

NHS Greater Glasgow and Clyde	Paper No. 21/45
Meeting:	NHS Board Meeting
Meeting Date:	17th August 21
Title:	Remobilisation Plan 3 (RMP3) Update
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1. Purpose

The purpose of the attached paper is to: provide an update on remobilisation planning and implementation, and to give the Board assurance that there is a robust project management approach to the maintaining of RMP3.

2. Executive Summary

The paper can be summarised as follows:

- Remobilisation Plan 3 (RMP3) describes how the health and social care system will remobilise in 2021/22.
- Monthly progress reports are reviewed at the Strategic Executive Group (SEG) meeting, and exception reports are produced for areas where there are delays.
- This paper provides a high level overview of remobilisation commitments and activity for the first quarter of 2021/22.
- Scottish Government have asked for a formal update of the plan by 30th September (RMP4) with revised activity projections.

3. Recommendations

The **NHS Board** is asked to note the attached update on RMP3.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

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

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

6. Engagement & Communications

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

Staff Partnership representatives were involved in the development of RMP3 through membership of the HSCP and Acute Tactical Groups. The final plan was discussed at the Area Clinical Forum and Area Partnership Forum.

7. Governance Route

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

- Monthly updates for April, May and June have been considered at SEG.
- A quarterly progress report was considered at the Finance, Planning and Performance Committee on 10th August.

Remobilisation Plan 3 (RMP3) Update

1. Overview

This paper places focus on remobilisation activity since April 2021. However, it is important to recognise the significant achievements in remobilisation and redesign activity which have been progressed since the first wave of the pandemic in spring 2020. These achievements have enabled our health and care system to respond to subsequent waves of the pandemic, whilst also treating other patients safely, and dealing with the typical challenges of increased demand on services over the winter period.

Key achievements since the first wave of the pandemic include:

Mental Health

The Mental Health Strategy has been reviewed in the light of our COVID experience. Two Mental Health Assessment Units were established early in the pandemic period to treat patients safely and effectively outwith Emergency Departments. These units offer virtual and face to face appointments and to date have received positive feedback from patients and emergency services as a valuable service. The units have been reviewed and now form a key part of the mental health unscheduled care offering.

Public Health

Significant public health effort has led the community testing, contact tracing and vaccination programmes. Public health and supporting staff from across the health and care system have supported this work. Over 87% of our over 18 population have now received a first dose of the vaccination, and over 71% are fully vaccinated. The programme has operated from over 18 centres across GGC, and has utilised a vaccination bus by working with the Ambulance Service.

Primary and Community Care

GPs now offer a blend of virtual, telephone and face to face appointments and are reporting a greater level of activity/consultations than pre pandemic. This has been rising steadily since Christmas 2020.

Unscheduled Care

A GP COVID hub has been established with Specialist Assessment and Treatment Areas (SATAs) in hospitals and Community Assessment Centres (CACs) in communities to treat patients with COVID symptoms, and to protect other patients and staff. A Flow Navigation Centre has been established to provide quick access to the right service for patients and reduce unplanned Emergency Department attendances. This service is treating over 400 patients per week, directing up to 40% of them to the most appropriate service without having to attend ED.

Staff Wellbeing

There is ongoing recognition of the significant impact that dealing with the pandemic has had on staff. In order to provide our workforce with mental health and wellbeing support, R&R hubs were quickly established across the Board and developed to provide a dedicated place for staff to readily access.

Planned Care

We have continued to prioritise planned care and support recovery of services. Active Clinical Referral Triage (ACRT) has been adopted by all services and is continuing to inform redesign of outpatient pathways across a wide range of specialties. This includes 'patient opt-in' and also 'patient initiated review'. These approaches provide patients with high quality patient information that enables the patient to decide when and if they need to access healthcare. Outpatient activity continues to be delivered through a blended approach of virtual and face to face appointments. For inpatients and daycases we continue to prioritise our patients with cancer and those with highest clinical priority in line with national guidelines. In addition we are balancing this demand with seeking to accommodate our longest waiting patients.

2. Remobilisation Plan 3 (RMP3)

Remobilisation Plan 3 (RMP3) describes how the health and care system in GGC will remobilise during 2021/22. It covers the period from April 2021 to March 2022, and was noted by the NHS Board on 29th June 2021.

A project management approach to remobilisation has been undertaken through the use of a Remobilisation Tracker with an associated reporting and monitoring process which was introduced in April 2021. The Tracker sets out all 12 areas of work within the Remobilisation Plan, as detailed below.

1. Primary & Community Care
2. Planned Care
3. Unscheduled Care
4. Mental Health
5. Public Health
6. Addressing Inequalities
7. Patient Experience and Public Engagement
8. Enablers: Workforce
9. Enablers: Digital & Innovation
10. Enablers: Pharmacy
11. Enablers: Finance and Capital
12. Enablers: INS

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Key actions supporting each area of work are aligned to NHSGGC Corporate Objectives.

Managed by the Corporate Planning Team, the tracker is continually updated and a monthly RMP3 Progress Report is submitted to Strategic Executive Group (SEG) for review. An RMP3 Status Report is completed for any actions that have been delayed, and this describes how the project will get back on track, the impact of the delay and a timescale for completion.

3. Tracker Format

The Tracker contains actions that were directly referenced in, or contribute to, the NHS GGC Re-mobilisation Plan submitted to the Scottish Government covering the period April 2021 – March 2022. There are currently upwards of 440 actions contained within the Tracker.

The format of the Tracker has proved effective in enabling the leadership team visibility of all remobilisation actions and the ability to track collective and individual progress.

To ensure accountability, Executive Leads have been allocated to each action along with the individual(s) responsible for achieving the action.

A colour coded rating (Completed, On Schedule, At Risk, Late), driven by the expected completion date is in place to ensure easy identification of the status of each action.

Completed
Late
On Schedule
At Risk

4. Reporting

A Remobilisation Progress Report, utilising the information in the Remobilisation Tracker, is submitted to SEG on a monthly basis.

The progress report focuses on the actions achieved or delayed during the month prior to the report, the actions that are marked as 'Ongoing' and notes the planned actions for the next 3 months.

A brief narrative is provided to supplement information where appropriate. Where actions have been delayed/expected timescales have not been met, a supplementary RMP3 Status Report detailing key issues and mitigating activity is completed and submitted to SEG.

Prior to the report going to the SEG, it is shared with RTG and reviewed by the HSCP Tactical Group and appropriate Executive Leads.

5. Quarterly Update

Monthly RMP3 Remobilisation Progress Reports have been submitted to SEG covering April, May and June 2021. During that time **75** actions have been completed, the majority of which achieved within the expected timescale, and some ahead of time.

4.1 Quarter 1 - Key Achievements

Primary & Community Care

Care at Home support has been increased to pre- COVID19 visiting levels across GGC and a common approach to eligibility and access has been developed across all HSCP areas. A plan for the remobilisation of respite services has been developed, including those for people with learning disabilities. Addiction services have remobilised and opiate replacement therapy activity is now at pre-COVID levels. Urgent Care Resource Hubs have been established in all 6 HSCPs to co-ordinate out of hours activity. Dental services, including those for prisoners, are remobilising as planned in the community.

Planned Care

For the 3 months ending May 2021 ACRT is now used in 77.7% of outpatient referrals. Outpatient activity in Q1 of 2021/22 remains above 80% of pre- COVID levels. Remobilisation of theatres continues at a steady pace, with elective inpatient and daycase activity for Q1 of 2021/22 exceeding 70% of pre-COVID levels. Endoscopy services also continue to steadily remobilise with Q1 of 2021/22 showing a 7.5% increase in the number of patients seen compared with the previous quarter. The recent completion of an external tender process will see a mobile Endoscopy Unit come on stream for the second half of 2021/22, further helping to increase capacity.

Unscheduled Care

The first phase of the redesign of urgent care has been completed. Paediatric services have now been incorporated in the GGC Unscheduled Care Flow Navigation Centre (FNC). A GP Out of Hours Service (GP OOH) has been reinstated in Inverclyde. There has been significant progress in the implementation of the Major Trauma Centre and Trauma Network. This is on track to open at the end of August 2021. Procurement of Bi Planar equipment and recruitment of Interventional Radiologists is progressing to support the establishment of a regional Thrombectomy Service.

Mental Health

Peer Support Workers have been recruited to community mental health teams to support inpatient to community pathways. Our public mental health response has seen activity to support mental wellbeing in areas such as bereavement, suicide prevention, social connection and youth employment.

Addressing Inequalities

The NHS GGC Workforce Equality Action Plan has been developed and approved. There has been a review and rephrasing of the Turning the Tide Through Prevention action plan.

5.2 Focus on Improvement

Remobilisation during ongoing waves of a pandemic is challenging, and it may be necessary to redirect resource to supporting COVID. Any actions which are recorded as delayed have been escalated. Completion dates are being reviewed and contingency actions taken to ensure that delays are minimised. The Tracker records progress and ensures a continued focus on remobilisation.

6. RMP4 – 6 Month update of RMP3

Scottish Government have requested a formal progress report of RMP3 implementation by 30th September. This will be submitted as RMP4, and will include a plan for winter 2021/22, any significant changes from RMP3, key areas of progress and revised activity projections for the second part of the year.