Version Submitted to Scottish Government on 31 July 2020

Board Meeting
01 10 20
Open Session
Item 6.0

Grampian Re-Mobilisation Plan (Part One - Draft)

Re-mobilise, Recover, Re-design:
The Framework for NHS Scotland

August 2020 to March 2022

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

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Preface

Welcome to our Re-Mobilisation Plan covering the period to March 2022. This sets out the next phase of our response to living with COVID-19, planning for the immediate challenges of winter and setting out our ambitions to meet the strategic objectives that we agreed within our Clinical Strategy. This Plan builds on the foundations laid out in our previous plans to manage the outbreak (March 2020) and initial re-mobilisation (May 2020). It also sets out how we are addressing the requirements and guidance set out in the letter from the Scottish Government Health and Social Care Directorates and the three core tasks set out in the Framework for NHS Scotland

- Moving to deliver as many of its normal services as possible, as safely as possible;
- Ensuring we have the capacity that is necessary to deal with the continuing presence of COVID-19
- Preparing the health and care services for the winter season, including replenishing stockpiles and readying services

We would like to thank everyone who has contributed to this document and have set out below an overview of the structure of our Plan.

Part One

Executive Summary – setting out the whole system partnership approach, your role, our commitment to engagement with you and the outcome and objectives we will achieve together

Governance, Leadership and Culture – describing the role of the Board in taking responsibility with our partners for overseeing the implementation of the plan, how everyone has an important role to play and the commitment given to a culture which is inclusive, supportive and empowering

Tactical Operating Model and Surge Plan – describing our approach to responding to the challenges that could present in the next period, how we will adapt and respond through a comprehensive system of risk assessment and prioritisation, proactive use of data and intelligence and converting unscheduled to scheduled care – Operation Home First

Assumptions, Scenarios, Resources and Risks – setting out the key assumptions within our planning, the scenarios we will use to prepare and test our plan and the resources we anticipate requiring and our understanding of the risks that may present and our plans to mitigate these or reduce their impact

Part Two

Detailed Tactical Service Plans

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- Whole System Approach to Re-Mobilising Planned Care
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- Communication and Engagement

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

Executive Summary

1. Executive Summary

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 and first phase of our re-mobilisation plan taking us up to end of July 2020. Our priority with our partners is to seek the opportunity for more innovation and reform, whilst at the same time adapting to "living with COVID-19" and supporting the phases of the Scottish Government route map and creating stabilisation and resilience of health and care services to meet population needs, with a focus on the period up until end of March 2022. This document supports our phased transition to rebuild and redesign health and social care services over the next 12-24 months.

Our local approach has and will continue to be led by and delivered within our well-established, multiagency partnerships. It is an approach that will need to be maintained for the long term and refined as we continue to understand more about this new disease. 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 Grampian.

We have an important role to play

In working with our key partners, we will:

- Utilise the specialist skills, capability and expertise available to us from across Grampian and ensure that this is appropriately resourced. This may include additional capacity and mutual aid between partners and neighbouring local authorities, regional health boards and national services where necessary.
- Provide clarity so that individual and collective responsibilities for the delivery of the Plan are clear.
- Ensure our local multiagency system is connected as appropriate to regional and national infrastructure. Where possible our responses and support will be consistent across Grampian whilst being flexible enough to adapt to specific circumstances / settings.
- Engage with communities and stakeholders to build confidence in the proactive and reactive nature of our plan. This will include ongoing opportunities for feedback, learning and continued improvement.
- Fully utilise our health protection and emergency response arrangements to ensure that we can respond to any future outbreaks quickly and to minimise the risk to the population, our staff or disruption to the wider economy.
- Have a shared and focused commitment to targeting our joint resources to the areas of the population of the highest priority, supporting vulnerable individuals and reducing inequalities.

It is our intent that within this plan we commit not only to responding to the health and social care requirements for the immediate future but also reset our commitment to the vision and values within our clinical strategy and longer term goals of improving health outcomes and reducing inequalities

Our Strategic Intent for 2020-2022

Our Vision is to improve population health and well-being through collaboration and enablement to support the sustainable delivery of the right care, in the right place and at the right time which minimises harm.

Over the next 18-24 months we will focus our efforts on:

1. The provision of healthcare environments that **minimise the risk to staff, patients and the public.**
2. Continuing to provide protected and critical, clinical and non-clinical services.
3. Delivering integrated whole system care which responds to need and changing situations via our Tactical Operating Model
4. Increasing the volume of health service delivery, focussed on clinical priority, improving medium and long term health outcomes and ensuring patient safety.
5. Keeping staff safe and maximising their wellbeing
6. Learning from the COVID-19 period and reset and rebuild the NHS Grampian system with the public, our partners and our staff.
7. Ensuring whole system pathways of care
8. Planning, enabling ad delivering the wider determinants of population health
9. Ensuring comprehensive and ongoing engagement with our staff, partners and the public

We will deliver these through our shared values

We will do this by:

Enabling our staff to work together with our multi-agency partners, specifically the three Integration Joint Boards, as part of a whole system approach to transform care by shifting unscheduled to planned care and from planned to self-management and prevention which will support delivery of the following shared outcomes.

- **Fair outcomes for all**
- **Achieve and maintain good health**
- **Sustainable, safe and effective care**
- **Care at the right time and in the right place as close to home as safe to do so**
- **Responsive planned care**
- **Death with dignity**
- **Positive experience of receiving and delivering care**

You have an important role to play

As a member of the public you can help by making sure you know the latest advice and following the basic steps – washing your hands often, social distancing, and wearing your face covering where you can't maintain distance.

You can find more information on our COVID-19 page on the NHS Grampian website. If you are part of a business, voluntary or community group, make the most of our resources that help you to keep yourself, your employees, and members of the public safe. Signpost others to these resources too and share them on social media where you can.

Be familiar with what to do when you or someone you know has symptoms. Share our basic advice on what to do about self-isolating, getting tested or being a close contact with others where you can. If you or someone you know might need extra help while they are self-isolating, use our website to find a list of local and national support offers.

We will support you to:

- Know what to do if someone becomes unwell with COVID-19 symptoms
- Access resources to support places to operate safely
- Tell us what's working well and where there is room for improvement.

If you are worried that you cannot get the help you need, please use our Know Who to Turn to guide available at:

https://covid19.nhsgrampian.org/wp-content/uploads/2020/05/KWTTT-During-Lockdown.pdf

Unlocking the power of partnership working

The approach and key priorities within this document have been informed through significant support and engagement and a commitment to learning from our experiences during the initial response to COVID-19

Consultation and engagement

This plan is based on a comprehensive engagement and consultation across our key partners, including

- Our Board and the three Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray)
- Our system leadership team and system leaders across the North East through a series of facilitated sessions which also included colleagues from the Scottish Ambulance Service, Third Sector and the North of Scotland Planning Group
- The three local authorities - Aberdeen City, Aberdeenshire and Moray
- Area Clinical Forum (ACF), Clinical Board and Area Partnership Forum (APF) representing our professional, advisory and staff side partnership within NHS Grampian
- A series of staff and patient representative focus groups

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 (LRP) who have provided invaluable support, resources and advice during the initial COVID-19 response and in planning for re-mobilisation. 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.

Learning through recovery

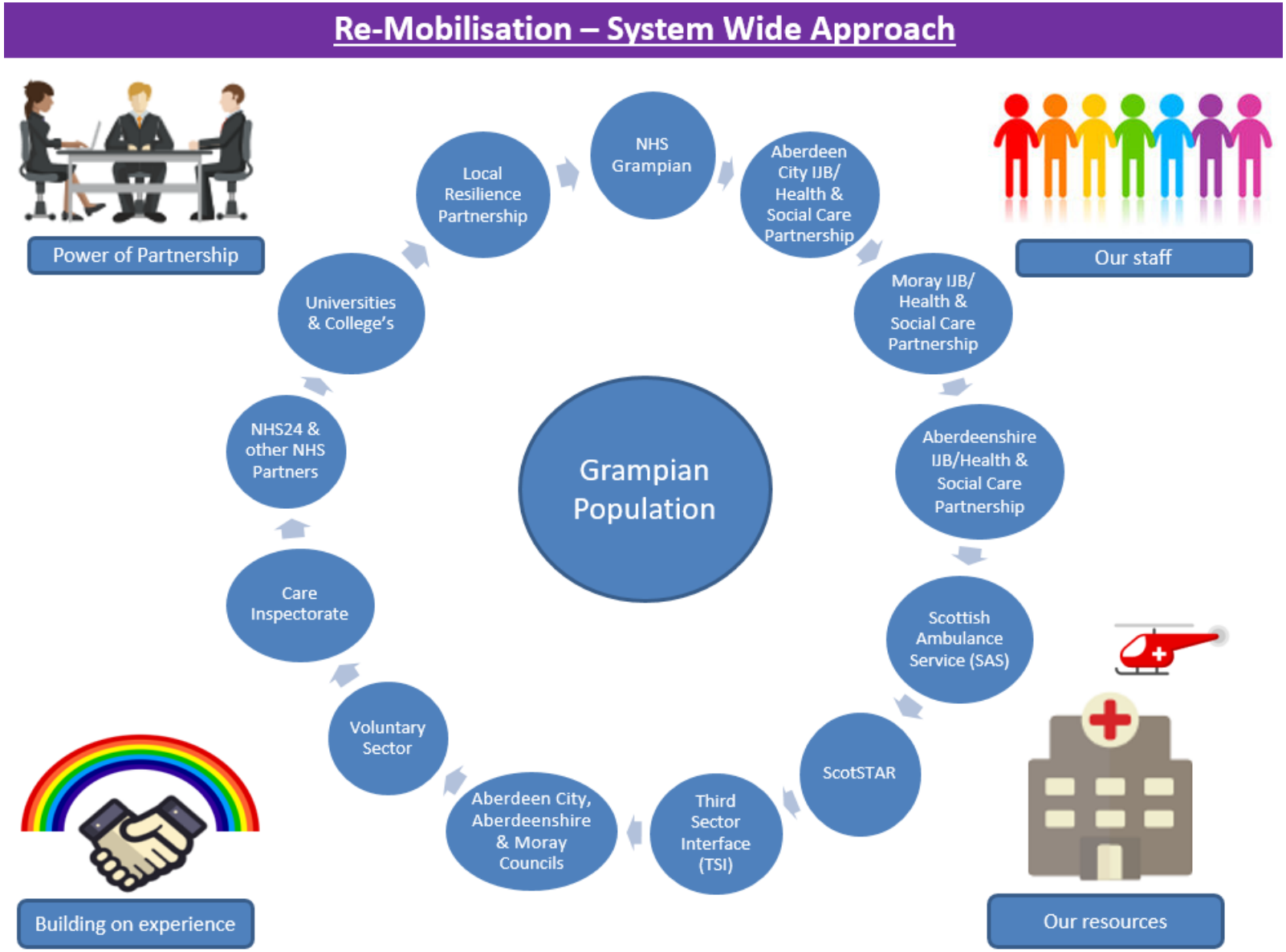
In developing this plan and the next phase of our response we established a comprehensive programme using staff from across Grampian to:

- Enhance our understanding of the overall high level Recovery picture.
- Identify and eliminate any areas of duplication.
- Advise & steer areas for collective priority.
- Anticipate any unintended consequences

The work that has been undertaken by a diverse and wide group of our staff focused on a number of key areas

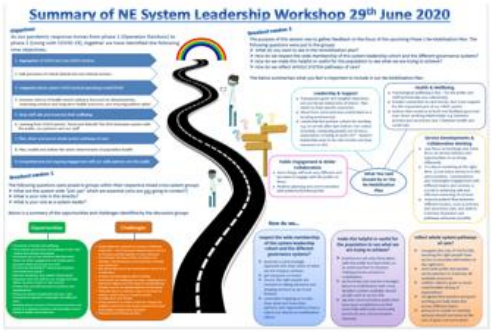
- Learning and Recovery
- Understanding the health impact of COVID-19
- The critical importance of supporting staff now and in the future
- The key enablers for a successful reset and rebuilding phase

The outputs and feedback from the Recovery Cell have been key to the development of this plan.


Re-Mobilisation – System Wide Approach
Power of Partnership
Our staff
Grampian Population
NHS Grampian
Aberdeen City IJB/ Health & Social Care Partnership
Moray IJB/ Health & Social Care Partnership
Aberdeenshire IJB/Health & Social Care Partnership
Scottish Ambulance Service (SAS)
ScotSTAR
Third Sector Interface (TSI)
Aberdeen City, Aberdeenshire & Moray Councils
Voluntary Sector
Care Inspectorate
NHS24 & other NHS Partners
Universities & College's
Local Resilience Partnership
Building on experience
Our resources

Consultation and engagement

Using the technological capabilities of Microsoft Teams, the plan has been developed through a series of presentation and feedback sessions and sharing of the draft versions of the plan over the last four weeks. The diagram below summarises the journey of consultation that we have followed



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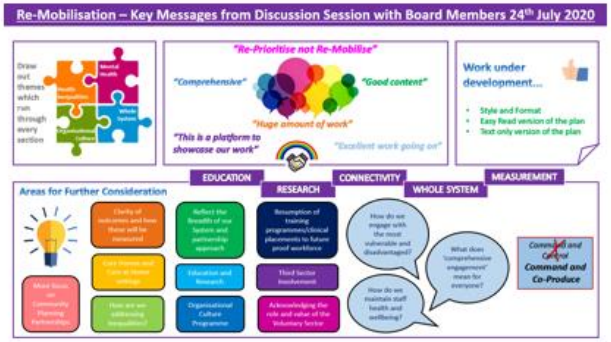


Recovery cell

Supporting staff – initial feedback

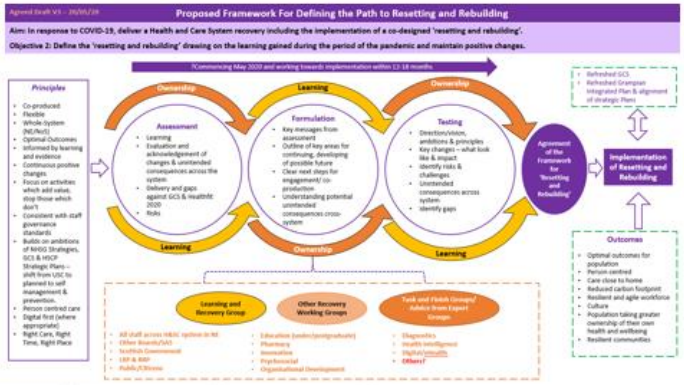
- Sharing and learning
- Importance of mutual aid and collaboration
- Investment in staff health and well being and development
- Retaining and building on support mechanisms
- Understanding and responding to staff experience

Learning – initial feedback

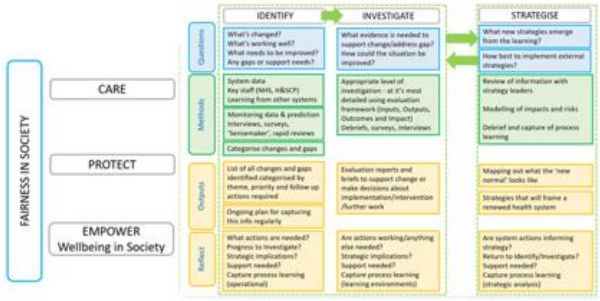
- Supporting vulnerable Sub-Groups: Children & Young People, Shielding, Care Homes, Respite Care and Care at Home
- Community engagement, respite care
- Resilience Response

Reset and Rebuild – initial feedback

- Defining the route map for remobilisation and build on extensive engagement
- Committing to priorities – self management, community resilience, health equity and reducing inequalities and mental health and well being



Learning response framework

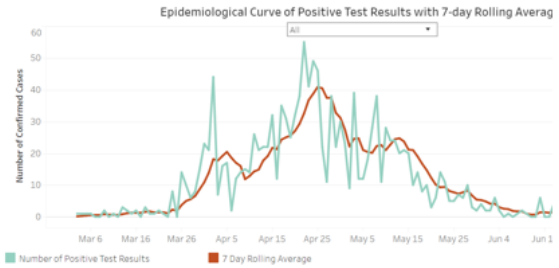


Understanding health impact – initial feedback

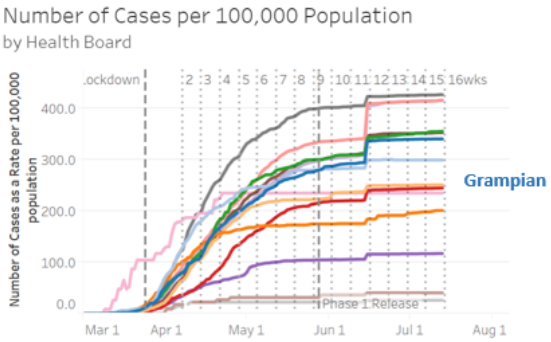
- Completed comprehensive statement of missed activity
- Horizon Scanning
- Enhanced surveillance and outbreak risk data visualization,

Managed the outbreak

Through taking action together we have reduced the number of positive tests



We had the lowest incidence of COVID-19 of the large NHS Boards



What we achieved working together

15,000
Higher risk people offered support through national shielding programme

970,000
Items of PPE delivered to key workers across Grampian

85,000
Number of appointments conducted using digital technology

1,300
Number of meals and food parcels delivered

2,100
Number of children supported in Grampian Schools and Hubs

1,200
Number of additional staff recruited to support the COVID-19 response

NHS SCOTLAND TEST&PROTECT

9,000
Key workers and staff tested

3,000
Care Home residents and patients tested

Preparing for the future

Based on the following key principles

- Minimising harm to the public, our staff and patients
- Decisions will be evidence based and prioritised
- Staff and Public Health and Wellbeing will be a priority
- Remaining agile, responsive and innovative
- Transforming unscheduled to scheduled care
- Equity and Fairness across the whole population

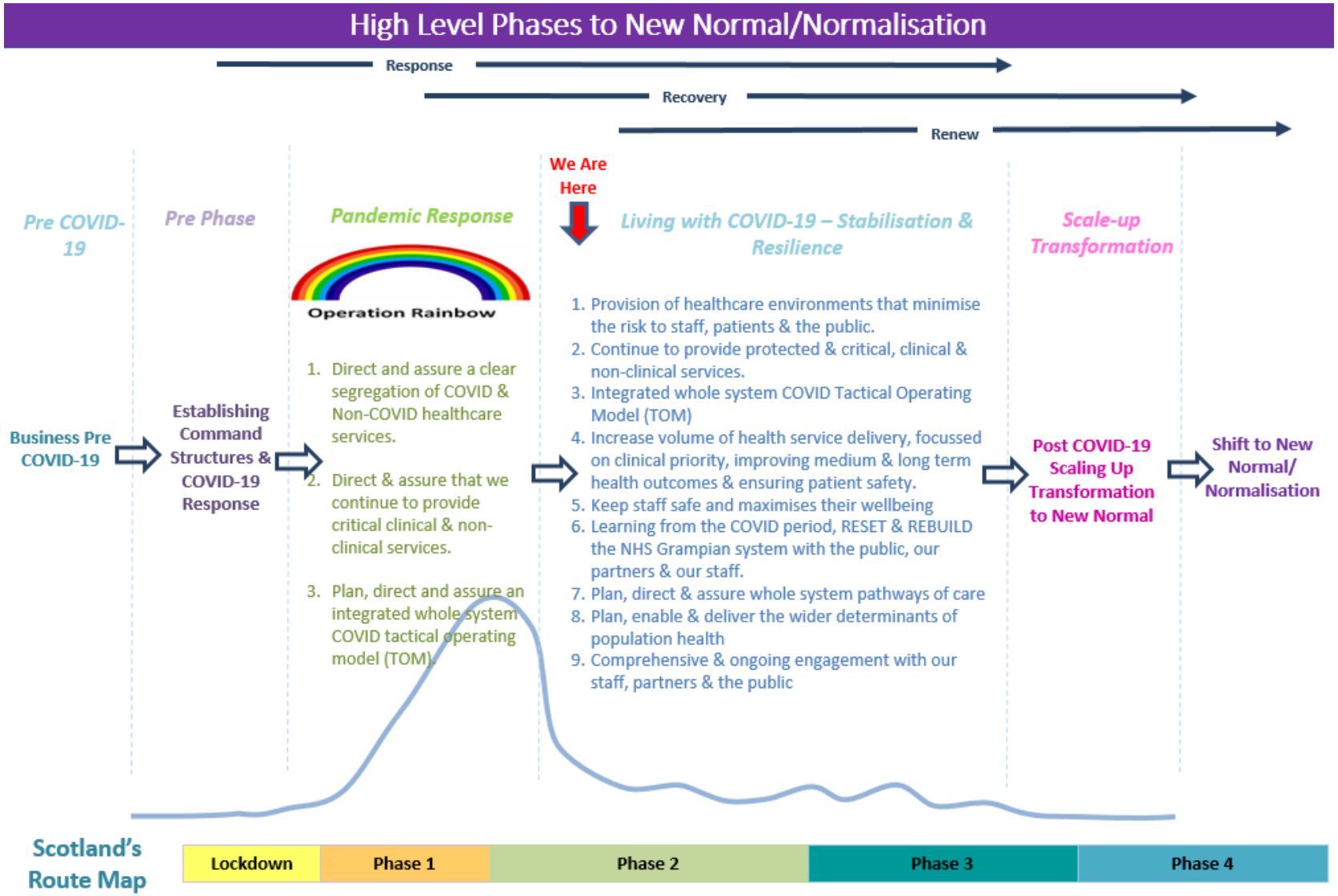
With your support and our collective commitment to a whole system partnership - we will move forward and re-mobilise together

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.

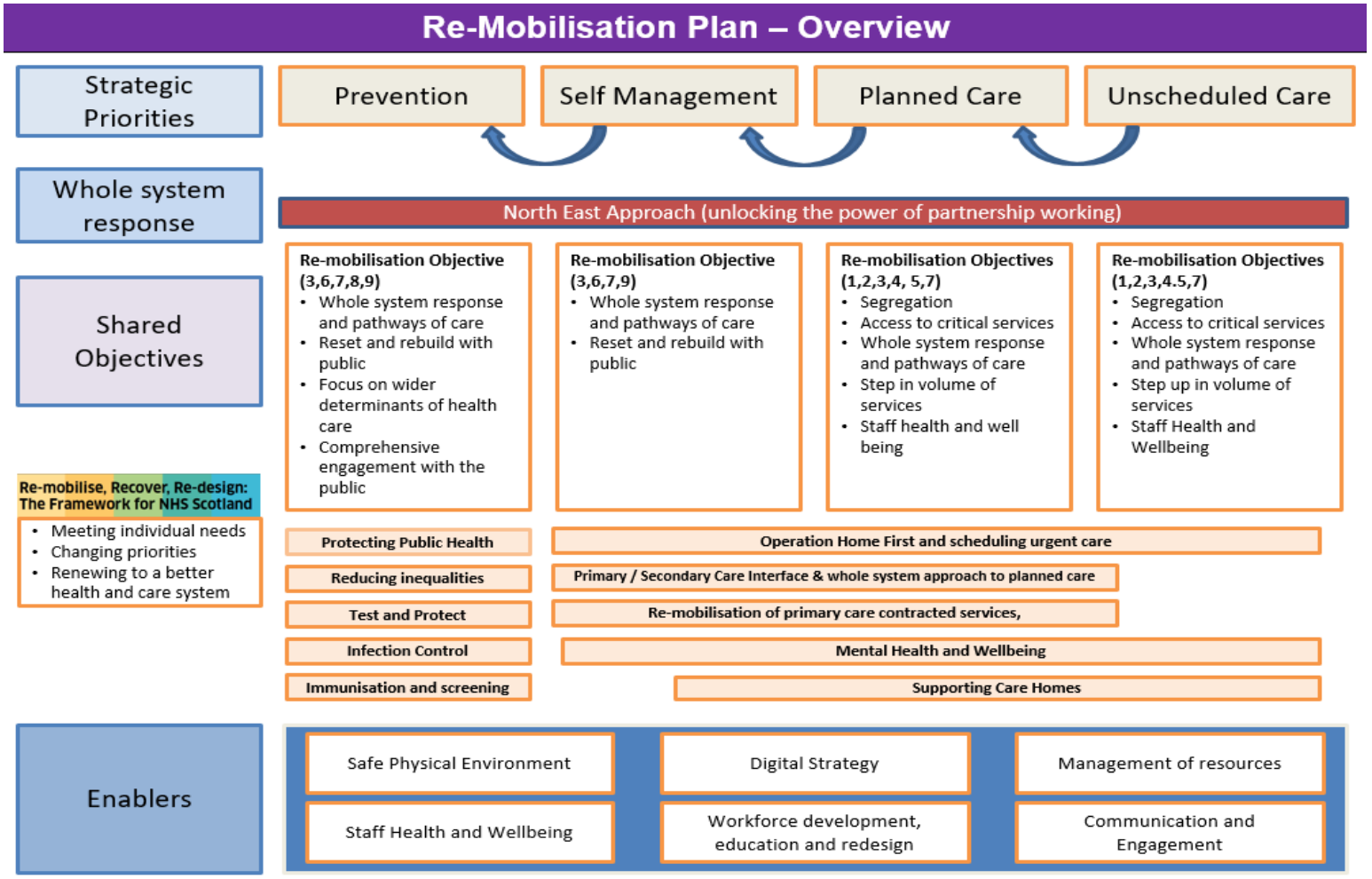
- **Pre-Phase: Establishing Structures and COVID-19 Pandemic Response**
- **Phase 1: Operation Rainbow (Response to COVID-19 Pandemic)**
- **Phase 2: Living with COVID-19 – Stabilisation & Resilience**
- **Phase 3: Post COVID-19 – Scaling Up Transformation to New Normal**
- **Delivery of New Normal/Normalisation**

This Plan has been created in full understanding and coordination with Scotland's Coronavirus (COVID-19): Framework for Decision Making (May 2020) and sets out our cross-system and multi-agency response.

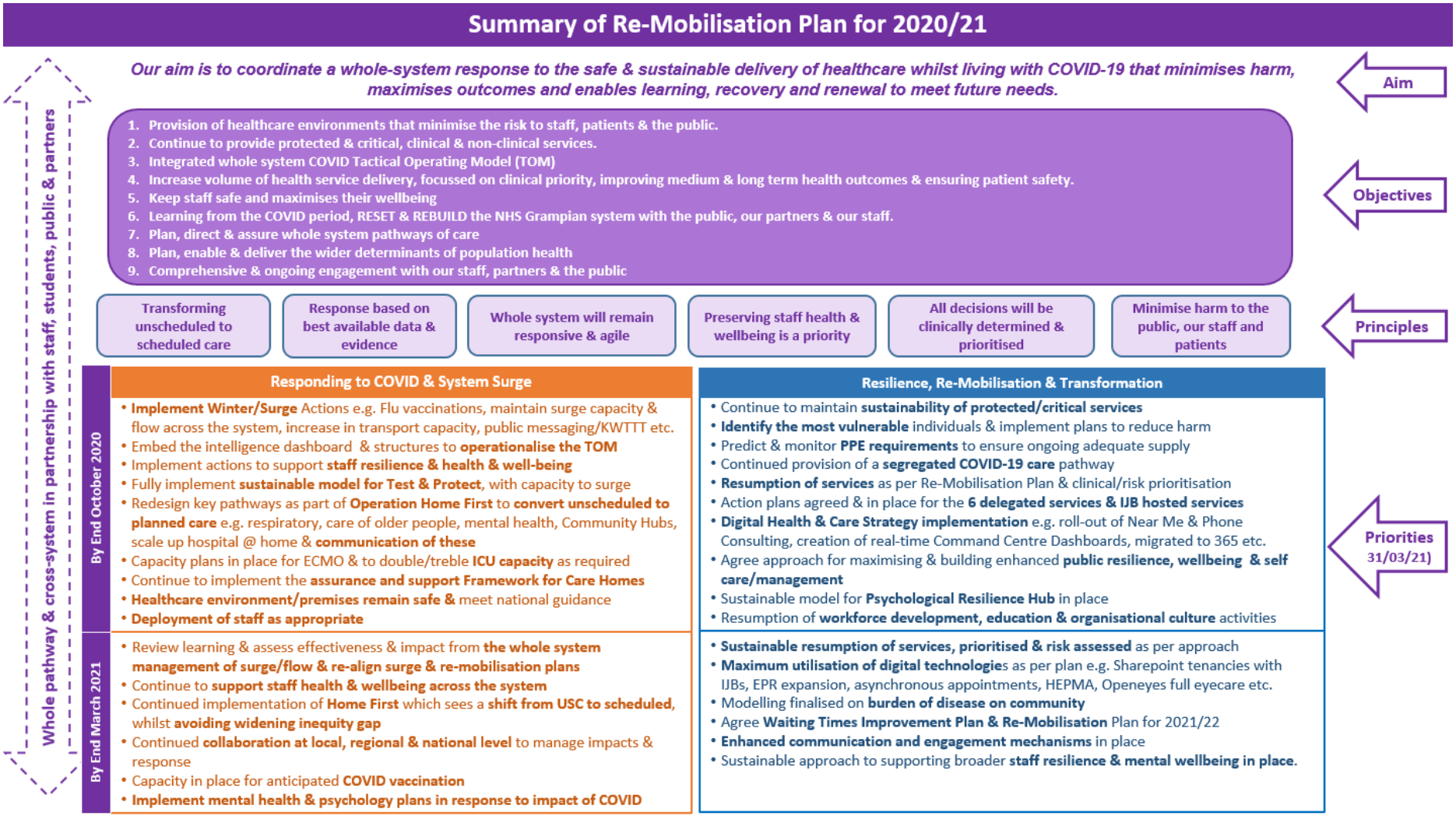


3. Our Plan, Objectives and Milestones

This Plan has been prepared to both set out how the next phase of our re-mobilisation will be aligned to our strategic priorities and shared objectives and respond to the specific requirements set out in the letter from the Scottish Government Health and Social Care Directorate. This plan sets out our whole system approach to re-mobilisation and an increasing emphasis on prevention, self-management and planned care.



Objective and Outcomes



Key Milestones – how we will measure progress

Achievements - End July	By 31st October 2020	By 31st March 2021	By 31st March 2022
Against Phase 1 Re-Mobilisation Plan • Test & Protect Teams established & additional capacity implemented • Testing in place for key health & social care staff (including Care Homes) • ESCAT 1/Cancer Backlog Cleared • Plan agreed for responding to estimated impact of COVID on mental health • Weekly meetings & assurance/support Framework in place for Care Homes • 1,500 additional IT devices prioritised & circulated to staff • Three addition al Urgent Dental Care Centres opened • Operation Home First Framework developed • E-prescribing pilot commenced • IVF services re-mobilised as per plan • Increased capacity for psychological therapies	• Additional surge/winter capacity & plans in place to support Tactical Operating Model • Test & Protect fully implemented - sustainable models in place • Staff Testing at 90% for Care Homes & key H&SC staff groups as per national guidance • Risk assessments undertaken to identify the most vulnerable individuals with plans in place to provide support as required • Implementation of Operation Home First Framework – scale-up Hospital @ Home, cross-system action plans in place & being implemented for the 6 delegated services, implementation of key pathways to shift unscheduled care to scheduled • Local Community Hubs roles expanded to include new Investigation hubs • Locality multi-disciplinary Teams aligned to Care Homes • Agree approach for maximising & building on opportunities for enhanced public resilience, wellbeing & self care/management • General Practice Capacity Challenge Escalation Plan Level 2: suspension of non-core services' is reduced to level 1 • Remobilisation of general dental services in line with Scotland's COVID-19 route map • Optometry resume routine eye examinations & dispensing • Re-mobilisation of screening & immunisation programmes • Implement re-mobilisation plan for elective/cancer services • Complete cross-system Older Adult Mental Health & Mental Health Unscheduled Care reviews • Sustainable model for Psychological Resilience Hub in place • Agree refreshed Waiting Times Improvement Plan 2020/21 • Healthcare environment/premises meet national guidance • Continue to support staff health & wellbeing across the system • Resumption of workforce development opportunities • Workstreams to support organisational culture resumed • Educational recovery plan and champions/co-ordinators in place for all learning areas • Digital Health & Care Strategy implementation e.g. roll-out of Near Me & Phone Consulting, creation of real-time Command Centre Dashboards, migrated to 365 etc. • Agreed Transport Capacity Plan to support phased resumption of services, new models of care/Home First & surge/winter TOM • Enhanced communication and engagement mechanisms in place	• Successful management of surge/ flow across the whole system over the winter period • Implementation of Operation Home First Framework - community locations provide phlebotomy services, embed sustainable workforce model for Hospital @ Home, demonstrable shift from USC to scheduled care • Modelling finalised on burden of disease on community • Evidence of positive support to avoid inequity gaps widening • Mechanisms for enhanced communication/engagement implemented • Re-mobilisation & introduction of non-essential services as deemed safe to do so • Transport Plan supports sustainable models of care/flow • Digital Health & Care Strategy implementation i.e. Near Me, remote monitoring & consulting, Sharepoint tenancies with IJBs, EPR in Mental Health specialties, School nursing system, Asynchronous appointments, HEPMA, Openeyes full eyecare solution & digitalisation of community records • Embed psychological pathways of care including mental health wards & perinatal care • Easily accessible psychology services for staff • Educational Recovery Plan expanded & staff training re-established via blended delivery • Deliver Waiting Times Improvement Plan for 2020/21 & agree plan for 2021/22 • Sustainable approach to supporting broader staff resilience & mental wellbeing in place. • Staff have taken annual leave in line with local/ national policy • Organisational Development Plan for system recovery implemented & impact assessed. • Re-mobilisation Plan developed in partnership for 2021/22	• Successful management of surge/ flow across the whole system • Re-mobilisation of all non-essential services as prioritised & deemed safe to do so • Digital and Healthcare Strategy – Implementation of CarePortal, EPR, upgrade Wi-Fi & others • Transport - shared data analysis & work with partners to facilitate access to community & mental health pathways • General Dental Services - early adopter Enhanced Domiciliary Dental Service for care home residents. • Optometry - implement new and effective ways for community optometry & ophthalmology to work together to meet needs • Community Pharmacy - digitising outpatient prescriptions & vaccination transformation • Home First - reviewing service capacity to continue/ extend/ roll out new ways of working & embed models consistently, respecting H&SCPs differences, evaluate the set aside budgets • Deliver Waiting Times Improvement Plan for 2021/22 • Educational recovery embedded supported by innovation/technology & governance in place • Implement the Mental Health & Learning Disabilities Services Strategic Transformation • Equitable access to various levels of psychological treatment for patients and staff • Staff health, safety and wellbeing monitored as part of culture baseline. • Healthy Working Lives at Silver or Gold maintained across all sectors - improved prevention & self-management. • iMatter recommenced & outcomes triangulated with other forms of data to inform culture. • People & culture KPIs in place & dashboard supports analysis of system transformation • Ongoing system leadership is embedded.

Governance

2. Governance & Coordinated Decision Making in Partnership

Governance

The Grampian NHS Board agreed the governance arrangements that will formally be adopted during the period of the COVID-19 response at its Board meeting on 2 April 2020. Similarly, the Integration Joint Boards (IJBs) across Grampian adjusted their governance arrangements to support the whole system COVID-19 response. The revised governance arrangements reflected the requirements defined in the letter of 25 March 2020 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 all key decisions and provide support to the staff making these difficult decisions. The Board will act to enable 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 have used their skills and experience to provide support to the communities within Grampian and with which they are familiar.

The governance framework principles will reflect that community health and social care services are delegated to the IJBs and that the 3 IJBs will have responsibility for decisions on recovery locally; but that the overall strategic direction will be aligned with partnership working and delivery. At the Board meeting in June 2020, members reviewed the governance arrangements and made a number of changes which remained consistent with the above principles and set out a plan to return to the normal cycle of Board meetings and governance committees from 1 October 2020. In line with Scottish Government guidelines during COVID-19 the Board and its Committee will continue to meet virtually with all Board papers and minutes being published following each meeting. The Board remain committed to making our meetings more accessible to the public and to involve them in our planning for the future. A range of options are currently under review.

To inform and direct future planning, the Board, with the input of strategic partners, established a Short Life Working Group (SLWG) to reflect on the legacy of this acute COVID-19 period and to consider the medium to long term strategic vision for NHS Grampian. The SLWG is reporting to the Board in August 2020.

We would also wish to acknowledge the important role that the Local Resilience Partnership has and continues to play in supporting and co-ordinating the multi-agency approach to our planning now and for the future.

In terms of actions, we have committed to the following based on feedback received through the consultation phase for this plan

- North East System Wide Transformation Group will play a key role in co-ordinating the planning and implementation of our joint plans to re-mobilise and redesign. The Group comprises the NHS Grampian Chief Executive, Deputy Chief Executive, the three Local Authority Chief Executives and three Chief Officers and Finance Officers from the Health and Social Care Partnerships.
- Consideration will be given to reviewing the interaction of the governance arrangements across the Board and three Integration Joint Boards to determine how the assurances and reporting can be further aligned and developed in line with our whole system approach to remobilisation.
- The key partners are jointly committed to strengthening the resilience within our communities, improving access and reducing inequalities. Within the plan we have set out example of how these requirements are embedded in both the short and medium terms plans.

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 been 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

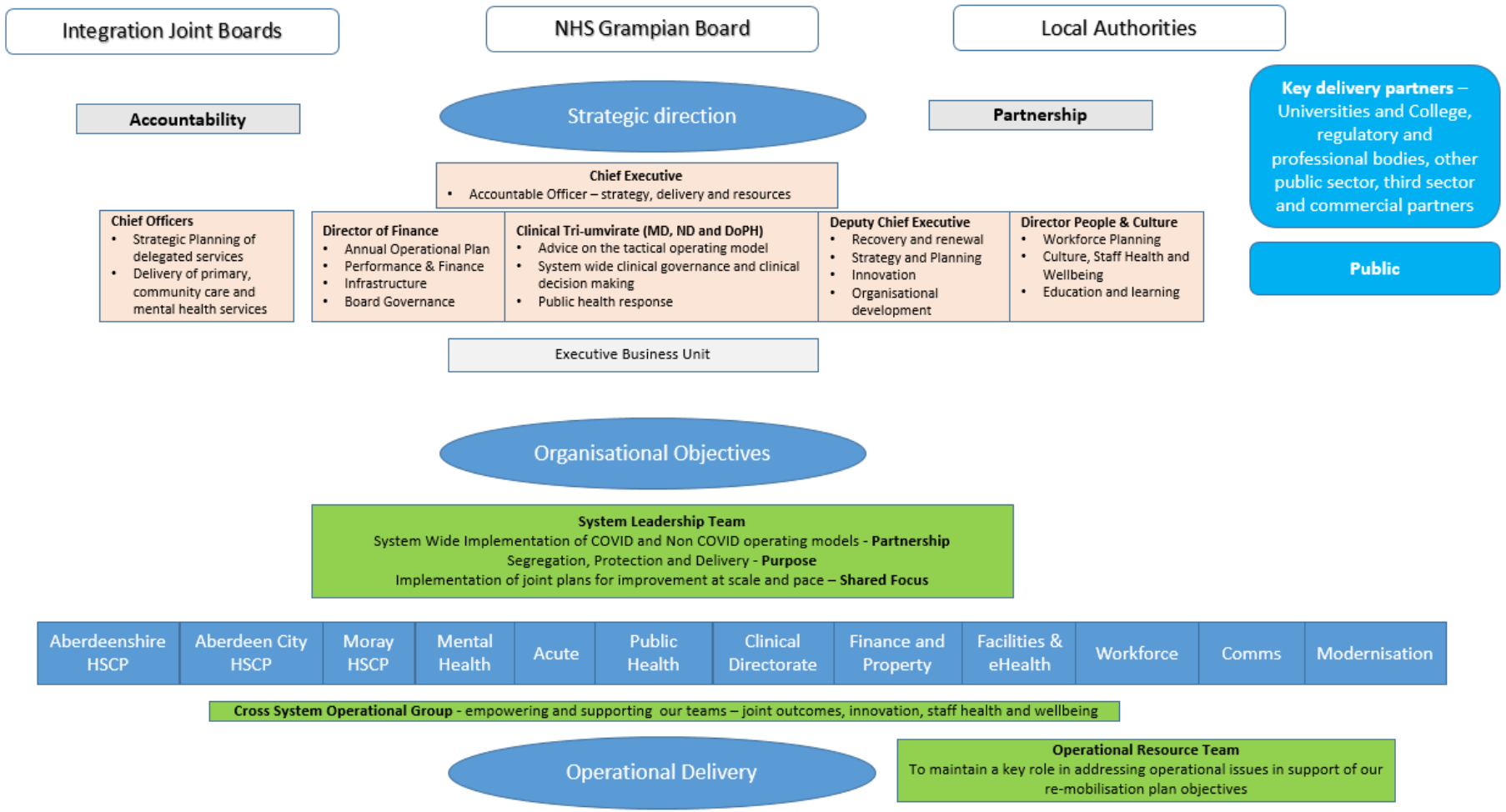
Our staff have been key to our response and their safety, wellbeing and health are our priority, alongside protecting our patients and public

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

Psychosocial hub established at the outset recognising the profound impact of the pandemic on the whole population

System Leadership

The organogram below sets out the high-level accountability and cross-system leadership structures at strategic, tactical and operational levels adopted during the COVID-19 period. This is under review -



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.

In this re-mobilisation plan and the previous plan to July 2020, 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 has, 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 Scotland's 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. Further work, examining aspects of implementation, on the objectives has been completed involving more than 130 people drawn from our system leadership cohort. These objectives informing the current plan are set out below:

Objectives	Our Commitment
Objective 1 - Direct and assure the provision of healthcare environments that minimise the risk to staff, patients & the public.	• 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 high quality person centred care.
Objective 2 - Direct and assure that we continue to provide protected and 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.

Objectives	Our Commitment
Objective 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.	• 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 maintaining the COVID-19 & Non-COVID-19 pathways of care. • Maximise appropriate use of digital technologies to support both patient and professional interactions.
Objective 5- Plan, direct and assure actions which keep staff safe and maximises their wellbeing	• Maintain our robust organisation delivery against the Staff Governance Standards • Ensure that there are rest facilities, system-wide, to comply with requirements for sleep, food prep, drinking water, rest away from the workplace • Proactively create opportunities for all staff and ensure that we deliver learning and development across the system to support the current and future workforce • 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 and build on the foundations and learning during the initial response phase
Objective 6 - Learning from the COVID-19 period, RESET and REBUILD the NHS Grampian system with the public, our partners and our staff[1].	• 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 health and wellbeing outcomes for the population and reduces inequalities • To co-produce our outcomes and service plans 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 maintain and increase resilience in our communities • Supporting the implementation of the plan through partnership and engagement across the Health and Social Care system which ensures cohesion and co-ordination whilst respecting the role of each element of 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

[1] 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
	• Plan and deliver mechanisms which enable practitioners from across the system to routinely undertake appropriate dialogue and 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 including the evaluation of the impact of the changes that have already been made to the delivery of health and social care
Objective 8 - Plan, enable and tackle the wider determinants of population health and inequality	• Work in a co-productive manner across the wider system including with our partners and citizens to plan and support the delivery of a comprehensive approach to self-management • Support the continuation and further development of outcomes which can achieved by communities using available resources • Work in a co-productive manner across the wider system including with our partners and citizens to plan and support delivery of an approach which allows people to maximise their own approach to the management and improvement of their physical and mental wellbeing • Support and enable the widest possible system approach which de-medicalises our society approach to many ills
Objective 9 – Plan and deliver comprehensive and ongoing engagement with our staff, partners and the public	Ensure that our staff, students, 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 • opportunities to maintain good health and wellbeing.

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. Underpinning above is a Communications and Engagement Plan (staff, the public and partners) which is being revised to reflect the specific requirements of the next phase. The details of our Communications and Engagement Plan are set out in Part 2 of our plan.

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.

Establishing the Right Culture

The challenges that our staff have faced in recent months have demonstrated beyond doubt their tremendous skills and experience. Kindness and humanity has underpinned their every action engendering the trust of patients and families in their care.

It has never been more important that as leaders and managers we establish a culture which is based on compassion to our staff, to our patients and to the wider population all of whom have faced moments of anxiety and uncertainty during an extremely difficult time.

Unlocking the power of partnership – Our AIM

One of the strengths of our approach to managing change has been the involvement of staff and it is important that as we move through the next phases we adopt the principles and values of our organisational change policy and Staff Governance Standards agreed with staff partnership. The application of these principles and values and commitment to partnership working will ensure consistency and fairness and assurance that everyone's health and wellbeing remains our priority. Our planning for future change will be underpinned by the following commitment:

A	We will adopt an **agile** approach to the remobilisation of services based on safety, segregation and evidence based prioritisation and decision making.
I	In line with the Staff Governance Standard and organisational change policy you will be **involved** in decisions affecting you and at the earliest stage.
M	Your contribution to changes in the way your team operates **matters** and we will encourage your support and active engagement in the redesign of services.

As we move to the next phase of re-mobilisation, the NHS Grampian Board and our key partners are committed to creating the right conditions for all our staff to be able to do what they know to be the right thing in planning for the future. We will listen to our staff and the public including those who are our patients to ensure that we understand the challenges they face and the steps they believe are necessary for us to take. Consistent with our core values of ***Caring, Listening and Improving*** we will continue to engage with our staff and maintain a safe environment in which they can share their feelings both positive and negative. Staff must be supported to express their fears, stresses, uncertainties, anxieties and exhaustion as well as their hopes, needs and vision of the future.

In committing to our AIM we have set out below the key milestones and objectives which will ensure that we meet our commitment to establishing the right culture and environment to support our Re-Mobilisation Plan and longer term strategic ambitions.

Key Milestones by 31st October 2020

- OD Plan for system recovery finalised, with leads and timescales agreed.
- Values-based system leadership and management development recommenced.
- Talent management approach, including Project Lift and Project Lift NE reviewed.
- Appraisal process recommenced across all staff groups.
- Readiness assessment for introduction of national whistleblowing standards completed.
- National pulse survey of staff experience, and culture survey required for Magnet accreditation complete.
- Staff thanks and recognition scheme elements developed in partnership continue to be implemented.
- Next steps for Sturrock SLWG agreed in light of Ministerial SLWG on Culture recommendations.

Key Milestones by 31st March 2021

- OD Plan for system recovery that is implemented will be assessed and any lessons and learning built into the plan for 2021/22
- System OD plans agreed to reflect 21/22 re-mobilisation plan.
- Culture parameters agreed in partnership and in conjunction with system partners.
- Cultural measurement approach developed, linked to iMatter and Magnet.
- 20/21 appraisal process complete for all staff cohorts.
- Preparation for local introduction of national whistleblowing policy complete.
- Blink and Trickle Apps tested as means of supporting positive staff experience.
- Impact of thanks and recognition initiatives as support for values understood.

Key Milestones for 2021/22

- Configuration of People and Culture support functions reflects local, regional and national strategic priorities.
- Values and related positive behaviours are understood and reflected in core staff development offer and appraisal.
- iMatter recommenced and outcomes triangulated with other forms of data to develop cultural insights.
- People and Culture KPIs in place and dashboard supports analysis of system transformation work.
- Further adoption of national workforce policies, including Whistleblowing and those supporting work life balance.
- OD Plan for will be re-assessed and any lessons and learning built into the plan for 2022/23

Key Outcomes to be achieved by 31st March 2021

- Shared values of caring, listening and improving underpin a compassionate and empowering approach to system recovery.
- We have a shared view of our desired culture and consistent and transparent approach to measuring cultural effectiveness across the system.
- Staff, patients and the public continue to be involved meaningfully in change through re-mobilisation and associated service redesign work.

Current Position at Mid July 2020

The following arrangements are already in place:

- Caring, listening and improving are at the centre of our collective response to and recovery from COVID-19. They have been used as the basis for the Orange Award 'Thanks and Recognition' scheme, which recognises outstanding contributions from staff across NHS Grampian as nominated by colleagues, with high visibility supported by social media.
- We also use a daily e-mail brief to engage with staff across the system and understand staff experience. This has included regular surveying and sharing of staff views on key topics, including indicators of cultural health, using the Mentimeter App with between 500 and 700 responses per day.
- The system OD plan for recovery was developed through the Recovery Cell task and finish group with the objective of supporting staff. This group had leaders representing their sector/partnership/directorate from across the system including Acute, three Health and Social Care Partnerships, Public Health, Facilities and Estates. The focus of the group was on organisational development, staff support and standards and staff engagement. The key elements of the OD plan are: System and Partnerships; Team Spirit and Cohesion; Supporting Individuals; Leadership and Management Development; Supporting new ways of working; Talent Pool; Resilience and well-being.
- The plan was also informed by engagement and feedback sessions with staff groups from Acute, City and Shire Health and Social Care Partnerships and Facilities and Estates. The plan also references the Kings Fund work and paper "Responding to stress experienced by hospital staff working with COVID-19. Guidance for planning early interventions." April 2020.
- The implementation of the national Whistleblowing Standards in July 2020 was paused by the Scottish Government due to COVID-19. An executive lead for NHS Grampian and the host service for the Standards has been determined. A working group has been established to ensure NHS Grampian, the three Health and Social Care Partnerships and other relevant partners will be ready to implement the Standards during the first half of 2021. There is a close working relationship with the Whistleblowing Champion and work is underway to establish the governance process in conjunction with the Staff Governance Committee.
- All appraisals have been paused. The Executive/Senior Managers performance management arrangements for the performance year 2019/2020 is incomplete due to the pausing of appraisals in February 2020, due to COVID-19. The original deadline to complete the process was 30 April 2020. Feedback was provided by the Remuneration Committee to the cohort in January 2020 to assist in the completion of the process and in preparing for the performance year 2021/2022.
- Our commitment to the partnership model of working has continued throughout the pandemic response. The Area Partnership Forum has continued to meet to provide the opportunity for discussion and agreement regarding a number of key agenda items including the activation of the Major Infectious Diseases Plan, the activation of the Management of the Workforce during and after a Pandemic Policy, Temporary Deployment Guidance, Recovery and Transition. As we move towards re-mobilisation, a number of Partnership representatives are linked in to specific work streams including Recovery Cell Objectives, Operation Home First and Safer Workplaces. The Employee Director has been attending the Silver Command Tactical Response Team meetings and remains as an invited member of the System Leadership Team.

Key Priorities Ahead of Winter 2020 (by end of Oct 2020)

Our immediate focus will be on the following areas in advance of winter:

- Finalise an OD Plan for system recovery with reference to key data gathered through engagement with staff, balancing known priorities for sectors with the need to support their involvement across the system in planning system transformation work.
- Subject to available skills development, and demand, recommence virtually the provision of leadership and management development that supports values based approaches and cultural competence at all levels.
- Commence review of the Talent Framework and approaches in line with national offerings, including Project Lift, to support growing our talent from within NE Scotland.
- Subject to confirmation from Scottish Government, complete executive and senior manager appraisals for the 2019/20 cycle, recognising the contributions made by this cohort during and before COVID-19, and recommence appraisal for all staff groups.
- Commence a transparent and objective cultural benchmarking survey contributing to Magnet designation, if possible integrating the national pulse survey on staff wellbeing as required by Scottish Government to avoid duplication.
- Introduce further 'thanks and recognition' initiatives developed in Partnership, for long service and retirement, offering alternative and complementary approach to the Orange Awards adopted across sectors during COVID-19.

Key Priorities for End of March 2021

In terms of this financial year we would aim to have established the following:

- Understand the impact of OD interventions delivered to support recovery, and develop system OD plans that reflect the strategic intent and medium term priorities articulated in the Re-mobilisation Plan.
- Develop an agreed view in partnership of culture parameters for the NE Scotland health and care system, using this to inform development of Key Performance Indicators (KPIs) and refine system OD Plans.
- Subject to confirmation from Scottish Government, complete preparedness work for the introduction of the national whistleblowing policy across the system from April 2021.
- Test and review initial impact of Blink and Trickle Apps within NHS Grampian as means of supporting meaningful engagement and involvement in change.
- With reference to national work in this area, develop and agree parameters for a dashboard that will align key data sources to inform intelligent decision making and understand the impact of planned and unplanned changes on our culture.
- Undertake transformation and redesign of services in partnership, using the lessons learned and deal with the health impact from COVID-19, though organisational change, whilst ensuring staff are engaged and supported.

Proposed Key Priorities for 2021/22

Whilst the plan covers the remobilisation period to 31 March 2021, we have highlighted below further actions which will be reflected in the Board's Annual Operational Plan in 2021/22:

- Ensure the continued effective involvement of staff and stakeholders in service and workforce redesign across sectors.
- In support of this configure specialist people and culture support services to ensure alignment with strategic plans.
- Support the development of leadership, management and talent across sectors to enable increased flexibility, agility and innovation.
- Use cultural baseline data to identify and prioritise interventions that develop and embed our organisational values.
- Adopt digital solutions such as Blink and Trickle as appropriate to supporting engagement and involvement in change.
- Progress organisational change in partnership, adopting new ways of working supported by a digitally enabled workforce

Clinical Governance and Decision Making

A critical aspect in enacting our response to effectively manage COVID-19 demand within the hospital and community setting along with the re-mobilisation of urgent and emergency care to Non-COVID-19 demand is clinical decision making and prioritisation. We have implemented 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 at any given time. This has included:

- 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 based on appropriate risk assessment and the requirement to continue to live with COVID-19; and
- ensuring the provision of advice and support (in line with professional guidance) to enable staff to plan and implement the changes in their areas of responsibility required to meet each phase.

In support of the above the Clinical Governance Committee meet monthly. These has also been weekly meetings of a new cross-system Clinical Board (with representation from across professional groupings and including key partners such as Scottish Ambulance Service) and Ethical Advisory Committee chaired by a non-executive Board member (including professional, legal and lay members).

The key aims of our clinical governance arrangements in addition to existing responsibilities has been to be assured that the revised system wide re-prioritisation of services has been implemented in a robust way and that the processes and decision making have been developed in partnership with our clinical staff and been mindful to the relevant professional guidance and relevant training and/or familiarisation.

Universities and Colleges – Education and Research

NHS Grampian will continue to be a key local education provider along 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. Within Part 2 of the plan further details have been provided in relation to our workforce planning and continued support for education and research.

Approach

3. Tactical Operating Model and Surge Plan

Approach

Our approach to the re-mobilisation is in line with the Scottish Government Framework with our planning and decision making based on:

Tactical Operating model

- Surge capacity is retained to create resilience for changes due to COVID-19 and winter
- We have capacity to support Care Homes and Communities in line with national direction
- New and innovative ways of working are supported and deployed

Risk assessed and prioritised

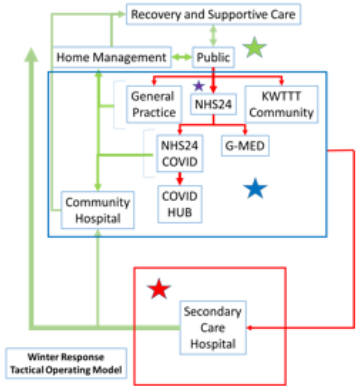
- Patient and staff safety ensured through streaming of COVID and Non COVID pathways and strict infection control
- Remobilisation of services clinically informed, whole system and risk based.

Informed by data and intelligence

- Test and Protect- testing, at scale, to control the virus and identify its spread and integrated tracing to identify, alert and support those who need to self isolate
- Using data to target approaches to containing outbreaks and responding to changes in assumptions
- Improving knowledge of the virus to inform decisions on social and economic restrictions

Operation Home First

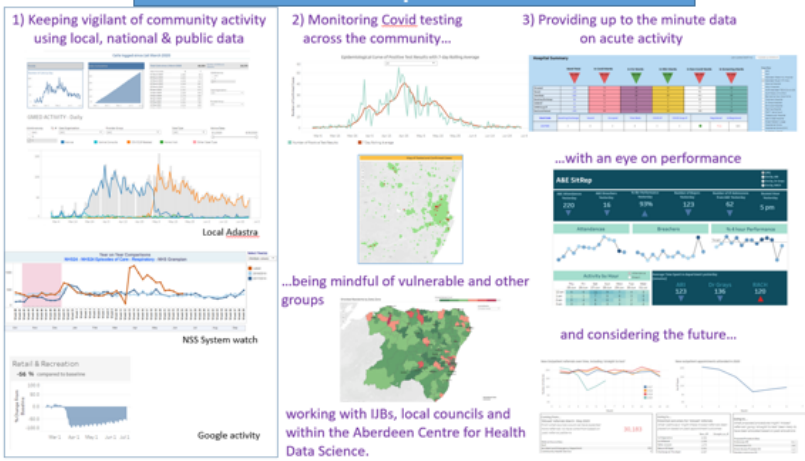
- Whole system commitment to providing high quality proactive and quickly reactive care in a homely setting
- Establishing pathways of care based on scheduled early intervention
- Aligned to the six key essential actions



Tactical Operating Model

Whole system framework for transforming unscheduled care to scheduled care

Risk assessed and prioritised decisions



Informed by data and intelligence

Principles

The following key principles provide an overarching framework for the setting of our objectives.

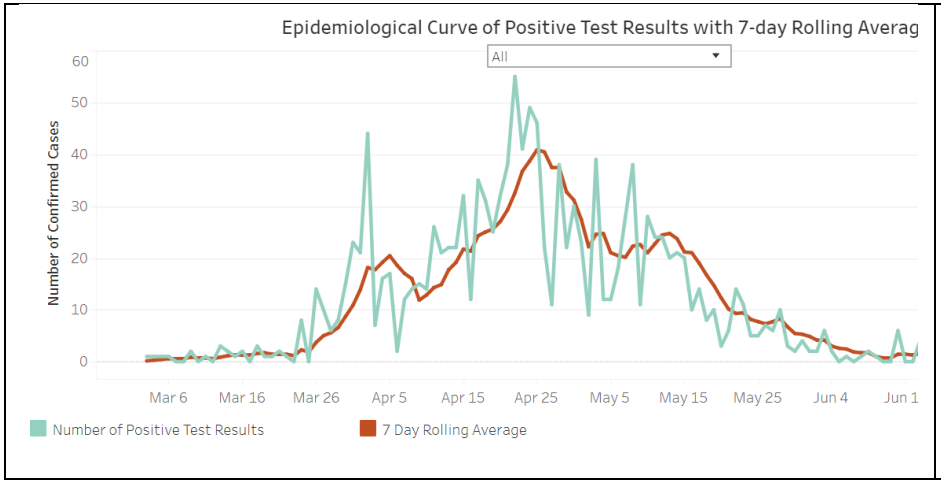
Principle	Our Commitment
Minimise harm to the public, our staff and patients	• Changes to the operational model will be based on maintaining safety, preventing the spread of the COVID-19 virus and preserving lives for COVID-19 and non COVID-19 patients • Reduce the risk of nosocomial infection through 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 testing • Public protection will be a priority for ourselves and partners and we will continue to minimise risk and to maintain essential support • Where possible reduce the impact of health outcomes arising from changes that have been made regarding access to services
All decisions will be clinically determined and prioritised	• Our established and clinical prioritisation system (ESCATs) will ensure that patients are treated according to need and in an appropriate time frame • 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-19 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 utilise data and evidence based modelling to enable early identification of changes and a rapid response 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	• GP will continue to be principal route for urgent care access in hours deal (meeting 90% of unscheduled care in hours) • Our Operation Home First and use of digitally enabled methods of consultation and communication will complement our existing general practices focused on reducing unnecessary attendances at healthcare facilities thereby reducing risk of exposure to infection 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 • We remain committed to the further development of self management and prevention support (including with the third sector)
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 enabling fairness and equity in access.

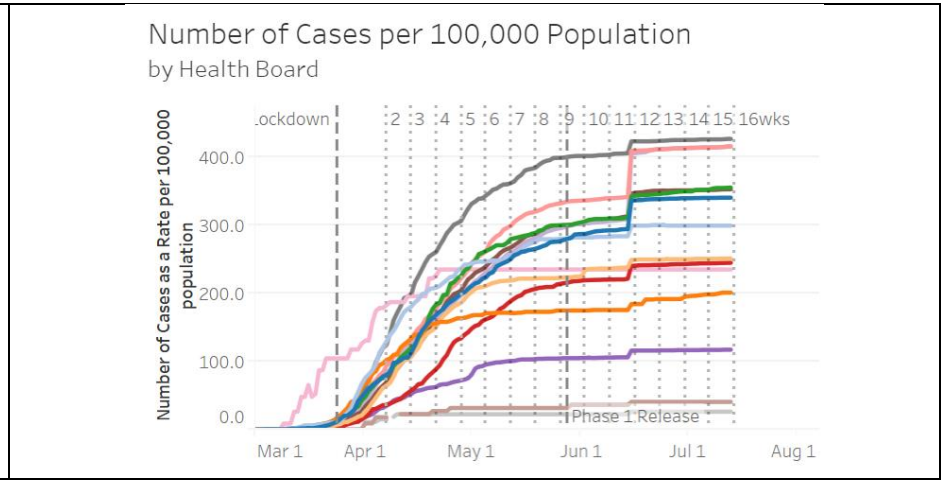
Tactical Operating Model

a. Winter Response - Tactical Operational Model (Objective 3 of our plan)

The expected demand on health and care services from COVID-19 related illness has been substantial. We have experienced the first major wave of COVID-19 cases and thankfully the system has managed extremely well. The original Tactical Operating Model (TOM) was well received and allowed major step up in services to be delivered in an effective and timely way. Most parameters built into our modelling assumptions (mortality rates, conversion rate from community to hospital to ICU and length of stay) have proved broadly accurate.

However the population infection burden was significantly lower than the realistic worst case scenario. The 'lockdown' and public health measures have been very effective in reducing transmission rates and on a comparative basis, Grampian has had a lower infection burden than other areas of Scotland and the UK as shown in the graphs below.





As lockdown measures are eased in a controlled and stepwise manner we are progressively restarting services that were paused mindful that they must be delivered in a COVID-19 sensitive environment. The impact of safe service delivery on functional capacity is captured in our first Tactical Objective (**Direct and assure the provision of healthcare environments that minimise the risk to staff, patients and the public**). As we move towards winter we must maintain a plan to address a resurgence of COVID-19 activity as well as plan to respond to the additional challenges that the season places on healthcare services. Our escalation model will be combined to generate a whole system '**Winter Response – Tactical Operating Model'** or **WR-TOM**.

Winter is a time of additional pressure on our healthcare system and planning an unscheduled care response model is likely to be extremely challenging in light of COVID-19. These difficulties are well set out in the Academy of Medical Sciences report 'Preparing for a Challenging Winter 2020/21' published 14th July 2020. Traditional winter pressures are driven by a number of environmental factors that affect illness burden as well as disrupting healthcare provision through logistical impacts and staff shortages. Winter is also a time of seasonal influenza which during an epidemic is in itself a major system challenge.

These factors all increase pressure on the whole healthcare system most commonly articulated by hospital emergency department activity, emergency hospital admissions and the cancellation of elective activity. In combination these also contribute to an excess winter mortality which in 2017/18 equated to 4800 additional deaths in Scotland over the winter period. The high level environmental influences are set out below:

	Respiratory	**Cardiac**	**Trauma**	**Mental Health**	**NHS logistics**
Low temperature	+++	+++	-	+	
Humidity	++	-	-	-	
Air pollution	++	+	-	-	
Snow/ice	-	++	+++	+	+++
Rainfall/Floods	+	-	++	+++	+++

COVID-19 brings a number of additional stressors on the system. Directly managing COVID-19 related illness has required the development of new pathways of care with dedicated resource. Responding to a surge of COVID-19 over winter would potentially require a major diversion of capacity from that used to meet the Acute demand, possibly at a level similar to that seen in the initial wave of activity. Configuring our system to reduce the nosocomial spread of COVID-19 has significantly reduced both its absolute capacity and the potential throughput of activity. Protected and critical services were identified to remain active through the first COVID-19 wave but were adversely affected and a significant backlog has developed which is requiring increased system capacity to redress. Furthermore activities that could be safely paused for several months are now at a point where they represent a real time dependent risk for patients and need to restart. This effectively reduces the capacity that would be released if non urgent care were fully paused again.

Staff resilience was seriously tested and their response impressive but the ability to respond at this level for a second phase of intense activity is uncertain. These additional factors are summarised below:

- Continued provision of a segregated COVID-19 care pathway
- Response to COVID-19 second wave or surge
- Whole system modifications to reduce nosocomial transmission
- Management of urgent and critical care backlog
- Increase in number and volume of urgent care pathways that must be maintained
- Reduced release of capacity through pausing non urgent activity
- Staff resilience, health and wellbeing.

The pathway of care for COVID-19 related illness has been established through Operation Rainbow and to move forward we need to combine this with our regular unscheduled care pathway to develop a full winter response model. A number of key principles were established in developing the COVID-19 TOM and these helped develop system engagement, focus and agility to respond. These will be carried over into the WR-TOM and are summarised below and will be referenced in the model description.

- Whole system view
- System data points and data dashboard
- Decision points and triggers
- Maintain system capacity ahead of demand
- Modelling review
- Increasing capacity in light of expected trajectory of demand
- Operational plan for deployment of capacity in line with decision point triggers
- Modelling parameters for realistic worst case scenario

Outcomes

Our approach has four key outcomes

- **Describe an integrated whole system Winter Response - Tactical Operating Model (WR-TOM).**
- **Clarify whole system capacity and potential to release capacity from non-urgent activity.**
- **Maintain a baseline capacity to treat current COVID-19 patients whilst maintaining the ability to increase this capacity in line with the original COVID-19 TOM.**
- **Utilise National, Grampian-wide and local unscheduled care system data together with system intelligence to support local planning and modelling to guide the wider system response.**

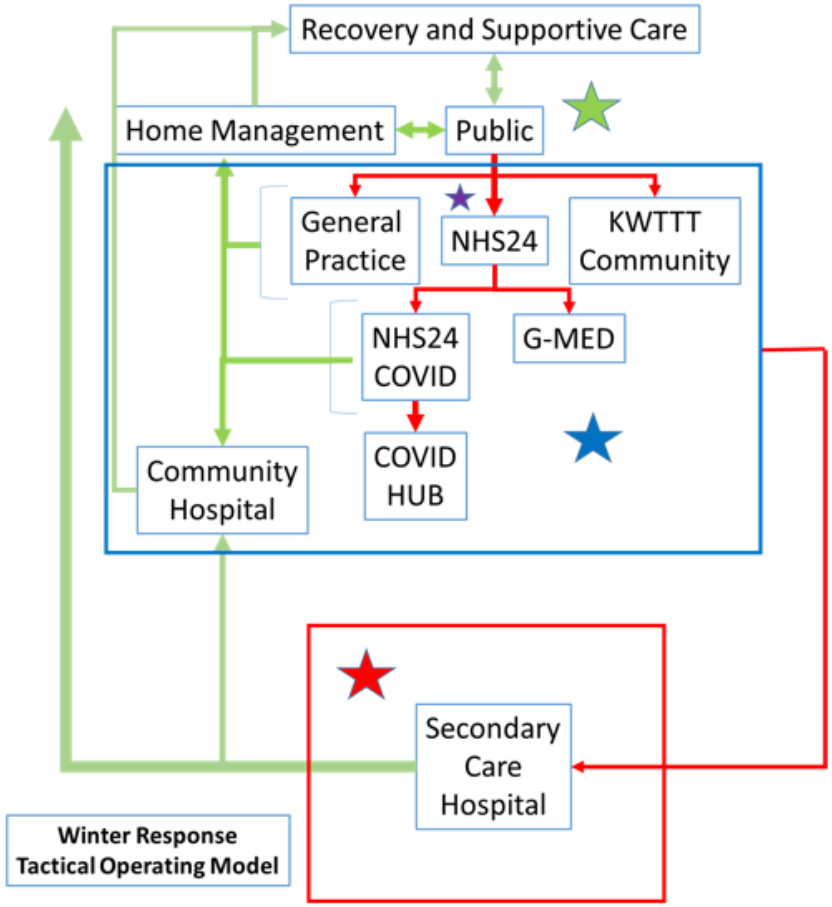
Relationship with other Tactical Objectives

The WR-TOM is a planned response model to guide the system to respond to the uncertainties of unscheduled care over the next six months. Optimisation of unscheduled care pathways is an essential activity to ensure that hospital services are only used where appropriate both at the admission and discharge points, that care is provided as close to home as possible and that as much care is moved into a planned arena as possible. That work is part of Objectives 6, 7 and 8 and encompassed under '**Operation Home First**'. Reducing wider transmission of COVID-19 is also critical to reducing the impact that COVID-19 has on our system and this is considered in Objective 1 where we have reviewed nosocomial infection and also within the Public Health response under '**Test and Protect**' where active case contact management seeks to reduce onward transmission when positive cases are detected in the population.

Winter Response - Tactical Operating Model

The Tactical Operating Model has been developed across our system integrating the health and care services in the community, NHS24 stream, General Practice, G-Med, COVID-19 Assessment Hubs and the Hospital Response. The high-level schematic is illustrated below. The essential intervention or pathway points are described together with the key metrics required to track our local situation and establish critical 'Decision Points (**DP**)' for action:

High level schematic Winter Response Tactical Operating Model (WR - TOM)



Public Health and Social Care
- Illness Profile Burden
- Care Home Oversight Data
- Social and Palliative Care Burden
- Influenza Tracker
- Environmental Factors (Temperature, Pollution, Weather)
- Test and Protect Data
- National COVID modelling data

National Systems
- NHS 24
- NHS 24 COVID Line
- SAS data

Primary Care
- General Practiced based unscheduled activity
- Wider Primary Care unscheduled activity
- G-Med Activity
- COVID-19 Hub Activity
- Social and palliative care input

General Hospital and Intensive Care
- Unscheduled Care Activity Data
- Condition admission profile
- Conversion to higher levels of care
- Length of stay data

Decision Points related to Tactical Operating Model

The WR-TOM builds on the COVID-19 TOM that was established in Operation Rainbow but now covers all unscheduled care activity. The response model is delivered through decision points (DP) across the system that trigger a defined system action. Three sets of decision points will be described that trigger different types of system response.

- ***Capacity Decision Points (C-DP) -*** To increase service capacity ahead of need. The principle is that capacity should be increased at a trigger point such that it is not overwhelmed within the next week or over a weekend. The margin of available capacity will be set for each element of the system and modified based on the overall model assessment. For example margins in ITU will likely be tighter than margins in general wards and margins if a viral outbreak is looking likely will be considerably higher in all sectors. Overall system capacity should not exceed 90% as this usually leads to a deterioration in efficacy and efficiency of care. These decision points will be reviewed daily by operational and tactical teams.

- ***Model Decision Points (M-DP) -*** These relate to the underpinning factors that drive system demand and ability to manage. These include spectrum of illness presentations, overall community demand measures, conversion rates to admission, conversion rates to escalation in care environment, length of stay, delays in return to home. The principle is that changes in these factors will support reconsideration of the overall winter prediction model and may change the escalation thresholds or suggest that contingency arrangements will need activation.

- ***Escalation to Contingency Decision Points (EC-DP) -*** These relate to data triggers that suggest that the local system will become overwhelmed and may not be able to manage without wider support from neighbouring NHS Boards or Nationally.

The WR – TOM also has four key data points where information must be available to understand the whole care pathway, respond where needed and escalate in line with our three types of decision points.

Actions

To support the implementation of our approach, a detailed Tactical Objectives workbook has been issued to each operational area to ensure a consistent and co-ordinated re-prioritisation of services during the next phase of our re-mobilisation. The workbook is summarised below.

Provides guidance to each operational area on the actions required to meet the following four key objectives

1. Direct and assure the provision of healthcare environments that minimise the risk to staff, patients and the public.
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.

Objective 1
To achieve high quality care across our system in carefully controlled environments each Operation Response Team leadership **must** do the following

- ✓ Review all buildings with respect to their clinical or non-clinical role
- ✓ Follow clear protocols for identification and isolation of COVID-19 illness
- ✓ Review all systems and processes within our healthcare system to reduce intermingling of our staff and patients
- ✓ Review arrangements for our most vulnerable patients and the services they require within the health and social care environment
- ✓ Support our staff health, safety and well-being
- ✓ Evaluate service impact of the changes to the healthcare environment

NHS Grampian

COVID-19

Tactical Plan of Action

Living with COVID-19

Tactical Objectives Workbook
Version 2.1
(Objectives 1, 2, 3 and 4)

22nd July 2020

Objective 2
To review all of our designated protected and critical services each Operation Response Team leadership must do the following to :

- Evaluate backlog associated with each protected and critical service
- Describe the new model of our maintained essential protected and critical services
- Describe the governance arrangements that have been established to support these services

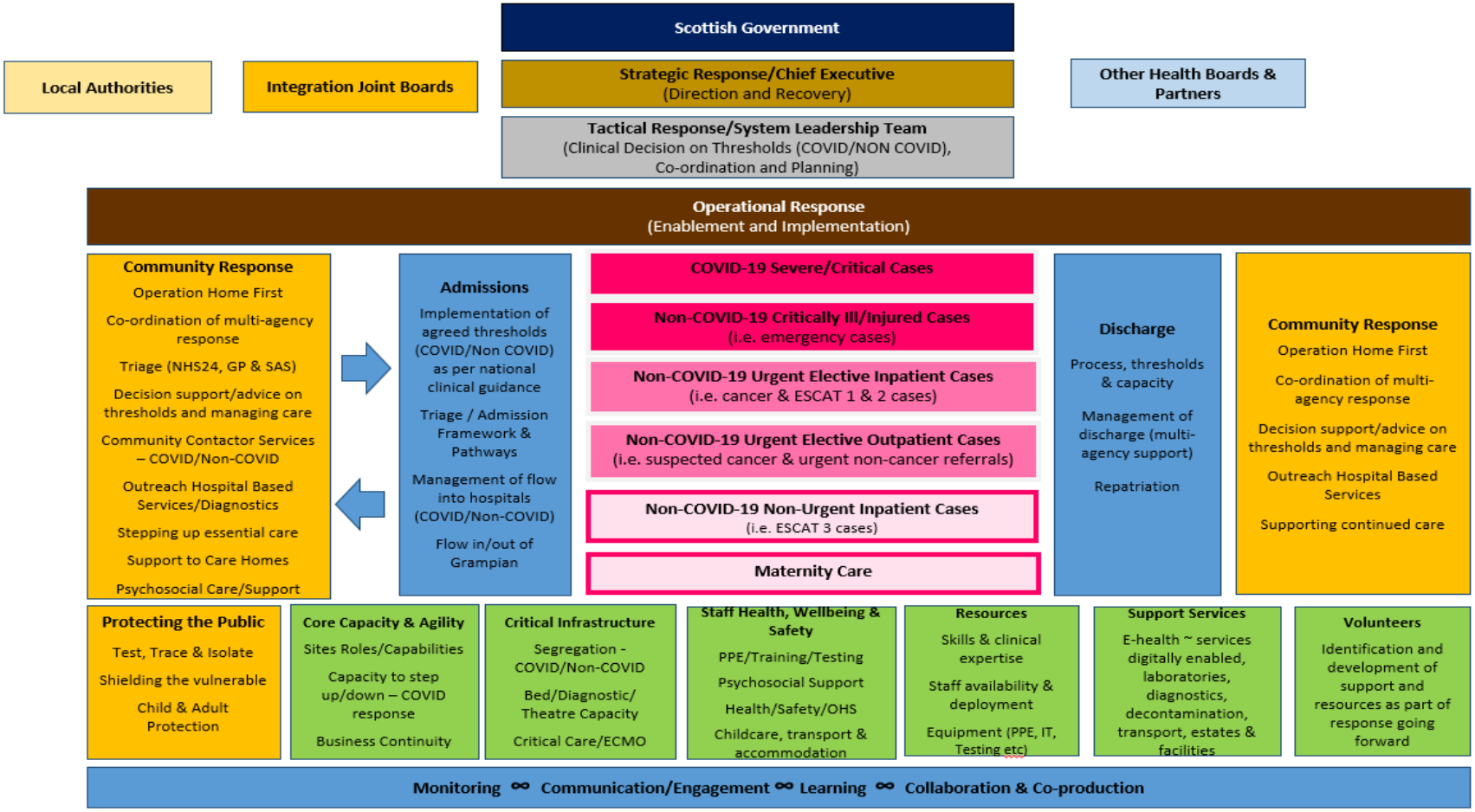
Objective 3
To generate the building blocks for the WR – TOM each Operation Response Team leadership must do the following:

- Describe the key elements in each operational team contributing to the whole system winter response pathway
- Evaluate the requirements and supply the resources to deliver the baseline capacity requirements relating to COVID-19 care (As detail in Scottish Government communication in May 2020)
- Describe the escalation plan to step up capacity
- Ensure operational readiness to step up each capacity for each element in the WR – TOM
- Record and report information and data to enable live system reporting of the TOM

Objective 4
To review the inventory of clinical and non-clinical services that had been paused or reduced developed during Operation Rainbow each Operation Response Team leadership must do the following:

- Refresh and complete the service templates originally developed through Operation Rainbow
- Consider an inequalities impact assessment of recovery plan
- Check that new models of working have been considered
- Support staff health, safety and well-being

The WR – TOM will be informed by the operational team returns and will support the decision making required to ensure that our whole system approach is agile and responsive to changes during surges in demand whether through winter or further COVID-19 outbreaks.



Risk assessed and prioritised

b. *Decisions – risk based and prioritised*

A suite of data dashboards and model will be developed and refined by the Health Intelligence team supported by the Clinical Directorate. To generate the building blocks for the WR – TOM each Operation Response Team are developing the following:

- **Describe the key elements in each operational team contributing to the whole system winter response pathway**
  - Describe current service configuration and capacity
  - Describe main metrics relating to activity and link to Health Intelligence Team model
  - Describe 'Operation Home First' actions to support system improvement and implementation time line with expected impact.
  - Describe Capacity Escalation steps in relation to release of capacity from pausing non urgent activity
  - Describe Capacity Escalation that would be possible through additional resource input
  - Describe staff requirements and resilience plan for when staff availability is reduced due to expected increase in staff illness

- **Ensure operational readiness to step up each capacity for each element in the WR - TOM:**
  - Describe each step increase in capacity to meet projected demand and to reach maximal capacity
  - Describe the preparation timeline from assembly, to ready to deploy to deployment for each capacity increase
  - Describe the whole system consequences of each escalation step on other service provision
  - Check if the decision point could be earlier in the pathway by drawing on diagnostics or addition support
  - Consider the risk analysis of each decision point with respect to the previous and following points within the pathway

- **Evaluate the requirements and supply the resources to deliver the baseline capacity requirements relating to COVID-19 care (As detailed in Scottish Government communication, May 2020)**
  - Describe staff requirements and resilience plan for when staff availability is reduced either due to their own health issues or through redeployment to support other urgent pathways services
  - Describe full physical requirements to deliver the service and ensure that the appropriate supply chain requirements are understood and communicated.
  - Describe full resource requirements to deliver the service and ensure that the appropriate supply chain requirements are understood and communicated.

Operational Assessment

- **Support staff health, safety and well-being**
  - Ensure that all staff are aware of the information channels set up to communicate key messages and particularly those related to support services to maintain wellbeing.
  - Ensure that all staff are able to escalate concerns related to changes in service design or delivery
  - Ensure that all staff are trained in and fully informed of the full range of infection prevention control measures related to COVID-19. In particular the guidance on the appropriate use of PPE following current HPS guidelines.

- **Describe the escalation plan to step up capacity:**
  - Describe the operational plan to immediately step up to 50% above baseline capacity
  - Describe the operational step to re-establish full system capacity as per Operation Rainbow

- **Record and report information and data to enable live system reporting of the TOM.**
  - Ensure active live feed to TOM system performance dashboard
  - Ensure data contribution to local outbreak modelling team

Informed by data and intelligence

c. *Data and intelligence*

Our approach will utilise multiple and new data feeds, the resources within our partner agencies and expertise within our Universities. Together we will be responsible for providing a single authoritative perspective to inform local, regional and national decision makers to ensure we are able to remain agile and respond rapidly to any outbreak or change in planning assumptions. It builds on the existing NHS Grampian and Public Health Scotland infrastructure and surveillance network. There will be a continuous data capture and feedback loop at each stage of the Tactical Operating Model which informs decisions across all the partner organisations.

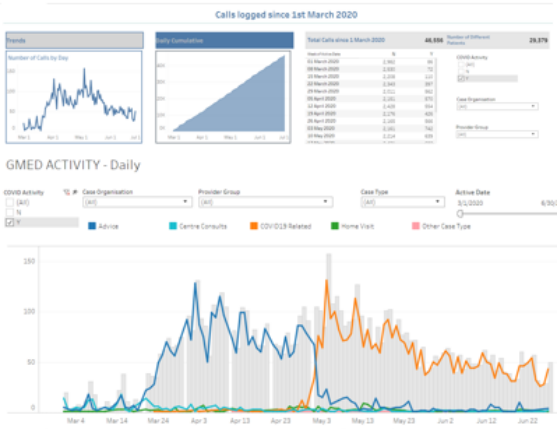
What we have done so far

- Early in the pandemic we developed local modelling to allow us to plan for the first wave and build additional capacity where required
- Established access to the numerous COVID-19 related dashboards, which gives a live picture of activity (for example: emergency Department attendances, patients admitted with a positive test, intensive care capacity), capacity (for example: workforce and PPE) and outcomes (for example: positive COVID-19 tests, in-hospital deaths related to COVID-19, change in the estimated rate of reproduction – or R value)
- Integrate multiple data and guidance from Public Health Scotland and NHS Scotland with our local monitoring system which can be accessed by our teams and experts responsible for outbreak response.

Our plan is to:

- Establish daily dashboard to routinely monitor and identify any emerging issues or potential outbreaks linked to our re-mobilisation plan objectives
- Share data flows with operational teams and partners to inform local outbreak or surge management
- Regularly sharing of intelligence with system partners via the Health and Social Care and Local Resilience Partnerships to allow teams and surge capacity to be mobilised when necessary
- Analyse all information available to us to understand the different impacts COVID-19 is having in our communities, and to highlight health inequalities that can be tackled.

1) Keeping vigilant of community activity using local, national & public data



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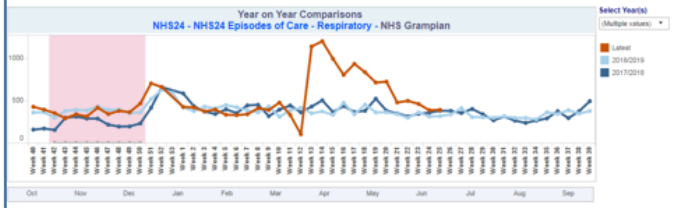
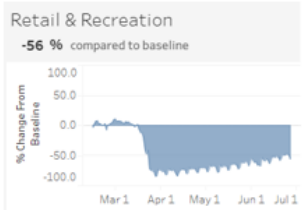
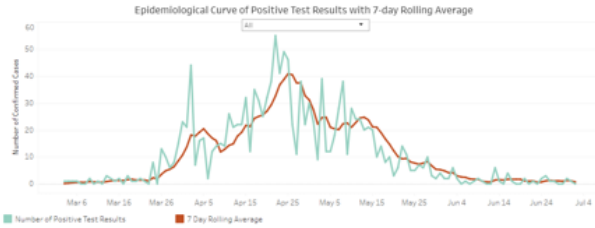


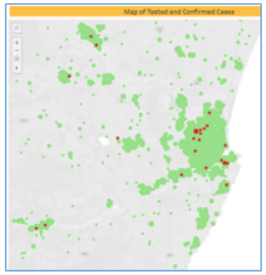
NSS System watch



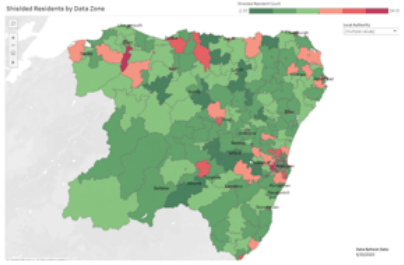
Google activity

2) Monitoring COVID-19 testing across the community…





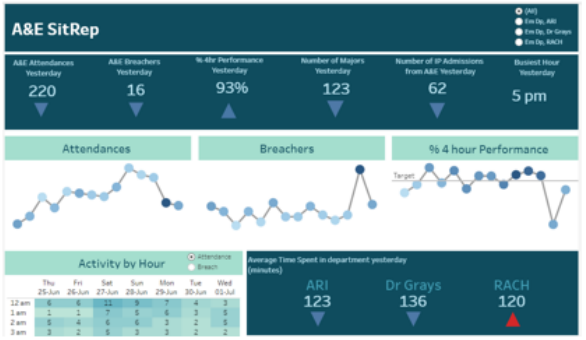
…being mindful of vulnerable and other groups



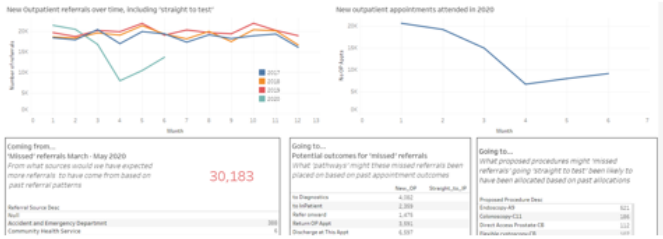
working with IJBs, local councils and within the Aberdeen Centre for Health Data Science.

3) Providing up to the minute data on acute activity

…with an eye on performance



and considering the future…



Whole system framework for transforming unscheduled care to scheduled care

d. *Operation Home First*

There is a strong desire to take a whole system approach to moving unscheduled care to scheduled care, focusing on maintaining people within the community setting and preventing admissions, the system in Grampian is well developed to support this. There has always been a strong partnership across NHS Grampian and the three 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 Operation Rainbow, 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. The Home First approach includes the system operational response to planning for winter as this approach is anticipated to deliver the operational clinical pathway changes and support to flow and surge, with input from the COVID-19 corporate cells.

Operation Home First is a framework within which we are creating the environment for delivering the agreed strategic direction; it is allowing the 'context' for whole system working on previously intractable issues; it is building from the agile working, creativity and local decision making developed through the preparing for COVID-19 phase and; it is about ensuring resource follows the patient.

Aims

1. To maintain people safely at home;
2. To avoid unnecessary hospital attendance or admission; and
3. To support early discharge back home after essential specialist care.

Principles

- 'Home First' for all care
- Working within the agreed strategic direction set out by the IJBs and NHS Grampian
- Focus on outcomes for people
- Whole system working and improving primary/secondary care joint working
- Maintain agile thinking and decision making
- Work within constraints of segregation/shielding/physical distancing measures/reduced hospital bed base
- Maximise digital solutions

For Operation Home First to be successful, we need to continue with our whole system approach, to consider how we focus on people and pathways which are responsive to fluctuations in demand:

Key Milestones by 31st October 2020

- Whole system preparation for surge/winter with an understanding and plan of how we will manage demand and flow across pathways
- Shared understanding across the sectors and partnerships of the aims and direction of Operation Home First which is an enabler of the strategic direction of the 6 delegated services (Care of Elderly; Respiratory Medicine; Hospital based Palliative Care; A&E; Rehabilitation Medicine; General Medicine) within each HSCP and across the system
- Evidence of positive collaboration across the primary/secondary care interface to benefit patients
- Clear public messaging and engagement and information sharing platforms established with two-way communication; emphasising home first and the pathways in place to support this
- Agreed set of metrics for demonstrating change from the roll out of the Operation Home First Framework
- Develop plans for a local hub for supporting conversion of unscheduled to scheduled care

Key Milestones by 31st March 2021

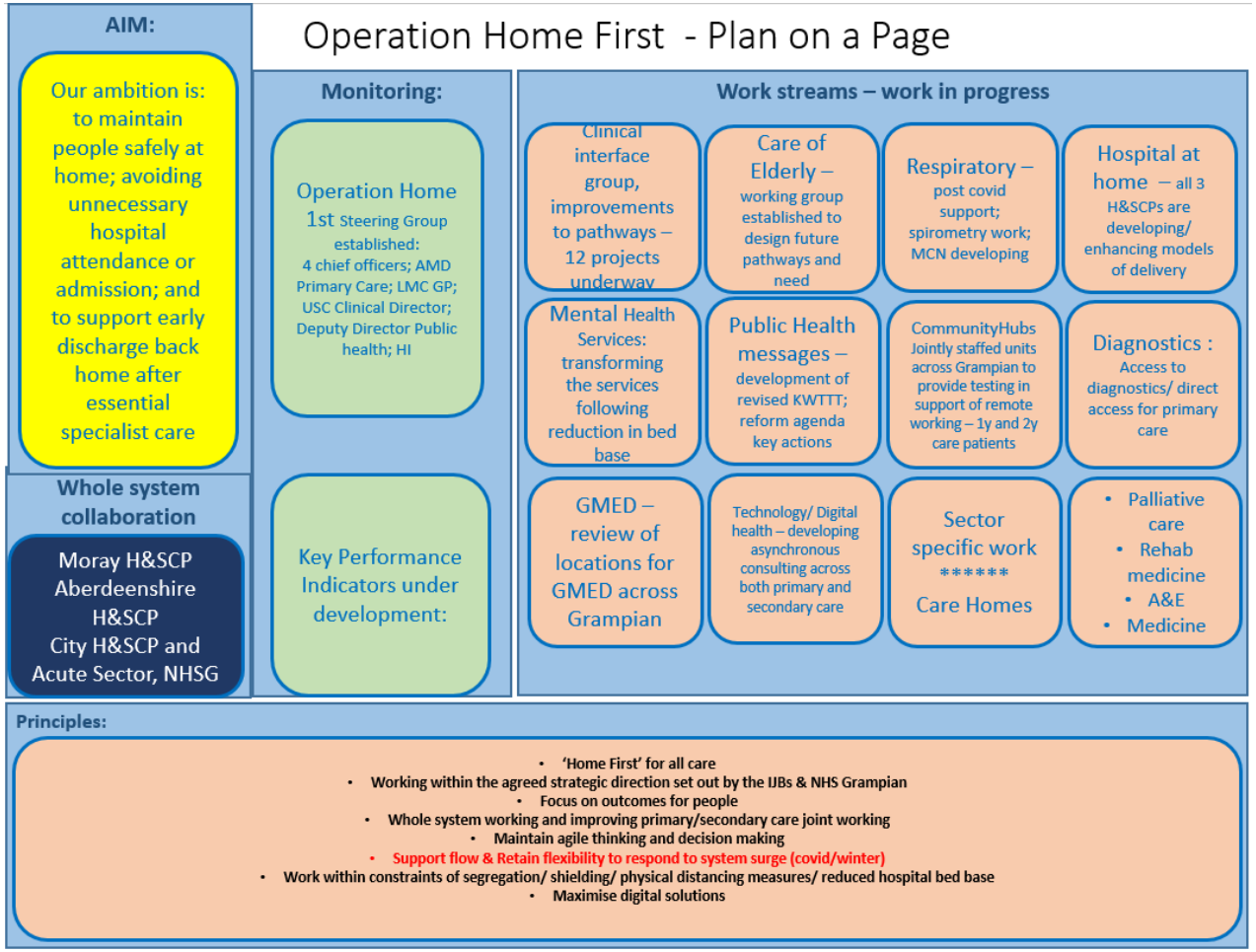
- Successful management of surge and flow across the whole system over the winter period
- Demonstrated movement across each of the delegated services towards whole system transformation plans agreed by the IJBs
- Implementation of the plans to provide more unscheduled care on a scheduled basis
- Measurement tools in place demonstrating impact of change and outcomes which have been achieved.
- Pathways which support more vulnerable groups and ensure equality and equity of access.
- Maximum utilisation of digital technologies to support home first, people, pathways and avoid attendance at hospital

Key Milestones for 2021/22

- To be agreed on review of progress:
  - Embedding changes evaluated positively
  - Reviewing service capacity to continue/ extend/ roll out new ways of working
  - Embed the systems working models consistently, respecting H&SCPs differences
  - Evaluate the set aside budgets to ensure the services are supported to work whole system, respecting needs at all parts of the delivery models

The Framework for delivering the transformation agendas outlined in the 3 IJB Strategic Plans and the Grampian Clinical Strategy for unscheduled care has been shared with, and developed by teams, in each of the H&SCPs in collaboration with Acute Sector Staff. Home First was commenced as the agreed approach on 1st June 2020 with a promotional video by the Chief Officers released to staff. The public launch is planned for the 31 July 2020. A number of collaborative work streams are ongoing within each of the partnerships and there are some innovative approaches to modernising and improving clinical pathways through the primary/secondary clinical interface work.

The plan on a page model is as follows:



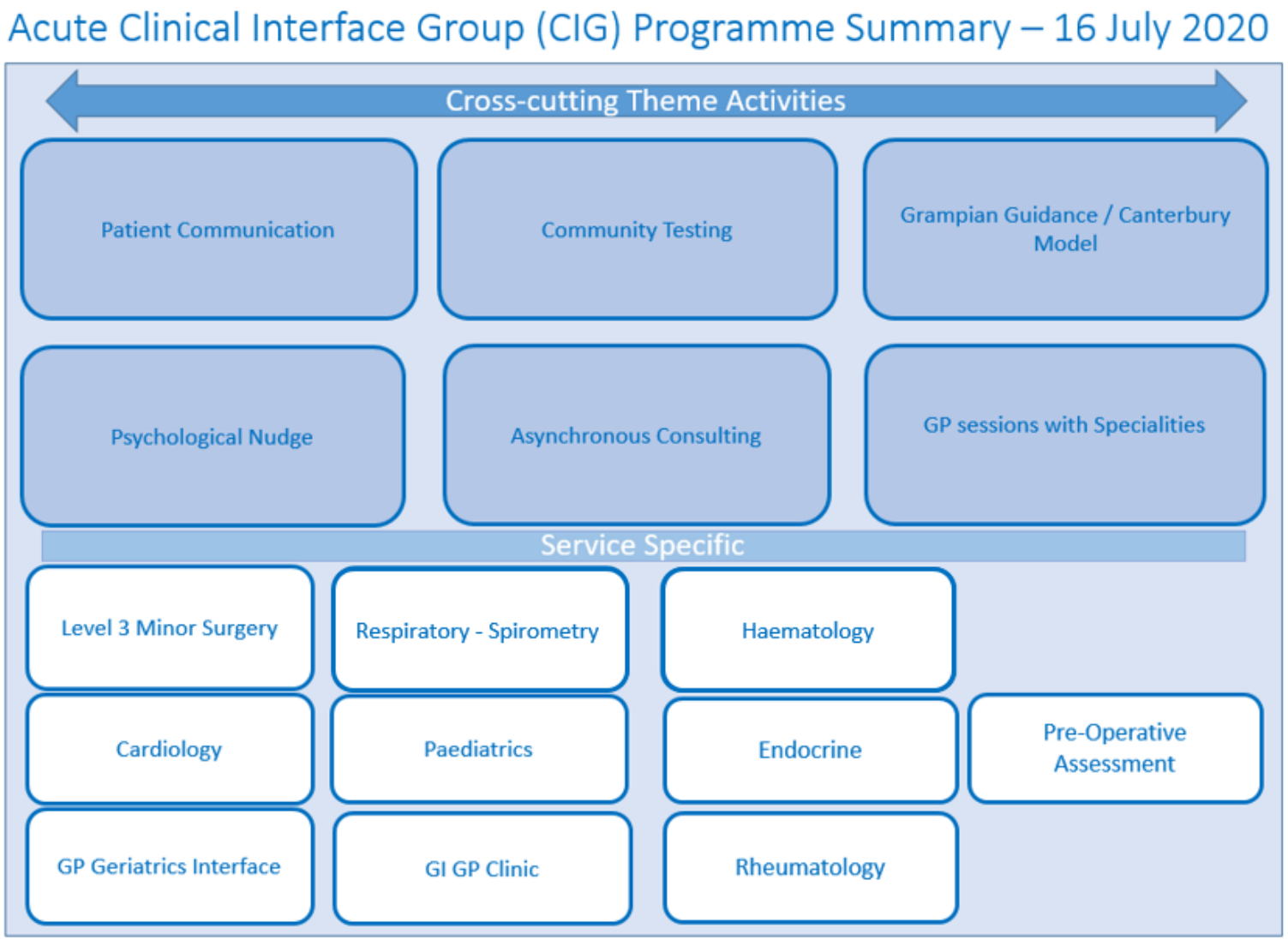
There are a number of cross-system working groups in place.

The weekly **Clinical Interface Group** facilitates improvements in the interface between primary and secondary care. The aim is to improve communication and so bridge the boundaries between primary and secondary care systems to deliver a seamless pathway for patients with increased shared care. There are a number of rapid improvements underway and being planned.

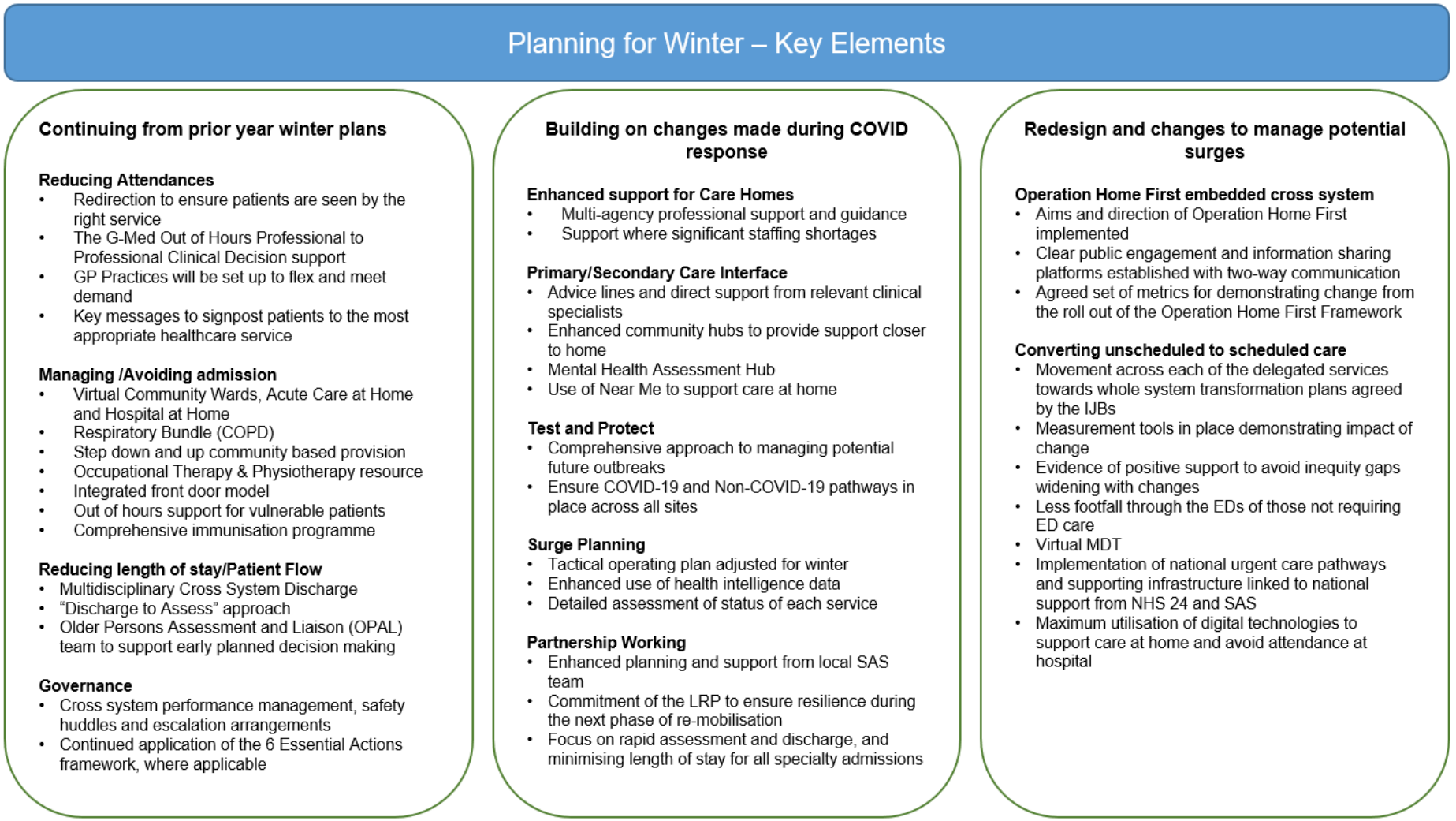
Key areas of focus:

- Availability of community testing to enable optimisation of the use of Near Me for outpatient consultations with face to face only being required when hands on assessment and treatment is needed*
- Improvements in communication with patients who are awaiting secondary care assessment and treatment and with primary care colleagues regarding their patient's care
- Pilot work around psychological support for patients considering interventions where risk and benefit are in close balance.
- Development of asynchronous working models*
- Improvement of specific pathways to identify areas to further optimise outcomes for patients - including paediatrics, minor surgery, gastroenterology, respiratory, geriatrics, and cardiology.

An overview of the programme for the Clinical Interface Group is shown below



The Home First approach includes the system operational response to planning for winter as this approach is anticipated to deliver the operational clinical pathway changes and support to flow and surge, with input from the COVID-19 corporate cells.



The key areas of focus for Operation Home First are as follows

Care of the Elderly

Agreed vision: *To provide high quality proactive and quickly reactive care for older people, delivering care in a homely setting where possible, enabling older people to achieve their optimal health and live their life in a way they want.*

The document embedded sets out the vision, along with the 7 principles, components to inform partnership working to shape future of the service and next steps.

Respiratory Care

- MCN led advice to GPs on best practice support for self care to maximise health in advance of winter for those with chronic respiratory conditions
- Development of a set of tools to support self care including use of the COPD self management apps for those who can work with technology*
- Support for extending pulmonary rehabilitation*
- Early uptake of flu vaccinations

Community Hubs

- Community hubs are in place for paediatrics and have been operating successfully for a number of weeks.
- A phlebotomy hub has been established in ARI site out with the main hospital. One Aberdeen City phlebotomy hub is ready to commence service provision for protected patients and a hub in Aberdeenshire is about to commence a pilot in phlebotomy provision for secondary care and another two potential sites are currently being evaluated.
- Planning is ongoing for increased capacity of phlebotomy testing generated from secondary care to be undertaken in community services.

Palliative & End of Life Care (P&EoLC)

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 P&EoLC and the minimum staffing levels required to maintain these within the full spectrum of HSCPs.
- Maintain resilience through alternative models of delivery introduced (as appropriate) to manage risk, implementation of national guidance where available and devising pathways that support decision making outwith 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 P&EoLC.
- 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.
- Look 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.

Urgent Care Redesign

- Implement national redesign of urgent care locally
- Local SLWG in place
- Development of the community hub model (as per COVID-19 hub) to act as flow centre
- Clear links to secondary care decision making where required
- Remote consultation enabled post NHS 24 triage
- SAS engagement around patient movement and scheduling arrivals; and paramedic at home
- Appointment system centrally available to co-ordinate MIU/ scheduled ED/ AEC attendances

Redesign of Urgent Care.pptx

Mental Health Services

Mental health Services; redesign of older peoples pathways following relocation during COVID-19 surge

- Review of the Older Adults mental Health (OAMH) pathway across the system to determine how flow and capacity can be maximised to improve outcomes
- To recommence the MHLD transformation programme agreed by all 3 IJBs

LIVE COVID19 OHF Grampian-wide MHLD

Each H&SCP team has established their action plans in support of the Operation Home First Aims

- **Maintain people safely at home**
- **Avoid unnecessary attendances/admissions to hospital**
- **Support early discharge home after essential specialist care**

Aberdeen City H&SCP

Aberdeen City H&SCP have aligned their teams to the work of Home First – the embedded document highlights the key priorities


Huddles.pptx

Moray H&SCP

Moray H&SCP have aligned their work streams to the Home First Aims – the embedded document highlights the priority actions


Home First SLG 10.07.2020.pptx

Aberdeenshire H&SCP

Aberdeenshire H&SCP have aligned their work to Home First

An Aberdeenshire HSCP officer Group has recently been set up to consider what “Home First for Aberdeenshire” means, and to explore opportunities for progressing our strategic ambitions at a local level, within the context and with the support of the wider Operation. (This is separate from the similarly named national and local Housing strategy of “Housing First”; which is a project set up in Aberdeenshire in 2017 providing secure tenancies with wrap-around support to those enduring homelessness.) The Group has identified an opportunity to build on the success of our Virtual Community Wards, by potentially expanding this into a “Hospital at Home” model with additional interventions and pathways for an identified patient group, to allow clinical assessment and specialist treatment at home, where safe to do so. A model is being developed by clinical and professional leads with support from the Aberdeenshire aligned consultants, and a potential pilot area will be identified.

Alongside this, we continue to analyse patient journeys where we have successfully promoted early discharges from hospital directly to home (or a homely setting) and aim to capture the right conditions in order to embed this into our everyday working; identifying the resource needed to do so.

The focus will be on better outcomes for our residents, demonstrated through evidence. The Model of Improvement toolkit (Plan, Do, Study, Act) will be used to analyse the impact of tests of change in terms of meeting objectives and delivering better outcomes for people.
**It is anticipated that each of the actions asterisked will require additional funding. The additional funding is reflected within the resources section of our plan*

- ***Community hubs for testing to support remote consulting***
- ***Asynchronous consulting in advance of the national rollout programme across secondary care specialisms.***
- ***Care of elderly and respiratory redesign of pathways***
- ***Community hubs for the urgent care redesign –this will support the 24/7 primary care service and the changes in 24/7 availability of consultant support.***

Assumptions, Scenario Planning, Resources and Risks

4. Assumptions, Scenario Planning, Resources and Risks

Within this section we have summarised:

- the key assumptions that we have used in developing the mobilisation plan
- the scenarios that are being evaluated to test the resilience of our plans to cope with a number of different emerging situations over the next 9 months
- our assessment of the additional resources that will be required to support this plan
- our high level risk and mitigation plan

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.

Key Assumptions *"a thing that is accepted as true or as certain to happen, without proof"*
Needs & Demands on the Health & Social Care System *COVID-19* • Transmission of COVID-19 is expected to increase over the winter period with a potential second wave, coupled with seasonal flu, norovirus and potentially severe winter weather will put significant pressure on the health and care system. • Test and Protect will support the containment of community transmission of COVID-19 and support early warning of a re-surgence. • Staff testing in care homes and 'high risk patient' services (as set out in Scottish Government guidance), along with testing of patients prior to elective admissions will reduce the risk of nosocomial transmission in healthcare environments. • Weekly testing for staff and students in specific areas is likely to increase • Demands on mental health and wellbeing services (Primary Care, Acute, Third Sector) will likely increase due to the impact of COVID-19. • Demands on other services – Post-COVID-19 complications, cardiac, renal, stroke, rehab etc. *Non-COVID-19* • Comprehensive Flu Vaccination programme will minimise the impact of seasonal flu for the 'at risk' populations and the health and care workforce. • There is a sizeable proportion of unmet elective need/demand during the COVID-19 response period which will see a return to increased Pre-COVID-19 levels. This will be clinically prioritised with focus of reducing harm. • Demand on services will be managed through prioritisation of clinical need based on reducing harm, minimising risks and maximising health outcomes. • There is a need to reduce footfall on health and social care sites where ever possible to reduce risk of transmission. Digital technologies will be maximised where face to face consultation is non-essential.
Delivery Models • 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. • Whole-system targeted approach to mitigate and reducing health inequalities. • Resumption of services/activity will be prioritised based on safety and sustainability, with the focus on reducing harm to patients, the public and staff. • Due to measures to prevent and minimise nosocomial spread this will significantly reduce capacity and number of procedures which can be safely undertaken. • Whole-system strategy continues to focus on converting unscheduled care to planned care and planned care to self-management/prevention. Home First provides the Framework for supporting delivery of this across the system.

Key Assumptions *"a thing that is accepted as true or as certain to happen, without proof"*
• Community Hubs will continue to provide support 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 a great proportion of 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. • We plan to retain 20 general beds for COVID-19 activity. We plan to retain 4 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. • Mechanism is in place to double critical care capacity within a week and treble capacity in two weeks in order to respond to a resurgence of COVID-19. • 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. • ARI Theatre capacity will be re-mobilised 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). Dr Grays Hospital and Stracathro will be used to increase theatre capacity, including category 2 where capacity allows, predominantly for orthopaedics and general surgery. • We are planning on the availability of additional capacity being accessible at the Golden Jubilee Hospital • 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 provide minor orthopaedic trauma surgery, with Royal Cornhill Hospital, Aberdeen Maternity Hospital and Royal Aberdeen Children's Hospital retaining their general planning assumptions.
Workforce/Staffing • Maintaining resilience and good health and wellbeing of staff across the health and care system remains a priority and a range of measures will remain in place to support staff as and when they require this. • The first wave COVID-19 response will have some residual impact on staff health and wellbeing that may impact workforce resilience during winter. • Staff absence for some teams/staff groups is expected to be increased up to around 11% due to impact of COVID-19 and normal absence. • If there is a resurgence of COVID-19, coupled with normal staff absence during winter, it is expected the rate will increase to at least 15% in some groups due to shielding, sickness, special leave. • This will be partially mitigated by increasing numbers of more staff having the technology to work remotely to maintain the required social distancing measures, subject to the requirements of their role. • Resumption of education and learning through alternative methods to support completion of pre and post-graduation education and support workforce supply. • Staff availability during surges will be reduced as students return to full time education. • Some services will require increased staffing of a multi-professional nature during recovery phase to begin to address the health impact, which will need to be informed by clear prioritisation to ensure delivery within agreed financial limits. • There will be increasing need to support the employability agenda, including apprenticeship programmes, youth employment and those furthest from the workplace.

Key Assumptions *"a thing that is accepted as true or as certain to happen, without proof"*
Culture • There is capacity across the system to deliver service transformation and redesign priorities necessary to enable more sustainable service delivery. • There is capacity across the system leadership cohort to develop and agree a clear picture of the shared components of culture required across all our organisations. • National initiatives such as appraisal, introduction of whistleblowing standards, national staff experience pulse survey, 2021 iMatter roll out and work on furthering race equality remain a priority for Government and are introduced during and up to April 2020. • Local initiatives such as culture survey contribute to Magnet accreditation, enhanced staff reward and recognition approach, leadership, management and talent development remain a priority and are introduced during and up to April 2020. • Embedding the principles of the Nursing and Midwifery Strategy to deliver excellence in care and initiated pre-intent to Magnet designation
Equipment/Infrastructure • 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. • Modernising and redesigning current infrastructure/assets based on redesign models for safe care and managing risk through prioritised backlog maintenance and optimisation of planned capital developments due to reduced availability of capital funding.
Finance • Funding will be provided by the Scottish Government to cover the financial impact of responding to living with COVID-19. Appropriate measures and governance in place to monitor the finance impact/cost. • Where at all possible, resources (staffing, equipment, and infrastructure) will be reprioritised to areas of greatest harm/risk and aligned to our 9 objectives. • Working with partners, we will continue to develop an integrated approach to maximise the use of our collective resources to deliver our shared objectives and outcomes.
External Factors • Preparations will require to be in place to mitigate any risks with BREXIT. • Continue to contribute to reduction of zero carbon strategy.

Scenario Planning

The purpose of scenario planning is to identify risks and prepare for different situations. Scenarios are not what will happen, but they reflect characteristics of what may happen.

This year there are additional risks exacerbating winter pressures:

- The remobilisation of staff and facilities seen in first wave is unlikely to be possible due to general winter pressures, urgent delayed care & increase in staff sickness absence
- A backlog of Non-COVID-19 care following the pausing of routine clinical care is likely to mean an increased number of poorly managed chronic conditions or undiagnosed diseases
- A large resurgence of COVID-19 nationally, with local or regional epidemics during wintertime could lead to a peak in hospital admissions & deaths of a similar magnitude to the first wave in spring 2020
- A possible flu epidemic in addition to the challenges above could result in significant excess deaths and cancellation of elective surgery. An increase in general respiratory infections could also overwhelm test & protect capacity

We have identified four scenarios to inform our tactical planning and escalation decision-points.

Scenario 1: An average winter, coupled with a decrease in system wide bed capacity

A mild winter with the usual seasonal increases in GP consultations and NHS 24 calls with respiratory problems and long term conditions. Presentations at Emergency Departments are usually fairly stable, even in winter, however this year there is a small but noticeable increase in the number of people presenting with more complex problems. There is always an increase in the proportion of patients who are subsequently admitted from ED at this time of year but it is higher than normal as patients whose routine care has been paused present as emergencies. Patients are staying in hospital longer than average, with delays in discharge worsened by a 50% reduction in community and acute bed capacity due to infection control, and a drop in demand for care home places. A reduction of staffing capacity due to the usual winter related illness places is typical at this time of year and this can be managed through carefully managed rosters in primary and community care and a planned reduction in scheduled care in hospital.

Taking these factors into account, an increase in demand would require additional hospital bed days alongside a significant reduction in bed capacity. GP services and NHS 24 are busier than in other seasons and there are pressures, but overall it is manageable.

Scenario 2: A hard winter

The characteristics and effects of an average winter are worsened by severe weather similar to that seen during 2016 when a severe cold snap in November led to icy conditions for 2 weeks. The number of people of all ages presenting at Emergency Department (ED) increases dramatically over normal seasonal levels from slips and trauma related injuries. The orthopaedics team is having to extend emergency theatre sessions and increase its bed capacity to accommodate the additional numbers of serious fractures. Respiratory related illness and cardiovascular conditions are exacerbated due to the cold conditions leading to higher than the seasonal demand for primary care consultations, NHS 24 advice and acute, unscheduled admissions. Severe stormy weather in February has added a further surge in admissions, particularly from frail, elderly people unable to be supported at home. A further reduction in staffing capacity due to more severe winter related illness and difficulty in front-line staff being able to get into work in challenging weather conditions, has affected community nursing and social care. It has also reduced hospital staff capacity which cannot be offset by the planned reductions and pauses in scheduled care.

Taking these factors into account, the usual increased pressure during winter is exacerbated by two significant surges in demand for hospital care. GP services and NHS 24 are under severe pressure and many patients are turning up at ED units. Scottish Ambulance Service is working hard to manage increases in demand, and is coping but under severe pressure.

Scenario 3: Increasing COVID-19 transmission

The impact of increasing COVID-19 cases on health and social care services depends on whether we are dealing with localised (and managed) outbreaks or whether there is sustained community transmission. The Academy of Medical Sciences quantifies what might be required if there was a second peak and describes a ‘best, worst case scenario’, with similar levels of admissions as in the spring but with a longer tail rather than the sudden reduction we saw following lockdown.

Scottish Government scenarios look at the worst time to have a resurgence in cases. This modelling looks at peaks in late summer/early autumn when Test & Protect may not be able to give early warning and when numbers of patients in hospital are still relatively high. It also looks at a peak in winter when there is a surge in demand due to other winter pressures and when people’s immune systems are at their weakest to deal with COVID-19.

Managing localised outbreaks places greater strain on the community rather than hospital services. In this scenario, a rapid response signalled through early warning systems and managed by health protection teams limits the spread of transmission but will create disruption to local businesses, schools and public services if a localised restrictions are necessary. The best ‘worst case’ for a COVID-19 resurgence means a further peak of infections and hospitalisations. We can quantify the effect on general and ITU beds based on a similar peak to that experienced in the spring. Our modelling will also take account of a slower reduction in the peak and a longer tail. Whether localised outbreaks or a second peak, staff and facilities are unlikely to be deployed quickly due to other ‘normal’ winter pressures.

Scenario 4: Flu epidemic

The most recent flu outbreak was in 2017/18, when admissions per day for flu peaked at a similar level as we saw for COVID-19 admissions in our first COVID-19 wave. During that winter there was a period when more than 10% of non-elective admissions to Aberdeen Royal Infirmary were for flu. Lengths of stay for flu patients are on average 3 days longer than for non-flu patients and therefore pressures on bed capacity are exacerbated with these outbreaks. Numbers of deaths across Grampian were also distinctly higher over this period compared with other years. Higher than normal levels of staff sickness put further pressure on services.

These scenarios are presented independently. The worst 'worse' case scenario would be the cumulative effect of a severe winter, sustained community transmission of COVID-19 and the emergence of an influenza pandemic. We intend to test the resilience of our planning and assumptions against these scenarios.

Resource requirements to support the plan

We have welcomed the supportive approach from Scottish Government regarding the development of our COVID-19 response and remobilisation plans. Financial forecasts in terms of actual impact and costs have to date and continue to be based on actual costs for quarter 1 and best estimates for the remainder of the 2020/21 financial year.

In submitting the resource implications we have used as a start position the latest financial summary submitted on 22nd June 2020.

	Health Board	Health and Social Care Partnerships	Total
	£m	**£m**	**£m**
Per financial return – COVID-19	27.0	34.0	61.0
Remobilisation resources	30.3	8.3	41.6
Total estimate for 2020/21	57.3	42.3	102.6

Note that costs shown for Health & Social Care Partnerships include costs for social care services where the expenditure will be incurred by our partner local authorities.

We have undertaken an analysis of the costs submitted for the Health Board against the other North of Scotland Boards and against the national benchmarking. In terms of national benchmarking our combined estimated costs of 6% of our revenue resource limit was at the lower end of the estimates submitted by Territorial Boards. Whilst there were a lower number of COVID-19 cases in Grampian, the additional resource requirements within primary health, community and social care were comparable with other areas as was the requirement to step up services in key areas (eg ICU, COVID-19 assessment wards and Emergency Department) was in line with the national planning assumptions.

We estimate that in the first quarter of the financial year the Health Board (excluding the Health and Social Care Partnerships) has incurred costs of £7.79 million in responding to COVID-19. Main cost areas have been in additional temporary staffing (student nurses, junior medical staff, Domestics, Porters and additional overtime), costs of additional bed capacity (ITU and Medical beds), costs of community hubs, loss of income (catering, retail) and spend on IT equipment. Some offsetting savings have also been made from the reduction in elective activity (mainly on medical supplies and drugs) although the total of this offset reduced in June.

If COVID-19 related spend continues at this rate it would suggest total costs for the year of circa £28 million; in line with the estimates we have submitted to the Scottish Government. This total is for NHS Grampian services only. It does not include the estimated costs of the three Health & Social Care Partnerships which are in the region of £35 million for the year (including social care costs).

In terms of additional remobilisation costs to support our plans we have estimated that these could be c£42m, bringing the total estimated additional expenditure to c£102m for this financial year. These additional costs are included below and many of these are likely to continue into 2021/22 without the necessary assurances regarding additional funding being available.

Area	Description	Amount (£m)
Facilities	**Supply chain and logistics**	**0.9**
	Cleaning	**1.4**
	Portering and security	**0.7**
Primary care	**Contracting services**	**-**
	Optometry Support	**0.4**
	Community Hubs (Infrastructure only)	**0.3**
	Urgent Care redesign (full year)	**3.0**
	Home First (full year)	**3.0**
Acute	**Elective care**	**7.0**
	Acute Sector Infrastructure	**0.5**
	Critical Care Capacity	**1.0**
	General Medicine / Winter resource	**2.5**
	Labs Capacity	**0.5**
	CT / MRI reporting	**0.3**
Other	**Staff health and wellbeing**	**0.5**
	Test and Protect (inc tracing)	**1.0**
	Care Home Support	**0.5**
	Your workplace	**4.0**
	IT and eHealth technology	**1.0**
	Business support	**0.5**
	Immunisations (incl COVID-19)	**2.5**
	Social Care Capacity	**8.0**
	Mental Health Capacity	**1.0**
	Infection control	**0.3**
	IPC additional capacity	**0.3**
	Health inequalities	**0.5**
	TOTAL	**41.6**

Notes

1. The additional facilities costs reflects the ongoing support required for the distribution and supply of PPE, providing security on site to support the implementation of national guidelines (COVID-19/no COVID-19 and social distancing) and the additional cleaning required to meet revised standards
2. We have assumed that additional costs related to contractor services will be met through additional SG allocations and are excluded from this plan
3. For elective care the £7m relates to the recurring expenditure being incurred in line with the previously agreed Waiting Times Improvement Plan and for which no allocation has been made for 2020/21. We could increase further capacity using the independent sector to enhance capacity – this would require additional funding beyond the £7m. Within Part Two – Section 4, our Scheduled Care Activity & Backlog Plan (August 2020 – March 2021) Annex 11 we indicate that we could utilise up to £12m in this financial year.
4. Social Care capacity relates to anticipated additional pressures on care at home services and ongoing support for Care Homes.
5. We have included support for Acute services in relation to additional capacity and to the HSCPs to support the implementation of the urgent care redesign and our local response (Operation Home First).
6. Your workplace relates to the changes required to comply with guidelines for safe workplaces and social distancing.
7. We have included both the Flu and potential COVID-19 immunisation costs within our estimate.
8. All other costs reflect key elements of our mobilisation plan as set out in Part Two: Tactical Response and Enablers

Key risks and mitigations

A key element of our mitigation of risk during the next phase of our plan will be the learning that has been gained locally and nationally during the initial response period.

- ✓ **Power of partnership working** – we have benefitted significantly from the support and relationships we have across Grampian with our partners and the public and this will be further strengthened during our re-mobilisation.
- ✓ **Empowering innovation and co-production** – we aim to continue to be agile and responsive to changes and will continue to empower and support our teams to implement the changes that they believe are necessary to redesign services
- ✓ **Whole system approach** – within this plan we have increased the emphasis on the whole system response such as general practice, community services, mental health and home care
- ✓ **Focus on outcomes not targets** – services will be restored based on assessment of risk and the need to respond to clinical priorities and future waves of the pandemic or other winter pressures
- ✓ **Local decision making** – we will continue to follow national guidance and advice regarding the phases of living with COVID-19 but support our local systems to implement the most appropriate responses in their local communities
- ✓ **Act on learning** – we are committed to embracing a culture based on learning from experience to adjust and embed new ways of working to meet the complexity of challenges that are being presented within our services and communities.

In the remainder of the section we have set out a summary of the key risks and our proposed mitigating actions.

In terms of the risks associated with our re-mobilisation plan we have summarised these below

Key Risk	Actions to Mitigate/Manage Risk
Establishment of revised operational and tactical models Risk that the health and social care system has not been re-configured to meet the projected capacity requirements in response to address the priority health and social needs of our population including backlog; whilst remaining agile to respond to potential secondary waves of a COVID-19 outbreak and winter illnesses.	Tactical Operational Model (TOM-WR) has been adapted to clarify the role of each partner organisation, service and site whilst living with COVID-19 and managing a winter. The assumptions are being tested to clarify resilience and state of preparedness. A number of scenarios have been set out within the plan against which the TOM has been set to ensure that we are clear on the service changes and escalations that will be required to adapt to a number of different situations. Decision framework being rolled out across all clinical areas to ensure there is clarity regarding any changes in protected and critical services and urgent and non-urgent services. Testing is also being undertaken to ensure that we can be assured regarding the ability to match workforce with changes in the operational requirements to support the agility that may be required to support the re-mobilisation of services.
Establishing a supportive culture Risk that we do not follow through on the commitment to make staff health and wellbeing a priority, alongside developed plans to recruit and retain the skills and workforce required to support our strategic ambitions for health and social care in the region.	We have plans to improve recruitment and retention and address those areas where we have shortage of staffing and/or skills and experience in the short and longer term. This will be supported by opportunities for flexible working, clearer career pathways and education, training and development. We will support those who have returned to the service during COVID-19 to stay. Delivery commitments will only be made where we have a clear workforce plan to support them. The plan sets out the Board's commitment to promoting a supportive and positive culture across all areas, where innovation and staff health and wellbeing will be a key priority and outcome. There will be regular communication with staff and we will use the guidance and risk assessments within the Safer Workplaces Framework available to all staff, to promote individual discussions with each staff member regarding how we can continue to support their wellbeing. We have established a range of support mechanisms that staff can access to help them as required and appropriate to their individual needs.

Key Risk	Actions to Mitigate/Manage Risk
Addressing inequity and reducing health inequalities Risk that we do not address to the inequity and inequalities that existed across the region before the pandemic and which were further highlighted during the COVID-19 response.	Our local health and social care partnerships and integrated approach with key partners including Community Planning Partnerships will be used to develop place-based support and drive local improvements in population health. This will involve building on and strengthening the existing partnerships we have across the region. Aim to follow through on our strategic commitment to long term planning for action on inequalities to be central to everything that we do. That means committing to prevention, education, self-management, ensuring equity of access to care and using our influence to improve the wellbeing of communities and support local economies.
Agility within our workforce to respond to changes The risk of not being able to match staff resources and the appropriate skills and expertise to meet requirements of the TOM. There is a risk that an adequate whole system (including corporate teams and cells) response cannot be provided to support flow given reduced bed footprints; slower processes with managing COVID-19 risks; anticipated peaks; and health debt reducing ability to 'turn down services' traditionally reduced over winter.	We are implementing a whole system approach to planning for service redesign and transformation based on the principles of retaining agility of mobilisation of resources. All staff are involved in decisions regarding their deployment and Near Me and Microsoft Teams is now mobilised across Grampian to facilitate remote working and minimise unnecessary travel. We are embracing new ways of working across the whole system with clear pathways developed at the primary / secondary care interface. This will ensure a reactive service with the ability to mobilise additional staff where pressure is greatest with early identification of resources to manage conditions at an early stage and support clinical care with appropriate pathways to primary care and mental health. Flexible staff rotas, Staggering of clinical appointments and extended operational hours to increase access where possible. Develop supportive collaborative working arrangements with all primary care contracted services and between primary and secondary care through our clinical interface arrangements. Increased Staffing capacity in teams to provide additional cover and resilience and support rapid clinical assessment, appropriate clinical supervision and competency. Protocols for supporting modes of engagement with patients, provision of appropriate ICT resources, identification of individual training needs and auditing of delivery modes.

Key Risk	Actions to Mitigate/Manage Risk
Continuity of support for social care providers Risk that the appropriate support is not established to sustain the resilience of social care providers and ensure that appropriate clinical and professional advice is available.	Continuity of the arrangements implemented during the COVID-19 response to support the care home sector. We will work with the care sector (care at home and care homes) and third sector to widen support to maintain and improve access to support, implement the principles of Home First, improve quality where required, and address any actual or perceived fragmentation across the region in terms of co-ordination of planning and resources to ensure the best outcome for those residing in their own home or a care home.
Implementation of appropriate measures to manage outbreak Risk that there is not a co-ordinated and resourced approach to minimising the risk of a second wave (or reducing the impact of local outbreaks) or implement appropriate measures to reduce the risk of infection.	Comprehensive Test and Protect programme in line with national requirements and guidelines, supported by use of data and health intelligence analysis to ensure monitoring of any changes in communities or within vulnerable locations. Implementation of infection prevention measures and physical / environmental changes across all sites in line with national guidance and Safer Workplace Framework; minimising requirement for patients to travel through use of telephone consultations and triaging; controls over access to sites and establishment of green pathways within NHS sites and use of PPE in line with professional guidelines. Planning for mass immunisation programme when vaccine available.
Embedding and accelerating change Risk that we do not learn and build on the scale of change that was enabled by clinical and support staff to rapidly changing how they work during the initial COVID-19 response.	We are reviewing the approaches and measures taken during the pandemic to inform future change and the impact of the resulting changes for patients and staff, particularly in general practice and elective care, which have seen the greatest shifts. Digital infrastructure and tools will be built with transparency and involvement from the public and health and care staff to promote co-development and engagement. We will take steps to prevent digital technologies entrenching or widening health inequalities. This will build on existing initiatives that seek to address inequity in access to digital skills and infrastructure.

Key Risk	Actions to Mitigate/Manage Risk
Prioritising flow and clinical threshold Admission flow into major receiving sites unable to cope with demand on capacity.	We are modelling a number of scenarios based on emerging available evidence from our Public Health and Health Intelligence teams and Academy of Medical Science re best and worst case scenarios for winter to refine and test how we may require to adjust thresholds for admission and discharge to prioritise resources to areas of greatest clinical need.
Transfer of patients – distribution of population Transfer of patients to main receiving sites will be dependent on available SAS capacity. Given the geography of Grampian and the scale of the population who live more than 30 miles from a main hospital centre we are anticipating significant patient transfer and mobilisation challenges. SAS alone will not be able to support the scale of patient transfer required.	Modelling of the projected patient transfer requirements (including Islands) has been undertaken to test the resilience of the SAS response to the projected activity during COVID-19 response. This was undertaken in partnership with SAS and North of Scotland Boards. Work is ongoing with SAS and other partners to develop a Transport Plan for the next 12-18 months which will include arrangements for provision of non SAS transport where clinically appropriate.
Loss of workforce Risk of a significant reduction in available workforce – current modelling on basis of 20% ***Note*** *In a number of key areas we have higher than Scotland average dependency on locum and agency staffing: Locum – key areas will (include Dr Gray's, anaesthetics and radiology) and Nursing – key areas (will include critical care and theatres).*	Core capability for our response has been increased following step down of elective care with training and familiarisation being undertaken to support redeployment during the initial phases. Moving into remobilisation we have retained the ability to flexibly adjust how we prioritise services to ensure that staff can respond to any needs that may change during the next period whilst we plan for winter and live with COVID-19. All clinical and non-clinical areas have assessed the impact to services with a reduction in capacity. These plans are being developed and co-ordinated across the key operational areas. We are monitoring on a regular basis the changes in availability of workforce and the impact on resilience of services through the daily SITREP requests.
Loss of supply of protective and critical equipment Risk to staff and patient safety if supply of PPE and other essential protective equipment and critical resources cannot be supplied (e.g. ventilators).	Supply chain procurement is co-ordinated and distribution on a clinically determined basis and controlled to the most appropriate areas. Similar to all NHS Boards we continue to welcome the support from national procurement colleagues in terms of supporting the sourcing of essential supplies. We monitor this on a daily basis through the Facilities and Estates team. We are building relationships with local supply chain to maintain options for supply of essential supplies.

Key Risk	Actions to Mitigate/Manage Risk
Impact of BREXIT Risk to continuity of services arising from the uncertainty regarding the arrangements for the withdrawal of the UK from the European Union later this calendar year.	We will keep our operational assessment up to date based on latest guidance and advice. We have continued to maintain our BREXIT co-ordinating group established with executive leadership. We will continue to engage with and support staff who may be impacted by withdrawal of UK from the EU. We will ensure that we continue the co-ordination of our planning with professional leads across Scotland and at SG - procurement, medicines, staff and resilience. We will update our contingency plans taking on board the lessons gained during COVID-19 to ensure that we are in a position to sustain services following formal withdrawal from the EU.
Mass vaccination (Seasonal Flu and Potential COVID-19) Risk that seasonal flu vaccinations may not be available in quantity required to complete all 'at risk' groups prior to winter. Risk of insufficient capacity in workforce to deliver mass vaccination.	Plans in place for seasonal flu vaccination including ensuring workforce/staff identified and also preparing for potential COVID-19 vaccination. See Section 1 in Part Two of the Plan - Protecting Public Health.