Remobilisation Plan 4

October 2021 - March 2022

Author: Gillian Arnold, Planning Manager

Name	Job Title or Role	Signature	Date

Authored by:

Gillian Arnold Planning Manager

Completion of the following signature blocks signifies the approver has read, understands and agrees with the content of this document.

		Version	Date
Approval	Corporate Management Team	v1.00	28.09.21
	Scottish Government	v1.04	30.09.21
	NHS Ayrshire & Arran Board Meeting	v1.04	29.11.21
	East Ayrshire Integration Joint Board	v1.04	01.12.21
	North Ayrshire Integration Joint Board	v1.04	16.12.21
	South Ayrshire Integration Joint Board	v1.04	22.12.21

Table of Contents

1.0 Introduction

Remobilisation Plan 4 has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to demonstrate how we will continue to safeguard robust Covid-19 resilience and support for health and social care, whilst working on how paused services across the whole system can be safely and incrementally resumed.

This plan sits alongside our 10 year strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition. This closely aligns with the newly published NHS Recovery Plan and offers opportunities with regard to the proposed National Care Service to ensure right care in the right place at the right time by the right person.

The plan provides an update from the previous Remobilisation Plan and sets out our key priorities for the remainder of 2021-2022.

As we move forward into winter, patient and staff safety continues to be the overriding priority and ensuring effective prevention and control of infection over the winter period will be critical for the successful restart of services and the continued safety of our patients, staff, their families and our communities.

The health and social care system as a whole across Ayrshire and Arran continues to work collectively to manage and safely respond to the ongoing challenges of Covid-19, in addition to a continuing increase in demand for urgent and unscheduled care.

In Ayrshire, we have developed and used our predictive modelling tools to identify peak times of across our health and care services. Planning to meet these peaks has sought to identify resource gaps and ways to mitigate these.

Our Winter Preparedness Plan (Appendix 1) seeks to provide assurance that we have safe and effective pathways of care in place in preparation for winter and what additionality will be created through use of existing resources and investment of winter monies, subject to service capacity and staffing availability. We recognise this plan has a number of risks and challenges as a significant amount of our additionality is already being used to meet the increased demand and current Covid-19 activity and as described below the ability to safely staff key elements of our plan is a particular difficulty.

Workforce retention and recruitment remains a key risk to delivering our plans in full. The use of non-recurring monies whilst gratefully received, can be an additional barrier to recruiting staff. Insufficient workforce to deliver health and care services for patients could lead to an inability to provide safe and effective care, increase the pressures on existing staff, result in poor patient outcomes and have an adverse impact on staff health and wellbeing and reputational damage. Non-recurring monies

leading to fixed term recruitment further compounds the risk around successfully recruiting to vacant posts.

Our Board is committed to valuing, supporting and retaining our current workforce and we are embedding our current Staff Wellbeing Programme through this next remobilisation stage and into the winter period, encouraging staff to take time to rest and recover and to access the local and national resources that are available.

We will continue to take a quality improvement approach, however, recent clinical pressures have once again had significant impact on the ability to take forward our 3 year implementation plan for a Value Management Approach (VMA). Should these pressures persist, a decision may have to be taken to once again pause the programme and focus on priority areas of work. This has also impacted on our ability to support quality improvement activity in our EDs and CAUs and wider acute hospital front door.

Detailed actions for the next phase of remobilisation are included within Delivery Planning Appendix 2, with additionality detailed within Finance Appendix 8.

2.0 Rehabilitation

In recent months key areas of priority have emerged that impact on rehabilitation services and will influence resilience within whole system service delivery. Significant changes in the health and wellbeing of our population due to the direct and indirect impact of Covid-19 have resulted in increased demand for rehabilitation input across all sectors of service delivery.

The impact of Long Covid on our current services has been challenging and due to the nebulous nature of this new health condition, a focus on the development of case management leadership and increased resource for current services is required to meet the needs of the population. There are significant numbers of people diagnosed or experiencing symptoms of Long Covid and at risk of developing long-term conditions with a wide range of symptoms or functional decline. This poses a challenge to health and care resources and will continue to do so for the medium to long term future.

This presents simultaneously with the challenges of recovering routine and other urgent health care work post Covid-19 restrictions on service provision. NHS Ayrshire & Arran are significantly challenged in achieving a clinical pathway suitable for implementing the management of Long Covid. The benchmarking of SIGN 161 revealed that services do not have sufficient resources allocated to deliver the initial consultation recommendations, or the provision of additional specialist health care service capacity to meet the requirements of the suspected need, unless provided at a cost to both the recovery of existing speciality services and other urgent care assessments.

There is also an important and emerging need for a focus on Prehabilitation, a priority highlighted in the Framework for Supporting People through Recovery and Rehabilitation during and after the Covid-19 Pandemic (2020). The changes reported widely in the health and wellbeing of our population will have a significant impact on our services' ability to respond to priorities highlighted within the NHS Recovery Plan.

There is an urgent need to focus on resilience within our recovery planning and delivery of programmes such as *Elective Surgery Recovery* and *Recovery and Redesign: Cancer Services*. The benefits of Prehabilitation are widespread and offer a system wide transformation in how we support people with cancer and those treated for other conditions. Cancer is the leading cause of disease burden in Scotland accounting for 230,800 disability adjusted life years and >70% of people with cancer have existing co-morbidities such as hypertension, diabetes and a mental health condition.

Many patients will require an increased intensity of support and input much earlier preoperatively in order to be medically and functionally fit for surgery and to improve their post-operative recovery outcomes. We currently have no specific resource for Prehabilitation within NHS Ayrshire & Arran and are at an early stage of scoping nationally, regionally and locally what is being delivered and what this service reform could delivery for our population.

3.0 Public Health

Screening

Our screening programmes are all progressing with the staged restart in line with national expectations. It became clear from the restart process that additional support would be required over and above pre-pandemic resource in order to take forward work across the screening programmes. There is now a Band 7 Co-ordinator in post to support Diabetic Eye Screening and Pregnancy & Newborn Screening and an additional Band 7 Co-ordinator is being recruited to support the other screening programmes.

Vaccinations

In NHS Ayrshire & Arran, we are modernising the delivery of vaccination services in line with guidance that vaccinations move away from a model based on GP delivery to one based on NHS Board/Health and Social Care Partnership (HSCP) delivery through dedicated teams.

The Vaccination Transformation Programme (VTP) began on 1 April 2018 and it is expected that Health and Social Care Partnerships (HSCPs) and NHS Boards will

have all programmes transformed by the end of the 4 year transition period (April 2022). NHS Ayrshire & Arran are on track to deliver this transition.

Learning from the Covid-19 workforce models deployed across NHS Scotland in determining the longer term vaccination programme workforce plan has been beneficial.

We have reviewed the required interventions to engage people in the Vaccination Programme, identifying ways to improve vaccination uptake for our underserved citizens and those citizens who may experience barriers to getting vaccinated.

Covid-19

NHS Ayrshire & Arran is delivering a successful programme of vaccination for all citizens in line with JCVI and Scottish Government (SG) guidance across all the above work-streams with the Covid-19 Immunisation Programme continuing throughout 21/22. Finalised guidance has now been received for Phase 2 of Covid Vaccination Programme and we have amended our plans accordingly. We have commenced dual delivery of Flu and Covid vaccines in our Care Homes and across our staff group with mass vaccinations scheduled for appropriate groups over the next few weeks.

To ensure sustainable delivery the Vaccination Programme Workforce Plan has been reviewed and additional recruitment has taken place in line with planning our longer term workforce needs associated with ongoing programme delivery.

All additionality needs to be balanced with underpinning staff health and wellbeing, as well as the re-commencement of elective services and other essential public health and health improvement programmes.

RMP 3 identified £4.3m of vaccination costs in 21/22. These were for the completion of phase 1 but did not include costs for the imminent mass vaccination and booster programme. This has been costed in detail and results in an additional annual spend of £6.6m (currently being reviewed), bringing the total investment for vaccinations up to £10.9 million. This was included in the Q1 Financial Submission.

Test & Protect (T&P) - Testing

Testing individuals for Covid-19, along with the associated analysis, dissemination of results, expansions of asymptomatic testing and testing for outbreak management requires considerable oversight and operational management from the Public Health Department.

Consideration of flu season and annual winter pressures along with the ongoing opportunity costs associated with our new normal; Covid-19 must continue to be a central focus. As a result, the return to normal for each element of the Health and Social Care system will be dependent on the outcomes of ongoing testing for at least

the next 18 months. This will include ongoing enhanced surveillance as the data will inform and determine how the country can navigate its way out of the pandemic.

A Mass Community Asymptomatic Testing Programme began in Feb 2021, which will cost £2.4 million in 21/22.

The Covid-19 Testing Team within Public Health provides a suite of options for the different requirements of the Scottish Government's Testing Strategy including Mass Community Testing, Outbreak Management Testing (Community & Clinical setting), NHS Staff Testing and Routine Asymptomatic Testing. This Strategy is subject to regular amendments and expansion which creates continual challenges and uncertainty which is overseen and monitored by the Public Health Oversight Team.

Test & Protect (T&P) - Contact Tracing

T&P contact tracing is organised into three teams; Healthcare, Education and Community. Staffing is currently 29.5 WTE active contact tracers (plus 20.5 WTE admin, support, interface and management staff). Scottish Government requirement for the Ayrshire and Arran T&P service remains at 225 hours of active contact tracing each day, equating to 42 WTE staff. Following a successful recruitment period, we are in the process of increasing our local WTE to 36 and now have 44 staff members on the Test & Protect bank system. This allows a degree of flexibility within the system and also allows us to meet our 225 hours per day.

Our recent period of surge increased this daily requirement to 300 hours per day and required our Health Improvement teams to mobilise to support the Test & Protect effort, thus pausing the remobilisation of approximately 70% of the Health Improvement workplans. With the additional recruitment and increase in available, trained bank staff, our reformed Test & Protect Surge Plan will rely less on internal non-Test & Protect Public Health staff.

The challenge for T&P going forward will be to ensure Scottish Government WTE targets are met, but also that staff time is fully utilised during quieter periods. This will include conducting research, audit and quality improvement activity. The T&P workforce will also receive training and support to allow them to contribute to the wider Public Health department outcomes and a training framework is currently being developed. Strategic direction of the T&P programme is led by the T&P Programme Board, which meets weekly and reports to the Public Health Executive Oversight Board.

4.0 Mental Health

Our remobilisation plans continue to collectively reflect whole system targeted action with utilisation of recovery funding and ongoing impact review to ensure optimal response to the challenges presented, addressing backlog management as we continue to innovate; adapting our offer, providing new pathways to services,

redesigning services and using digital delivery to retain and maximise as much support as possible as services increase face to face activity and group therapy.

Workforce availability, training and capacity management remains a critical theme within our mobilisation and recovery planning with assertive recruitment programmes underway across the system to optimise workforce supply with the renewal and recovery funding invested. There remains a challenge however with availability of workforce across the spectrum of professional roles both nationally and locally which impacts on the pace of recovery implementation. This can also be compounded by the temporary and non-recurring nature of funding which presents challenges in relation to workforce retention and future sustainability; wherever possible this has been mitigated with permanent recruitment for specialist posts where there are greater pressures of workforce supply.

There are emerging challenges with access and availability of appropriate accommodation across the system due to continued social distancing requirements, new service developments and growth of the mental health workforce. This can impact on pace of mobilisation where co-location on site is essential for service delivery in acute settings and IT enablement for community services which require integrated system solutions at pace.

In Mental Health Inpatients services there have been specific workforce challenges and increasing levels of Covid-19 related sickness absence which have incurred additional bank staffing costs. This in part can also be attributed to the reduced and more limited availability of healthcare and treatments to support timely return to work as one of the key impacts of the pandemic.

There has been a continued increasing referral rate of acutely unwell patients requiring a higher level of enhanced observations with associated incurred higher attributed workforce costs and a high level of admission demand with percentage occupancy remaining well in excess of 85%. To mitigate this our mobilisation plan demonstrates assertive service modelling, continued focus on effective gatekeeping with facilitation of early discharge and despite demand pressures there has been no requirement to board patients out of area.

Whole Systems approach

The recovery and renewal plans for mental health continue to deliver targeted actions to ensure a whole system response to the presenting challenges of rising demand with new developments implemented over the last reporting period:

- **Clinical Care Pathways development**
  Clinical Care Pathways have now been developed for the perinatal service, crisis resolution team, CAMH's pathways are currently in development and there is agreement to roll out a variation, agreed by the three partnership

Community Mental Health Service's (CMHS), of the pathways originally developed within the North CMHS across the three partnership areas. This will ensure equity of care across the partnerships for the residents of Ayrshire & Arran.

- **Crisis Resolution Teams (CRT) integrated working with the Scottish Ambulance Service (SAS)**
  A Charge Nurse with the Crisis Resolution Team was seconded to Scottish Ambulance Service SAS from April- August 2021 to explore the viability of direct referrals from SAS to Mental Health Services thus allowing for Community based assessment when it is believed that a mental health assessment is required.

  An evaluation has been carried out and is currently being reviewed with a recommendation to develop a unified and consistent Pan Ayrshire Mental Health Unscheduled Care Service offering a single point of contact for emergency service partners across the 24/7 period.

  This proposal relies primarily on maximising efficient use of current resources and ensuring close cooperation and joint working between the three primary mental health unscheduled teams already involved in delivering within these areas at present. It also, however, requires some additional resourcing which is currently being scoped.

- **Unscheduled Care**
  Unscheduled Care have developed two pathways, which are both now ratified: Clinical Mental Health Pathway for Children Under 16 presenting at Emergency Departments (This pathway was written in collaboration with Mental Health Services, Emergency Department staff, Paediatrics and Child Protection). The aim was to ensure that all professionals involved were aware of their role in the care of the child/young person as well as reducing the amount of time they are in the Emergency Department.

  Police Custody Suite/Health Care Pathway (this pathway was written in collaboration with Mental Health Services Lead Forensic Medical Examiner and Justice Healthcare) The aim is to ensure that if there are any concerns about an individual who is in custody re: their mental health, that there is a clear process in how to manage this and facilitate a response that is appropriate for the individual.

- **Suicide prevention Training Team**
  Development of a multiagency suicide prevention training team which will enable a cohesive approach in delivering training across the system taking into consideration the requirements of local communities for training. It will maximise use of training resource, provide advice, support and information for wider communities, workplaces and education environments affected by or

exposed to suicide in collaboration with partners and will also enable us to standardise and determine what training should be delivered that would provide communities with education and awareness about suicide warning signs and resources with consideration also given to the training needs of family members in supporting people with suicidal presentation.

- **Families bereaved by Suicide national pilot**
  Ayrshire and Arran is a pilot site for Action 4 - Support for Families Bereaved by Suicide. An oversight group has been established and Penumbra commissioned to deliver the service which launched during August 2021 with referrals active to the new provision.

- **Addressing Inequalities**
  There has been significant work undertaken as part of renewal and recovery planning to address the needs of vulnerable groups and reduce inequalities particularly those with a learning disability and neurodevelopment disorder including the following key areas of delivery and development:

- **Neurodevelopment pathway and support service**
  Ahead of the publication of a national Neurodevelopmental Service Specification the extreme teams CAMHS work programme has resulted in the development of a neurodevelopment service pathway with dedicated workforce aligned to enable the delivery of a consistent criteria and referral process for children and young people requiring assessment, formulation interventions, advice and support, beyond that which can be provided by universal services. In complement to this a neuro diverse support service has also been commissioned to enable the delivery of a universal population post diagnostic support service for age groups.

- **Housing First services**
  In collaboration with the North Ayrshire housing team, community mental health and addiction services a new Housing First service has been launched to support vulnerable service users with complex needs with the development of a new jointly commissioned response service, the first of its kind in Scotland.

- People with a learning disability have been one of a number of groups particularly impacted by the Covid-19 pandemic and this was reflected in their being prioritised by the Scottish Government with regard to access to the vaccine. Learning Disability Nurses within the Community Teams have collaborated with primary care colleagues in identifying and vaccinating individuals. This included the provision of tailored home visits to meet individual needs of service users (mainly very hard to reach population with severe ASD and or high levels of anxiety /distress that required bespoke planning). Alongside this additional activity, the entire integrated team continues to support a wide range of development work, including supporting

the identification and transition of individuals for new supported housing developments for example in North Ayrshire at Dalry, Stevenston and Largs.

- Recovery and renewal funding has been identified to extend the provision of a neighbourhood networks service for people with a learning disability as well as those with mental health needs. This service previously implemented successfully in one locality will enable the building of community connections to prevent social isolation across all localities in North Ayrshire develop.

- All areas of service delivery have collated pandemic lived experience information and patient feedback to further inform recovery and renewal planning. A CAMHS engagement officer role has been developed to enable maximisation of participation and co-production approaches with children, young people and families at the centre of service redesign and development. There are further plans in place to enhance this resource with the development of a Pan Ayrshire adult mental health engagement officer role which will extend capacity for participant, lived experience and co-production approaches.

CAMHS & Community Eating Disorders

There are plans in place to respond to the initial 2021-22 allocation for Ayrshire and Arran of £2,393,273 from the Scottish Government's Mental Health Recovery and Renewal Fund confirmed by the Minister for Mental health on 5th May 2021. This is being used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2 year funding to support clearing waiting times backlogs for CAMHS and PT and is to be treated as additional funding.

The CAMH's Extreme team group of senior and professional leads has been meeting since August/September 2020 and have been well placed to respond to the new funding opportunities and within 6 months has through multiagency engagement developed and implemented whole system change recommendations including:

- Undertaking evidence-based demand and capacity modelling to inform further planning
- Agreed a quality of life measure for the whole child wellbeing and CAMHS network
- Redesign of the CAMHS locality model moving towards delivery of a 7 day service
- Development of a 24/7 Children's urgent care service providing assertive outreach addressing the rising demand in ED with targeted support at the right time
- Clarified and developed effective systems and processes that support successful collaboration between CAMHS & Educational Psychology

- Delivery of a Child and adolescent neurodevelopment service, with pre and post diagnostic pathways developed for Children Young People experiencing neurodevelopmental conditions and launch of a neurodevelopment support service, this contributes to the national taskforce recommendations of whole system working, with a 'No Wrong Door' approach to seeking help
- Reviewed and ensure transition planning is standardised with ongoing work
- Scope and review Eating disorders services in alignment with national review recommendations

The CAMHS Extreme Team has now concluded its first phase with all recommendations shared with the IJB's and NHS Board. The first meeting of the implementation group borne out of the Extreme Team has taken place with an engagement plan developed for delivery of these critical next stages. A CAMHS engagement officer role has also been developed to enable maximisation of participation and co-production approaches with children, young people and families at the centre of service redesign and development. An engagement group has also been established to take forward next steps of workforce organisational change in alignment with the national specification and extreme team's recommendations.

There are assertive plans in place to respond to the Scottish Government announcement on 18 June 2021, of £5 million funding for financial year 2021/22 to respond to the recommendations from the National Review of Eating Disorder Services with £328,213 confirmed for Ayrshire and Arran.

The Eating Disorders service in Ayrshire and Arran is an all age service delivered within the governance arrangements of Lead Partnership and Senior Management leadership of CAMHS. The service has commenced a review in response to the Eating Disorders review recommendations and this has also formed part of the programme of work of the CAMHS Extreme Teams. The funding will help prioritise physical health stability, risk reduction, discharge planning and admission prevention in response to the pandemic with recruitment to key critical clinical roles.

Psychological Therapies Waiting Times

Waiting time compliance for Psychological Therapies (PT) in the most recent June 2021 report was 89.7%. The service has made consistent progress in compliance through the Covid-19 period through a combination of reduced referral demand during the initial Covid-19 period, digital developments and service redesign within the Psychology and wider Mental Health clinical teams. More recently, new dedicated SG funding for CAMHS and PT has been allocated to Boards to support clearing long waits; our recruitment is underway.

National Public Health Scotland data has highlighted A&A as being the second highest of the territorial Boards in waiting time compliance for the last three

published quarters (June- Sept 2020, Oct – Dec 2020, Jan – March 2021) despite the national workforce data reporting A&A as having the second/third lowest Psychological Therapies resource over the same time period. However, there remains considerable hidden unmet need in many clinical service areas not reflected in the waiting times standard report which we hope to address following the anticipated second SG allocation of dedicated funding for PT.

Over the course of 2021, additional local and SG funding for specialist Psychology has been awarded to develop and expand psychological provision to local and national strategic priorities of Staff Wellbeing, patients hospitalised due to Covid-19 (Cossette report), Modernising Patient Pathways Pain Programme in Primary Care, Weight Management, Maternity/Neonatal/Perinatal, Trauma Neuro-rehabilitation beds and the development of a Trauma-Informed workforce. More recently, local funding has been approved to develop a dedicated Lead Psychology post to the enhanced multi-disciplinary Care Home Liaison team under leadership of the Nurse Director.

These developments provide new and expanded pan-Ayrshire psychological provision to patients and staff across all clinical sectors of MH, Acute, Primary Care and Third Sector. In addition, the recent SG MH Recovery and Renewal Fund has allocated £366,707 to A&A to help clear waiting time backlogs in Psychological Therapies and to support services progress toward achieving the waiting time standard by March 2023. The external funding has been allocated for a fixed term period but the Lead Partnership for MHS has approved priority posts being appointed to on a permanent basis to improve recruitment and retention of a limited specialist workforce pool to enable the aims of these strategic developments to be realised. Recruitment has been successful for all the earlier funding allocations.

Addiction services

The Alcohol and Drug Partnerships continue to support the implementation of Drug Death Prevention Improvement plans across Ayrshire and Arran. In addition there are new initiatives being implemented during 2021/22 including, but not limited to, delivery of new Medication Assisted Treatment (MAT) standards (which will ensure quicker access to treatment and increased choice of medications), new and more intensive support to individuals following a Non-Fatal Overdose, new integrated Housing First support service, a Homeless and Addiction Quality Improvement Programme (supported by Healthcare Improvement Scotland), increased mental health and advocacy support as well as enhanced support to individuals accessing and leaving residential detoxification and rehabilitation support programmes.

5.0 Primary Care

General Medical Services

Support to general practice has strengthened throughout the pandemic as well as the working arrangements with colleagues across the three HSCPs and wider services. Robust and timely support and interventions to allow GP practices to continue to operate have been implemented to allow them to remain open and operational, particularly where there have been significant gaps in clinical or non-clinical workforce. These ongoing challenges have been, in some cases, difficult to manage in terms of patient expectations. A programme of work is now underway to progress with a communication strategy to ensure key messages to patients and the public regarding the provision of primary care services is communicated in a timely manner.

Practices continue to work to remobilise and recover from the pandemic and are being supported with a framework of measures to help them identify any supports required to enable them to work towards full service delivery. This includes supporting practices with Protected Time to focus on reviewing service delivery models with calls into the practice re-routed via AUCS to support patients during this time. This allowed practice teams to come together as a practice and also as cluster to reflect and consider what worked well during the pandemic, discuss any learning or improvements and agree future ways of working.

Implementation of GMS Contract 2018

Work will continue throughout 2021/22 to complete actions previously committed set out in in PCIP 2020-2022 in conjunction with the recovery arrangements across general practice. The priority for 2021/22 is to ensure the IJBs and NHS Board deliver on the three key contractual elements of the GMS contract set out below:

- **Pharmacotherapy Service**

There has been significant recruitment over the last three years with a funded team of 123 staff (103.6wte) now in place. The aim is that all GP practices within Ayrshire and Arran will have access to level one pharmacotherapy services by March 2022 as committed within the contract. The Pharmacotherapy team have continued to refine the service delivery model over the last three years as well as share and utilise best practice nationally to ensure safe, effective and quality service provision.

- **Community Treatment and Care Service**

TUPE discussions with 22 general practice staff (HCSWs and Nurses) are also near conclusion to transfer to the Health Board by September 2021. Fifty Primary Care nurses are now in post across General practice with recruitment underway to reach full complement of 60 PC Nurses and 30 HCSW to enable full implementation by end of 2021/22.

- **Transfer of Vaccinations**

This is now being progressed under the oversight of the Director of Public Health via the Vaccination Transformation Programme Board as part of the Board wide vaccination delivery arrangements.

The majority of flu vaccine delivery transferred to the mass vaccination centres and pharmacy during 2021/22. However, for some over 80s and housebound patients General Practices are still being utilised.

6.0 Re-design of Urgent Care

Following implementation of Phase 1, guidance was provided re implementation of Phase 2 in May 2021. Work continues to fully embed the Phase 1 principles and develop the Phase 2 key priorities throughout 2021/22:

- Improved interfaces with GP in hours
- Delivering an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing pathways for unscheduled mental health presentations.
- Closer working with community pharmacists.
- Professional referrals from and to Scottish Ambulance Service to deliver care closer to home for people requiring urgent care.
- Development of specific pathways based on local high volume flows such as Musculoskeletal services, providing a specialist Physiotherapy resource in the assessment of acute and urgent medical needs to enhance the patient journey.

Covid-19 Assessment Centre

The Covid-19 Clinical Assessment Centre and Hub continues to support a comprehensive single pathway for advice and assessment for patients with worsening symptoms. Due to ongoing demand the Clinical Hub and Assessment Centre is required to remain open until March 2022.

Respiratory Syncytial Virus (RSV) pathway - Paediatrics

Work is underway to implement a co-ordinated pathway (including primary care, acute and paediatric services) for the projected increase of RSV in children. GP Practices in Ayrshire and Arran are not currently equipped to monitor and observe paediatrics and to support the new pathways being introduced. This will require equipment to be purchased which is currently being scoped and a funding bid will follow.

7.0 Unscheduled Care

Overview

This year's winter is predicted to be particularly challenging, with potential for a resurgence of Covid-19 in addition to a continuing increase in demand for Emergency Care.

Redesigning urgent care services is a critical factor in managing the demands of the next 6 months. It reflects collaborative working across our Health and Care Teams and takes account of lessons learnt from last winter and during the pandemic.

We are mindful that in addition to continuing high levels of demand, our preparations need to take into account:

- Contingencies in the event of a fourth wave of Covid-19;
- Contingencies in the event of an outbreak of RSV and influenza;
- Continuing financial challenges; and
- The modelled assumptions for delivery the restart of planned care.

Our system has faced a significant period of challenge over the last few months with the impact of the pandemic being felt in all areas of our health and care systems.

As we move into winter it is essential that plans are put in place to minimise overcrowding in the Emergency Departments and Combined Assessment Units. We need to ensure patients are assessed in a timely manner and receive appropriate treatment in the right place from the right person.

We need to create capacity within our system to ensure that patients do not experience long waits in our Emergency Departments and that we continue to strive to achieve the 95% 4 hours access target.

Mounting unscheduled care pressures across services has resulted in long waits for our patients within the Emergency Department. Following a recent visit from Scottish Government on the University Crosshouse Hospital site, £1.7million was given to the Board to support with Unscheduled Care pressures. This money has been invested in areas to support the implementation of the principles within the Six Essential Action (6EA) programme.

Pathways to avoid admission and improve efficiencies in Acute have been progressed since the submission of RMP3 and updates on these can be found within the Delivery Planning Template (Appendix 2).

As part of the wider Re-design of Urgent Care Programme and the unscheduled care preparedness for winter we continue to remobilise our services across Ayrshire.

In preparation for the next 6 months work being taken forward specifically within the Acute hospital setting includes a number of initiatives, detail of which is included in the Finance Appendix 8.

8.0 Planned Care

RMP3 implementation in Planned Care progressed with moderate success in the first half of 2021/22. Significant volumes of outpatient, diagnostic and elective surgery activity were re-mobilised from April to July 2021.

Remobilisation Target

	Activity as % pre-Covid-19			
	RMP3 Target Apr- June 2021	**Actual As at June 2021**	**RMP3 Target July - Sept 2021**	**Actual As at July 2021**
Outpatients	55%	91%	70%	72%
Elective Surgery	50%	80%	75%	69%

Non-Face to face Appointments Target

	RMP3 locally-set target	**July 2021 Actual**
% of outpatient appointments delivered non-face to face	25%	19%

Many of the outpatient-related initiatives have progressed as planned, however sustained high referral rates in some areas, along with more significant challenges to re-mobilisation in certain specialties has meant that despite progress of the initiatives, the overall waiting list continues to increase.

Re-mobilisation of elective surgery made a very good start through the months April – June 2021. However, since mid-July, the unprecedented level of unscheduled care pressures has resulted in the further pausing of Priority 3 and Priority 4 elective surgery. In addition, significant staffing shortages particularly in nursing and radiography and as a result of self-isolation requirements, has also led to pausing of routine elective surgery and also to a reduction in endoscopy, CT, MRI and ultrasound scanning capacity. This has been under weekly review and under oversight of our Emergency Management Team.

Predicted Activity

RMP3 set out trajectories for predicted planned care activity.

Moving into the second half of 2021/22, we will endeavour to continue to increase mobilisation of planned care services. For Outpatient services there will remain a strong focus on implementation of best practice through the Bringing it Together programme further facilitated by recently announced changes in the social distancing requirements, in particular in waiting areas. As a result we now anticipate that the %

of remobilised new outpatient activity will be greater than was previously predicted in RMP3.

Outpatients Predicted Remobilisation as % of Pre-Covid-19 levels

% Remobilisation	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Most Likely scenario	80%	80%
Best case scenario	100%	100%
Worst case scenario	70%	70%

It is also recognised that current unscheduled care pressures being experienced in August and September 2021 are likely to continue to pose significant challenges; in addition to the impact of an Influenza or Norovirus outbreak should this occur over winter months. In particular this may impact on our ability to recover elective surgery. The ongoing mobilisation of elective surgery will continue to be on the basis of clinical prioritisation and will be overseen by our clinically led Theatre Mobilisation Group. We now anticipate that the % re-mobilisation of elective surgery will be somewhat lower than anticipated in RMP3 (previous estimate was 70%).

Elective IP/DC Surgery Predicted Remobilisation as % of Pre-Covid-19 levels

% Remobilisation	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Most Likely scenario	59%	59%
Best case scenario	80%	80%
Worst case scenario	45%	45%

In order to further mitigate the risks against planned care re-mobilisation a number of additional proposals have been identified and presented for consideration in RMP4, along with the workstream priorities agreed with the Centre for Sustainable Delivery as part of the NHSAA HEAT map. These are outlined as below:

- **Outpatients – Rapid Access Specialty Unit**
  This new approach to managing outpatient demand in medical specialties is modelled on the recent success trialling this model within cardiology. This service model aims to provide a much more rapid clinic access for urgent referrals in order to reduce the number of emergency admission of deteriorating patients and combines this with a more structured approach and ring-fencing of clinical times for Active Clinical Referral Triage.

- **Outpatients – paediatrics**
  The creation of additional capacity within the paediatric clinic will support a reduction in waiting times

- **Medical Imaging – Locum Ultrasonographer**
  There is a recognised nationwide shortage of Ultrasonographers. NHSAA plans to engage a locum in order to significantly reduce the scanning backlog and has

previously agreed this with the national lead for diagnostics and the Access Support Team

- **Medical Imaging – additional mobile MRI scanner**
  In order to make a notable difference to the scanning backlog, it has been proposed to engage an additional fully staffed MRI scanner for a period of 2 months. There will be a specific focus on addressing the longest waits for some of the more complex MRI examinations including MR prostate and MRA and this initiative will deliver 320 additional complex scans. Scanner availability is currently being confirmed with suppliers.

- **Endoscopy – Room Capacity**
  Access Support Team colleagues have ring-fenced £3M for NHSAA for a mobile endoscopy unit. NHSAA has struggled to find a suitable location for a mobile unit, but has instead identified an opportunity to divert this funding to create an additional endoscopy room at University Hospital Ayr, as part of an existing refurbishment. Funding is required for this capital development, equipment and also for a team of locum staff for 12 months. This initiative will deliver an additional 2000 endoscopy procedures.

- **Endoscopy – New innovation Cytosponge**
  Cytosponge is one of the HEAT map workstream priorities which is expected to help reduce the endoscopy waiting list. Initially established on a small trial scale with two staff members who were otherwise underutilised in the early stages of the pandemic, the ongoing delivery of this service will require some investment in staffing.

- **Pathology Laboratory – Medical staff capacity**
  Reporting times for pathology samples have been impacting on cancer services and cancer performance. Although there has been some recent success in Consultant pathologist recruitment, in order to make a more rapid and notable impact on the backlog of pathology it is proposed to engage an additional locum consultant for a period of 6 months.

HEAT Map

NHSAA has agreed a HEAT Map (Appendix 4) of prioritised workstreams with colleagues from the Centre for Sustainable Delivery. These workstreams weave through RMP3 and RMP4, as well the ongoing improvement work being undertaken as part of the Bringing it Together programme. The initiatives represent the priorities for NHSAA planned care through 2021/22 and into 2022/23 and will support recovery and reduce waiting for citizens and improve quality care.

Trauma & Orthopaedics

As part of the reconfiguration of Trauma and Orthopaedics services, elective orthopaedic surgery was focused on the UHA site from autumn 2020. This has

allowed a more effective re-mobilisation of elective orthopaedic surgery than would have been possible under the previous model of care. However elective orthopaedic surgery continues to be impacted by other unscheduled care and staffing pressures.

Through the latter half of 2021/22 we will aim to maintain as much elective orthopaedic surgery as possible, using the Theatre Re-Mobilisation Group to coordinate this in line with clinical prioritisation. The full re-mobilisation of elective orthopaedic surgery is also impacted by the delayed West of Scotland Vascular service reconfiguration. Indications are that this project may be further delayed and so a consequent delay in full re-mobilisation of elective orthopaedics is expected.

On this basis it will not be possible for the NHSAA Trauma and Orthopaedic service to re-mobilise the 110% planned surgery activity (compared to pre-Covid-19) by March 2022, nor the 120% inpatient activity suggested by Scottish Government colleagues. A local trajectory which plans for re-mobilisation of 50% of planned care activity in Orthopaedics is set out in the Template 2. Other trajectories for productivity in Orthopaedics are set out below.

Orthopaedic Planned Surgery Productivity	**Q3**	**Q4**
Percentage 4 joint lists	40%	50%
Ave Length of Stay (days)	3.4	3.4
% pre-Covid-19 activity	50%	50%

The main constraints preventing the % remobilisation of elective orthopaedic surgery are: shortfall in arthroplasty theatre capacity (until vascular reconfiguration), shortfall in day surgery capacity resulting from conversion of UHC DSU recovery area into ICU surge and unscheduled care pressures impacting on inpatient beds and/or ward and theatre nurse staffing.

National Treatment Centre – NHSAA

In its manifesto, the Scottish Government made a commitment to the development of a national treatment centre in NHSAA by 2025. NHSAA has been asked to accelerate that commitment and is currently reviewing this opportunity.

Through the remainder of 2021/22 NHSAA will develop and present a Business Case for a national treatment centre which will aid in the elimination of the waiting list backlogs predominantly in Orthopaedics and ensure the delivery of a more sustainable service for the future. It is anticipated that this Treatment Centre will be in place by the end of 2022.

Pre-emptive appointments have been made to 2 Consultant Orthopaedic Surgeon posts, which will form part of the RMP4 funding requirements in 2021/22 and these will subsequently be incorporated into the Treatment Centre Business Case.

9.0 Women and Children

Maternity

An escalation plan has been formed and approved by CMT for staffing cover as maternity services continue to operate as usual through remobilisation plan 4. We continue to focus on our delivery of *Best Start: the national 5 year improvement plan for Maternity Services* and have recently taken a refreshed Maternity Strategy through Healthcare Governance and to our NHS Board.

Gynaecology

Gynaecology continue to remobilise with a focus on cancer screening and treatment pathways. However waiting times remain challenging and a number of improvement plans are in place.

Paediatrics

Throughout the summer, Paediatrics have continued to remobilise services, whilst accommodating Day Surgery Patients and Paediatric Trauma Surgery Patients on the unit. It is intended to continue to support this throughout winter, if possible.

Ordinarily there is an increase in the number of patients requiring assessment and admission to hospital during the winter period. However, this year, based on the modelling by Public Health England (PHE), there is national concern of a possible Respiratory Syncytial Virus (RSV) epidemic. It is predicted that presentations for assessment will increase by 50% and admissions by 30% on 2019 figures. As part of the wider network of the West of Scotland it is expected that the Paediatric Intensive Care Unit in Glasgow will experience greater demand that will cascade through Regional District General Hospitals.

It is imperative that the paediatric service is prepared and supported in caring safely for patients during this anticipated surge, whilst also treating non-respiratory patients and managing other issues such as seasonal increased staff sickness/isolation.

The service has been implementing its Surge Plan, including:

- Working with primary and community care teams to support prevention and ensure appropriate referrals to acute paediatric services, this includes pathway formation.
- Reconfiguring ward space to release all available capacity for assessment and admission and identifying escalation space into the Neonatal unit.
- Developing a nurse staffing escalation plan drawing on the support of community paediatric nurses
- Scoping of additional registered nursing posts required to provide leadership support

- Placing all newly qualified nurses into flexible paediatric / neonatal rotational positions to support areas as required.
- Engaging with West of Scotland Surge Planning and receiving additional equipment to support with acuity.

10.0 Workforce

Moving into the winter period and for the remainder of the financial year, our key workforce priority remains ensuring we have safe staffing levels to provide services. We, like other NHS Boards, are acutely aware of significant demand for registered staff across a range of professions (nursing in particular) which is running in excess of available supply and we have a corporate risk relating to this problem. We undertook work early in the pandemic in establishing de-minimis staffing levels, for providing life and limb cover of critical and essential services, in conjunction with extant business continuity plans.

Across Health and Community Care, there have been attempts to recruit the required number staff to assist with service delivery, meet the demands of the services and assist with hospital discharges and to prepare for the winter. Unfortunately, due the temporary nature of the posts and the non-recurring budgets and availability of staff, it has been difficult to recruit all the required posts.

Newly qualified staff

We took steps during the summer to bulk recruit the undergraduate outturn of nursing and midwifery students and these individuals will commence in their substantive roles on receipt of their professional registration at the end of September 2021.

Building on success of previous years our Clinical Development Fellow cohort is likely to be at a level of 100 individuals this year providing an invaluable resource within our medical workforce. We continue to have an underlying challenge in recruiting to some consultant posts with approximately 44 WTE vacancies at this level as reported in the last national census.

The summer period has been challenging due to a number of compounding factors:

- low bank fill rates for registered nursing staff;
- creep in the rate of our latent organisational sickness absence;
- Covid-19 related absence – particularly self-isolation; and
- staff utilising annual leave, needful time away from work to rest and recuperate.

Care at home

HSCP Directors have identified a challenge with patients being delayed in acute hospital due to limited care at home capacity. Plans are being developed to recruit to roles in these services across the partnerships. This is proving challenging as other industries also reopen and other job opportunities become available across our communities. HSCP Directors are working with colleagues nationally on potential solutions.

There is also a significant risk for care at home demand being carried in our communities whilst discharging patients from our hospitals is prioritised.

Nurse Bank

Using our own nurse bank staff always remains our preferable option for supplemental staffing when options such as overtime and excess part time hours of substantive staff are exhausted. Whilst we would seek to minimise our agency usage, not least in terms of cost but also in terms of quality and patient outcomes, given issues with staff supply this is an option we do need to utilise in order to ensure safe service provision. This has incurred significant cost during the pandemic due to the need to run additional patient pathways, maintain additionality and meet increased demand.

We have continued to recruit to our bank, both registered (ongoing recruitment year round) and unregistered nurses (planned recruitment with interviews in September for approx. 150), on an ongoing basis in order to bolster this important resource.

Staff Wellbeing

NHS Ayrshire & Arran places critical importance on our staff health and wellbeing and throughout the pandemic this has been a key priority for us.

We will continue to work with leaders and managers in the forthcoming period to emphasise the role they play in supporting their team's mental and physical health and wellbeing and how visibility, support and simple measures can assist in doing so.

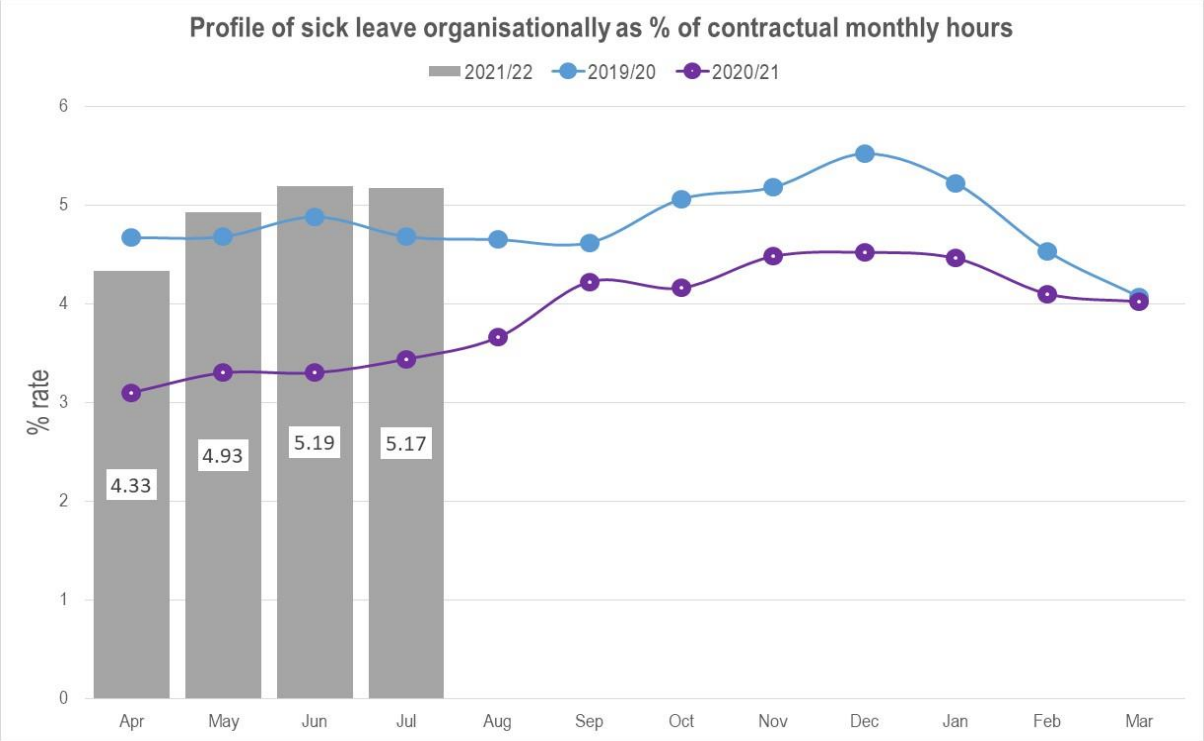
To continue to support staff we are looking to create more sustainable wellbeing hubs which would give staff access to rest areas away from the public eye, refreshments, toilets, access to outside space and, more importantly, provide staff with direct access to all wellbeing services. These hubs will include areas where staff can have one to one conversations with the Staff Wellbeing Team and have access to further psychological interventions if required.

Latent sickness absence

We continue to see a rising level of sickness absence to levels in excess of pre-Covid levels at 5.17% at the end of July 2021. The highest reason for staff absence

is anxiety, stress, depression and other mental health conditions which accounts for almost 35% of all sickness absence.

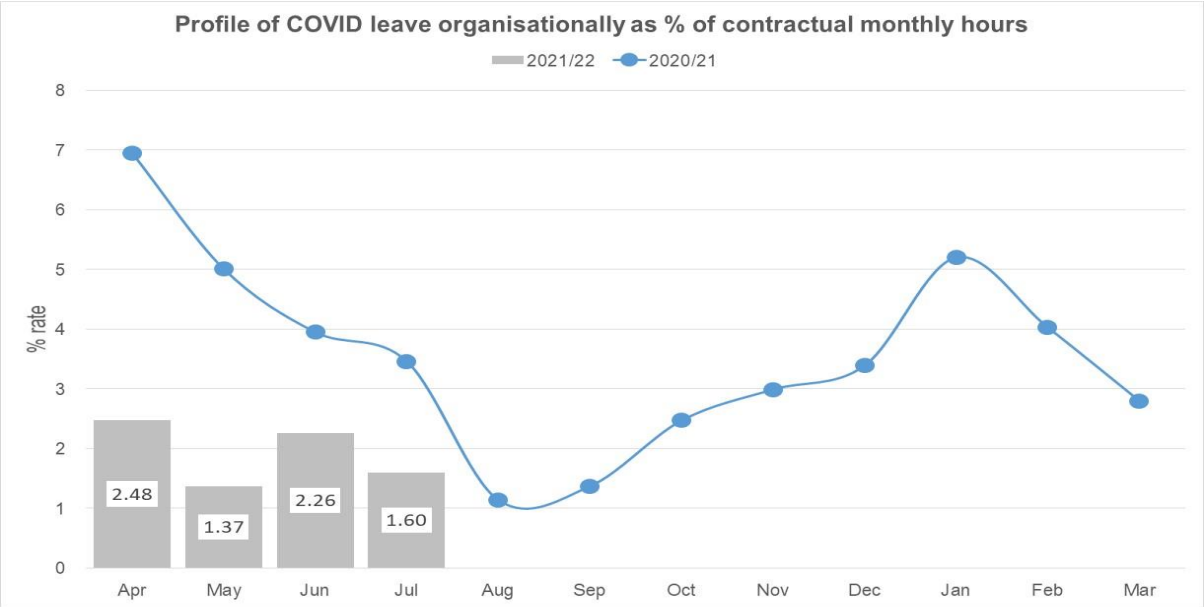
We plan to work with leaders and managers in the forthcoming period to emphasise the role they play in supporting their team's mental and physical health and wellbeing and how visibility, support and simple measures can assist in doing so.



Covid related absence

Covid related absence peaks and troughs in line with national trends and we expect this to remain the outlook for the foreseeable future. Self-isolation of staff presents a significant challenge. We continue to remind all staff of the importance of ensuring social distancing measures within the workplace and to be mindful outwith work.

We have approximately 56 individuals absent due to Long Covid and the approach to management of these cases is in line with our standing approach to any long term sickness absence with our Promoting Attendance Team having a lead role in engaging with staff and their line managers in terms of support.



Annual leave

We continue to track annual leave usage on a monthly basis. We have emphasised the importance of staff taking annual leave to rest and recuperate for their wellbeing. Organisationally managers and staff are being asked to plan annual leave so as to avoid bottlenecking / pinch points. The profile of annual leave usage remains below pre-pandemic levels but shows an improved trend compared to peak pandemic last year:

11.0 Governance and Risk

The Chief Executive established the Emergency Management Team and its supporting emergency management structures on behalf of the Board to ensure that the health and care system was able to respond effectively and deliver services that were safe for patients and staff.

The NHS Board Chair and Chief Executive have kept Board governance under review over the last year to ensure that this has been proportionate and flexible whilst ensuring the Board meets it governance obligations.

A Covid related risk register was established during the earlier stages of the pandemic and a number of these risks have now been incorporated into our Strategic Risk Register.

The aim of the Emergency Management Team:

- Collective accountability for delivering on the mobilisation plan; and
- Provide collective leadership and effective response

In doing so will:

- Mobilise services safety for staff, patients and visitors;
- Respond to changing demand flexibly and effectively;
- Ensure a state of readiness;
- Ensure the ability to respond to the added demands of winter;
- Communicate effectively across the Health and Care systems; and
- Maintain an understanding of service response

The EMT will continue to meet as long as needed to provide senior coordination to the pandemic response and remobilisation of services and wider recovery.

In addition, the multi-agency Strategic Ayrshire Local Resilience Partnership (SALRP) continues to meet to support and lead the Ayrshire wide response and recovery to the pandemic. The frequency of meetings is reviewed regularly to ensure a flexible and proportionate response.