

NHS Greater Glasgow and Clyde	Paper No. 21/67
Meeting:	Board Meeting
Meeting Date:	26 October 2021
Title:	Remobilisation Plan 4 and Winter Plan Update
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1. Purpose

The purpose of the attached paper is to:

- Update Board members on the current remobilisation position and the preparations and plans developed for winter 2021/22.

2. Executive Summary

The paper can be summarised as follows:

- Remobilisation Plan 3 (RMP3) was approved by the NHS Board in June 2021, and covers the year to March 2022
- Given the uncertainties around the ongoing impacts of the pandemic, Boards were given the opportunity to revisit elements of the plan and produce a new iteration (RMP4) covering the second 6 months of the year
- This paper notes the key points in RMP4 and describes the changed planning assumptions since RMP3 was submitted
- The Winter Plan is a key part of our planning for the second 6 months of 2021/22 and this paper describes the key elements

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the revised planning assumptions and service changes since the submission of RMP3
- Note the preparations and plans developed for Winter Plan for 2021/22

4. Response Required

This paper is presented for awareness.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

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

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

- RMP4 and the Winter Plan were developed through the Acute and HSCP Tactical Groups with wide cross system representation, including staff partnership

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- RMP4 and the Winter Plan were developed through the Acute and HSCP Tactical Groups, and approved at the Strategic Executive Group (SEG)
- RMP4 and the Winter Plan were approved by the corporate Management Team
- A summary presentation was noted by the Finance, Planning and Performance Committee

8. Date Prepared & Issued

RMP4 and Winter Plan prepared and submitted to Scottish Government 30 September 2021.

Date Prepared: 18/10/21

Date Issued: 19/10/21

Remobilisation Plan: Mid-Year Update (RMP4)

1. Introduction

NHSGGC Remobilisation Plan 3 (RMP3) covers the 12 months from April 2021 to March 2022 and was submitted in February 2021. It was subsequently approved by the NHS Board in June 2021. RMP3 was developed in partnership with stakeholders across the health and care system in both primary and secondary care, and was informed by national policies and guidelines. It recognised the uncertainty of planning during an ongoing pandemic, and assumed we would be dealing with high levels of COVID-19 for at least the first six months of the planning period. As we move into the second half of the year with continued and significant levels of COVID-19 in our community and fluctuating pressures on all health and care services, our recovery is unlikely to move at the pace we anticipated.

RMP4 gave Boards the opportunity to review planning assumptions in RMP3 and to update priorities for the remainder of 2021/22. A draft was submitted to the Scottish Government on 30th September and feedback is expected in the next month. A key element of RMP4 is our Winter Plan for 2021/22.

2. Key Elements in RMP4

The commissioning letter for RMP4 highlighted a number of areas to be covered in the plan. These are noted below with our updated position:

2.1 Staff Health and Wellbeing

The NHS GGC Workforce Mental Health and Wellbeing Group is now well established. Three mental health check ins have taken place which completes the original plan however given the feedback further check-ins will be planned over winter 21/22. From the 1392 responses in the last check in direct support was offered to 624 staff following the last check in. Our Rest and Relaxation hubs have been refreshed, with some additional venues being considered along with a mobile service tested in community commencing in November.

External spaces have been developed near clinical sites for staff to take advantage of the benefits of being outdoors. An Occupational Health long COVID service has been established to support staff requiring this service. The Peer Support Programme is also planned for roll out in the coming weeks.

2.2 Elective Programme

In recent weeks elective theatre capacity has been significantly reduced once again to support our hospitals in managing the demand for unscheduled care. In the coming months there will continue to be challenges in delivering the elective programme due to pressures within staffing, the impact of winter, the continuing need for infection control measures and separate pathways in acute settings to support elective patient testing and requirements for specific specialties eg ENT, Oral Health. Within this environment our approach to planned elective care over the autumn and winter period will have an

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emphasis on coordinated and flexible service delivery across NHSGGC to maximise surgical and outpatient activity.

Our surgical priorities remain:

- P1 emergency, trauma and cancer surgery
- P2 cancer surgery
- P2 benign surgery
- Spinal and spinal trauma surgery
- Transplant and
- Assisted Conception Services

Our revised trajectories reflect a balance between our aspiration to deliver maximum levels of activity, but recognition of the uncertainties around ongoing levels of COVID, the additional demands of winter, the impact of COP26 and the availability of staffing. We aim to continue to provide 80% of pre COVID outpatient activity, to deliver 60% of pre COVID elective inpatient activity and to maintain 70% of pre COVID endoscopy activity.

2.3 Critical Care

Recognising the additional demand placed on critical care services during the pandemic, funding has been received for an additional 7 ICU beds and a detailed project plan is being developed to increase our service. This is in addition to additional critical care services established to support the Major Trauma Centre and the National Burns Hub.

2.4 Primary Care

Primary Care activity across the contractor groups is reported to have increased in numbers and complexity since the beginning of this year. Remobilisation has stepped up, whilst the need for COVID Community Pathways has continued. From October to March, primary care will focus on:

- Primary Care Implementation Plans implementation
- Chronic disease management, particularly diabetes
- Unscheduled care (ACPs, falls and frailty)
- Support for elective remobilisation programme

2.5 Mental Health

An initial tranche of the Mental Health Recovery and Renewal Fund was released to target:

- Implementation of CAMHS specification
- Expansion of CAMHS service to age 25
- CAMHS waiting lists
- Psychological Therapies waiting lists

As services remobilise, there continues to be a focus on the development of the digital programme, including cCBT. Mental Health Assessment Units have now been consolidated as part of the unscheduled care suite of services, and implementation of the mental health strategy is being progressed.

2.6 Digital

We are currently aligning our Digital as Usual Strategy 2018-22 to the refreshed national strategy, and immediate priorities are:

- o Exploiting digital opportunities to support remote patient monitoring eg. COPD and Dermatology
- o Implementation of HEPMA at pace across GGC
- o Focus on innovation through the West of Scotland Innovation Hub and Innovation Programme
- o Increasing appropriate access to our electronic Health and Care record

2.7 Sustainability/ Green agenda

As the host city for COP26, we have focussed attention on our Sustainable Development Implementation Plan which has been developed to ensure corporate and operational activities are compliant. Our priorities are summarised in the table below:

Our NHS	Our People	Our Planet
Governance & Policy		
<ul style="list-style-type: none"> - Capital Projects - Active Travel - Transport - Greenspace - Nature & Biodiversity 	<ul style="list-style-type: none"> - Awareness - Welfare - Ethical Issues - Communities - Sustainable Care 	<ul style="list-style-type: none"> - Environmental Management - Procurement & Supply Chain - Waste - Adaptation - Greenhouse Gases

2.8 Finance

RMP4 covered a number of finance/resource issues which we are in ongoing discussions with Scottish Government about. These include funding for winter, resourcing additional critical care beds, the mental health recovery and renewal fund, funding of ongoing COVID costs and funding for the elective programme. We expect to agree a final finance plan over the next few weeks.

3. Winter Plan

Winter planning for 2021/22 has been a complex process, as we try to balance pre-COVID levels of demand for urgent care, delivering the elective programme, continuing to deal with high numbers of patients with COVID and many late presentations of patients with high acuity. This is also balanced with our current staff availability and predicting our needs for the winter. Our response has been to plan with partners across the health and care system in the following areas:

3.1 Presentation

Our successful vaccination programme has seen 88.1% of the eligible population receive one dose on the vaccination and 79.1% receiving two, with higher uptake

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among those over the age of 40. The flu and COVID booster programme has already started and will be complete in mid-December.

3.2 Primary Care

COVID community pathways have been maintained to protect other primary care services. Escalation arrangements for the GP Out of Hours and in hours services have been planned.

3.3 Redesign of Urgent Care

The Redesign Programme continues with a number of new pathways expected to go live before the height of winter demand. These will see patients directed by NHS24 to our Flow Navigation Centre or directly to the best clinician for their care.

3.4 Secondary Care

In secondary care, we continue to support COVID pathways and will focus on the use of Consultant Connect for rapid specialist advice. We will support weekend working and a number of initiatives to improve flow management. We have plans to open and staff additional beds across the hospital sites and fully use existing capacity.

3.5 Children

We have seen an early surge in children's respiratory problems, and the children's hospital has identified additional beds and supplementary staffing at the front door.

3.6 Community Services

Priorities for HSCPs are to support care homes and to facilitate hospital discharge by strengthening care at home services. In south Glasgow we are piloting Hospital @ Home to prevent hospital admissions and support early discharge.

3.7 Mental Health

A comprehensive urgent care response service, including Mental Health Assessment Units has been developed to provide support for people with Mental Ill Health.

Modelling activity for winter has taken into account the expected impact of COP26 at the end of October/ early November. Contingency arrangements have been planned and these have been incorporated in the winter plan.

4. Next Steps

The full submission of RMP4 included a review of progress in implementing RMP3, updated priorities as noted above, our winter plan and revised activity projections. We expect early feedback on the submission, which will allow us to update project plans and progress implementation from now until the end of March 2022.