

NHS GRAMPIAN

Re-mobilisation Plan

1. Actions Recommended

The Board is asked to:

- Note the re-mobilisation plan submitted to the Scottish Government Health and Social Directorates on 25 May setting out the Board priorities for the period to July 2020; and
- Review the current position regarding progress against the re-mobilisation plan and the proposed approach to development of the re-mobilisation plan for the period post July 2020.

2. Strategic Context

In response to the requirement from the Interim SG Health and Social Care Directorate Chief Executive for re-mobilisation plans for the next phase (covering the period to the end of July 2020) NHS Grampian submitted the remobilisation plan that is attached with this covering paper on 25 May. Members were briefed on the plan at the June Board meeting, with the plan now having been agreed with Scottish Government. The Scottish Government anticipate the need to continue to maintain a COVID-19 response in line with national planning assumptions and informed by the clinical prioritisation of services and national guidance/policy frameworks, including those relating to testing and PPE.

In the guidance issued to Boards the following points were highlighted:

- In terms of acute provision there will be a need to maintain sufficient capacity within ICU and general acute beds to meet any change in the transmission of COVID-19 in the planning period to the end of July.
- To ensure that there is sufficient capacity within our health and social care systems to accommodate the expected increase in activity in those urgent areas that were protected as part of the initial COVID-19 response (e.g. emergency care and cardiac/stroke/cancer services).
- The need to continue to carefully consider the configuration of emergency care services: ensuring effective provision of both a regular and COVID-19 response. This may mean that we pursue a strategy of making more emergency care scheduled.
- Significant support will continue to be required for the care home sector; not least on infection prevention and control, testing, and to support staff who are self-isolating.

The purpose of this paper is to provide an update to the Board on the progress that has been made to implement the key elements set out within the re-mobilisation plan.

3. Key matters relevant to recommendation

Overview

The Re-mobilisation Plan sets out our whole-system overarching response to living with COVID-19 based on the innovation and reform we have accelerated during the initial response. Our priority with our partners is to seek the opportunity for more innovation and reform, whilst at the same time adapting to “living with COVID-19” and supporting the phases of the Scottish Government route map and creating stabilisation and resilience of health and care services to meet population needs, with an initial focus on the period up until end of July 2020. The current plan supports our phased transition to redesign and rebuild the ‘new’ normal over the next 12-24 months.

Central to the plan is ensuring that as we move into the next phase of living with COVID-19 and commence the co-ordinated stepping-up of services that is safe and clinically prioritised, minimising harm to patients, public, our staff and other professionals working across the system. The approach and key priorities within this document have been informed by the Clinical Board, our system leadership team and system leaders through a series of facilitated sessions and a range of cross-system expert groups which have included wide representation from professional, advisory and staff side partnership within NHS Grampian.

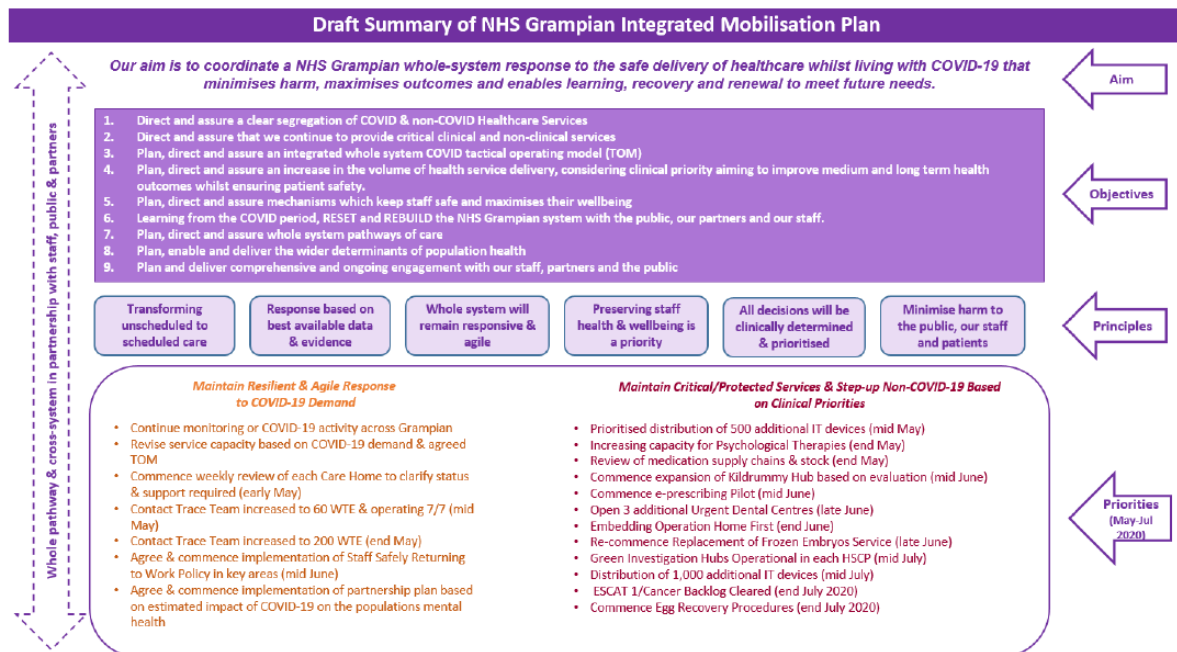
We would particularly acknowledge the significant contribution from the three Health and Social Care Partnerships (HSCPs), the three Local Authorities and the local resilience partnership who have provided invaluable support, resources and advice during the initial COVID-19 response and in planning for re-mobilisation.

The Plan is a live document and will continue to be further developed in response to further intelligence/modelling, local and international learning, lived experience from our population, changes in national guidance, evidence based practice and our ongoing engagement and collaborative approach with clinical and non-clinical staff, advisory and partnership colleagues, and our partners in the North East and North of Scotland.

The focus of the Plan is predominantly phase 2 and 3.

- Pre-Phase: Establishing Structures and COVID-19 Pandemic Response
- Phase 1: Operation Rainbow (Response to COVID-19 Pandemic)
- **Phase 2: Living with COVID-19 – Stabilisation & Resilience**
- **Phase 3: Post COVID-19 – Scaling Up Transformation to New Normal**
- Delivery of New Normal/Normalisation

The overall aim and objectives for the Plan, which will continue into future phases was informed through engagement with a significant number of staff across NHS Grampian and the three Health and Social Partnerships. The diagram overleaf summarises the objectives, principles and priorities that are set out in the re-mobilisation plan.



The plan is underpinned by a number of key principles which are based around population health need and meeting the needs of our patients, including

- Ensuring that patients are treated according to need
- Ensuring we minimise risk of infection or harm to patients and services only recommence where it is safe to do so.
- Ensuring that we provide access to support and assistance to the whole population that is sustainable and delivered with fairness and equity.

The engagement with and support of the population of the North East of Scotland will remain key to the current and next phases of our re-mobilisation plan.

In the remainder of the paper we have summarised progress against the following key elements of the re-mobilisation plan

- Responding to and living with COVID-19 / Non COVID-19
- Urgent elective and cancer care
- Child and Adolescent Mental Health Services
- Care Home support
- Unscheduled care – Operation Home First
- Test and Protect
- Staff Wellbeing

Responding to and living with COVID-19

In preparation to deal with the extra capacity required for the living with COVID-19 pandemic and re-mobilising critical Non-COVID-19 services, a Bed Base Plan for increasing the medical footprint to accommodate critical and urgent medical demand and COVID-19 activity at ARI was developed.

With the agreement to recommence a number of services which have been paused or reduced during the immediate COVID-19 response we have established or are in the process of establishing.

- Separate care pathways for urgent and planned care, including COVID-19 positive and negative
- Elective care pathways for screened negative Non-COVID-19 patients
- Urgent and emergency care in defined zones – COVID-19 tested
- Measures to reduce the risk of nosocomial transmission when care cannot be delayed and testing status of patient not known

Our Plan for progressive changes in services will be informed by a comprehensive and detailed clinical risk assessment of all our services. Each clinical service has developed an assessment of all services – critical, protected and paused which we will use to inform our clinically based re-mobilisation decisions.

Further modelling work is underway to determine the total additional bed capacity within the system and the timescales will be determined by a number of factors. The most critical factor will be the need to create a safe physical environment, segregated pathways of care and the availability of workforce.

We have retained 50 general beds for COVID-19 activity and an additional COVID-19 assessment ward. We have also retained 12 ICU beds for COVID-19 activity together with capacity to meet our national role for ECMO up to 6 beds and General Intensive Care Unit (ICU) capacity for all other needs to a total capacity of 36 beds.

The number of patients now in hospital or in ICU has reduced significantly from the peak during the early weeks of May:

	23 March	4 May	23 June
COVID + patients in Hospital	66	99	43
COVID + patients in ICU	4	18	Zero

We would wish to thank all our partners for their support – our care homes, local authorities, our national health services colleagues and local resilience partnership members. The changes that we have had to make across our health and social care system have been essential to supporting the continuity of urgent and critical services whilst managing the impact of COVID-19. Our response has required and been enabled by whole system co-ordination and collaboration. The strength of our local partnerships and the generous support from the public have been a great credit to all in the North East of Scotland.

All of us have had many moments of quiet reflection and our thoughts are with those families who have suffered personal loss at this time. Their lives and memories should never be forgotten.

Urgent elective and cancer care

NHS Scotland and therefore NHS Grampian's COVID-19 response required areas of surgical and medical care to be segregated to protect both patients and our ability to respond to the surge of COVID-19 patients.

Within NHS Grampian we have a well-established ESCAT clinical prioritisation system which allocates a priority to each procedure across all our clinical specialties based on the agreed clinical criteria.

Our priority in the immediate period to 31 July will be to use all available theatre capacity at ARI and Albyn Hospital in order to reduce the backlog of cancer and ESCAT 1 patients. The Clinical Board and Clinical Governance Committee have reviewed advice provided by the Clinical Lead for Cancer Services on the immediate priorities.

In terms of activity undertaken since the re-mobilisation plan has been implemented we have undertaken 248 urgent surgical procedures in our main theatres, undertaken 1,336 urgent and 1,252 routine outpatient appointments and 128 new patients have commenced their 31 day cancer diagnostic pathway.

Whilst there is significant further work to be undertaken, these initial steps towards increasing capacity for urgent and priority patients are in line with our re-mobilisation plan for the initial period to 31 July 2020.

Planning for elective and cancer care beyond the end of July is underway:

- To maximise the use of the theatre complex at Woodend Hospital and elective capacity at Dr Gray's Hospital;
- To reinstate the regional treatment centre in partnership with NHS Tayside at Stracathro; and
- To manage referrals through earlier intervention in the pathway of consultant support for primary care, revised vetting and clinical triage, patient initiated return appointments and virtual e-clinics for GPs so they can send questions regarding patients securely and direct to consultants.

Child Adolescent Mental Health Services (CAMHS)

During the Covid-19 outbreak we have mobilised our whole CAMHS staff team to remote and virtual working. CAMHS were already offering Near Me as an option and had the IT equipment to do this, following the investment in the new CAMHS Centre. Pre COVID the use of Near Me was determined by patient choice.

As staff have been able to use all the NHS enabled IT from home there has been no break in service capacity, and also very low sickness rate due to Covid as a result of low foot fall in NHS premises. Those shielding too have been able to continue to work. We have also enabled staff to work flexible hours.

As the CAMHS service is a pan Grampian service and it is all virtual we were able to use all capacity to address the longest waits which were in Moray. We have used our modelling to enable us to pull forward all assessment clinics in a virtual way.

As referral rates dropped temporarily during Covid (and are now starting to increase), and no group work was taking place, we used this additional capacity. This has enabled us to see referred children within the national waiting times within Grampian. The waits for treatment are now all around 6-8 weeks.

In addition to this the Psychological Resilience Hub is available to anyone of any age. Since this started children/young people have accessed this service. It is a self-referral pathway and offers 3 sessions of psychological support and a second referral is accepted if more support is needed. This has added extra support and capacity and we will continue to operate the Hub until 31 March 2021.

We expect referrals to increase as lockdown lifts and schools go back but we are now in an excellent position to support children and young people quickly since assessment times are currently very short.

The only area where we have some delay is with assessments of autism and ADHD as we need information from schools. It is of note that we have continued to see high risk and most unwell cases in person, with PPE as needed.

Care Homes

There is a high level of focus on Care Homes and all Public Health Directors are required to submit weekly returns to Scottish Government. These returns set out a R(ed), A(mber) and G(reen) status for each of the Care Homes. Within Grampian we have established specific arrangements to support our response to the Care Homes in line with the Scottish Government requirements; for example:

- Daily RAG status developed for all care homes in Grampian based on collective and collaborative work with the Health and Social Care Partnerships & Care Inspectorate. This helps us jointly monitor improvements in care homes daily with many care homes moving from Red to Amber and Amber to Green due to the constant support and daily contact with care homes.
- PPE hubs set up by all three HSCPs to provide emergency supplies of PPE has been really helpful to support care and residential homes waiting for delivery of their own supplies of PPE.
- Care home testing for social care staff including staff working in sheltered and very sheltered settings.
- Daily contact with care homes by Grampian Health Protection Team.
- Grampian Health Protection Team developed IPC material for all care homes based on current guidance.
- Daily temperature checks for residents and staff in some care homes.

The Health Protection Team has remained in regular contact with care homes during the COVID-19 pandemic. The Cabinet Secretary for Health and Sport initially announced that NHS Directors of Public Health were required to take enhanced clinical leadership, including the requirement to carry out regular and ongoing assessments of how each home is performing. Further changes in responsibility were subsequently communicated to the Board Medical and Nurse Directors.

Weekly submissions are made each Thursday to Scottish Government. Initial judgements are made by the Health Protection Team, senior colleagues from Health and Social Care Partnership and the Care Inspectorate and then collectively a RAG status is agreed for each element for each home. This is then reviewed on a Grampian basis by the Health and Social Care Partnership Chief Officers, Director of Public Health and Nurse Director.

Plans have been developed to support staff and care home resident testing in line with national planning assumptions.

Unscheduled Care

'Operation Home First' was 'launched' formally on the 2 June 2020 with the release of the promotional video prepared collaboratively by the three HSCP Chief Officers & the Chief Officer, Acute.

The programme is designed to maintain people at home for their care/health care needs where it is clinically safe to do so; to avoid hospital admission where alternatives can be provided to meet a person's needs; and to adhere to the principles of:

- 'Home first' for all care
- Whole system working in practice and to maintain agile thinking and decision making
- Using the current position as a springboard for transformation and redesign, working under the direction of the strategic plans agreed previous to the COVID pandemic
- Ability to respond to COVID demand and to work with shielding, segregation, social/physical distancing in the 'living with COVID' phase of the pandemic response
- Avoidance of hospital admissions and delays at discharge
- Operational delivery of high quality, safe and effective health and care services focussed on people's needs
- Removal of primary/secondary care barriers

The Operation Home First programme reports on progress to the Strategic Planning North East System Wide Transformation Group.

A key element of our re-mobilisation plan is to convert more unscheduled to scheduled care as demands on our emergency services increases. Since 4 May, the weekly ED attendances have risen from 1,129 to 1,847 for the week to 21 June and are now comparable to the rates in March (pre-COVID) – 9 March (1,997).

Test and Protect

As lockdown restrictions begin to be lifted, the importance of the national and local approach of 'Test and Protect' (previously Test, Trace, Isolate and Support) will increase significantly and rapidly. A working group meets regularly to support continued development in this crucial area.

Current demand is averaging at 424 tests per day, against a predicted number of 364 per day, with an average 3.57 positive cases per day against the predicted 35 per day. Since the 'go live' date of 28 May 2020, there has been an average of 1.39 contacts to trace per case, which is below the anticipated rate of 20 contacts per case but is increasing. The total testing undertaken since the commencement of the COVID response is noted below:

Type of testing	Total number of tests
Health & Social Care staff testing (inc. household members, exc. care home staff)	4,229
Hospital patient testing (including symptomatic admissions and all patients aged 70+)	5,383
Care home resident testing	1,473
Care home staff testing	1,650
Total	12,735

Transition to National System Contact Tracing

NHSG will be the pilot board for Scotland. Transition involves changing digital case management tool (from the simple tracing tool to the Case Management Solution together with soft phones). The "new" system will comprise of a national team of contact tracers and a local contact tracing team, together with an enhanced local health protection team that will manage complex cases.

Staff Health and Wellbeing

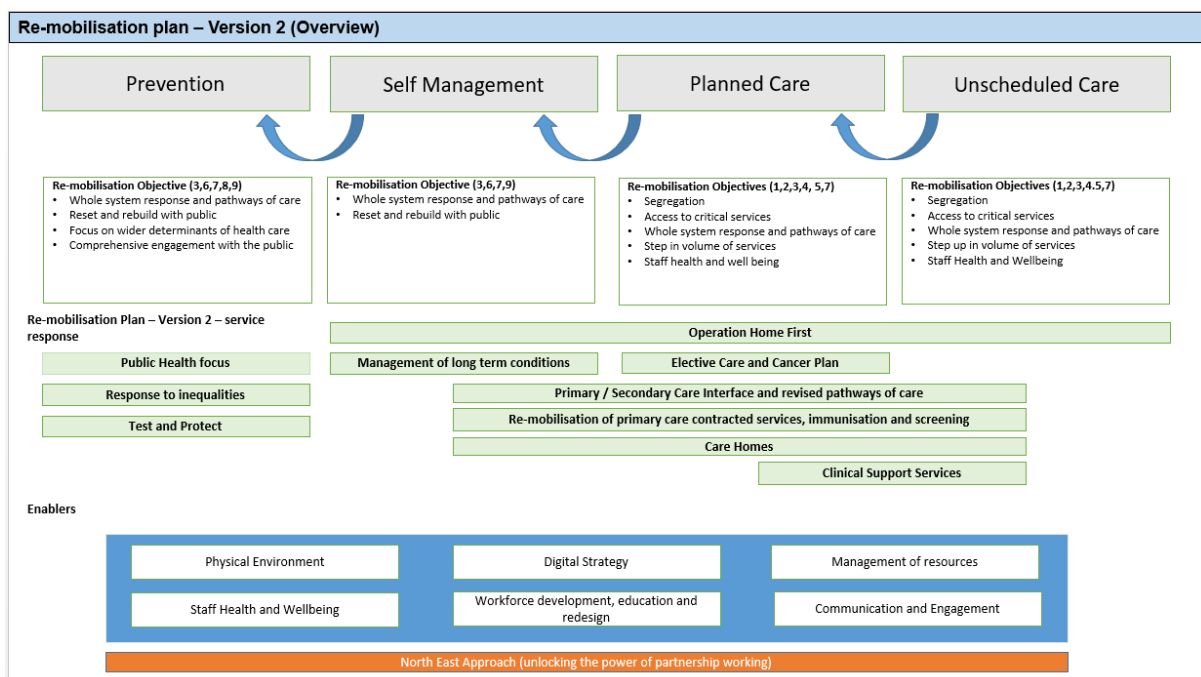
Staff health and wellbeing remains a priority for the Board and we have set out below a number of the initiatives that have been established to support staff at this time:

- Rest Facilities - working with each of the hospital sites and endowments to identify and implement 'rest facilities' which can be accessed by all staff at any time. These facilities are intended to be places to recharge, reflect or gain some quiet time as opposed to group area for taking refreshment breaks. To date, there have been 6 sites identified at the Emergency Department ARI, Royal Aberdeen Children's Hospital, Aberdeen Maternity Hospital, Woodend Hospital, Royal Cornhill Hospital and Dr Gray's Elgin; there is already a facility in ARI within the Hospital at Night Department.

- Physical Distancing and Wellbeing Champions - have been deployed into clinical settings to monitor PPE use and provide guidance and support to front line staff. Funding has been approved as a test of change to determine the need for embedding this role into workforce planning within clinical areas. In non-clinical areas, as part of the return to site planning, Safe Workplace Managers and Champions are to be identified to support workplace health & safety addressing building occupancy, flow of staff through the building, physical distancing, signage, and use of PPE if required.
- Organisational Development - as part of the recovery process, a high level OD plan has been developed with a focus on system working, team spirit and cohesion, leadership and staff development and supporting new ways of working, resilience and wellbeing. This system-wide OD plan will link and connect key elements of development and support for staff as we move forward.
- Facilitating managers to promote person-centered approaches to take into account individual personal circumstances of the workforce e.g childcare, shielding groups and the impact this has on staff health and wellbeing. We acknowledge that the wellbeing and working arrangements put in place for COVID will require to be ongoing for the longer term.

Next steps

We are working on the next version of our re-mobilisation plan for the period to 31 March 2021 in anticipation of being asked for a further plan in the coming weeks. An overview of this plan is summarised below:



4. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible Executive Director

Alan Gray
Director Of Finance
alangray@nhs.net

Date 24 June 2020

Attachment: NHS Grampian re-mobilisation plan to the end of July 2020