Our System-Wide Remobilisation Plan

April 2021 to March 2022

Working together to protect the health and wellbeing of our patients and staff

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Foreword

NHS Forth Valley is an organisation that cares: cares for our patients, cares for each other and cares for the communities we serve and support. At a dedicated System Leadership Team (SLT) meeting which involved the Employee Director SLT members supported by their respective teams shared their Service and Partnership Remobilisation Plans. The output from this session has informed this System-Wide Remobilisation Plan (referred to as the Plan). This Plan is in response to the request from the Scottish Government's Health and Social Care Directorate and builds upon our extensive work to date as we continue the journey of Remobilisation, Recovery and Re-design with local staff and partners to increase our capacity, not only in our hospitals, but also in our communities during 2021/2022 and beyond.

Public Health, Primary Care and Staff Wellbeing will continue to be centre stage in our response as we resume services safely and incrementally within an affordable and sustainable framework. Clinical prioritisation will guide our decisions as we continue to ensure that those patients with more serious or urgent health care needs are seen and treated as quickly as possible. Preventing, treating and supporting people living with ongoing effects of COVID-19 and the ongoing roll out of our COVID-19 vaccination programme remain key priorities. We will also continue to strengthen our local Test & Protect and Infection Prevention & Control services to help maintain physical distancing and compliance with relevant PPE guidance across the organisation. In addition to the seven principles set out 'Re-mobilise, Recover, Redesign: The Framework for NHS Scotland, our latest System-Wide Remobilisation Plan sets out how we will maintain and protect COVID-19 capacity to ensure we can respond to surges as we roll out our COVID vaccination programme during the Spring/Summer of 2021. We will continue to do everything possible to prevent, control and reduce the spread of the virus by continuing to support enhanced asymptomatic staff and community testing and by building our public health capacity.

Tackling inequalities will continue to be a key feature now and in the longer term. To date we have demonstrated our commitment to an 'anchor approach' that takes account of regional community wealth building and aims to align population health with economic development. This work is being accelerated in collaboration with our local staff and partner organisations including our local colleges and University as well as businesses and community groups across Forth Valley.

Over the last year we have made huge inroads using technology to support virtual consultations, including the widespread use of Near Me to help deliver outpatient and GP appointments. We have also developed new ways to provide advice and support for people with minor injuries as part of the roll out of Call MIA and our ongoing redesign of urgent care services to ensure people get the right care in the right place. Innovation and improvement will continue at the same pace and spread as we continue to deliver high quality care and new and effective ways of working. This includes work led by our Ageing and Health Consultants who have shifted their location from hospital to community to work alongside our Care Home Assessment & Rehabilitation Team. This has enabled many more people to be looked after in their own homes, in care homes and the wider community.

We acknowledge healthcare delivery needs to be financially and environmentally sustainable. Alongside our ambitions to deliver better health and better care is a commitment to demonstrate better value in our decision making. A regime of good governance that manages risks will assure the NHS Board of high performance across all of our corporate objectives.

The need for ongoing co-operation between services and with partners, including local councils, transport providers, Scottish Government colleagues and neighbouring NHS Boards, has never been stronger. Staff from across our health and social care system have worked tirelessly and with such compassion and commitment to address the many changes and challenges they have faced over the last year. We would like to take this opportunity to thank them for everything they have done and continue to do to respond to the ongoing pandemic. 2021/2022 signals a step change a period of recovery that looks to the future and an investment programme that will see us strengthen primary and community care, complete our redesign of urgent care and the beginning of a new elective care national centre to support our transformation of planned care. We look forward to engaging with staff, our partners and the wider community as we refresh our extant Healthcare Strategy and contribute to a stronger, smarter, safer, greener and wealthier and fairer Scotland.

Janie McCusker
Chairman
NHS Forth Valley

Cathie Cowan
Chief Executive

SECTION 1: ABOUT THIS PLAN

STATEMENT

This Remobilisation Plan is in a draft format and will be submitted to the NHS Forth Valley Board for approval on 30 March 2021. We will continue to engage with colleagues in Scottish Government Health and Social Care Directorate on the detail and revise the Plan, as necessary, to respond to further changes and developments during 2021/2022 and beyond.

DOCUMENT CONTROL

Date	Version	Revision/Amendment Details & Reason	Author
25/05/2020	**1.0**	**Original Version**	**Cathie Cowan Kerry Mackenzie**
05/06/2020	**1.1**	**Redrafting includes 27 May Scottish Government feedback and 1 June System Leadership Team consideration. Refresh (4 June) of Service/Partnership Next Phase of NHS Response Plans**	**Cathie Cowan Kerry Mackenzie**
31/07/20	**1.2**	**Refresh to inform next phase of remobilisation from August 2020 to March 2021**	**Cathie Cowan Kerry Mackenzie**
February 2021	**1.3**	**Update to inform the new phase of remobilisation, recovery and redesign for the period April 2021 to March 2022 and beyond**	**Cathie Cowan Kerry Mackenzie**

1.1 PLAN PURPOSE

The Cabinet Secretary for Health and Sport on the 31 May 2020 launched the 'Re-mobilise, Recover, Re-design: The Framework for NHS Scotland[1] with the framework continuing to provide the over-arching context for remobilisation planning. In the initial response to this Framework our System-Wide Remobilisation Plan set out how we would safely and incrementally start to resume services over a 100 day period. Our next phase System- Wide Remobilisation Plan built on the work undertaken and covered the period from August 2020 until March 2021. Our current Plan continues to develop this work further and sets out plans and priorities for the period April 2021 to March 2022 and beyond.

The Plan takes account of how we:

- retain and build on the many positive transformative changes inspired by staff who have come together to work differently during this pandemic
- remain vigilant and able to respond to potential increases in future COVID-19 cases
- safely and incrementally, informed by clinical prioritisation, and, building on the work already underway, increase activity in relation to elective services including surgery, therapies, treatments and outpatient appointments
- adjust and continue to adapt to any new or going challenges whilst living alongside this virus as we look to the next 12 months and beyond
- continue to support people with COVID-19 who require health care and treatment, including those who experience ongoing health issues after their initial infection period

In this regard NHS Forth Valley will continue to:

- instil and maintain the trust and confidence of our staff, public and partners by ensuring that they are involved and well informed in our plans
- look after the health and support the physical and psychological wellbeing of our staff
- work in partnership with our staff side and clinical advisory colleagues
- embed innovations and digital approaches into our everyday practice and business

[1] https://www.gov.scot/publications/re-mobilse-recover-re-design-framework-nhs-scotland/

- plan and adapt our remobilisation and recovery work alongside our Directorates and Health & Social Care Partnerships and build on the strong collaborative response with our wider partners and communities with a focus on reducing health inequalities
- avoid unnecessary disruption or adverse economic impacts and in this regard contribute to local population health and community wealth building whilst connecting nationally to the renewal work led by Scottish Government colleagues

1.2 ADDRESSING INEQUALITIES

The COVID-19 pandemic has had a profound impact on our health, economy and society and both exposed and exacerbated existing health inequalities. Addressing these inequalities for the population of Forth Valley and our workforce is therefore a vital theme which is at the core of our planning. Working in partnership to address these inequalities will be vital to our success locally and nationally.

1.3 PLAN REMIT

NHS Forth Valley. through its ongoing remobilisation and recovery work, has continued a dialogue within the NHS Board and System Leadership Team to plan for further resumption of services. This dialogue includes regular engagement with clinical and staff side colleagues.

This Plan takes account of the different ways in which we have been working during our COVID-19 response, supported by our initial remobilisation, and considers the ongoing impact of living with the virus as we move forward. This continues to be a live document which will be adapted and modified as we build and adapt our plans to further resume our services. It should be noted that there may be a requirement for a further iteration of the plan.

1.4 PLANNING ASSUMPTIONS

The initial COVID-19 response to temporarily suspend non-urgent health services and operations across NHS Scotland from 23 March 2020 has led to a significant increase in the number of patients waiting for assessment or treatment. It is recognised that any delay in tests or treatment can be distressing for patients and their families and we are therefore keen to continue to incrementally increase service capacity across our health and care system as quickly and safely as possible.

To guide the ongoing resumption of our services we have made a number of planning assumptions, notably:

- There is sufficient public health and health system capacity in place to implement the 'test and protect' strategy
- Sufficient testing capacity can be sourced and delivered to support suppression measures in care homes, across staff groups, and in the general population
- "Lockdown" measures instituted in December 2020 are effective in preventing the overwhelming of the health and care system
- The production of an effective vaccine in sufficient quantities to deliver a rapid mass vaccination programme
- Interfaces with primary and secondary care are maintained
- Social care services can be sustained
- Adequate staffing levels are in place to ensure the continued functioning of health and care services
- Robust infection protection and control measures are in place and maintained with appropriate cohorting of patients to reduce the potential spread of infection
- Physical capacity across all of our sites will be reduced and reviewed to ensure physical distancing measures are maintained
- PPE supplies and access to critical medicines continue
- Care homes continue to receive our support
- That mutual aid arrangements for critical care and other crucial services can be maintained
- New ways of working established during this pandemic continue and good practice is encouraged and supported

1.5 GOVERNANCE ARRANGEMENTS

NHS Forth Valley in response to COVID-19 reviewed its governance arrangements in line with the letter received from the Scottish Government in March 2020. New arrangements were put in place and these interim arrangements were set out in a paper to our March 2020 NHS Board and aimed to:

- enable the Board to effectively discharge its governance responsibilities during this pandemic and, in particular deal with any necessary legislative or regulatory aspects of business
- provide assurance that plans were being developed in line with national direction and that resources were being deployed effectively
- maximise the time available for management and operational staff to respond to COVID-19
- minimise the need for people to physically attend meetings

- seek assurance through the fortnightly Chair, Vice Chair and Assurance Committee Chairs meetings

Arrangements have subsequently been reviewed by the NHS Board with all Assurance Committees including Audit and Remuneration meeting. A revised programme of meetings is in place to the end of March 2021. The regular programme of meetings will resume from April 2021. The meeting with the Chair, Chairs of the Assurance Committees and Chief Executive continues informally to inform future Board agendas.

A weekly Recovery Scorecard has been introduced along with our daily COVID-19 Scorecard.

1.6 LINKS TO OTHER PLANS

- NHS Forth Valley Interim Pandemic COVID-19 Response Framework
- NHS Forth Valley Directorate/Partnership Remobilisation Plans
- NHS Forth Service Level Business Continuity Plans
- NHS Forth Valley Major Incident Plan
- Forth Valley Local Resilience Partnership COVID-19 Framework
- Health Protection Scotland COVID 19 Guidance (various)
- Scottish Government, Health and Social Care Guidance (various)
- Integration Authorities Strategic Commissioning Plans
- CPP Local Outcome Improvement Plans

SECTION 2: PLAN ACTIVATION – REMOBILISATION

2.1 OVERVIEW

Our initial Mobilisation Plan and subsequent System-Wide Remobilisation Plans were developed in partnership and adopted a whole system approach to support our initial response to COVID-19 and our ensuing recovery. This whole system approach is reflected in our ongoing work to resume services which will be achieved in stages.

Ensuring the effectiveness of Test and Protect, public and staff vaccination, COVID-19 assessment pathways, support for care homes, and effective infection control measures to prevent virus spread are critical requirements in our management of the pandemic and to the ongoing delivery of our services. We will continue work to protect the health and wellbeing of all of our staff, by ensuring appropriate personal protective equipment, access to testing, occupational health support, access to staff wellbeing programmes, focussing in particular on mental health support. The continued use of working from home where possible and appropriate will continue to be maximised.

It is assumed that measures will be required for some time and these will have implications for how we use space, staff and equipment. Overcoming capacity, workforce, logistics (PPE, drugs and other equipment), space/facilities, and transport challenges are all being taken into to consideration to support the progressive scale up of services aligned to regional and national Plans, including national screening programmes.

We are working system-wide to support our population in the prevention of ill-health by tackling inequalities and to ensure that effective primary care services are in place. The effective delivery of unscheduled care, coupled with the safe management of those patients that are delayed in their discharge, is critical in ensuring a safe and effective system for our patients and staff. We continue to provide maternity and health visiting services focussed on ensuring the best possible start to life and will continue to provide high-quality care for mental health and wellbeing, including the delivery of national standards for psychological therapies and child and adolescent mental health services (CAMHS).

The work led by Public Health continues, with assistance from Local Council Environmental Health Officers and good internal systems, including local laboratory capacity will continue to support the agreed testing pathways.

Our preparation to support safe and effective remobilisation is detailed in our planning assumptions set out above.

2.2 Enabling Activity

2.2.1 Digital & ehealth & Information Management Services

Digital and eHealth has been a major enabler over the period of the pandemic and very early on the digital requirements were being scoped out. Since April 2020 there have been at least 17 different supporting digital initiatives and technology solutions for the COVID-19 response. A summary of the main initiatives are as follows:

- accelerated roll out of 'Near Me' across all main care settings and GP Practices
- full Microsoft Teams roll out to all staff in NHS Forth Valley to support meetings and communications
- identified and introduced messaging solutions for clinical and operational teams
- increased Wi-Fi access for key staff at Forth Valley Royal Hospital
- established (doubled) remote access arrangements for staff bringing access up to c2/3rds coverage for primary care GPs
- procured additional laptops and mobile devices to support more agile and home working
- strengthened cyber security by rolling out Advanced Threat Protection (ATP) software
- reviewed and refreshed ICT business continuity plans including Out Of Hours support
- supported operational arrangements for key information management reports to be automatically generated to inform SITREP reporting externally and internally and to support decision making
- provided IT and Communication support for Hub & Assessment Centres e.g. Adastra and TRAK functionality along with telecoms
- rolled out iPads to support critical care and community hospital visiting
- implemented enhancements to the Patient Management System to monitor and record COVID-19 activity (via TRAK)
- enhanced 'Portal to Portal' and SCI Store links to share patient information across NHS Boards boundaries
- rolled out access to Emergency Care Summaries (ECS) to Dental, Pharmacy and Optometrists in the community enhanced 'paper-lite' working in ICU
- implemented the Track and Trace software and digital platforms locally and provided extensive analytical support to Public Health
- implemented the digital and technical requirements to support the NHS Board's Vaccination programme

The key schemes of our Delivery Plan for 2021/22 are detailed with our Digital and eHealth Delivery Plan.

- ✓ **Appendix 1** Digital & eHealth Delivery Plan – Supporting Remobilisation, Recovery and Redesign

2.2.2 Managing Quality & Safety

We continue to prioritise clinical governance and safety and have strengthened our Care and Clinical Governance and associated infrastructure and systems. A new Safety and Assurance report was implemented in 2020 and will be continuously improved upon in 2021. We have also implemented a refreshed Standards and Reviews Report. We have planned a refresh of Adverse Events and Significant Adverse Event Reporting process to include re-launch of Duty of Candour across NHS Forth Valley. We also have work underway to support the implementation of the new Whistleblowing Policy and Standards from 1 April 2021.

We maintained many of our Safety Programme interventions in 2020 including falls prevention. However, we have undertaken a review and gap analysis of the key safety workstreams. We have also reinvigorated our Clinical Outcomes Group to give increased focus on HSMR and will have revised priorities for safety improvement including VTE Prophylaxis and the Deteriorating Patient. We are identifying increased need for data analyst capacity to support these and other quality and safety workstreams.

We have developed, using an innovative TIGER Team approach, a new Draft Quality Strategy for 2021 – 2026, incorporating Quality Management System principles and five initial priorities. This has been possible despite and to some extent because of the challenges of COVID-19 due to the commitment of a range of clinical and other staff, Health and Social Care Partnership colleagues and with lay participation. We plan, once signed off by the NHS Board, with wider involvement including across our Health and Social Care Partnerships to prepare and progress the associated delivery plan.

We transformed our improvement learning programme so that it is now accessed virtually and have continued to deliver Learning for Improvement to meet the needs of staff and the pace of change. We have also built this into the Introduction to Leadership programme led by Organisational Development, with increased number of cohorts and associated projects in 2021. In response to COVID-19 and increased inequalities, we plan to explore how to better address inequalities as part of our improvement training, programmes and projects, making use of Healthcare Improvement Scotland's iHub and other resources.

We briefly paused our Value Management Collaborative (VMC), then, as a result of the leadership and resilience in the three teams Day Medicine, Mental Health and Pathology, this work was restarted to help recovery and renewal. We will further develop and then implement the spread plan for VMC, starting within Mental Health and areas associated with Day Medicine and have redesigned use of resources to appoint Improvement Advisor Interns. This will give development opportunities to staff and build quality and safety improvement capacity and capability within services.

We have recently completed the Early Intervention in Psychosis Accelerator project and the outputs from that are being used by nationally by Healthcare Improvement Scotland to inform a potential second phase of work. They have also been used locally to inform scoping of a programme of redesign of mental health pathways to begin in 2021.

In Scheduled Care Services, Service Delivery Teams will be established focusing on highest priority areas first including urology, ENT and respiratory medicine. A foundation of Scottish Access Collaborative Principles, coupled with access diagnostics, supported by a pathway approach to improvement is being planned. NES flow coaching training and Scottish Government's Bringing it All Together sessions will be utilised when back online to support delivery.

2.2.3 Emphasis on innovation and transformation

The pace, reach and support for innovation continues to increase across NHS Forth Valley, Health & Social Care Partnerships and primary care contractors. During 2021 we will continue to look for opportunities for funding to match the innovation challenges that we have. Addressing inequalities worsened by COVID-19 will be a key focus for innovation in 2021. We plan to explore approaches to systematically build population health, innovation and quality and value into strategic and operational planning.

Throughout the pandemic staff have continued to look for innovation solutions to adopt; have actively look for innovation funding opportunities to match needs; have identified opportunities to use the Scottish Service Design Approach; have worked with NHS NSS Innovation Procurement, Regional Innovation Hubs and national Test Bed Governance Group; and have integrated innovation with Digital and eHealth Delivery Plans.

We have drafted an Innovation Plan and are working to identify priority innovation challenges and opportunities taking cognisance of innovations being developed via the three Regional Innovation Hubs and to be prioritised aligned with Scottish Government's four Care Programmes and the Centre for Sustainability.

We are preparing a programme to increase NHS Forth Valley's contribution as an anchor organisation to community health and wealth building and sustainability and contributing to the delivery of a small number of key economic development priorities pan-Forth Valley. We have, as part of this, submitted an Expression of Interest to the Health Foundation's Economies for Healthier Lives competition.

We have continued to adapt, changing practices and ways of working to support delivery. Notably we have:

- Increased the number of staff using networks and peers to find innovative solution to operational and clinical solutions

- Strengthened innovation governance and agile processing of innovation requests from closer working of information governance, medical physics, eHealth, procurement, control of infection and clinical governance and increasing awareness of legislation and regulation
- Reprioritised improvement and technology enabled care staff and other resources for six months to deliver rapid scaling up and have sustained use of Near Me (42,000 appointments, 16000 consultations hours) and Home and Mobile Health Monitoring for hypertension
- Contributed clinical leadership and developer time to develop the asthma pathway as part of the Remote Healthcare Pathways Programme
- Completed the Small Business Research Initiative delivering an integrated Digital Dermatology Assessment Service (~3000 appointments to date) in Forth Valley, Greater Glasgow and Clyde and Grampian and provided clinical leadership and change management resources for the Modernising Patient Pathways Programme DDA Rollout Delivery Group
- More collaboration and partnerships to expand opportunities and benefits realisation from design and innovation - this includes other NHS Boards (Fife, Lothian, Greater Glasgow & Clyde, Ayrshire and Arran, Highland), Public Health Scotland, COSLA, Local Authority Chief Executives and economic development leads, Strathclyde University, Fraser of Allender Institute, University of Stirling and Forth Valley College, Scottish Enterprise, Skills Development Scotland)

We will continue to provide clinical and management leadership and infrastructure support for delivery of Dermatology and Eye Health innovation solutions to challenges (access, person centredness, sustainability, efficiency and productivity), within the NHSScotland Health and Social Care Innovation Catalyst. This will be dependent on innovation infrastructure funding from Government and seeking UK and global funding opportunities through consortium development.

The Eye Health Small Business Research Initiative will begin in March 2021 designed to develop next generation home vision testing aimed at prevention, increased access to early diagnosis and management of eye problems, reduced demand on ophthalmology and optometry and reduced travel. Phase 1 feasibility studies will complete by June 2021. Phase 2 prototyping and product/service development to March 2022. A third phase thereafter will be planned for implementation and pre-commercialisation work.

We have initiated a Dermatology AI Consortium for Scotland with Industry partners, with an initial aim to reduce time to diagnosis of skin cancer to 25 minutes by 2025. This will be launched in March 2021. During 2021 prioritised use cases will be developed with feasibility and impact assessment and routes to potential funding.

We will finalise our NHS Forth Valley Innovation Plan, pending review of innovation challenges identified in mobilisation and programme board plans. We will do this alongside and integrated with NHS Forth Valley's Digital and eHealth Delivery Plan, Integration Authorities' and Local Authorities' transformation plans. Our communication and engagement plan will be designed to increase early awareness of innovation solutions to be adopted, arising from the three Regional Innovation Hubs and national procurements.

We will increase use of Home and Mobile Health Monitoring for hypertension (achieving goal of adding 2000 users to FLORENCE and up to 60% of GP Practices). We will explore use of Remote Healthcare Pathways technology to support COVID 19 Assessment, Asthma and Irritable Bowel Syndrome (IBS).

We will increase our anchor organisation contribution to Forth Valley's population health and community wealth building delivering a programme of work as part of a Forth Valley wide consortium aligned with the regional cities/growth deals.

We plan to continue to offer Test Bed opportunities to industry and social enterprise and have increased research and development and innovation collaboration with Strathclyde University, University of Stirling and Forth Valley College.

We will deliver the Health Foundation Q Exchange funded project to increase joy in work, integrating it into the scale up of our Value Management Collaborative and Realistic Medicine.

Addressing inequalities worsened by COVID-19 will be a key focus for innovation in 2021 and beyond. We plan to explore approaches to systematically build population health, innovation and quality and value into strategic and operational planning. Work to assess inequalities associated with the use of virtual consultations has been undertaken in outpatient services. The brief for the recently launched Eye Health Small Business Research Initiative includes finding solutions that reach and can be used by people who do not have access in the home to laptops/iPhones. The benefits of managing eye conditions in the community are well documented and *Realistic Medicine* promotes person centred care. However, there are disparities in the uptake of eye testing and some people in disadvantaged communities and minority groups do not access services as easily as others.

2.2.4 Realistic Medicine

The application of the principles set out in Realistic Medicine continued, and in some cases, have been strengthened throughout the COVID-19 pandemic, despite a pause in the national workstream in March 2020.

We have developed and submitted an updated Realistic Medicine Action Plan to support recovery and renewal in 2021. A priority within the Action Plan for 2021 is development of a Forth Valley-wide Realistic Medicine Network that is broad and welcoming in its diverse relationships and partnerships, connecting people and using creativity and innovation to help tackle some of the complex healthcare challenges and better address inequalities.

In addition to the six pillars of Realistic Medicine, NHS Forth Valley has adopted wellbeing as a seventh pillar, with projects such as the Peer Support Service. Plus promoting joy at work as part of our Value Management Collaborative (VMC), drawing in funding from the Health Foundation to create the conditions for a culture of joy in work.

Realistic Medicine is included in our NHS Forth Valley Quality Portfolio and we plan to initiate a Realistic Medicine Steering Group to guide use of resources and increase integration of Realistic Medicine with other programmes of work and service plans. For example, Realistic Medicine is explicitly mentioned in our Plan for Clinical Services: Specialist Mental Health & Learning Disability 2020-2025.

- ✓ **Appendix 2** Realistic Medicine Action Plan 2021

2.2.5 Workforce

The Human Resources Directorate continue to support services throughout the ongoing pandemic. In addition to the Redeployment Hub, they are continuing supporting the recruitment of staff to the Test & Protect service and COVID-19 Vaccination Programme, ensuring both services have the correct staff in place with the necessary skills and experience.

Human Resources are working with managers who have staff shielding and unable to work in their current role at home, to assess if these staff would be able to provide support other areas of the service.

Staff Health and Wellbeing is a key priority for NHS Forth Valley. A Staff Health and Wellbeing group, led by the Human Resources Director, meets fortnightly with work ongoing to provide immediate support especially to those staff who are in front facing roles. This support includes psychologist input and further developing the role of peer supporters, psychological first aid and mental health support. A commitment to

develop a Corporate Staff and Wellbeing Plan that takes account of the Sturrock Review recommendations including a pledge to introduce a 'Speak Up' initiative will feature highly in our APF and ACF 2021 programme of work.

A refresh of our People's Strategy will be informed by stakeholder engagement sessions supported by our Organisational Development and Learning & Development Teams this refresh has a number of key strands including a review of our value and behaviours, establishing Equality & Diversity Networks, launch of a new 'Speak Up' initiative linked to our commitment to using and reporting on i-matter engagement/compliance and ongoing Management & Leadership development.

Determining specific workforce needs will play an important part in the remobilisation process with our supporting interim workforce plans being developed for submission at the end of April 2021.

2.2.6 Financial Sustainability

It is imperative that financial sustainability and value remain key factors which influence the development of our service and workforce plans. The principles of Value Based Healthcare and Realistic Medicine will be applied across the plan to maximise the opportunities to improve costs and patient outcomes.

2.2.7 Risk Management

Risk Management is an essential tool in supporting the organisation to achieve its strategic/corporate objectives. Effective Risk Management can implement actions to mitigate threats to those objectives. Equally there will be risks to the successful Remobilisation, Recover and Redesign of NHS Forth Valley, in particular due to the fast moving and continually evolving nature of the pandemic. Risks to the delivery of this Remobilisation Plan will be managed in line with the agreed processes and governance detailed in the NHS Forth Valley Risk Management Strategy. A recent review of risk management arrangements by the NHS Board's Internal Auditors found 'progress to enhance risk management arrangements has been excellent and the organisation now has a route map to develop the risk management framework'. A key piece of work to reflect the ongoing impact of COVID-19 on all of our strategic risks including how these relate to operational risks is underway. This work will ensure NHS Forth Valley has the most effective governance arrangements in place to inform our remobilisation, recovery and re-design response. In this regard NHS Forth Valley will develop a stand-alone Remobilisation Risk Register that will be owned by the System Leadership Team and reviewed on a monthly basis. COVID-19 Remobilisation is currently highlighted as a risk on the Strategic Risk Register.

SECTION 3: SAFE AND EFFECTIVE REMOBILISATION

Section 3 of this Remobilisation Plan provides a summary of actions being taken to build on the work currently underway in respect of the resumption of services. The summaries set out have been informed by Service/Partnership Remobilisation Plans appended to this document.

3.1 Public Health

Outcome
Programmes are in place that will support work to improve and protect the health of the Forth Valley population

The establishment of Public Health Scotland in April 2020 has led to a redoubling of and coordinated national effort to address population wellbeing in Scotland with NHS Forth Valley working to support this effort locally and nationally throughout the pandemic.

NHS Forth Valley will:

- ✓ continue to support enhanced partnership working
- ✓ ensure rapid delivery of essential actions and IT solutions
- ✓ continue to ensure that the workforce is used flexibly and in an efficient manner
- ✓ ensure ongoing development of specialist workforce with recruitment, training and retention of additional specialist nurses and consultant level staff
- ✓ work nationally and locally to influence population health to include our workforce

The Public Health Team has undertaken a wide range of additional essential services and tasks related to the COVID-19 pandemic alongside maintaining key services across the three primary domains of health improvement, health service improvement and health protection.

Health protection is normally a small part of the overall team function but has become the immediate priority and has required significant redistribution of resources. The public health team has been expanded to provide a comprehensive test and protection contact tracing service, to lead the delivery of population testing, to oversee the safety of care homes, to support and advise on vaccination, to support and advise NHS primary care colleagues, in particular in NHS dentistry and to identify investigate and contain COVID-19 outbreaks.

Health service activity has included both maintaining and improving the safety and efficiency of NHS acute services, responding to pandemic challenges including nosocomial infections and safely suspending and restarting key services such as national NHS screening programmes.

Across health improvement vital planning and partnership working has been undertaken both to protect the most vulnerable during the pandemic but also to maximise the potential for recovery and health improvement during the remobilisation phase. Immediate priorities for remobilisation will include work to address substance use building on our recovery community approach and the elimination of hepatitis C. Social mitigation and crisis management planning with Community Planning Partners (CPP) aims to address increases in unemployment, increase in numbers of people living in poverty, increased substance use and deterioration in population mental health, especially for key groups.

Ambitious developments including our 'anchor approach' in relation to population health measures aligned to economic development plans across Forth Valley are underway. This includes an initial agreement of a similar approach with Stirling CPP plans and support to Clackmannanshire CPP with the implementation of their CLES community wealth building report and findings.

Summary

As we move forward with our remobilisation and recovery work will continue in respect of:

- ✓ routine health protection and emergency planning services to keep people safe
- ✓ strategic community planning has continued – with a COVID-19 focus
- ✓ ongoing work with Public Health Scotland and other national partners to support enhanced partnership working and
- ✓ delivery of some population health/health improvement programmes

As with all other NHS Boards across Scotland, health improvement/social mitigation activity has reduced and increased in line with surge capacity requirements. National screening programmes were suspended and then safely re-started under expert guidance. Community dental services were restricted to emergency only for much of 2020 and work is now underway to resume service safely. Substance misuse services and planned developments have been impacted but monitoring of drug related deaths has continued as far as possible. Work to identify and treat 21,000 cases of Hepatitis C across Scotland was suspended in 2020 but the target for elimination by 2024 remains.

Much of this public health activity is dependent on the progress of the pandemic and decisions around the route out of lockdown. Re-opening of society with education, social mixing and possibly travel present substantial challenges even in the context of a highly effective (90%) vaccination programme. Virus mutations and the possible requirement for extended public health measures beyond 2021 make future planning

challenging. The public health workforce remains small for the scale of the challenge. Staff freed up from pandemic roles will be retained to step up into wider public health challenges as a core part of the national remobilisation plan.

Similar to an Expression of Interest made to the Health Foundation NHS Forth Valley suggest the development of innovative population health planning of NHS Forth Valley services. This approach utilises the skills of Public Health, Planning and Efficiency, Improvement & Innovation to enhance planning of services to ensure that population health needs are met (as far as service delivery can provide) and quality and value are integrated while using an inequalities lens to remove barriers to equality as far as possible.

Risk and Mitigation

There is a risk that NHS Forth Valley will not be able to improve and protect the health of the population whilst providing a breadth of support in relation to COVID-19.

NHS Forth Valley has taken steps to:

- ✓ step up enhanced asymptomatic staff and community testing
- ✓ establish a Vaccination Team
- ✓ adopt a regional approach to support our local health protection nursing workforce
- ✓ propose an adult screening team for one year to renew delivery of the required screening programmes across Forth Valley
- ✓ plan service delivery models which are not solely reliant on patients having access to digital resources, especially services which support those in greatest need
- ✓ work towards enhancing inequalities data capture to support planning
- ✓ adopt an anchor response to support population health and community wealth building

3.2 Test & Protect

Outcome
Suppress the transmission of the virus and prevent/control nosocomial related infections and care home outbreaks

NHS Forth Valley will:

- ✓ continue to support the 'test and protect' pathways including surveillance in hospitals, care homes and for key workers and their households
- ✓ provide a 7 day per week contact tracing service
- ✓ maintain robust Infection Prevention & Control measures within all its NHS sites/services
- ✓ sustain the enhanced assurance system to support care homes – Care Home Clinical and Care Professional Oversight Team known as the Assurance will meet 7 days per week with the Care Home Strategy Group meeting weekly

Summary

The key to driving down and then maintaining low virus levels continues to be the combination of effective public health measures observed by the whole population backed up by effective contact tracing and control measures undertaken by specialist health protection teams whenever positive cases or outbreaks occur. Specialists in health protection maintain constant surveillance for signs of possible hot spots or outbreaks and work with the community to identify and reduce risk. NHS Forth Valley has implemented all of the Test & Protect Pathways. The local service is led and supervised by staff from the health protection team within Public Health supported by other local staff redeployed from their substantive roles. The Test and Protect service is fully staffed 12 hours a day, seven days a week and is supported by an on-call Public Health Consultant.

Testing remains a key element in tracking and elimination of COVID-19. There is extensive work underway to deliver testing in multiple locations including asymptomatic with the use of Mobile Testing Units. All NHS hospital admissions are tested, as well as all staff having access to weekly testing and all Care Home staff also being offered weekly testing. NHS community testing sites are located in Stirling and in Falkirk as well as mobile sites, deployed as required.

Test and Protect has been in place in Forth Valley since 28 May 2020. All cases notified to NHS Forth Valley have been contacted and compliance appears to be good. Currently the service deals with 70-100 suspected cases requiring their contacts to be traced each day. The

national elements of Test and Protect are in place to support the local NHS response. The local health protection teams continue to handle contact tracing for more complex incidents and enquiries linked to schools, care settings or workplaces.

Care Homes continue to be a priority area with significant multidisciplinary and cross agency support. The daily care home meeting has continued to ensure the safety of local homes with a weekly Care Home Governance Group chaired by the Executive Nurse Director. There have been outbreaks in a number of local care homes over the last few months with staff fully supported. We continue to work closely with Care Home Providers and the Regulator. Testing of over 2000 staff per week continues.

With the return of schools in August 2020 there was much activity to provide accurate and timely advice, to investigate any suspected cases and to deal with any future positive cases. A daily meeting of the health protection team with Directors of Education was established to closely monitor and manage any issues in partnership and address any local queries or concerns. This proved a very successful arrangement which ultimately expanded to become a wider Local Resilience Partnership IMT chaired by the Police Area Commander.

Risk and Mitigation

There is a risk NHS Forth Valley will be unable to suppress the virus and spread of infections and/or care home outbreaks

NHS Forth Valley has taken steps to:

- ✓ resource the Test & Protect programme and pathways
- ✓ resource a contact tracing service 7 days per week
- ✓ heighten Infection Prevention & Control awareness and monitoring across all of its NHS sites/services
- ✓ provide expert Infection Prevention & Control advice and support to care homes
- ✓ resource an enhanced care home system and response to maintain non-COVID care homes and/or promptly manage care home outbreaks with key partners
- ✓ provide a comprehensive COVID-19 vaccination programme taking into consideration lessons learned from the Flu Vaccination Programme

3.3 Expansion of COVID-19 Testing

Outcome
Ensure adequate levels of safe and accessible testing are available for the population of Forth Valley

NHS Forth Valley has and will continue to:

- ✓ provide Lateral Flow Devise (LFD) testing for patient facing healthcare staff, with twice weekly testing in place
- ✓ support the introduction of LFD testing to Primary Care contractors from 22 February 2021 with support ongoing
- ✓ provide Polymerase Chain Reaction (PCR) testing for NHS staff locally, linked to the Forth Valley Royal Hospital laboratory
- ✓ support work in relation to Mobile Testing Units (MTU) for community testing for symptomatic patients, using PCR tests
- ✓ provide flexibility within the testing capacity to enable asymptomatic testing where required
- ✓ ensure appropriate support to vulnerable communities in relation to testing capacity

Summary

There is a planned introduction from the week commencing 1 March 2021 to one fixed site in Falkirk and one pop-up rotating to 4 sites (2 in Stirling and 2 in Clackmannanshire) with potential to extend to a further pop-up ATS if evaluation indicates this is necessary and appropriate.

LFD testing has been introduced to a wide range of settings and workplaces in the Forth Valley area by the Scottish Government including care at home, care homes, sheltered housing and hauliers. This is currently being extended to other workplaces including food production and distribution and education settings. Testing has evolved since March 2020 and will continue to evolve as policy changes, technology is updated and as the vaccination programme progresses. Testing has been flexible and responded to changing patterns of the pandemic, changes in policy direction, public health intelligence, increased knowledge about the disease and greater understanding about the benefits of symptomatic and asymptomatic testing in reducing the spread of COVID-19.

In terms of ensuring support to our more vulnerable communities, we have had the flexibility to target MTU testing to areas of poor uptake and of high deprivation. It is intended to use the new ATS facilities to reach into areas where there are inequalities and higher risks of spreading COVID-19. In addition, door-step delivery of PCR tests aims to focus on vulnerable and hard to reach groups e.g. homeless, addictions, gypsy travellers.

There are a number of considerations in respect of sustainability of the testing programme, including:

- All testing is funded through Scottish Government COVID-19 funding
- MTUs are staffed and managed by Scottish Ambulance Services
- The ATS facilities will be staffed mainly by local authorities but this may not be a sustainable model – currently using furloughed and redeployed staff
- Forth Valley PCR testing uses bank and redeployed staff who be required as services remobilise
- Laboratory sustainability is essential to support ongoing PCR testing and any growth in PCR may require further capacity provision for laboratory services
- Staff LFD testing does have a sustainable service

3.4 Vaccination Programme

Outcome
To ensure an accessible, time driven, sustainable vaccination programme is in place to protect the population of NHS Forth Valley

The quick redesign of services brought about by the pandemic has provided the Vaccination Programme Team with the opportunity to understand the pressures that an ever-expanding immunisation schedule brings. It has highlighted the need to develop a sustainable but flexible programme as briefly summarised in the step diagram at figure1.

NHS Forth Valley has and will continue to:

- ✓ deliver the vaccination programme in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance
- ✓ deliver the two-dose vaccination programme with an interval of 4 - 12 weeks between doses
- ✓ prompt and encourage vaccination uptake across all JCVI priority groups
- ✓ plan a sustainable vaccination programme for the population of Forth Valley

Summary

Planned scheduled deliveries of the COVID-19 vaccine to NHS Forth Valley are being adjusted centrally by the national team to ensure an equitable population share of supplies in Scotland in response to supply levels. This situation may require changes to community vaccination sessions as we look to balance first dose vaccinations in line with JCVI priority groups and second dose follow ups. NHS Forth Valley to

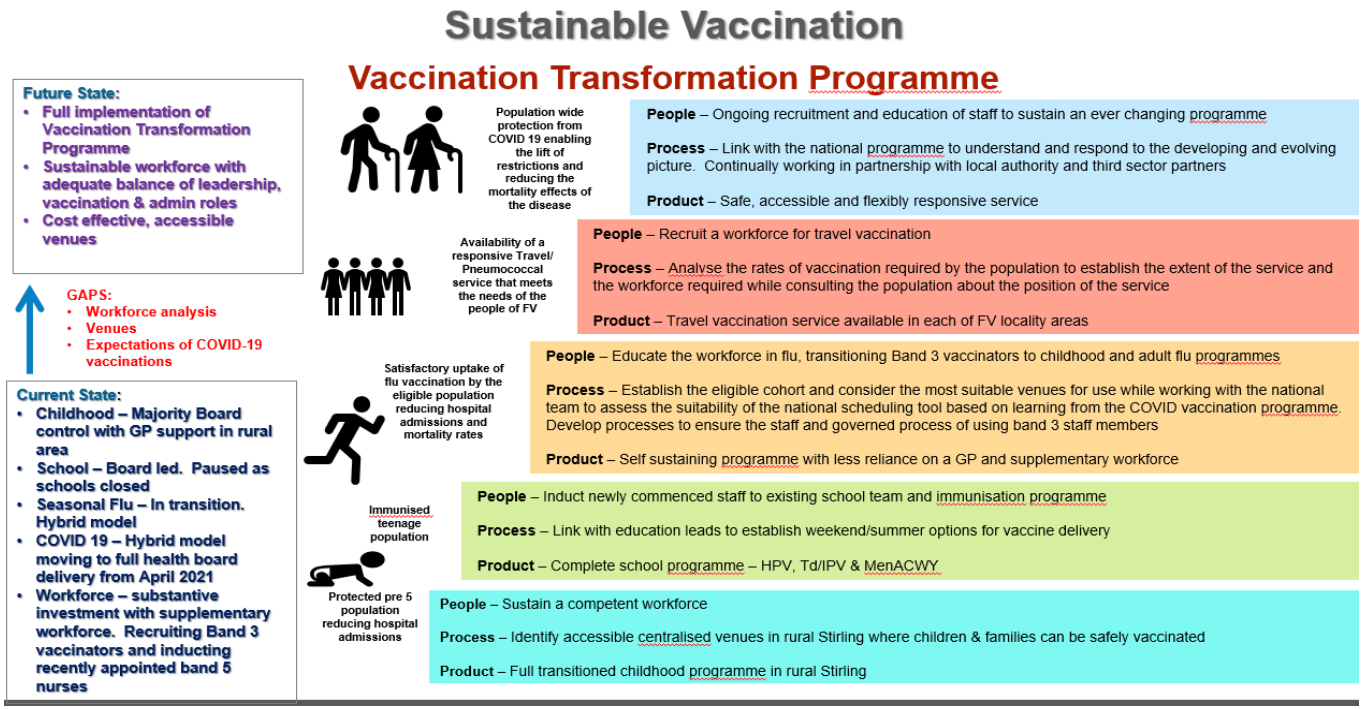
mitigate the risk associated with vaccine supply, has reviewed the scheduled programme to enable step up and step down of the programme should this be required.

A hybrid approach to vaccination delivery is in place within Forth Valley with NHS Forth Valley intending to continue to use the three Forth Valley college campuses as our main community vaccination centres. Local GPs will continue to provide vaccinations for people living in rural communities.

Sustainable Vaccination Programme

To progress this work, a priority will be to reconvene the Vaccination Transformation Programme under the joint governance of the Children and Families Programme Board and the Health Improvement/Public Health Programme Board. This will facilitate a joint approach and refocusing to take account of the changes since September 2020. A key principle moving forward, will be respond to the evidence base of what is and is not known about the ongoing needs of the population-wide COVID-19 vaccination programme. Projections and modelling, supported by access to data, will assist the wider organisation to respond to whether this requires to be an annual vaccination programme, a one or two dose vaccine, whether this will be targeted to over 16 year olds only, or whether it will include children.

Figure 1: Sustainable Vaccination Programme



3.5 Primary Care Services

Outcome
Resume services based on 3 principles, namely: safety, clinical prioritisation and population need

NHS Forth Valley as stated in previous Plans will:

- ✓ establish a local recovery management team led by the Deputy Primary Care Medical Director to include acute interface representatives
- ✓ review how we use our community hub and assessment centre model
- ✓ continue to update documentation – ACPs, KIS and ReSPECT
- ✓ support those patients in the shielding group
- ✓ reconfigure services within primary care to segregate COVID-19 and non COVID-19 flow
- ✓ expand remote consultation using telephone triage and Near Me
- ✓ support care homes
- ✓ develop the Hospital at Home model of care at scale
- ✓ roll out of NHS Pharmacy First Scotland
- ✓ implement for those patients who receive a repeat prescription a shift towards serial prescriptions (aim to see 20% moved to serial prescription per GP practice)
- ✓ continue to support EETC through three Emergency Eyecare Treatment Centres
- ✓ support a phased approach to resuming dental services
- ✓ increase access to treatment room and phlebotomy services
- ✓ prepare flu vaccination plan in preparation for winter

Summary

We have made significant progress with the aims above, and although the delivery of primary care services looks different, there are significant amounts of activity going through the services every day. There has been a delay in the implementation of a full Hospital at home service but we are able to support frail patients at home with the Enhanced Care Team. The Emergency Eyecare Treatment Centres (EECTs) have been stood down as we have increased capacity in community optometry and we have resumed dental services in accordance with national guidance.

There has been a significant switch from face to face to telephone or Near Me consultations but Practices have also maintained the ability to bring in patients as dictated by clinical need.

We have ongoing access to guidance from specialties through SCI Gateway advice pathways. We have also opened up phone access to specialties for urgent advice with the aim to reduce pressure on the hospital front door.

Clusters continue to meet and have updated their escalation plans. The Cluster Quality Leads meet regularly to share new learning and good practice and continue to look at quality improvement, including:

1. The COVID-19 pathway for symptomatic patients continues but is now shared across primary care and acute.
2. Appropriate infection control measures are still in place in practice
3. While a few practices have had outbreaks within their teams this has been a small number although a number have been affected by staff absences.
4. Practices are dealing with significant numbers of patients, in some cases more than pre-COVID-19. Understandable delays in scheduled services in secondary care are having an impact on primary care as elective work has been impacted.
5. The flu vaccination programme was successfully delivered in a combined approach between primary care and the Health Board. This good collaborative working is also supporting the COVID-19 vaccination programme.

3.5.1 General Practice

Practices are reporting near normal levels of work and in some cases an increase in contacts compared to pre-COVID-19.

Anticipatory Care Planning continues to be a priority.

Workforce **resilience** is being supported by the provision of psychological and wellbeing tools that can be accessed by all staff. Access to rapid testing allows for minimal time off if staff or members of their household have symptoms.

Good links have been established between Primary Care and Secondary Care with development of new clinical pathways and joint working on the new urgent care services. Work continues on establishing an effective interface group between primary and secondary care.

We have continued to develop the Forth Valley Primary Care Improvement Plan, in line with the direction of travel previously agreed. We have strong tri-partite engagement, ensuring that the program of development continues at pace. We have increasingly well-developed services in various clusters across Forth Valley. We will not be able to implement the plan in its entirety by April 2021, but all practices are seeing some benefit from the new services as outlined in the Memorandum of Understanding. It must be noted however that the ongoing funding issues may prevent full implementation, even with the extended time scales laid out in the recent joint letter.

Infrastructure issues still remain although significant progress has been made regarding future IT developments and work has resumed on some of the premises issues that had to be paused earlier in the pandemic.

3.5.2 COVID-19 Workstream

The ongoing maintenance of the separate COVID-19 pathway via COVID-19 triage and COVID-19 Assessment Centre (CAC) has also given some reassurance to those working in the non-COVID pathways, although they continue to be mindful of the potential for asymptomatic COVID-19 patients. With the current primary care estate, especially in older premises, there are likely to be difficulties for some Practices to identify appropriate areas or flow to allow for adequate separation of Red and Green zones within the Practice, maintaining a separate COVID-19 pathway will help these Practices recover services more quickly and efficiently. The CAC is now staffed by acute colleagues during the week while GPs continue to staff them at weekends. The COVID-19 triage hubs have been stood down during normal GP hours, with the practices providing the Covid-19 triage for their own patients.

3.5.3 Care Homes

Practices undertook to review their care home patients to ensure appropriate Anticipatory Care Plans (ACP). Key Information Summaries (KIS) and Adults with Incapacity (AWI) documentation was in place. This was supported by the Care Home Liaison Nurses (CHLN). The Care Home Assessment & Response Team (CHART) continues to provide a COVID-19 assessment function in care homes and we are exploring the option to extend this to housebound patients. They now also support the Out Of Hours service by seeing care home patients at weekends for COVID-19 and non-COVIDd-19 issues. They continue to work collaboratively with colleagues from social care, AHPs, the palliative care team, CHLNs, ECT, community nursing and public health to help monitor the situation with care homes and provide support where required, either clinically to specific patients or a wider response to support care homes including staffing issues, training infection prevention and control measures and leadership support. There is direct access to the team via a dedicated number, and the team are also proactive in contacting care homes to offer support. A number of education sessions have also been organised and made available to clinicians and care home staff.

The formal development of a wider Hospital at home service continues, and the multidisciplinary Enhanced Community Team, with integration of the geriatricians, supports frail patients at home who might otherwise have been admitted to hospital.

3.5.4 Optometry Services

Optometrists have been seeing both routine and emergency presentations in the community, although limited numbers due to infection control measures.

Five optometrists from community services have been engaged to support hospital clinics, starting late January 2021. Work has also progressed in moving some hospital services out into community optometry.

There are some IT and premises issues due to infection control measures and these are being taken forward through primary care IT and estates workstreams. Access to PECOS for PPE ordering and setting up community optometry with appropriate access to NHS scot email accounts for individuals and practices have been prioritised.

3.5.5 Dental Services

General Dental Practices in primary care re-opened in a reduced capacity in June 2020, and for all types of dental treatment in November 2020. There remains, however, a reduction in the number of patients a dentist can appoint in any given day due to social distancing, PPE availability, fallow time following AGPs and the re-introduction of restriction in travel in the various lockdown phases. Some patients are also wary of seeking treatment due to shielding or health concerns. There is some diversity in the range of dental treatments being offered in general dental practices depending on the size and capacity of the practice. Some dentists and dental practices have been affected by staff contracting COVID-19 or self-isolating.

The Public Dental Service have been fundamental in supporting the General Dental Service and the Forth Valley population throughout the pandemic- from providing dental treatment during the period of closure to supporting practices who experienced difficulties in providing AGPs in the summer of 2020. They continue to support the recovery of general dentistry, albeit to a lesser degree. The Public Dental Service have begun to recover their clinical services but the recovery of the Oral Health Improvement Programmes (Childsmile, Caring for Smiles, Openwide and Smile for Life) continues to be affected by the lockdown restrictions and the fact that many of the Public Dental Service staff remain redeployed into the COVID-19 workforce.

3.5.6 Community Pharmacy

An ePharmacy Serial Prescribing Group has been convened to progress increasing the number of serial prescriptions managed by community pharmacies. The membership of this group includes representation from eHealth, Community Pharmacy Development, Community Pharmacy Forth Valley and Primary Care. Within Forth Valley there are areas where both GP Practices and Community Pharmacies already have experience of serial prescribing. A Roll out of Serial Prescription Approach has been agreed by the Pharmacotherapy Implementation Group and a cluster identified where serial prescriptions are already in place for a small number of patients. The group has agreed an aim of 20% of those who receive a repeat prescription to be moved to serial prescription per GP practice.

North West Stirling is the first identified cluster and within that cluster Doune GP Practice and Woodside Pharmacy will be the first site to progress towards 20% of repeat patients with a serial prescription. An initial increase of 10% is aimed to be completed by August 2021 once refresher training for GP practice staff and the pharmacotherapy team has taken place. A Shared Care Agreement (SCA) will also be agreed between the GP practice, Community Pharmacy and Pharmacotherapy Team.

Work is underway to agree a process for submitting Treatment Summary Reports to ensure information included is beneficial to the GP Practice and achievable for the Community Pharmacy. A planned roll out will then commence to additional sites within the North West Stirling cluster where there is experience of serial prescriptions and further clusters have also been identified for future roll out. While the roll out within the identified clusters progress, it is recognised that some GP Practices and Community Pharmacies out with these clusters may start to progress the implementation of serial prescriptions. In these circumstances Pharmacy Champion resource would be utilised to support this process where eHealth support is unavailable, and we would aim to use the same SCA across Forth Valley for consistency and ease of staff working across clusters.

NHS Pharmacy First Scotland Service

The Community Pharmacy Development Team and Pharmacy Champions will support the national roll out of the NHS Pharmacy First Scotland services in Forth Valley. The following actions have already been undertaken:

- Production of supporting documentation/checklist to aid pharmacy champion visits to brief Community Pharmacy Teams on service requirements
- Pharmacy champions briefed on new service and aware of requirements
- Scenarios prepared to aid training

The aim is to ensure Forth Valley community pharmacies are in a state of readiness when the service launches and are aware of the requirements of the service. Our aim is for Community Pharmacies to start making changes to their daily practice prior to the service launch so new processes become embedded in daily practice for example recording activity. Where pharmacy champion visits are not possible due to social distancing the Community Pharmacy Development Team will explore alternative solutions including video conferencing, online meetings and utilising email communications. The local Community Pharmacy website will be updated to include all local resources and to signpost to the NES webinar and Community Pharmacy Scotland website for additional support materials.

3.5.7 Flu Vaccine Campaign

The flu campaign was successfully delivered with a collaborative approach between General Practice and the NHS Board. Numbers of patients vaccinated were higher than normal. We have taken the learning from that to inform the current COVID-19 Vaccination programme, again with a mixed delivery model of Practices and community venues, supported by primary and secondary care, community nursing and dental services. The seasonal flu programme 2021/2022 will be a key feature in our Winter Plan for this period.

3.5.8 Treatment Rooms and Phlebotomy

Treatment room services and phlebotomy have been retained through this and we have recently increased the capacity to provide more phlebotomy and B12 injections to support recovery in primary care.

Risk and Mitigation

There is a risk that NHS Forth Valley will be unable to fully deliver on the PCIP agreed priorities whilst living with COVID

NHS Forth Valley will:

- ✓ ensure ongoing monitoring of demand, taking a flexible approach to ensure appropriate signposting to the right person first time, supported by appropriate review of resource implications
- ✓ support ongoing interface (primary/secondary care) ways of working to improve referral management
- ✓ promote a realistic medicine approach to support patient choice
- ✓ support recruitment and retention by taking an organisational focus on making Forth Valley and exemplar place to work.
- ✓ continue to support the implementation of the Primary Care Improvement Plan and the MOU/GMS contract negotiations
- ✓ continue to monitor and adapt procedures for infection control and minimising outbreaks in services and workforce

3.6 Elective (Hospital) Care Services

Outcome
Resume services based on 3 principles, namely: safety, clinical prioritisation and population need

NHS Forth Valley has:

- ✓ established a scheduled care delivery group with operational management for scheduled care and waiting times management
- ✓ agreed clear clinical prioritisation protocols to reflect local and national needs
- ✓ assessed surgical workload to include deferred/backlog cases pre COVID-19 and new referrals since lockdown with this work ongoing
- ✓ reviewed all waiting lists including diagnostics adopting a realistic medicine approach to inform patient choice
- ✓ reconfigured services on acute site to segregate COVID-19 and non COVID-19 admissions
- ✓ expanded remote consultation across all acute specialties using telephone triage and Near Me
- ✓ utilised digital and treatment innovations with work continuing
- ✓ worked with regional colleagues in the West Region to inform our local and regional cancer remobilisation plans

Summary

Ensuring quality and safety in all that we do, the Acute Services Directorate (ASD) has created a multidisciplinary team approach to remobilisation, recovery and service re-design. This approach has enabled teams to work across their own sphere of influence and come together to tackle this unprecedented challenge to health care delivery. Through this multidisciplinary approach, we have been able to engage stakeholders in our recovery, ensuring that the right patient is seen in the right place, at the right time.

This innovative approach to working has enabled new approaches in service delivery to be realised and supported, whilst promoting access for patients to health services within NHS Forth Valley, in both acute care and settings closer to home. The Acute Services Directorate Plan aims to detail the key functional areas within the Acute Services Directorate that will ensure:

1. Delivery of services within the acute services directorate, in a safe, effective and incremental manner
2. Capacity and adaptable plans to address COVID-19
3. Services have a stable foundation for sustainable delivery through 2021-22 and beyond

As we continue to remobilise NHS Forth Valley remains committed to addressing the cases that have built up since pre-COVID-19, however this needs to be safely managed using a clinically led risk based prioritisation approach. We are systematically adopting specific Scottish Access Collaborative interventions in our remobilisation plan. This has already included waiting list validation and we have extended Active Clinical Referral Triage, Patient Initiated Reviews and Effective Quality Interventions Pathways.

The current waiting times position is highlighted in table 1. This is compared with March 2020 and our position as we commenced our period of remobilisation form August 2020.

Table 1

Summary Table

	End Mar-20	29 Jul-20	24 Feb-21
IP/DC Total waiting	2,914	3,213	3,108
IP/DC > 12 weeks	1,026	2,497	1,874
OP Total Waiting	11,686	13,248	16,513
OP > 12 weeks	2,315	8,271	9,275

Our activity projections are detailed in appendix 3b with table 2 detailing new outpatient activity projections up to the quarter ending March 2022. Table 3 highlights projection for the same time period in respect of Treatment Time Guarantee activity.

Table 2

New Outpatient (12 Week Standard) Activity Projections		30/04/2021	31/05/2021	30/06/2021	31/07/2021	31/08/2021	30/09/2021	31/10/2021	30/11/2021	31/12/2021	31/01/2022	28/02/2022	31/03/2022
All Specialties	Urgent	2365	2160	1986	2089	2120	2158	2221	2194	2099	2223	2157	2468
	Routine	3749	3407	3355	3215	3289	3436	3609	3474	3308	3519	3438	3463

Table 3

TTG Activity Projections		30-Apr-21	31-May-21	30-Jun-21	31-Jul-21	31-Aug-21	30-Sep-21	31-Oct-21	30-Nov-21	31-Dec-21	31-Jan-22	28-Feb-22	31-Mar-22
All Specialties	Urgent	217	220	263	203	233	191	159	216	189	209	211	174
	Routine	653	631	701	682	695	622	568	669	700	729	650	577

As part of the approach to remobilising for planned care, the benefit of taking a consistent national approach to clinical prioritisation for elective activity has been acknowledged, while allowing for flexibility to reflect local circumstances.

In line with the rest of NHS Scotland, we continue to prioritise and treat those patients most in need of surgery with the application of clinical prioritisation to support appropriate, timely and safe care.

NHS Forth Valley's assessment of P1, 1a (emergency - operation needed within 24 hours) and 1b (urgent – operation needed within 72 hours) capacity used and P2, P3 and P4 category patients waiting is detailed in Appendix 3c and noted in table 4.

Table 4

P1 Capacity and TTG Total Waiting List (all specialties, on-going waits)	
Clinical Priorities	**As at 31 Dec 2020**
P1 (% capacity used)	
P2 (number waiting)	38
P3 (number waiting)	312
P4 (number waiting)	2,447

3.6.1 Hospital Services

Work to deliver as many of our normal services as possible, as safely as possible continues informed by good levels of clinical engagement. It was agreed by both operational and clinical leads that a clear and defined structure to support recovery and ongoing management of scheduled care was required to both develop and sustain recovery works.

The structure consists of operational, strategic and oversight groups that will support the Acute Services Directorate Recovery Group. The groups are:

- Acute Services Directorate Recovery Board (ASDRB)
- Scheduled Care Delivery Group (SCDG)

These groups report to the overarching strategic recovery and scheduled care programme boards.

To accommodate challenges in bed configuration for COVID-19 response and to provide bed capacity for parallel programmes, such as, the national elective unit, specialist rehabilitation services and regional working a programme of site reconfiguration has been undertaken. The reconfiguration supports, capacity for a surge of COVID-19 including increased capacity of ITU facilities, an integrated Surgical Assessment & Speciality Admissions Unit, treatment of tier 3 & 4 vascular patients in Glasgow, develop a Specialist Rehabilitation Unit as well as provide inpatient beds for the national elective care programme.

A responsive surge capacity mobilisation plan, in the event of any resurgence of COVID-19 that leads to an increased admission rate of COVID-19 positive patients is in place. In order to ensure escalation and increase in capacity is in line with demand, the senior management team and clinical leads for intensive care and anaesthetics have developed a stepped approach to providing both increased capacity and patient care that matches acuity.

The Forth Valley Royal Hospital emergency department has developed a four-phase approach to the co-ordination, management and assessment of potential/positive COVID-19 patients. This phased plan primarily focuses on streaming of patient groups based on initial presentation and triage, whilst creating capacity through the displacement of suitably triaged patients who are able to attend a minor injuries unit.

3.6.2 Cancer Services

Urgent suspected cancer activity has been maintained throughout mobilisation by utilising both in house and independent sector facilities. We have robust monitoring in place and are tracking those additions to our 31 day and 62 cancer pathways linking with the cancer team at the Scottish Government on a weekly basis. The December position in relation to the 62-day and 31-day cancer targets is:

- 62-day target - 89.3% which is an improvement from the November position of 82.2%
- 31-day target – 100%

3.6.3 Diagnostics

Imaging and endoscopy services were significantly reduced as a result of the COVID-19 pandemic however focussed recovery work has supported a reduction in the number waiting beyond 42 days. At the end of January 2021 NHS Forth Valley had no patients waiting beyond 6 weeks for imaging with 100% compliance and 480 patients were waiting beyond 6 weeks for endoscopy with 30.6% compliance. This is being addressed as part of the overall remobilisation plan.

Endoscopy

The Endoscopy Team has managed to maintain urgent and suspected cancer pathways and is working at approximately 75% capacity due to the aerosol generating nature of the procedure, physical distancing and redeployment. Innovations in Endoscopy, particularly Colon Capsule endoscopy (CCE) and Trans-nasal endoscopy, Cytosponge (endoscopy), will support recover throughout 2021-22 and beyond.

Imaging

The early resumption of services, taking into consideration all PPE requirements and the need for additional cleaning of imaging equipment and waiting areas, has facilitated a return to pre-COVID position in terms of the length of wait for imaging.

3.6.4 Outpatients

During COVID-19 mobilisation the outpatients department was able to maintain urgent outpatient capacity, whilst also supporting acute clinical assessment. As we continue to resume services and more routine care is restored, new protocols and procedures have been developed to support compliance with physical distancing requirements along with projects that harness technology and show innovative ways of working.

At specialty level each Operational Manager and Clinical Lead along with their multidisciplinary teams are working together to implement department and specialty-specific remobilisation plans for 2021-22 and beyond.

3.6.5 Inpatients and daycases

Ensuring agility to flex elective services allowing for flexibility to introduce both urgent and routine elective care capacity whilst maintaining cancer services is built into the plan. Operational teams are recommencing their weekly service meetings using a team service planning toolkit developed through a Scottish Access Collaborative Approach. As well as a focus on specialty level delivery, these groups will build sustainable models of change and recovery through working in partnership with diagnostic, finance and workforce services.

3.6.6 Inpatient Surge Capacity, overall responsiveness and resilience

A robust model is in place to maintain inpatient ward capacity for both COVID-19 and non-COVID admissions with planning assumptions taking further surges in COVID-19 into consideration; the key trigger being acuity and bed occupancy reaching levels that impact whole system capacity and flow. In addition, the model allows for phased increase of high-risk capacity as required.

Plans are in place to accommodate the changing landscape of arrangements for testing and isolating patients with confirmed or suspected COVID-19, in The system will remain flexible to be able to meet any further additional requirements, around screening, testing and safe placement of patients.

During the planning and first phase of COVID-19 pandemic NHS Forth Valley adapted and implemented significant change to respond to the challenges. Retaining much of this will help sustain resilience in terms of living with COVID-19 and any subsequent waves of the pandemic.

3.6.7 Emergency Care

Our current unscheduled care system can sometimes be complicated to negotiate however recent challenges have provided opportunity for unscheduled care services to evolve and adapt beyond the initial COVID-19 mobilisation phase to provide safe and effective care for patients consistent with the national direction, including the National Redesign of Urgent Care Programme.

It is key that Unscheduled Care workstreams are structured to reflect this changed context. The NHS Forth Valley & Health Social Care Partnership's Unscheduled Care Group agreed that the Forth Valley approach will therefore blend:

- Existing workstreams from 6 Essential Actions (EAS) and Getting ForthRight that are still pertinent, post COVID-19. This includes aspects of front door redesign and community-based admission prevention model, including continuing with the implementation of Hospital at Home.
- The changes in Unscheduled Care necessitated by COVID-19 response. This includes triaging and redirection successes; Minor Injuries scale up and redesign of Geriatrician service.
- The national directions for a Flow Navigation Centre and establishing scheduling of unscheduled care. This includes the ongoing development of the Urgent Care Centre (UCC) which in addition to offering triage, signposting and remote assessment, has successfully relocated Minor Injuries cases and other urgent care ambulatory pathways away from the Emergency Department (ED) and scheduled appointments in UCC and ED. The UCC will be extended to support additional urgent care ambulatory pathways.
- Support for General Practice and Community resources who will revert to a pre-COVID Unscheduled Care pathway model, as per national direction.

The number of people presenting to ED during the second wave of the COVID-19 outbreak was not at the lower level experienced in the first wave. The introduction of the Flow Navigation Centre and Urgent Care Centre have impacted positively on reducing overcrowding in ED and Clinical Assessment areas. In order to further reduce overcrowding, maintain physical distancing and to reduce the potential spread of

infections, ongoing development of the Urgent Care Centre is planned, with additional clinical pathways utilising this new scheduled urgent care facility.

As such, there is a clear imperative to develop a safe, sustainable model. Fortunately, during the first phase of mobilisation, people became much more familiar using telephone and electronic forms of communication. Therefore, it is proposed that in order to mitigate the demand and access challenges, three key areas of work in relation to: triage models, capacity within urgent unscheduled care services, maintaining flow - will be progressed as NHS Forth Valley Unscheduled Care services re-mobilise, recover and re-design, blending elements of previous and new workstreams.

- ✓ **Appendix 3** Acute Services Directorate Next Phase April 2021 to March 2022
- ✓ **Appendix 3a** Activity Projections
- ✓ **Appendix 3b** Planned v Actual
- ✓ **Appendix 3c** Clinical Prioritisation template

Risk and Mitigation

There is a risk that NHS Forth Valley will be unable to address the pre COVID-19 backlog and new elective demand post COVID-19

NHS Forth Valley will:

- ✓ work with National and Regional colleagues to ensure a collective response including access to the GJNH
- ✓ work alongside the independent sector (IS) to maximise internal and IS capacity to address long waits based on Royal College surgical prioritisation criteria
- ✓ expand hospital capacity to include scheduling modifications (e.g. working day/7 day working)
- ✓ maintain a scheduled approach to urgent care presentations

3.7 Community Care

Outcome
Resume services based on 3 principles, namely: safety, clinical prioritisation and population need

3.7.1 Mental Health

NHS Forth Valley has continued to:

- ✓ see patients who were referred by primary care requiring urgent assessment within 5 working days
- ✓ see patients requiring emergency Mental Health Act assessments in the community
- ✓ provide support to patients already known to the service and known to be at significant risk of harm to themselves or others if not assertively outreached
- ✓ provide support to patients identified as high risk or vulnerable
- ✓ ensure support to patients on the child protection register
- ✓ provide support to those detained under the Mental Health Act and requiring mandatory reviews
- ✓ ensure support to those recently discharged from hospital e.g. 7 day follow up
- ✓ provide depot administration
- ✓ provide support to patients attending Clozapine Clinics
- ✓ see patients who were subject to the Mental Health Act
- ✓ ensure support to patients with complex needs, where early signs of destabilisation are becoming apparent though not yet at a crisis point

Summary

At the time of our last mobilisation plan in July 2020 our services were reintroducing routine clinical work. Since then we have resumed all routine clinical services (with appropriate COVID-19 risk mitigation) across all of our services with the following exceptions:

- Group therapy (pilot in progress).
- Regular visiting inpatient settings (in line with national guidance).

Although we have resumed routine provision of services the method of delivery has altered and, as far as possible, care is delivered using virtual consultations. Where face-to-face intervention is the only option, the risk and benefit of the intervention are considered in consultation with patients and their families.

As part of our planning for winter the MHLD Services developed Resilience Principles, which were designed to guide the services through any periods of further disruption arising from peaks in COVID-19 infections, outbreaks and the associated service interruptions. Immediately following the festive period of 2020 it was necessary to deploy nursing and allied health professionals from some community services to support inpatient services. This has resulted in short-term (less than one month) local changes in service provision. The delivery of services remains challenging and is compounded by the demand for mental health services returning to pre-COVID levels, with some increase in the acuity of patient presentations.

Services have been operating at Tier 2 since the 13 July 2020.

Communication

During the pandemic we wrote to patients to keep them updated with how the service is responding to the challenge. We have ensured consistency in these letters so that there is no unnecessary variation between different teams. In learning disabilities, information was offered in an easy read and social story format in relation to letters and information regarding COVID-19, use of PPE, testing etc. Ongoing work is carried out by our Communications Department to keep people informed of key developments, raise awareness of local issues and highlight the importance of continuing to follow the national guidance to prevent further spread. This has included targeted work with local and national media, extensive use of social media and the development of online information and advice to support national campaigns and messaging.

Demand

It is extremely difficult to estimate future demand. The consequences of lockdown are not yet fully understood, nor are the social and economic impact of these measures which will have an effect on the rates of referral to MHLD services. However, it is reasonable to conclude that the current increase in people presenting for emergency assessment will translate into an increase in the number of people who require following up in the community services. At the same time, it is predicted that in the short to medium term service capacity will continue to be decreased by in the region 10-15%. This is informed by the current absence rates, and by the limitations placed on service delivery by COVID-19 i.e. accommodation, digital infrastructure and workforce.

In order to manage the current and predicted future gap between capacity and demand, service development is essential including those planned in CAMHS and Psychological Therapies, the expansion of online interventions and the development of multi-agency clinical pathways.

- ✓ **Appendix 4** Mental Health and Learning Disability Services Remobilisation Plan to March 2022

Risk and Mitigation
There is a risk that NHS Forth Valley will be unable to provide appropriate levels of safety, clinical prioritisation to respond to an increase in MH presentations NHS Forth Valley will: ✓ ensure that business continuity plans are in place taking account of resilience principles ✓ ensure appropriate Infection Prevention & Control measures are in place ✓ focus on staff wellbeing and development ✓ increase capacity by targeting key clinical areas supported by additional resources ✓ revise service model increasing digital and online group provision ✓ improve discharge processes

3.7.2 Health & Social Care Partnerships (H&SCPs)

Outcome
Improved, responsive and sustainable services for people using adult health and social care services

The Health & Social Care Partnerships continue to:

- ✓ respond to ongoing and significant demand and complexity of care in the community, at home and for people rehabilitating from COVID-19, and in community intermediate care and community hospital facilities
- ✓ provide Care Home Support, implementing the enhanced care home assurance system including the enhanced clinical and professional care oversight of care homes.
- ✓ develop innovative ways of working across primary and secondary care supported by public health
- ✓ manage delayed discharges within our health system and work to discharge all acute delayed discharges and people currently delayed in our community and or mental health beds

- ✓ provide statutory social work and social care including care packages provided by commissioned external services; including reporting and governance structures across the system
- ✓ support adult support and protection functions with close monitoring and consideration when emergency visits have been required to assess vulnerable adults. A new independent chair of Public Protection Committee has been appointed.

Summary

NHS Forth Valley continues to work with its two Partnerships and three Local Authorities as part of local resilience partnership arrangements to support our most vulnerable people and communities and to enhance and maximise the benefits of integration. There is agreement across Forth Valley to deliver whole system planning aligning Health & Social Care Strategic Commissioning Plans and joint activity.

Delayed Discharges

Given the evolving situation with COVID-19, we are working closely with our partners ensure delayed discharges are kept to a minimum. A number of initiatives have been implemented to support the delayed discharge process, including a recent piece of joint working led by our AMD lead for integration.

- ✓ Increase in home-first team to 5 staff working on the acute hospital site
- ✓ Further development of new integrated discharge team with daily reviews to support quick decision making
- ✓ New data reports to evidence key risks/issues to plan mitigations of these
- ✓ Close working with community partners and community hospital site to ensure capacity and flow is maintained during any surge presentations
- ✓ Twice negative COVID-19 test before moving patients to a care home (24 hours apart)
- ✓ Virtual local authority assessment for Nursing Home and Short-Term Assessment (STA) beds – accepting Single Shared Assessment as is or phone call (STA for Falkirk assessed by Home First) as opposed to face to face
- ✓ Social work assessments over the phone or attending if low risk area for future care needs as opposed to face to face
- ✓ Virtual Adults with Incapacity meetings using teams
- ✓ Collaboration with Enhanced Care Team to support facilitated discharge
- ✓ Increase in intermediate and residential care capacity

3.7.3 Falkirk Health & Social Care Partnership

Falkirk Integration Joint Board's existing delivery plan is applicable in terms of this next phase of COVID-19 planning and it is noted that our ability to remobilise, recover and redesign will require a number of our existing delivery plan actions to be brought forward at pace. A whole system approach is critical in order to address inequality and strengthen community based care through improved care pathways, review of the community bed base and shifting the balance of care. This will require strong financial stewardship and bold decisions to reframe our services and commissioning in line with the principles for safe and effective mobilisation.

The partnership will continue to remobilise and recover key services aligned to the COVID-19 route map, as it is safe to do so with physical distancing and Infection Prevention & Control requirements, taking the opportunity to review and redesign services for post COVID-19 delivery.

The Health & Social Care Partnership recovery and redesign is framed around a number of principles for safe and effective mobilisation:

- ✓ Services that can resume safely
- ✓ Achieving greater integration
- ✓ Quality, values and experience
- ✓ Services close to people's home
- ✓ Improved population health
- ✓ Services that promote equality
- ✓ Sustainability

- ✓ **Appendix 5** Falkirk Health & Social Care Partnership Delivery Plan 2019-2022

3.7.4 Clackmannanshire & Stirling Health & Social Care Partnership

Clackmannanshire & Stirling Health and Social Care Partnership in responding to the pandemic continues to deliver integrated community health and care within in the emergency response context. Services have been focused on a community first approach; with all non-essential activity having been stood down including some planned respite and some non-essential district nursing services.

However, the fundamental principles driving the HSCP approach to re-mobilisation and the movement towards renewal reflect the same vision and strategic priorities as described within the HSCP Strategic Plan 2019 – 2022; these continue to be as relevant to the re-design, planning and delivery of health and social care services during remobilisation as they were before the COVID-19 outbreak.

Whilst the scale and pace of innovation and service transformation has been necessarily accelerated by the requirement to respond to the pandemic, all changes to services and service models reflect and complement the vision and priorities laid out in the Strategic Plan and do not constitute a shift in the strategic direction of the HSCP.

The HSCP Remobilisation Plan creates a bridge between the response to the pandemic and the aligned work streams of the HSCP Transformation Programme Board and the HSCP Strategic Planning Group which will support the delivery of the activities and planned programmes of change for the next three years. The HSCP Remobilisation Plan continues to be refreshed as guidance is updated, thus ensuring that the HSCP is able to apply the learning and understanding gained during the response to the pandemic and to the programme of renewal ahead.

- ✓ **Appendix 6** Clackmannanshire & Stirling Health & Social Care Partnership Remobilisation Plan August 2020 to March 2021

Risk and Mitigation

There is a risk that Health & Social Care Partnerships will be unable to provide improved, responsive and sustainable services for people using adult health and social care services

The Partnerships will:

- ✓ refresh and review Clinical Care & Governance
- ✓ continue the remobilisation of services
- ✓ provide agile and responsive services within our communities
- ✓ ensure more services are provided in the community and closer to an individual's home
- ✓ support the physical and mental well-being of the population
- ✓ provide support to staff in relation to staff wellbeing and care
- ✓ remodel and redesign delivery of services where necessary

3.7.5 Women & Children Services

Outcome
Responsive patient focussed services beyond the current emergency measures from now until March 2022

Similar to services across NHS Forth Valley, the Women & Children's Directorate responded to the COVID-19 pandemic quickly and efficiently. The eleven services that make up the Directorate operate in very different and unique ways therefore their responses require to be individualised to reflect changing priorities and tailored to meet patient need. Many of our services were maintained as (near) business as usual with appropriate adjustments, thereafter as we move into 2021 and towards 2022, the Directorate recovery plan requires to be agile and flexible to step up and down as required.

As part of this recovery, it is understood that services will resume but may be organised differently with a greater emphasis on utilising technology. The shape of some services will be influenced by local decision making and planning and some mandated by national directives.

Women & Children's Services are keen to build on early practice based evidence identifying improvement and efficiencies in care and treatment pathways. All services have attempted to embed mediation against the impact of lockdown on our patients and families balancing this against the need to continue to adapt clinical areas however projections and models of care need to be refined with work ongoing.

NHS Forth Valley will:

- ✓ continue to support the current position in relation to the eleven services within the directorate, these are set out in table 5 below and include reference to the interdependencies and the services ability to step up or down

Table 5: Mobilisation, Recovery & Resumption of Services 2021-2022

Area	Urgent	Deferred Urgent	Non-Urgent	Life Affecting	Routine Out Patients	Routine In Patients	Comments
ADMIN	Admin Services have made significant adjustments to support adaptations to environments and booking practices e.g. public health restrictions, upskilling in use of digital services infrastructure and accommodation, review of booking and management of waiting areas to support social distancing. Patient Information Systems have adjusted to support different appointment types (Virtual/F2F)						
CHILDRENS AHP	F2F visits for urgent children	Active triage of all AHP patients open to identify need and prioritise input	Review SLT & Physio pts involved in treatment at risk of deterioration	Review SLT & Physio pts involved in treatment at risk of deterioration	Initial conversation following Request for Assessment	AHPs have been deployed to support Acute Services	Accommodation and Inter dependencies with Education Services
			Active triage of all AHP patients on Waiting List (in date order)		Review and develop F2F groups to support parent training and education		
			Support to vulnerable families in partnership with Ch Services		Review and develop F2F workshops into digital platforms		
					Develop range of online resources & update existing		
	✔	✔	✔	✔	✔	✔	**Flexible-can be stepped up/ down**
	Dependencies: PPE, access to digital systems e.g. Near Me, Patient travel, accommodation, patient travel, accommodation.						
CAMHS	Prioritisation and Active Triage of those referred urgently	Active Triage of deferred patients on internal waiting list		Risk assessment of vulnerable children & begin titration of	Review website and provide up to date and relevant online support	Skye House NHS GG&C as part of WoS Consortium	

CHILD PROTECTION

Continue Business As Usual		**Continue to support child protection supervision**				
		Development of digital &remote bespoke child protection awareness sessions.				
		Monitoring CP activity and supporting services				
Dependencies: Accommodation, staff support arrangements, Staff travel arrangements, Public Health restrictions (movement) and access to IT support to develop training programmes and deliver these remotely						

UNIVERSAL SERVICES -HV,SN,FNP

Continue to prioritise health assessments for children who are looked after in clinic or home venue	**Increase core pathway contacts via home visiting to include 3 months 13-15 month 27-30 month**	**Increase core pathway contacts via tele-health to include 8 months, 4 – 5 years**	**BAU**			
pre-school immunisation clinics continue		Increase Family Nurse fortnightly contacts to alternate telehealth and home contact				
DEPENDENCIES: Sufficient PPE for outreach, Accommodation for F2F clinics and waiting areas, admin support, support from tertiary centres, Reliance on other systems LABS etc						

GYNAECOLOGY	**Review and recommence Identified treatment for those patients deferred within oncology both Inpatient (IP) and Outpatient (OP) some of which will require partnership with Tertiary Centre**	**Review and recommence treatment deferred within the suspected urgent (deferred urgent) cancer pathway**	**Recommence non urgent inpatient and outpatient gynaecology. Clinics approx. per week=1-2**	**Review conservative approaches to patients to mitigate their life affecting symptoms**	**Reprioritise and recommence the Sub-Fertility Service in collaboration with the tertiary centres**	**Routine In Patient Care continues to be provided in line with clinical prioritisation**	
			Recommence the Colposcopy service including cervical screening for non-urgent patients-4 clinics		Plans for restart of primary care restart screening which will increase demand		
	✔	✔	✔	✔	✔	✔	**Flexible-can be stepped up/ down**
	DEPENDENCIES: PPE, Patient Travel. Public Health restrictions, Partnerships with tertiary centres						
Mat-ernity	Mat services national workstream-continues Business as Usual						

PAEDIATRICS & NEONATES

Provided with support from Tertiary services	**Urgent Paediatric surgery as agreed with visiting surgeon and dental and theatres Paediatric Day-care**	**Children's Community Nursing: home visits**	**Developmental Clinics – active triage**	**PaedsOut patients: active triage, F2F for at risk.**	**Paediatric Acute services continue as usual**	
Complex nursing care continues BAU	Phlebotomy Service (PDU)		Elective Paeds Surgery	Neonatal Outreach	Neonatal Acute services continue as usual (Level 2 NICU)	
	Paediatric Biologics		ANNP clinics providing additional capacity	Skin Prick testing-active triage		
				Child Community Clinics-continue with adjustments		
DEPENDENCIES: Sufficient PPE for outreach, Accommodation for F2F clinics and waiting areas, admin support, support from tertiary centres, Reliance on other systems LABS etc						

Risk and Mitigation

There is a risk that NHS Forth Valley will not be able to progress the redesign of service e.g. Best Start at pace pre-COVID and meet service demand especially in services like CAMHS

NHS Forth Valley will:

- ✓ provide support to the Best Start Programme
- ✓ focus on addressing the backlog in gynaecology and paediatrics
- ✓ continue to support child protection measures
- ✓ focus on CAMHS redesign work to improve access and address long waits
- ✓ provide support to staff in relation to staff wellbeing and care
- ✓ remodel and redesign delivery of services where necessary

- ✓ **Appendix 7** Women & Children's Directorate Recovery, Remobilisation and Redesign of Services 2021/22

SECTION 4: FINANCE

The 2021/2022 Financial Plan is based on our continuing response to the pandemic and on delivering recovery and remobilisation priorities within the funding settlement detailed in the Scottish Government indicative allocation letter of 28th January 2021.

Our planned approach is to build financial stability and sustainability by aligning recurring investment priorities to areas which will maximise patient and population health outcomes and which mitigate strategic risks, including Scheduled Care, Unscheduled Care, Mental Health and Primary Care services. At the same time our focus is on improving value by reducing waste through medicines improvement initiatives, improving efficiency through sustainable workforce and recruitment developments, and by reviewing our model of care and bed base across health and social care to improve flow and capacity.

During 2020/2021 implementation of the NHS Board's cost improvement strategy was paused to meet the requirements of responding to COVID-19. The financial impact in-year was largely mitigated by non-recurring savings and from additional one-off Scottish Government funding. The recurring impact of this will roll forward into the new financial year and coupled with the additional savings requirements for 2021/2022 presents a significant challenge in delivering a break-even position.

The current assessment of the 2021/2022 position is that savings of £32.4m (6% of recurring baseline) will be required to balance the financial plan. This is based on a range of assumptions and forecasts in consultation with Scottish Government, Integration Authority colleagues, and other sources. The position carries a significant level of financial risk and uncertainty aligned with continued response to the pandemic and will take time to fully recover.

Cost improvement Plans carried forward from 2020/2021 remain in place across the following areas supported by a Portfolio Management Office. The six key themes are:

1. Medicines management – Primary Care and Hospital based.
2. Innovation, Corporate Services and Digital development
3. Patient Flow and Demand Management

4. Integrated Service Opportunities
5. Workforce efficiencies including e-rostering and job planning
6. Financial grip and control workstream.

The total estimated level of deliverable savings in 2021/2022, including projected progress on recurring plans, non-recurring opportunities such as balance sheet items, rebates and slippage in developments, is £18m to 24m, of which approximately 50% is at higher risk. There is therefore a residual gap of between £8m and £14m which at this stage is identified as projected deficit, on the assumption that the savings gap will not be funded in 2021/2022.

Funding and Resources

The templates appended to the plan include projected COVID-19 costs for 2021/22 across health and social care settings at a total estimated cost of £31.6m which is assumed to be funded on a non-recurring basis consistent with 2020/2021.

The plan anticipates waiting times improvement funding of approx. £5m in line with the historic position. In order to deliver sustainable improvements in specialties with recurring capacity gaps the NHS Board is seeking approval from Scottish Government to invest a level of waiting times funds recurrently in posts to a value of £2.0m, with a corresponding switch in allocation resource from non-recurring to recurring funds.

In addition to the above, capital and revenue funding sources are required to support the Scottish Elective Care development in Forth Valley and discussions have been progressing with GJNH and Scottish Government colleagues to finalise arrangements.

Costs associated with Prison Healthcare represent an ongoing financial and service risk. NHS Forth Valley has a disproportionately high prison population compared to general population and a proposal for additional funding totalling £1.180m will be made to support associated healthcare needs and costs beyond the resources available from Action 15 monies.

Further funding will also be sought to manage the recurring funding gap (£0.839m) in fully implementing the Primary Care Improvement plan in addition to the funding package previously announced.

Staffing levels for developments associated with COVID-19 including Vaccination teams, Test and Protect resources, Urgent Care redesign and costs associated with specialist Mental Health and Learning Disability services will be maintained and existing levels with funding to be met by Scottish Government, and a further assessment of future years ongoing requirements will be revisited later during 2021.

Medium Term Financial Plan

The Medium Term Financial Plan identified five key areas of activity contributing towards the reform of health and social care delivery in Scotland and NHS Forth Valley is contributing to each of these areas:

- Shifting the Balance of Care assumes a level of savings will be released from the hospital sector to redirect through Integration Authorities. Work on firmly establishing a model for set aside arrangements is progressing well across the Health and Social Care partnerships in Forth Valley, albeit transfer of resources is particularly challenging in the current environment.
- Regional working is progressing to improve service sustainability across specific service models, a recent example being mutual aid arrangements with neighbouring Health Boards.
- Public Health and Prevention is an important strand of the NHS Board's longer term financial plan with a focus on reducing health inequalities and population health improvement within a value based healthcare model. Examples include investment in Bone Health services, elimination of Hepatitis C and vaccination programmes.
- NHS Forth Valley is feeding into national initiatives on a Once for Scotland basis, building on the principles of the National Clinical Strategy.
- Annual Savings Plans relating to productivity and efficiency continue to be prioritised however we are seeing diminishing returns from general savings opportunities going forward and are focusing on reducing variation and waste and improving engagement with clinical teams on cost improvement opportunities.

Programme for Government

In terms of the Programme for Government announced in September 2020 there is a continued focus on sustainability, climate change and sustainability and improving outcomes in public services. NHS Forth Valley has signed up as an anchor organisation with the aim of maximising the contribution to the wider determinants that shape and support health locally.

Capital and Infrastructure Plans

Templates setting out the five-year capital financial plan aligned to priority areas of investment are attached. Funding to support capital expenditure plans are based on the indicative formula allocation plus additional sources which have been discussed and agreed with Scottish Government colleagues. Capital templates attached include details on backlog maintenance and essential equipment replacement.

- ✓ **Appendix 8a** Financial Planning Template
- ✓ **Appendix 8b** Additional AOP Capital Pro-forma

SECTION 5: WEST OF SCOTLAND REGIONAL PLANNING

Context

The challenge of COVID-19 pandemic will continue to pose a significant risk to the NHS during 2021. While the vaccination programme being rolled out across Scotland and the rest of the UK is expected to impact on the disease spread and health challenges caused by this in a positive manner, COVID-19 and the various emerging new strains will remain endemic in the population and as such will continue to cause problems for the Health and Care System for the foreseeable future. In addition the impact of the past 12 months on the health of the population in general terms resultant from delays in diagnosis and treatment, the increased inequalities in our population alongside the health and wellbeing of staff and the need for recovery all present significant challenge for NHS Boards, which is likely to take a number of years to recover.

In planning for this, the West of Scotland Boards have considered and agreed a regional approach to a number of areas outlined below. The regional response is in line with the planning assumptions set out by Scottish Government to optimise what we can do collectively to meet the challenges now facing the NHS as it starts the next phase in dealing with COVID-19 and recovery.

The Collective Response

In planning for the next 6-12 months, recognising the above and uncertainty around COVID-19, we have set out the areas where we will focus our collective responses and actions. This work primarily relates to acute care and hospital services.

Our aim is gradually and safely to increase the level of services provided for our population, building on our mutual aid agreement to provide the best level of service across the region whilst continuing to ensure outcomes from other life limiting or life threatening conditions is not impacted. In doing this we will also work with our national health service partners particularly NHS Golden Jubilee National Hospital (GJNH), SAS and NHS 24.

Cancer and Scheduled Care

The management of cancer and scheduled care will be the main area of focus in terms of recovery. During the first wave of the COVID-19 Pandemic specialty specific groups reviewed their pathways and altered their approaches to treatment to reflect this new and additional risk to minimise the risk of preventable harm and optimise outcomes, for patients requiring cancer treatment including surgery, systemic anti-cancer therapies or radiotherapy. Much of this work was facilitated through the regional Managed Clinical Network and Multi-disciplinary teams. Over the past 6-9months each of the Boards have adopted prioritisation approaches to manage patient care with local clinical prioritisation groups in place

to ensure fair and reasonable access to the limited surgery resource in terms of both hospital beds and elective green-site theatre capacity. This has been supported by a Regional Clinical Prioritisation Group and a Scheduled care group involving both senior clinical leaders and senior managers who manage cancer and access programme in each of the Boards across the region to consider the available capacity; support arrangements; learning from approaches adopted in Boards; taking a consistent approach where possible to support patient treatment across the region.

In this next phase of remobilisation we will continue with this approach and to follow the guidance set out in *'Recovery and Redesign: An Action Plan for Cancer Services"* formulated by the Scottish Government National Cancer Recovery Group.

Whilst there is an expectation that all boards will upscale their diagnostic and elective surgery capacity in the coming months to support the ongoing priorities within cancer and address the backlog there needs to be a recognition that there will be competing demands from surgery and diagnostic tests that go beyond patients requiring cancer treatment and that these specialties will also need to gain access to a theatre and diagnostic capacity across the Boards and the region at a time when there will continue to be constraints on capacity for several months. This will require cooperative working arrangements to be put in place to ensure patients with the greatest priority are treated and patients in NHS Board areas seeing a higher level demand challenge are not unfairly disadvantaged. To support this, the NHS Boards within the region are using a prioritisation approach and working together to ensure available capacity can be used to treat patients with greatest need. The initial priority focus of the region will be on priority 2 cases for cancer and orthopaedics with the Board Chief Executives seeking a plan that sets out the capacity and demand, aligning the capacity to the most clinically appropriate to meet the needs of the patient groups. A key partner in this work will be NHS GJNH.

NHS GJNH will be an important participant in this group to ensure the capacity available at the GJNH can be maximised to support the treatment of patients within the region where surgery capacity does not allow this within the board of residence.

It is recognised that this is a challenging task, and there may be significant need for cross HB working and/or national support and rescue of some cancer services on a temporary basis. In doing this it will be important to use capacity most suitable to meet the clinical need; recognising the importance of the wider clinical team in supporting patient care post-operatively to optimise patient outcomes.

Through the West of Scotland Surgical Prioritisation Group, the aim is for patients to be treated and listed for surgery in order of clinical priority in the same way across the region to ensure equitability; working together to ensure patients are offered the earliest available appointment. This group will also consider how to maintain services and address the backlogs in the event of increased COVID-19 activity.

In terms of the wider planned care requirements to support outpatients and diagnostic investigation of patients the West of Scotland Boards are also considering the opportunities the NHSLJ may potentially offer.. Some tests of change have been carried out for orthopaedics and plastic surgery and the review of the learning from these will be considered to explore the wider use of this capacity to support outpatient activity as well as diagnostic capacity in the coming months.

Part of the work being undertaken across the region is reviewing the capacity and demand for diagnostic tests to support patient management. This work will be used to support the Clinical Prioritisation Groups locally and regionally and inform the dialogue with our primary care colleagues to use the available capacity to best effect.

Progressing the Regional Programme

Recognising we are managing a situation where COVID-19 is likely to remain an issue for the foreseeable future it means that we may face a number of challenges across the services including staff absences. This requires us to have the agility and flexibility to support care for the most critical patients at any time and this may require a greater level of cross board working than we have required to date.

Also recognising the levels of demand for services particularly during the winter period could prove challenging based on past experience it is important that we recognise what we require to do to sustain capacity to respond to rapidly changing numbers of COVID-19 patients and emergency demand.

Key to this are:

- Use the data to provide an Early Warning System to guide our decision and levels of escalation linking also with SAS and NHS 24 to use the data they are also gathering to ensure we can monitor the position and identify patterns that are causing concern to trigger our collective response.
- Shared understanding of the capacity we have to support care recognising the need to keep capacity to support an ongoing level of Covid-19 patients both in terms of critical care capacity and respiratory care. This is particularly important as we build our surgical capacity to ensure we have the agility and flexibility to adjust quickly to changing situations minimising the level of disruption this could cause.

SECTION 6: WORKING TOGETHER TO REMOBILISE, RECOVER AND REBUILD A BETTER HEALTH & CARE SYSTEM

The COVID-19 pandemic has had a profound impact on our health, economy and society as a whole. What began as a public health crisis has now become a global economic crisis. People have lost their jobs, businesses have had to close, growth has stalled and young people in education notably at college or university have seen their academic journey seriously disrupted.

This pandemic has also highlighted, and in many cases worsened, the inequalities in our society with those with the least before the crisis now often worst affected both in terms of health and economic impacts. The Programme for Government acknowledges the challenges whilst also setting out the opportunities to create new jobs, to promote lifelong health and wellbeing and to promote equality whilst helping our young people fulfill their potential – we support and will play our part in delivering this ambitious Programme.

We acknowledge there is no blueprint we can turn to for answers and we also know the status quo is neither realistic nor viable. Public services that are robust and sustainable with an eye to the Programme for Government, the National Performance Framework (NPF) outcomes and Best Value remain a key requisite for socio-economic recovery locally, regionally and nationally.

NHS Forth Valley wants to play its part in improving health and wellbeing whilst contributing to the local economy and society as a whole. Last year we engaged the Health Foundation in a key piece of 'anchor organisation' work that involved key partners notably in Local Authority, Academia, Economic Development and the Third Sector. We intend to increase our anchor organisation contribution to Forth Valley's population health and community wealth building delivering a programme of work as part of a Forth Valley wide consortium aligned with the regional cities/growth deals.

Our priorities for 2021/2022 and beyond include:

- Delivering on our anchor commitments to help address inequalities locally
- Using our capital programme to procure locally to support community wealth building
- Working with local academic institutions to create opportunities for young people

In addition, we will fulfil our NHS requirements to support a step change in our response as we remobilise, recover and redesign. In this regard our priorities in 2021/2022 will be to:

- Step up our response to 'Living with COVID' – patient, staff and population safety will continue to be an overriding priority as we focus on Test & Protect, Vaccinations and support for Adult Social Care including Care Homes
- Invest in a sustainable long term vaccination programme that takes account of COVID and seasonal flu going into the winter of 2021/2022
- Extend our commitment to enhanced staff and community testing with our partners
- Strengthen our primary and community care services and building on our interface and integrated working as part of our commitment to system not silo working across health and care services
- Promote and encouraging people to engage in the national screening programmes
- Maintain essential services i.e. urgent including trauma, maternity and cancer related services including diagnostics
- Complete the redesign of our urgent care programme
- Prevent, treat and improve access to Mental Health Services for all ages
- Continue to redesign our Elective Care Pathways locally and regionally to deliver sustainable improvement
- Work within our financial allocation to make best use of our resources to support high quality sustainable services

Of course, all of the above will not be possible if our workforce is not involved, enabled and/or empowered to support our key priority areas and ambitious improvement agenda. Supporting staff wellbeing will continue to inform our remobilisation plans and priorities timetable.

During 2021/2022 we will develop and agree a Corporate Staff Wellbeing Plan with our Area Partnership and Area Clinical Forum colleagues that takes account and ensures our workforce is developed, equipped and empowered to deliver high quality, safe and effective care and services. Joy at work and a commitment to work towards Investors in People (IiP) - Platinum level remain high on our agenda and with the support of our Area Partnership Forum and Area Clinical Forum we believe we can achieve a first for the NHS and secure a Platinum rating that builds on our Gold Award secured in 2018. I-matter will become more centre as continue to champion the benefits of employee engagement in developing and delivering care and services to the people of Forth Valley. Talent management and succession planning has been raised as a priority by our staff and in response we will work to reaffirm our commitment to establishing a Quality Improvement People's Academy in 2021/2022. The Academy and our Programme Management Office whilst supporting excellence in care will also inform our transformation of services and the shape of our future workforce and the skills we will need to support a changing operating environment.

NHS Forth Valley during this period of recovery has recognised the sacrifices and successes of our health and care response to COVID-19 including the significant achievements implemented at pace. There is an opportunity to rebuild our local services to meet the physical, social and mental health needs of our communities affected by significant economic and social disruption and to reset our future ambitions for what our

health and care system should look like in the short, medium and longer term. This Plan builds on the conversation with our staff across health and care and including our Health & Social Care Partnerships and wider public sector partners as we look to ensure that their health and wellbeing is protected as we look to resume services safely.