Grampian Re-Mobilisation Plan (Draft)

(Please note this is a 'live' plan which is reviewed and updated regularly)

NHS Grampian

Aberdeenshire Health & Social Care Partnership

Aberdeen City Health & Social Care Partnership
A caring partnership

HEALTH & SOCIAL CARE MORAY

Version History

Version	Date	Summary of Changes	Person Making Changes
1	22 May 2020 (08.00)	Issued to GOLD Command	Alan Gray
2	22 May 2020 (15.30)	Issued to NE Transformation Group members	Alan Gray
3	23 May 2020	Updated	Lorraine Scott
4	25 May 2020	Final draft for approval	Alan Gray
5	25 May 2020	Updated and Submitted to Scottish Government	Alan Gray/Lorraine Scott

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1. Introduction

This **draft** 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 routemap 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. This document supports our phased transition to reset and rebuild the 'new' normal over the next 12-24 months.

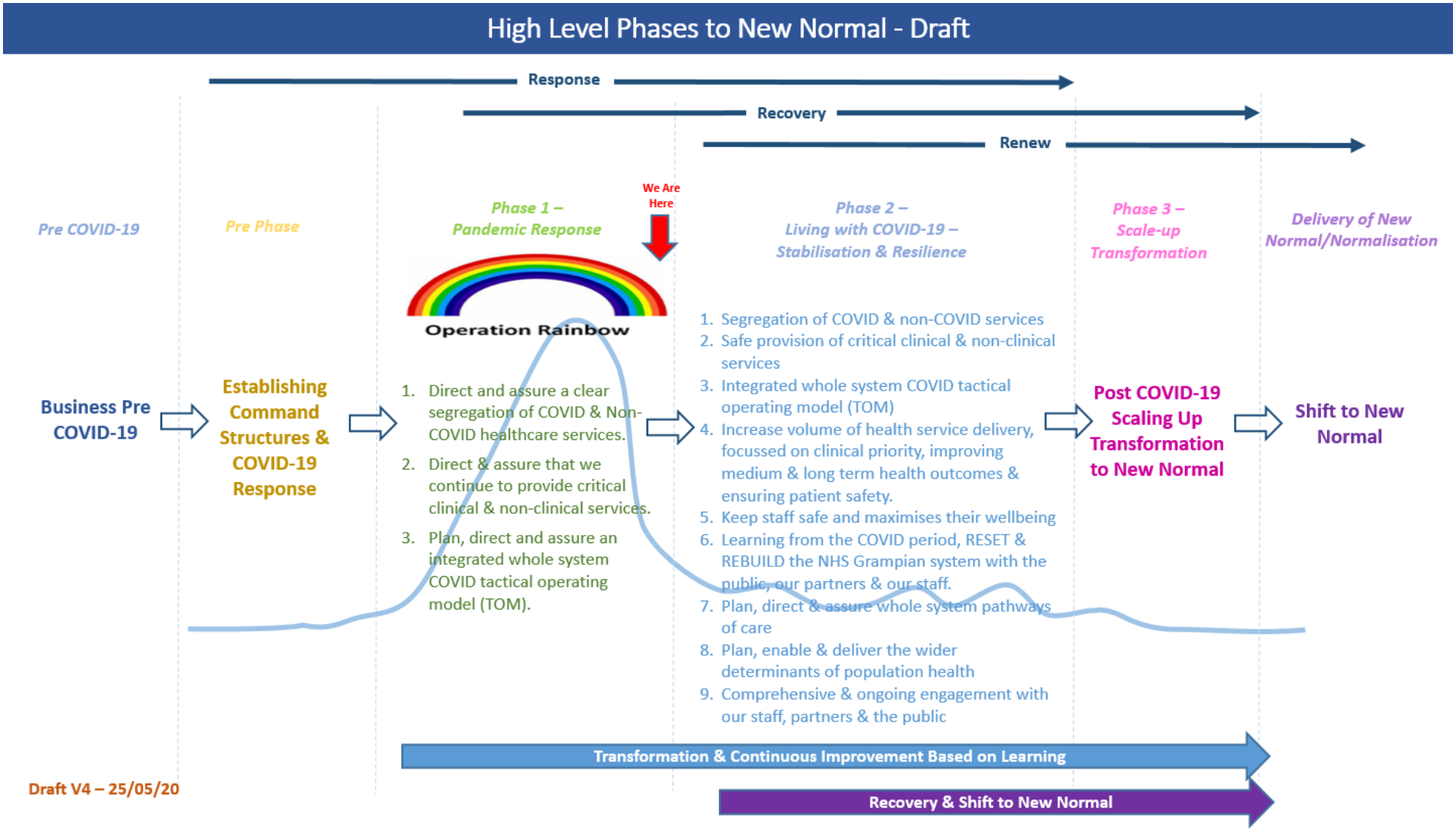
Central to this plan is ensuring that as we move into the next phase of living with COVID-19 and commence the co-ordinated stepping-up of services that is safe and clinically prioritised, minimising harm to patients, public, our staff and other professionals working across the system. The approach and 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.

It requires to be noted that this 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.

2. Setting the Context

This document focuses on the response to living with COVID-19 whilst creating stabilisation and resilience to move towards phased transition to reset and rebuild the new normal. The diagram overleaf illustrates the five key phases of response and recovery. The focus of this 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**


High Level Phases to New Normal - Draft
Response
Recovery
Renew
We Are Here
Pre COVID-19
Pre Phase
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Phase 2 – Living with COVID-19 – Stabilisation & Resilience
Phase 3 – Scale-up Transformation
Delivery of New Normal/Normalisation
Operation Rainbow
Business Pre COVID-19
Establishing Command Structures & COVID-19 Response
1. Direct and assure a clear segregation of COVID & Non-COVID healthcare services.
2. Direct & assure that we continue to provide critical clinical & non-clinical services.
3. Plan, direct and assure an integrated whole system COVID tactical operating model (TOM).
1. Segregation of COVID & non-COVID services
2. Safe provision of critical clinical & non-clinical services
3. Integrated whole system COVID tactical operating model (TOM)
4. Increase volume of health service delivery, focussed on clinical priority, improving medium & long term health outcomes & ensuring patient safety.
5. Keep staff safe and maximises their wellbeing
6. Learning from the COVID period, RESET & REBUILD the NHS Grampian system with the public, our partners & our staff.
7. Plan, direct & assure whole system pathways of care
8. Plan, enable & deliver the wider determinants of population health
9. Comprehensive & ongoing engagement with our staff, partners & the public
Post COVID-19 Scaling Up Transformation to New Normal
Shift to New Normal
Transformation & Continuous Improvement Based on Learning
Recovery & Shift to New Normal
Draft V4 – 25/05/20

Draft Summary of NHS Grampian Integrated Mobilisation Plan

Whole pathway & cross-system in partnership with staff, public & partners

Our aim is to coordinate a NHS Grampian whole-system response to the safe delivery of healthcare whilst living with COVID-19 that minimises harm, maximises outcomes and enables learning, recovery and renewal to meet future needs.

Aim

1. Direct and assure a clear segregation of COVID & non-COVID Healthcare Services
2. Direct and assure that we continue to provide critical clinical and non-clinical services
3. Plan, direct and assure an integrated whole system COVID tactical operating model (TOM)
4. Plan, direct and assure an increase in the volume of health service delivery, considering clinical priority aiming to improve medium and long term health outcomes whilst ensuring patient safety.
5. Plan, direct and assure mechanisms which keep staff safe and maximises their wellbeing
6. Learning from the COVID period, RESET and REBUILD the NHS Grampian system with the public, our partners and our staff.
7. Plan, direct and assure whole system pathways of care
8. Plan, enable and deliver the wider determinants of population health
9. Plan and deliver comprehensive and ongoing engagement with our staff, partners and the public

Objectives

Principles

- Transforming unscheduled to scheduled care
- Response based on best available data & evidence
- Whole system will remain responsive & agile
- Preserving staff health & wellbeing is a priority
- All decisions will be clinically determined & prioritised
- Minimise harm to the public, our staff and patients

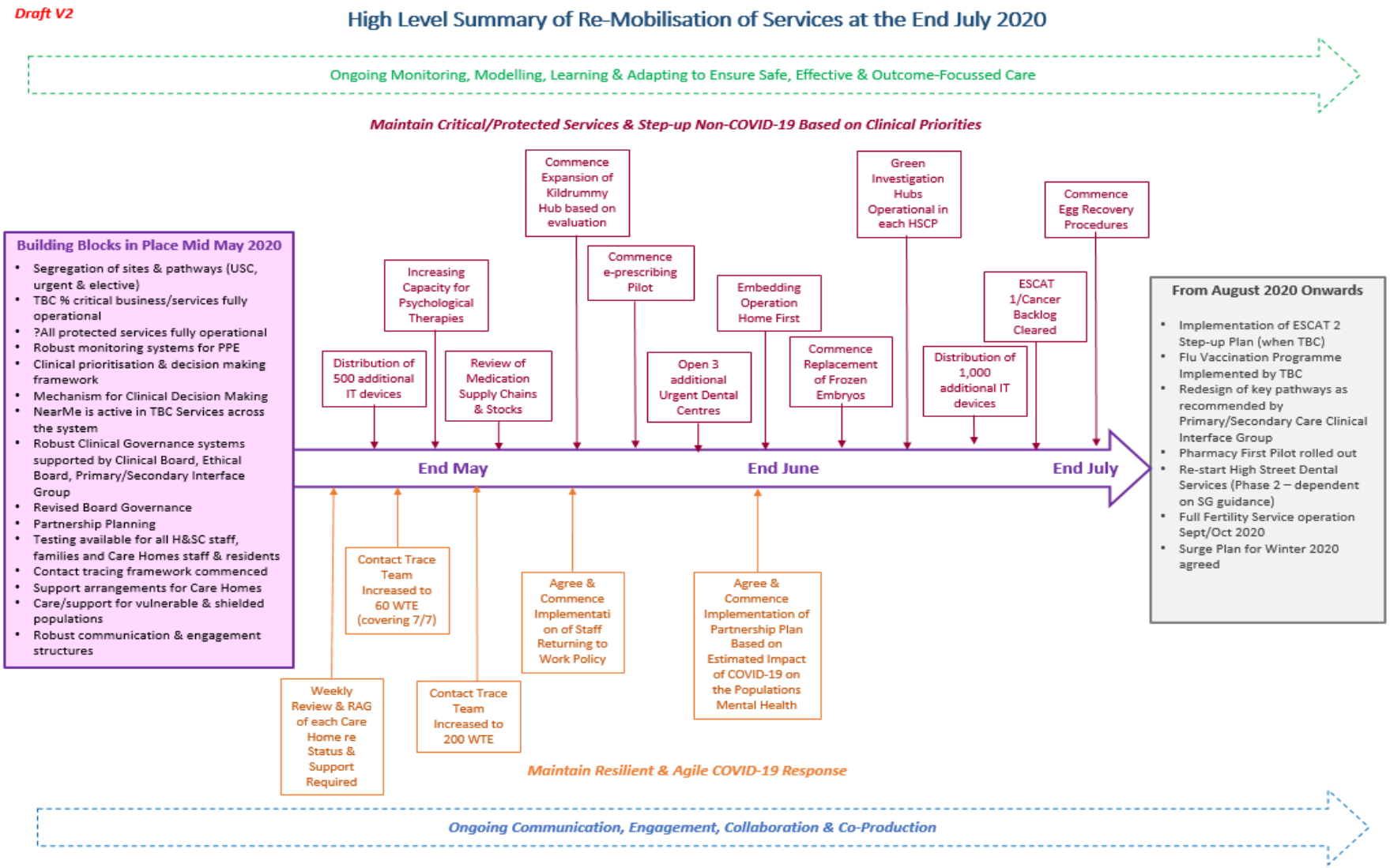
Priorities (May-Jul 2020)

Maintain Resilient & Agile Response to COVID-19 Demand

- Continue monitoring or COVID-19 activity across Grampian
- Revise service capacity based on COVID-19 demand & agreed TOM
- Commence weekly review of each Care Home to clarify status & support required (early May)
- Contact Trace Team increased to 60 WTE & operating 7/7 (mid May)
- Contact Trace Team increased to 200 WTE (end May)
- Agree & commence implementation of Staff Safely Returning to Work Policy in key areas (mid June)
- Agree & commence implementation of partnership plan based on estimated impact of COVID-19 on the populations mental health

Maintain Critical/Protected Services & Step-up Non-COVID-19 Based on Clinical Priorities

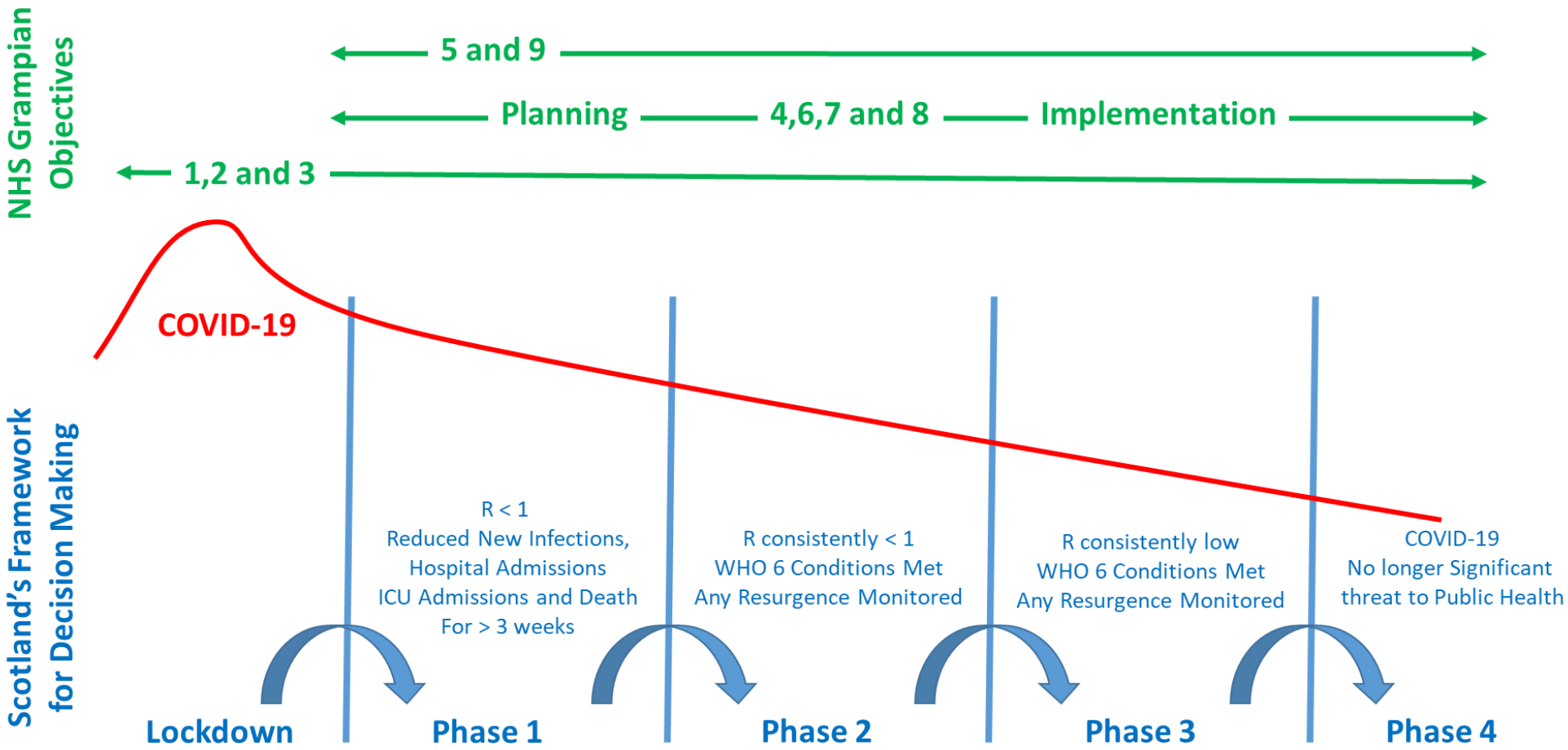
- Prioritised distribution of 500 additional IT devices (mid May)
- Increasing capacity for Psychological Therapies (end May)
- Review of medication supply chains & stock (end May)
- Commence expansion of Kildrummy Hub based on evaluation (mid June)
- Commence e-prescribing Pilot (mid June)
- Open 3 additional Urgent Dental Centres (late June)
- Embedding Operation Home First (end June)
- Re-commence Replacement of Frozen Embryos Service (late June)
- Green Investigation Hubs Operational in each HSCP (mid July)
- Distribution of 1,000 additional IT devices (mid July)
- ESCAT 1/Cancer Backlog Cleared (end July 2020)
- Commence Egg Recovery Procedures (end July 2020)



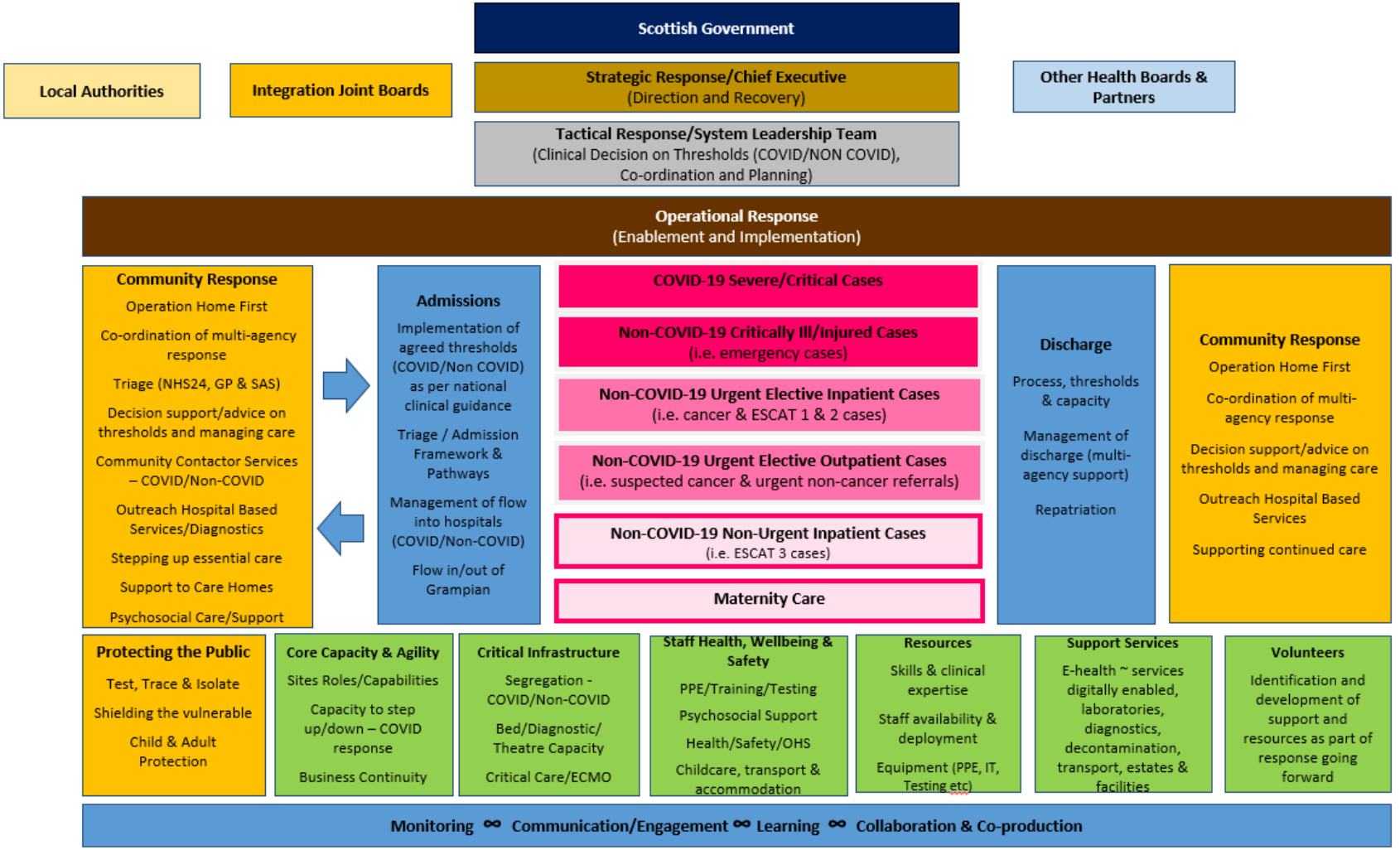
This Plan has been created in full understanding and coordination with Scotland's Coronavirus (COVID-19): framework for decision making (critical health factors shown below) and sets out our cross-system and multi-agency response.

	Lockdown	Phase 1	Phase 2	Phase 3	Phase 4
	Lockdown restrictions:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:	As with previous phase but with the following changes:
Epidemic Status	High transmission of the virus. Risk of overwhelming NHS capacity without significant restrictions in place.	High risk the virus is not yet contained. Continued risk of overwhelming NHS capacity without some restrictions in place.	Virus is controlled but risk of spreading remains. Focus is on containing outbreaks.	Virus has been suppressed. Continued focus on containing sporadic outbreaks.	Virus remains suppressed to very low levels and is no longer considered a significant threat to public health.
Criteria/Conditions	R is near or above 1 and there are a high number of infectious cases.	R is below 1 for at least 3 weeks and the number of infectious cases is starting to decline. Evidence of transmission being controlled also includes a sustained fall in supplementary measures including new infections, hospital admissions, ICU admissions, deaths of at least 3 weeks.	R is consistently below 1 and the number of infectious cases is showing a sustained decline. WHO six criteria for easing restrictions must be met. Any signs of resurgence are closely monitored as part of enhanced community surveillance.	R is consistently low and there is a further sustained decline in infectious cases. WHO six criteria for easing restrictions must continue to be met. Any signs of resurgence are closely monitored as part of enhances community surveillance.	Virus is no longer considered a significant threat to public health.
Health And Social Care	All non-urgent care health care services stopped and capacity focused on COVID-19 response: COVID hubs and assessment centres. Urgent care including dental and the creation of ICU capacity. Joint working to reduce delayed discharges by over 60% and prioritising “home first” and prioritisation of safety and wellbeing of care home residents and staff. Urgent and cancer care still available.	Beginning to safely restart NHS services, covering primary, and community services including mental health. Phased resumption of some GP services supported by an increase in digital consultations. Roll out the NHS Pharmacy First Scotland service in community pharmacies. Increase care offered at emergency dental hubs as practices prepare to open. Restart, where possible, urgent electives previously paused. Resumption of IVF treatment, as soon as it is safe to do so, and subject to the approval of HFEA. Increase provision of emergency eye care in the community. We will consider the introduction of designated visitors to care homes.	Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services. Reintroduce some chronic disease management which could include pain services, diabetic services. All dental practices open to see patients with urgent care needs. Urgent care centres provide urgent aerosol generating procedures. Prioritise referrals to secondary care begin. Increase number of home visits to shielded patients. Continue to plan with COSLA and Scottish Care to support and, where needed, review of social care and care home services. Phased resumption of some screening services. Expand range of GP services. Phased safe resumption of essential optometry/ ophthalmology services. Phased resumption of visiting to care homes by family members in a managed way where it is clinically safe to do so.	Emergency and planned care services delivered. Expansion of screening services. Adult flu vaccinations including in care homes and care at home. All dental practices begin to see registered patients for non-aerosol routine care. Urgent care centres to provide aerosol generating procedures. All community optometry reopens with social distancing safeguards. Some communal living experience can be restarted when it is clinically safe to do so.	Full range of health and social care services provided and greater use of technology to provide improved services to citizens

Illustration of the relationship between NHS Grampian's: *The delivery of health and care whilst living with COVID-19* and *Scotland's Framework for Decision Making*



The focus of our cross-system plan is outlined pictorially below.



2. Principles and Assumptions Underpinning this Stage of our Response

Principles

The following key level principles are defined to provide an overarching framework for the setting of our objectives.

Principle	Our Commitment
Minimise harm to the public, our staff and patients	• Changes to the operational model will be based on maintaining safety, preventing the spread of the COVID-19 virus and preserving lives for COVID-19 and non COVID-19 patients • Reduce the risk of nosocomial infection through physical segregation and social distancing • Elective care pathways will be robustly governed and patients subject to rigorous pre-assessment and isolation • Urgent and emergency care in defined zones supported by COVID-19 tested • Public protection will be a priority for ourselves and partners and we will continue to minimise risk and to maintain essential support
All decisions will be clinically determined and prioritised	• Our established and clinical prioritisation system (ESCATs) will ensure that patients are treated according to need • A phased approach to the re-introduction of services and care based to ensure that we minimise risk of infection or harm to patients and services only recommence where it is safe to do so. • The phasing will be directed by the comprehensive risk based assessment we have of all services
Preserving staff health and wellbeing is a priority	• Safety and wellbeing of our staff will have the same status as patient and public safety and wellbeing • Our Workplace approach will ensure that we create and manage the physical environment and conditions to enable our staff to provide the highest standard of clinical care safely to achieve the best outcomes for patients
Our whole system will remain responsive and agile	• We will adopt a phased approach to the remobilisation of services which has the ability to adjust and respond as the demand varies with potential COVID peaks • We will be able to scale up and scale down services in partnership with our local public sector partners and fellow regional health boards
Our response will be based on best available data and evidence	• Working with our academic partners we will utilising data and evidence based modelling to enable early identification of changes and a rapid respond to the delivery of care and to understand the impacts of the various elements of our response to reducing the spread of COVID-19 and protecting the population.
Transforming unscheduled to scheduled care	• Our Operation Home First and use of digitally enabled methods of consultation and communication will be focused on reducing unnecessary attendances at healthcare facilities reducing risk particularly for shielding or vulnerable patients • Where attendances are required these will be organised and planned to enable faster access to treatment and to minimise the risk of infection or delay in receiving care
Ensuring Fairness and Equity	• Our aim will be to ensure that we provide access to support and assistance to the whole population that is sustainable and delivered with fairness and equity.

Assumptions

From projected modelling we are planning for containment of spread, supporting delivery of care in community unless clinically indicated otherwise, segregation of our hospital sites and services to maintain adequate capacity to continue to manage the COVID-19 illness pathway and to enable the remobilisation of critical Non-COVID-19 services.

COVID-19

- Implement the National Test and Protect strategy.
- Retain Community Hubs and implement Operation Home First[1] in relation to maintaining care in community unless clinically require hospital admission.
- We plan to retain 50 general beds for COVID-19 activity and an additional COVID-19 assessment ward. We plan to retain 12 ICU beds for COVID-19 activity together with capacity to meet our national role for ECMO up to 6 beds and General ICU capacity for all other needs to a total capacity of 36 beds. Further capacity will be retained in the community hospitals as appropriate.
- We plan to maintain an Intensive Care Unit (ICU) with 36 ventilated beds for COVID-19 patient care, deliver the NHS Scotland ECMO service and sufficient additional capacity to manage other critical care activities. We will retain the ability to step this if required to address any future surges in activity.
- The Woodend Hospital in Aberdeen and the community hospitals in Aberdeenshire and Moray will continue in their role of providing available capacity to provide community based resilience and step down from the main centres of care.
- We will continue to provide the necessary support and advice to maintain home care capacity in line with our overall aim of ensuring that all residents are protected, harm is minimised and the quality of their care is of the highest standard possible
- We will retain our focus of Grampian wide public protection through the existing multi-agency structures and North East Public Protection Group.

Critical Non-COVID-19

- All emergency/urgent unscheduled care and protected services will continue – aim of converting as much unscheduled care to planned care.
- We plan to re-mobilise theatre capacity at Aberdeen Royal Infirmary to treat patients requiring urgent cancer surgery and for patients within our ESCAT Classification Category 1 (Patients where there is potential harm if treatment is not provided within four weeks of diagnosis). Additional theatre capacity will continue to be used at Albyn Hospital to increase resilience for the provision of cancer services.

[1] Operation Home First is the joint health and social care partnership response to supporting the conversion of unscheduled to scheduled care and building on the changes made in the initial response phase such as wide adoption of near me technology, increased outreach of hospital based services to support community pathways and delivery of COVID-19 hubs

- Community Hubs will continue to provide supporting in the assessment of patients and direction of these patients to the most appropriate location. These Hubs will form a key element of our plan to convert more unscheduled care activity to scheduled activity as part of Operation Home First which is being rolled out across each of the Health and Social Care partnerships.
- The re-designation of major sites to meet the requirements of the first stage of the re-mobilisation plan. The main centre for managing the care of our most acute COVID-19 and Non-COVID-19 patients will remain Aberdeen Royal Infirmary. Woodend Hospital will act as the main centre for orthopaedic trauma surgery, with Royal Cornhill Hospital, Aberdeen Maternity Hospital and Royal Aberdeen Children's Hospital retaining their general planning assumptions.
- Whole-system response which will mean traditional delivery models and pathways will require to change from current practice in order to maintain essential delivery of care and treatment for the population.
- Delivery of plans are based on being able to continue to access additional equipment (specifically PPE, testing, and IT) and the further redeployment of staff and workforce capacity to meet needs. Deployment of resources will be prioritised across the system.
- The assumption is that funding will be provided by the Scottish Government to cover the financial impact of COVID-19. We have put appropriate measures and governance in place to monitor the finance impact/cost.

Please note modelling against emergent data/intelligence, changes to national guidance and international/national learning will continue to be undertaken to test our current plans and assumptions. The output of this will further inform the actions set out within this document.

3. Governance & Coordinated Decision Making in Partnership

Governance

The Grampian NHS Board agreed the governance arrangements that will formally be adopt during the period of the COVID-19 response at its Board meeting on 2 April. Similarly, the Integration Joint Boards across Grampian have adjusted their governance arrangements to support the whole system COVID-19 response. The revised governance arrangements reflect the requirements defined in the letter of 25 March from Scottish Government Health and Social Care Directorate and the importance of ensuring that the model enables agile and effective decision making, places staff and their resilience at the centre and builds important links with the public and community at this time. Boards should also continue to operate in an open and transparent manner (e.g. publication of board papers) and enable public scrutiny, even if the meetings cannot be held in public.

The key principles that have informed the revisions to the governance framework are as follows:

- The Board will ensure that the organisation continues to operate within an appropriate legal framework, acts in the best interests of the population, is efficient in the use of resources and puts the safety of staff and patients at the forefront of its efforts.
- The management and clinical community will be supported to be 'fleet of foot' in order to deploy its resources. Normal working conditions, team structures and bases of work may need to be amended to facilitate support to the front line effort.
- The Board will ensure it provides support, and where appropriate, challenge to the planning assumptions being made, in order to ensure the organisation maximises its resilience to the challenges it faces.
- The Board will ensure it recognises the difficult decisions that will be made regarding provision of care, deployment of services and seek assurances on the effective implementation of the arrangements that will work under the Chief Executive Team.
- The Board will ensure that at all levels we record decisions as best as possible in order to provide support to the staff making these difficult decisions. The Board will act to free the staff (working to specialist guidance, and Government directive) to adapt plans quickly to meet the changes in requirement that are likely to occur on a daily, if not more frequent basis.
- Non-executive Board Members will offer to use their skills and experience to offer their support to the communities within Grampian and which they are familiar with. Support from our non-executives in this capacity will be important in both the COVID-19 response and recovery phases of our work.

A copy of the Board paper approving these arrangements, together with the return we issued to Scottish Government in relation to our governance arrangements is embedded below.

05 00 Revision to Board Governance Ar

Questionnaire for May 2020 Board matr

System Leadership

Our approach since the initial response to COVID-19 has been based on the fundamentals of a whole system response, partnership working across organisational boundaries with our key partners and continuous engagement with our Board, Grampian Area Partnership Forum, professional advisory structures and staff. The North East System Transformation Group comprises the three Local Authority Chief Executives, the NHS Chief Executive, three HSCP Chief Officers, the NHS Grampian Deputy Chief Executive and Director of Finance. The Group has been established for a number of years and pre-COVID-19 was leading the whole system transformation of delegated services. The Group has being meeting weekly during the COVID-19 response to provide leadership and accelerate the innovation that has been necessary to meet the whole population needs at this time and moving forward.

Whole System Collaboration

Governance

Oversight of the implementation of our plans, decision making and performance programme remain central to our response

Strengthened with a new clinical board and ethics committee

Maintains the benefit of independent challenge and review of our plans

Building Public Confidence

Comprehensive engagement programme to communicate key messages using videos and other easily accessible methods to keep the public informed and support an understanding of our response

MSP/MP meetings twice monthly supported by comprehensive written briefings

Local elected member briefings

Staff, Health and Wellbeing

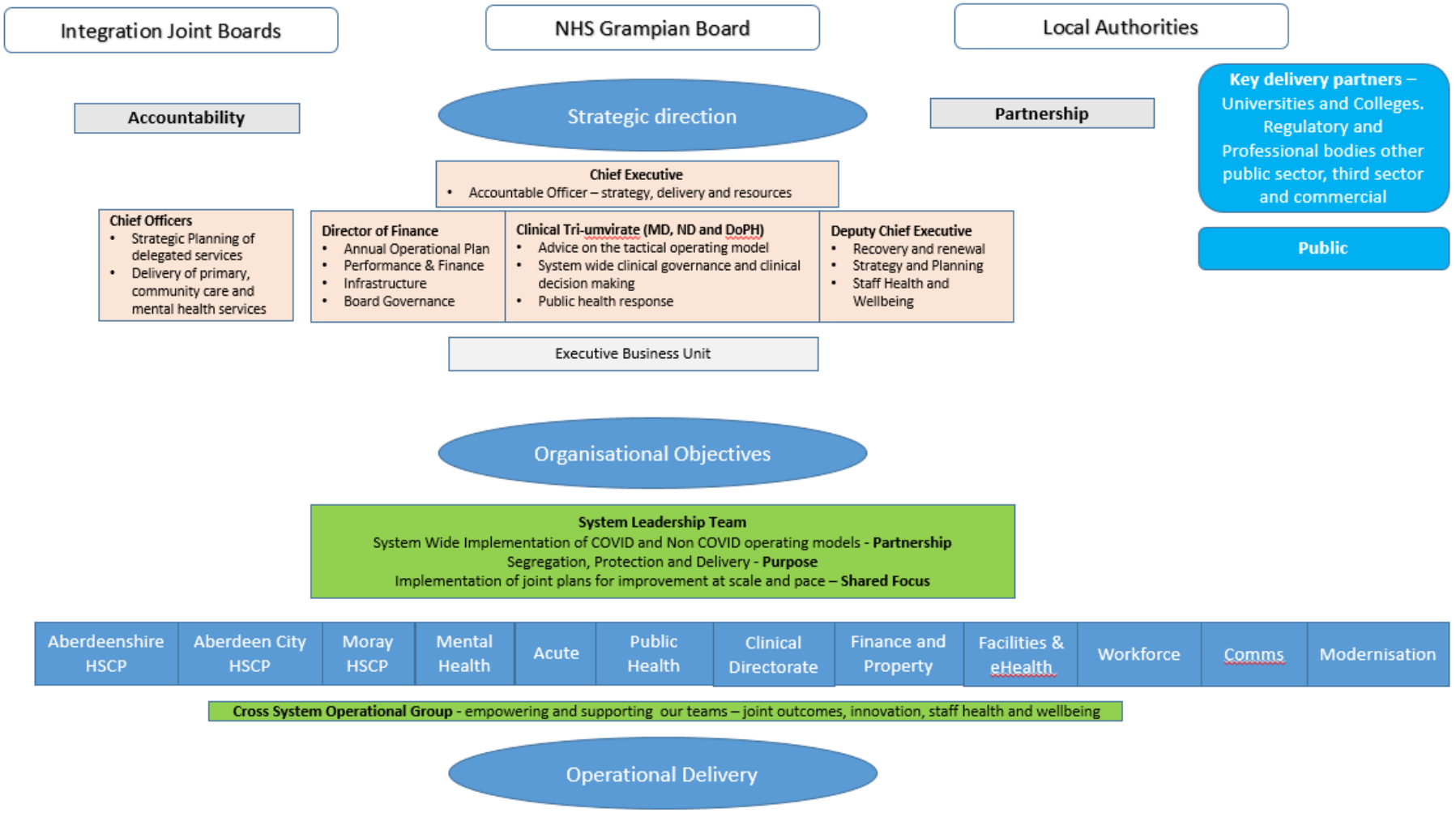
Our staff have been key to our response and their safety, wellbeing and health are our priority, alongside protecting our patients and public

Comprehensive programme of support – PPE, environment, comfort boxes, listening and responding to their concerns

Psychosocial hub established at the outset

System Leadership

The organogram below sets out the high level accountability and cross-system leadership structures at strategic, tactical and operational levels.



Our System Leadership Objectives and Target Outcomes

The Scottish Government published "COVID-19 Framework for Decision Making; Scotland's route map through and out of the crisis" on 21st May 2020. This plan sets out the conditions that are required to move through a series of phases easing the lockdown measures "to get back to some semblance of normality". The initial response of NHS Grampian to COVID-19 was described in Operation Rainbow which had the following objectives which remain highly relevant and are unchanged.

Organisational Aim: To coordinate a NHS Grampian whole-system response to the COVID-19 Pandemic that minimises harm, maintains safety, preserves lives for COVID and non COVID patients and enables learning and renewal.

Outline. The **Executive Team** will provide DIRECTION to the organisation and ASSURE the Board on the delivery of the **Strategic Objectives.**

Intent. The intent of the Strategic Objectives (SO) noted below is to have a well informed and whole system approach to protecting our population and staff during the pandemic and enabling effective recovery and renewal post COVID-19:

- SO1: Maintain **public confidence** .
- SO2: Ensure effective **liaison with Partners** through LRP to safeguard communities
- SO3: **Safeguarding** health, safety and wellbeing
- SO4: Ensure the **renewal** of the system & create the new future

Strategic Outcomes

Public Confidence	• Protect and preserve the system for the delivery of health and care for both non-COVID and COVID • Support the public to understand the new system
Partnership	• Prevent and protect our population against COVID 19 and the most vulnerable in our communities • Minimise concern through timely, consistent and clear, communications • Utilising the best available evidence to model the potential scenarios and ensure sufficient capacity to manage at the peak of the pandemic
Safeguarding	• Contribute to the country's approach to stopping the spread of the disease • Ensure the Health and Safety of our staff whilst caring for people with COVID-19
Renewal	• Engaging with staff groups, across the whole system, to assess the impact on them and how they may be supported immediately, in the transition to the new normality and thereafter • Identify which critical services have been negatively impacted and how they will be provided. • Implement the learning gained during the period of the pandemic, ensure that we maintain the positive changes that have been implemented during this period

Critical Factors for Success

Critical Capabilities	Critical Requirements	Critical Vulnerabilities
• Cross system leadership and collaboration • Effective governance and decision making • Health and wellbeing of staff	• Effective and timely communication • Adhering to best available guidance and evidence • Clinical leadership	• Resource Availability • Epidemic uncertainty • Economic impact on wider population

Useful Contact Information
NHS Grampian COVID-19 website: http://covid19.nhsgrampian.org/
Contacts: https://covid19.nhsgrampian.org/wp-content/uploads/2020/03/Contacts-1.pdf

Outline. The **Clinical Leadership tri-umvirate** will provide ADVICE and ASSURANCE on the appropriate **Tactical Operating Models** (COVID and NON COVID) and **Tactical Objectives** throughout the period of pandemic response. The **System Leadership Team** will be responsible for managing the COVID-19 pandemic in response to the advice and deliver the required actions during the recovery and renewal phase.

Intent. The Tactical Objectives (TO) aim to ensure the risk to all patients and staff is as low as reasonably practicable and underpinned by clear and robust governance.

- TO1: **SEGREGATE** the COVID and NON-COVID healthcare services.
- TO2: **PROTECT** the critical clinical and non-clinical services.
- TO3: **DELIVER** an integrated, whole-system Tactical Operating Model (TOM).

Tactical Outcomes

Segregate	• Establish a healthcare environment that does not contribute to increasing the infection burden in our wider population • Reduce the risk that our most vulnerable patients acquire COVID-19 within our healthcare system
Protect	• Protect our staff from acquiring COVID-19 at work or passing it on to other patients or their families. Implementation of the Grampian Test and Protect Plan. • Ensure decisions that reduce these services further are made with appropriate risk and ethical assessment and escalated for ratification.
Deliver	• Maintain protected and critical clinical and non-clinical services with as little risk as possible. • Maintain a functional clinical and care governance system for our services. • Utilise the local outbreak data and system intelligence to coordinate a staged allocation of resources against the TOM.

Critical Factors for Success

Critical Capabilities	Critical Requirements	Critical Vulnerabilities
• Leadership at every level • Workforce skills / intelligence • Collaborative desire to succeed	• Whole workforce engagement & support • Effective communication • Enhanced governance • Sufficient resources	• Workforce Availability • Epidemic uncertainty • Sufficient resources • System agility

However in this remobilisation plan we are setting out the phases to return to a comprehensive healthcare system whilst living with COVID-19. These phases are gradual and incremental as reflected above and will be matched with careful monitoring of the situation. The pace and progress will need to be sensitive to the uncertainties we face at all times mindful of ensuring the safety and wellbeing of our staff and population. NHS Grampian have, through an inclusive process, drafted objectives to move to the next stages of its response to COVID-19. The draft objectives have been re-cast to sit alongside the Scotland plan, ensuring that our approach is entirely cohesive with the National steer. The Government phases include some clear indications about the expectations of Health and Care delivery; the objectives that we have set out are fully aligned. There was wide engagement and development of these objectives through three sessions held on Microsoft Teams with a cohort (some 60 people) of system leaders. These sessions took place in the week of 11-15th May 2020. These revised additional objectives for the next phase of our plan are set out below:

Objectives	Our Commitment
Objective 1 - Direct and assure a clear segregation of COVID-19 & non- COVID-19 Healthcare Services	• Establish a healthcare environment that does not contribute to increasing the infection burden in our wider population. • Reduce the risk that our most vulnerable patients acquire COVID-19 within our healthcare system. • Protect our staff from acquiring COVID-19 at work or passing it on to other patients or their families. • Establish pathways of care allowing patients to safely receive appropriate care.
Objective 2 - Direct and assure that we continue to provide critical clinical and non-clinical services	• Utilising the inventory of our Protected and Critical Functions not directly related to COVID-19 (gathered under Operation Rainbow) re-establish full provision of these services with as little risk as possible. • Ensure that clinical pathways of care, guidelines and protocols are cognisant of National advice, mindful of ethical considerations and developed with local engagement through the Clinical Board, professional advisory structure and Partnership. • Maintain a robust clinical and care governance system for our services.
Objective 3 - Plan, direct and assure an integrated whole system COVID-19 tactical operating model (TOM)	• Maintain an integrated whole system COVID-19 Tactical Operating Model (TOM). • Maintain a baseline capacity to treat current COVID-19 patients whilst maintaining the immediate ability to increase this capacity by 50% above current demand. • Retain the capability to reinstate our maximal general hospital and ICU capacity within 7-days. • Utilise National, Grampian-wide and local outbreak data together with system intelligence to support local planning and guide the wider system response.
Objective 4 - Plan, direct and assure an increase in the volume of health service delivery, considering clinical priority, to improve medium and long term health outcomes whilst ensuring patient safety [Phase 2 of the Scottish Government plan].	• Plan the staged delivery of services utilising the inventory of clinical services from Operation Rainbow, based on time dependant criticality. • Establish the time dependant risk profile of specific conditions alongside interventions which improve outcome. • Establish the risk profile related to undetected disease. • Ensure plans are developed with an equalities assessment. • Determine the system capacity for treating people whilst respecting the COVID-19 & Non-COVID-19 pathways of care. • Maximise appropriate use of digital technologies to support both patient and professional interactions.

Objectives	Our Commitment
Objective 5- Plan, direct and assure which keep staff safe and maximises their wellbeing [This is being delivered now]	• Maintain our robust organisation delivery against the Staff Governance Standards • Ensure that there are rest facilities, system-wide, to comply with the DL (sleep, food prep, drinking water, rest away from the workplace) • Through engagement, ensure staff feel safe and supported • Ensure the advice & provision of PPE is robust and guaranteed, underpinned by a comprehensive system which models demand and supply related to our whole North East system, regardless of employer. • Continue to evolve our approach to staff Wellbeing (ongoing growth of a network of wellbeing champions, with a clear agenda, tech supported, feedback loop on the causes of ill-health and how they get tackled)
Objective 6 - Learning from the COVID-19 period, RESET and REBUILD the NHS Grampian system with the public, our partners and our staff[2].	• Understand, record and define the learning from the COVID-19 period to inform future models of care ensuring optimal outcomes for the population • Define a 'New Normal' which enables a Whole System recovery and continued improvement that optimises the outcomes for the population • Develop a process to co-produce the 'new normal' with staff, the public and partners. Ensuring it builds on the ambitions already set out in the Grampian Clinical Strategy & the H&SCPs Strategic Plans with the intention of helping create resilient communities • Define the process for implementing the 'new normal' across Health and Social Care system that ensures cohesion whilst respecting Governance standards across the system. • Ensure we are only continuing things which have added value to the workforce and population and provide support to stop things which have no added value
Objective 7- Plan, direct and assure whole system pathways of care	• Plan and deliver pathways of care which have a holistic and person centred approach, draw on primary & secondary care expertise and a shared approach to risk • Plan and deliver mechanisms which enable practitioners from across the system to routinely undertake clinical conversations to manage an individual's pathway of care dynamically drawing on the facilities of the whole system • Enable live and dynamic access to summary intelligence and analysis of system data
Objective 8 - Plan, enable and deliver the wider determinants of population health	• Plan and deliver a comprehensive approach to self-management • Support the continuation and further development of outcomes achieved by communities through their own mobilisation • Plan and deliver an approach which allows people to maximise their own approach to the management and improvement of their wellbeing • Support and enable the widest possible system approach which de-medicalises our society approach to many ills

[2] Objectives 6-9 will be initiated now in planning terms with some implementation in Phase 2 whilst most will be in Phases 3 & 4 of Scotland's *COVID-19 Framework for Decision Making*

Objectives	Our Commitment
Objective 9 – Plan and deliver comprehensive and ongoing engagement with our staff, partners and the public	Ensure that our staff, partners and the public are engaged and have ownership of: • the approach to health and care whilst living with COVID-19 • future approaches to the delivery of health & care • the issues which influence the wider determinants of health • our collective approach to realistic medicine

Maintaining Effective Communication & Monitoring

As part of the COVID-19 response, a number of communication and monitoring mechanisms were established, many of which will continue into the next phase.

- **Key Communications Mechanisms**
  a. Daily Situation Awareness Reporting to the Chief Executive Team and Chair by 10am each day in line with prescribed format, as well as within each operational area. With exception reporting on any key changes by 4.45pm each day.
  b. Weekly briefings to Board members.
  c. Frequent communication briefs to staff (this was daily and is currently Monday, Wednesday and Friday, unless information is of an urgent nature)
  d. Regular communication via video messages and a range of tools to support key messages to staff, the public and partners – this is overseen by a dedicated Communications Group and relevant experts.
  e. Regular formal meeting and written updates to MP/MSPs and briefings to local elected members.

Underpinning above is a Communications Plan (staff, the public and partners) which is being revised to reflect the specific requirements of the next phase.

In addition, any matters that need escalation out-with the scheduled briefings will be routed to staff, the Board/IJBs and key partners.

Comprehensive real-time intelligence to support monitoring and inform decision making has been implemented by our Health Intelligence Team, in partnership with academic colleagues. This provides a comprehensive set of data that is used at operational, tactical and strategic level.

Clinical Governance and Decision Making

The above section outlines the operational, tactical and strategic decision making to respond to COVID-19 and Non-COVID-19 as a whole system.

A critical aspect in enacting our response to effectively manage COVID-19 demand within the hospital and community setting along with the delivery of urgent and emergency care to Non-COVID-19 demand is clinical decision making and prioritisation.

We are implementing a whole-system clinical decision making framework to allocate resources for delivery of essential and critical care (COVID-19 and Non-COVID-19) in the context of demand and available capacity within the system any given time. This will include:

- adoption of all professional guidance which is being issued to guide and support clinical decision making;
- ensuring clinical leadership across the system has been engaged in agreeing the revised clinical pathways and how decision making will be made at each stage and adjusted depending on the level of activity for both COVID-19 and Non-COVID-19; and
- ensuring the provision of training (in line with professional guidance) and familiarisation for all staff in relation to site changes as part of the next phase.

In support of the above the clinical governance committee meetings monthly and we had a weekly cross-system Clinical Board (with representation from across professional groupings and including key partners such as Scottish Ambulance Service) and an Ethics Committee chaired by an independent and eminent former clinician and includes non-executive representation.

Universities and Colleges – education and research

NHSG will continue to be a key local education provider in with the University of Aberdeen, Robert Gordon University, North East Scotland College and NES. Education, research and learning will be a “critical” activity for which recovery planning is important. It’s not just learning from the pandemic but learning in the pandemic: ordinary learning in extraordinary circumstances.

4. Plan for Provision of Elective Care in the Period to 31 July

Overview

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 Draft Bed Base Plan for increasing the medical footprint to accommodate critical and urgent medical demand and COVID-19 activity at ARI has been developed. With the agreement to recommence a number of services which have been paused or reduced during the immediate COVID-19 response which will require to establish.

- 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
- Reduce risk of nosocomial transmission when care cannot be delayed and testing status of patient not known

Our plan has been 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 of this which 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 plan to retain 50 general beds for COVID-19 activity and an additional COVID-19 assessment ward. We will also retain 12 ICU beds for COVID-19 activity together with capacity to meet our national role for ECMO up to 6 beds and General ICU capacity for all other needs to a total capacity of 36 beds.

The Acute Sector has put in place a Critical Care Escalation Plan in response to the predicted increase in demand due to COVID-19, along with maintaining delivery of critical care for emergency Non-COVID-19 patients. The Plan sets out the following triggers for alert, actions for increasing physical bed capacity, actions for increasing medical and nursing staff capacity and other operational actions against each level.

Level 1 – Number of COVID-19 requiring Level 2/3 Critical Care is <4
Level 2 – Number of COVID-19 requiring Level 2/3 Critical Care is 4>
Level 3a – Total number of General ICU patients 16> (COVID-19 and Non-COVID-19)
Level 3b – Number of COVID-19 requiring Level 2/3 Critical Care is 9>
Level 4 - Number of COVID-19 patients requiring Level 2/3 Critical Care is 22>

As the Adult Respiratory ECMO Centre for Scotland, dependent on evidence and UK Network Guidance, Aberdeen Royal Infirmary will require to treat COVID-19 ECMO patients as part of the UK Network response. This is reflected in our planning as noted above.

Remobilisation of Elective Care

Objective 4 sets out the need to resume elective activity as it becomes safe to do so. The following section expands on this objective

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 the NHS' 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 following criteria

Category	Classification
ESCAT 1	Where patients require to be treated with four weeks of diagnosis to minimise harm
ESCAT 2	Where patients require to be treated with eight weeks of diagnosis to minimise harm
ESACT 3	Where patients treated could be delayed for up to 52 weeks of diagnosis without significant harm

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 increase inactivity to reduce the backlog of cancer and ESCAT 1 patients. A clinically led assessment of the patients currently waiting has identified that our immediate priority would be to treat the patients in the following specialties by the end of June.

Speciality	Backlog No
Urology	247
Gen Surgery	69
Ophthalmology	12
Gynae	7
Breast	3
Vascular	38
Oral & Max-Fac	3
ENT	4
Neuro	31
Total	404

The Clinical Board and Clinical Governance Committee have reviewed advice provided by the Clinical Lead for Cancer Services on the immediate priorities which are in relation to urology, colorectal and gynaecology where access to critical care and ICU is required. These patients are reflected in the above numbers and are currently receiving best alternative care. The Albyn Hospital where all current cancer cases are treated is not suitable for these patients.

The areas of Urology and General Surgery hold the largest backlogs, as shown above. In order to clear all backlogs, there is a requirement to allocate an appropriate proportion of physical capacity to those specialities that have the largest lists but without disadvantaging those priority patients on the smaller lists. This will be achieved through a centralised booking system.

To ensure suitable physical capacity is held across not only the wards but the whole system, an assessment has been conducted around inpatient ward capacity, day surgery admissions and recovery, theatre and procedure rooms, critical care capacity and the department of surgical admissions (DOSA) capacity. On top of these areas, to reduce any pressure on the ARI system, it is deemed essential to continue to maximise additional activity available at Woodend and Dr Gray's. Plans are currently being developed for increasing capacity in these sites and these plans will be incorporated in the next iteration of the re-mobilisation plan.

Staff and Patient safety must be at the heart of any pathway and process changes. Therefore, throughout discussions the risks associated to shielding, protection and segregation have been considered as well as any potential harm to patients should procedures not take place. It has become clear that the identification and prioritisation of patients is key to both understanding the 'ask' but also ensuring appropriate capacity is allocated. Therefore, a consolidated review of the prioritisation of patients was required and has been conducted. This was conducted alongside a review of the potential harm not conducting these procedures would cause. A paper on which was presented to the Clinical Governance Board on 20 May.

The completed analysis of activity requested in your letter of 14 May is embedded below. The estimated activity is based on the best available information that we have to date and will be continually updated as our plans to remobilise services develop over the coming weeks. The information in relation to Out of Hours services has not been possible to obtain in the time available.

Copy of NHSG NXT PHASE MOB PLANS -

The changes in elective activity from the end of May to beginning of June reflects an increased capacity to address cancer and clinically urgent backlog as staffing freed from less busy COVID positive areas. In relation to ED attendances we are expecting the patients who do not require ED services to access advice and assistance using our comprehensive framework of primary and community services rather than attend the ED department. This will be supported by public communication and engagement within Grampian. We will forward our CAHMS data shortly but can confirm that we are operating at the national standard at present.

Time Critical Services

Objective: To clear the backlog of time critical surgical activity by the end of June 2020.

Situation: With COVID activity currently on a plateau NHS Grampian wish to look at increasing activity to address time critical services to clear the backlog of ESCAT 1 and 0 patients. An objective has been set to clear the cancer and clinically urgent, surgical treatment, backlog by the end of June (prior to any potential second COVID-19 peak).

Next Steps:

- Clinical teams review of ESCAT classification and prioritisation of surgical lists – Consistency with 'The Problem'- Identify patients and surgeon.
- Identify speciality theatre time required.
  - Identify additional workforce required, number and skills (Nurses, Anaesthetics and Surgeon).
- Plan draft theatre timetable up to the end of June.
  - Coord with recovery and critical care pathways.
  - Surgeon, nursing and anaesthetics coordinated rotas.
  - PPE requirements determined.
- Agree ward opening date.
- DOSA opened and pre-assessment capacity increased.

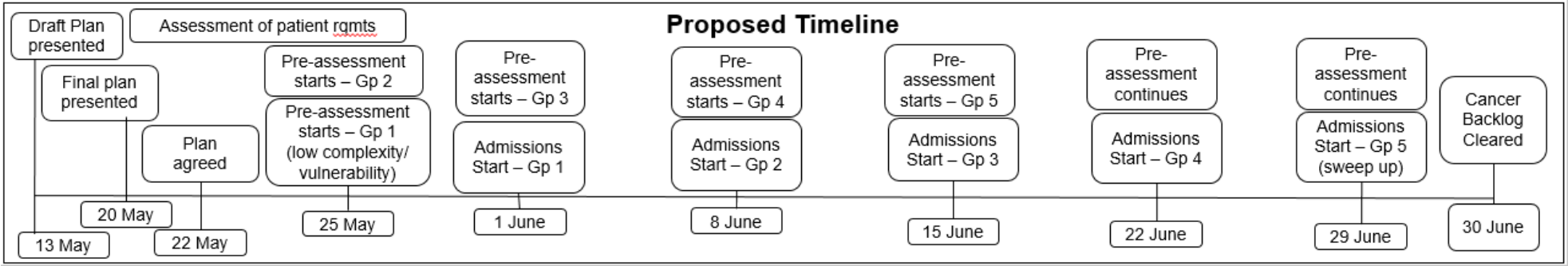
Process Outline:

Critical Decisions:

- Selection of Ward location
- Agree location extra theatre capacity (main theatres, short stay theatres, 202).
- Agree reduction in services to allow for extra capacity or alternative staffing model.
- Agreement of group booking construct.
- Green vs Red Pathway ICU location.
- Agree DOSA requirement.
- Project management for coordination and point of contact for each stage allocated.

The 'Rough' Problem	
Total no of un-booked Catt 0 and 1	927
Coded as Day Cases (within 927)	505
Clinical teams have advised clinically urgent/cancer (within 927)	83 minimum
Cancer tracked patients (within 927)	54

Proposed Timeline



Outpatients

In line with the overall position across NHS Scotland, the number of patients waiting longer than 12 weeks for a first outpatient consultation continues to increase. Our strategy for supporting decision making during the immediate period to July will be based on two key premises:

- A planned interface between primary and secondary care to ensure that we are providing enhanced decision making and support prior to referral to for an outpatient review. A successful Clinical decision support system was set up as part of the COVID-19 response to facilitate real time advice from secondary care colleagues about COVID-19 related queries using the Near Me platform. This has tested out a system that will be considered for wider use in improving referral and admission pathways between primary and secondary care. All General practices are now actively using total triage and Near Me technology. The use of a digital platform for electronic consultations – (digital asynocronous consultations) which will if funding is accessed will be offered to all General Practices to improve access. With the establishment of the CAC and the Clinical Decision Group there has been the access to joint Professional to Professional near me consultations when required.
- Ensuring that the pathways for vetting and appointments within the acute set are appropriately vetting and prioritising patients efficiently and effectively. The following sets out the arrangements were have and are implementing to maximise the new ways of working that have been accelerated during the COVID-19 response.

Vetting	Manage a quick turn around for vetting (7 days standard) Manage a quick turn around for GP advice referrals (7 days standard) Manage a quick turn around for correspondence (7 days standard)
Enhanced Vetting	The purpose of enhanced vetting is wherever possible to manage or direct the patients care in the most efficient means possible. This can include direct to test, clinical queries, asynchronous dialogue etc. This is likely to require job plan time to be formally allocated against this task, but is amenable to home working.
Asynchronous OP appointments	Wherever possible patients will liaise with the secondary care team through asynchronous communication methods to maximise efficiency for the patient and for the clinicians.
Virtual appointments	Should asynchronous appointments be non-viable, or result in the requirement for a conversation then the next normal step would be a virtual OP appointment via either telephone or Near Me.
Community Diagnostics	To support minimising travel miles and the use of virtual appointments a community infrastructure for standard OP diagnostic tests is being considered as an integral element of our Elective Care Capital investment. This can be a shared resource with primary care colleagues and is likely to be a natural progression of the shielding diagnostics hubs.
Face to face appointments	These will be the last resort and only used where there is clear added value that cannot be delivered by another method. If the requirement is to maintain social distancing then a review of the achievable throughput per clinic needs to be commissioned. Mixing physical and virtual appointments may assist with this.
Return OP – Patient Initiated	We will move to the default mode of return OP method being patient initiated where this is clinically safe and appropriate. The return OP appointment will be delivered by the same asynchronous or virtual means wherever possible.

Increasing Capacity Out of Area

We welcome the opportunity to consider the options around the extended use of the Golden Jubilee Hospital. Our plan assumes that capacity in the Regional Treatment Centre at Stracathro will not be available in the period to 31 July. We have noted the key areas we would wish to continue to explore.

Services which GJNH could support without surgeon from referring board:

- Cardiac surgery –Only urgent
- Thoracic surgery – Only urgent
- Revision arthro-plasties (lower limb)

Services GJNH have provided BUT may need input from our surgeons or a third party board (which can be facilitated by GJNH).

The use of our own consultants given the logistics would result in a loss in capacity available to meet our capacity requirements in Grampian. However we welcome the opportunity to continue to discuss options in the following areas where we have a demand and capacity gap:

- Upper GI cancers (nice fit with thoracic team)
- ENT cancers (e.g. laryngectomies)
- Urology cancers (mostly radical nephrectomies)
- Gynaecology cancers (hysterectomies)
- Osteosarcomas
- Orthopaedic cancer
- Skin cancers
- Breast surgery (daycase or more complex e.g. oncoplastic)
- Colorectal (resections and colonoscopies)

5. Re-mobilisation of Fertility Services

On 1st May at the daily briefing of UK Government, it was announced that Fertility Centres can apply to the Human Fertilisation and Embryology Authority (HFEA) to resume fertility treatments. On 6th May the First Minister endorsed this statement. The Aberdeen Fertility Centre management have had weekly meetings with Scottish Government (SG) representatives and the three other tertiary Centres in Scotland who have worked together to produce a framework for all patients in Scotland.

A comprehensive National COVID-19 and Fertility Treatments in Scotland Plans for Restarting Treatment document has been agreed by the Centres and SG. This document provides recommendations for the safe recommencement of fertility treatment for patients across Scotland, taking into consideration all principles outlined by Government, professional bodies and regulatory authorities.

At the beginning of the COVID-19 outbreak the HFEA issued a general directive (GD0014) on 23rd March 2020, suspending all licensed fertility treatment beyond 15th April. The Centre cancelled patients mid treatment, all outpatient clinics and investigative procedures. No patients are undergoing fertility treatment in Grampian, Highland, Orkney and Shetland currently, except those requiring fertility preservation for oncology. While stopping all treatments happened very quickly, restart is anticipated to be more complex, specifically due to safety measures required for staff and patients. Fertility treatments are extremely time sensitive with increase in female age being the single most important factor determining the success rates. NHS funding is only available up to the age of 42 and the Health Secretary has asked all Centres to ensure those who may miss this cut off age due to this pause in service are treated.

Fertility Recovery Plan

The Centre Plan is in line with the National restarting treatment plan and have undertaken assessments regarding:

- **Capacity Planning:** Prior to resumption of fertility treatment we have engaged with virology to ensure that they can support the third-party testing and turn-around times required to provide treatment. Risk assessment of current facilities, environment and working practices have also been undertaken.
- **Modifications to practices:** The medical team have been successfully using Attend Anywhere (Near me) consultations and all future appointments will be undertaken using this system. Patients will only attend the Centre when absolutely necessary and after triage telephone screening check has been undertaken immediately prior to appointment. There will be restricted access for partners who will attend only if clinically needed. We plan to host Webinars for patients instead of face to face patient information sessions and have NHS Grampian *No Delays* packages in use already. All treatment schedules have been rewritten to ensure there is no added burden on other services in NHS Grampian due to fertility treatments.
- **Scheduling of procedures:** Service is being redesigned to meet physical distancing policy where possible. To enable laboratory staff to work safely we have worked to reduce sharing of equipment/work stations as much as possible. Working patterns of staff will be reconfigured to minimise interaction between staff and reduce the number of personnel present within the Centre at a given time. The need for PPE for procedures will be in line with NHS Grampian policies, though given the nature of procedures this will be minimal.

All patients will be asked to actively consent to have treatment whilst there is a risk that they could contract COVID-19 either during the treatment or if successful, during pregnancy. If they chose to defer treatment, they will remain on waiting list**.** Wording of letters and consent forms have been agreed by all Scottish centres. In all decisions, considerations will be given to safety of staff and patients as well as ensuring continued suppression of virus.

The revised HFEA Directive GD0014 requires the Centre to complete the HFEA COVID-19 Treatment Commencement Self-assessment which has been developed to measure the robustness of the clinic's Treatment Commencement Strategy and assess the clinic's compliance with guidance from the UK and devolved governments, professional bodies such as British Fertility Society/Association of Reproductive Clinical Sciences, European Society of Human Reproduction and Embryology, as well as Standard Licence Conditions and guidance in the HFEA Code of Practice. The Centre has undertaken this assessment and can meet all of the 50 requirements.

Recommencement of the Service

The Centre will submit an application to HFEA to restart treatment. In terms to the other supporting steps:

- The Senior Charge Nurse has commenced work on the re-start plan for nursing team week and changes are being made to the facilities, mainly removal of workstations and couches. Trained nursing staff are contacting the 190 couples that were cancelled mid cycle to set up treatment cycles, followed by the 400 couples that were scheduled for treatment cycles in March to June.
- All administration staff are in the Centre to set up the 453 appointment for those that had been advised they would receive clinic appointments March – June. Andrology service will also re-start to set up appointments for the 100 patients that need diagnostic service before accessing an appointment or treatment.
- We would hope to be able to start having patients attend the Centre week commencing 22 June only for replacement of frozen embryos and where no controlled ovarian stimulation is required. The Centre will be ready to undertake egg recovery procedures week of 20 July.
- The re-start of treatment cycles would be gradual to ensure new ways of working meet the service needs. The full service will not be in place until September/October 2020.

6. Primary Care Contractor Services

In relation to the main primary care contracting services – Optometry, Dentistry and Community Pharmacy our proposals for re-mobilisation are noted below:

Optometry

All routine ophthalmology care, except those patients undergoing intraocular injection therapy for age-related macular degeneration has ceased, with no imminent plans to restart. Ophthalmology patients have been told to phone ophthalmology if their condition deteriorates where upon they are transferred to the Clinical Decision Unit. The Clinical Decision Unit is manned by orthoptists and non-specialist hospital optometrists with support from consultant ophthalmologists

However, some patients still need to be reviewed urgently with specialist equipment only available in optometric practices or in ophthalmology –

- Patients on immunosuppression (inflammatory eye/orbit/neuro-ophthalmology)
- High risk glaucoma patients (normally requiring three monthly follow up or sooner)
- Severe background diabetic retinopathy (normally monitored four-monthly)

In the longer term there are additional patient groups which will progress to visual impairment if not monitored appropriately.

- Medium risk glaucoma (normally monitored six-monthly)
- Moderate background diabetic retinopathy (normally monitored six-monthly)

The proposal is to provide sustainable, community delivered, out-patient ophthalmology care independent of the hospital infrastructure, to patients in NHS Grampian on therapies that immunosuppress or disorders that threaten sight if not appropriately monitored in the short and long term.

Five Emergency Eyecare Treatment Centres, with four back up centres, are now active in the community, with equipment similar to, if not matching, that available in ophthalmology. All have tele-ophthalmology support. These operate seven days a week - 2 EETCs in City, 2 EETCs in Shire and one EETC in Moray. There are 4 back up EETCs if necessary.

Clinical Protocols for the operation of the centres, the management of referrals and the utilisation of teleophthalmology have been agreed through the eye health network.

Each centre is staffed by two Optometrists, one of which is an independent prescribing optometrist. Forty volunteers from existing practice optometry staff, furloughed by their employing practice, have made been trained and the service has been operational since 4th April 2020.

The demand for urgent return ophthalmology activity in the community is likely to equate to one patient per EETC per day (1*6*5= 30). This is envisaged as a temporary solution during the COVID-19 pandemic and an exit strategy will be devised for implementation once pandemic is over.

Dentistry

NHS Boards have been asked to draw up plans to increase the throughput in the urgent dental care centres UDCC to manage acute and essential dental problems, including aerosol generating procedures, as far as safety and quality allows. In addition, we are also asked to plan for general dental practices to reopen to see their registered patients for acute and essential care, excluding aerosol generating procedures as far as safety and quality allows. The plans for remobilisation are informed by directions from the Chief Dental Officer and take into recognition the need to maintain a balance between the oral health needs of the population and the essential requirement to reduce the risk of community transmission and protect both patients and dental teams.

The plan will be delivered in phases as outlined below.

Phase 1: Increasing Capacity of Urgent Dental Care Centres (UDCCs)

During this phase, High Street dental practices will remain closed to face-to-face patient consultation whilst patients with an urgent dental care need continue to be seen at the UDCCs in their NHS Board area. We are currently seeing patients with severe acute dental problems at 6 UDCCs across Grampian with an average of 106 appointments weekly. As part of the remobilisation plan we have been asked to expand the scope of the service to provide acute and ‘essential’ care for patients as soon as possible.

The plan is to significantly increase capacity and throughput by opening 3 more UDCCs in Aberdeen, Elgin and Fraserburgh and realigning existing capacity to accommodate the increase in demand by the 1st June at the latest. We have identified the specific clinic sites and have begun processes to reopen these practices in time for the commencement of Phase 1.

Increasing capacity to this extent has staffing implications for the service. We will recruit additional dentists as required from the cohort of General Dental Practitioner volunteers to support the service. In addition we will need to recall some of our nurses who were redeployed to other duties to provide additional nursing capacity. Provision of adequate supply of appropriate PPE is an essential requirement for the phased remobilisation of dental services. We have contacted the PPE Team to inform them of the increased requirement for PPE for Dental Services in the next phase.

Phase 2: Restarting Dental Practices

During phase 2 NHS dental services in High Street dental practices will restart on a limited basis. There are two identifiable steps within this phase:

- Phase 2(a): All dental practices to open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures;
- Phase 2(b): Face-to-face consultation to be expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures.

UDCCs will continue to see patients on referral for treatments involving aerosol generating procedures.

Scottish Government is developing a 'practice recovery toolkit' that will provide further guidance to dental practices on how to prepare for providing care in anticipation of phase 2.

Action for Dental Practices

In anticipation of the start of phase 2, dental practices will be required to prepare a single surgery to provide urgent care on their premises with appropriate social distancing measures for waiting patients (there may be an opportunity to have more than one surgery for seeing patients in agreement with the Board). There is no precise timeline for phase 2, however it is anticipated that some progress should have been made by 31 July 2020, with phase 2(a) in place in every practice as a minimum.

Phase 2(b) is dependent on the availability and supply of appropriate PPE and the wider picture around the relaxation of lockdown across Scotland. The CDO team are working very closely with National Services Scotland to ensure that dental teams have an adequate supply of appropriate PPE during each phase of the remobilisation plan.

This plan is adapted from CDO Guidance and subject to review as more information becomes available.

Pharmacy – Community and Hospital

In relation to pharmacy services our overall approach is set out below:

Community Pharmacies

- ***Serial prescribing*** - NHS Grampian has led the way in rollout of the chronic medication service and serial prescribing for a number of years. We continue to support community pharmacies by building on this strong foundation and prioritising the transfer of stable patients with long term conditions to serial prescriptions.
- ***Secondary care medication collection points*** - to reduce footfall in the acute sector and protect vulnerable patients from travelling to hospital secondary care medication collection points have been set up using community pharmacies across Grampian. This provision has been well received and supported. With the progression of Near Me consultations and the interest of additional specialist services in this model, it is likely this provision will be extended subject to a review in August 2020.
- ***E-prescribing pilot*** - The remobilisation of outpatient activity and the rapid expansion of attend anywhere / near me digital consultation solutions means that the traditional approach of handing a patient medication at the end of an outpatient consultation or providing them with a paper prescription is no longer a sustainable option for many patients. Since early April, NHS Grampian has been rapidly developing an electronic prescribing solution to be used in the new COVID-19 hubs (assessment, optom, dental) and other services operating at a distance from the patient. The Grampian solution is designed to comply with the requirements for an advanced electronic signature via a 2 factor authorisation solution. This e-prescribing system is about to be piloted locally but has the potential to provide a solution for local outpatient specialist services including mental health to supplement their moves to attend anywhere / near me consultations.
- ***Streamlining advanced payments (NSS) and digitising hospital outpatient prescriptions*** - NHS Grampian and other Boards are working with partners in National Services Scotland and Community Pharmacy Scotland to improve the existing hospital community prescribing and supply process. Whether the future is paper based Hospital scripts or our own electronic solution there is a need to develop functionality within the universal claim form module within pharmacy to allow the digitisation of hospital dispensing. This allied to a move to automated advance payments for expensive drug items would bring efficiencies and improved governance to the system. These developments would facilitate any expansion in hospital prescribing for supply in the community setting.
- ***Pharmacy First rollout*** - The national Pharmacy First rollout, previously postponed due to COVID-19 is now anticipated to be rolled out in the summer 2020. In line with Scottish Government priorities, we are wholly supportive of this rollout and will be working closely with pharmacists to ensure successful implementation and referral pathways between primary care and community pharmacy.
- ***ECS*** - NHS Grampian community pharmacies are live with pharmacy access to the Emergency Care Summary for patients. Phase two of this roll out is now underway, enabling registered pharmacists and technicians individual access to this platform. Further development is planned to provide access to laboratory results for those with independent prescriber qualifications in support of the aspiration to have a prescribing common clinical conditions service from community pharmacy.

- ***Vaccination transformation*** - NHS Grampian is working with local contractors to offer a full travel vaccination service as part of primary care improvement activities. In parallel we are exploring the application of learning from Greater Glasgow and Clyde and NHS Lothian in terms of influenza vaccination (NHS Grampian has a rich history in using community pharmacy to support occupational health flu vaccination).
- ***Near me / attend anywhere for pharmacy*** - As patients and the NHS managed service are feeling the benefits of on line consultation there is an emerging case for community pharmacy to have access to the same technology both to facilitate consultations and counselling but also potentially as an access point for patients who do not have access to their own IT equipment or who are not confident in using it.

Hospital Pharmacy

- ***Near me / attend anywhere for pharmacy*** - As outpatients expand their use of this technology, clinical pharmacists are likely to need to do the same as their patients will still require medication review and support in a new outreach model. The same will be true in terms of professional to professional support including GPs and community pharmacists.
- ***Medication supplies away from hospital*** - A need to support a growing need for medications traditionally supplied from hospital (including mental health)to be collected in the community (either dispensed at the hospital and shipped for collection where aseptic preparation is needed or dispensed in the community pharmacy where appropriate)
- ***Support for catch up displaced hospital activity*** - A range of patients have had their care displaced by COVID-19 and that will mean an activity bubble post COVID-19 that will also involve some different medication choices for some groups of patients e.g. cancer where we may need flexibility in the phasing of medication to meet patients' needs.
- ***Medication resilience*** - Re-mobilisation will need careful planning in terms of medicines. Critical care medicines in particular have finite supplies and the requirement to have above normal ICU capacity will potentially limit activities such as complex surgery that may have their own increased risk of critical care facilities. There will be a need to review supply chains, stock holding, resilience plans and communication of stock issues to support remobilisation.
- ***Redesign*** - As a support service pharmacy will need to respond to the changes to clinical pathways that emerge as part of the redesign inherent in mobilisation

Pharmacotherapy Services

- ***High Risk Medication*** - A need to deal with displaced monitoring activity relating to retraction of GP services. There is also a need to consider the pandemic resilience for some patients who might be able to self-administer or self-manage thus reducing the impacts on them of GP service changes in the future in response to pandemics or the resurgence of COVID-19.
- ***Maximising serial prescribing*** - Pharmacotherapy Teams will need to prioritise the expansion of serial prescribing to reduce the pressure that was seen on GPs and community pharmacies in March when repeat prescription activity expanded rapidly.
- ***Repeat prescribing resilience*** - Seek to improve the resilience of repeat prescribing systems to cope with the request growth that was witnessed in early COVID-19.
- ***Pace of Team deployment*** - Accelerate the deployment of Pharmacotherapy Teams to improve the resilience of prescribing systems in primary care

7. Implementing a New Digitally Enabled Health Service

Prior to COVID-19, the Board had a strong commitment to the use of digital technology and innovation to support the redesign of healthcare in Grampian. The COVID-19 response has enabled an acceleration of this commitment and the opportunity to bring forward these plans. We have included below (1) an overview of our vision for a new digitally enabled health service, (2) our immediate digital response to the COVID-19 position, and (3) the use of Near Me and plans to build on this foundation. This section links to Objectives 1, 2, 4 & 6

Our Vision

The New Health Service.pptx

Our Tactical Response

There have been many media reports about the increased adoption of digital technology in healthcare during the pandemic. In Grampian, this has been driven by our tactical objective outcomes and has involved a collaboration between NHS Grampian, HSCPs, Academia, the Scottish Government and national NHS organisations.

Tactical Objective Outcome	Interpretation for Planning	Examples of Projects
1. Establish a healthcare environment that does not contribute to increasing the infection burden in our wider population.	Identify infected patients and organise the hospital environment to segregate infected and uninfected.	• Adding COVID-19 alerts to TrakCare records. • Reconfiguring bed management system to accommodate ward changes.
2. Reduce the risk that our most vulnerable patients acquire COVID-19 within our healthcare system.	• Identifying most vulnerable patients • Support Shielded people to stay at home while being supported • Reducing need for vulnerable people to visit healthcare facilities.	• Extracting data from GP records and applying Shielding alerts to TrakCare record • Semi-automated text message system to support food and medication deliveries for Shielded patients. New national system. • Community investigation services established, with electronic test requests. • Enabled patient-access WiFi in all hospital sites – supporting virtual visiting • Charity-funded iPads being provided for ITU and other areas to support virtual visiting.

Tactical Objective Outcome	Interpretation for Planning	Examples of Projects
3. Protect our staff from acquiring COVID-19 at work or passing it on to other patients or their families.	Reducing contact between staff and patients wherever possible.	Ramping up teleconsultations – phone and video.
		Establishing asynchronous consultation platform – allowing patient and clinician to securely message each other.
	Reducing contact between staff wherever possible.	Rapid roll out of MS Teams collaboration software across the UK
		Providing laptops to more staff to enable home working.
		Providing remote access software to enable home working for those without laptops.
	Identifying infected staff and supporting uninfected staff to stay at work.	Linking new test analysers with Laboratory Information Management System
		Procuring new system to text test results to staff – collaboration led by the Digital Health Institute
		Implementation of a Grampian Test and Protect programme in line with the National Plan.
4. Maintain protected and critical clinical and non-clinical services with as little risk as possible.	Safely transforming services to be able to function with fewer staff, working from novel places.	Adopting OpenEyes nationally – software and new pathways to support emergency eye care. (Clinically led from Grampian)
		New training materials to support staff using digital tech in home environment.
	Providing clinicians with the information needed to do their jobs to the best of their ability.	Emergency Care Summary (ECS) access for Community Pharmacists, dentists and optometrists
		Developing new ePrescribing software to allow doctors and nurse prescribers to more rapidly send prescriptions to community pharmacies. A first for Scotland.
		GPs given access to TrakCare – supporting management of patients between practices.
		PharmacyView software extended to all hospital sites – eases discharge planning between wards and hospital pharmacies
		Summary of patient data held by GPs being made available to hospital clinicians.
		Working with Glasgow on an Artificial Intelligence project to speed radiological identification of COVID-19.

Tactical Objective Outcome	Interpretation for Planning	Examples of Projects
5. Maintain a functional clinical and care governance system for our services.	Providing information to support governance	New care guidelines added to Grampian Guidance intranet site.
		New COVID-19 website developed – giving information to public and staff.
6. Use local outbreak data and system intelligence to coordinate a staged allocation of resources against the Tactical Operating Model.	Provide data to support the entire system	Adding ventilation status alerts to TrakCare
		Creation of a real-time data display for operational planning.

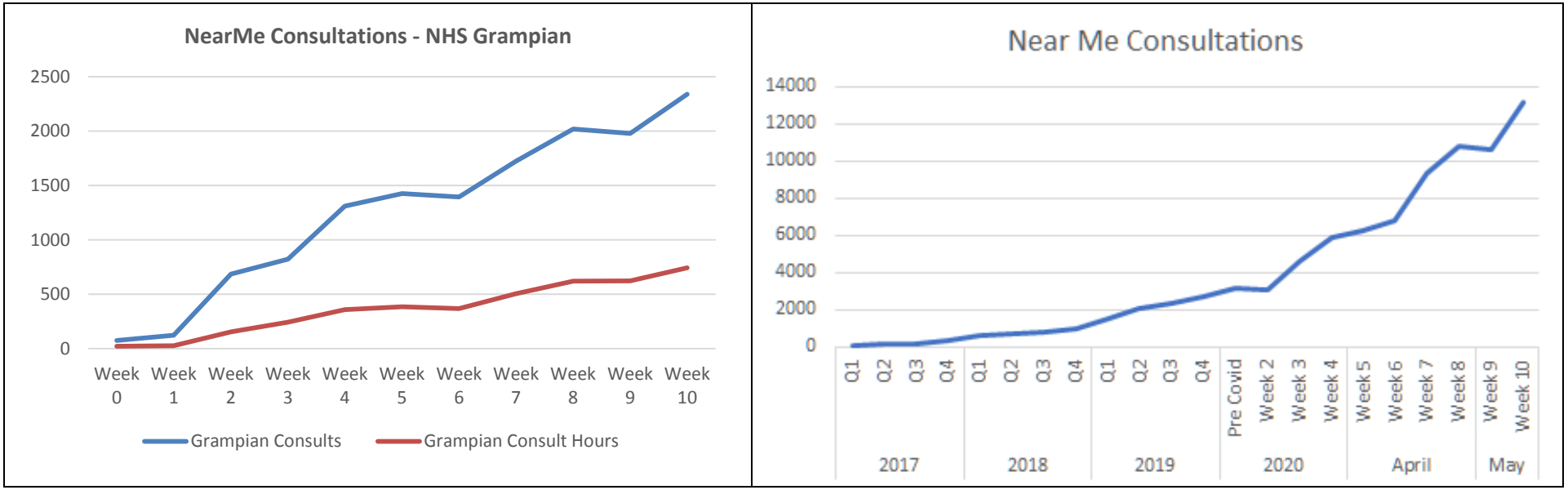
Tele-consultations

At the end of February 2020, NHS Grampian were 9 months into our programme to scale up NearMe video appointments (using the Attend Anywhere platform). NearMe had been in use in small pockets of NHS Grampian since 2017 and the national scale up programme was initiated in 2019. At that point we had around 15 specialties on board and were delivering around 100 appointments per month. The project team had focussed on ensuring the supporting workflows and processes were well-defined to make implementation for new services as easy as possible.

Since moving to the COVID-19 pandemic response, NHS Scotland had to rapidly reconfigure how they deliver care. It was quickly recognised in NHS Grampian that NearMe had a pivotal role in enabling us to continue to deliver not only urgent and emergency care, but also some 'business as usual' routine care. Rapid acceleration of the NearMe service followed during March, April and May 2020, initially in priority areas such as general practice, community hubs, cancer care, mental health and maternity services, then to any service which had identified extension of telemedicine in their business continuity model.

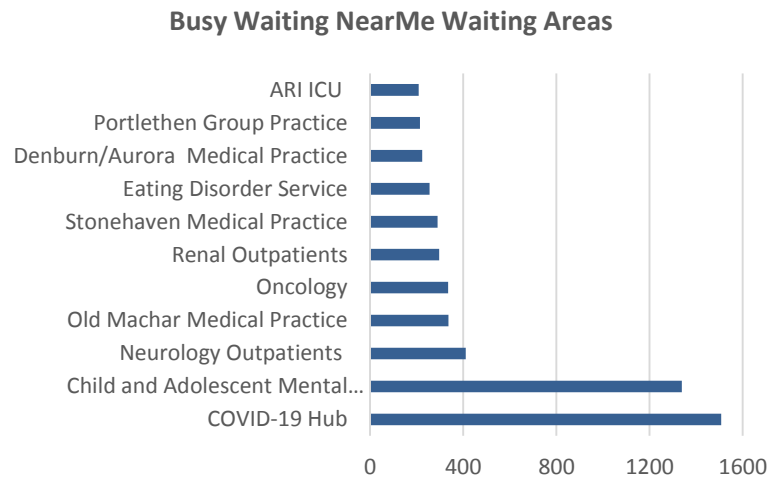
The pace that we have deployed NearMe in the last 10 weeks through joint Health and Care collaboration has been impressive. Starting with 122 remote consultations delivered during week 1 rising to over 2,300 in week 10.

The chart below shows the number of consultations and the associated number of consulting hours per week from 1st March to 17th May 2020.



There has been a huge effort to get Primary Care and Community COVID-19 Hubs up and running and this is proving to be very successful. We have also been focused on secondary care, which to date we have 280 active waiting areas including priority services (Cancer care – Oncology + Haematology + Radiotherapy; Mental Health, Maternity Services including Community Midwifery; Paediatrics and Respiratory). We are responding to all requests to set up additional services as they arise. COVID-19 specific – Secondary Care input to COVID-19 Assessment hub; Tele-optometry COVID-19 Assessment Hub; COVID-19 Psychology Resilience Hub are in place.

The chart below shows all services that have had 100 or more consultations since the start of March 2020 in NHS Grampian and the total number of consultations.



NHSG NearMe Summary at 18th May	
Total Service Providers at 18th May	7746
New Service Providers Added Since 1st March	5697
Active Service Providers Since 1st March	2191
Total Number of Consultations Since 1st March	14459
Consultation Hours Since 1st March	4199

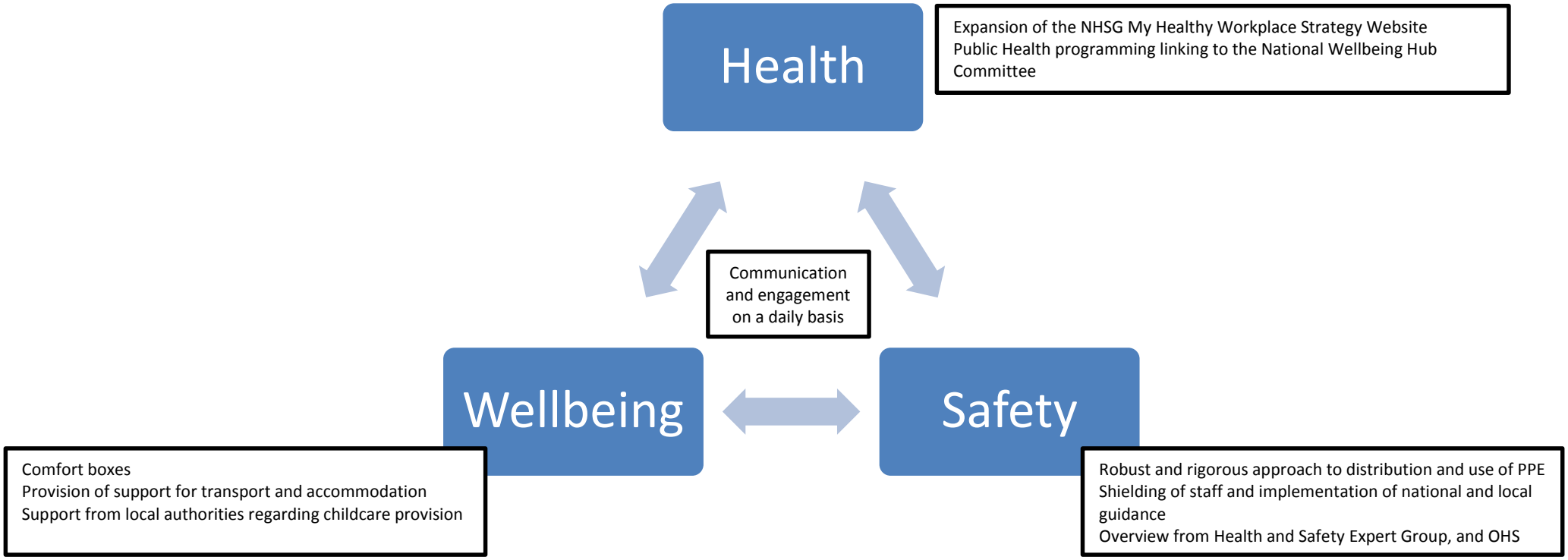
Good engagement across services has been a key factor. Hardware provision was centralised to ensure all services have access to appropriate IT equipment. The rollout of equipment had to be prioritised. There is a high number of hospital consulting rooms equipped and available for use. There remains a gap in provision in Primary Care with many GP practices only having appropriate equipment in some of their consulting rooms. There is another batch of IT equipment, taking this to over 500 devices that will be prioritised and deployed by end of May. Another 1,000 devices has been ordered and will be rolled out in the coming months. Training of clinicians and local system administrators on how to use NearMe/Attend Anywhere has also been an important aspect of the good progress to date.

The need to quickly respond to the challenge presented by the COVID-19 pandemic has nurtured innovative thinking and we have begun to see new ways of working emerge that have the potential to transform the way we deliver care in the future as we move towards recovery and the 'new normal'. There is a weekly group chaired by the Director of Facilities & eHealth which has clinical leads, eHealth lead, National VC Manager (the National VC team are hosted by NHSG) eHealth team, H&SCP Leads and Project Managers. The group works covers a range of remote working matters, but specifically the progress of NearMe will support sustainable future service models and remote consultations will play a key part in achieving this ambition.

8. Staff Health and Wellbeing

Staff health and wellbeing has been a key priority throughout the initial response and this commitment will continue. Our staff response, their dedication and care for their patients has been outstanding in the most difficult of circumstances.

From the start of the COVID-19 response we have had a dedicated Staff Health and Wellbeing cell. The Cell provided a single point of leadership under a dedicated senior officer to focus on staff engagement and experience during the current and future periods – engaging and listening to staff supporting them to influence the resetting and rebuilding of the future.



PPE

Personal Protective Equipment (PPE) is used to protect people from acquiring and also transmitting COVID-19. There is national guidance available via Public Health Scotland that provides the advice and guide to NHS Grampian in ensuring that staff are both have access to appropriate PPE and when to use it. In addition, there is a face fit testing regime in place to ensure front line workers have the required mask to carry out the duties expected.

In our response to COVID-19 pandemic, we agreed a lead responsible officer for PPE for the organisation during the pandemic. This role requires that we have assurance on the whole system pathway for the ordering, distribution and use of PPE including technical advice drawing on the other teams who have responsibility for particular parts of the pathway.

There is a robust process in place to secure and supply PPE meet the demand in NHS Grampian. On a weekly basis, we look at the 3 week demand profile look ahead against what is expected from the National Distribution Centre (NDC) versus the expected use and activity to ensure the supply meets the demand.

The PPE Dashboard developed locally highlights our predictive model months ahead of what levels of supply is required and is fed directly back to NDC. This model is successfully ensuring that we have the right level of supplies to meet present and future demand.

PPE Summary

- Predicted Equipment Remaining at the end of each week

	Aprons/ Non-Sterile Gowns	FFP3 Masks	Gloves	Goggles (Visors Currently Provided)	Theatre Gown	Covid Gown	Type IIR Mask	Visors
06 Apr 20								
13 Apr 20								
20 Apr 20								
27 Apr 20	109,675	194,469	288,150	24,052	6,287	8,527	563,066	28,555
04 May 20	298,810	215,288	395,325	22,705	5,808	7,951	548,678	43,642
11 May 20	284,645	207,282	485,175	22,715	9,230	12,938	762,239	1,700
18 May 20	277,632	208,782	575,025	27,979	8,625	12,812	1,172,581	13,280
25 May 20	270,619	210,282	664,875	33,243	8,020	12,686	1,582,922	24,860
01 Jun 20	263,606	211,782	754,725	38,507	7,415	12,560	1,993,264	36,440
08 Jun 20	256,593	213,282	844,575	43,771	6,810	12,434	2,403,606	48,020
15 Jun 20	249,580	214,782	934,425	49,035	6,205	12,308	2,813,947	59,600
22 Jun 20	242,567	216,282	1,024,275	54,299	5,600	12,182	3,224,289	71,180
29 Jun 20	235,554	217,782	1,114,125	59,563	4,995	12,056	3,634,631	82,760
06 Jul 20	228,541	219,282	1,203,975	64,827	4,390	11,930	4,044,972	94,340
13 Jul 20	221,528	220,782	1,293,825	70,091	3,785	11,804	4,455,314	105,920
20 Jul 20	214,515	222,282	1,383,675	75,355	3,180	11,678	4,865,656	117,500
27 Jul 20	207,502	223,782	1,473,525	80,619	2,575	11,552	5,275,997	129,080
03 Aug 20	200,489	225,282	1,563,375	85,883	1,970	11,426	5,686,339	140,660
10 Aug 20	193,476	226,782	1,653,225	91,147	1,365	11,300	6,096,681	152,240
17 Aug 20	186,463	228,282	1,743,075	96,411	760	11,174	6,507,022	163,820

Designed by Health Intelligence Stock <=2 Days Demand Stock <=5 Days Demand Stock >5 Days Demand

9. Operation Home First: Primary and Community Care

The HSCP Plans set out the community and primary care response to facilitate their role within the wider system to 'Contain, Delay, Research and Mitigate' the COVID-19 pandemic. The following summarises the key areas of focus of the three HSCPs, in collaboration with their respective Local Authorities, Acute Sector, corporate services in NHS Grampian, independent and third sector partners.

In order to oversee the responsive implementation of plans, HSCPs have put in place tactical and operational response mechanisms, including daily huddles to disseminate information.

Prevent and Slow Disease Spread

Given the recent national guidance on slowing down the spread, the three HSCPs are contributing to the effort of this by focussing on:

- Working with our partners to support vulnerable members of the community and to support the care at home and care home sector
- Appropriate distribution of advice, training and suitable Personal Protective Equipment (PPE) to the primary and community sector
- Building on the remote consultation and monitoring models
- Supporting virtual co-ordination of care by teams to minimise risk of spread and maintain resilience
- Rapid communication of national guidance as it changes and consistent messaging to staff and the public

Providing the Best Possible Care for Those Who Are Ill & Maintaining Essential Services across the System

Ensuring that those who are ill, receive the best possible care will continue by:

- confirming critical and essential services and the minimum staffing levels required to maintain these
- deploying staff from those areas which are currently deemed non-essential to areas which are within their skill set and capability
- putting plans in place to identify surge capacity beds within the system to provide care for both COVID-19 and Non-COVID-19 patients - whole-system effort to maintain support in the community and access to all available capacity within care homes
- increase use of virtual care ward and hospital at home models to reduce admissions into acute hospital and convert unscheduled into scheduled care
- utilisation of all community capacity to support individuals and promote prevention/self care/self management interventions
- continued support from the local resilience partnership for the Grampian Assistance Hub (Virtual)

Maintaining Essential Services and Managing Demand within General Practice

The Primary Care Capacity Plan sets out how General Practice (GP) in and out of hours will deliver services and manage increasing demand in response to COVID-19 and Non-COVID-19. The Plan sets out the different levels of escalation for GP as per the three levels set out within the Scottish Government's PCA(M)(2020)02, along with the necessary approval, decision making and reporting processes to recommence services in a planned and clinically prioritised manner. The Plan has been developed with input from the NHS Grampian Medical Directorate, Primary Care Clinical Leads, Public Health and the Local Medical Committee and GP Sub-committee.

Maintaining Essential Community Mental Health Services

The team are prioritising urgent/high risk cases for ongoing care and treatment. We have implemented at scale alternative models of delivery of care including telephone/video consultations, medication delivery/collection arrangements to minimise the need for home visits, clinical appointments and avoidable hospital admissions. See section 11 for further information.

Palliative Care

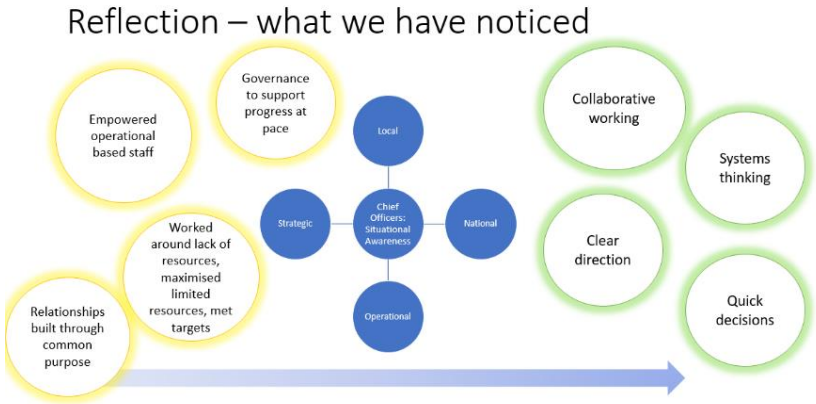
As part of our mobilisation plan, we will continue to ensure that those who are in the palliative or end of life stages of life receive the best possible care. Working in partnership we have focused on the following key areas of action.

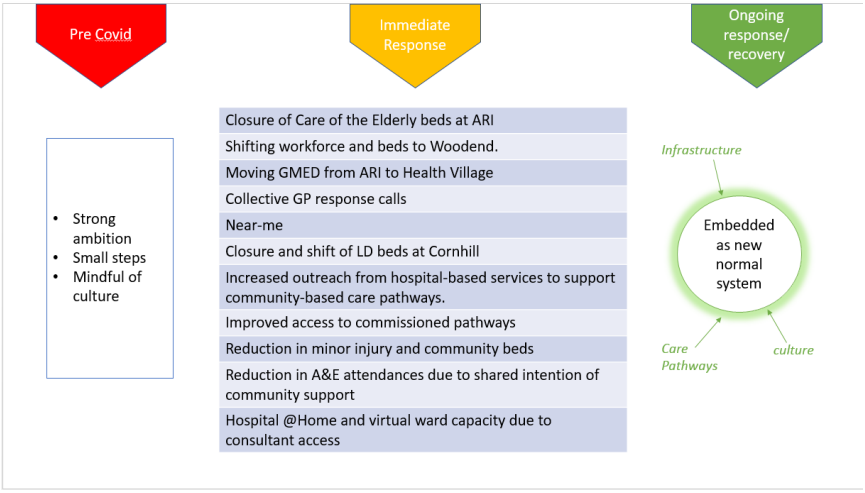
- Confirming critical and essential services in palliative and end of life care and the minimum staffing levels required to maintain these within the full spectrum of HSCPs.
- In order to maintain resilience, alternative models of delivery have been introduced where this is appropriate to manage risk, implementation of national guidance where available and devising pathways that support decision making out with the hospital setting.
- Redeploying staff from those areas which are currently deemed non-essential to areas which are within their skill set and capability to support palliative and end of life care.
- Gain intelligence to identify what and when capacity will be required within the system to provide care for both palliative and end of life care at home and in the social care system.
- Increase use of the palliative care advice line to reduce admissions into acute hospital setting and support Community Hub decision making.
- Looking at alternative models of care for pharmacy in terms of planning and support for administration of palliative medication by carers/family.
- Through the Local Resilience Partnership, establish support for bereavement, funerals and family support. There may be opportunities for volunteers to offer specific skills in this area.
- Consider mutual aid through charitable organisations in which they can support the COVID-19 response.

The support and response from our Integration Joint Boards and local authority partners has been key to the immediate response to the COVID-19 pandemic.

Within this section we set out

- The system wide transformation programme being led by the North East Joint Transformation Group (comprises the Local Authority Chief Executives, NHS Grampian Chief Executive and the three Chief Officers – Operation Home First (converting unscheduled to scheduled care – making positive and meaningful early multi-agency intervention and support to change outcomes).
- The implementation of changes with primary and community care which will continue into this phase of the plan.
- The critical and continuing support to the Care Homes in Grampian.
- The whole system approach that is being taken to integrate primary and secondary care through our interface group with the aim of fundamentally transforming how our population accesses and receives health and social care post COVID-19.





Operation Home First

- Building on initial response
- Maintain our agile thinking and decision making
- Retaining ability to respond to COVID-19 demand
- Adoption home first principles for all care
- Respond to prolonged period of social distancing – impact on bed base, reduced footfall (staff and patients), need for technology
- Avoidance of admission and delays at discharge
- Maintain safe services for those shielded
- Person centred care within community settings with removal of barriers between primary and secondary care

Delivering Transformational Health and Social care – unlocking the benefit of cross organisation partnership working

Prior to COVID-19, there has been a strong partnership across NHSG and the Grampian IJBs and the Chief Executives and Chief Officers. The strategic planning function of the IJBs across the set aside budgets and for the delivery of the hosted services has been approached using a system wide transformation approach.

Progress with this and other unscheduled care has been made however, concern remains regarding the pace of change on this agenda. During the Operation Rainbow response, actions taken have made significant changes to the way services have been delivered. Actions have been informed by empowered operational based staff, working within the limitations of the response phase but with a common purpose to deliver the maximum amount of service delivery through collaboration and whole system thinking, informed by local modelling data.

Changes such as wide adoption of near me technology, increased outreach of hospital based services to support community pathways and delivery of COVID-19 hubs, have allowed services to adapt to the changing environment. As we move to the next phase of our response, we need to maintain and further develop the principles of the Operation Rainbow response. This will progress to Operation Home First.

For Operation Home First to be successful, we need to continue with our whole system approach. The focus will be on improving outcomes for the people of Grampian rather than focus on individual pathways. This approach needs to be informed by modelling of the potential impacts of COVID-19 and Non-COVID-19 demand and within the context of social distancing measures.

Further details on our primary and community care response are noted below.

Primary and Community Care Response

Unscheduled Care – managing more activity in the community and in a planned manner

90% of General practice is patient initiated unscheduled care with the GP as the expert medical generalist undertaking risk management and appropriate clinical care to reduce inappropriate access to secondary care. This is based on the fact the GP and their team know the patient and their families well.

With the provision of unscheduled care teams within the community following the introduction of the MoU and PCIPs this has allowed good MDT working. This has allowed visiting teams provided with Near Me technology within the home setting to get appropriate and rapid assessment with a senior decision maker. With the establishment of Consultant discussion before admission, the Clinical Decision Group, Paediatric and Care of the Elderly response teams, together with access to Acute Care teams, General practice has access to a senior decision makers in these settings. This has improved the management of patients. An overview of our unscheduled care pathway is attached below.

Within the community all acute presentations of COVID-19 are directed to NHS 24 and then to CAC keeping respiratory presentations away from General Practice. With the development of investigation Green Hubs for the shielded population within each H&SCP it will be possible to more reliably segregate patient groups at greater risk. The community support and palliative teams already have staff working (where possible) in green and other pathways

Green community Hubs will when established provide treatment room services to the shielded population with a dedicated staff group for both acute and community blood requests. There have been no referrals postponed from General practice – whilst there was an initial fall in patients presenting to General practice this has now increased to post COVID-19 levels and all both urgent and routine referrals are being made.

USC_DRAFT_HIGH LEVEL_PROCESS MAP

Logic model 1.pptx

Primary and Secondary Care interface and use of Digital Technology

An interface group has been established, between primary and secondary care medical colleagues to develop pathways to look as how patients can move through the system smoothly and effectively. They will continue to work on new pathways to ensure advice, investigations and referrals are focused, timeous and appropriate.

Grampian Clinical Guidance has been a very useful portal to provide clinicians – specifically those in primary care with ready access to guidelines about any changes to pathways and processes. All pathways being agreed through clinical directorate and the clinical board has allowed involvement of those areas affected by change and has the support and education for the benefit of patients and their relatives.

A successful Clinical decision support system was set up as part of the COVID-19 response to facilitate real time advice from secondary care colleagues about COVID-19 related queries using the Near Me platform. This has tested out a system that will be considered for wider use in improving referral and admission pathways between primary and secondary care.

All General practices are now actively using total triage and near me technology. The use of a digital platform for communications – (digital asynocronous consultations) which will if funding is accessed be offered to all General Practices to improve access. With the establishment of the CAC and the Clinical Decision Group there has been the access to joint Professional to Professional near me consultations when required. To fully support all General practices in this further IT equipment is being supplied to reduce the requirement for “hot desking” and to equip each consulting space with adequate IT equipment to carry out near me consultations.

Managing local term conditions and mental health

General practice are seeing an increase in mental health presentations and are requesting further mental health support from the community mental health teams - this is an area that would benefit from a return of services using ‘near me’ technology to support this population group.

During the COVID-19 response the management of long term conditions has and should continue to be focussed on clinical need rather than on a blanket call and recall system. This has successfully allowed practices to focus on patient need and pave the way for patient centred models of care including House of Care.

Referrals to secondary care, urgent and routine, have not stopped during the Pandemic. However the number of patients presenting with symptoms showed a significant drop, which has in turn resulted in less referrals. In the last few weeks practices have seen a significant rise in the number of patient contacts. Patients are now presenting with multiple and often complex symptoms. Many also have significant psychological factors involved due to general anxieties associated either with accessing healthcare or with COVID-19 related concerns. Direct access to the Psychology service has been well received by both staff and patients and would be an ideal service to continue in its present format.

Protecting our Patients and Staff

A huge amount of work has been undertaken with patients to update ACPs for those at risk– specifically the shielded patients within General practice. This is in addition to the ongoing ACP work done with all our CDM and palliative patients. These will require continual review and updating as the situation changes both in pandemic planning but must also be responsive to changes in the situations of the patients themselves. Work is being undertaken to create green community investigation ones across Grampian where shielded patients can attend safely for both acute and community initiated phlebotomy requests, drug delivery, post-op wound management and ECGs .These will have a dedicated staff group drawn from both acute and community staff. These will be located in each H&SCP to provide clean areas for vaccinations delivery. This will form part of the infrastructure required for flu vaccinations. Childhood vaccinations within Moray and Shire are being undertaken within schools, which act as green zones. There is a plan to continue vaccinations including flu vaccine to be given out with General practice and this is being considered at present

Community Assessment Centres

Community COVID-19 assessment centres will continue to provide COVID-19 related triage to ensure practices exposure to symptomatic patients is minimised. It will be run from 2 sites in Grampian (one in Aberdeen and one in Elgin) co-located with Gmed. The model will allow flexibility for stepping up and down as the need arises. It will remain run with face to face contact being kept to a minimum with focus on telephone and Near Me assessment. Out of hours General Practice services will remain based out with the acute sites and become fully embedded in the community.

Support for 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.
- Introduced 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 announced on 21/05/2021 April 2020 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 have also been communication to the Board Medical and Nurse Directors and an update will be provided to the Board in June in respect of these changes.

Weekly submissions are made each Thursday with the first submission sent on 7/05/2020. 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 Chief Officers, DPH and Nurse Director for H&SCP.

Grampian Care Homes Framework CC

Interface with Third Sector

Background information about Third Sector Interfaces

There are 32 TSIs in Scotland (1 in each local authority) existing to support, promote, develop and advocate the interests and role of the third sector locally. There is a statutory responsibility as part of the Public Bodies (Joint Working) (Scotland) Act 2014 to actively involve the third sector in planning and design of integrated health and social care services. Each TSI should support expertise to come to different tables from within the third sector itself and the TSI can co-ordinate this activity and ensure diverse voices are heard in terms of health and social service planning activities

As a key partner TSIs are be able to assist us with:

- Joining up and activating diverse parts of the third sector and volunteers to support health and social care outcomes;
- Development of a strong third sector engagement strategy to support strategic planning and joint commissioning;
- Advocating the interests and conveying the intelligence of third sector at the Strategic joint board level;
- Mapping more deeply and connecting third sector organisations able to contribute to health and social care policy development or with valuable intelligence to add; and
- Supporting the exploration of the development of the third sector role in enhancing prevention, self-management and co-production.

10. Remobilising our Mental Health services

Background

Mental Health and Learning Disability Services in Grampian are divided across 3 Health and Social Care Partnerships.

Aberdeen City HSCP

- Community services for adult mental health, older adult mental health, learning disability and substance misuse services.
- Hosting of MHLD inpatient services, specialist services and CAMHS on behalf of NHS Grampian and the other HSCPs. Patients from Aberdeen City, Aberdeenshire, Orkney and Shetland are admitted to Royal Cornhill Hospital in Aberdeen.

Aberdeenshire HSCP

- Community services for adult mental health, older adult mental health, learning disability service and substance misuse services.
- 3 dementia inpatient units.

Moray HSCP

- Community services for adult mental health, older adult mental health, learning disability service and substance misuse services.
- One acute admission mental health ward (Ward 4, Dr Gray's Hospital).
- One dementia inpatient unit.

During 2019, a Strategic Review of all MHLDS was carried out in Grampian. This involved an extensive consultation process of all key stakeholders. An action plan was developed and implementation was planned over a period of 12-18 months. These plans encompassed some of the changes that have been implemented in response to the COVID-19 pandemic. These planned changes are therefore unlikely to be reversed.

MH-LD-StrategicPlan
-ConsultationDocume

To ensure safety, quality and clinical governance whilst planning the mobilisation of our MHLD services we believe that a Grampian wide approach is required now and going forward. We have therefore established a weekly MHLDS Strategic Huddle. This group comprises senior MHLD managers and clinical leads from the 3 HSCPs and the Hosted Services.

Current Baseline

During the COVID-19 pandemic, business continuity plans have been activated to prioritise protected and critical services, to create capacity where it is most needed and to ensure effective infection prevention measures e.g. by reducing unnecessary footfall, ensuring social distancing and having adequate supplies of PPE.

Protected Services	Critical Services
• Forensic unit – Forensic acute and forensic rehab wards • Learning disability close supervision unit • Patients detained under MHA • Unscheduled MHLD access • MHO provision for detentions	• Inpatient wards and Specialist outpatient services • High risk community patients • Effective patient pathways for new and urgent referrals • Clozapine and lithium clinics and depot provision • Emergency ECT and Pharmacy provision • Workforce hub – for staff flow and PPE provision • Delayed discharges - to create inpatient capacity • Substance misuse - Prescriptions and medications and Injecting service and Naloxone clinics • CAMHS - Unscheduled care, Tier 4 patients and consultancy and support to children and young people in vulnerable home situations

A summary of the limited number of mental health services which have been stopped/ paused and services which have been adapted in response to the COVID-19 pandemic is shown below.

MHLDS COVID
Activity Status for Mo

We have worked with the Grampian Humanitarian Assistance Centre to provide tier 1 support to the most vulnerable in our communities. 'A listening ear service will also be provided to anyone contacting the GCAH who requests it – these conversations will draw on the seven steps of psychological first aid. Where required, the callers will be supported to self-refer to the Grampian Psychological Hub'.

Psychological Resilience Hub and Online Mental Health Wellbeing Resources

NHS Grampian has established an all-age Psychological Resilience Hub (PRH) which is modelled on the Manchester Resilience Hub that was set up following the Manchester Arena attack. This is available for staff and patients. Adults, children and young people can self refer to this team for support and it is open to people regardless of whether they already have input from mental health services and is open to all patients on waiting lists too. Capacity has been deployed from services to support the Psychological Resilience Hub. Funding is being sought to keep the PRH arrangements in place for another year. The Know Who To Turn To document contains signposting information for online resources. Further details on the Psychology Hub are later in this section

New Referrals Triage and Support and Management of Waiting Lists

In all MHLD services, existing patients have been risk assessed and allocated a RAG status. For those requiring ongoing contact this is primarily being offered via telephone or Near Me sessions, however face-to-face contact is offered when required. *Our aim was to focus on the critical functions of our services in order to free up capacity and maximise the use of our staffing resource. Patients RAG status is regularly reviewed. Patients were contacted to alert them to any changes to the service provision or their treatment plan and to ensure they knew how to contact services should they have any concerns.* For new referrals, referral pathways have been developed. Processing of referrals differs slightly across Grampian, but all referrals are triaged and risk assessed appropriately. Urgent assessment processes are in place in all areas and communication shared with referrers.

The 3 HSCPs have worked together to develop transportation guidelines to ensure the safety of patients who require transportation and the safety of staff involved in escorts.

MH and LD Service
Tranport and PPE Gui

The Kildrummy Hub was created in response to the COVID-19 pandemic to be a single point of access for all critical and unscheduled care referrals as well as Place of Safety requests at Royal Cornhill Hospital. The hub operates 24/7 and is staffed by experienced doctors and senior nurses. Kildrummy Hub staff then see patients at urgent "Near Me" appointments or when required arrange for them to be seen face-to-face contact for assessment.

We do not routinely contact new patients or their families by telephone or secure videoconference prior to assessment, however we believe our processes ensure that the most urgent cases are prioritised and that overall waiting times for assessment are being kept to a minimum. Patients are informed to contact their GP if they feel they require to be seen sooner. Also they are offered signposting to other services as appropriate whilst on waiting lists.

Aberdeen City HSCP & Aberdeenshire HSCP

All referrals for specialist Mental Health services continue to be picked up by usual vetting processes by Aberdeen City and Aberdeenshire CMHTs and these have been made more robust as part of COVID-19 response arrangements. Referrals are triaged and allocated appropriately. All non-emergency referrals accepted are allocated for patients to be seen either by telephone or “Near Me” appointment. If during triage it becomes apparent that any patient needs to be seen same day, within a short time period or out of hours, this referral can be passed to our new Urgent Kildrummy Hub.

Moray HSCP

All patients open to the service were written to notifying them of changes to service provision and advising them to continue with their current treatment plan. Although we are not offering routine face-to-face appointments people can get in touch with the department if they feel they require to be seen and this could be offered via telephone in the first instance or by virtual appointment, or face to face if deemed clinically appropriate. In addition the service is working collaboratively with third sector providers to support the most vulnerable people in our community which has continued throughout this period.

Emergency referrals - There are no changes to the management of emergency referrals. Clinicians were encouraged to consider if any emergency assessments could be done using telephone and/or video. If face to face assessment was required staff were asked to follow the most up to date guidance on COVID-19 in relation to patients who present.

Urgent referrals - All urgent referrals in to the service are passed to the urgent team for review/assessment. Urgent phone calls/information received about patients who are open to the service, will continue to go to the Adult or older Adult CMHT within working hours. If the patient requires a full urgent assessment then this can be escalated to the urgent team.

Routine referrals continued to be reviewed at the Single Point of Access Referral meeting to ensure that they are screened appropriately and allocated to the appropriate team, or returned back to the GP as clinically appropriate. There may be referrals that are not being accepted to the team however a clinical opinion or advice can be given, the GP will receive a letter from the consultant.

As Ward 4 in Moray is a green site, patients with a COVID-19 diagnosis who require admission to hospital will be transferred to RCH in Aberdeen.

Children and Adolescent Mental Health Services (CAMHS)

NHS Grampian uses the Choice and Partnership Approach (CAPA). The system can be flexed to balance waits between assessment and treatment. All patients have been contacted and informed about service delivery during this period, which is to ensure that we continue to deliver clinically essential services: Those whose cases are clinically RAG-rated as Red or Amber are offered video consultation appointments via Near Me. For those cases that have been clinically RAG-rated as Green we have established a centralised telephone review clinic for risk triage so that our clinicians can speak with these children and families to ascertain risk before being individually signposted, potentially discharged or re-assessed as Amber or Red and offered appointments via Near Me.

During the COVID-19 outbreak we have mobilised our whole CAHMHS staff team to remote and virtual working. CAHMS were already offering Near Me this and had the IT equipment to do this, following the investment in the new Centre. Pre COVID-19 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-19 due to low foot fall in NHS premises. Those shielding too can still work at full capacity. We have enabled all staff to work flexible hours to manage their own childcare at home.

As we are a pan Grampian service and it is all virtual we were able to use all capacity to address the longest waits which was in Moray. We have used our CAPA modelling to enable us to pull forward all assessment clinics in a virtual way. As referral rates have dropped during COVID-19, and no group work was taking place we used this additional capacity.

This has enabled us to get waiting times across the whole of Grampian to 1 day (previously 29 weeks in Moray, 12 in Aberdeenshire, and 8 weeks in City). The waits for treatment are now all around 6-8 weeks and we are again pulling these forward.

In addition to this the new Psychological Resilience Hub is available to anyone of any age. Since this started 7 weeks ago 38 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. 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 we have some delay is with assessments of autism and ADHD as we need information from school. It is of note we have continued to see high risk and most unwell cases in person with PPE as needed.

Our CAMHS Early Intervention Team has created a range of self-help resources and psycho-educational podcasts which are easily accessible and available on our service website and we are currently sharing these with all partners too. Resources of our service and other CAMHS are being shared across our CAMHS network.

Non-discrimination, Equality and Vulnerable Groups

We continue to prioritise our services as we always have, prioritising those who are at highest risk. Those patients on existing caseloads and waiting lists who are most vulnerable have been identified and prioritised e.g. patients with Learning Disabilities (LD), children, and patients with dementia. As new referrals arrive, they are triaged and those who are vulnerable are prioritised. We have developed accessible information for those with LD and others. We work closely with social work colleagues to support the most vulnerable, taking into account other risks which may be heightened during pandemic lockdown including adult support and protection and domestic abuse.

CAMHS clinicians are continuing to support children and young people in vulnerable home situations where possible, in particular those who are care experienced. Where it is possible and appropriate, consultations are held via Near Me. CAMHS teams continue to make contact with all Social Workers of open cases and any new referrals for consultation. This is to allow consideration of risk and what supports we can offer virtually until such time that routine full multi-agency consultation and developmental trauma workshops can be reinstated. Where appropriate to do so, CAMHS also offer a telephone consultation to parents and carers of care experienced children and young people in agreement with their existing support network.

Support for and Involvement of Families/Carers

Although there is currently no in patient visiting, families/carers are encouraged to contact MHLD services as previously and are provided with contact details. Families /carers are still involved in care planning, where permission has been given by patients for them to be involved.
The VSA carers service is not currently a face-to-face service, but telephone and video calling contact is still available for families and carers.
Advocacy Services are still available to patients via telephone individually and teleconferencing for collective advocacy.

NHS Grampian has as part of the current COVID-19 national response restricted hospital in-patient visiting. There are currently no visitors within all NHS Grampian in-patient settings, excluding Children's Wards and Maternity Units across Grampian and where there is end of life care being delivered. This means that in-patients receiving care do not have regular contact with their loved ones. NHS Grampian is committed to a person-centred approach to safe and effective care delivery with people at the centre of all that it does. This approach supports engagement with the patient and their family and friends, recognising the value of the approach in delivering true person centred care that supports emotional psychological needs as well as physical, creating positive outcomes. We have started to utilise NHS NearMe where family members can call or video once a day and some wards are being pro-active with technology (Facetime/What's App). In this respect we have been extremely grateful for the specific donations we have received to enable us to purchase the necessary Tablet technology to enable us to connect patients with their families at this time.

Virtual Visiting Guidance 2020.pdf

Partnership between Services

There is effective partnership working demonstrated across services where Health and Social Care colleagues are working closely with e.g. police, ambulance services and 3rd sector organisations with these colleagues being involved in service changes e.g. Police Scotland and SAS involved in the development of the Kildrummy Hub. This partnership working is replicated across the board control structures of Bronze, Silver and Gold Command. This collaboration is currently demonstrated in the health and social care support being provided by MHLDS nursing staff to care homes in Aberdeen City. These changes which have been put in place have led to a new baseline for service provision across MHLD services.

Maintaining Safe and Effective Services for our Patients and Staff

We continue to ensuring adherence to access to PPE, adherence to shielding arrangements and having arrangements for COVID-19 positive or suspected COVID-19 positive patients.

Royal Cornhill Hospital is a designated green and specialist red site. Patients with a diagnosis of COVID-19 or a suspected diagnosis of COVID-19 are isolated in a side room. As the numbers of positive and suspected cases of COVID-19 across the RCH site have been very low, it has not been necessary to have a designated COVID-19 ward on the RCH site as patients have been safely managed on their admission ward.

Ward 4, Dr Gray's Hospital is a designated green ward. If MHLD patients requiring admission have a positive diagnosis of COVID-19, they will be transferred to the RCH site in Aberdeen. This arrangement has not been required to date. Managing psychiatric in-patient acute disturbance and challenging behaviours in the context of COVID-19. The attached document has recently been produced.

Managing Psychiatric In-Patient Acute Distu

Continuous Intervention Policy - the attached document has recently been produced in line with COVID-19 requirements.

Continuous_Intervention_Policy May 2020.

Priority Areas for Reinstating Services

a. Improving Access to Psychological therapies

As part of the COVID-19 response, some psychological resource was deployed to the Psychological Resilience Hub. This has proved to be an effective way for staff and patients to access psychology support quickly and then allow signposting or referral to other services as required. Clinical psychologists have also been able to offer support and advice to other PRH staff providing lower level interventions. The feedback from people accessing the PRH has been overwhelmingly positive. Funding is currently being sought for the PRH to become a permanent service. Also during this time, the psychological services offered to patients have primarily been via telephone or Near Me.

A review of psychology across all MHLD services was already planned as part of the MHLDS Strategic Review. This review will now also take into account the evaluation of the PRH and the virtual delivery of services which could potentially markedly reduce the need for face-to-face clinics. Some psychology resource that has been deployed to the PRH is now being transferred back to core services. This will enable services to start seeing more patients currently on waiting lists for psychological therapies via telephone or Near Me. A priority for MHLDS is to reduce our existing PT waiting lists whilst reducing the waiting times for new patients.

b. Evaluation and Potential Expansion of Kildrummy Hub

The Kildrummy Hub at RCH was created in response to the COVID-19 pandemic to be a single point of access for all critical and unscheduled care referrals as well as Place of Safety requests at Royal Cornhill Hospital Data is available for 5 weeks of activity at Kildrummy Hub from 3·4.2020. This data confirmed 156 contacts with 129 (approx 82 per cent) being out of hours, and 109 (approx 70 per cent) still needing face to face contact. The highest referrers remain A&E and Police Scotland (as Pre-COVID-19), but approximately 10 percent of referrals were for older adults and CAMHS patients respectfully. The admission rate is almost 40% of those assessed at Kildrummy Hub (much higher than Pre-COVID-19) with another approximately 50% given CMHT follow up. This again suggests that those patients assessed (like those admitted) are generally more ill than those assessed Pre-COVID-19. This early data is important in our planning going forward in predicting increased demand on inpatient services. Further evaluation of the Kildrummy Hub is planned. Options include expanding the services offered by the Kildrummy hub e.g. junior doctors running urgent clinics.

Kildrummy Hub data May 2020 1.doc

c. Preparing for Staff Returning to the Workplace

Physical space limitations and social distancing is likely to continue for the foreseeable future. Review of workplace arrangements are underway to ensure social distancing in the workplace including physical adaptations to non-clinical areas.

d. Support for Staff in New Ways of Working

Change has happened at pace during the COVID-19 pandemic with staff having to adapt quickly to new ways of working e.g. use of technology both in the delivery of services to patients and in communication with colleagues e.g. virtual MDT meetings. Some staff will require support to adapt to these new ways of working. Virtual technology will not be appropriate for all patient contact and guidelines need to be produced to help staff assess when it is and is not appropriate.

There will be expectations from some staff that once the COVID-19 pandemic is over that services will return to how they were pre-COVID-19, however some of the changes made will remain. With the help of staff partnership colleagues we need to support colleagues with this change process and have, in some cases, a retrospective consultation process.

Dependencies Required

Modelling for future demand for MHLDS is underway, however if it is difficult to predict future demand. Early indications are that demand for MHLD services is increasing and that a higher proportion of patients who are presenting for assessment out of hours require admission. We therefore predict that demand for MHLD services will increase significantly after the COVID-19 pandemic lockdown is lifted.

Our modelling for the COVID-19 pandemic response was based on a large number of staff absences of up to 40%. The reality was that total staff absences have not been greater than 20% across any service. A couple of factors are important here:

- During this pandemic period, Non-COVID-19 sickness absence is at lower than normal levels – both short term and long term sickness.
- Staff have also been more reluctant to take annual leave e.g. due to holiday plans being cancelled. We have targeting this and actively encouraging staff to take annual leave at regular intervals.

Overall staffing levels have remained very good throughout the COVID-19 pandemic period. As a result we have made the decision to reduce our use of agency staff in RCH by approximately one third.

Going forward we anticipate that use of technologies such as Near Me or telephone clinics be the routine way that we deliver outpatient services other than in exceptional circumstances. It is further expected anticipated that many staff will continue to work from home. This will be dependent on having sufficient IT resource to support remote working.

Social distancing requirements are going to be in place for the foreseeable future. There is therefore a requirement to significantly change the current physical environment and scoping of this work is underway. This includes:

- Non-clinical areas such as office spaces e.g. the existing SMART working arrangements of staff sharing desks is not currently acceptable.
- Clinical areas e.g. ensuring beds spaces comply with 2m requirements. This may be an issue for areas with SOVIE beds that are permanently sealed to the floor and cannot be moved.

Helping staff to return to work will include consideration of travel arrangements. Staff to be encouraged not to take public transport to work where possible. In Grampian parking restrictions have been removed from hospital sites which supports staff who do not have parking permits.

Staff need to be confident that they will have access to PPE as and when required. Robust arrangements are in place across MHLD services in Grampian to ensure that the correct PPE is available for staff as well as training on its use.

To progress meaningful change, MHLD services across Grampian need to continue to work together along with other key partners and staff partnership to ensure safe, effective and efficient pathways are developed that are in line with the MHLD Strategic Review.

Finally, good communication throughout the COVID-19 pandemic has been key to keep staff and patients informed and as involved as possible. It is important that this continues. Communication has taken different forms including the use of social media and the feedback about this has been positive.

We believe that the MHLD response to the COVID-19 pandemic in Grampian has been effective, enabling us to ensure the safety of our patients and staff. This has been achieved by successful joint working across all MHLD services in Grampian along with our key partners. Although we cannot accurately predict the demand on our services going forward, we do see demand increasing. However we believe that the changes we have made to date will allow the flexibility that will be required to respond to this demand.

Further Information in Relation to our Psychology Services

We have set up a new Grampian wide service called the Psychological Resilience Hub (PR Hub) along with the lead for the North of Scotland Trauma Network (Mr James Anderson). This is a virtual team providing responsive virtual appointments following self-referral form the public or staff member. This has enabled the DOP to test out new ways of working. Feedback for the PR Hub has been overwhelming positive. The PR Hub enables a new and innovative model of service delivery with Early Intervention and stepped up and matched care to be delivered as required in a responsive way.

It has become even more apparent following COVID-19 that a whole service redesign and renewal of service delivery for PT is needed not just for managing the changing landscape but also to address previous historical issues in the psychology work stream (e.g. leadership posts not being clear or appointed to, variation in waiting time recording across services, and substantial difference in service delivery across NHS-Grampian). This will also enable PT staff and services to think about innovative ways of working with partner colleagues such as OHS and GPs. The redesign also need to focus on increasing resource and funding in line with the national average to ensure demand and capacity is matched to need will be key. Without whole service change and renewal this is not going to be possible.

Impact of COVID-19

COVID-19 has many potential direct and indirect impacts on mental health. These have been recognised from early in the pandemic, and a large number of studies have been launched, many surveying the effects of the pandemic and the restrictions that come with it on mental health and well-being in the general population, and in at risk sub-groups. The International Health Commission of China (NHC) integrated psychological crisis intervention into the general deployment of disease prevention. In January, 2020, the central health authority issued the 'Principles for Emergency Psychological Crisis Intervention for COVID-19 Pneumonia Epidemic'. The Principle addressed that the guidelines for managing psychological wellbeing should be implemented with guidance of trained mental health professionals. (International Journal of Biological Sciences, April 2020).

As we move into a prolonged period of adjustment, renewal and change it is appropriate to review services in light of the impact COVID-19 will have on service delivery and demand. There was an agreed plan to trigger a redesign of all areas of PT to all redress historical issues within PT and the onset of COVID-19 has accelerated this need. There are also a number of local and national key policies which guide the delivery of Psychological Therapies in NHS Grampian and across our Health & Social Care Partnerships. All of these require teams to have close partnership working with the aim of reducing waiting times for access to psychological therapies.

Data is also now available on each service and sector areas to determine what services have been stopped, started, or amplified during the first phase of planning in COVID-19. More detailed planning on each service's activity can be seen here in attached. Acute Psychology activity should be more detailed on the acute mobilisation plan.

master sheet psych activity may 2020.xlsx

As a consequence of COVID-19 Mobilisation Plans are now also required to look at the delivery of PT across Grampian and in all sector areas. As indicated in the Mobilisation letter from Scottish Government in May 2020 plans should also describe the dependencies required e.g. digital services infrastructure, accommodation, PPE, staff support arrangements and staff and patient travel arrangements. Plans should in particular describe how these arrangements will address the needs of particular priority groups during this phase, for example:

- Those with a learning disability, neurodevelopmental disorder or dementia;
- Vulnerable families, people living in poverty, ethnic minorities;
- People who are shielding, and other vulnerable groups who are being asked to self isolate;
- Transitions e.g. from hospital to care placements, young people to adult services etc.

Boards are also required to work in partnership with Integration Authorities, Local Authorities and other stakeholders to estimate the anticipated rise in mental health need in the population and the response(s) required. Plans should also include current arrangements in place to support staff mental health and wellbeing and how/if these will require to be changed/developed to ensure that staff are supported throughout the next phase of development planning. This requirement along with the data highlighted above strengthens the need for a formal redesign of service delivery structures to meet the requirement of maintaining COVID-19 service activity while renewing and restarting previous critical activities.

National Documents to Influence Change

There are many documents which outline the models of care which should be delivered in relation to PT. The most notable of these is the **Mental Health Strategy (2012-2022)**. The main focus of this document is for mental health to have parity with physical health. In order to do this the mental health strategy indicated we should be working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems; and
- Rights, information use, and planning.

NHS Grampian and our integrated Health & Social Care Partners have worked hard prior to COVID-19 to implement these areas of improvement with the ultimate aim of reducing waiting times for access to psychological therapies. However, waiting times vary across different services and departments. The Mental Health Strategy (2012-2022**)** should be seen in the context of the **Scottish Government's 2020 Vision** for health and social care delivery, which emphasises integrated care and prevention, anticipation and supported self-management. This is set in the context of the Scottish Government's Health and Social Care Delivery Plan, which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.

Legislation also places a duty on Local Authorities to provide services for those who have or have had a mental health problem, to promote their well-being and social development, and a duty to minimise the effect of a mental disorder and give people the opportunity to lead lives which are as normal as possible. Further to this the **Social Care (Self-directed Support Scotland) Act 2013** indicated that people, carer's and families should be able to make informed choices about what their social care support is and how it is provided. It aims to empower people to be equal partners in their care, to support decisions and to participate in education, work and social life in its **Health and Social Care Delivery Plan 2016,** the Scottish Government encourages us to focus on better care, better health, and better value. In the plan it states that effective community planning arrangements will help to deliver better services and achieve better outcomes for our citizens and communities. As stated by Scottish Government in 2012, '*Separate - and sometimes disjointed - systems of health and social care can no longer adequately meet the needs and expectations of increasing numbers of people who are living into older age, often with multiple, complex, long-term conditions, and who need joined up, integrated services."*

Local Policies and Guidelines

In line with national policies the **NHS Grampian Clinical Strategy (2016-2021**) is also about enabling good health and wellbeing of our staff, patients and the people of the North East and North of Scotland. The main focus for the PT teams in both NHS Grampian and HSCP has been training, consultation, supervision and awareness raising of Psychological Therapies and developing skills in the workforce to effectively meet with the needs in all adult and older adult populations. An additional aim for the strategy is that innovative practice, leadership, shared vision, and planning for service delivery is required. There is also a myriad of guidance from other professional structures such as on nursing which provides information on opportunities for delivery of psychological therapies in different professional structures.

Aberdeen City: There is a clear and well defined strategy for Aberdeen HCSP. The main ambition of this strategy is for agencies to work together to enable people to keep as well as they can in a way that suits them. This plan states that “We accept that we will have to reshape and transform how and where we deliver services as well as focus our effort on addressing preventable factors. We remain ambitious to be recognised as an innovative and high performing partnership” There are 5 key areas in the strategy which reflects many of the policy documents stated above: prevention; resilience; personalisation; communities; connections.

Aberdeenshire: Aberdeenshire’s plan also follows a similar narrative with the primary aim of building on a person’s abilities, to deliver high quality person centred care to enhance their independence and wellbeing in their own communities. The focus is on having a single integrated system to plan and deliver health and social care to improve the quality of life of those that use it.

Moray: As is the case with other plans and national guidelines, the Moray the strategic plan acknowledges that supporting the health and wellbeing of adults needs to involve more than health and social care sectors: the population itself housing, transport, leisure, community support groups and the independent sector and third sector all have a role to play if we are to achieve the national outcomes and redesign our services.

All plans therefore highlight and replicate wider strategies which recommend the need for transformation, joint up working, innovation, and person centred care. The ambition of delivery of PT in Grampian aims to reflect these ambitions and goals. In order to achieve this aim using a post crisis response measure will enable careful planning during this redesign.

11. Protecting our Vulnerable Patients and Monitoring the Spread of COVID-19

Public Protection

NHS Grampian and multi agency partners are committed to ensuring that all aspects of Public Protection are a priority. There has been a clear drive to work collaboratively with our multi agency partners to ensure that vulnerable children, young people and adults are safe during this time. Contingency planning across services within NHS Grampian and multi agency partners has been ongoing in response to the evolving situation with COVID-19. All services have been considering the potential consequences for vulnerable people living within our communities.

Coronavirus (COVID-19) Supplementary National Child Protection guidance lays out the requirements for multi agencies in terms of their continued child protection responsibilities. Each of the three Child Protection Committees has created a local response to their implementation of the guidance and NHS Grampian's *Lead Nurse for Child Protection has* been actively involved in the creation of these documents.

Across Grampian, Adult and Child Protection Committees have developed COVID-19 risk registers and supporting action plans to minimise risks. NHS Grampian are actively involved in this work. In response to COVID-19, Adult and Child Protection Committees have increased the frequency of their meetings. Additionally Executive Groups for Public Protection, also known as Chief Officers Groups (COGs) have increased how often they meet with their responsibility as guardians of collective public protection governance, assurance and culture to proactively provide additional support. The following information is to highlight action and activity being taken to protect and support the safeguarding of vulnerable children, young people and adults. Where activity has been suspended mitigating action has been reported.

Shielding

Shielding patients have been identified as the population at highest risk of adverse effect from COVID-19 infection. This group has been identified from both national and local sources. All have been offered humanitarian services, food, medicine delivery and support through the local authority and HAC.

Those known to Consultants have received advice and support from their clinicians, within General Practice there is an ongoing process to complete ACPs for each patient and support them in their decision making. Each clinical record both primary and secondary care has been flagged to alert the clinicians to their high risk status.

Many of these patients need ongoing medical care this is being offered for adults within 2 Green areas within the ARI site – Burnside and RACH, with use also of Albyn hospital for investigations and surgery. Our paediatric population have 3 Green nurse lead clinics based in Aberdeenshire and in RACH at the community child health departments at the green area with Consultants carrying out near me reviews. Within Moray these investigations for children are being carried out within the green area of DGH.

Within primary care practices have identified cleaner zones and the community teams have devised a green visiting team where possible. To improve this segregation further and make sure these patient receive the care they need the development of ‘Green’ hubs are underway to allow stringent infection control and staff segregation along with appropriate PPE wearing. Staff will be drawn from both acute and community to deliver this service with clear protocols to protect this most vulnerable group.

These ‘Green’ pathways will include health care interventions delivered from a ‘Green’ hub, and for home visits, depending on the needs of the patient. The use of mobile community units are being explored as a potential solution to enable an equitable service to those communities affected by the specific challenges of rurality.

The use of triage and near me consultations from both primary and secondary care will further protect this group – this is underway in many departments and will be expanded. If examination is required then this is offered to this group if possible at the beginning of the day within the clinical setting.

COVID-19 Testing

Staff Testing

All staff working within health and social care in the Grampian region, irrespective of employer, and their household members can access the NHS Grampian testing service. The threshold for testing has been set deliberately low with those with even mild symptoms encouraged to seek testing. NHS Grampian testing is accessed through self-referral via an online request form. A testing team then arrange an appointment and through TrakCare. Where possible testing is carried out one of our three drive-through testing facilities: Foresterhill Lea, Aberdeen Royal Infirmary, Aberdeen City, Jubilee Hospital, Huntly, Aberdeenshire and Linkwood Medical Practice, Elgin, Moray. Those unable to attend a drive-through facility are offered testing at home. This process has been and continues to be communicated through daily COVID-19 briefs, the dedicated COVID-19 website for staff, through line management structures, Health and Social Care Partnerships and Local Authorities.

All other key workers can access testing through the UK Government run testing facility at Aberdeen Airport or the MOD mobile testing units. All health and social care staff are asked to use the NHS Grampian testing service.

Hospital Testing

All patients admitted to hospital with suspected COVID-19 are tested. In line with Scottish Government guidance all inpatients aged 70 and are offered testing on admission and then serially every four days as long as they remain negative. Implementation of this is monitored through daily reporting. Current data (12/05/2020) suggested that 37/50 (79%) inpatients aged 70 and over were tested. No particular issues with specific geographical or service areas have been identified at this time. The reason for not testing is either refusal to consent, or lack of capacity to consent with inability or unwillingness to cooperate.

With regards to discharges to care homes, the NHS Grampian protocol has been updated to reflect the requirement for two negative tests prior to discharge from hospital to a care home. The main concern remains the potential for extended post-infectious positive PCR results due to the ongoing detection of viral fragments, with resulting delayed discharge and associated deconditioning to the detriment of the patient. From this week NHS Grampian has introduced the ability to record a patient's intended destination on discharge and therefore further detail in this area will become available in due course.

There is a widespread and growing demand for screening of patients of all ages to occur across specialty areas, particularly for those attending hospital for outpatient or day treatment, or in advance of surgery or maternity care. The key limiting factor in this area relates to the ongoing challenges being experienced by the laboratory in securing reagents for testing.

Care Homes

As at 13/05/2020, 699 care home residents and 1,252 care home staff have been tested through the NHS Grampian testing process.

Once a care home resident test for COVID-19 has been authorised, either through the COVID-19-Hub or the resident's own GP, the care home contacts the NHS Grampian Health Protection Team. In care homes with at least one confirmed case of COVID-19 testing of all staff and residents is occurring. The NHS Grampian staff testing team organise the testing of the care home staff.

There is no current surveillance testing in Green RAG status care homes as priority has been given to direct finite testing resources to Red RAG status homes. The main limiting risk factor to the expansion of testing in care homes is logistical capacity within HSCPs to support testing and replacement staffing in tested care homes. We have embedded below the latest plan we have taken to the Clinical Governance Committee.

Care Homes CCG (2).docx

Test and Protect

Since the start of the COVID-19 Pandemic, the Health Protection Team has followed up confirmed cases to ensure the provision of appropriate advice and to reduce the likelihood of further onward transmission.

The Scottish Government published its 'COVID-19: test, trace, isolate, support strategy' on 04/05/2020, stating that "Test, trace, isolate, support will be expanded rapidly [which] will build on the expertise and experience of our health protection teams, make use of new and existing digital infrastructure and an expanding accessible testing programme". The policy outlines that arrangements to deliver enhanced COVID-19 contact tracing should be in place by the end of May 2020.

A service specification for the NHS Grampian Contact Tracing Service has been developed. A sub-group of the NHS Grampian Operational Response Team has been set up to take forward the 'Test, Trace, Isolate, Support' agenda.

An initial capacity and demand model for NHS Grampian has been developed by Health Intelligence, to help plan for a range of implementation scenarios. Nonetheless planning has been underway for some time, and by the 15th May Public Health had increased its contact tracing capacity to 60.

These staff will also act as mentors to less experienced staff. From 18th May a further 150 individuals who have been identified to undergo training bringing our total to 200 WTE by the end of May. The service is operational 7 days per week and are contacting around 30 people who are positive each day.

A copy of our draft Tactical Plan is embedded below and our Plan on a Page for Test and Protect is shown overleaf

TTIS tactical plan draft 3a.docx

Aim: To deliver a NHS Grampian Test, Trace, Isolate and Support (TTIS) strategy in line with Scottish Government guidance, to interrupt chains of transmission in the community.

Outline. The aim of this 'plan on a page' is to communicate how we will achieve the aim. Building on the existing local Testing and Contact Tracing capability, the TTIS Working Group will develop an integrated, end-to-end, Grampian TTIS pathway that is agile and responsive to the COVID-19 transmission rate.

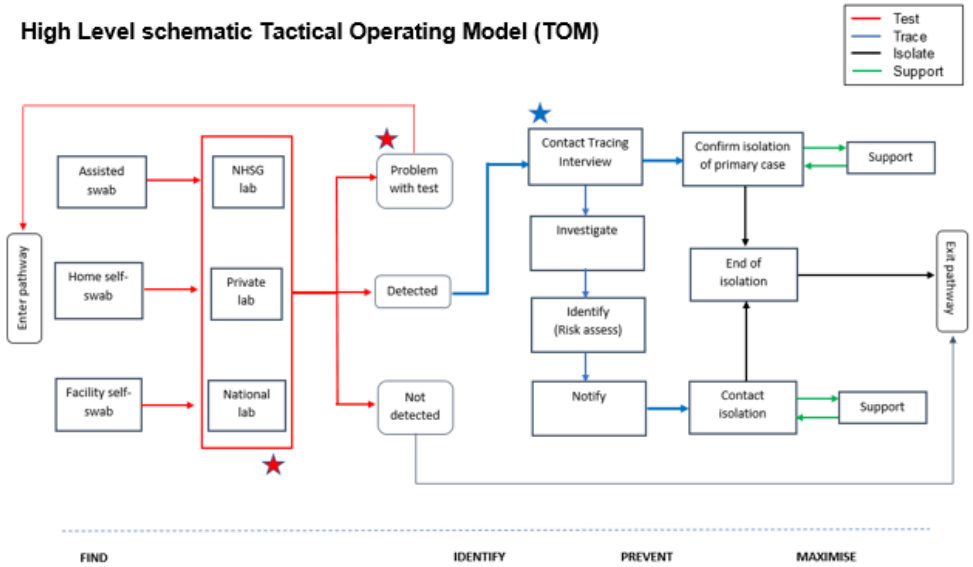
Intent. Develop and deliver a set of Tactical Objectives(TO) in line with the Test, Trace, Isolate and Support functions that are data informed and driven by flexible demand and capacity

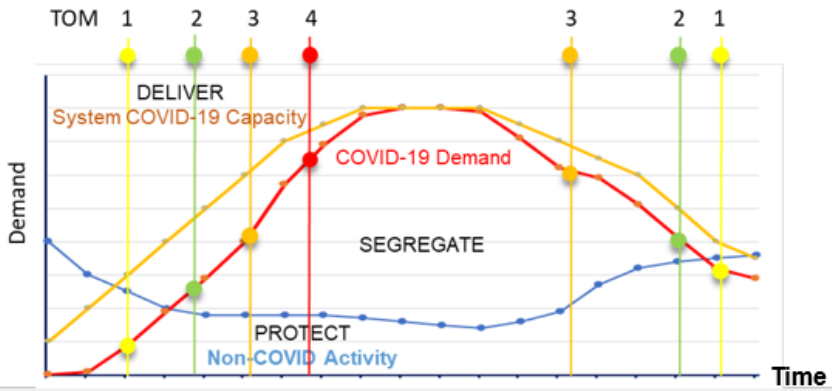
- **Test.** FIND as many COVID+ve individuals as possible within Grampian through a scalable 3-phased approach.
- **Trace.** FIND and IDENTIFY as many contacts who have the potential to infect others (TRACE).
- **Isolate.** PREVENT onwards transmission through establishing a close working approach with local Partners to ISOLATE thnn
- **Support.** MAXIMISE the effectiveness of prevention measures through adaptable SUPPORT.

Requirements for Success

- Establish a testing strategy that can rapidly build upon the existing NHS testing foundations.
- Utilise the local and national testing data and system intelligence to coordinate a staged allocation of resources against the TOM.
- Establish and develop a trained Contact Tracing pool to rapidly identify persons and environmental settings.
- Assess the level of risk to contacts to determine appropriate next steps.
- Build and maintain effective communication pathways to support decision making, and facilitate continued preventative actions are being taken by individuals and organisations.

High Level schematic Tactical Operating Model (TOM)





Critical Capabilities	Critical Requirements	Critical Vulnerabilities
• Workforce skills / intelligence •	• Sufficient resources • Effective communication and data • Resilient data pathways • Community engagement	• Workforce Availability • Epidemic uncertainty • Sufficient resources • System agility

12. Transport – Providing Access to Services

As part of the response to the COVID-19 pandemic, NHS Grampian and the Scottish Ambulance Service (SAS) in the North Division, along with THInC (Grampian's Transport to Health and Social Care Information Centre) and partners have worked collaboratively to ensure safe and timely movement of patients (COVID-19 and Non-COVID-19) to the most appropriate place of care which optimises outcomes. Primarily this has been to reduce pressures on the SAS, allowing them to focus on those that most need their specialist care and assistance. A wide range of measures have been put in place to facilitate timely and safe access to unscheduled and critical scheduled services (outpatient, daycase and inpatient) within the acute hospital and community/primary care settings across Grampian.

A key focus of collaboration has been:

- Creating alterative options to release SAS routine and urgent patient transport services and reduce the burden on SAS which has allowed patients to safely access urgent face to face outpatient and daycase appointments/treatments within the COVID Community Hubs and hospital setting. This has been delivered in line with national guidelines to ensure safe transportation from both the patient and the driver's perspective and mitigate risk of spread of COVID-19. Examples are individuals accessing urgent hospital outpatient/daycase treatments such as cancer treatments, dialysis, mental health services, access to/from home from COVID Community Hubs and discharge from acute hospital setting. This has supported SAS to protect and redeploy capacity during the COVID response.
- Redesigning pathways of care to safely maintain care within the home or community by providing care remotely using technology where clinically appropriate, provision of decision support and enhanced infrastructure to deliver this. Key areas of focus have been vulnerable/shielded populations, palliative and end of life care and supporting care home teams.
- Utilising the skills and resources of the three Local Authorities in Grampian. In particular the Aberdeenshire Council staffed contact centre called THInC as a point of access for all non SAS required transport requirements. SAS and THiNC are linked at control centre level to direct patients to the appropriate transport pathway.
- SAS utilisation of the third sector, such as the British Red Cross to undertake low acuity transportation.
- Establishing a Transport Administration Team as a central point for all patient transport requirements for the Acute Sector, supporting patient booking and liaison with either SAS or THInC based on the patient needs.
- Putting in place transport solutions to support the timely movement of staff, equipment, tests and medications to support the redesign of pathways (as indicated above).
- Working with SAS and other Boards in the NoS to ensure responsive COVID-19/Non-COVID-19 inter-hospital transfers within and outwith the region.
- Provision of professional to professional advice line for SAS colleagues to provide an option to discuss alternative pathways of care allowing the patient to be cared for in home and preventing unnecessary hospital admission, where clinically safe to do so.
- Shared modelling assumptions and ensuring respective escalation/surge plans complement each other to support a joined-up response.

- Clarity of transport requirements (SAS/non-SAS) in support of the COVID-19 pathway.
- Monitoring, sharing and reviewing data and intelligence to inform and support development of alternative transport pathways of care.
- Deploying a NHS Grampian planning staff member with SAS to support timely communication and pathway flows, along with more timely resolution of issues as they arise.
- Hospital Ambulance Liaison Officer (HALO) based in Dr Grays, organising transport and intra-hospital transfers via both scheduled and unscheduled care, linking between SAS and NHS Grampian to support communication and data collation.
- Ensuring robust mechanisms are in place to support joined-up thinking, mitigation of risk, decision making and monitoring i.e. Clinical Board, Tactical and Operational Groups, and Joint Transport Groups.

As part of the next phase of living with COVID-19, NHS Grampian will continue to work jointly with SAS and other partners to build on the learning and continue to embed and maintain sustainable and responsive transport (SAS/Non-SAS) models which:

- Effectively responds to the ongoing demand for COVID-19, along with any future peaks with the focus of ensuring models are safe for both the patient and the individual/teams transferring the patient, in line with national guidance and evidence.
- Responds to the phased stepping-up of non-COVID care/services (North East and NoS) within the hospital and community setting based on clinical prioritisation as set out within this plan. We will continue to build on the excellent redesign work to ensure patients only access face to face care when clinically appropriate to do so, and put in place alternative mechanisms as appropriate.
- Ensures patients access the most appropriate specialist care in a timely manner to maximise clinical outcomes – work is underway with other Health Board areas to consider how this could be further enhanced which would have positive outcomes for patients but also reduce journey times for SAS.
- Ensures SAS capacity is protected to focus delivery on high acuity of care required with sustainable alternatives in place for low acuity and equitable access for those individuals who have no or limited options for transportation to access health and care services.
- Monitors impact, unintended consequences and risks and put in place appropriate responses to manage these – key will be the ongoing links via HALO and continued joint working.
- Activates as required the phased escalation response in relation to any surges in activity due to COVID-19 (or another incident) to ensure responsive and prioritised movement of patients across the system.
- Continue joint monitoring and decision making of intelligence, clinical pathways/policies and associated risks via the Clinical Board which SAS is a member.

We will continue to review the assumptions in our re-mobilisation plan to support:

- A high proportion of care and treatment where clinically safe and appropriate to do so will continue to be delivered within the home/community environment.
- SAS A&E resources will continue to focus on high acuity of transfers.
- Continued requirement to maintain physical distancing, where reasonably possible, provision of PPE where not.
- Public behaviours, individual's health and social circumstances and safety guidance is likely to result in individual's ability to access public transport will be low.
- Where appropriate the normal should be for family/friends (as part of social distancing guidance/measures) will transport clinically well individuals, where this is not possible, non-SAS alternatives are accessible, with SAS focussed on critical frontline services.
- Recognising that previously the dependency some communities has on volunteer drivers to take community residents to and from healthcare will not be available for some time to come primarily due to social distancing, and generally the age profile of many of these volunteer drivers.

13. Financial Resources - COVID-19 Mobilisation Plans

Maintenance of sound financial governance and cost control is imperative when planning for and responding to the COVID-19 pandemic. Decision making needs to be rapid but within an effective control environment with escalation for further discussion and agreement as required. Health Boards and Integration Authorities have been asked by the Scottish Government to prepare mobilisation plans detailing how they are dealing with the impact on health and social care of the COVID-19 pandemic.

These plans are continually being reviewed as the pandemic develops and the NHS Grampian is required to report weekly to the Scottish Government on the updated financial impact of the plans. As part of the monitoring there is a requirement to report what decisions have been made locally, highlighting any decisions with a financial impact of more than £0.75 million as these require to be approved by the Scottish Government before they can proceed. Further work is underway between the Scottish Government and Boards on due diligence and to allow funding to be allocated.

COVID-19 related activity has stabilised across Scotland with Grampian seeing a levelling followed by a reduction in demand both for general beds and ICU capacity. NHS Grampian is now required to consider options relating to capacity which is not required for COVID-19 activity at this stage.

The Director of Finance has been working with the NHS Grampian System Leadership Team (including all the Chief Finance Officers of the IJBs) to discuss their mobilisation plans and the stages of implementation reached. All areas have been asked to undertake the following:

- Review local plans based on the current bed modelling being undertaken;
- Consider the options to pause or continue any of the plans currently being implemented or not yet progressed; and
- Ensure that, for those plans that are live, the resources are being optimally utilised.

These review meetings will continue as a matter of routine and will form a key element of financial governance.

Financial Impact of COVID-19

NHS Grampian has submitted regular financial returns to the Scottish Government. These include both modelled and some actual costs. The actual costs for 2019/20 were £1.096 million with Scottish Government providing a funding allocation meet these costs. Most of the cost elements for 2020/21 are still estimated at a high level and will be refined through time as actual costs are captured. It is also vital to capture the effect of the pandemic on ongoing costs and to assess where other costs have reduced i.e. slippage on investments and reduction in elective surgery.

Estimated costs for NHS Grampian in 2020/21 currently stand at £54.8 million. £20.8 million of this cost relates to services directly managed by NHS Grampian. £34.0 million of the costs relates to services delegated to the three IJBs, which include costs for social care services. The totals for each IJB are £15.1 million for Aberdeen City, £13.4 million for Aberdeenshire and £5.5 million for Moray.

A summary of the key areas which will influence actual spend are as follows:

- **Additional cost of externally provided services** – This is an estimate of the additional costs to external providers to cover the increased costs for PPE, staff sickness, increased recruitment costs, agency workers, and other costs as resulting from COVID-19.
- **Acute Beds** – These costs are currently being modelled on a higher level of ITU beds for the year and a number of general COVID-19 beds being sustained for a period of time. Work continues to understand the bed requirements going forward.
- **Delayed Discharge Reduction** – These costs are those associated with relocating existing and expected future delayed patients to release capacity in acute hospitals. Costs will include the provision of additional care home beds, care at home costs and other support costs to avoid delays.
- **Temporary and Supplementary Staffing Costs** – The numbers of returners, student nurses and medics is in the process of being finalised and the cost established.
- **Payments to GP Practices -** Scottish Government has already agreed some additional funding for GP practices remaining open over Easter.
- **Loss of Income** – due to downturn in catering and retail income, together with deferral of planned increases to social care charges.
- **Expected Underachievement of Savings** – when budgets were set, NHS Grampian and the IJBs all had challenging cost reduction programmes that had to be delivered to meet financial balance. With the focus on COVID-19, a significant proportion of these planned savings are unlikely to be met.

It should be noted that our current estimated costs do not include any allowance for the potential costs of the Test Trace Isolate & Support (TTIS) programme. These costs are potentially significant. We will continue to work with Scottish Government and Board colleagues to develop the costing methodology to ensure a consistent and accurate presentation of COVID-19 related spend compared to available resources. This will include review of resources that are now not being utilised.