NHS Ayrshire & Arran

Meeting:	**Ayrshire and Arran NHS Board**
Meeting date:	**1 February 2021**
Title:	**Remobilisation Plan 3**
Responsible Director:	**Kirstin Dickson, Director for Transformation & Sustainability**
Report Author:	**Gillian Arnold, Planning Manager**

1. Purpose

This is presented to the NHS Board for:

- Awareness

This paper relates to:

- Annual Operational Plan

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

All NHS Boards are required to submit, to Scottish Government, the next iteration of their Remobilisation Plans, to cover the period from April 2021 to March 2022. This will be considered as Re-mobilisation Plan 3 (RMP3), a one year plan setting out key priorities and actions for 2021/22.

This one year planning cycle is expected to enable us to clearly demonstrate to Scottish Government how we plan, in conjunction with our partners, to re-mobilise, recover and re-design our health and care services, whilst living with COVID.

The RMP3 will seek to provide assurance that the whole Health and Care system in Ayrshire and Arran have planned together to demonstrate how they will continue to deliver safe, effective and accessible treatment and care, whilst continuing to work collectively to effectively manage and safely respond to to the ongoing challenges of COVID-19.

The Remobilisation Plan 3 letter, dated 14 December 2020, lays out the requirements to be included in RMP3. There are also, additional, more detailed requirements contained within the accompanying RMP3 Checklist (Appendix 2).

The first draft of the plan is due for submission to Scottish Governement on Friday 26 February 2021.

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 2020 in line with the predicted spread of the virus and supporting a plan to limit and slow infection rates.

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.

2.3 Assessment

There is now a requirement to submit the next iteration of the Remobilisation Plan for the period April 2021 to March 2022.

The first draft of the RMP3, based on the guidance issued on 14 December 2020 (Appendix 1 and 2) was due to be submitted to Scottish Government on 5 February 2021. The letter and checklist were circulated to Directors and Senior Managers for completion, with first drafts to be returned by 22 January 2021.

We received a second correspondance on 21 December 2020 (Appendix 3) which revised the submission date from 5 February 2021 to 26 February 2021. However we remain committed to submitting an early draft to the NHS Corporate Management Team (CMT) on 26 January 2021.

Consideration of the RMP3 will be as follows:

- **25 January 2021** – Strategic Planning and Operational Group (SPOG) (Early Draft);
- **26 January 2021** – Operational CMT (Early Draft);
- **22 February 2021 -** SPOG (Final Draft);
- **23 February 2021** – Strategic CMT (Final Draft); and
- **26 February 2021** – Submission to Scottish Government (Final Draft)

Followng submission of our draft RMP3 to Scottish Government, we expect to receive feedback throughout March 2021. On receipt of this feedback we will work to update the RMP3 to produce a final plan. Following final sign off from Scottish Government and our own internal governance processes, including IJB and NHS Board approval, the RMP3 will become our contract with government for the year 2021/22.

2.3.1 Quality/patient care

The quality of care for patients will be a particular focus within the RMP3 and will be described through the links with this document and the Quality Plan.

2.3.2 Workforce

Workforce will form a component part of the RMP3 and will clearly set out what is required in terms of Corporate and Directorate/Health & Social Care Partnership.

2.3.3 Financial

The Financial Plan will be a key component of the RMP3.

2.3.4 Risk assessment/management

Risks to delivery of the various aspects of the RMP3 will be assessed and managed throughout the lifespan of the plan.

2.3.5 Equality and diversity, including health inequalities

The RMP3 will be drafted within the context of the Programme for Government and take cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

Impact assessments, where necessary, have been completed for the component parts of the RMP3.

2.3.6 Other impacts

The RMP3 wil be set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It will provide detail of how we will deliver at a local level on the ministerial commitments, how we will meet the needs of our local populations and how we will provide services within the scope of the resources available to us.

2.3.7 Communication, involvement, engagement and consultation

The RMP3 willl be a culmination of a number of plans which will have been communicated to staff and/or patients and public. The overarching strategic vision of the RMP3, through Caring for Ayrshire, will ensure that this and future plans have full engagement and consultation on the way forward for our health and care system in Ayrshire and Arran.

The RMP3 will be developed in collaboration between NHS Ayrshire & Arran, East Ayrshire Health and Social Care Partnership (HSCP), South Ayrshire HSCP, North Ayrshire HSCP and key partners from Scottish Ambulance Service and Third Sector.

2.3.8 Route to the meeting

The letter and checklist received on 14 December 2020 have been considered by Emergency Management Team, CMT, Performance Governance Committee and Area Partnership Forum who have supported the content of the information presented in this report.

2.4 Recommendation

Members are asked to note:

- the current development of the Remobilisation Plan 3; and
- be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan

3. List of appendices

The following appendices are included with this report:

- Appendix No 1 - Letter re NHS Board Remobilisation Plans 2021/22
- Appendix No 2 - Checklist for updated Re-Mobilisation Plans for 2021/22
- Appendix No 3 – Letter re Preparations for January 2021

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Appendix 1

To: NHS Board Chief Executives
Cc: NHS Board Chairs
IJB Chief Officers
LA Chief Executives, COSLA

14 December 2020

Dear Colleagues,

NHS BOARD REMOBILISATION PLANS – 2021/22

I am writing to commission the next iteration of your Remobilisation Plans, to cover the period from April 2021 to March 2022. This should be considered as a one year AOP with the usual "sign off" between your Board and the Scottish Government for the service and financial plan for 2021/22.

Before doing so, I would like to acknowledge the scale of what has been achieved to date and thank you and your planning partners, and respective workforces, for the incredible response which you have delivered during these hugely challenging times.

As you will be aware, the current round of Remobilisation Plans, submitted at the end of July, cover the period August 2020 - March 2021. In recognition of the complexity of planning very far ahead in current circumstances, as well as the significant and immediate pressures that you and your teams are balancing over the next few months, I am requesting that you prepare and submit a further one year plan to follow on from the end of that period. This should provide an update and further iteration of your existing Remobilisation Plan, summarising your work in a number of key areas of activity to the end of March 2022. Your Remobilisation Plan should reflect the broad areas outlined below and included in your written submission back to Scottish Government and endorsed by your Board after agreement/sign off by Scottish Government.

That is not to say that these plans cannot include material relating to a longer timescale, and I would emphasise that where it is necessary or appropriate to do so, you should not hesitate to set out your intentions or direction of travel over the longer term in as much detail as you find helpful. As we move beyond an emergency footing and into a more 'business as usual' approach, it is the intention to take a longer term view and many of the initiatives and transformations which are being developed and embedded now will clearly have implications for the future shape of our health and care services. So the work we are doing together now will begin to create the framework for that longer term planning.

As with previous iterations of the Remobilisation Plans, these updates should be developed and submitted in partnership with the IJB(s) in your area (for Territorial Boards) and should reflect national guidance/policy frameworks.

For National Boards, your updated Remobilisation Plans should reflect ongoing discussions with your Sponsor Teams and, where relevant, with Territorial Boards about how you can support their delivery of Ministerial priorities. You may find it useful to refer to the previous commissioning letters issued during the pandemic (dated 14th May and 3rd July). While some of these planning assumptions will be less relevant as we move out of the national response to COVID you will still want to embrace new ways of working such as Attend Anywhere.

To limit the work involved in this process for already stretched resources, your updated Remobilisation Plans should focus on a core set of key priorities. Further guidance on the key areas to be covered in the Remobilisation Plans, as well as the shared assumptions that underpin the delivery of these priorities, is set out below. You may also find it useful to refer to the checklist in **Annex 1** when preparing your Remobilisation Plans to ensure that all relevant areas have been covered.

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland, published on 31st May, continues to provide the over-arching context for remobilisation planning, including the principles and objectives for safe and effective mobilisation.

Supporting Staff Wellbeing

Supporting staff wellbeing is critical and the welfare of the workforce is a fundamental interdependency that cuts across every aspect of remobilisation planning. The evidence base and learning from previous pandemics clearly demonstrates the importance of providing on-going support to promote both physical and psychological wellbeing over the coming year, and it is clear that your organisation should also be looking to consolidate and embed systems of support for the longer term.

Remobilisation Plans should set out how staff wellbeing is being addressed in partnership with staff, how and where support to the workforce has been actively considered and/or enhanced, and the arrangements for ensuring that wellbeing resources are accessible to staff across the health and social care workforce.

This should include:

- developing a corporate staff wellbeing plan, monitoring its performance and evaluating its impact on staff wellbeing;
- arrangements for actively promoting rest and recuperation, and providing accessible rest areas for staff, as well as out-of-hours catering, where relevant;
- the roles of the Area Partnership Forum, Area Clinical Forum, Employee Director and your Workforce Wellbeing Champion, and arrangements for corporate level strategic leadership and oversight of staff wellbeing.

Living with COVID

We will continue to live with the immediate impact of COVID on our health and care services throughout 2021/22. The ability to respond effectively to that situation will require that surge capacity is maintained across the system - for planning purposes you should assume that this will be the case at least until July 2021 although the absolute requirement may taper off as more of the population is vaccinated. Patient/staff safety will continue to be the overriding priority - which will involve the maintenance of rigorous IPC procedures, separate pathways; physical distancing etc.

There will also continue to be an enhanced/extended role for Public Health and we would expect this to focus on Test & Protect, Vaccinations and support for the Adult Social Care

sector at least until July 2021. This should include support for Care Homes with workforce resilience issues.

A Sustainable Longer Term Vaccination Programme

A significant amount of work has been done in a very short space of time to develop initial delivery plans for the COVID vaccination programme, which started on 8 December. The vaccination programme will continue beyond March 2021 and plans will need to be reviewed and evaluated to ensure planning and delivery remains effective and efficient.

While no uptake targets have been set for each cohort we would suggest that you use the targets that were set for the Seasonal Flu vaccinations programme as a minimum. Projections of vaccine availability show enough vaccine should be available to offer two doses of vaccine to every eligible person, and therefore uptake should be maximised as much as possible. We will require assurance that there continues to be a sustainable process in place with a commitment to ensure the target uptake is met in full across all eligible cohorts.

Adequate plans must be in place to ensure appropriate logistical arrangements to manage the Seasonal Flu and COVID vaccination programmes, including ensuring the timeliness of both to avoid overlap as we head into winter 2021/22. In both cases it is vital that alongside the assurances sought, there is sufficient detail for us to have complete confidence in delivery of the required outcomes.

Maintaining and Extending the Testing Programme

As we continue to expand testing, systems must be in place to ensure delivery of testing amongst the eligible groups as outlined in my letter of 27 November, which provides details of the expectations on Health Boards to support expansion of the key areas. The data capture across these areas is essential to maintain patient and staff safety and to minimise the spread of the virus in health and social care settings. Processes need to be in place to capture all relevant data to ensure that health boards can quickly identify people with a positive result.

Remobilisation Plans for 2021/22 must offer reassurance that national guidance is being followed and uptake levels amongst eligible groups are maintained at expected levels, with detail on how your Board will meet its target testing figures as part of the wider national testing programme.

Supporting the Safe Provision of Adult Social Care

During 2021/22 the ongoing need to respond to the COVID pandemic will include the continuation of an enhanced/extended role for professional oversight and mutual aid in Care Homes. We would expect Remobilisation Plans to set out fully remobilised services across Adult Social Care – to provide advice, support and guidance to Care Homes on nursing requirements and IPC and to support people in their own homes including Care at Home, respite and Day Care services, whilst ensuring that safety remains the top priority at all times.

Infection prevention and control measures, supported by testing, must therefore be at the core of Remobilisation Plans but they should be based on the assumption of full recommencement of social care packages which allow people to live fulfilling lives, throughout the full planning period. We know how valuable flexibility is for people who use social care and services must continue to adopt a person-centric and Human Rights based approach based on the principle of Self Directed Support and choice. The Remobilisation Plans should reflect this.

Lessons learned and innovative approaches developed during the response to the pandemic in Adult Social Care, irrespective of setting, should be maintained and examples of best practice shared and adopted across IJBs. Boards and IJBs should seek to adopt and embed these innovative approaches, ensuring that fair work principles are also fully reflected in Remobilisation Plans.

At the start of 2021, the UK's Transition Period with the EU will end, and the impacts from this may continue to be felt including with respect to workforce issues. The measures that your Board will put in place to address this and mitigate any impact should be reflected in your Plan.

Looking further forward, the Independent Review of Adult Social Care will report in January 2021, when Ministers will consider its recommendations.

Delivering Essential Services

The Scottish Government has been clear throughout this period on the importance of maintaining a balance between the response to COVID and the continued provision of essential non-COVID health and care services. The overriding priority in setting that balance must be on the safe delivery of services.

Emergency and urgent services such as trauma, maternity and cancer related services including population screening programmes, will continue to be provided and Boards must maintain a safe balance between their COVID response and stepping back up paused or scaled back services. Urgent cancer diagnostics and treatment should continue to be prioritised and the principles of the Framework for Cancer Surgery adopted.

We recognise that the range and capacity for the delivery of non-COVID services will be impacted by the requirements of living with COVID and ensuring the safety of patients and staff. Further detail on the expectations around the delivery of emergency, urgent and routine care is set out or signposted in the recent NHS Scotland Winter Preparedness Plan, published on 28 October, which although focussed on winter is likely to remain an important reference point throughout 2021/22.

Redesign of Urgent Care

The delivery models for essential services will take account of the implementation of the Redesign of Urgent Care (RUC) programme and the subsequent learning from that programme.

RUC should be a critical part of your Remobilisation Plans to ensure the best possible care for people accessing the NHS in Scotland. The first phase of this programme is essential for ensuring patient and staff safety over the winter period and forms a key part of the COVID response. However, this process is just the start of the journey and Boards should continue to work to redesign urgent care over the next two to three years building on lessons learned as the new system embeds and matures.

Remobilisation Plans should reflect the actions that will support continued development and improvement of pathways to meet changes in public behaviours. This will include paediatrics, mental health, and further available pathways for the Flow Navigation Centres such as same day emergency care, Hospital@Home and rapid community services.

Further development of interfaces with SAS, GP, Pharmacy, Dental and Optometry should also be pursued to improve the experience and outcomes for patients and staff. We also

expect Boards and their partners to provide assurance that recommendations from the rapid review of the RUC pathfinder are fully implemented.

This new pathway will deliver a reduction in patients accessing emergency care service unnecessarily. However an equally intensive focus on the prevention of delay and admission for emergency care patients is required. Remobilisation Plans should focus on ensuring there are alternatives to admission with rapid assessment in the community such as Hospital@Home services, same day emergency care and ambulatory care, along with preventing waits and delays in inpatient settings.

This includes robust whole system discharge planning from admission, ensuring patients and families and/or carers, and the wider multi-disciplinary team, are fully engaged in proactively planning safe and effective discharges across seven days, to eliminate boarding and to reduce length of stay.

We expect Remobilisation Plans to clearly set out how partners from across the health and social care system will work collaboratively to deliver efficient emergency and urgent care.

The Key Role of Primary and Community-based Care

The optimisation of self-care and an expansion of the role of primary care/community-based services will be a key element of the new "Business as Usual", including as part of the Redesign of Urgent Care, discussed above.

Over and above existing plans shared with Scottish Government on Primary Care Improvement Plans, Out of Hours enhancement and COVID vaccination, the Remobilisation Plans for 2021/22 should include:

- A more detailed update on progress at a Health Board level with **interface working** in 2020/21. Robust collaboration and joint working across the interface of primary and secondary care is deemed essential to ensure a whole-system multi-disciplinary approach to remobilisation and plans to develop this further in the coming year. One example of an area to progress is the development of combined primary and secondary care Community Care and Treatment Room Services, however an overview of the Boards broader interface arrangements and plans should be included;
- Plans to sustain a **COVID pathway** (building on the COVID Hubs and Assessment Centre model), and to flex the capacity of the primary care workforce to respond to any surges in activity;
- Plans to support individuals to access appropriate levels of advice, community engagement treatment or care for **mental health services**, outlining any plans to develop services that can be delivered in primary care;
- Outline Primary Care support to the essential roles/functions of **Care Homes and Care at Home.** This should include an overview of oversight function and how data in care management systems are being utilised to provide professional assurance in Care Homes;
- Plans to respond to any increased demand on services for **rehabilitation,** including but not exclusively related to Long COVID as set out in the Recovery and Rehabilitation Framework;
- Continued provision of **pain management** services in line with the Framework for Recovery of NHS Pain Management Services;

- Details of **support to NHS dental practices** in their remobilisation; prioritisation of patient care in dealing with the 'backlog' of missed appointments for routine care; and proactive plans to manage access to NHS dentistry for people whose dental practice is reducing its NHS commitment;
- Details of **support for the remobilisation of eye care services** in community optometry practices, patients' own homes, day centres and residential centres, including Care Homes and shared care projects;
- Plans agreed with local providers, for suitable COVID-safe premises for the delivery of peripatetic eye care services to patients in remote and rural areas.

A Whole System Approach to Mental Health and Wellbeing

As set out in the Minister for Mental Health's letter of 6 November, over the coming months Boards are expected to make every effort to maintain current mental health provision and to safely meet the mental health and wellbeing requirements of the population, recognising these may have changed as a result of COVID and related changes in our communities.

Alongside this, Boards should take into account the Coronavirus (COVID-19): Mental Health - Transition and Recovery Plan, published on 8 October, which outlines our response to the mental health impacts of COVID and addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health.

A key part of the plan focuses on the renewal of NHS Scotland mental health services and sets out the support that the Scottish Government will provide to Boards and IJBs to remobilise services and to improve performance against the CAMHS and Psychological Therapies waiting times standards. In particular, Boards which have been prioritised for enhanced improvement support should ensure that this programme of work is reflected in their revised Remobilisation Plans. You should also reflect the work that you will be doing on service renewal and innovation, including ensuring that any associated financial implications are reflected in the Remobilisation Plans.

Planned Care and Clinical Prioritisation

The Framework for Clinical Prioritisation sets out the principles that NHS Boards should follow when considering decisions around the urgency of their elective care waiting lists. In doing so, Boards should also take into account my recent letter (dated 16 November) on the National Decision-Making Framework.

For planning purposes, it should be assumed that by the start of Quarter 2 in 2021 Boards will once again be delivering pre COVID levels of activity. This is a planning assumption and may flex depending on the position with COVID. It is expected that Boards continue to set out the monthly trajectories for activity levels at quarter ends through 2021/22. Templates for providing this information accompany this letter.

Further information on Waiting Times performance will be sought from Quarter 2 onwards. The trajectory templates for providing this information will be provided to Boards by end December. Accordingly, there is an expectation that Boards will clearly demonstrate in their Remobilisation Plans, their capability to manage P2 and P3 patients, and outline the actions that will be undertaken to manage any risk associated with P4 patients. Boards should therefore set out their capacity plans for full elective and diagnostic routine activity restored from Quarter 2 onwards.

As in previous years, we will financially support initiatives that help to enhance the delivery of services, and the inclusion of requests for additional funding will require to be supported by detailed specialty proposals, that indicate and quantify by what means and by how much activity will be enhanced. We will make early contact with Boards on the potential budget that may be available for waiting times improvement before you submit your final Remobilisation Plan. Release of funding will be contingent on demonstrating sufficient planned progress towards key performance targets. Funding will not necessarily be provided on an NRAC basis.

It is envisaged the funding will be available from the start of Quarter 2 with a clear plan for treating the highest urgency patients and addressing the backlog of patients, specifically those patients that have been waiting the longest. However, pump priming funding in Quarter 1 may also be available with the appropriate justification. It will be our intention to release funds on a quarterly basis in 2021/22 depending on demonstrated progress.

If appropriate, plans to address the challenges of specialties can also include Regional Working / Mutual Aid initiatives.

Patient Experience

In preparing your updated Remobilisation Plans, you should also ensure they are structured around and reflect patient pathways rather than service-focused boundaries and that they reflect the citizen perspective and experience across the whole health and social care system, as well as setting out clearly the outcomes which your activities across these pathways are designed to deliver.

In addition to highlighting the interdependencies between individual service areas, which are vital in delivering integrated patient-centred services, your revised Remobilisation Plans should also recognise the interdependencies and the opportunities for mutual support which exist across Territorial Board borders, including for regional working and for working with the National NHS Boards.

For National Boards, existing arrangements for collaborative working, along with discussions with your Sponsor Teams should ensure you are able to present in your Remobilisation Plans how you will structure and prioritise your resources to deliver the priorities set out above and, where relevant, to complement and support the work of the Territorial Boards.

Addressing Inequalities and Embedding Innovation

The process of moving out of the current emergency footing and towards “Business as Usual” must build on the new ways of working that have been developed, and Boards and IJBs are expected to actively participate in the accelerated adoption of innovation programmes which are nationally prioritised by the Health and Social Care Innovation Steering Group. This means ensuring local engagement and collaboration with the national teams overseeing the innovation programmes and delivering the local aspects required to achieve successful adoption.

Remobilisation Plans should also show how you will:

- continue to embed and extend the role for Digital Health;
- make the best use of data/evidence to drive action;
- fully exploit the opportunities offered by mutual aid; joint working; regional approaches and the role of National Boards.

The COVID pandemic has both exposed and exacerbated our health inequalities crisis with disproportionate harm caused to minority ethnic groups and people living in greatest deprivation. Addressing inequalities for all citizens and our health workforce is therefore a vital theme which must be at the very core of your planning, and the delivery of your services.

Taking forward the recommendations from the independent Expert Reference Group on COVID and Ethnicity on data and evidence and systemic issues is a high priority. This builds on my letter of 23 June about advancing race equality across NHS Scotland. We expect Remobilisation Plans to set out actions to address these and arrangements for measuring progress.

In particular, we expect Boards to provide leadership over the coming year, jointly with the Scottish Government and Public Health Scotland, on work to significantly improve health ethnicity data and to embed processes that enable the collection of good quality data on ethnicity into the culture of the NHS in Scotland. There must also be a focus on understanding and addressing any negative impact your work has on staff from minority ethnic backgrounds, as well as all other protected characteristics. This will help ensure that all staff within health workforce are supported and protected equally.

A Sustainable Workforce

Access to appropriate workforce resources will be key to the sustainable delivery of all of these services. Workforce and recruitment assumptions will require to be revisited to reflect new Business as Usual service delivery models or service redesign.

Further information on workforce requirements, recruitment and deployment and preparation for enactment of the Health and Care (Staffing) (Scotland) Act 2019 will be sought as part of your Workforce Plans for 2021/22 and guidance on these requirements will issue shortly from the Scottish Government Director of Workforce. It will be important to ensure clear linkages across these two inter-related sets of plans.

Finance and Capital

Value for money and affordability should be clearly demonstrated throughout Remobilisation Plans. To support this, we have agreed an approach with Directors of Finance to assess financial planning assumptions both for the remainder of 2020/21 and for 2021/22. Work is currently underway to understand anticipated spending levels associated with a range of scenarios, opportunities and risks.

We are undertaking an initial assessment with NHS Boards, based on the attached templates and guidance, to understand indicative financial forecasts in line with potential scenarios of 2% and 3% baseline uplifts in 2021/22. We will agree with Directors of Finance the next steps in continuing to update these forecasts and scenarios in line with the development of Remobilisation Plans. The submission of your Remobilisation Plans should contain your financial planning assumptions and your anticipated quantified actions to achieve financial balance.

In terms of capital, you should be setting out how you are proposing to utilise your Board's CRL allocation and should be planning on the same levels as 2020/21.

Next Steps

Over the next two months, the Operational Planning team will continue to work closely in collaboration with Planning Leads from National and Territorial NHS Boards, regional planners and other key stakeholders on the content and structure of the revised Remobilisation Plans. The completed drafts of the revised Remobilisation Plans for 2021/22 should be submitted no later than **Friday 5 February 2021** with a view to us providing feedback during March and the sign off process being completed as soon as possible thereafter. As with previous iterations of the Remobilisation Plans please submit these to: NHSAnnualOperatingPlans@gov.scot.

You will also find attached three data templates for completion. These are revised and shortened versions of those used in the previous round of Remobilisation Plans, and are focused largely on activity projections. I would be grateful if these could be completed and submitted along with your draft Remobilisation Plans. Template 2 should continue to be submitted on a monthly basis thereafter. As indicated above, an additional template seeking information on the anticipated shape of your waiting list (covering Q2-Q4) will be circulated before the end of December for submission at the end of February 2021.

Yours sincerely

JOHN CONNAGHAN CBE
Interim Chief Executive NHS Scotland

Appendix 2

Checklist for updated Re-Mobilisation Plans for 2021/22

The checklist has been developed to support a consistent approach in terms of focus and content for the next iteration of the Remobilisation Plans covering the period April 2021 to March 2022. The heading below aim to set out the key areas to be covered in the revised plans and aims to support both the local development of the plans and Scottish Government's assessment of the draft plans once submitted.

Key Areas to be covered	Local Plan Assessment	
	Yes – Key Area Covered	Areas Missing/To Be Further Developed
Covers Period April 2021 to March 2022		
Sets out Priorities/Outcomes in relation to: • Living with Covid • Remobilisation/Recovery from impacts of Winter/Pandemic surge/EU Exit (highlighting where this will be different to pre-COVID systems/delivery • Signal priorities likely to continue/develop beyond March 2022 – local and regional/national		
Developed in partnership and reflects whole system approach • Local – including bespoke approaches for IJB areas • Regional • National • ACF/APF		
Consistent with 3R's Framework • Reflects aims and principles • Reflects balance between 3 core pillars of safety, delivery & financial sustainability • Sets out how the 8 objectives will be achieved • Health Inequalities – short/medium term priorities that address issues of equality of access and outcomes		
High Level Planning Assumptions & Scenarios • Reference to National/local modelling work and latest RWCS projections		
Current Position against previous Remobilisation Plans, how has learning been incorporated.		
Governance arrangements for agreement/delivery of Plan		
Public Health • COVID vaccination programme		

Key Areas to be covered	Local Plan Assessment	
	Yes – Key Area Covered	Areas Missing/To Be Further Developed
• Test & Protect • Screening • Informing and Communicating – including enabling continued self care/ management & change in public behaviour in how to access the right support/services first time		
Living with Covid: • IPC, PPE, physical distancing • Management of nosocomial infection (inc implementation of testing strategy) • Safe/segregated pathways • Maintenance of Surge capacity • ITU • Acute beds • Mutual Aid/Regional approaches • Long COVID		
Continued delivery of Emergency and Urgent care (Whole System Model) including: • A&E services • Delivery against framework for recovery of cancer surgery • Diagnostics • Maternity • Paediatric care/Early Years' Services		
Primary, Community and Social Care • Extension/redesign of primary care/contractor services (GP, dental, optometry & pharmacy) • Continued support for COVID Hubs/ Community Hubs and assessment centres • Continued professional oversight and support for Care Homes and Care at Home services and provision of mutual aid • Provision of enhanced community support to support home care and avoid hospital admission e.g. hospital at home, enhanced community nursing and AHP and social care support • Rehabilitation services (including for long COVID) • Pain management		

Key Areas to be covered	Local Plan Assessment	
	Yes – Key Area Covered	Areas Missing/To Be Further Developed
• Social Care Packages fully re-mobilised • Response to Independent Review of Adult Social Care		
Mental Health • Whole system approach • Reflect and build on innovative ways services have been delivered during the pandemic (including digital solutions, MH Hubs and Assessment Units) • Backlog Management Plans • Plans to manage future demand due to COVID • Response to Transition and Recovery Plan		
Acute Services/Redesign of Urgent Care • Roll out/implementation of RUC – whole system pathways and working with SAS/NHS24 • Safe and prioritised remobilisation /expansion of non COVID acute care • Management plan for the backlog of patients waiting for planned care (including application of Scottish Access Collaborative challenges) • Set in the context of clinical prioritisation (inc National Guidance) • Management of Delayed Discharges		
Priority Areas for Collaborative Working & Mutual Aid • Locally – including LA, Third Sector & independent sector • Regionally – key areas of focus • National Boards – NHS24, Louisa Jordan, NSS and SAS • Territorial Boards to quantify their requirement to access capacity at Golden Jubilee, by speciality /subspecialty and by volume		
Enablers/Inter-dependencies • Workforce • Practising Realistic Medicine • Digital • Transport • Buildings/Physical Infrastructure • Training and development		

Key Areas to be covered	Local Plan Assessment	
	Yes – Key Area Covered	Areas Missing/To Be Further Developed
• Linked data sets across the whole system		
Innovation • Development of new models of care - renew/redesign • Embedding of new models as part of COVID response		
Workforce Planning • Deployment of staff to meet service demands/new models of care • Anticipatory workforce planning & recruitment (inc gaps and key risks) • Prioritisation of clinical placement and training activity • Preparation for enactment of Health and Care (Staffing) (Scotland) Act 2019		
Workforce Wellbeing • developing a corporate staff wellbeing plan, monitoring its performance and evaluating its impact on staff wellbeing; • arrangements for actively promoting rest and recuperation, and providing accessible rest areas for staff, as well as out-of-hours catering, where relevant; • the roles of the Area Partnership Forum, Area Clinical Forum, Employee Director and your Workforce Wellbeing Champion, and arrangements for corporate level strategic leadership and oversight of staff wellbeing.		
Assessment of Risks and Mitigations, including but not limited to: • COVID/Non-COVID harms • Future pandemic waves • Continuing Impact of EU Exit • Workforce sustainability and resilience (including students and placements)		
Finance • Assumptions • Plan for 2021/22 (and beyond)		

Key Areas to be covered	Local Plan Assessment	
	Yes – Key Area Covered	Areas Missing/To Be Further Developed
• Set out financial risks and opportunities • Assistance required from SG		
Areas where national approach could be beneficial in 2021/22 and beyond		
All data templates completed		

Interim Chief Executive NHSScotland

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Appendix 3

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To NHS Chief Executives
Copy to HSCP Chief Officers
Local Authority Chief Executives

21 December 2020

Dear Chief Executive

PREPARATIONS FOR JANUARY 2021- SECURING THE NHS RESPONSE TO MAINTAIN CRITICAL SERVICES

In light of the further restrictions announced by the First Minister on Saturday 19 December, I set out below the actions required of NHS Boards going forward in respect of your planned elective activity and other changes to governance and reporting. These actions are designed to support on going delivery of our highest priority services such as responding to urgent and emergency care needs, cancer and other critical services, whilst ensuring full and fast delivery of our vaccination and testing programmes. This letter is also set against the most recent background of the latest mutation of COVID-19 which appears to be significantly more transmissable than current strains. Boards should also be aware that current evidence does not indicate any greater level of hospitalisation or mortality connected with this new strain nor is there any indication that the current vaccines are any less effective in tackling this new strain. More work is ongoing but for now testing, vaccination and clinical treatment remains as before.

In my letter of 16 November, I set out both the priorities for NHS Boards and arrangements for decision making should Boards need to pause resumed services or redeploy capacity to deal with the COVID-19 resurgence or manage other winter pressures. These arrangements were supported by guidance for prioritising elective care as set out in the Framework for Clinical Prioritisation of Elective Care. I also stated that Boards must continue to prioritise access to urgent, emergency, maternity and cancer services; encouraging the public to access these services, as required. In addition, in this and other correspondence, I have stated that Boards must also:

- maintain and enhance the COVID Community Pathway with virtual hubs and Community Assessment Centres;
- ensure new urgent care pathway/access arrangements are safely and effectively introduced, as part of our national programme to redesign urgent care and provide access to the appropriate clinical pathway at the first engagement with the patient;
- maintain urgent elective and vital cancer services including National Cancer screening programmes.
- continue to provide appropriate support to local care homes in order to protect some of our most vulnerable citizens, including continued support for infection prevention and control practice, broader nursing care and all other care standards in care homes, providing mutual aid where this is necessary; and
- ensure appropriate infection control measures are in place; the delivery the delivery of vaccination programmes and a Test and Protect response which minimises the risk of further transmission; fulfilling our core aim of suppressing the virus to the maximum extent possible.

The above prioirities continue to apply. However, in view of the emerging situation of a new and more virulent variant of virus and increasing pressures on NHS services as we move through the busy winter period, **I am now advising that Boards can pause all non urgent elective and routine services during January and February 2021 to help free up capacity to manage these pressures**. This will allow you to plan staff rotas in line with the most recent demands on the NHS. The detail of how NHS Boards will step back their elective activity is for local decision, although Boards do have discretion to maintain what planned services they can on the basis that this will not compromise delivery of the above priorities and it is in compliance with the Framework for Clinical Prioritisation of Elective Care. I acknowledge this may add pressure to other parts of the system including general practice and primary care teams as they may need to provide additional support to those patients awaiting non urgent elective care, be that pain or medicine management, whilst their elective procedures are deferred. Clearly decision-making on how best to pivot staff to critical priorities is best left at local level.

I would welcome your Board's confirmation, that you are putting the appropriate arrangements in place, by 12.00 noon on Wednesday 30 December 2020.

I also thought it would be helpful if I set out other arrangements I am putting in place to support NHS Boards at this challenging time. You will want to note that I have spoken to the Chair of the NHS Chairs Group to encourage Board Chairs to implement appropriate and proportionate governance arrangements, as described in Richard McCallum's letter of 18 November. Further, I have asked that all reasonable steps should be taken to minimise meetings requiring attendance of executive team members such that senior clinical and non clinical management can concentrate on the immediate service pressures. From the perspective of Scottish Government we will seek to limit any requests to Boards that are not essential in the immediate future. In my letter of 14 December I recently requested that you provide your remobilisation plans for 2021/22 by 5 February 2021. Given that the NHS is still on an emergency footing I can now advise that the timescale for receipt of these plans is now extended to the last day of February 2021.

Given the circumstances, I will keep the above arrangements under constant review. If there are any issues you need to raise with me please do get in touch with my office. Can I finish this letter by saying that everyone in Scottish Government recognises the immediate and very significant task that lies ahead and the continuing demands on staff. I would like to convey my sincere thanks for all that you have achieved so far and my support for the task that lies ahead.

Yours sincerely

JOHN CONNAGHAN CBE
Interim Chief Executive NHS Scotland