

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/14</b>
<b>Meeting:</b>	<b>Interim Board</b>
<b>Date of Meeting:</b>	<b>Tue 5<sup>th</sup> May 2020</b>
<b>Purpose of Paper:</b>	<b>For Approval</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Dr. Jennifer Armstrong, Medical Director</b>

### **Paper Title**

The Road to Recovery

### **Recommendation**

The Board is asked to approve the principles and process detailed in the attached paper to develop a strategic COVID recovery plan.

### **Purpose of Paper**

To describe a process to develop a Board recovery plan covering acute, community and public health.

### **Key Issues to be considered**

Impacts of social distancing  
Potential for resurgence of COVID activity  
Building on new ways of working

### **Any Patient Safety /Patient Experience Issues**

No issues in the immediate term, however the outcome of the completed Programme will contribute to GGC's delivery of the Scottish Government aim of Better Care.

### **Any Financial Implications from this Paper**

The financial implications of the strategic COVID recovery plan will be assessed as part of the planning process.

### **Any Staffing Implications from this Paper**

There are likely to be a number of workforce implications, which will be progressed with Staff Partnership and HR as plans are developed.

**Any Equality Implications from this Paper**

All plans will assess the impact on Equalities recovery.

**Any Health Inequalities Implications from this Paper**

All recovery plans will assess the impact on Health Inequalities.

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

No

**Highlight the Corporate Plan priorities to which your paper relates**

Develop a new five year Transformational Plan for the NHS Board working in partnership with other key stakeholders and taking cognisance of the key local and national strategies, including the Health and Social Care Delivery Plan

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**Date: 1st May 2020**

## **The Road to Recovery**

### **1. Introduction**

We are currently in the first wave of the COVID-19 outbreak. COVID-19 will be an ongoing threat requiring continued social distancing until we have herd immunity (approximately 60-80% population immunity) through vaccination or natural infection. In the meantime, we will have to deal with waves of COVID activity (infected individuals and public health measures), and also deliver other health and care services. In this first wave, we have stopped a wide range of activity to allow us to prepare for COVID activity and also to comply with social distancing requirements. We have also put in abeyance many of our existing planning and governance structures.

Over the course of the next year, the Board will require to restore 'business as usual' services, including an element of catching up with activity that may have been scaled down or ceased as part of the pandemic response. This will require to be planned in a way which allows for flexibility to enable sufficient preparation and response to resurgence of waves of COVID activity. We will need to consider services that will see an increased demand as a result of COVID-19 mitigation measures. To do this effectively, we cannot return to previous ways of working. We need to understand the changes we have made to services, assess the risks and opportunities in continuing with these changes and apply learning from the COVID response to our recovery planning. We also need to plan our recovery with the other Health Boards in the West of Scotland and in line with national guidance.

### **2. Recovery Plan**

The aim is to produce a Board recovery plan based on a high level review and risk assessment of all services to identify priorities for new SOPs to be developed or for business as usual to be reinstated.

The recovery plan needs to cover acute (elective and outpatient activity, cancer and other regional services), community (mental health, drugs and alcohol services, primary care and community services), public health (COVID-19 contact tracing, health improvement, screening) and corporate services.

The plan needs to build on the level 4 escalation recovery plans, which were developed pre-COVID for planned care and unscheduled care.

Moving Forward Together (MFT) provided a system-wide vision for health and care services across GGC, which was supported by clinicians and the six HSCPs in the area. However, there were significant challenges in implementing the change programme at scale and with pace. It is proposed that the successful aspects of rapid implementation across the health and care system, which were driven by the strategic and tactical COVID response groups are replicated in the recovery phase.

### **3. Principles**

A number of key principles will underpin our recovery plan. These high level principles will underpin more specific aims and objectives, which will be agreed over the next two weeks. The principles are;

- Patient and staff safety is paramount (testing and isolating as necessary)

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- Social distancing will shape the way we deliver services in the future
- We want to maximise digital opportunities to facilitate the above
- Staff health and wellbeing will be prioritised as we move into the recovery phase
- Senior decision makers will triage patient management on agreed system-wide thresholds and criteria for care
- Recovery must be flexible to respond to future potential COVID waves
- We will continue the cross system working, which has been successful in the COVID response
- We will embrace new ways of working
- Recovery planning will take an inequalities sensitive approach, recognising the impact of societal changes by the COVID response

We will need to work closely with the Public Health team as scenario modelling of future COVID activity emerges.

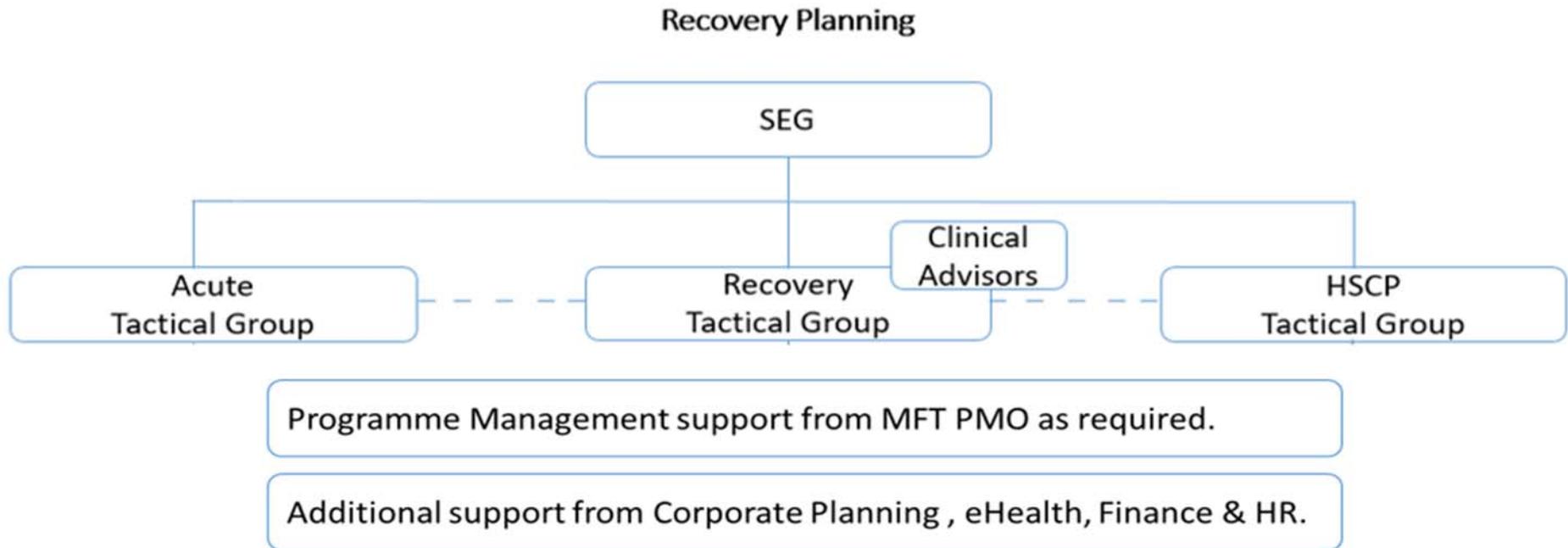
### **4. Governance**

In order to provide governance and leadership, a Recovery Tactical Group has been established, reporting to the Strategic Executive group (SEG). This will enable a system-wide overview of component plans to inform recommendations presented to the SEG. The Recovery Tactical Group will be chaired by the Board Medical Director, and membership will include the Chief Operating Officer, Glasgow City Chief Officer, Director of Public Health, Finance Director, Associate Director of Planning and Director of eHealth. The group will be advised by Deputy Medical Directors for acute, corporate and primary care and the Associate Medical Director for Mental Health, the Deputy Director of Nursing and AHP representation. (See Appendix 1)

### **5. Next Steps**

A high level recovery plan will be developed by mid-May. This will be underpinned by more detailed plans, supported by a project management approach to ensure a clear audit trail for decisions.

Appendix 1



Plans required to cover the following areas;

- Elective programme
- Outpatients
- Cancer & Regional Services
- Diagnostics
- Women & Children
- Screening
- Other support services (including HR and Finance)
- Primary Care
- Community Health & Social Care
- Mental Health
- Drugs & Alcohol

NB. Clinical advisors are Deputy Medical Directors for acute, corporate and primary care and Associate Medical Director for mental health.

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