

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 25 May 2020
Title:	Mobilisation Plan Phase 1
Responsible Director:	Kirstin Dickson, Director for Transformation and Sustainability
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1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Government policy/Directive

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

As part of the Scottish Government response to the management of the COVID-19 virus, each NHS Board was asked to prepare and submit a mobilisation plan to deal with required action to manage changes in activity in health and care services to care for patients with COVID-19.

NHS Ayrshire & Arran and the three Health and Social Care Partnerships (HSCPs) submitted a joint COVID-19 Mobilisation Plan to the Scottish Government on 24 March 2020. Individual plans for Acute Services and the 3 HSCPs were then redrafted and submitted on 3 April 2020.

All NHS Boards have been asked to submit a weekly finance return to Scottish Government detailing an indicative financial plan for management of the COVID-19 response described in the Mobilisation Plan. The finance return to Scottish Government is submitted every Thursday at 11am.

2.2 Background

Since early 2020, the UK has been responding to the outbreak of COVID-19 that was reported in China in December 2019. An escalating response to the situation has been implemented throughout February and March in line with the predicted spread of the virus and supporting a plan to limit and slow infection rates.

2.3 Assessment

Below is a summary of the key areas of work that are detailed in full in the Mobilisation Plans.

Impact on capacity	Key areas of work	Responsibility
Increase bed capacity in University Hospital Ayr (UHA)	Review ward areas within Stations within UHA and create additional capacity.	NHS – Acute Directorate
Increase bed capacity in University Hospital Crosshouse (UHC)	Review ward areas within Wards at UHC and create additional capacity.	NHS – Acute Directorate
Increase number of ICU beds at UHC and UHA	Increase ICU beds within Acute services. Bed numbers are under regular review along with nursing staff and equipment capacity. Plans and triggers are in place should additional training to upskill staff be required for this area in the future.	NHS – Acute Directorate
Creation of a COVID community clinical assessment centre	The main community clinical assessment centre at Lister Street was operational from 27 March 2020. A satellite assessment centre has opened on the Ailsa Campus from 18 April 2020. These facilities are accessed by appointment only. The assessment centre provides access for people with worsening COVID-19 symptoms for enhanced medical assessment and care.	EAHSCP – Primary Care Services
Reduce levels of delayed discharges in hospital	To assist in the flow of patients within our Acute services, the Health & Social Care Partnerships have been focussing on creating capacity within community services.	EAHSCP SAHSCP NAHSCP
Staff hub	Creation of a central staff hub where all sick related staff absence should be reported to.	NHS - Human Resources Directorate

Impact on capacity	Key areas of work	Responsibility
	This hub also provides COVID-19 telephone triage and advice for staff or their family members who may be displaying symptoms.	
Redeployment of staff	Staff from non-critical health and care services have been redeployed to critical areas. This includes staff within Allied Health Professionals, Community Psychiatric Nurses (CPN), Registered Mental Nurses (RMN), social workers, administration. A COVID-19 Workforce Planning & Deployment Group has been established to scope and plan future requests for critical staff within the whole system workforce.	NHS and HSCP workforce
Employment of additional staff	The mobilisation plans detail a number of areas where staffing capacity requires to be increased.	NHS and HSCP workforce
Mortuary capacity	Plans are in place to increase mortuary capacity within acute services.	NHS Acute Directorate
Personal Protective Equipment (PPE)	A PPE Group was established within Ayrshire & Arran to support COVID-19. Distribution of PPE has been challenging but services are working closely with the Procurement Team to keep the stock at safe levels.	NHS Clinical Support Services
Equipment	Additional equipment has been required to be purchased within our health and care services. These items include ventilators, centrifuge labs, mobile x-ray and scanners.	NHS Clinical Support Services
Digital Services	Due to changes in the way services are being delivered and staff are being asked to work additional digital services capacity has required investment to create and expand supportive digital solutions.	NHS Corporate Support Services

From these mobilisation plans, the internal Programme Management Office (PMO) COVID-19 Mobilisation Tracker has been developed. The Tracker details all the actions from the respective mobilisation plans and provides a whole system approach for COVID-19 mobilisation for Ayrshire & Arran in terms of governance, assurance, scrutiny and tracking.

The internal governance of the PMO Mobilisation Tracker and financial return has been developed and will be critical to the delivery of the mobilisation plan. The PMO Mobilisation Tracker will allow escalation of issues and timely execution of deliverables to ensure that Ayrshire & Arran provides the response to staff and citizens for COVID-19.

A process for updating the Scottish Government Finance Return and PMO Mobilisation Tracker on a weekly basis has been developed and this will ensure that the returns reflect the most up to date position of the mobilisation plan.

Testing the Mobilisation Plans

Ayrshire and Arran have had designated Military Liaison Officers within the Strategic Coordination Centre who have been assisting with the COVID-19 response. This has included appraising mobilisation plans and ensuring they are fit for purpose, primarily through stress test exercises.

Our Health and Care services require assurance that sufficient depth of planning has taken place around actions that would be taken when we hit certain triggers and what that might mean for health and care service utilisation.

A number of table top exercises have been undertaken to stress test procedures and plans in place. The output from these exercises have been used to update procedures and create escalation plans, detailing the planned response to increasing demand for health and care services. Staff from across the system have participated in these exercises.

Phase 2 Mobilisation Planning

As part of our approach to Recovery, work has been underway over the last two weeks to explore Phase 2 of Mobilisation Planning which is beginning to explore how to respond across our health and care services to bring an appropriate level of service provision back online whilst we are still managing COVID-19 patients. This next phase of Mobilisation Planning is in line with national planning. Scottish Government colleagues have asked that Boards, working with their partners, submit a Phase 2 Mobilisation Plan on 25 May.

2.4 Recommendation

This paper is presented for discussion. The Board is asked to:

- note the development of the Phase 1 Mobilisation Plan;
- be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan; and
- note that work is beginning on Phase 2 of Mobilisation Planning.