

Meeting of:
NHS Board
26th May 2021

Lanarkshire NHS Board
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SUBJECT: REMOBILISATION - UPDATE REPORT

1. PURPOSE

This paper is coming to the Board:

For approval	<input checked="" type="checkbox"/>	For Assurance	<input checked="" type="checkbox"/>	For Information	<input checked="" type="checkbox"/>
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The Board is asked to note national and local planning in relation to the development of Remobilisation Plans and is asked to consider for approval the final draft of the Remobilisation Plan 3 (RMP3).

In addition, the Board is further asked to note the establishment of the Recovery, Remobilisation & Redesign Co-ordinating Group and the recovery progress reports prepared by the operating divisions.

2. ROUTE TO THE BOARD

This report has been prepared by Roslyn Rafferty, Strategy & Performance Manager and reviewed by the Corporate Management Team on 17th May 2021.

3. SUMMARY OF KEY ISSUES

3.1 National Context – Response to COVID-19

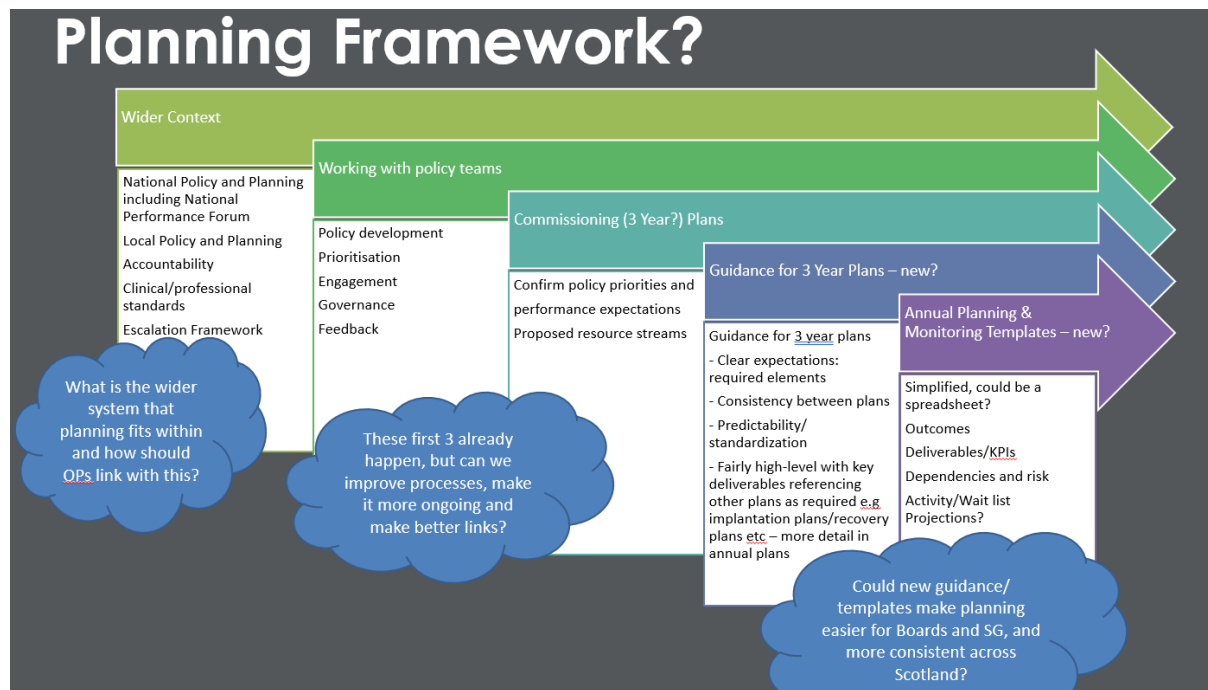
As reported previously, NHS Lanarkshire faces unprecedented challenges in managing the response to the COVID-19 pandemic. NHSScotland has been on an emergency footing since March 2020 and the Cabinet Secretary for Health and Sport has advised that this will continue until at least July 2021.

Development of Remobilisation Plan 3 (RMP3) and Remobilisation Plan 4 (RMP4)

Throughout the pandemic, weekly meetings have taken place between Directors of Planning/Planners (territorial and national NHS Boards) and Scottish Government representatives to scope out and plan for the development of Remobilisation Plans. This national platform has proven to be beneficial and was in effect a sounding board for the development of RMP3 guidance for NHS Boards. The RMP3 replaced the 2021/22 Annual Operational Plan (AOP). The intention is that this forum will continue to meet on a fortnightly basis for the foreseeable future and discussions have commenced in relation to the development of Remobilisation Plan 4 (RMP4).

While information is awaited from the Scottish Government (SG) in relation to 2021/22 clinical priorities and specific targets for NHS Scotland, SG representatives have indicated that it

remains the intention for the RMP4 to replace the traditional Annual Operational Plan (AOP). Work is now underway to develop a timetable for completion of a RMP4 and early indications are that this development may encompass: a review of the purpose of AOPs; a streamlining of planning and performance across SG and Boards; support for whole-system planning & performance monitoring; consideration of longer-term Plans (3-year/Parliamentary Term); and a clear read across to Risk Management, Audit, Assurance, Equality and Sustainability reporting. It is likely that this will be progressed through the national planning forum detailed above. The scope of this development is reflected in the draft Scottish Government Planning Framework below.



3.2 Local Context

Development of a new Healthcare Strategy

It is important that we recognise that we will be recovering services at a time when NHS Lanarkshire is embarking on a new strategic direction and there will inevitably need to be cognisance of the emerging strategic direction as we remobilise. NHS Lanarkshire has learned a lot about the needs of the local population through working with partners in the response to the pandemic and wishes to build on this as it revitalises the strategic approach. Unfortunately, the impacts of poverty, stress and racism have been magnified during the pandemic and as the determinants of health are wider than services themselves, our response needs to be wider and it will be essential that we work across our local agencies to improve both healthcare delivery but also health and well-being for Lanarkshire residents. The new NHSL strategy needs to be fundamentally connected to life circumstances rather than rhetoric around healthy choices. Discussions on the new strategy have commenced with key partners as we recover services and a shared agenda is emerging. The development of the new NHSL healthcare strategy will reflect discussions to mitigate the impact of the global pandemic and will encompass structural changes to our services. The development of our new Monklands hospital will be a core part of our health service provision and represents an exciting opportunity realise these ambitions. Fundamental to the successful delivery of the strategy will be a programme of engagement with key stakeholders and partners in the design of services and the development of the strategy.

Key areas of focus will be inequalities and well-being, with mitigations encompassing: tackling poverty; employment; mental health and well-being; service redesign focussing on the most vulnerable; and increased community ownership and mobilisation.

The picture below captures the range of factors that will be considered in the development of a new NHS Lanarkshire strategy, which will have to be undertaken through a post Covid lens.



Remobilisation Plan (RMP3) – Final Draft (*Position at 26th February 2021*)

The Remobilisation Plan 3 was developed in response to the Scottish Government’s December 2020 commissioning letters, with NHS Lanarkshire’s draft Remobilisation Plan 3 (RMP3) submitted on 26 February 2021. The RMP3 was developed during January and February 2021 and reflects the position at that time. Many uncertainties still exist with respect to the future impact of the global COVID-19 pandemic and so the scope of the RMP3 is limited in terms of our ability to accurately assess how quickly the remobilisation process can take effect.

The draft Plan was developed by the NHS Lanarkshire Corporate Management Team and reflects a whole system approach, providing details of the Lanarkshire response to March 2022 (where possible). While the Plan was reviewed by the NHS Lanarkshire Corporate Management Team, due to time constraints, it was not formally agreed by the Board, Area Partnership Forum or Area Clinical Forum ahead of submission to the Scottish Government. The draft Plan has subsequently been shared with Non-Executive Board Members and will be shared with the Area Clinical Forum and the Area Partnership Forum in the near future.

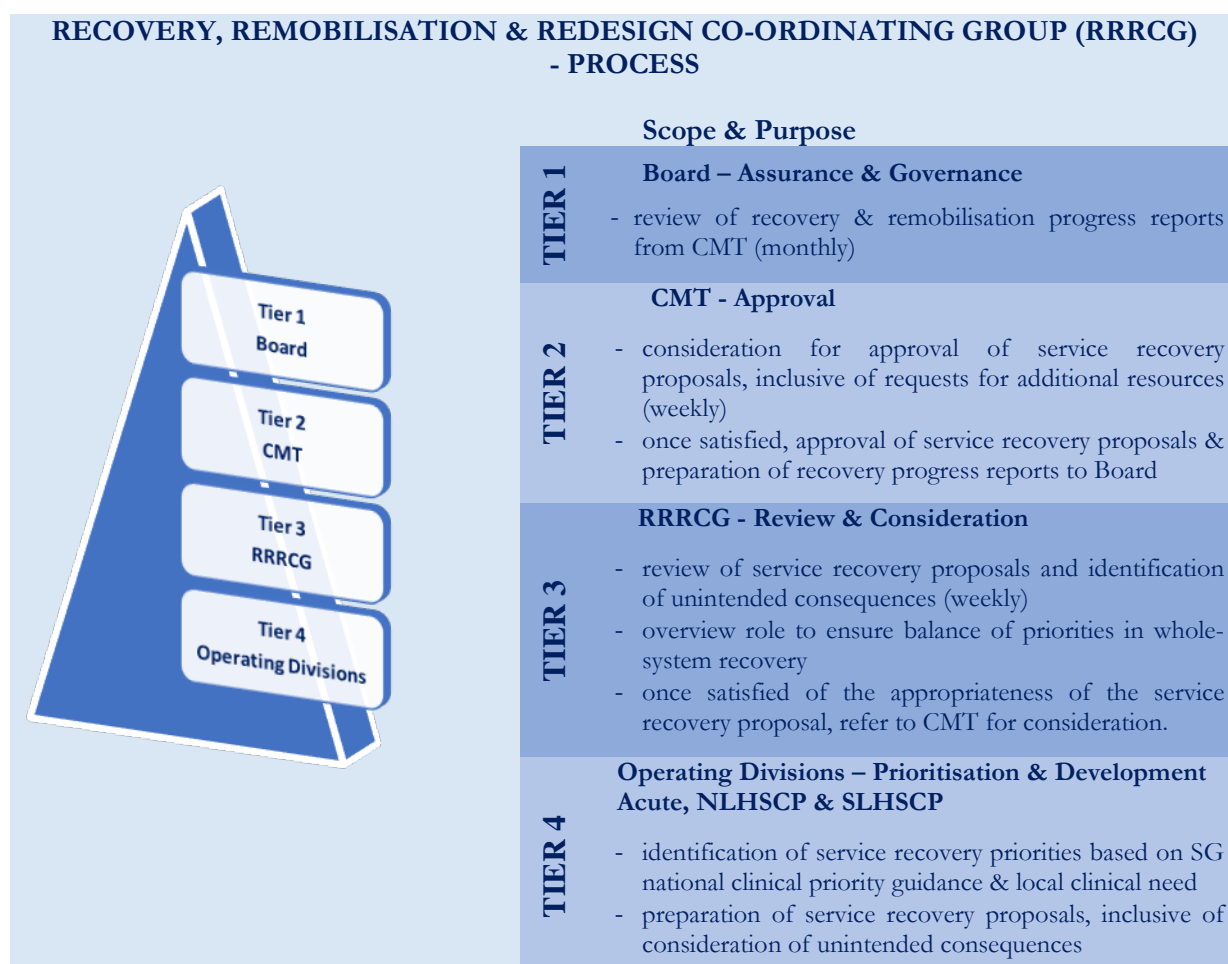
The Final Draft of the RMP3 can be found at Appendix 1, with the formal response from the Scottish Government detailed at Appendix 2.

The Board is asked to consider the draft Remobilisation Plan (RMP3) for approval (Appendix 1).

Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG)

In April 2021 the Corporate Management Team approved the establishment of a Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG). The purpose of the RRRCG is to consider service recovery proposals presented by the operating divisions (Acute, NL & SL HSCPs) to ensure that any unintended consequences have been identified and addressed. This includes the identification of additional resources, for example, staff, equipment, accommodation, finance etc. While it will be the responsibility of the operating divisions to identify clinical priorities, based on SG clinical priority guidance (awaited) and local pressures, the RRRCG has an oversight role to ensure a balance in service recovery across the whole system. Once satisfied that all aspects have been considered, the RRRCG forwards the service recovery proposal to CMT for consideration/approval. The CMT considers service recovery proposals on a weekly basis and will provide service recovery progress reports to the Board/PPRC on a monthly basis.

The Group met on 23rd April and 5th May and will continue to meet weekly until the end of June when progress will be reviewed. The scope and purpose of the Group is summarised in the diagram below. Details of the RRRCG's Terms of Reference can be found in Appendix 3.



Divisional Overview and Key Recovery Challenges

Acute – Recovery

An Acute Capacity Plan has been developed in response to SG requests and highlights a number of projections:

- **Outpatient** - by March 2022, 25,101 patients will be in breach of the 12-week outpatient waiting time guarantee (95% of patients waiting no more than 12 weeks from referral to first outpatient appointment).
- **TTG** - by March 2022, 8,619 patients will be in breach of the Treatment Time Guarantee (100% of patients will be seen within the 12-week Treatment Time Guarantee)

The detail to support the Acute Capacity Plan has been made available to Board Members separately.

North Lanarkshire & South Lanarkshire Health & Social Care Partnership – Recovery

In line with the pandemic plans, a number of services were reduced during the pandemic to support broader responses such as the staff health and wellbeing programme, pressures on the acute sites, Acute Respiratory Illness Centre (ARIC) and the vaccination programme. While services are now largely back to full capacity, clinical accommodation is still constrained due to the limits on footfall in sites, reduced waiting area capacity and increased Infection Prevention & Control (IPC) requirements. Most services are running a blended model of face to face and Near Me, but waiting lists have increased over the 2020/21 financial year with remobilisation plans now in place to try to recover this. Key services to note are:

- **Dietetics** - the Dietetics service is continuing a blended model between face to face and Near Me, with additional staff identified for 2021/22 to support recovery and anticipated retirements etc. The Weight Management Service is remobilising as per paper to the RRRCG.
- **Occupational Therapy** – the majority of the service is now recovered using a mixture of face to face and Near Me. The one area that has not been able to recover is the vocational rehabilitation assessment service, which predominantly supports brain injury, neuro rehab and MSK/rheumatology teams. The VALPAR equipment is based in UHH, but the area is currently being used by Cardiology. Whilst community based accommodation is being sought, the equipment is heavy, bulky and non-portable, requiring a well ventilated area roughly twice the size of normal consulting rooms.
- **Podiatry** – the Podiatry service is still restricted in terms of access due to the limits in clinical accommodation and footfall on sites. There have been increased domiciliary patient contacts and use of Near Me.
- **Speech and Language Therapy (C&YP)** – All staff have now returned from the vaccination programme, so the service is at full capacity, though continues on a blended model of face to face and Near Me. Elements of the service were paused as part of the pandemic response, resulting in significantly increased waiting lists. Additional funding has been secured to increase the service establishment to aid recovery in 2021/22.
- **Physiotherapy** – New patient capacity is reduced by around 25% due to reduced physical accommodation as a result of social distancing requirements, increased IPC and reduced footfall on community sites. A mixture of face to face and virtual consultations are being used.

- **Paediatrics TTG** - the Paediatrics TTG is fully remobilised, though again using a blended model between face to face and Near me.
- **CAMHS and Psychological Therapies (PT)** – both services have significantly increased waiting lists. In addition, a major issue for the PT service is that some patients are being offered an appropriate Near Me appointment, but are reluctant to accept this and would rather wait to be seen. However, as PT face-to-face appointments are being retained for patients deemed to be at a higher risk, the long waits are increasing. Further details relating to CAMHS and Psychological Therapies service recovery The detail to support the Capacity Planning has been made available to Board Members separately.

Scottish Government asked Boards to submit an Interim Workforce Plan, and this is also appended (Appendix 4). This was submitted at the end of April 2021. Scottish Government recognised that the Covid-19 pandemic had radically altered the planning environment for health and social care services from that envisaged at the time of publication of the revised workforce planning guidance and given this the publication date for the first three year NHS Board and HSCP Workforce Plans has moved from 31st March 2021 to 31st March 2022.

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 type="checkbox"/>	Achieving Excellence/local policy	<input type="checkbox"/>
Urgent operational issue	<input 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

Operational work towards achieving the Standards, Targets and policy aims will use various improvement measures to secure delivery.

7. FINANCIAL IMPLICATIONS

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

Any financial implications arising from the recovery of services will be identified and approved prior to service recovery.

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

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

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 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 previous NHS Lanarkshire Mobilisation Plans, Response, Recovery & Redesign Plan (RMP 1) and Remobilisation Plan 2 (RMP 2). The draft Plan was developed by the CMT, inclusive of the Chairs of the Area Partnership Forum and Area Clinical Forum, and has subsequently been shared with Non-Executive Board Members. The Plan will be shared with the Area Clinical Forum and the Area Partnership Forum in the near future.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<input checked="" type="checkbox"/>
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The Board is asked to:

1. approve the draft Remobilisation Plan 3 (RMP3) which was submitted to the Scottish Government on 26th February 2021;
2. note the Scottish Government’s letter in response to the submission of the RMP3;

3. note that the Remobilisation Plan (RMP3) will be considered by the Area Clinical Forum and Area Partnership Forum in the near future;
4. note that planning is now underway with the SG in relation to the development of the Remobilisation Plan 4 (RMP4);
5. note the establishment of the Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG) and the service recovery progress reports prepared by the operating divisions;
6. note the Interim Workforce Plan; and
7. agree to receive monthly service recovery progress reports from the CMT.

13. FURTHER INFORMATION

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

Roslyn Rafferty, Strategy & Performance Manager, Telephone: 01698 752843.

Colin Lauder
Director of Planning, Property & Performance

APPENDICES

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| Appendix 1 | Remobilisation Plan 3 (RMP3) |
| Appendix 2 | Scottish Government Letter in response to RMP3 |
| Appendix 3 | Recovery, Remobilisation & Redesign Co-ordinating Group (RRRCG)
– Terms of Reference |
| Appendix 4 | Interim Workforce Plan |