Our clinical flow coordination role and Orkney/Shetland Liaison Nurse in NHSO and NHS Grampian will liaise about the reduction in elective admissions, the increase in discharges (if clinically appropriate) with appropriate plans in place, and transport arrangements. Good working arrangements are in place across health and social care services on island and off island secondary care providers to ensure the smooth and timely transfer for patients throughout the winter period.

If patients from ARI or The Balfour are to be discharged home, plans are in place to ensure that Community Nursing, Homecare, Community Mobile Responder Service, Intermediate Care Team, AHP services, Inpatient Teams and General Practice are involved in the discharge process and arrangements for a seamless transfer are as robust as possible.

Transport to the outer islands of Orkney is disrupted over the festive period and therefore there can be unavoidable delays for some patients. This is however taken into account as part of the

discharge planning process and where possible alternative arrangements for transport or accommodation are made.

SECTION 3. OUT OF HOURS & FESTIVE PREPAREDNESS

3.1 Festive Arrangements

A full range of elective and supporting services is provided up to and including 24 December, with reduced on call services for 25 and 26 December. Similarly usual provision is in place up to and including 31 December with reduced on call services for 1 and 2 January. We do not anticipate any adverse impact on our agreed access trajectories for delivery of the out patients standard and TTG.

There is limited capacity to increase staffing numbers to cope with potential upsurge in patient numbers immediately beyond the festive period. Patient discharge through the daily safety huddle as well as the use of a limited pass system to allow some patients back to family environments also assists in this process.

Account has also been taken of Christmas revelries in the main town including what is known locally as 'Mad Friday'. Staffing levels will be slightly raised in anticipation in a spike in demand for services.

The Ba will be on 25 December and 1 January and the Surgical Team will be available if required. Preparations are underway to ensure that all Out of Hours GP shifts are covered from the period 24 December 2019 to 2 January 2020.

Service winter planning updates will also be provided through the OLECG meeting process in the autumn so that agencies can update their respective partners with regard to their winter preparedness.

3.2 Primary Care Out of Hours Services

The Head of Primary Care Services will as part of her discussions with NHS Primary Care Contractors discuss and reinforce the contractual requirements for provision of care on key dates such as 24 December, 27, 30 and 31 December and 3 January. Confirmation has been received from some of the independent contractors indicating their willingness to support the NHS Board and alleviate any pressures on the OOH service at these critical times.

Patients will be advised to ensure supplies of repeat medications are ordered sufficiently for the holiday period, with Practices taking responsibility to promote this locally and NHS Scotland undertaking the national campaign with this advice as part of the message.

NHSO will provide the usual Out of Hours service on 25 and 26 December and 1 and 2 January inclusive although it should be noted that at this stage the OOH rota has not yet been fully confirmed. There will be a first and second on call for this period. NHSO has a standing arrangement with NHS24 that any Orkney calls that wait longer than 40 minutes will be passed onto the first on call GP who will make the decision to either deal with the case themselves or pass it on to the second on call. The Isles' GPs and Nurse Practitioners will provide an on call service over the festive period.

GP Practices will be encouraged to keep the days after re-opening after Christmas and New Year strictly for urgent, on the day appointments, to cope with patient demand after practices have been closed for the festive period.

Practices will be encouraged to ensure that all patients with high risk of admission over this period have EKIS (Electronic Key Information Summary) special notes in place to help OOH team and prevent unnecessary admissions EKIS will allow clinicians access to relevant data when the practice is unavailable. Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.

All independent practices have opted out of providing out of hours care. NHS Orkney has invested in and provides an out of hour's service which uses NHS24 (via Highland Hub based in Inverness) for nurse triage.

3.3 Pharmacy Cover

Community Pharmacy provision over the festive period is well tested and activity levels monitored each year. The community pharmacy rota has been drawn up to take this into account and will be well publicised.

The ED and the out of hours doctor service have good access to an extensive range of essential medicines. The stock levels over the festive period will be checked accordingly. There is extensive access to emergency medicines in the hospital during the out of hours period.

Community Pharmacies opening Hours for the Bank Holidays are:

NHS ORKNEY FESTIVE & NEW YEAR 2019/2020 OPENING TIMES (Community Pharmacies)

Name of Pharmacy	Address	Tue 24 th Dec 2019	Wed 25 th Dec 2019	Thur 26 th Dec 2019	Fri 27 th Dec 2019	Sat 28 th Dec 2019	Sun 29 th Dec 2019	Mon 30 th Dec 2019	Tue 31 st Dec 2019	Wed 1 st Jan 2020	Thur 2 nd Jan 2020	Fri 3 rd Jan 2020
Dounby Pharmacy	Vetquoy Rd Dounby	09:00 to 17:00	Closed	Closed	09:00 to 17:00	10:00 to 13:00	Closed	09:00 to 17:00	09:00 to 17:00	Closed	Closed	09:00 to 17:00
WHB Sutherland Ltd	74 Victoria Street Stromness	09:00 to 17:30	Closed	Closed	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Closed	09:00 to 17:30
WHB Sutherland Ltd	43 Victoria Street Kirkwall	09:00 to 17:30	Closed	Closed	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Open 15:00 to 16:00	09:00 to 17:30
Boots Ltd	51 Albert Street Kirkwall	09:00 to 17:30	Closed	Open 15:00 to 16:00 Prescriptions only	09:00 to 17:30	09:00 to 17:30	Closed	09:00 to 17:30	09:00 to 17:30	Closed	Closed	09:00 to 17:30

These arrangements will be circulated to ensure NHS 24 & the OOHs GPs are fully sighted on opening hours in order to access patient medication during this restricted period.

The Pharmacy Department within The Balfour will be open on the Bank Holidays of the 26th of December and the 3rd of January between the hours of 10:00 and 15:00 hours for the supply of medicines and to facilitate discharges.

There is no formal on-call provision for pharmacy staff within the Balfour, however service provision for out of hours medical information and guidance can be accessed through NHS

Grampian OOH service which operates on a 24/7 basis and can be contacted via the Balfour Switchboard service who hold the contact details.

Medicines can be obtained following the OOH access to medicines procedure: electronic copy available on Blog>Pharmacy & Prescribing>OOH

The Balfour Pharmacy Department is an integral part of the discharge process as outlined in our local Health and Care Discharge Policy. Pharmacy staff attend daily dynamic discharge meetings to facilitate the allocation of appropriate staff resource to support timely processing of discharges. Staff will work late or attend early to support additional work load associated with winter pressures or festive bank holidays. Pharmacy will receive discharge prescriptions or electronic notification of discharge at least two hours in advance of discharge from acute wards and 24 hours before discharge from other areas. The aim is to assist in making the discharge of patients as joined up and seamless as possible.

3.4 Dental Cover

Public holidays and weekends are considered to be 'out-of-hours' and dental emergencies will be coordinated by NHS 24 via the Highland Hub. NHS Orkney will run an emergency dental service, to see appropriate cases once triaged by the Hub. The rota for the holiday period is in place.

Out with the weekend and public holidays, practices are expected to cover in-hours urgent care for their own patients. NHS Orkney will confirm this cover with local independent practitioners in advance of the holiday season.

Similarly, out with the weekend and public holidays, NHS Orkney will arrange in-hours cover for their own patients and those who cannot access care elsewhere. This will be based at the Public Dental Service Clinic in The Balfour and can be contacted on 01856 888258. At least two dentists, with the necessary associated nursing and support staff, will be available.

3.5 The Scottish Ambulance Service

The Scottish Ambulance Service (SAS) are responsible for patient transport including transfer from the outer isles to hospitals on the Scottish Mainland and will decide on the most appropriate form of transport based on patient priority. The SAS air desk co-ordinates with a range of agencies such as the coastguard and if necessary the military in order to source available air assets. In severe weather when flying is beyond safe limits, the OIC Harbours Department can be contacted re the use of the inter isles ferries. Similarly in extreme cases Shetland Coastguard has lifeboat assets based Kirkwall, Stromness and Hoy which may be available to transport patients from the outer islands.

3.6 Community Health and Social Care Services

Adult, Children's and Criminal Justice Social Work services will commence the festive season out of hours period at 4.00pm on 24 December 2019, and reopen for business at 9.00am on 3 January 2019. Emergency out of Hours social work services can be contacted through Balfour Hospital on 888000 for the duration of the holiday period.

On 27, 30 and 31 December a duty worker for social work and social care services will be contactable on 01856 886470 between 9am and 1.30pm each day: the ASW duty worker will liaise with care home and hospital colleagues and allocate any available vacancies. Referrals to

the Telecare service will be checked for urgent new requirements once per day on 27, 30 and 31 December also. The Responder and Homecare services will operate as normal, throughout the festive period. The Selbro Community Equipment Store will be closed from 25th December 2019 reopening again on Thursday 3rd January 2020. For urgent referrals and in addition a small supply of pressure relieving equipment is held in all GP Practices. For all Home Care enquiries please contact 01856 888390. Working arrangements will return to normality on 3 January 2020.

Mainland community nursing services will continue to provide 24 hr cover however there will be reduced staff on the public holidays. The level of staffing required will be reviewed by the Clinical Team Lead who will arrange cover to cope with the forecasted demand, this will be between 4 and 6 staff over the two teams. Weekend arrangements are unchanged as are Isles community nursing arrangements over the festive period.

SECTION 4. PREPARE FOR AND IMPLEMENT NOROVIRUS OUTBREAK CONTROL MEASURES

4.1 Infection Prevention and Control Team Preparedness

The Infection Prevention & Control team (IPCT) has supported the implementation of the National Services Scotland, National Infection Prevention & Control Manual (2012) throughout the clinical areas which is available to all staff through their desktop NHS Orkney BLOG page, named Infection Control Services. There is direct link to all National and local documents with quick links ensuring the most up to date information is available to staff, including Health Protection Scotland website www.hps.scot.nhs.uk

The IPCT provide information on infection prevention and control to all new starts through corporate induction. Additional training includes LearnPro for NES Standard Infection Prevention and Control Education Pathway (SIPCEPs) plus additional face to face sessions are delivered to staff in both hospital and community, including Residential Care Homes.

Staff are encouraged to take personal responsibility to ensure the well being of patients and their colleagues through not attending work until 48 hrs has passed following the last episode of diarrhoea and/or vomiting.

The IPC team are working closely with the laboratory service in securing a bid to have point of care testing service to enhance patient care and reduce the burden of some PPE items being used.

4.2 Engagement with other Services

Residential and supported accommodation services are well versed in how to deal with infection control outbreaks, however to embed this further Infection Control Outbreaks are continuing to be supported through enhanced education sessions and areas for improvement are identified and implementation supported.

4.3 Norovirus Information

Health Protection Scotland inform Boards of any increase in levels of norovirus across Scotland and ask Boards to be prepared in advance to help reduce the likelihood of outbreaks arising. The IPCT have monitoring processes in place recording patient's infection status as well as signage for staff and relatives to raise awareness around infection control measures. In addition

the IPCT are part of the daily huddle to offer support where a suspected or known infection is present. This includes information on environmental decontamination processes post discharge or transfer.

4.4 Outbreak Control Meetings & Reporting

The Public Health Department and Infection Prevention & Control Services monitor all areas affected by norovirus both in the community and hospital. The number of cases and number of departments closed within the hospital are captured and notified to Health Protection Scotland (HPS). In the event of an outbreak, meetings will take place daily and more frequently if the circumstances dictate. On a weekly basis Public Health will provide a routine statistical return for HPS on normal business. As well as notifying the Senior Management Team, liaison will also take place with OIC and other bodies or agencies as soon as the local trigger factors indicate such to a response is appropriate.

4.5 IPCT Festive arrangements

Whilst there are no formal on-call arrangements for IPCT over the festive period, Public Health provide advice and guidance through the 24/7 on-call system. The Public Health on call is currently provided through a tripartite agreement between the three island boards. Clinicians have access to the on-call microbiologist in NHS Grampian for specific infection and guidance on antimicrobial prescribing

SECTION 5. SEASONAL FLU, STAFF PROTECTION & OUTBREAK RESOURCING

5.1 Predicted surge of flu activity

Seasonal Influenza is a highly infectious disease caused by a virus. It occurs every year, usually in winter, and can make even healthy people feel very unwell. Infection usually lasts for about a week and is characterised by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and a runny nose. In the young, the elderly or those with other serious medical conditions influenza can bring on pneumonia, or other serious complications which can, in extreme cases, result in death.

Influenza has an annual attack rate estimated at 5%-10% in adults and 20%-30% in children.

The virus is transmitted from person to person via droplets and small particles when infected people cough or sneeze. Seasonal influenza spreads easily and can sweep through schools, nursing homes, businesses or towns. When an infected person coughs the droplets get into the air and another person can breathe them in and get exposed. The virus can also be spread by hands contaminated with influenza virus. To prevent infection people should follow good tissue etiquette and hand hygiene practices.

During the 2018/19 influenza season, there were 17 confirmed cases of influenza in Orkney residents and one influenza outbreak occurred in a school which received support from the public health team.

The most effective way to prevent influenza and/or severe complications is vaccination. There were changes made to the delivery of the seasonal influenza vaccination programme for adults during the 2018/19 campaign

- All adults aged 75 years or more were offered an Adjuvanted trivalent inactivated flu vaccine (aTIV)
- All adults aged 65-74 years were offered a trivalent inactivated vaccine (TIV)
- Those aged 18-64 years with at-risk conditions, including pregnant women were offered quadrivalent inactivated flu vaccine (QIV)

Throughout the UK, the target for the adult seasonal influenza immunisation programmes is 75%. The uptake in 2018/19 in Orkney for people aged 65 to under 75 years was 69.7% (Scotland 69.3%) and for those aged 75 years and over it was 82.6% (Scotland 79.3%). For those at risk (excluding healthy pregnant women and carers) the uptake rate was 51.2 % (Scotland 42.4%). Seasonal influenza vaccines are offered to pregnant women by maternity services, the uptake for pregnant women not in a clinical at risk group was 39.1% (Scotland 44.5% and for pregnant women and in a clinical risk group was 59.1% (Scotland 57.4%)

For 2019/20 the adult influenza vaccination programme will change again, this year in Orkney all adults aged 65 years and over will be offered aTIV.

A cell base quadrivalent inactivated vaccine (QIVc) will be available for individuals who are contraindicated to the egg based vaccines.

NHS Orkney will develop the programme and further publicise the benefits of immunisation through the local media. We aim to be above the Scotland average in 2019/20. Orkney Disability Forum will be informed of the dates of flu clinics so that they can arrange for extra buses to help increase uptake of the flu vaccine at GP practices.

The child flu immunisation programme is for all children aged 2-5 years through primary care and a school based programme for children in P1-7 arranged via Public Health. These children will be offered a nasal flu vaccine unless contra-indicated in which case they will be offered a quadrivalent inactivated influenza vaccine. The uptake target for immunising preschool children is 65%. The uptake in 2018/19 was 69.5% (Scotland 55.7%). For primary school children the uptake target is 75%, in 2018/19 76.7% of the children were immunised (Scotland 75%). . Any primary school child who misses their school session will have the option to attend their GP practice for vaccination or to be mopped up during a later school session.

Health Protection Scotland provides four weekly updates of vaccine uptake rates via the flu portal.

5.2 Staff Vaccination Scheme

The Scottish Government Health Department Circular SGHD/CMO (2019)10 advises that free seasonal flu immunisation should be offered by NHS organisations to all employees with the emphasis on front-line staff, for example, paediatric, oncology, maternity, care of the elderly, haematology and ICU. The target for each health board in 2019/20 is 60% of staff involved in delivering care to be vaccinated. Social care providers should also consider vaccinating staff with provision made in line with local Occupational Health arrangements.

Historically, the Occupational Health Department have worked collaboratively with the Public Health Department to be actively involved in promoting and delivering the seasonal flu vaccine to key healthcare workers. As per the CMO guidance, NHSO is committed to ensuring staff are offered and encouraged to take up the seasonal flu vaccine, and making the flu vaccine as accessible as possible. This is done by making drop-in clinics available in the work place and early morning clinics are arranged to make sure staff can attend prior to the start of a shift or at the end of a night-shift. As well as the drop-in clinics within the hospital, staff can also drop-in or make an appointment at the Occupational Health Department. A range of engagement techniques have been utilised including email, posters, offering appointments, drop in sessions and notice of flu season entered into individual pay slips. Established dates for daily immunisation clinics will also be widely circulated on staff information platforms. The flu programme will run from 1 October 2019 to 31 March 2020.

The delivery of the 2019/20 Staff Flu campaign is currently under development; however preliminary planning discussions have incorporated local lessons learnt in recent years. The vaccine will be offered to staff in as equitable and flexible a way as possible. It is anticipated that all senior clinicians and managers will be engaged from the outset of the campaign by sharing national resources regarding the role Flu vaccination plays in preventing the spread of the virus. Key messages should be reiterated to individual teams across the organisation with particular attention to the engagement of the staff in front-line areas (as listed above).

5.3 Staff Absence

There has been a continued decline in the uptake of the flu vaccine amongst frontline staff and admin staff effectively increasing the risks to staff and patients health and service delivery.

2014/15 Frontline staff	37.5%	Admin staff	42.2%
2015/16 Frontline staff	49.3%	Admin staff	44.7%
2016/17 Frontline staff	32%	Admin staff	56.9%
2017/18 Frontline staff	32.3%	Admin staff	40.5%

NHS Orkney and Orkney Island Council Community Social Services staff are encouraged to have immunisation against seasonal flu. Under the auspices of the Occupational Health and Safety Committee the Public Health and Occupational Health Departments (Occupational Health Services are provided by NHS Grampian as part of a service level agreement) are working together to promote and deliver a staff vaccination programme with the aim of increasing the number of staff vaccinated. The Human Resources Department monitor absence rates closely and have established policies to promote attendance at work.

Innovative approaches to increasing uptake and encouraging staff to be vaccinated will be utilised supported by role modelling by the Executive and Senior Management Team.

SECTION 6. POINT OF CARE TESTING

6.1 Point of Care Testing

A business case has been completed to enable the introduction of Point of Care molecular testing for Influenza A/B and RSV, supported through NHS investment and Winter Planning funding. Implementation of this business case is now underway and will result in the procurement of two analysers, one based in the Laboratory and one in the Emergency Department, which will provide rapid testing for 24/7 diagnosis.

The benefits will include improved patient flow, the ability to increase discharge from the ED with a diagnosis, to ensure the appropriate use of antivirals and to reduce inappropriate antibiotic use in those with known viral infections. Testing will be operational by late November 2019.

SECTION 7. RESPIRATORY CARE

7.1. Local Pathway

The care of patients affected by respiratory disorders is supported by off island secondary care provision in NHS Grampian via the Respiratory Medicine Unit. Referrals to this unit should be made via SCI Gateway. There is no local lead for Respiratory Medicine however clinicians are familiar with the local pathway for patients with different levels of severity of exacerbation and GPs can access advice from the hospital based Consultant of the week to aid decision via Switchboard on tel: 888100.

7.2 Discharge Planning

There is a Grampian based Respiratory Managed Clinical Network which has an active Facebook page providing regular updates and information. This can be accessed at <https://www.facebook.com/respiratorygrampian/>

7.3 Prevention of Illness

Information about keeping warm and well in winter is available on the OIC and NHS Orkney website and given opportunistically by primary care and social care staff. NHS 24 leaflets with a one point of contact number and when to contact NHS24 are to be widely distributed via healthcare professionals over the coming months. A multi-agency action plan is in place to reduce fuel poverty. Currently up to 30% of families in Orkney are living in fuel poverty. Many at risk properties have been assessed for energy efficiency and insulation. Advice on grants to insulate houses and installation of energy efficient heating systems is available locally.

SECTION 8. MANAGEMENT INFORMATION

8.1 Reporting Arrangements

Effective NHS Orkney reporting lines are in place to provide the Scottish Government with routine weekly management information and any additional information that might be required on an exception/daily basis. Information will be obtained from the Trakcare system following real time data entry in regards to admissions, transfers and discharges. Effective reporting lines are also in place to provide the SG Directorate for Health Workforce & Performance with immediate notification of service pressures that will disrupt services to patients as soon as they arise.

Balfour Hospital Overview – Festive Period

Date	Action
24 December 2019	Last elective list, extra surgical clinics for urgent cases will be scheduled as required.
25 December 2019 to 26 December 2019 and 1 - 2 January 2020	Surgical Teams emergency cover only.
24 December 2019 to 3 January 2020	Out of Hours Duty Social Worker accessed via Balfour Hospital switchboard.
25 & 26 December 2019 and 1 & 2 January 2020	CDU will be closed. There will be one staff member available if required to process items if required.
31 December 2019	Day surgery trolleys available for Emergency Department if needed.
3 January 2020	Elective surgery resumes.
24 December 2019 to 3 January 2020	Bed management (huddle) meetings to be held daily and bed status checked three times daily and escalated as appropriate.

8.2 Management of minor disruption/incident

There are occasions where incidents are anticipated to be relatively short lived and may not after consideration from the NHS Orkney Chief Executive/Medical Director/ Senior Manager on Call require the setting up of an Incident Management Team (IMT) in the Brodgar Room of the Balfour Hospital. However it is good practice to establish a co-ordinating group from a core number of individuals whose service delivery may be affected by a disruption/incident.

Representation on this group will be on a case by case basis and will be located either within the Brodgar Room, the Skara Room or the Reisa Room depending on which is available and least disruptive to normal business. Clear recording processes are essential and the group will ensure that Sit-Rep forms are circulated on an hourly basis initially to the Chief Executive, Medical Director, Director of Public Health and Senior Manager on Call so that Senior Management are fully sighted on any ongoing incidents relating to the Winter Plan and can thus make the decision to escalate to a meeting of the full IMT if required. In addition the sub-group will follow a fixed agenda and be formally minuted. The group will compliment the IMT by gathering information and resolving lower level incidents. It should be noted that the IMT core and processes are documented within the NHSO Major Incident and Emergency Plan.

8.3 Risk Assessment

	Risk	Action	Lead and Timescale
1. Potential for patients to not know who to turn to in order to access services, particularly during the festive period.	<ol style="list-style-type: none"> 1. Emergency Department unable to manage increase in demand. 2. Switchboard becomes overwhelmed in festive periods 	<ol style="list-style-type: none"> 1. External communications to increase awareness of services available and contact methods. 2. Extra staff on standby to provide additional capacity and support if required. 	Head of Transformational Change & Improvement Head of Primary Care Communications support via NHS Grampian - arrangements in place
2. Balfour Hospital must be able to respond adequately to surges in demand.	<ol style="list-style-type: none"> 1. Secondary care services are not able to provide timely access to care potentially resulting in increased pressure on off island transfers and facilities. 	<ol style="list-style-type: none"> 1. Workforce planning to staff reconfigured areas to take into account winter preparedness and the timing of ward changes in maintaining surge capacity. 2. Oversight and operational management to be provided by the HoHSS in liaison with clinical directors. 3. Daily management of capacity via morning Huddles. 4. Draft Surge Capacity Plan 	Head of Hospital & Support Services (HoHSS) Clinical Nurse Manager – arrangements in place
3. Orkney Out of Hours Service covers a large geographical area of mainland and linked islands including both urban and rural areas.	<ol style="list-style-type: none"> 1. South Ronaldsay and Burray (linked isles) may become cut off from road transport in severe weather, which would result in the shutting of the barriers. 2. Weather may cause difficulties for non-linked small isles air and boat transport. These isles are not covered by the OOH service, but have a 24hr service from a local, GP or Nurse Practitioner. 	<ol style="list-style-type: none"> 1. Additional cover from 2nd Out of Hours GP. In hours cover provided by GP practice on call arrangements via Switchboard. 2. Arrangements have been made that if bad weather shuts the barrier, the practice in St Margaret's Hope will cover this area (SLA in place). 	Head of Primary Care - arrangements in place

	Risk	Action	Lead and Timescale
4. Epidemic of viral illness.	<ol style="list-style-type: none"> 1. System becomes overwhelmed by need to respond to epidemic. 2. Large number of staff affected by viral illness. 3. Staff remain at home to look after family members. 4. All available bed space occupied. 5. Low uptake of Flu vaccine amongst staff. 	<ol style="list-style-type: none"> 1. Activate Outbreak Plan (or Pandemic Flu Plan if appropriate). 2. Ensure that arrangements are in place to make the flu vaccine as available as possible to staff. 	Public Health Department – in place
5. Pharmacy closed over festive period.	<ol style="list-style-type: none"> 1. Unable to access required drugs in a timely manner. 	<ol style="list-style-type: none"> 1. Stock levels in wards & departments are increased, where appropriate, in anticipation of extra winter demand. 2. Emergency drugs cupboard accessible to all clinical areas and OOH GP services. 3. Normal OOH procedures and access to medicines will be available for Balfour Hospital Staff. 4. The Pharmacy department will be open on Bank holidays. 5. Community Pharmacies will be open as normal on 24 Dec 2019 and a Kirkwall Community Pharmacy will be open for a pre defined and advertised period to dispense prescriptions as per section 3.3 above. 	Head of Pharmacy – arrangements in place

	Risk	Action	Lead and Timescale
		<ul style="list-style-type: none"> 6. Specialist Medicines Information and emergency supplies can be arranged via the on-call service NHSG as part of the SLA. 7. NHS Orkney Pharmacists and Community Pharmacist's can be contacted through switchboard if required. 	
6. Severe weather threatens business continuity.	<ul style="list-style-type: none"> 1. Risk to organisations ability to deliver services due to effects of severe weather. 	<ul style="list-style-type: none"> 1. Severe weather guidelines in HR policies implemented. 2. CEO or On Call Senior Manager to assess if should be treated as major incident and emergency plan brought into play. 	On Call Senior Manager as required
7. Managing Patient Flow.	<ul style="list-style-type: none"> 1. Patients are delayed in hospital due to failures in systems, processes or the availability of support services. 	<ul style="list-style-type: none"> 1. Multi agency Discharge Policy in place. 2. Guesthouse available through Red Cross to support patients with no clinical requirement for admission (e.g. those attending for surgery from outer isles) or those who are medically fit for discharge. 3. Arrangement with local hotelier to provide capacity out with hospital to deal with discharge challenges associated with travel disruption. 4. Daily Huddles to oversee bed management, supported by 	Head of Hospital & Support Services and Chief Officer, Integrated Joint Board – arrangements in place

	Risk	Action	Lead and Timescale
		<p>daily and weekly MDT meetings to support discharge planning.</p> <p>5. Multi agency working to support discharge through local arrangements such as ARC and MDT meetings.</p>	
9. Communications.	1. Limited communications on more remote locations Islands	<p>1. Raised through Orkney Local Emergency Co-ordinating Group (OLECG). Some resilience provided via other attending agencies Police, Scottish Fire and rescue Service/Coastguard airwave access.</p> <p>2. Risk managed as part of Corporate Risk Register.</p>	Head of Corporate Services/Resilience Officer - ongoing
10. Vulnerable groups.	<p>1. Very cold weather and significant snow may isolate residential care homes, people with physical or mental health problems and cause difficulties in accessing food and medicine deliveries.</p> <p>2. May also results in issues surrounding staff rotation and attendance.</p>	<p>1. OIC Winter Services Plan details response.</p> <p>2. IJB are in position to identify vulnerable service users who would benefit from home visit/health visitor/neighbour/relative.</p> <p>3. Care for People Plan via OIC implemented</p> <p>4. OLECG group stood up.</p>	OIC Development & Infrastructure/OLECG – arrangements in place
11. The Ba.	1. Significant number of people injured.	<p>1. Balfour Hospital open and able to provide service/treatment.</p> <p>2. In the event of significant number of people injured consideration will be given Major Incident & Emergency Plan into play.</p>	Head of Hospital & Support Services/On Call Senior Manager – in place

	Risk	Action	Lead and Timescale
12. Increase in non-scheduled admissions over winter such as orthopaedics	1. Reduction in scheduled care capacity and resulting increase in waiting times	1. Capacity built into lists to allow for limited emergency disruption	Clinical Nurse Manager – Elective Care - ongoing
13. Impact of Brexit	1. Potential disruption on numerous levels of hospital activity due to Brexit	1. Maintenance of up to date Brexit plan 2. Continued engagement with Brexit planning nationally	Resilience Officer & Brexit Lead (Head of Corporate Services) - ongoing
14. Staff vaccination delay due to change of provision from Occupational Health service to NHS Orkney	1. Delay in timescales of provision of staff vaccination programme	1. Short life working group set up to rapidly organise provision	Head of Corporate Services - complete

FEMTA

8.4 Investment Priorities for Winter Funding

£17,256	To be split across Primary and Community Care directed at supporting festive rotas and winter response to emerging issues to address/prevents delays including: <ul style="list-style-type: none">• Engagement of the third sector.• Funding of a second on call for OOH GP service over festive period.• Bolstering of ED with social care and AHP input on key dates within festive period including “Mad Friday”.
£17,256	Acute Services supporting festive rotas and emerging issues including: <ul style="list-style-type: none">• Additional nursing in ED over festive period.• Additional medical and surgical cover over festive period and “Mad Friday”.• Nursing bank to cover gaps in staffing rotas as a result of winter weather (staff unable to come in from across Barriers etc.• Bolstering of ED and ward staffing over periods of intense service pressure through additional staffing from internal bank and external locums as necessary.
£5,000	Flu Point of Care Testing
£2,500	Supporting National Communications
£2,500	Supporting Local Communications around “Know who to turn to”
£2,000	Support attendance from local team at national winter planning events

Total investment: £46,512

Given the scale of our system and the deminimus level of service provision which is necessary across the islands the full impact of this additional funding has not been described at a detailed level. However, as described in the earlier parts of this document there is a commitment to ensuring targets for both elective and emergency access are met throughout the winter period and that delayed discharges remain at their existing low level.