

NHS Board  
27 May 2020

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## SUBJECT: MOBILISATION PLAN – NEXT PHASE RESPONSE, RECOVERY & RECONFIGURATION

### 1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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This paper highlights key activities around the next phase of the Covid-19 Mobilisation Plan and overall response.

### 2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Board Secretary, and reviewed by the Director of Acute Service/Deputy Chief Executive and the Interim Director of Emergency Reconfiguration & Recovery.

### 3. SUMMARY OF KEY ISSUES

#### Mobilisation Plans - planning for the next phase

Board Members have been provided with a copy of each week's updated Mobilisation Plan, after these have been submitted to Scottish Government. A decision was taken some weeks ago, by the Corporate Management Team, to begin to include, in greater detail, our recovery and reconfiguration planning activities, and our most recent Mobilisation Plans reflect that detail.

In a letter from Mr John Connaghan, Interim Chief Executive, NHS Scotland, dated 14 May 2020, it was made clear to all NHS Boards that Mobilisation Plans had to develop to reflect a new phase of the Covid-19 NHS response. This letter signals that NHS Boards should look to understand what needs to be kept in reserve to deal with existing Covid-19 priorities, while planning for the restoration of services which have, at least in part, been paused due to Covid-19 in a safe and incremental way.

The letter is attached as **Appendix 1a**.

A further letter was received Mr John Connaghan, Interim Chief Executive, NHS Scotland, dated 20 May 2020, which set out Scottish Government expectations around

the safe and incremental re-start of some paused activity, whilst maintaining appropriate COVID-19 resilience planning and protecting support for social care.

This further letter is attached as **Appendix 1b**.

The letter seeks assurance that in relation to Acute general beds, from 1 June and until further notice, NHS Boards should ensure that COVID-19 provision is at least the number of confirmed cases in acute hospitals plus an immediately deployable contingency of an additional 50% available beds.

In relation to ICU beds, from 1 June and until further notice, NHS Boards should ensure that COVID-19 provision is at least the number of confirmed cases in ICU at that point plus an immediately deployable contingency of 50%. NHS Boards should retain capability to reinstate their share of the initial ICU surge capacity (585 beds) within 7 days. Further, NHS Boards should continue to develop contingency plans to put in place their share of the maximum ICU surge capacity (700+ beds).

A response has been sought by 25 May 202, and a verbal update will be provided at the Board meeting on this latest request.

The establishment of the Group last month, by Irene Barkby, to oversee this activity, will allow for these discussion to take place within this newly formed forum, and processes and underpinning support systems are already in place to deliver this.

### **Response, Recovery and Redesign Oversight Group**

Board Members were updated last month on the establishment of a Group to oversee the recovery and reconfiguration phase of the Covid-19 response. The Group is now meeting on a weekly basis and has met twice to discuss and agreed terms of reference, business processes and early service proposals. The name of the Group has been altered to reflect three distinct phases.

As part of the governance arrangements for NHS Lanarkshire, and in response to the Covid-19 situation, the Response, Recovery and Redesign Oversight Group has been established to:

- Maintain good corporate governance and oversight of redesign and or recovery arrangements to optimise the process, including the good governance of staff.
- Ensure strong and supportive links to Integration Joint Boards across Lanarkshire
- Provide assurance to the Board on scrutiny and probity of the redesign and recovery approach.
- Maintain oversight of clinical modelling within existing budget and where possible, to be efficiency releasing.
- Seek out innovative solutions aligned to redesign of services for effectiveness (outcomes) and efficiencies (invest to save), optimising workforce.
- Provide a forum for noting emerging clinical risks associated with the step down of services and risk of service change during the redesign and recovery and process.

- Optimise redesign or recovery opportunities to ensure NHS Lanarkshire emerges as a modern, fit for purpose, effective and dynamic Health Board.
- Ensure alignment to clinical needs to ensure patient safety and quality of care are embedded in redesign activity.
- Provide a clear mechanism for reporting and updating the NHS Board with links into the wider corporate governance structures.

The Minutes of the second meeting of the Group (14 May 2020) are attached for information **(Appendix 2)**.

### **Acute Division proposals**

Members will note that three early proposals were discussed at the meeting held on 14 May 2020 and these are summarised below as examples of the services coming forward under this next phase.

#### Elective Theatre activity

Approval was sought, in the short term, for the phased resumption of a limited elective programme for urgent amber patients at University Hospital Hairmyres. Proposed was a 4 phased approach to mobilising theatres which would balance the need of providing theatre capacity for clinically urgent procedures against the imperative of remaining in a position to support enhanced critical care provision. It was highlighted that Anaesthetic staffing up to and including that required for Phase 4 can be provided from existing Covid-19 rotas. Theatre nurse staff will remain on a 12 hour shift pattern. This will provide the maximum degree of flexibility in terms of continuing support for critical care. The move to 12 hour shifts for theatre nursing staff was initiated as a crisis response to the pandemic. It was recognised that this was a temporary measure and will require regular review. The Group agreed in principle, with the caveats of the need for separate red and green theatre flows, more staff engagement and to quantify the financial impact.

#### Assessment Service

This second proposal was an enabler for the first proposal. Under normal circumstances the Pre-Assessment Service operated as one service across three sites. The service is predominantly nurse-led with a total of 9 sessions of consultant anaesthetist time provided to support the assessment of more complex patients.

In response to the Covid-19 preparedness, Pre-Assessment Services were halted in view of elective surgery being suspended. Nursing staff were redeployed from the service to support other areas and anaesthetic sessions subsumed into Covid-19 Critical Care Rotas.

The proposal set out the initial service model for the resumption of the Pre-Assessment Service in NHS Lanarkshire. The service will facilitate the safe delivery of urgent elective surgery. However, in addition to the normal considerations for the delivery of the service, there was a new requirement to ensure that any risk to patients as a result of exposure to Covid-19 pre and peri-operatively was minimised.

The Group agreed that this should proceed, noting that further dialogue was required to be concluded with Community Nursing colleagues to explore undertaking the final Pre-

Assessment swab in patient’s homes instead of hospital nurses travelling to the community.

### Ophthalmology Diagnostic Hub

A proposal to establish an Ophthalmology Diagnostic Hub was considered. Since the large-scale cancellation of all out-patient activity following the outbreak of the Covid-19 pandemic, a significant number of patients with sight-threatening conditions have had appointments for review and treatment cancelled.

The service has continued to appoint those patients deemed most urgent in the generic Covid-19 “red” clinics as well as maintaining the provision of the Acute Referral Clinic to assess and treat patients attending their GP with acute ophthalmic complaints.

However, there is now growing concern that a large number of patients who were previously risk-stratified as amber may be at risk of developing irreversible sight loss without imminent clinical review/treatment. It was therefore proposed that a diagnostic hub is establishment – based on existing service redesign principles – with the aim of stratifying those patients most in need of face to face review and intervention.

The Group concluded that further detail was required to quantify likely expenditure and quantify the time it will take to deliver changes being proposed. The proposal was carried forward to a future meeting of the Group to consider.

### **Mental Health**

A paper from Ross McGuffie, Chief Officer, North Lanarkshire Health and Social Care Partnership is attached which sets out the response to a request from Scottish Government on 1 May 2020 to provide existing policies for managing waiting lists, and additionally describe what NHS Boards are doing during the Covid-19 pandemic emergency period. The current position for NHS Lanarkshire is described in the attached paper.

The letter from Scottish Government highlighted Mental Health services principles, designed to support active local decision making and promote consistency to provide safe, person-centred and effective service responses for people using NHS and local authority social care services during Covid-19 mobilisation. These are set out in the attached paper (**Appendix 3**).

## **4. STRATEGIC CONTEXT**

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

## **5. CONTRIBUTION TO QUALITY**

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

**Three Quality Ambitions:**

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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**Six Quality Outcomes:**

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

**6. MEASURES FOR IMPROVEMENT**

This section is not directly relevant.

**7. FINANCIAL IMPLICATIONS**

The financial implications in relation to the Elective Theatre activity proposal will be quantified and dealt with by the Acute Division.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

Mitigation of the risks which would arise if Hospital staff were to travel to patients own homes to undertake a second swab will be mitigated following discussion with Community Nursing colleagues. The overall risk that services may need to stand down in the event of a second spike in Covid-19 infections will be kept under active consideration.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

An E&D Impact Assessment has not been completed.

**11. CONSULTATION AND ENGAGEMENT**

Through the Acute Division Management Team and the Response, Recovery and Redesign Oversight Group.

## 12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

**The NHS Board is asked to note:**

1. the development of the Mobilisation Plan to reflect recovery and service restoration;
2. the requests made by Scottish Government around the next phase of the Covid-19 response, and in particular surge capacity;
3. the progress being made by the Response, Recovery and Redesign Oversight Group, and the early discussions; and
4. the paper on Mental Health Services which provides an overview of existing policies for managing waiting lists, and additionally describes what NHS Lanarkshire is doing during the Covid-19 pandemic emergency period.

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Heather Knox, Director of Acute Services/Deputy Chief Executive, or Irene Barkby, Interim Director of Emergency Reconfiguration & Recovery.