

NHSGGC COVER PAPER

NHS Greater Glasgow and Clyde	Paper No. 21/32
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 June 2021
Title:	Remobilisation Plan (RMP3)
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1. Purpose

The purpose of the attached paper is to: To present the Remobilisation Plan for NHS GGC covering the period from April 2021 to March 2022.

2. Executive Summary

The paper can be summarised as follows:

The Remobilisation Plan (RMP3) is a cross system plan which describes how we will remobilise and redesign clinical services whilst recovering from the impacts of the pandemic. RMP3 builds on previous Remobilisation Plans and acts as our operational plan for the year ahead. It covers the key Scottish Government priorities outlined in the commissioning letter of December 2020:

- Supporting staff wellbeing and developing sustainable workforce planning
- Living with COVID 19
- Delivering essential services
- Addressing inequalities and embedding innovation
- Demonstrating value for money and affordability

RMP3 recognises that Moving Forward Together (MFT) remains our key strategic document describing the medium term vision for clinical services in NHS Greater Glasgow and Clyde. The plan focusses on the next 12 months. A robust project management approach has been developed to support the implementation of RMP3. All the commitments and actions for the plan have been noted on an action tracker with the executive leads, timescales and governance processes. The due dates drive monthly progress reports which can be scrutinised at the appropriate level to ensure that implementation of RMP3 is on track. All actions are aligned to the Board's Corporate Objectives.

The plan has received positive feedback from the Scottish Government.

The detail of the plan identifies specific actions to be progressed during 2021/22:

Workforce: We will continue our commitment to staff mental health and wellbeing and deliver the action plan. We will focus on anticipatory workforce planning to respond to the changing demands of services e.g. testing and vaccination. We will continue to support remote working and maintain social distancing requirements to ensure staff and patient safety. Our workforce plan which was developed alongside RMP3 shows how we will align our workforce with remobilisation activity.

Public Health: We recognise the existing health inequalities exacerbated by the pandemic and will seek to address them with specific actions. We will continue to deliver the local testing and contact tracing processes working with the national contact tracing centre, to deliver the vaccination programme. We will continue to support the wider health improvement agenda with a focus on child poverty, mental health, weight management, smoking cessation and drugs and alcohol. We will develop a more resilient workforce in collaboration with Public Health Scotland.

Social Care: Key priorities to progress with HSCPs include support for care homes and the care at home service. We recognise the need to reduce delayed discharges and to maximise independence for our population, supporting older people to live safely in their own community. We recognise the additional demand for services such as child and adult protection, homelessness and addictions - some of this demand arising as a result of the pandemic and the need to deliver services in different ways.

Planned Care: We aim to step up on our elective programme when COVID-19 levels allow. We will continue to increase our use of virtual patient management (Near Me) and day case procedures, and we will enhance pre op assessment and pre admission management of patients. We will focus on radiology and endoscopy to reduce waiting times, and will work with other providers to deliver additional activity following clinical prioritisation. Detailed activity schedules will accompany RMP3, but activity levels will be substantially less than before due to the impact of COVID-19.

Unscheduled Care: Following the successful implementation of phase 1 of the Redesign of Urgent Care, and the opening of the Flow Navigation Hub, we will be implementing phase 2 during 2021/22. This will include the development of a number of additional care pathways, inclusion of paediatrics in the Flow Navigation Hub and increased utilisation of Consultant Connect. During this year, we will also launch Urgent Care Resource Hubs in Health and Social Care Partnerships (HSCPs), linking them with the wider redesign. We will further develop effective interfaces to support older people to stay in their own community.

Mental Health: We will continue to implement our Mental Health Strategy, including services for older adults, recognising the additional impact the pandemic has had on the mental health of the population. A focus on digital will increase virtual patient management and support new psychological services. Mental Health services will support the wider unscheduled care agenda, building on the Mental Health Assessment Units model and developing Consultant Connect. We will work with partners to reduce social isolation and loneliness. We will focus on the delivery of waiting list challenges for Child and Adolescent Mental Health Services and for Psychological Therapies.

Primary and Community Care: We will continue to develop services focused on supporting people to access the right services at the right time and in the right place, with early intervention and anticipatory care to prevent escalation, in community services and across the four contractor groups. Implementation of Primary Care Improvement Plans is a priority, focused on continued development of extended multi-disciplinary teams and enabling the expert medical generalist role to meet the revised contract implementation timescales. We will focus on maintaining access and flexibility to provide core services, with a particular focus on chronic disease management, interface working and pathway redesign.

Addressing Inequalities: We will continue to practise inequalities sensitive communication for testing, vaccination and service recovery, and implement Fairer NHSGGC 2020-24. We are developing targeted work with Black, Asian and Minority Ethnic (BAME) communities and have established a Workforce Equality Group to oversee addressing inequalities in the workplace. We continue to carry out Equality Impact Assessments on service changes to mitigate any potential inequalities.

Digital and eHealth: Our Digital Team has driven forward significant improvements in virtual outpatient consultations using telephone and Near Me technology in all sectors of the health and care system. We will continue to increase the use of Active Clinical Referral Triage (ACRT) to improve patient care, reduce waiting times and optimise face to face consultations. Work will continue to support the redesign of urgent care, screening and testing policies and the vaccination programme.

Patient Experience: Ongoing engagement with stakeholders is fundamental to remobilisation, and a key part of our drive to reduce inequalities. During 2021/22, we will continue to support Patient Centred Visiting and the implementation of Care Opinion. Public engagement will remain a key focus in service change and improvement,

Finance and Capital: Our plan will be underpinned and intrinsically linked to the Board's Financial Plan which will demonstrate how we will manage within the financial resources available to us. We will evidence the progress we have made in addressing the factors which lead to escalation. Capital planning will continue to be linked to service planning, and will inform the work being progressed to develop a Board-wide Infrastructure Strategy.

3. Recommendations

NHSGGC Board is asked to note the Remobilisation Plan 3 (RMP3).

4. Response Required

This paper is presented for **approval**.

5. Impact Assessment

Actions in the plan have been aligned to corporate aims below:

- **Better Health** Positive impact
- **Better Care** Positive impact
- **Better Value** Positive impact
- **Better Workplace** Positive impact
- **Equality & Diversity** Positive impact
- **Environment** Positive impact

6. Engagement & Communications

Staff partnership have been involved in development of the plan through HSCP and Acute Tactical Groups.

7. Governance Route

- Area Clinical Forum - 11 February 21
- HSCP Tactical - 16 February 21
- Acute Tactical - 17 February 21
- SEG - 24 February 21
- Medical and Dental Forum meeting - 18 February 21
- Area Partnership Forum - 18 February 21
- Board Meeting - 23 February 21
- Stakeholder Reference Group - 25 February 21
- Primary Care Programme Board - 4 March 21
- Financial Planning and Performance – 15 June 21

8. Date Prepared & Issued

The paper was prepared and submitted to Scottish Government on 26 February 2021.

Date issued to NHSGGC Board members: 23 June 2021.