

NHS Greater Glasgow & Clyde	Paper No. 21/08
Meeting:	Board Meeting
Date of Meeting:	23rd February 2021
Purpose of Paper:	For Noting
Classification:	Board Official
Sponsoring Director:	Dr Jennifer Armstrong

Remobilisation Plan 3

Recommendation

The Board is asked to note the requirement to produce a Remobilisation Plan for the 12 months to March 2022. The Board is also asked to note progress in developing the plan and the priorities for 2021/22.

Purpose of Paper

This paper summarises the requirement to produce a Remobilisation Plan for 2021/22 and describes the process followed to draft the plan. It reiterates the strategic direction approved through the Moving Forward Together (MFT) process and notes key priorities for the next 12 months. The paper will be supported by a presentation at the Board meeting.

Key Issues to be considered

- Requirement to link RMP3 with existing Board plans and with IJB Strategic Plans
- Managing expectations around the progression of remobilisation and developmental work, whilst dealing with high and fluctuating levels of COVID

Any Patient Safety /Patient Experience Issues

Patient safety is paramount as we remobilise our health and care services. This has driven new ways of working as we maintain social distancing compliance and ensure Personal Protective Equipment requirements are met. A programme of work is ongoing to ensure the patient's voice is heard as we reshape services.

Any Financial Implications from this Paper

Financial implications will be described at a high level in the full Remobilisation Plan.

Any Staffing Implications from this Paper

Workforce implications are considered throughout the Remobilisation Plan.

Any Equality Implications from this Paper

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Equality Impact Assessments will be undertaken as planned services change.

Any Health Inequalities Implications from this Paper

The Remobilisation Plan recognises the significant health inequalities attributed to the pandemic and our societal response.

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

The risks associated with remobilising service of services will be included in the Board's Risk Register.

Highlight the Corporate Plan priorities to which your paper relates

RMP3 implementation will contribute to a range of our corporate objectives, in particular;

- Develop an overall recovery plan for NHSGGC, taking account of local, regional and national priorities to assure a structured and phased approach to recovery, maximising the potential for redesign and new ways of working to support the overall MFT strategy.

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**Remobilisation Plan 3
April 2021 – March 2022**

NHS Greater Glasgow and Clyde

1. Background

- 1.1. We are currently finalising the third Remobilisation Plan (RMP3) for NHS Greater Glasgow and Clyde which is in response to the Scottish Government commissioning letter dated 14th December 2020. It will cover the period from April 2021 to March 2022, and build on previous remobilisation activity and plans. This plan does not seek to replicate the detail of other extant plans, but recognises the need to bring together clinical and service plans with IJB Strategic Plans and other Board strategies.
- 1.2. RMP3 is being developed in partnership with stakeholders across the health and social care system and is informed by national policies and guidelines. The plan recognises that we are working in a time of uncertainty around the impact of COVID-19 in the year ahead. This uncertainty around planning for 2021/22 is compounded by the need to support our staff teams who have been working under extreme pressure, often in unfamiliar work areas, for the last 12 months. We have assumed that we will still be dealing with significant numbers of COVID-19 patients for at least the first six months of this planning period.

2. Guidance

- 2.1. Guidance on the preparation of the Board Remobilisation Plan for the year of 2021/22 was issued on 14th December 2020. It sought the submission of a one year plan as an update and further iteration of the existing Remobilisation Plan. In addition, it invited Boards to set out a direction of travel over the longer term. Plans are to be developed in partnership with IJBs and should reflect national guidance/policy frameworks.

Remobilise, Recover, Redesign: The framework for NHS Scotland continues to provide the overarching context for remobilisation planning.

The guidance identified a core set of key priorities:

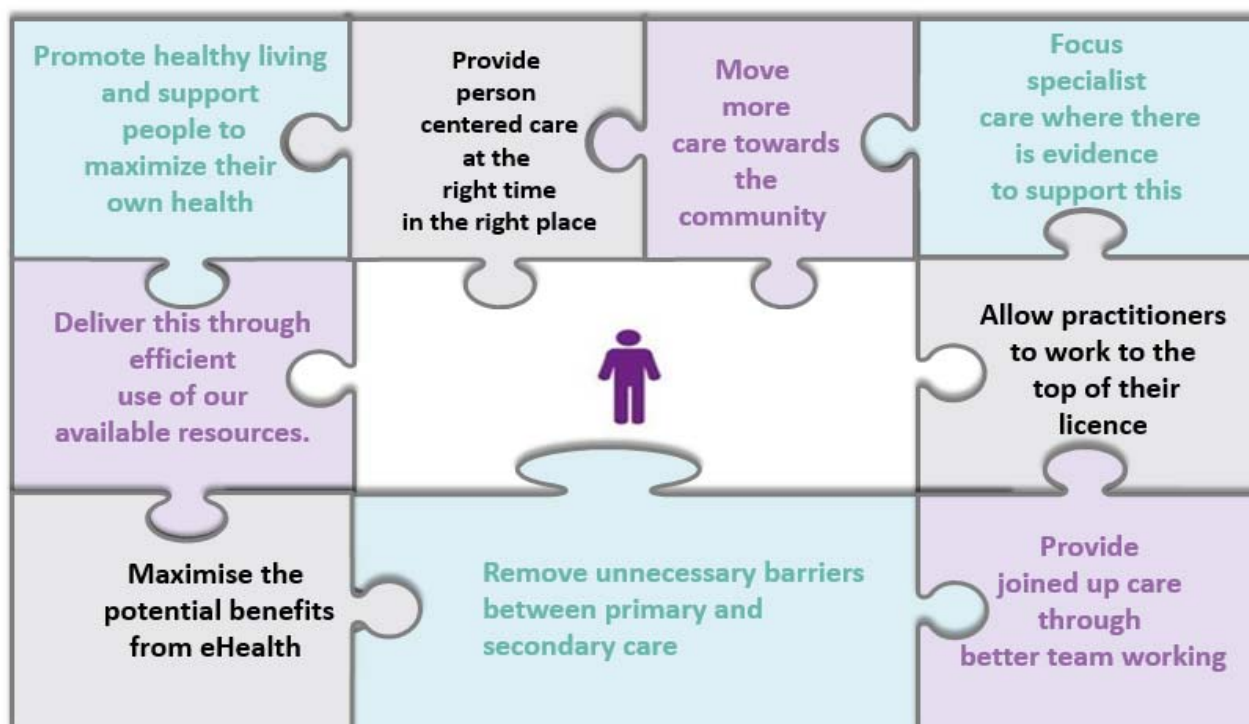
- Supporting staff
- Living with COVID
- Delivering essential services
- Addressing inequalities and embedding innovation
- Finance and capital

3. Process

- 3.1. RMP3 has been drafted through the Acute, HSCP and Recovery Tactical Groups, which have wide representation from across the health and care system. High level principles were discussed and approved through the Strategic Executive Group (SEG), and developed into draft sections. The key areas of focus in the plan has been presented and feedback sought from the Area Partnership Forum, Area Clinical Forum, Area Medical Committee and the Medical and Dental Forum and is scheduled to be presented to the Stakeholder Reference Group and Primary Care Programme Board. A final draft will be submitted to the Scottish Government by the end of February.

4. Strategic Direction

4.1. MFT remains the strategic document which describes the vision for future clinical and care services in GGC. The key principles established through MFT and the significant work carried out with clinicians, patients and the public are summarised in the diagram below:



4.2. Although the formal governance and meeting structure for MFT has been stood down over the period of the pandemic, progress in implementing MFT has continued at pace using the temporary governance arrangements which have been in place over the last 11 months. In relation to **Maximising the potential benefits from eHealth**, significant progress has been made in implementing Active Clinical Referral Triage (ACRT) and increasing the number of remote consultations. As part of the drive to **focus specialist care where there is evidence to support this**, planning to implement the West of Scotland Trauma Network has continued throughout the pandemic period, with the recruitment and training of staff and the progression of the required capital work in Clyde. Full implementation of the Trauma Network is expected to be Autumn of 2021.

4.3. The redesign of urgent care aims to **provide person centred care at the right time in the right place**. In November 2020, we established the GGC Flow Navigation Hub to direct unscheduled care patients to the most appropriate service directly, and this is now moving into phase 2. These achievements are described in more detail throughout this plan, as they form much of the basis for our priorities in the coming year. The Recovery Tactical Group brings together primary, secondary and community services to develop a cross system approach to recovery and remobilisation, **removing unnecessary barriers between primary and secondary care**. The MFT Stakeholder Reference Group has continued to meet, and this group has been able to engage with the development of Remobilisation Plans.

4.4. A key principle which emerged from the MFT work was the agreement to develop a tiered model of service delivery across the entire health and care system. A tiered model of care seeks to deliver the majority of care as near local communities as possible, but recognises that more specialist care is better delivered through a small number of sites with access to specialist staff and other resources. This tiered model is beginning to crystallise with the implementation of the Trauma Network and the establishment of the QEUH as a West of

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Scotland Trauma Centre (and a Trauma Unit for the local population), supported by two other Trauma Units at the GRI and RAH, and local hospitals with centres of excellence which can focus on rehabilitation, elective work, outpatient/day case activity together with maintaining many emergency services for patients locally.

- 4.5. The rapid changes implemented to respond to the pandemic and to remobilise and redesign our services will be reviewed against our MFT vision to inform our priorities for the year ahead and future years. The tiered approach and the ongoing MFT actions begin to determine the shape of health and care services in GGC. Over the next year, we will develop this model further, informed by the priorities described at 5 below and the resources and estate available to us.

5. Priorities for 2021/22

- 5.1. The Board's Corporate Objectives relate to our health and care system and describe what we need to do to achieve our ambition to deliver Better Health, Better Care, Better Value and Better Workplace. The Corporate Objectives drive our more detailed Business Objectives which are outcome focussed, measurable, and time framed and reviewed annually. This process will form part of our overall Governance and Assurance arrangements.

- 5.2. Key priorities for the next 12 months, which are set out in detail in the draft plan include:

National

- Continue to implement the local Test and Protect programme and the Vaccination Programme in line with national guidance
- Continue the implementation of Best Start (Maternity and Neonatal Strategy)

Regional

- Progress the West of Scotland Thrombectomy business case
- Implement the West of Scotland Trauma Network
- Commence implementation of our SACT strategy, subject to resources

Local Strategies

Many of our local strategies will be implemented over the coming years. We will identify project plans for 2021/22 which will be progressed over the next 12 months. Local strategies and plans include:

- Quality Strategy
- Stakeholder Communications and Engagement Strategy
- Mental Health Strategy
- Turning the Tide through Prevention, with a re-phasing of actions to take account of the priority of the pandemic response.
- Digital Health and Care workplan
- Primary Care Implementation Plans
- Realistic Medicine Action Plan

Local Service Improvement

- Progress implementation of our Stroke Strategy
- Develop and co-ordinate services to support people to remain in their own homes
- Develop and implement Phase 2 of our redesign of urgent care

Local Capital

- Progress the business case for the re-provision of the INS
- Develop an Infrastructure Strategy for the Board
- Progress the business case for the North East hub

Local Business As Usual

- Maintain red pathways in hospitals and community as required
- Remobilise elective activity, taking account of the national clinical prioritisation process.

Many of these priorities are longer term, but our plan describes what we expect is achievable in the next 12 months.

- 5.3. We will implement the key recommendations of the Escalation Oversight Boards for unscheduled care, planned care, GP Out of Hours and leadership and the QEUH final report when received. In addition we will implement the recommendations of the independent review.
- 5.4. The detail of the plan will build on the key priorities and identify specific actions to be progressed during 2021/22. These will be finalised before final submission of RMP3, but include:

Workforce: We will continue our commitment to staff mental health and wellbeing and deliver the action plan. We will focus on anticipatory workforce planning to respond to the changing demands of services e.g. testing and vaccination. We will continue to support remote working and maintain social distancing requirements to ensure staff and patient safety.

Public Health: We recognise the existing health inequalities exacerbated by the pandemic and will seek to address them with specific actions. We will continue to deliver the local testing and contact tracing processes working with the national contact tracing centre, and to deliver the vaccination programme. We will continue to support the wider health improvement agenda with a focus on child poverty, mental health, weight management, smoking cessation and drugs and alcohol. We will develop a more resilient workforce in collaboration with Public Health Scotland.

Social Care: Key priorities to work with HSCPs include support for care homes and the care at home service. We recognise the need to reduce delayed discharges and to maximise independence for our population, supporting older people to live safely in their own community. We recognise the additional demand for services such as child and adult protection, homelessness and addictions - some of this demand arising as a result of the pandemic and the need to deliver services in different ways.

Planned Care: We aim to impact significantly on our elective programme when COVID levels allow. We will continue to increase our use of virtual patient management and day case procedures, and we will enhance pre op assessment and pre admission management of patients. We will focus on radiology and endoscopy to reduce waiting times, and will work with other providers to deliver additional activity following clinical prioritisation. Detailed activity schedules will accompany RMP3, but activity levels will be substantially less than before.

Unscheduled Care: Following the successful implementation of phase 1 of the Redesign of Urgent Care, and the opening of the Flow Navigation Hub, we will be implementing phase 2 during 2021/22. This will include the development of a number of additional care pathways, inclusion of paediatrics in the Flow Navigation Hub and increased utilisation of Consultant Connect. During this year, we will also launch Urgent Care Resource Hubs in HSCPs, linking them with the wider redesign. We will develop effective interfaces to support older people to stay in their own community.

Mental Health: We will continue to implement our Mental Health Strategy, including services for older adults, recognising the additional impact the pandemic has had on the mental health

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of the population. A focus on digital will increase virtual patient management and support new psychological services. Mental Health services will support the wider unscheduled care agenda, building on the Mental Health Assessment Units model and developing Consultant Connect. We will work with partners to reduce social isolation and loneliness. We will focus on the delivery of waiting list challenges for Child and Adolescent Mental Health Services and for Psychological Therapies.

Primary and Community Care: Primary Care Implementation Plans continue to be our vehicle to support new ways of working in primary care, supporting GP clusters and quality improvement. GPs will continue to focus on COVID immunisation, cervical screening and chronic disease management. Interface working will focus on urgent care, ACRT, phlebotomy and mental health. Community optometry activity will continue to increase.

Addressing Inequalities: We will continue to practise inequalities sensitive communication for testing, vaccination and service recovery, and implement Fairer NHSGGC 2020-24. We are developing targeted work with BAME communities and have established a Workforce Equality Group to oversee addressing inequalities in the workplace. We continue to carry out Equality Impact Assessments on service changes to mitigate any potential inequalities.

Digital and eHealth: Our Digital Team has driven forward significant improvements in virtual outpatient consultations using telephone and Near Me technology in all sectors of the health and care system. We will continue to increase the use of ACRT to improve patient care, reduce waiting times and optimise face to face consultations. Work will continue to support the redesign of urgent care, screening and testing policies and the vaccination programme.

Patient Experience: Ongoing engagement with stakeholders is fundamental to remobilisation, and a key part of our drive to reduce inequalities. During 2021/22, we will continue to support Patient Centred Visiting and the implementation of Care Opinion. Public engagement will remain a key focus in service change and improvement,

Finance and Capital: Our plan will be underpinned and intrinsically linked to the Board's Financial Plan. We will evidence the progress we have made in addressing the factors which lead to escalation. Capital planning will continue to be linked to service planning, and will inform the work being progressed to develop a Board wide Infrastructure Strategy.

6. Next Steps

- 6.1. The draft plan will be finalised and submitted by the end of February 2021. During March, there will be dialogue with Scottish Government representatives, and activity trajectories will be set. A final plan is expected to be available by June 2021.