

NHS Board Meeting  
30 September 2020

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## SUBJECT: RECOVERY, REMOBILISATION & REDESIGN IN LANARKSHIRE

### 1. PURPOSE

The purpose of this paper is to provide an update to Board Members on the Recovery, Remobilisation & Redesign work underway in Lanarkshire. This paper follows on from the briefing considered by the July Board.

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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This paper has been prepared by Roslyn Rafferty, Strategy & Performance Manager.

### 2. ROUTE TO THE BOARD

This paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input checked="" type="checkbox"/>
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by the Corporate Management Team on 21<sup>st</sup> September 2020

### 3. SUMMARY OF KEY ISSUES

#### 3.1 Response, Remobilisation & Redesign Oversight Group (RRROG)

As detailed in 10<sup>th</sup> June presentation and 24<sup>th</sup> & 30<sup>th</sup> June and 29<sup>th</sup> July 2020 NHS Board briefing papers, the Response, Recovery and Redesign Oversight Group (RRROG) continues to meet to consider service recovery proposals. From August 2020, the Group was re-named as the Response, Remobilisation & Redesign Oversight Group (RRROG), in recognition of the development of the Remobilisation Plan, and the frequency of meetings changed to fortnightly.

##### 3.3.1 Review of RRROG

The RRROG approval process has developed over a number of months and was reviewed during July to ensure that it continued to meet the needs and complexities of the whole-system. The recommendations from this review were approved by CMT on 14<sup>th</sup> September 2020. This has informed the development of criteria to support a delegated approval process of certain service recovery decision-making responsibilities to operational recovery groups. Furthermore, the review concluded that the work of the RRROG was largely completed, with most services accounted for and operating in the “new normal”. Given this, CMT agreed to stand down the RRROG and create a standing item on the CMT agenda for consideration and approval of any remaining service recovery proposals.

### 3.3.2 RRROG Database Reporting – Position At 16<sup>th</sup> September 2020

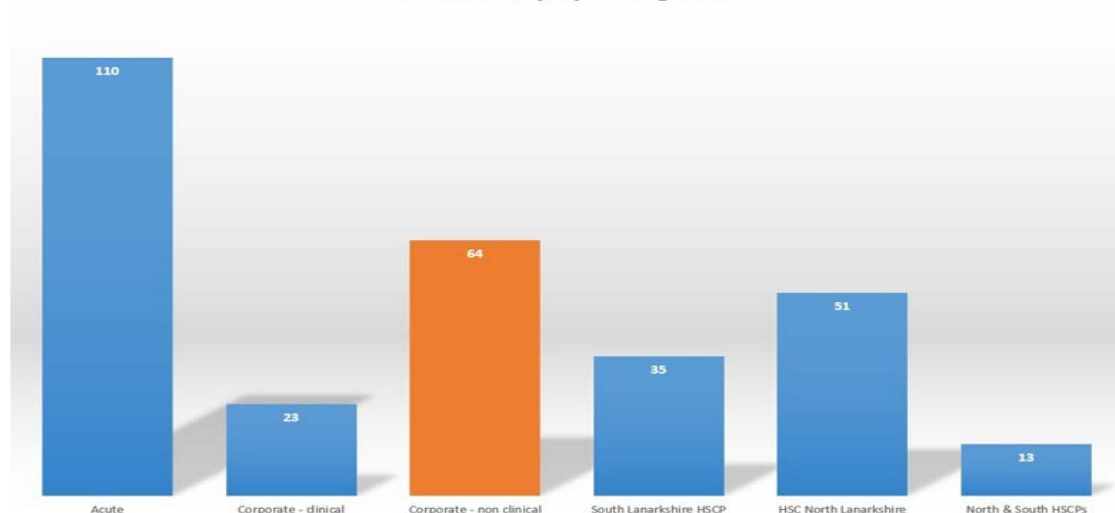
Since the RRROG's first meeting on 7<sup>th</sup> May 2020, **296** NHS Lanarkshire services registered on the database made up of **232** (78%) clinical services and **64** (22%) non-clinical services.

#### A) CLINICAL SERVICES

A breakdown of the 232 clinical services by Operating Unit is reflected in Chart 1.

**Chart 1:**

**Count of NHSL Services registered on Response, Remobilisation & Redesign Database by Operating Unit**



Of the **232 Clinical Services** registered:

- **24%** (55) fully sustained their service during COVID-19 with no change;
- **7%** (16) expanded their service to meet increased demand;
- **63%** (147) either suspended or reduced the service being delivered to minimise risk to staff / patients or to release staff capacity;
- **5%** (12) fully sustained their service during COVID-19 but reconfigured how it was delivered; and
- 2 new services (**1%**) were established (Community Hubs and Assessment Centres).

A breakdown of the COVID-19 Response by Operating Unit is detailed in Table 1.

**Table 1: Count & % of Type of COVID-19 Response for NHSL Clinical Services registered on the Response, Remobilisation & Redesign Database by Operating Unit**

Operating Unit	Service sustained - no change	Service expanded	New service established	Service reduced (Priority cases only/ remote delivery / reduced)	Service suspended	Service sustained but reconfigured due to COVID19	Count
Acute	26	7	0	50	16	11	110
Corporate	3	3	0	13	3	1	23
HSC NL	12	4	0	30	5	0	51
NL & SL HSCPs	4	0	0	6	3	0	13
SL HSCP	10	2	2	18	3	0	35
<b>Total count</b>	<b>55</b>	<b>16</b>	<b>2</b>	<b>117</b>	<b>30</b>	<b>12</b>	<b>232</b>
<b>%</b>	<b>24%</b>	<b>7%</b>	<b>1%</b>	<b>50%</b>	<b>13%</b>	<b>5%</b>	<b>100%</b>

Of the **68% (159)** clinical services that either suspended, reduced or reconfigured their service in response to COVID-19:

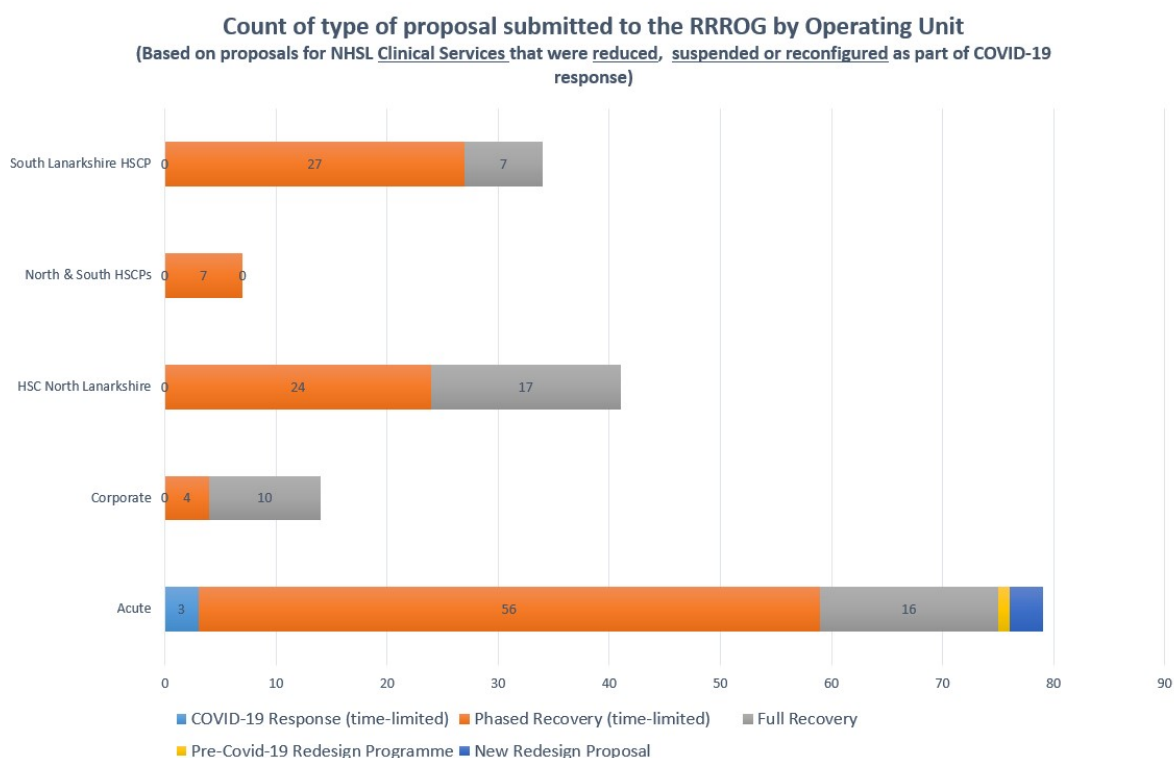
- **74% (117)** have submitted a proposal to the RRROG
- **26% (42)** have not yet submitted a proposal to the RRROG

While **117** clinical services in this group have submitted proposals, some have submitted multiple proposals against one part of the service for recovery of individual sub-functions, while some services have submitted one proposal that spans across several services. The total number of proposals submitted is therefore **175**.

Of this 175 proposals, **67%** of proposals to the RRROG were submitted for approval to recover services in a phased approach, followed by **29%** proposing a full recovery, and **3%** for approval of redesign proposals. 3 proposals were submitted for approval of service changes in response to COVID-19.

Chart 2 and Annex 1 provides details of the type of clinical service proposals submitted to RRROG by Operating Unit

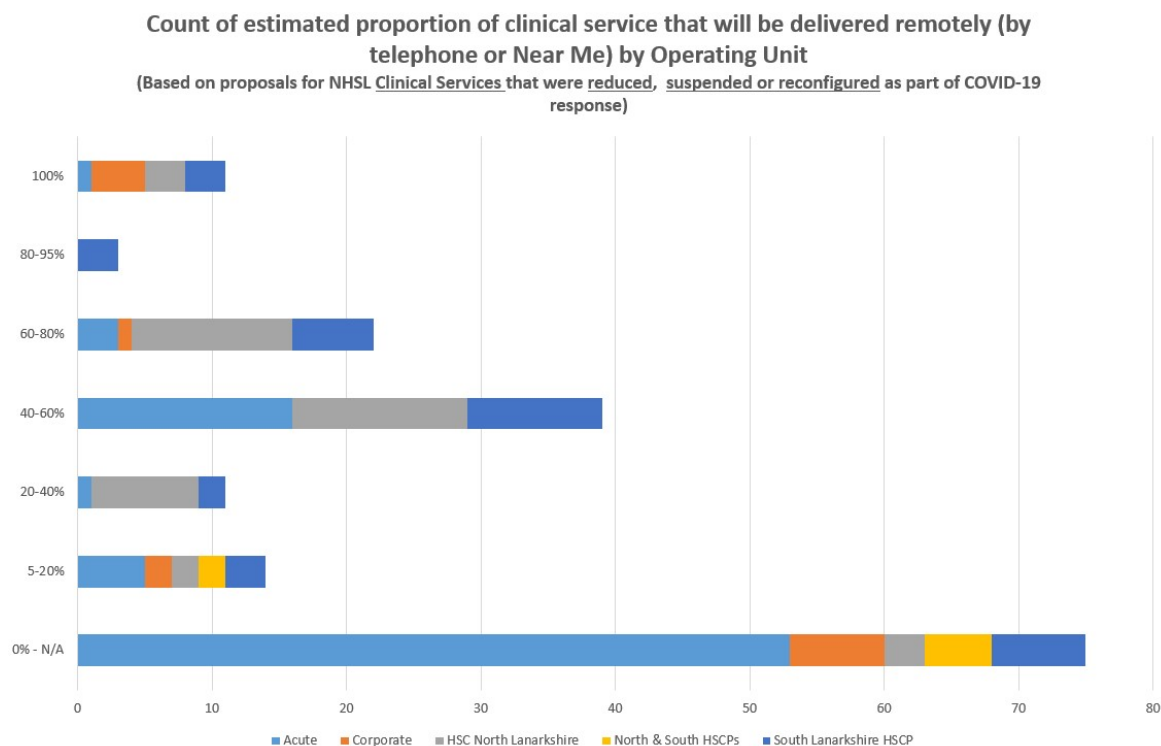
Chart 2:



As described in previous briefing reports, clear trends and new ways of working have emerged, with a commitment to continue remote working where possible. Of the 175 services approved by RRROG, 100 (57%) of them will to some extent be delivered remotely i.e. by telephone or video (“Near Me”) consultation, with 11 of these services delivering 100% of their service remotely.

Chart 3 below illustrates the estimated proportion of recovered clinical services that will be delivered remotely.

Chart3:



## B) NON-CLINICAL SERVICES

As noted above, of the 296 NHS Lanarkshire services registered on the database, 64 (22%) are non-clinical services. A breakdown of these non-clinical services is detailed below in Table 2.

Table 2.

OperatingUnit	Change	Count	%
Corporate	New service established	4	6%
Corporate	Service expanded	37	58%
Corporate	Service sustained - no change	2	3%
Corporate	Service suspended	6	9%
Corporate	Service reduced (Priority cases only / remote delivery / reduced treatment plan)	12	19%
Corporate	Service sustained but reconfigured due to COVID19	3	5%
		<b>64</b>	<b>100%</b>

Of the 21 (33%) non-clinical services that either suspended, reduced or reconfigured their service in response to COVID-19, 11 (52%) services have submitted a proposal to the RRROG

### Conclusion

As of 16<sup>th</sup> September, a total of 117 clinical services and 11 non-clinical services that either suspended, reduced or reconfigured their service in response to COVID-19 have submitted a proposal to the RRROG and have been stood up/partially stood up.

However, 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.

As the majority of service recovery proposals have now been considered by the RRROG, the review concluded that the RRROG could now be stood down and the CMT would consider any further service recovery proposals.

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

As outlined in 29<sup>th</sup> July 2020 briefing paper to the NHS Board, SG guidance was issued on 3<sup>rd</sup> July 2020 requesting that NHS Lanarkshire prepare a Remobilisation Plan to reflect the changing landscape, and detailing the position to March 2021.

Following consideration of the guidance, the CMT agreed a process for the development of the Remobilisation Plan, with senior managers asked to submit relevant sections to be reflected in a draft plan. The draft Remobilisation Plan was considered by CMT on Monday 27<sup>th</sup> July and submitted to SG, as a draft, on 31<sup>st</sup> July 2020.

Discussions relating to finance are on-going and the SG has indicated that the 2020/21 financial position is unlikely to be confirmed until September 2020.

Due to time constraints, it was not possible to share the draft Remobilisation Plan formally with the NHS Board or Area Partnership Forum and Area Clinical Forum ahead of submission to the Scottish Government. The draft Plan has subsequently been shared with Non Executive Board members at a briefing session on 12<sup>th</sup> August 2020 and was noted by the Area Partnership Forum on 17<sup>th</sup> August; consideration by ACF is being scheduled.

Since the Remobilisation Plan was submitted on 31<sup>st</sup> July 2020, three activity templates have been updated in response to requests from SG. SG representatives have since met with the NHS Lanarkshire Team (31<sup>st</sup> August 2020) to provide initial feedback. On 10<sup>th</sup> September 2020, a letter was received from John Connaghan commending NHS Boards for the extensive work undertaken to develop their Remobilisation Plans, indicating that the SG feedback process would be completed with any actions signed off by the end of September.

Thereafter, it is anticipated that a final draft Remobilisation Plan can be prepared for consideration by the NHS Board.

Going forward, the SG has indicated that Remobilisation Plans will be reviewed every four weeks as part of the iterative integrated planning process.

### 3.3 Development Workshop - Refreshing Achieving Excellence

A Development Workshop was held on 28<sup>th</sup> August 2020 to consider how best to progress with a refresh of the healthcare strategy, *Achieving Excellence*. Delegates included members of CMT and the Strategic Delivery Team who:

- discussed the wider context/where to position ourselves;
- considered the Harvard Business Review article “Why Strategies Fail?”;
- reflected on celebrating success and moving forward - *finish what we started, recovery and resilience following COVID-19 and Making A Wider Impact*;
- discussed a route map to developing a new healthcare strategy; and
- acknowledged the impact of health and socio-economic inequalities in Lanarkshire.

Following detailed discussions, which reflected on the success of Achieving Excellence, a number “next steps” actions were agreed. These included:

- The development of a new healthcare strategy, with a new name, to reflect the changed operational landscape post COVID-19;
- Health and socio-economic inequalities, GIRFEC, environmental sustainability and digital

impact should be integral to all work streams;

- Integrated patient pathways should be considered for all healthcare conditions;
- An expanded leadership cohort should be identified to help develop and implement the new healthcare strategy;
- Good practice from the Canterbury and Alaska models should be considered when developing the strategy;
- The conclusions from the Board inequalities seminar should be re-visited;
- The Strategic Delivery Team (SDT) should be reconstituted commencing 8<sup>th</sup> October 2020 and discussions on a timeline for the development of the healthcare strategy should form part of the agenda; and
- Planning should commence for a Board seminar in October to consider the Vision, Goals and Governance aspects of a new healthcare strategy.

It was further agreed that progress towards these aims and the implementation of a new healthcare strategy would continue to be coordinated by the Strategic Delivery Team and reported to the NHS Board and the Planning, Performance & Resources Committee on a regular basis.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AE/local policy	<input checked="" 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 checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" 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

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 be 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	<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 type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

## 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, Remobilisation 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 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	<input checked="" 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	<input checked="" type="checkbox"/>

The Board is asked to:

1. note the continued work of the Response, Remobilisation and Redesign Oversight Group (RRROG);
2. note that the CMT has approved a delegated approval process for certain service recovery decision-making responsibilities to operational recovery groups. Furthermore, CMT has agreed to stand down the RRROG and create a standing item on the CMT agenda for consideration of any remaining service recovery proposals;
3. note that a draft Remobilisation Plan was developed and submitted to the Scottish Government on 31<sup>st</sup> July 2020 and that formal feedback is awaited;
4. agree to consider, for approval, a final draft of the Remobilisation Plan at a future meeting of the NHS Board;
5. note that a CMT/Strategic Delivery Team (SDT) development workshop took place on 28<sup>th</sup> August 2020, the outcomes of which will be used to inform the development of a new healthcare strategy;
6. agree to participate in 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:

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*Colin Lauder*  
*Director of Planning, Property & Performance*



# Recovery, Remobilisation & Redesign Approvals to date

10<sup>th</sup> September, 2020

