NHS Board Meeting
29 July 2020

Lanarkshire NHS Board
Kirklands
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SUBJECT: RECOVERY, REMOBILISATION & REDESIGN IN LANARKSHIRE

1. PURPOSE

The purpose of this paper is to provide a briefing for Board Members on the Recovery, Remobilisation & Redesign work underway in Lanarkshire.

For approval	☒	For assurance	☐	To note	☒

This paper has been prepared by Colin Lauder, Director of Planning, Property & Performance.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☒	Endorsed	☒

by the Corporate Management Team on 20th July 2020

3. SUMMARY OF KEY ISSUES

3.1 Response, Recovery & Redesign Oversight Group (RRROG)

As detailed in 10th June presentation and 24 & 30 June 2020 NHS Board briefing papers, the Response, Recovery and Redesign Oversight Group (RRROG) continues to meet weekly to consider service recovery proposals.

Since the RRROG's first meeting on 7th May 2020 a total of 81 services (as of 16th July) have been stood up/partially stood up and categorised as a service "response", "recovery" or "redesign". (An explanation of the "response", "recovery" or "redesign" definitions is available at appendix 1). Approval by the RRROG does not necessarily mean services can resume delivery as a number of issues need to be considered by the relevant operating divisions.

The process of approval has been developed over a number of months and, to ensure that it continues to meet the needs and complexities of the whole-system, a review of aspects of the approval process is now underway. For example, currently the RRROG will consider service proposals once they have been approved via the local operational recovery groups (Acute Recovery Group and Health and Social Care Partnerships (HSCPs) Joint s Recovery Group).

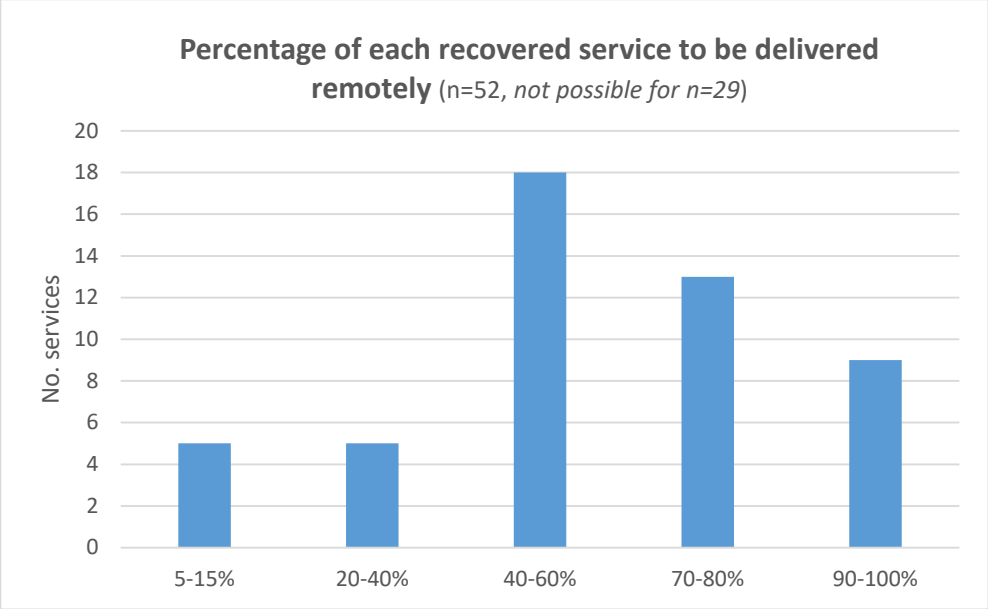
Consideration is now being given to developing specific criteria/parameters which would support the devolution of certain service recovery decision-making responsibilities to operational recovery groups, potentially increasing the pace of service recovery. It is anticipated that such an approach

could speed up the rate of approvals while maintaining appropriate governance. The outcome of this review will be reflected in a paper for consideration by the RRROG on 30th July 2020. (Details of the current approval process are listed at appendix 2).

A key component of the approval process had been the identification and management of risks. To support this process, and assure governance, a suite of documents has been developed to identify cross cutting impacts, logistical and digital supports, and any financial implications. These documents have been shared on First Port and with the HSCPs via local authority websites.

From the service proposals considered, clear trends and new ways of working are emerging, with a commitment to continue remote working where possible. Of the 81 services approved by RRROG, 52 of them will to some extent be delivered remotely i.e. by telephone or video ("Near Me") consultation.

The figure below illustrates that the majority of recovered services are planning for a large proportion of remote contacts i.e. in excess of 40%.



The remaining 29 recovered services can only be delivered face-to-face, e.g., surgical intervention or cancer screening. Should these plans be realised, consideration will have to be given to the likely impact on estate, workforce, finance and environmental sustainability. A separate paper on environmental sustainability is being prepared for CMT.

Current & Anticipated Work of the Response, Recovery and Redesign Oversight Group

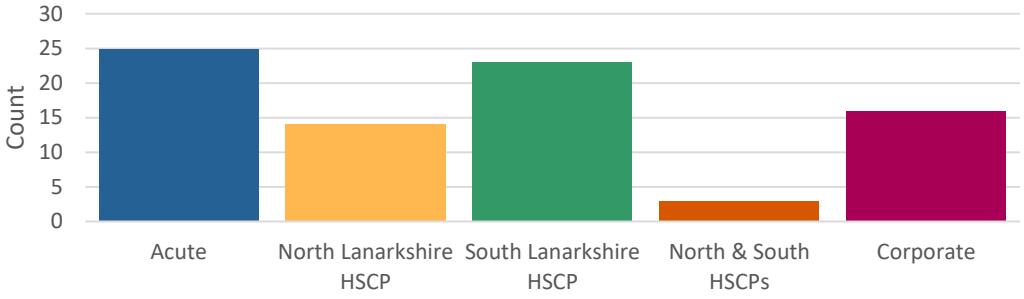
The volume of service proposals being considered by the RRROG is steadily increasing, with the majority categorized as "recovery" as is illustrated by the infographic at appendix 3. As of 16 July there had been 81 services approved.

Indications are that the volume of service proposals being developed through local operational recovery groups (Acute Recovery Group and HSCPs Recovery Group) will continue to grow for the foreseeable future, with an estimated 15-20 proposals submitted weekly for RRROG consideration.

Details of the service recovery proposals developed by each of the operational units are detailed in the following chart and table.

NHS Lanarkshire Response, Recovery & Redesign Approvals as at 16/07/2020

Chart 1 & Table 1: Count of RRROG Approvals by Operating Unit



	Totals
Acute	25
North Lanarkshire HSCP	14
South Lanarkshire HSCP	23
North & South HSCPs	3
Corporate	16
Totals	**81**

Future Work

Details of the number of service functions to be recovered were previously shared with the NHS Board. Work is now underway to determine at a more granular level the number of sub-functions to be recovered, which is of increasing importance as services recover in phases. The outcome from this exercise will be used to further develop the current database and will provide a baseline figure reflecting the total number of functions and sub-functions to be recovered. This will support future reporting on service recovery, enabling an analysis of the proportion of services approved against those yet to be recovered.

The outcome from the previously described review of the RRROG approval process, together with the quantification of the service sub-functions, will also inform the timeframes for transition back to business in the new normal. The timeline attached as appendix 4 shows an estimated schedule of activity.

It is proposed that reports in this format will form the basis of future updates for Board members on the progression of the recovery process. To date, no Major Service Changes have been proposed and, if these emerge through the recovery process, specific papers and business cases will be brought to the NHS Board for consideration as per normal practise.

3.2 Remobilisation Plan (previously called the Response, Recovery & Redesign Plan)

As outlined in the 30 June 2020 briefing paper to the NHS Board, the most recent version of the Response, Recovery & Redesign Plan (RRR Plan) (version 2.1) was submitted to the Scottish Government (SG) on 4th June 2020 and reflects a whole system approach, providing details of the Lanarkshire response to July 2020.

Scottish Government (SG) Guidance

New SG guidance was issued on Friday 3 July 2020 asking that the plan be updated to reflect the changing landscape and detailing the position to March 2021. In response to the guidance it has been agreed that the RRR Plan will be re-named the Remobilisation Plan.

The guidance (included at appendix 5) was considered by the Corporate Management Team (CMT) on Monday 6 July 2020 and a number of complexities noted. Namely, the new plan should:

- reflect the **three core pillars** of the re-mobilisation process (safety, delivery and financial sustainability);
- be informed by the **clinical prioritisation** of services and **national guidance**/policy frameworks (including Test and Protect and PPE);
- reflect the **three core tasks** set out in "*Re-mobilise, Recover, Re-design: The Framework for NHS Scotland*";
- provide full details of 2020/21 **winter plans**;
- be built around the **seven principles** set out in the Framework;
- confirm how the **eight objectives** held in the Framework will be achieved;
- provide plans for the achievement of the **nine key asks** detailed in the Framework;
- assess the **seven identified risks** and plans for mitigation;
- reflect the **three renewal objectives**;
- provide details of **short to medium term Health Inequalities priorities**;
- address the **capacity and resilience of public health services**;
- explain "how and when" the **clinical priorities** set out in the Framework will be addressed;
- provide details to deliver **Primary, Community and Social Care; Mental Health** and **Acute Care;**
- outline how the **Chief Nursing Officer nosocomial guidance** will be implemented**;**
- **explore and implement new models of care** (use of digital options);
- be robust and informed reflecting **engagement and consultation with partners and stakeholders** and describe the **key learning points**;
- describe plans to **consolidate and embed systems of staff support** and **the role of the Area Partnership Forum, Area Clinical Forum and Employee Director; and**
- **assess the financial implications of the plan** and the **associated risks** (this is being progressed by the Director of Finance as a separate work-stream with the SG).

Development Process

Following consideration of the SG guidance, the CMT agreed a process for the development of the Remobilisation Plan with senior managers asked to submit updates/new sections by 20 July. Thereafter, a draft plan will be developed for further consideration by CMT on Monday 27 July and submitted to SG as a draft, by 31 July.

The development of the Remobilisation Plan is being informed from advice arising from the weekly meetings of: the Board Chief Executives; the Directors of Planning; Directors of Acute Services; and meetings with senior officers within NHS Boards and IJBs sponsored by West of Scotland Regional Planning.

Discussions relating to finance are on-going and, following NHS Board submissions on 22 June 2020, the SG has indicated that the 2020/21 financial position is unlikely to be confirmed until September 2020.

The NHS Board is asked to note that we will submit a draft Remobilisation Plan to SG on 31 July 2020. This draft will be considered by the Area Partnership Forum and the Area Clinical Forum in August and the NHS Board will be asked to approve a revised Remobilisation Plan at the NHS Board August meeting.

3.3 Refreshing Achieving Excellence

Achieving Excellence was developed through 2015/16 and – following extensive consultation – endorsed by the then Cabinet Secretary and published in March 2017. The aims of the healthcare strategy are:

- modern fit for purpose NHS Lanarkshire, focused on prevention, reducing inequalities and access to care;
- substantial & sustainable improvements in the delivery of safe services;
- excellence in employment, staff engagement and partnership working;
- greater integration of public services driven by partnerships and collaboration; and
- best outcomes and value for money.

The progress towards these aims is driven by a series of action plans which have been coordinated by a Strategic Delivery Team and reported to the NHS Board and Planning, Performance & Resources Committee on a regular basis.

With nearly five years passed and with much achieved, the Director of Planning, Property & Performance initiated a series of informal discussions with senior clinicians and managers in early 2020 to begin the scoping of what a refresh of the healthcare strategy could entail. This was, of course, halted as the pandemic escalated. The operational landscape is now changed, as have our ambitions and planning assumptions.

The CMT has had early discussion on how a refresh of our strategic goals and action plan can be developed. Emergent thoughts on the way forward include:

- **Finish what we've started** – shifting the balance of care and maintaining acute services within the current bed base: one hospital, three sites. This is a key element of Achieving Excellence: success has been achieved, but more needs to be done.
- **Recovery and resilience following Covid** – recovery/remobilisation plan over 18 months or so and resilience planning. Meet agreed (new) clinical priorities (national and local).
- **Making A Wider Impact** – through a whole-Lanarkshire approach to tackling both existing and also Covid driven health and socioeconomic inequalities. A Partnership approach with other public bodies, and third and independent sectors.

Potential focus for action planning might therefore involve:

- **Health and Socioeconomic Impact –** Joining a Partnership (Health, IJBs, local authorities, third and independent sectors, citizens and other public bodies) with ambitions developed by/ with the communities of Lanarkshire.
- **Primary Care Redesign –** Continuation of Primary Care Improvement, adoption of post-Covid service model with emphasis on reduction in physical attendance.
- **Redesigning Urgent Care –** Post-Covid primary and secondary urgent care service model short, medium and long term redesign. Taking national directions of travel but creating local solutions, particularly in the short term.
- **Mental Health and CAMHS -** Delivering on the agreed MH & Wellbeing Strategy and delivering a new service model for CAHMS based on the outcomes from a deep-dive exercise.
- **Planned Acute Care -** Post-covid recovery (backlog) and developing a service model

capable of meeting future demand within the covid environment.

- **Acute Outpatients –** Post-covid outpatient service redesign with emphasis on reduction in physical attendance.
- **Acute Critical and Perioperative Care -** preparations for resurgence of Covid-19 based on single service planning across the acute estate.
- **Stroke 2025 –** Consolidation of stroke pathways, and developing a post-covid service model and looking to the adoption of new service models including thrombectomy.
- **Monklands Replacement Project –** Learning the lessons from Covid across services and engineering and preparing a business case for the new hospital.
- **Long Term Conditions (LTC) and Frailty –** Building on the work of the LTC hub and refreshing work on the frailty agenda.

Underpinning, or cross-cutting strategies will also be considered:

- *Strategic Workforce Plan*
- *eHealth Delivery Plan*
- *Finance Plan*
- *Revised Estate Strategy 2021-2032*
- *Stakeholder Communication and Engagement Plan*
- *Quality Strategy*
- *Sustainability Strategy*

This is early thinking, and will be considered further by CMT through a development workshop in August 2020, and discussions will continue with the two local authorities, and other community planning partners. Thereafter, it is proposed that a NHS Board development session is held to involve the Board Members in consideration of the Vision, Goals and Governance aspects of a new healthcare strategy.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
Government directive	☒	Statutory requirement	☒	AE/local policy	☒
Urgent operational issue	☒	Other	☐		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒

Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

Individual elements of the work described in this paper will contain measures of service improvement which will be reflected in revised performance indicators.

7. FINANCIAL IMPLICATIONS

The financial implications arising from each of the service recovery proposals are clearly identified in each submission.

The Remobilisation Plan contains a number of financial risks which will reported by the Director of Finance.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The full impact of COVID-19 on activity and finance is not yet known but COVID-19 is recorded on the Corporate Risk Register as a Very High risk, and individual service recovery proposals contain an assessment of risk and plans for mitigation.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance Management	☐	Equality	☐
Sustainability Management	☒				

10. EQUALITY IMPACT ASSESSMENT

NHS Lanarkshire recognises that the remobilisation of services, whilst beneficial for both staff and service users, has the potential to have differential impacts on different groups in our community. We are committed to ensuring that as we re-introduce our services, in this new way of working, that we undertake Equality Impact Assessments to help us identify any potential barriers that these new ways of working may present. From there we will take appropriate steps to mitigate or minimise those impacts to ensure our services are as accessible as can be for our population.

11. CONSULTATION AND ENGAGEMENT

The **Response, Recovery and Redesign Oversight Group** considers proposals brought forward through a supporting structure across both Partnerships, and the Acute Division, and seeks to identify inputs from local services about cross cutting impacts, logistical, and digital supports, before these are considered by the Oversight Group.

The **Remobilisation Plan** is a is a whole system plan for Health and Care Services in Lanarkshire

and reflects the response to COVID-19 from NHS Lanarkshire, North Lanarkshire Health & Social Care Partnership and South Lanarkshire Health & Social Care Partnership. The development of the Plan has been an iterative process, building on the "response" position detailed within the NHS Lanarkshire Mobilisation Plan (versions 1.0 to 9.0) and the Response, Recovery & Redesign Plan. The Area Partnership Forum and Area Clinical Forum have contributed throughout the development of the Plans and will continue to contribute to the ongoing development and implementation of the Plan.

A full communication and engagement plan will be prepared as we develop a process for Refreshing Achieving Excellence.

12. ACTIONS FOR THE BOARD

Approve	☒	Endorse	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	☒

The Board is asked to:

1. note the ongoing work of the **Response, Recovery and Redesign Oversight Group** which continues to meet on a weekly basis to consider service recovery proposals;

2. agree to receive further updates on the progression of the recovery process;

3. note that a **Remobilisation Plan** will be developed for submission to the Scottish Government by 31 July 2020 and that this draft will be considered by the Area Partnership Forum and the Area Clinical Forum in August;

4. agree to consider for approval a revised **Remobilisation Plan** at the NHS Board in August;

5. note the early thinking associated with **Refreshing Achieving Excellence** and that this will be the subject of further consideration by CMT at a development workshop in August 2020;

6. agree to hold a Board development session for consideration of the Vision, Goals and Governance aspects of a new healthcare strategy.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Colin Lauder
Director of Planning, Property & Performance

Appendix 1

July 2, 2020

Defining Response, Recovery & Redesign

COVID-19 RESPONSE (time limited)

A proposal to do something different as a result of the COVID-19 pandemic

This will cease when able to deliver the service again

PHASED RECOVERY (time limited)

A proposal to resume part of something that stopped or was curtailed during the COVID-19 pandemic

This may include a different mode of delivery e.g. remote consultations instead of face-to-face

FULL RECOVERY

A proposal to resume the whole of something that stopped or was curtailed during the COVID-19 pandemic

This may include a different mode of delivery e.g. remote consultations instead of face-to-face

Pre-COVID-19 REDESIGN PROGRAMME

A proposal to resume a service redesign that was fully approved before the COVID-19 pandemic

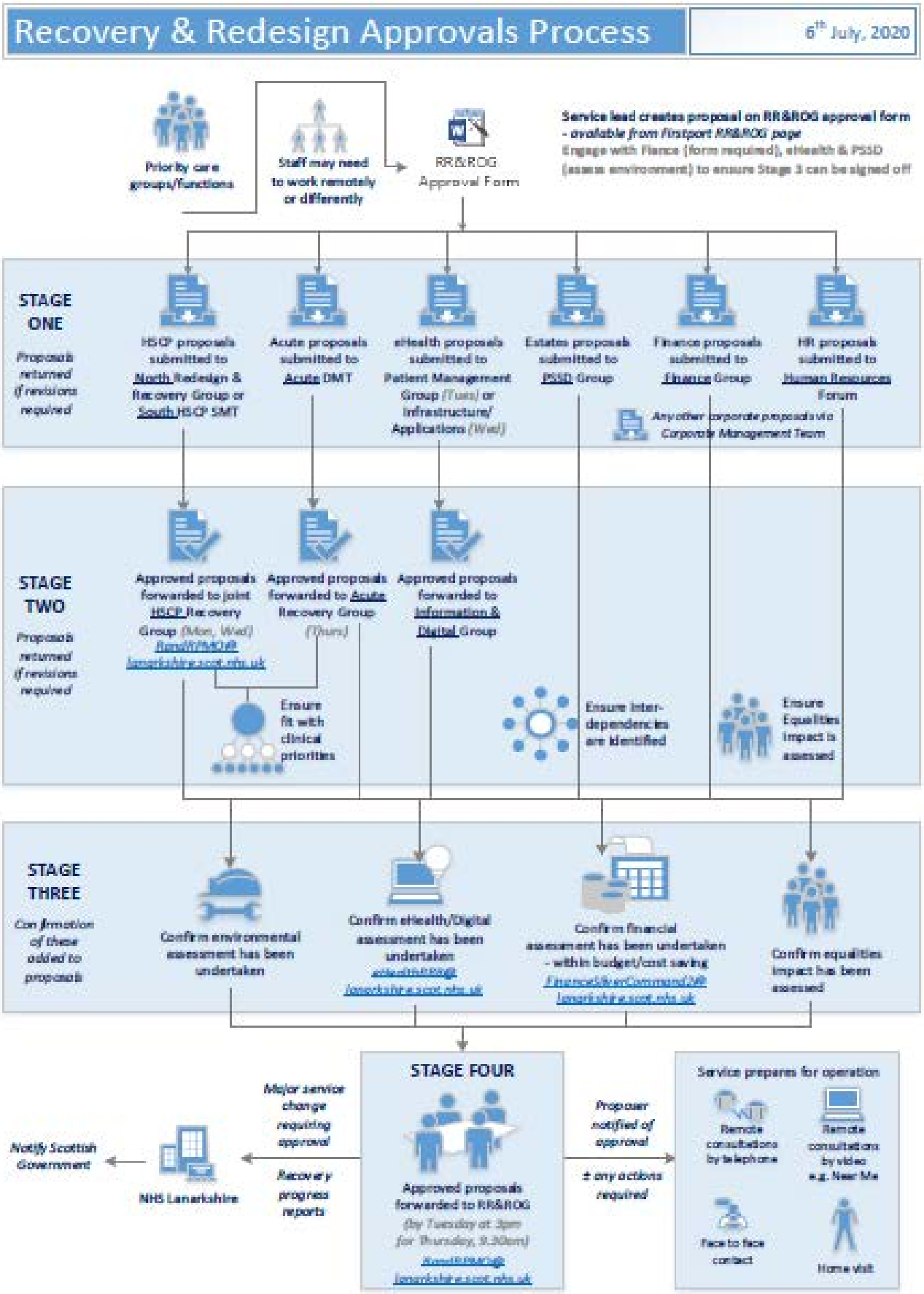
This may have been previously approved under the Achieving Excellence Programme, without any major change as yet

NEW REDESIGN PROGRAMME

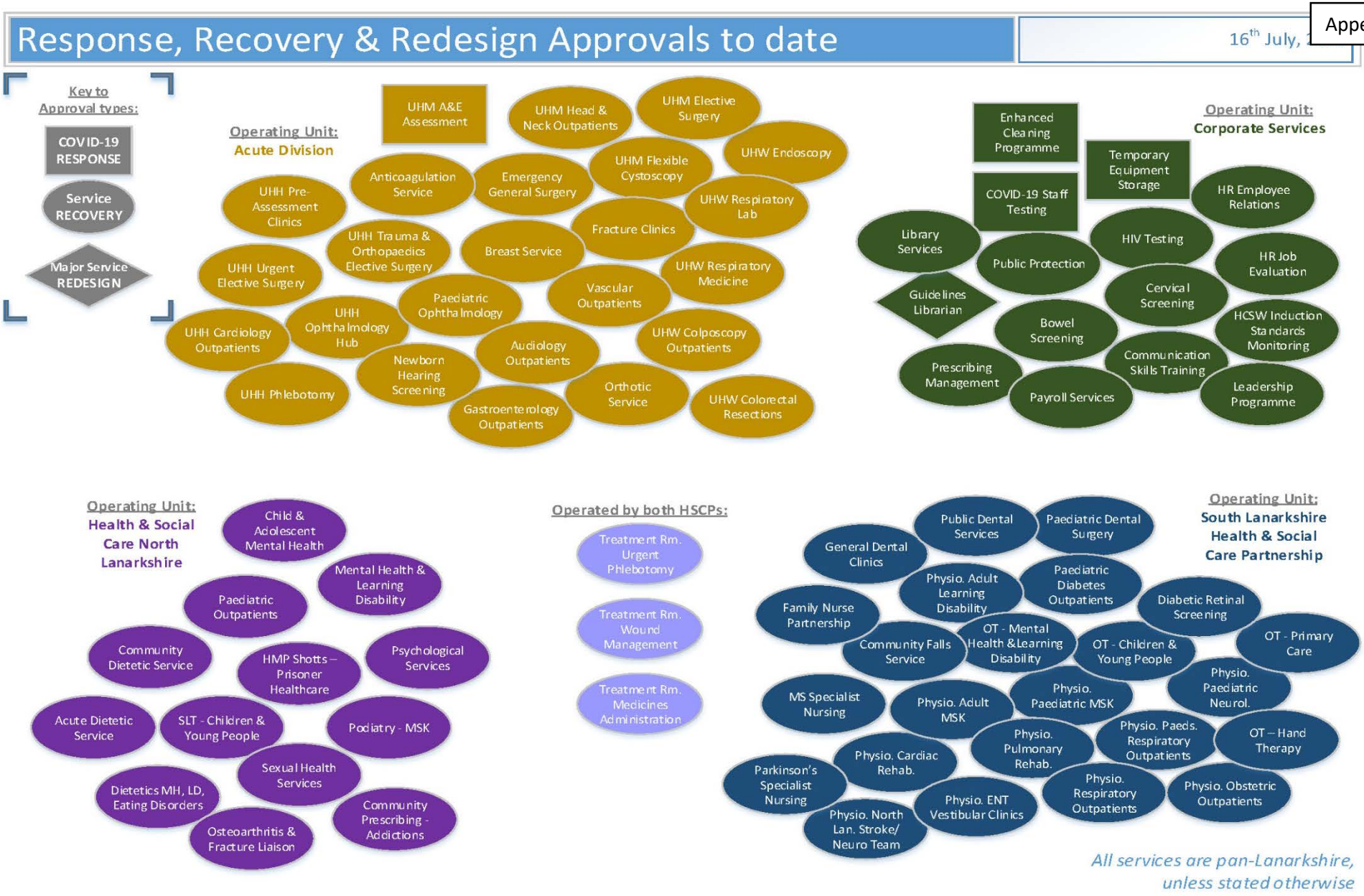
A proposal to substantially redesign a service, which is likely to have financial and other implications

This will require approval from NHS Lanarkshire/Integrated Joint Board(s)

Appendix 2

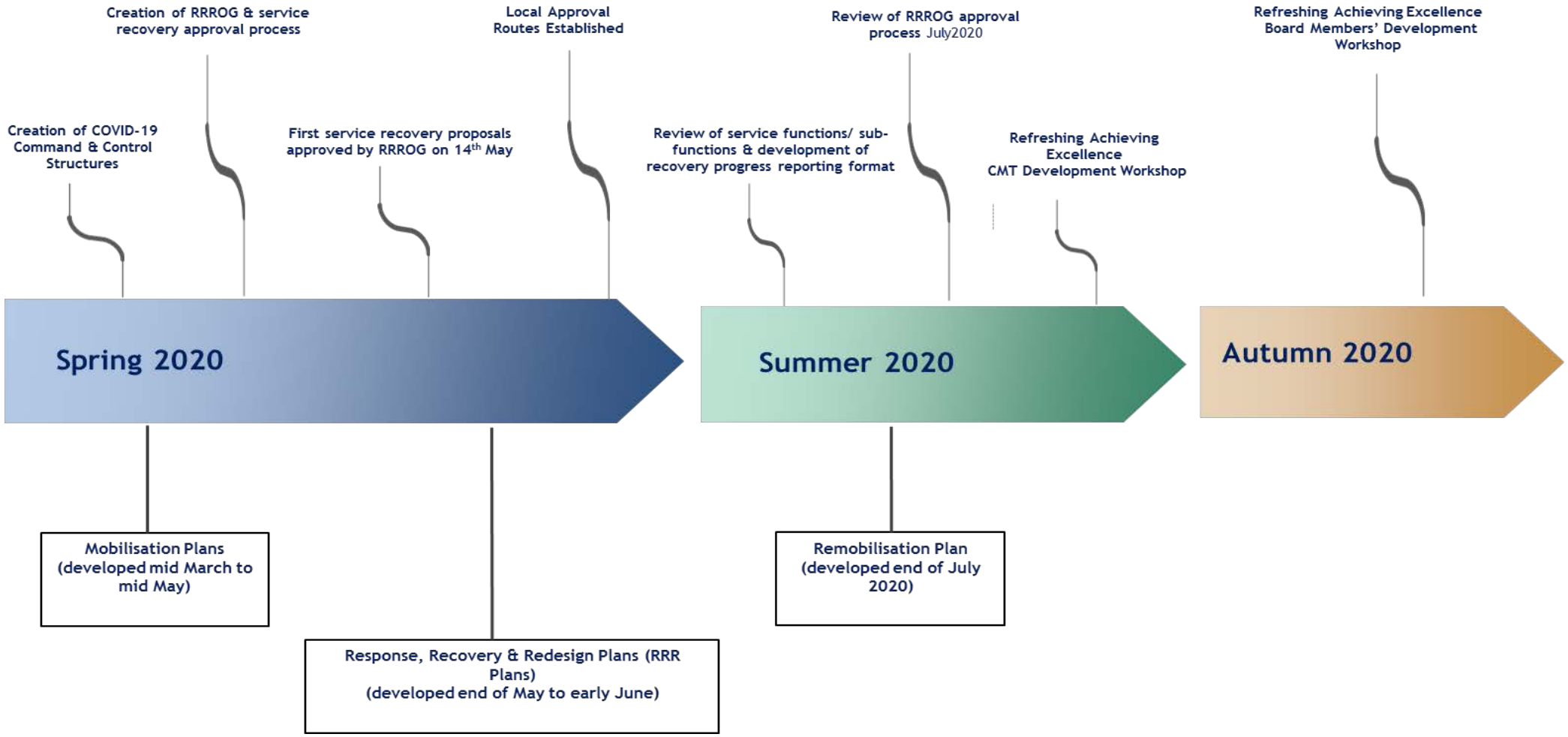

Recovery & Redesign Approvals Process
6th July, 2020
Priority care groups/functions
Staff may need to work remotely or differently
RR&ROG Approval Form
Service lead creates proposal on RR&ROG approval form - available from Firstport RR&ROG page
Engage with Finance (form required), eHealth & PSSD (assess environment) to ensure Stage 3 can be signed off
STAGE ONE
Proposals returned if revisions required
HSCP proposals submitted to North Redesign & Recovery Group or South HSCP SMT
Acute proposals submitted to Acute DMT
eHealth proposals submitted to Patient Management Group (Tues) or Infrastructure/ Applications (Wed)
Estates proposals submitted to PSSD Group
Finance proposals submitted to Finance Group
HR proposals submitted to Human Resources Forum
Any other corporate proposals via Corporate Management Team
STAGE TWO
Proposals returned if revisions required
Approved proposals forwarded to joint HSCP Recovery Group (Mon, Wed)
Approved proposals forwarded to Acute Recovery Group (Thurs)
Approved proposals forwarded to Information & Digital Group
Ensure fit with clinical priorities
Ensure inter-dependencies are identified
Ensure Equalities impact is assessed
STAGE THREE
Confirmation of these added to proposals
Confirm environmental assessment has been undertaken
Confirm eHealth/Digital assessment has been undertaken
Confirm financial assessment has been undertaken - within budget/cost saving
Confirm equalities impact has been assessed
STAGE FOUR
Approved proposals forwarded to RR&ROG
(by Tuesday at 3pm for Thursday, 9.30am)
Major service change requiring approval
Recovery progress reports
Notify Scottish Government
NHS Lanarkshire
Proposer notified of approval
± any actions required
Service prepares for operation
Remote consultations by telephone
Remote consultations by video e.g. Near Me
Face to face contact
Home visit

Appendix 3


Response, Recovery & Redesign Approvals to date
16th July,
Key to Approval types:
COVID-19 RESPONSE
Service RECOVERY
Major Service REDESIGN
Operating Unit: Acute Division
UHM A&E Assessment
UHM Head & Neck Outpatients
UHM Elective Surgery
UHW Endoscopy
UHM Flexible Cystoscopy
Anticoagulation Service
Emergency General Surgery
UHH Pre-Assessment Clinics
UHW Respiratory Lab
Fracture Clinics
UHH Trauma & Orthopaedics Elective Surgery
Breast Service
UHH Urgent Elective Surgery
UHW Respiratory Medicine
Vascular Outpatients
Paediatric Ophthalmology
UHH Ophthalmology Hub
UHH Cardiology Outpatients
UHW Colposcopy Outpatients
Audiology Outpatients
Newborn Hearing Screening
Orthotic Service
UHH Phlebotomy
UHW Colorectal Resections
Gastroenterology Outpatients
Operating Unit: Corporate Services
Enhanced Cleaning Programme
Temporary Equipment Storage
COVID-19 Staff Testing
HR Employee Relations
Library Services
HIV Testing
Public Protection
HR Job Evaluation
Guidelines Librarian
Cervical Screening
Bowel Screening
HCSW Induction Standards Monitoring
Communication Skills Training
Prescribing Management
Payroll Services
Leadership Programme
Operating Unit: Health & Social Care North Lanarkshire
Child & Adolescent Mental Health
Mental Health & Learning Disability
Paediatric Outpatients
Community Dietetic Service
HMP Shotts – Prisoner Healthcare
Psychological Services
Acute Dietetic Service
SLT - Children & Young People
Podiatry - MSK
Sexual Health Services
Dietetics MH, LD, Eating Disorders
Community Prescribing - Addictions
Osteoarthritis & Fracture Liaison
Operated by both HSCPs:
Treatment Rm. Urgent Phlebotomy
Treatment Rm. Wound Management
Treatment Rm. Medicines Administration
Operating Unit: South Lanarkshire Health & Social Care Partnership
Public Dental Services
Paediatric Dental Surgery
General Dental Clinics
Physio. Adult Learning Disability
Paediatric Diabetes Outpatients
Diabetic Retinal Screening
Family Nurse Partnership
Community Falls Service
OT - Mental Health & Learning Disability
OT - Children & Young People
OT - Primary Care
Physio. Paediatric Neurol.
MS Specialist Nursing
Physio. Adult MSK
Physio. Paediatric MSK
Physio. Paeds. Respiratory Outpatients
OT – Hand Therapy
Physio. Pulmonary Rehab.
Physio. Cardiac Rehab.
Parkinson's Specialist Nursing
Physio. Respiratory Outpatients
Physio. Obstetric Outpatients
Physio. ENT Vestibular Clinics
Physio. North Lan. Stroke/ Neuro Team
All services are pan-Lanarkshire, unless stated otherwise

Appendix 4

Recovery, Remobilisation and Redesign in Lanarkshire - 2020



DG Health and Social Care
Director of Planning

Scottish Government
Riaghaltas na h-Alba
gov.scot

Appendix 5

E: Christine.McLaughlin@gov.scot

To: NHS Territorial Board Chief Executives cc NHS Territorial Board Chairs
NHS National Board Chief Executives/Chairs IJB Chief Officers
LA Chief Executives, COSLA

Dear Colleagues

COVID-19: RE-MOBILISATION: NEXT PHASE OF THE HEALTH & SOCIAL CARE RESPONSE

I am writing to you to commission the next iteration of Re-mobilisation Plans, building upon the previous commission requested by John Connaghan on 14 May, to cover the period from August 2020 until March 2021.

I would like to acknowledge up front the scale of what has been planned and achieved in this first phase of re-mobilisation. This next iteration of planning is designed to build on that achievement as we continue the journey of Re-mobilisation, Recovery and Re-design, with whole system focus.

The achievements of the last few months have been underpinned by a clear and common purpose and that is something we are very keen to maintain. In that spirit, this letter sets out our ask of you, alongside the planning assumptions which should form the basis of your response. I also invite you to set out what you will need from the Scottish Government in order to be able to effectively deliver your plans, to help us structure our response to those plans.

With a critical focus on the public health agenda going forward, there is a need to ensure that the next phase of re-mobilisation places safety alongside delivery and financial sustainability as the three core pillars of the re-mobilisation process and that this is reflected in the Re-mobilisation Plans.

Plans should be developed and submitted in partnership with the IJB(s) in your area and should continue to be informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to Test and Protect and PPE, which are so critical to safeguarding both staff and patients alike. The key messages in the initial commissioning letter of 14 May remain valid as we plan ahead and this letter should be read alongside it, not least in relation to: the necessity of enabling more people to have more of their care in a person centred manner, at home or in the community; ensuring quality and safety in all that we do; and engaging with all key stakeholders.

The remainder of this letter provides further context for the areas that should be reflected within this next iteration of your plan.

Response to the Re-mobilise, Recover, Re-design Framework

The Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, (Framework) published on 31 May sets out three core tasks over the first 100 days:

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of Covid- 19; and

- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services.

Your plan should reflect these aims as well as looking onwards through the winter period and into next year. This includes providing full details of your plans for winter 2020/21, ensuring sufficient capacity and resource is in place to respond to specific winter pressures while dealing with a potential second wave of COVID-19 and also planning for EU Exit.

Building on your work to date, your plan should be built around the seven principles set out in the Framework and should confirm how you intend to achieve the eight objectives held in it. Also in line with the Framework you are asked to plan for the following:

1. **Surge capacity** for Covid-19 patients is maintained to ensure capacity/ resilience in the system to respond to any future rise in cases;
2. **Patient and staff safety** are ensured by appropriate streaming of Covid/non-Covid-19 pathways (plus continuing systems of staff support & wellbeing across health and care);
3. **We retain and build our public health capacity** to provide a robust, sustainable service including delivery of all components of Test and Protect, taking account of new developments as they emerge;
4. **Strict infection prevention and control** measures remain in place;
5. **Covid-19 screening and testing** policies are fully and consistently implemented in line with national guidance, with Boards obliged to flag any risks to implementation;
6. **Inter-dependencies** are factored in including workforce, transport, training and development;
7. **High quality care** is delivered **including patient experience** and person-centred approaches to care;
8. **New and effective ways of working** are maintained and built upon – avoiding reversion to previous working practices; subject to extant guidance on appropriate public engagement and participation, as set out in the Cabinet Secretary's associated letter to Board Chairs of 25 June;
9. **The impact of physical distancing** measures across the health and care sector on **capacity** is continually assessed.

You will be well aware of the requirement to protect our core capacity to respond to the continuing impacts and any potential resurgence of the virus, while also continuing to **safely and incrementally** restore services as you move towards recovery. Plans should continue to cover all measures being taken in relation to Covid-19 including the level of agility built in and ability to respond at speed, as well as any innovations which have been incorporated into routine practice over past months.

Your plan should set out how you will:

- Manage the backlog of planned care (to minimise harm);
- Ensure unmet demand is managed and ensure safety e.g. referrals and community based services;
- Manage the Covid-19 and non Covid-19 unscheduled care demand, recognising that ED attendances and acute hospital admissions are increasing; sustaining new, effective methods of delivery, and developing the principle of moving to a scheduled care model for urgent care; and
- Increase the focus on whole system working further through the recovery period and as we consider future opportunities to accelerate transformation and re-design of the system.

While some additional information will be sought later in the year, this next iteration of your plan should set out how you will respond, on a whole system basis, to the complex and interdependent challenges which are likely to face the health and care system over the winter period. This task will require clinically driven and locally tailored approaches to risk assessment and mitigation encompassing increased levels of demand with more complex and acute presentations, Influenza, Norovirus,

inclement weather, coupled with the need for robust staff and public Influenza vaccination programmes; backlog management and capacity restrictions amongst other challenges.

I recognise that work will already have begun on responding to these issues and would expect to see included in your plans information on the high level planning assumptions underpinning your proposed approach to winter as well as more concrete plans for maintaining effective service delivery.

Moving forward innovation, will continue to be vital in making best use of the full resources of Health Boards and IJBs nationwide, embedding mutual aid and partnership working. You should seek to fully utilise the support of National Boards, particularly NHS24, SAS, Golden Jubilee and the training and other opportunities offered by NHS Louisa Jordan, as well as continuing to work closely, via IJBs, with the third and independent sectors in respect to social care as well as local primary care providers. I expect your plans to set out in detail how you have engaged with these bodies (including other territorial Health Boards) and how you plan to work with them going forward.

Assessment of Risk and Plans for Mitigation

In framing your plan to March 2021 it is important to recognise and respond to the range of challenging, complex and interdependent risks which are likely to face the health and care system and I would ask that your plan sets out the actions being taken to mitigate these risks, including:

- The continued requirement to and consequences of responding to Covid-19;
- Unscheduled care attendances and admissions returning to pre-Covid levels;
- The exigencies of winter, including the risks of Influenza;
- The backlog of patients requiring care and treatment as well as previously unidentified pent up demand;
- Sub optimal productivity, including the impacts of continued physical distancing and IPC strategies;
- Health inequalities, and the need to ensure access to critical health services for vulnerable groups; and
- Staff exhaustion and trauma, related to the demands of the Covid-19 response to date.

Renewal

The Framework includes three renewal objectives to support reform:

1. Engage the people of Scotland to agree the basis of our future health and social care system;
2. Embed innovations, digital approaches and further integration; and
3. Ensure the health and social care support system is focused on reducing health inequalities.

Your plan should highlight any local work planned that will support the delivery of these objectives.

Health Inequalities

The pandemic has exposed and exacerbated deep-rooted health and social inequalities. Reducing health inequalities is a key part of our renewal work and it would be helpful to set out how your plan supports this objective and strengthens local community engagement, through a clear statement of the short to medium term priorities including those that specifically address the issues raised in John Connaghan's recent letter to Boards about race equality.

We will continue to work closely with analytical partners across the Scottish Government, NRS, PHS and the NHS to consider how we can better understand the impact of Covid-19 on the people of Scotland, especially given the emerging evidence around disproportionate impacts of Covid-19 on ethnic minority communities and those living in more deprived areas.

Public Health Workforce and Planning

The public health workforce has been central to Scotland's response to Covid-19 and has been critical to meeting the first WHO condition for moving out of lockdown; "that there is a sustained containment of community transition." Continued investment and support for public health is essential to ensuring we meet the second condition ie "sufficient health system and public health capacities are in place".

Plans should address the capacity and resilience of public health services in responding to the current actual or potential new significant threats to public health. They should provide an overview of current health protection and health improvement priorities, provision and preparedness. Public health research, data and intelligence are key to managing the Covid-19 response and Boards should be working closely with Public Health Scotland to inform service planning and public health interventions.

Clinical Priorities

The clinical priorities set out in the letter of 14 May from John Connaghan remain valid, and I expect that you will now be able to provide more detail about the "how and when" of your progression towards a wider range of services being restored. In structuring your description of that restoration process, you will wish to take account of the whole system model of Clinical Priorities set out in the Framework which identifies headings related to Primary Care, Emergency Care, Urgent Care, Planned Care, Community Care and Social Care - with Maternity, Paediatric and Mental Health Services threaded thought all of these elements, all under pinned by appropriate testing and screening.

Evidence is already emerging about the physical and mental health impacts on the population as a result of Covid-19. Your plans should include an outline of how rehabilitation services will be remobilised and should include the provision of services for those affected by Covid-19. This should cover both community and hospital settings making use of both digital technology and more traditional face-to face services.

Primary, Community and Social Care

Planning in line with the 'Route map to recovery' is well underway to fully restore primary and wider community services in a safe and proportionate way. Given the majority of patients are managed in primary and community care settings, the plans to strengthen the primary care response needs to be at the forefront of those mobilisation plans, particularly in the management of and access to urgent care, both in and out of hours.

As lockdown measures ease, NHS dental services are following a phased route map; widening access and enabling practices to open and community optometry practices, which will be crucial in supporting the remobilisation of hospital eye services, are resuming face-to-face emergency and essential eye care. As routine eye care services resume, referral pathways need to be clear to ensure that patients with ocular pathology are managed in the most appropriate setting. The roll out of NHS Near Me will help in continuing to support optometry patients access these and other community care services in a safe, timely and person centred way.

Practices in both optometry and dentistry, as well as general practice and community pharmacy sectors will need continued Board support as they move forward in increasing service provision, particularly with regard to accessing advice and information to support risk assessment for staff.

The launch of the national pharmacy first service at the end of July will enable patients to access a wide range of enhanced minor ailment support provided by community pharmacists. GP practices and wider MDT's should work together with community pharmacy colleagues in their Cluster to support and enable shared learning and approaches to local pathways which best meet the needs of their local populations. As secondary care services open up to elective work this will increase the workload on both community nursing and AHP services. The capacity released by the cancellation of

elective surgery has enabled community nurses to support care homes during this outbreak. However, careful consideration of community based resources will now be required to ensure that this support can continue as part of the recovery process alongside the delivery of a wider range of vital services in the community – services which will be particularly important for vulnerable adults and children.

AHPs have also continued to provide essential community services, including in Care Homes, for example urgent podiatry care. All AHP services are now expected to open up for non-urgent care and your plans should set out how this will be rolled out across your Board area with a blended approach of in person and virtual care.

In order to remain open and to provide a full range of general medical services such as managing complex undifferentiated urgent care and long term conditions, it will be important to ensure Covid-19 care pathways are managed in separate streams. GP Practices need to remain Covid-free by continuing to sustain and make use of Covid Hubs. The Community Hubs and Assessment Centres need to continue to support General Practice and the whole system by triaging Covid-19 cases away from practices and A&E where clinically appropriate and safe to do so. In conjunction with the work being established under the auspices of the Strategic Group for redesigning Urgent Care I would encourage Boards to highlight within their local plans any opportunities to apply the learning from the Covid Hub pathway to support whole system management of other urgent care pathways.

Health and Social Care Partnerships will need to work closely with GP subcommittees and with other local contractor committees to consider wider-system support in managing pressures. This may include consideration of new ways of delivering existing programmes such as seasonal flu vaccinations as capacity is impacted by the need to manage backlogs as well as the increased time required by the adoption of enhanced infection control measures critical to safe screening services.

The essential role of Care Homes and Care at Home Services should also be clearly acknowledged in your plans, both as essential elements in themselves of a whole system approach to the provision of health and social care for the entire population but also with regard to their critical contribution to a sustainable model of acute care provision. These services will continue to require your support and input as we move towards recovery and your plans should indicate how this will be delivered.

Again, we would stress that this is an opportunity to consider new ways of working as part of a wider, whole system approach, building on the experiences and learning from this pandemic. This should take into account the importance of well- functioning and active primary-secondary care interface groups, supporting service transformation.

Mental Health

It is anticipated that demand for mental health services will grow in the coming months as a direct response to the pandemic but also as a consequence of anticipated impacts of an economic downturn. Policy officials will continue to work with NHS Boards to model demand associated with the pandemic, as well as working to meet the need which existed previously. During the first phase response all urgent and emergency NHS Mental Health Services continued. As restrictions ease, increasing numbers of individuals will need to be treated, including through face to face contact in community health teams and in home visits. In this next phase we anticipate that NHS Boards and their partners will restart mental health services that have been paused, when it is safe to do so and we will look to see this described in the next iteration of plans. The plans should also reflect and build upon some of the innovative ways services have continued to be delivered during the response and set out how these will continue; including digital solutions and new models of service delivery such as Mental Health Wellbeing Hubs and Mental Health Assessment Units.

Acute Care

Within the acute sector, it has been an incredible achievement to quadruple Scotland's base ICU capacity and to make provision to repurpose 3000 beds as surge capacity to support the response to Covid-19. Boards should continue to maintain contingency plans, which should include an ability to double ICU capacity within one week and treble in two weeks, in extremis and as required.

The next iteration of your plan should set out how you will continue your work to date on the remobilisation of both Covid-19 and non Covid-19 acute care services. This should include how that progression will reflect the recently published framework for recovery of cancer surgery.

On urgent care, we acknowledge the engagement to date with all NHS Chief Executives and the Academy on the *Redesigning Urgent Care Programme* and recognise the need to meet short, medium and long term goals for immediate changes in unscheduled care attendances while still on an emergency footing. Your plan should indicate how you are developing safe and effective pathways of care in preparation for the winter period and developing sustainable solutions to deliver equitable and person centred pathways of care across the whole system for all unscheduled care. John Connaghan will be in contact under separate cover to provide further guidance on the next stages of this redesign process.

The need for rapid review and management of the backlog of patients waiting for planned care applies across the board, but will be particularly critical for urgent patients who have been paused for diagnostic endoscopy or radiology investigations. This backlog review process needs to be set within a context of active clinical prioritisation and a recognition of the impact of continuing use of PPE and enhanced IPC requirements on service and workforce capacity.

Supporting Delivery

You will be aware of the need to continue to comply with all applicable guidance and best practice, including those related to Covid-19 such as PPE and physical distancing. You have recently received, from the Chief Nursing Officer (dated 29 June), a summary of guidance relating to nosocomial infection which straddles the Covid-19 response and infection control generally. Your plan should clearly state how this guidance is being implemented, the impact it has on your ability to deliver services, and what steps you are taking to address any limitations arising from it. This should cover not just innovations in delivering the services but any alternatives being stepped up to provide an interim solution.

I have already mentioned the importance of digital innovation in improving service delivery and the patient experience; NHS Near Me has played a vital role in delivery of services, but is just one example. Use of digital options more generally to reduce unnecessary travel, such as remote patient monitoring, is actively encouraged and consideration should be given to things like online appointment bookings, approaches to home working for staff and the overall capacity of your digital teams to deliver innovation effectively. I also encourage you to continue to explore and implement new models of care - many of which are now tried and tested through pilot work - where these offer opportunities to support service delivery, as well as relying on tried and tested approaches where that is most appropriate. The resources of the new Centre for Sustainable Delivery at the Golden Jubilee Hospital as well as Scottish Government's Digital Health and Care team stand ready to continue to support you on this.

I am aware Boards are looking to re-instate full governance arrangements to replace the lighter structures implemented to facilitate an agile national response to Covid-19. Richard McCallum will be writing to you shortly to offer some feedback on the updated governance plans that he received on 19 June. It is our intention, going forward, to implement a "Once for Scotland" governance model that will deliver a consistent, coherent and cohesive approach on governance across all Boards. This

work will be led by Richard McCallum as Co-Chair of the NHS Board Chairs' Corporate Governance Steering Group.

Ensuring Plans are Robust and Informed

Engagement and consultation with all of your partners and stakeholders continues to be a fundamental tool in your planning process for these next phase plans and the requirements set out in the letter of 14 May remain vital in this regard. The ability to successfully implement this next round of plans will rely to a significant degree on the extent to which they dovetail with local IJB planning on the commissioning of delegated services and your plans should therefore make clear where service delivery will be broadly consistent across your entire geographical area and where bespoke arrangements may be required to suit the circumstances of a specific IJB.

I have already referred in this letter to the need to ensure that both local and national resources are utilised to their maximum potential. Clearly this can only take place with full and detailed communication and co-operation and so your plans should clearly state what engagement has taken place with all stakeholders, and how that engagement has informed the preparation of your plans.

To support that communication process, I would invite you to describe in your plan the key learning points from your experiences over the last few months and how these are being taken forward as part of the remobilisation process. You may wish to consider the key things that went well, what you would do differently and what you would keep going, as part of a process of learning and improvement. There are also clear benefits in the sharing of ideas, and I would encourage you to share your draft plans with other Boards during the preparation phase.

Supporting the Workforce

Supporting staff wellbeing is critical and the welfare of the workforce is a fundamental interdependency that cuts across every aspect of re-mobilisation planning. The evidence base and learning from previous pandemics demonstrates clearly the need to provide on-going support to promote both physical and psychological wellbeing during this next re-mobilisation phase, and it is clear that you should also be looking to consolidate and embed systems of support for the longer term. I would ask that your plan sets out how these matters are being addressed in partnership and how and where support to the workforce has been actively considered. This should include the role of the Area Partnership Forum, Area Clinical Forum and Employee Director.

I would like to draw your particular attention to the on-going need to actively promote rest and recuperation and would expect your planning to address the need to ensure that departments and services are pro-actively supporting staff to take unused leave. Service planning should take an anticipatory approach to workforce demand as you simultaneously look to bring activity back on-line whilst also facilitating staff leave.

Service decisions taken now will have a longer-term impact on staff training, development and ultimately on workforce supply. As you will be acutely aware, there has been significant disruption to clinical placements for nursing, midwifery, the allied health professions and for undergraduate medics and junior doctors. There will be on-going challenges associated with recovering some of this lost time and with delivering new placement activity, as we move through the remobilisation process.

We are working at a national level, 4-country basis to explore alternatives wherever possible to ensure that staff in training can access placement time and demonstrate the competences required, including by means of alternative forms of assessment, to allow progress through training pathways. I would expect to see in your plans how the provision of clinical placement and training activity will be adequately prioritised to minimise the longer-term risk of a disruption of workforce supply.

Finance

Your response to this commission should also include an assessment of financial implications. Richard McCallum will work with NHS Directors of Finance and Integration Authority Chief Finance Officers to agree a template for completion to ensure consistency across the sector. So far, anticipated costs that relate to Boards' response to Covid-19 exceed the consequentials that have been confirmed by HM Treasury. It is absolutely critical that Boards are clear on what are genuine net additional costs and where there is scope for offsetting savings. Spend projections will be subject to ongoing review and scrutiny.

Financial assessments will be further developed in line with confirmation of baseline Covid-19 costs, with our approach as follows:

- 14th August – initial Quarter 1 returns and indicative full year financial forecasts;
- End August – recommencement of formal monthly financial performance reporting;
- Mid-September – finalisation of Quarter 1 Reviews and updated forecasts, followed by agreement of funding allocations.

Timescales

Please send the next iteration of your plan to me **by Friday 31 July,** copied to NHSAnnualOperatingPlans@gov.scot.

I will also be in contact with National Health Board Chief Executives separately to ensure coherence of plans to support this effort.

Should you have any questions on specific policy areas, please make contact directly with them or through the mailbox above.

To complement your plans, we will follow up on a core data set which we will ask you to complete to enable us to record and monitor progress with the remobilisation of services. This will be updated on a rolling quarterly basis, with the first submission to cover July to end September 2020.

Finally, I recognise that your planning will be contingent on certain assumptions on Covid-19 infection levels and that plans may have to change locally or nationally depending on developments. To that end the planning process to March 2021 will be an iterative process, and acknowledging that we remain on an emergency footing, I would expect to stay in regular dialogue with you throughout this process.

Yours sincerely

CHRISTINE MCLAUGHLIN
Director of Planning