Board Meeting

02.12.2021

Open Session

Item 4

Grampian Remobilisation Plan 4

(Update from RMP3)

October 2021 to March 2022

Please note this document is a 'live' working document and reflects the position at time of submission to the Scottish Government.

Version Control	Date	Changes Made
1.0	07.10.2021	Version submitted to Scottish Government
1.1	13.10.2021	Data Template 1 updated based on definition change for 31/62 day cancer performance

Executive Summary

This document, NHS Grampian's updated Remobilisation Plan (RMP4), is in response to the commissioning letter dated 20 July 2021. This provides a high level overview of the plan focusing on the following four themes:

- Alignment of 'Our Approach (Response, Recover, Remobilise and Renew)' to the recently published NHS Recovery Plan
- Assessment of the whole system capacity and the extent to which we can remobilise and recover with the known backlog that has been established over the last 18 months
- Assurance on embedding of the learning through the COVID-19 response during Operation Rainbow and Operation Snowdrop
- Assurance of progress with the actions set out in RMP3 due for completion by 30 September and the focus for the next six months period.

In relation to the completed templates these are included on page 3. In submitting the updated Remobilisation Plan (RMP4) we would also highlight the following:

- The whole system capacity that we believe can be delivered during the next six months has been reviewed and updated based on a revised assessment of the pressures we are experiencing now and anticipate over the winter period. This re-assessment will limit both the extent to which we can remobilise (compared to pre-COVID-19 levels) and recover the backlog of activity (even after taking account of additional capacity and deliverable efficiencies). We anticipate that the main challenge for the immediate six month period will be responding to the surges and changes in unscheduled demand that will present and the uncertainty of the COVID-19 situation. Our immediate focus remains on patients with the highest clinical priority, avoiding deterioration in current productivity (which is at reduced levels compared to pre-COVID-19) and minimising patient harm. We would anticipate that the overall waiting list size for outpatients and treatment (TTG) will increase over the next six months. Our focus will be on maintaining access to ESCat 0 and 1 patients (including cancer).
- Our focus on supporting staff health, wellbeing and safety remains paramount and is a key objective over the next six months and beyond.
- The importance of having direction and clarity of funding for key public protection services beyond 1 April 2022 – Vaccinations, Test and Protect and Regional Laboratories – is now critical. As the majority of staffing supporting these services are on temporary contracts, service sustainability will be challenged as these staff (in whom we have invested training and development) leave. This is also the case for our infrastructure to provide enhanced support for health and wellbeing, along with key corporate support services experiencing significant additional COVID-19 related demand.
- The Board are undertaking a comprehensive engagement and consultation process to develop a new strategic plan (2022-2028) which will set out the transformational steps required to address known current and future health needs of the population of Grampian, further developing our approach to prevention and ongoing public protection measures. A supporting three year delivery plan will be developed in line with the forthcoming guidance from Scottish Government.
- In preparing for the future and the need to have a fully integrated whole system leadership approach, we have made a number of significant but transitional changes in the alignment of our operational business units with new portfolios established where leadership responsibilities are shared between senior officers within the health board and integration joint boards. This process of re-alignment of our operational areas is ongoing and we would expect that the transitional phase will be complete by 31 March 2022. We have also had the support of our wider public sector partners in Grampian to this approach, with colleagues from these partners organisations actively involved and engaged in our system wide leadership meetings.

The Plan was considered by the Grampian Board at a private session on 7 October 2021.

Contents of our Remobilisation Plan (RMP4)

On 20 July the NHS Scotland Chief Operating Officer commissioned an update of 2021/22 Remobilisation Plans (RMP3); asking Boards to reflect on progress to date, key changes and to set out what we expect to deliver over the second part of the year working across the health and care system.

Your Requirements	Our Response	Further Supporting Information
Introduction and Brief Narrative *Focused on areas where there has been considerable change or development since the commissioning of RMP3.*	**1.** Significant Changes since Remobilisation Plan 3 **2.** Our Aim, Objectives & Deliverables **3.** Alignment to the NHS Recovery Plan **4.** Operational and Surge Planning **5.** Learning from the past, looking to the future **6.** Assurance and Risk **7.** Finance	Appendix 3: Planned Care - Recovery Plan & Transforming Pathways Appendix 4: Mental Health and Wellbeing Appendix 5: Staff Health and Wellbeing Appendix 6: Digital Appendix 7: Improving Population Health & Reducing Health Inequalities Appendix 8: Lessons Learned Appendix 9: Dr Gray's Maternity Service and Independent Review
Delivery Planning Template/Progress Update *A template designed to capture key deliverables, indicators, milestones and risks. It is expected that these deliverables will largely reflect the work-streams and activities described in your RMP3, with a progress update for April to September 2021 and planned deliverables for October to March 2022.*	Grampian Delivery Planning Template (	Appendix 1: Delivery Plan for October 2021 to March 2022
Winter Planning Checklist *This checklist follows a similar approach to previous years, and should also inform the deliverables included in your Delivery Planning Template*	Winter Planning Programme 2021-22	Appendix 2: Planning for Winter
CfSD Heat Maps and associated Action Plans *These two elements will have been developed in conjunction with the CfSD between now and the submission of your plan, and should also inform the completion of your Delivery Planning Template*	Grampian Heat Map.docx Grampian Update and Action Plan CfSI	
Updated Activity and Performance Templates *These are updated versions of the templates issued with previous Commissioning Letters and should include projected activity levels and performance trajectories for the next six months.*	DT1 - Grampian RMP4 - Data Templa DT2 - Grampian RMP4 - Data Templa DT3 - Grampian RMP4 - Data Templa	*Please note the content of these templates are based on a number of highly variable assumptions and unknowns, therefore caution requires to be noted when using this data.*

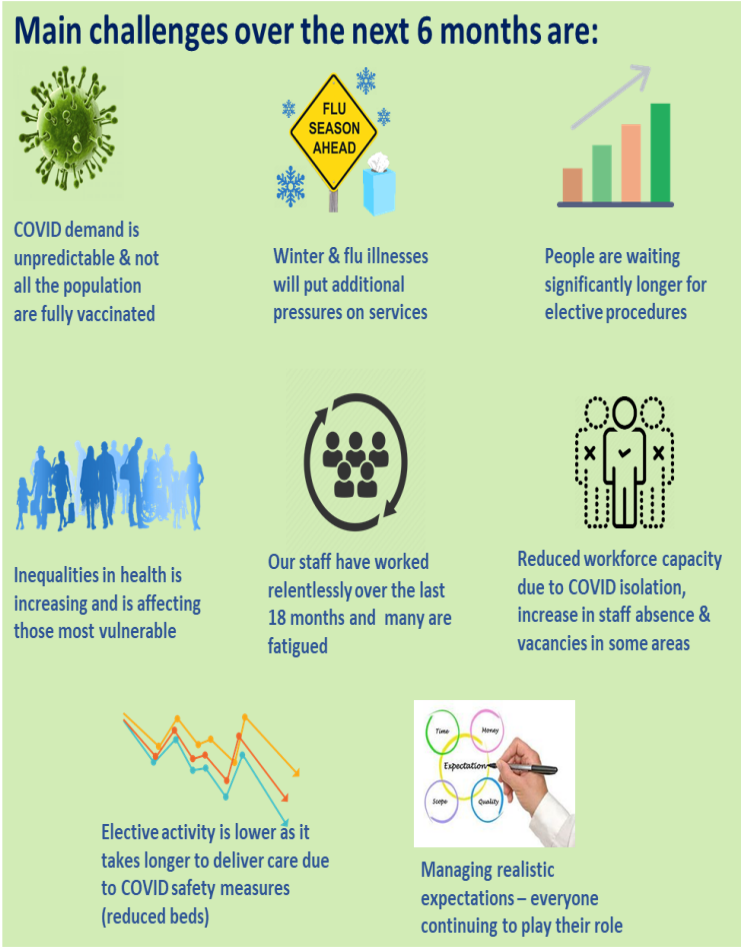
1. Significant Changes since Remobilisation Plan 3

Summary of Significant Changes

The RMP3 was submitted to the Scottish Government at the end of February 2021 based on a number of assumptions and a range of unknowns due to the evolving nature of the pandemic. There are a number of developments which have arisen in the last six months which have affected the delivery of the plan submitted in February and have influenced the revised focus for the next six month period – these are summarised below.

- **Demand (COVID-19/non-COVID-19) on the system has remained consistently high and unpredictable –** we anticipate this will continue over the next six months
- **COVID-19 protection measures (staff and patients) has reduced capacity, pace and throughput** in delivery of pathways of care across the system - we anticipate this will continue over the next six months
- **Infrastructure regulations affecting utility of estates** have in some areas reduced function (linked to above point)
- Third wave of COVID-19 and the easing of restrictions has had a **detrimental impact on our staff absence/capacity, general resilience, health and wellbeing –** we anticipate this will continue over the next six months
- Evolving policy and lack of **clarity re requirement for vaccination and test and protect beyond March 2022 -** this has created a risk to maintaining staffing
- Relentless pressures on the system has resulted in **limited opportunities for staff/team recovery and recuperation** - we have continued to support teams/staff and provide opportunities to support staff resilience and wellbeing
- Due **to increased pressures on unscheduled care (USC) services along with continued response to COVID-19 demand, we have not been able to remobilise services/pathways** to the extent we had hoped

- The increase in USC services, has resulted in a **reduction in predicted capacity to deal with elective backlog, resulting in exponential growth** – however, our focus has remained on clinical prioritisation and reducing harm based on the available capacity
- Wave three has **increased unmet need in the population.** This will have **disproportionately affected vulnerable people** and those living in disadvantaged circumstances. We are developing our understanding of this - and what we can do
- The **increasing numbers and unknown effects of long COVID-19 on the population and services** – work is underway nationally and locally regarding this but there are a significant number of unknowns at this time
- **Medical and nursing vacancies continue in a number of key services** - areas where vacancies are filled, many are new consultants/registered staff where a period of support is required for staff to develop skills and experience
- **Increasing number of staff vacancies within care at home and wider social care services** which is having a detrimental impact on capacity and meeting population need
- Clear plan and expectations for recovery within Scotland, as set out in **NHS Scotland Recovery Plan** (August 21)
- **Performance has been variable** across a range of metrics and this is summarised overleaf.



Performance position

A summary of the current performance position is presented below, together with a RAG assessment. The key points that we would draw out are (1) the continuing positive level of performance in relation to CAMHS and access to drug and alcohol treatment (2) the stabilisation in terms of patients waiting for a first outpatient appointment or treatment (noting that this position was challenged during August and September due to rising COVID-19 demands) and access to diagnostic tests (3) the maintenance of performance for 31 and 62 day cancer performance. The challenges in relation to ED performance remain a key area of focus for the Board with increased investment within ED having been committed to address flow at the front door.

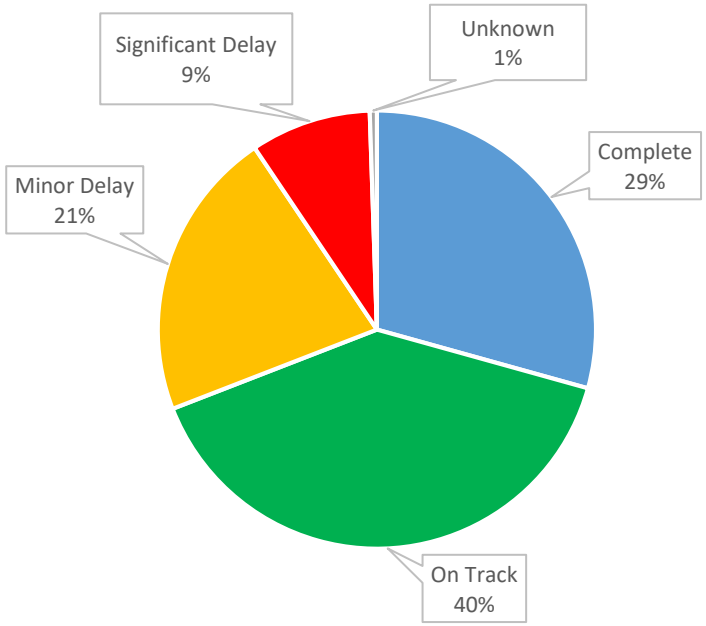
Standard	Performance – 31 March 2021	Current Performance	RAG
CAMHS	92.7% of patients seen within 18 weeks in Qtr to Mar 2021	90.8% of patients seen within 18 weeks in Qtr to Jun 2021	
Psychological Therapy	74.9% of patients seen within 18 weeks in Qtr to Mar 2021	81.6% of patients seen within 18 weeks in Qtr to Jun 2021	
ED (latest week)	Average for September was c85%	Average for September was c80% Attendances almost back to normal pre COVID-19 levels	
Outpatient	9,667 patients waiting over 26 weeks and 53% of list over 12 weeks	8,963 patients (over 26 wks) & 49% waiting list (over 12 wks) Increase in overall waiting list of c3,000 since Apr	
Inpatient - TTG	6,923 patients waiting over 26 weeks and 79% of list over 12 wks	6,860 (over 26 wks) & 71% waiting list (over 12 wks)	
Cancer – 31 day	99.1%	91.8%	
Cancer – 62 day	78.1%	74.6%	
Access to drugs and alcohol treatments	NHS Grampian met the standard for both in latest published data (qtr to Mar 2021)	Data for Qtr to June 2021 not yet published	
Access to drugs and alcohol treatments (in prison)	NHS Grampian met the standard for alcohol treatment in latest published data (qtr to Mar 2021) but did not report any completed waits for drug treatment	Data for Qtr to June 2021 not yet published	
6 week diagnostic tests		Improving ultrasound position, pressures on CT, colonoscopy and FSIG capacity (reflecting higher levels of demand)	

Summary of Overall Progress against Remobilisation Plan 3

Although the events of the last six months have significantly impacted on aspects of performance and our ability to remobilise, our staff and teams across the health and care system working with partners have gone above and beyond to maximise delivery against a significant number of the milestones set out in our comprehensive RMP3. This section sets out the high level progress against those milestones for the period April to September 2021 within our RMP3.

Overview of Progress All Phase 1 Milestones at September 2021

69% of the 191 milestones set out in the RMP3 for delivery by the end of September 2021 were completed or on track to be completed during September 2021. The pie chart below provides an overall picture of progress to date and table 1 provides a breakdown against the key areas of delivery. For more detail on progress and risks against individual milestones, please see the accompanying Grampian Delivery Plan excel template (embedded on page 3).



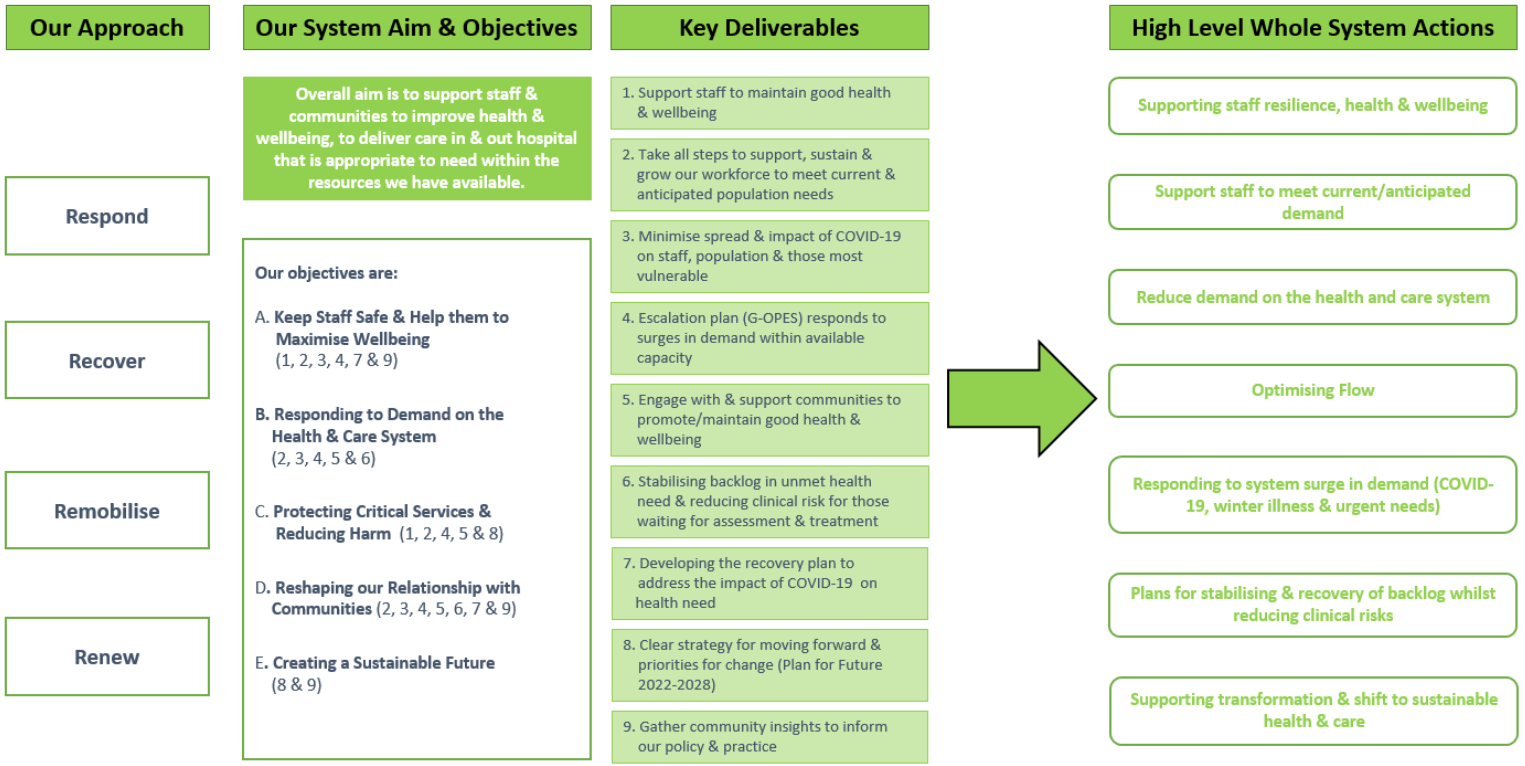
Section	Total Milestones	Complete	On Track	Minor Delay	Significant Delay	Unknown
Home First - Redesigning Unscheduled Care	10	0	7	3	0	0
Improving Population Health for All	12	1	6	4	1	0
Child Health	15	3	7	5	0	0
Primary and Community Services – General Practice	5	4	1	0	0	0
Primary and Community Services – Dental Services	0	0	0	0	0	0
Primary and Community Services – Optometry	1	1	0	0	0	0
Primary and Community Services – Pharmacy	3	3	0	0	0	0
Whole System Approach to Re-Mobilising Planned Care	12	2	3	4	2	1
Mental Health and Learning Disabilities	17	5	7	1	4	0
Psychology Services	14	3	6	1	4	0
Supporting the Safe Provision of Adult Social Care in our Care Homes and Care at Home	12	0	8	3	1	0
Rehabilitation – Allied Health Professions	11	0	3	4	4	0
Embedding Realistic Medicine	6	6	0	0	0	0
Establishing the Right Culture	8	2	1	5	0	0
Staff Health, Wellbeing and Safety	8	5	2	1	0	0
Infection Prevention and Control Measures to Deliver Safe Care	9	6	2	1	0	0
Workforce Planning, Education and Research	10	0	5	5	0	0
Digitally Enabled Services	11	5	3	2	1	0
Infrastructure Plan	8	2	6	0	0	0
Transport	9	1	8	0	0	0
Communication and Engagement	10	7	1	2	0	0
Totals	**191**	**56**	**76**	**41**	**17**	**1**

Table 1: Breakdown of delivery of RMP3 milestones split by key area of delivery for April to September 2021

2. Our Aim, Objectives & Deliverables

Focus for the Next Six Months

This **draft** plan (RMP4) is an update from our RMP3 submitted to the Scottish Government in March 2021. It sets out our whole system overarching plan for the delivery of health and social care services and how we will work with our staff, our partner organisations and the public specifically over the next six month period in response to the key changes over recent months and the expected increased pressures on the health and care system. Our approach will continue to be based on the four pillars (Respond, Recover, Remobilise and Renew) which we have aligned to five NHS Grampian system wide objectives and the NHS Recovery Plan. An overview is noted below with further details provided in the remaining pages within this section.



A summary of the key high level actions are presented below. Further details can be found in various sections of this document and the accompanying Delivery Template.

Priority Actions for the Next Six Months

Supporting staff resilience, health & wellbeing by:

- Continuing to monitor and support use of PPE and Asymptomatic Staff Testing in line with Scottish Government requirements
- Completing all planned break and rest area enhancements, and look for further opportunities to increase capacity
- Maintaining timely and equitable access to psychological and counselling support for individuals
- Providing support for those staff experiencing 'Long COVID-19' to enable their rehabilitation and safe return to the workplace
- Delivering 'We Care' priorities of non-therapeutic support for resilience, home/remote working, healthy lifestyle etc
- Effective health communications to keep staff engaged, informed and connected

Reduce demand on the health and care system by:

- Rolling out of COVID-19/Flu vaccinations as per national programme
- Maintaining flexible capacity to deliver Test and Protect services based on COVID-19 incidence/demand (locally/nationally)
- Delivering effective health communications to reduce community spread of COVID-19/Flu/Norovirus, how to access care/services and awareness of pressures in the system
- Maintaining COVID-19 and infection control protection measures in health and care environments (hospital and community)
- Working with partners and communities to support people, particularly those more vulnerable, to maintain good health and reduce deterioration in wellbeing

Support workforce to meet current/anticipated demand by:

- Ensuring all teams have been signposted towards support for recovery, with triage prioritisation in place
- Jointly marketing/recruitment with partners for up to 300 x entry level Social Care and Community Care roles
- Continuing to support rapid recruitment and on boarding for HCSWs in hospital and community healthcare settings
- Putting in place a workforce visualisation tool to support understanding of areas of highest risk and responsive decision making
- Exploring options for extending international recruitment footprint to support hard to fill roles

Optimising flow by:

- Reducing 'Front Door' attendances to ED by 10% via public campaigns, maximising use of existing community services, reducing care home attendances of low patient benefit and enhancing the referral pathway to the ARI Minor Injury Unit
- Increasing efficiency of the pathway (for ED attendances) by 10% to an average of 240 minutes per patient
- Reducing the number of breaches associated with waiting for a bed by 10% by reducing delays in patient transfers to inpatient beds, optimising the use of the discharge lounge and enhancing the coordination of support services

Responding to system surge in demand (COVID-19, RSV, winter illness and urgent needs) by:

- Maintaining discharge lounge capacity and delivery of other initiatives supporting flow
- Maintaining effective utilisation and deployment of staff as appropriate to maintain critical and protected services (COVID-19 and non-COVID-19)
- Testing and refining whole system plan ready for winter
- Developing and implementing a single whole system operational data set to inform decision making at operational, tactical and strategic level
- Implementing an operational system escalation plan (G-OPES) which sets out triggers for escalation and response actions
- Continuing to clinically prioritise elective care delivery focussed on reducing harm/risk and maintaining ESCat 0 and 1 activity (including cancer patients)

Plan for stabilising and recovery of backlog whilst reducing clinical risks by:

- Continuing to deliver outpatient, diagnostic and inpatient activity within available capacity, focussed on reducing harm/risk and maintaining ESCat 0 and 1 activity (including cancer patients)
- Continuing pro-active dialogue with patients, including wellbeing support whilst awaiting treatment to reduce risk of deterioration
- Re-examining the GP/broader primary care interface with the public to increase public confidence in the high volume, day-to-day access to our health and care system
- Developing and initiating delivery of the recovery plan to maximise the delivery of elective care to support public confidence in access to the health and care system
- Agree and submit National Treatment Centre (Elective Care) Business Case in November 2021

Supporting transformation and shift to sustainable health and care by:

- Developing with staff, the public and partners 'Our Plan for the Future for 2022-2028' which sets out our vision, priorities for transformation and clarity of the resources required from April 2022
- Continuing to test innovative solutions i.e. the use of artificial intelligence in radiology (x-ray diagnosis) and digital psychological therapy for children and young people.
- Continuing to work with staff, service users, Centre for Sustainable Delivery and partners to improve and transform care pathways such as mental health, maternity, elective and unscheduled/urgent care, including income maximisation pathways for people who are vulnerable or disadvantaged
- Continuing to roll-out and embed digital approaches which improve access to care and shared decision making, i.e. electronic records and 'Near Me'.
- Continuing to work in partnership via 'community planning' to develop sustainable solutions to health, care and wellbeing

3. Alignment to the NHS Recovery Plan

In this section we have set out how our approach will respond to COVID-19 and through Recover, Remobilise and Renew address the key elements included within the NHS Recovery Plan. Detailed plans for each element of our services are included within the appendices.

Respond

Grampian Operational Escalation System

During Operation Rainbow (1st wave) and Operation Snowdrop (2nd wave) we implemented a Tactical Operating Model that directed the use of resources as we moved through an escalation scale, largely linked to the impact of COVID-19. In planning for the immediate winter period, we are in the process of establishing a Grampian Operational Escalation System (G-OPES) which will be used to inform decisions regarding the direction of the capacity that we have across Grampian and to address any surges in demand or reductions in capacity. The G-OPES will build on the learning from the last 18 months in responding to the various COVID-19 waves and prior experience of managing surges in demand. **Challenge - As we will continue to operate at below pre COVID-19 capacity during the next 6 months, we are planning for and anticipating a significantly more challenging winter than experienced in recent years.**

How Will We Know We Are Making a Difference?

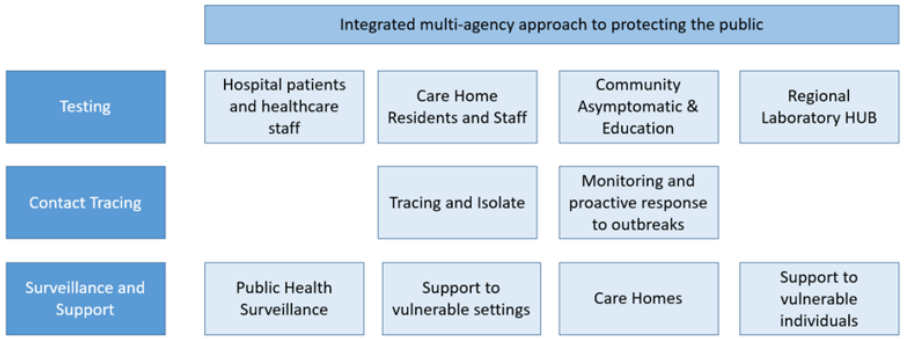
- ✓ Less people are COVID-19 positive
- ✓ Less hospital admissions and deaths due to COVID-19
- ✓ People who require urgent/emergency services receive this based on their needs
- ✓ Care is safe and reduced harm
- ✓ Reduce impact on vulnerable individuals
- ✓ Staff, public and partners are aware of key changes

Vaccinations

We have an overarching vaccination programme which covers all key requirements – potential COVID-19 booster (and continuing JCVI population groups), enhanced flu delivery and childhood and other vaccination requirements. We have confirmed locations across Grampian for dedicated vaccination centres which reflect the geography of the Grampian area and to ensure equity regarding accessibility. In terms of planning, the plan reflected in RMP4 is based on current planning assumptions (which are likely to be subject to change and refinement) and that staffing will continue to be engaged on the basis of additional sessions or temporary contracts. **Challenge - The uncertainty regarding future funding (beyond 1 April 2022) will likely have an impact on the capacity that will be available to support delivery over the 6 month period.**

Test and Protect

Whilst we continue to live with COVID-19, our Test and Protect Programme will remain in place and will be based on the World Health Organisation Six Steps. The Test and Protect Programme was established to support and co-ordinate NHS Grampian's focus on minimising spread of COVID-19 and impact of outbreaks in community or specific locations. **Challenge - As staffing are on temporary contracts it is likely that capacity within the programme will decrease over the next 6 months and limit our ability to respond.**



	NHS Recovery Plan	Our Response
Staff Health and Well Being	• Enhanced wellbeing support, both locally and nationally • Continued access to the National Wellbeing Hub and Helpline • Confidential mental health support to regulated staff • Additional funding for rest areas • Enhance occupational health for staff	• We have established a comprehensive We Care programme – focused on staff resilience, agile working, creating additional rest areas, investment in safe work environments and My Healthy Life. • Psychological Resilience Hub funding extended to 31 January 2022 to continue to provide support to staff. • We will support all people managers to demonstrate visibility; provide clarity and ensure effective communication; and prioritise people, including their self-care.
Workforce supply	• Establish a national Centre for Workforce Supply • National Young Person's Guarantee • Additional training opportunities through the NHS Academy	• We invested in additional temporary capacity with our workforce teams to support the recruitment of more than 1,000 temporary staff and to continue to recruit to vacant posts. • We have optimised recruitment from new nursing graduates and medical trainees. • Engagement with the National Treatment Centre Workforce Group exploring options to increase training numbers for multi-professional teams. • **Challenge - we continue to experience recruitment challenges in a number of key areas and locations which will impact on both recovery and remobilisation.**
Recovery Plans	• National Cancer Recovery Plan • Centre for Sustainable delivery • Mental Health Transition and Recovery Plan	• We are fully engaged in the key national recovery programmes and welcome the support this will provide in supporting implementation of measures to assist recovery. • We have already engaged with the Centre for Sustainable Delivery to assist in ensuring that we are to optimise the use of our existing capacity.

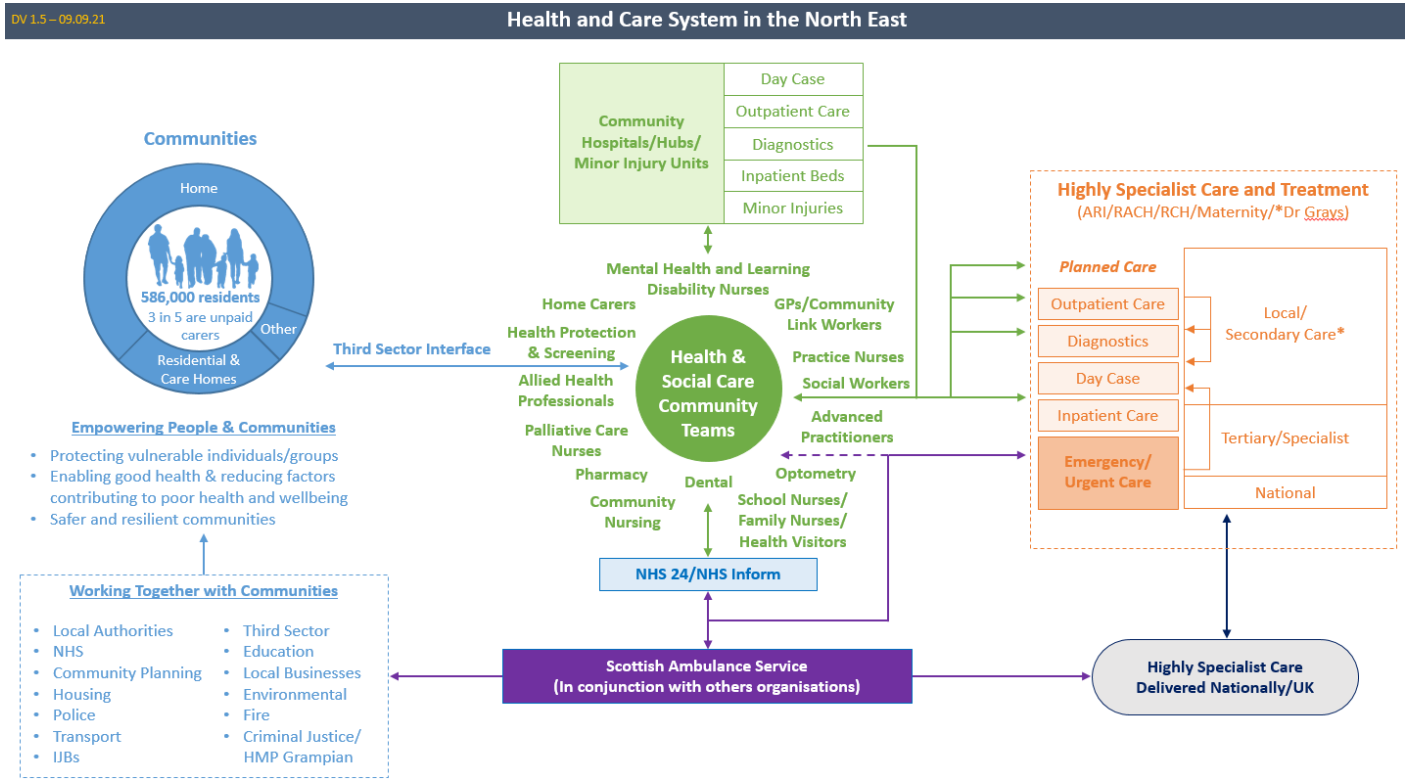
	NHS Recovery Plan	Our Response
Redesign	• Freeing up capacity in the acute sector through enhanced resources in community settings • Implementing the Redesign of Urgent Care (RUC) Programme • Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay • A network of Early Cancer Diagnosis Centres (ECDCs)	• Building on the success of the community hubs established during COVID-19, opportunities are being identified to enhance the availability of services in community settings. This requires additional funding to be sustainable. • We are implementing a whole system improvement plan for unscheduled care to address immediate issues and future opportunities to redesign. **Challenge – the pressures in relation to unscheduled care will be enduring for the immediate future and requirement to address emergency cases and admissions will impact available restricted capacity over the next 6 months.** • We welcome the additional investment in cancer and will engage in making the changes necessary to improve access and timely treatment. • Through the Portfolio approach, a comprehensive review of pathways of care will be undertaken.
Enhanced Capacity	• Enhanced primary care services to reduce demand on acute • Enhanced capacity for outpatient, inpatient, diagnostics and cancer • Remobilisation of NHS community dentistry	• We welcome the commitment to enhance capacity. **Challenge - within this plan we do however highlight that the additional capacity in the immediate six months will not allow us to remobilise to pre-COVID-19 levels or to significantly address existing backlog – due to COVID-19 restrictions, need to respond to anticipated surges and access to critical areas such as theatres and ICU.**
Innovation	• Scale up use of near me • Investment in enhanced robotic assisted surgery • Digital Health and Innovation Centre	• We have scaled up near me and c30% of all outpatient appointments are now delivered this way, with wide use in General Practice. • The Board supported by SG have made a significant investment in robotic assisted surgery and this investment is now being fully utilised for the benefit of patients across an enhanced number of specialties. • The Board has approved an ambitious Digital Strategy which will support the implementation of new ways of working, improving safety and enhancing access.

	NHS Recovery Plan	Our Response
Direction	• The NHS Recovery Plan sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. • The focus is on ensuring that the process of recovery also delivers long term sustainability. • Service innovation and redesign - as well as creating additional capacity - is central to it	• We are undertaking a comprehensive review and consultation to revise the Grampian Health and Social Care Strategy. This will provide the direction for the organisation for the medium to long term • In support of the above the Board will develop a three year finance plan
Planned Care	• Establishment of a network of National Treatment Centres • Investment to establish additional capacity to address planned care needs on a sustainable basis	• We have revisited the options for the delivery of the NTC – Grampian in view of the experiences during COVID-19 and benefits of having protected capacity for planned care. • In the interim we are working closely with the SG Access Team to develop options to enhance capacity across planned care, cancer and diagnostics and are benefitting from the established clinical prioritisation system to direct existing resources which at present are significantly constrained.
Mental Health and Wellbeing	• Investment in mental health workers in primary • Investment in CAMHS capacity • National Mission to tackle drug related deaths	• We implemented a significant redesign of our CAMHS service in June 2019 which has enabled a significant improvement in the access to and quality of the service. The additional funding provided will enable to continue the process of enhancing services across Grampian • We will progress the implementation of the perinatal mental health network • We welcome the National Mission and all partners in Grampian through the Alcohol and Drug Partnerships are focused on reducing the harm of both alcohol and drugs. • Welcome the commitment to enhancing capacity within primary care and the Board have already commissioned a whole system review and redesign of our mental health services.

4. Operational and Surge Planning

Taking a Whole System Approach

There is a strong desire to take a whole system approach to moving USC to scheduled care, focusing on maintaining people within the community setting and preventing admissions - the system in Grampian is well developed to support this. There has always been a strong partnership across NHS Grampian, the three Integration Joint Boards (IJBs) and Chief Officers, local authority Chief Executives and the health system regionally and nationally. We have updated the expected capacity that will be available to the Grampian Health and Social Care system for the immediate six month period, based on our re-assessment of the whole system capacity. This is based on known and predicted staff levels, availability of beds and other critical infrastructure and assessment of the changes in demand on the system being experienced.



Operational Planning

Operational Planning

In terms of the detailed planning that we have undertaken for the immediate period to 31 March 2022, we would highlight the following steps have been undertaken:

- Detailed demand and capacity reviews of all key operational areas to establish the ability to maintain service levels and surge to meet variation in demand. The plan summarises the pre-COVID-19, current and surge capacity on our main sites. In addition we have detailed schedules of capacity for all services across our operational portfolios which set out how we will maintain access to priority services in the wider health and social care system. These schedules are available if required.

- Established a Grampian Operational Pressures Escalation System (G-OPES) which will direct resources and redeployment as described below.

Whole system working

We will continue to adopt a whole system approach to the delivery of services with meetings held daily and weekly to enable the system to anticipate and respond to changes in the operational areas. This will ensure that we can enable and support rapid decision making on a seven day a week basis throughout the winter period.

Managing the challenges

Within this section of the plan we have also set out at a high level the challenges that we will require to manage over the next six months in relation to both workforce and would highlight the following:

- Given the continued remobilisation of services since last winter and the need to continue to operate within a reduced bed capacity the options we have to create and mobilise additional surge capacity will be significantly reduced compared to prior winter periods.

- We are operating access to services on our main clinical sites for only the highest priority patients – emergency admissions and ESCat 0 and 1 elective patients (including cancer).

- Despite optimising recruitment of newly qualified registered staff and junior doctors we continue to have significant vacancies and the need to continue to support the extended vaccination programme.

Within the finance section and the Operational Portfolio action plans we have set out the additional mitigating actions which if supported would enhance the resilience of the health and social care system over the next six months.

Grampian Operational Pressure Escalation System (G-OPES)

Over the last 18 months, we developed a number of escalation models and systems to respond to the surges in COVID-19 activity. We have taken this learning into the development of a whole system escalation response model to manage the expected range of service pressures that will be experienced over the next six months. These include increases in all USC activity as well the specific surges in COVID-19, RSV or other infectious disease. It also accounts for the staffing and resource pressures that will threaten the delivery of critical services at the specified protected level. The system has three main components that are supported by our already established system visualisation tools based in Tableau:

1. **System pressure levels defined by key objective metrics**
   This will set out a four level pressure measure for each of our operational portfolios and critical services with an overall system status. This will be automated in Tableau, visible to the whole system and our partners and form the starting point of our daily operational system connect meetings. Each level offers a decision point where action must be taken.

2. **Specified actions for each operational area**
   At each pressure level, a pre-defined action card details what measure must be taken to address the situation and maintain the specified delivery levels of service. These actions will usually specify the outcome expected (e.g. Open 3 'Surge Bays in ED' or 'Open acute medicine surge beds to reduce occupancy to 90%'). These actions will usually be one of three types:
   - Action to increase specified new capacity
   - Action to move one resource from one area to another to support capacity in critical area against less critical area
   - Action to change operating protocols

   To facilitate system wide support, the actions taken may be referenced to the overall system wide pressure level rather than the local sector pressure. They may also explicitly be to provide mutual aid from one part of our system to another.

3. **Detailed business continuity plans and operational procedures**
   Each action will point to either a business continuity plan or standard operating procedure which will detail how the action and its expected outcome will be delivered. Examples include the required bed reconfiguration to open additional capacity in the COVID-19 'Red Pathway' or details of which service will need to turn down activity to redeploy staff to a critical service pressure area.

This work is being co-produced across the system and with the involvement of key partners such as Scottish Ambulance Service (SAS). It is distinct from core service capacity planning but will set out the expected operational minimal maintenance levels. It is operational in nature and it is hoped that the improvement activities that are part of our usual seasonal planning will reduce the need to escalate. It is also separate from our Major Incident planning and response, which may be activated in any circumstances where events overwhelm the system or require a designated response.

Improvement activity has been an established part of our preparation for the winter months and previously described in a winter plan. It is has been recognised that whilst 'winter' operational pressures have been spread over a six month period from October to March, COVID-19 has moved this to require a focus on improvement activity to support an all year round pressured USC. Further information on this is detailed in Appendix 2.

Surge Capacity – High Level Plan

Notes

1. Surge Capacity

In terms of planning for surge capacity, whilst we can create additional beds across the system the significant limiting factor will be staffing – with the continued vacancies in registered nurses (and other roles) and challenges regarding bank fill rates and staff additional overtime. Significant work is progressing in each operational area to identify potential options but at this stage we would highlight significant concerns regarding our ability to increase current levels. The indicative potential capacity is as set out in this high level summary.

2. Operating levels

Across the health and social system a significant number of services are operating at pre-COVID-19 levels or higher to meet demand. Examples in the latter would include screening teams, CAMHS and mental health. We have detailed plans from each service which set out the options for provision of service and meeting variations in demand. Overall there is limited flexibility in the system to re-allocate staffing without risk to patient care and/or significant loss of service.

3. ICU and theatre

As we highlighted within the plan, we do make provision for the increase in capacity to support local ICU requirements and maintain access to the national ECMO service which is operating at levels close to 100% higher than the assumed service level agreement.

A surge plan is in place which would allow up to a tripling of ICU bed capacity if required. In order to achieve this, this will require re-prioritising and movement of staff from other services which will result in pausing/reducing service delivery in other areas.

We continue to operate only 9-10 of the 15 theatres on the main ARI site due to staffing challenges and meeting clinical and COVID-19 guidelines.

Aberdeenshire HSCP

	Pre-COVID-19	Core	Max Surge
Community Hospitals (beds)	254	149	166

Unscheduled Care / City HSCP

	Pre-COVID-19	Core (Funded)	Max Surge
Aberdeen Royal Infirmary			
Unscheduled	418	377	377
SOARS			
Specialist Rehabilitation Units	93	86	95
Craig Court	16	16	16
Frailty/Ward 102	25	25	25
Frailty/Rosewell House	99	40	40
Complex/Interim Care (Morningfield House)	20	20	20

Mental Health

	Pre-COVID-19	Core (Funded)	Max Surge
Royal Cornhill Hospital	120	120	120

Moray / Moray HSCP

Dr Grays	Pre-COVID-19	Current Bed	Max Surge
Unscheduled Medicine inc AMAU & CDU	51	51	45
Stroke	8	8	8
General Surgery inc IP Electives & SAU	36	20	30
High Dependency Unit	6	6	8
Ortho Trauma & IP Elective	22	18	30
Day Case Unit			8
Bed Totals	123	103	129
Ward 7 (closed)		0	
Mental Health Services - Ward 4 (beds)	18	16	18
Community Hospitals			
Seafield	23	20	22
Muirton Ward		9	0
Turner	19	16	0
Stephen	17	14	0
Fleming	Closed	Closed	Closed

Planned Care (inc critical care)

	Pre-COVID-19	Core	Max Surge
Elective & Emergency surgery	383	321	321
ICU	20	20	See note 3
HDU	33	33	

Mitigating Actions

Whilst acknowledging the challenges to sourcing additional staffing to support surge capacity as in prior years, the following mitigating actions are reflected in the plan. Our business continuity response and the G-OPES will enable the prioritisation of services and resources based on a structured clinical needs assessment. In addition, we continue to work with partners to identify alternative options.

Details of the operational planning and actions being taken to maintain or enhance capacity are set out within operational portfolio schedules.

Workforce

A significant factor in our planning for winter is the availability of our workforce and the following has been assumed:

- Whilst absence levels have not significantly deteriorated, our staff health and well being is a priority and we welcome the additional support being made available.
- We anticipate that levels of additional sessions and overtime will remain lower than pre-COVID-19.
- Whilst our establishment has increased since last June (see below), the majority of the increase is in temporary posts supporting COVID-19 related support e.g. Vaccinations and Test and Protect. Our core staff complement has not increased since June 2020.
- We have committed to fully employment of all local graduate nurses (c125) and to continuing additional junior doctors (c20) to support general medicine specialties.
- We continue to have vacancies in key areas such are medical and mental health specialties and adult nursing (including theatres and critical care). We have appointed to the vacant ED post, however the loss of experienced senior staff will have an impact as we introduce the new consultants. The same challenges apply in other specialty areas such as theatres and critical care where on appointment there is period during which staff require to develop skills and experience.

	Mar 20	Jun 20	Sep 20	Dec 20	Mar 21	Jun 21
All NHSScotland staff	**12,301.2**	**13,048.0**	**12,762.1**	**12,984.3**	**13,636.3**	**13,527.1**
Medical (Hospital, community and public health services)[5,6,8]	1,307.7	1,356.9	1,354.5	1,409.4	1,396.1	1,382.3
Dental (Hospital, community and public health services)[8]	63.1	62.5	65.3	63.8	64.6	64.5
Medical and dental support[10]	268.5	267.5	257.2	268.1	292.0	283.0
Nursing and midwifery[7,13]	5,282.8	5,824.7	5,525.9	5,476.2	5,900.4	5,832.0
Allied health professions[7,12,13,15]	958.9	947.6	980.2	981.6	987.7	989.0
Other therapeutic services	420.0	429.3	445.4	443.2	459.0	463.4
Personal and social care[13]	70.7	74.8	73.8	68.8	66.9	62.0
Healthcare science[4]	536.4	535.2	546.2	570.3	581.7	586.5
Ambulance Support Services[2,12,15]	-	-	-	-	-	-
Administrative services[13,15]	1,925.9	1,937.2	1,933.6	2,088.6	2,187.1	2,185.5
Support services[4]	1,467.1	1,612.2	1,580.0	1,614.3	1,660.4	1,638.6
Unallocated / not known[16]	-	-	-	-	40.5	40.3

Key Priorities for October 2021 – March

- Transferring approx. 80 existing bank staff to full time contracted HCSW roles to support continuity and stability during Winter
- Progressing work with Local Authority partners to jointly attract and recruit to 300 entry level Social and Community Care roles across the three HSCPs
- Continuing to support ongoing recruitment through Bank and Workforce Resourcing Cell (WRC) for HCSWs as required in Hospital and Community Healthcare settings including share (97) of 1,000 extra Band 2-4 roles funded for Winter 2021-22.
- Ongoing recruitment via the WRC for Vaccinators, utilising contingent national funding for recruitment admin, to try and mitigate the impact of move away from use of independent contractors, which is a particular challenge in Aberdeenshire
- Utilise additional recurrent funding to recruit share of 200 international RNs nationally (c12), in context of enhanced local recruitment arrangements, Centre for Workforce Supply, and recruitment shared services.
- Putting in place a workforce visualisation tool to support understanding of areas of highest risk and responsive decision making.

5. Learning from the past, looking to the future

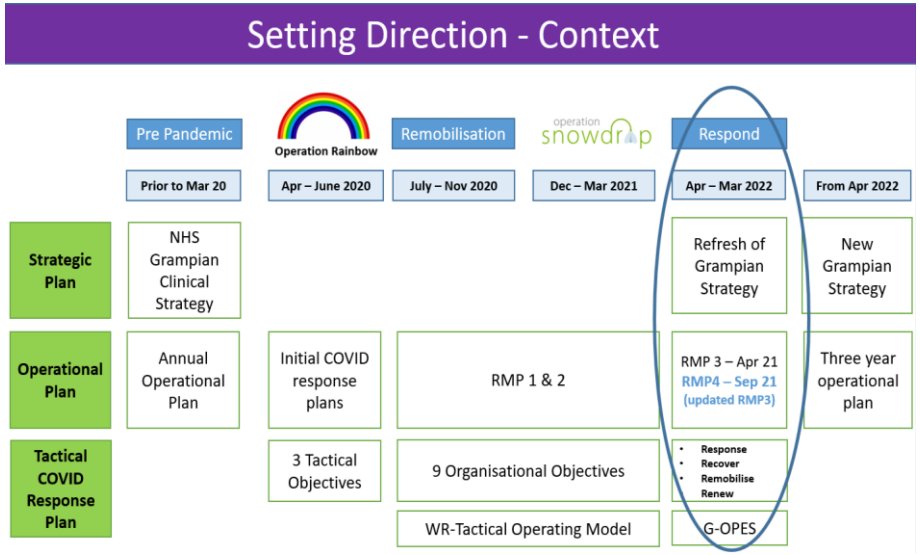
NHS Grampian is developing "A plan for the future 2022-2028" which will be considered by the Board at its February 2022 public meeting. The plan will be published as a 'package' including:

a. Strategic intent;
b. Outcomes (including the performance approach);
c. Delivery Plan (three year operational plan from April 2022);
d. Medium Term Financial Strategy;
e. People and Culture Strategy (sustainable workforce, culture and staff experience health, safety and wellbeing);
f. Enablers (infrastructure, leadership, money, digital and innovation);
g. Ongoing and future approach to engagement and co-production; and
h. Risk assessment of the plan.

This RMP4 will allow NHS Grampian to have a robust approach to the next six months. The development of both our 'Plan for the Future' and the RMP4 has considered the recently published Scottish Government 'Lessons Learnt from the initial health and social care response to COVID-19' (see Appendix 8) as well as findings from our own internal audit assessment of our response to COVID-19. For the RMP4, these are summarised as 8 key actions in the table within Appendix 8.

The development of 'Our Plan for the Future' is using extensive engagement of our staff, partners and our service users, community and population. The development of the RMP4 is built on the extensive engagement of staff used in the production of RMP3; we have used a 'light touch' for this revision respecting the huge demands currently being placed on staff. The three year operation plan, as part of the 'Plan for the Future' package will be developed as part of an extremely robust engagement and involvement approach.

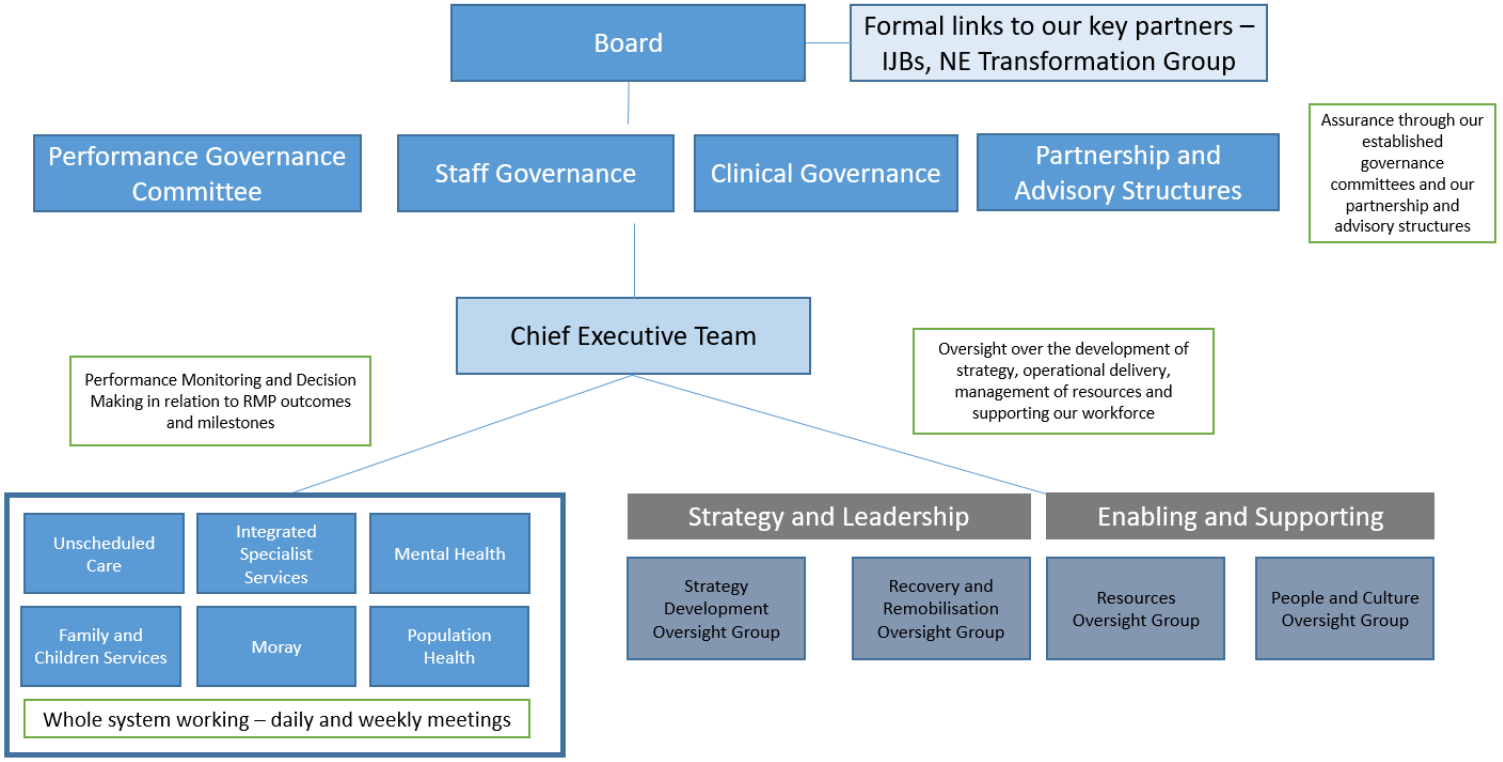
The context of our current strategic, operational and tactical plans are set out in the diagram to the right.



6. Assurance and Risk

Within RMP3 we set out the milestones that we were committing to deliver by 30 September 2021 and 31 March 2022, internally we refer to these as our 90 and 250 day plans. As part of the RMP4 submission, we have provided a high level update and more detailed updates within the accompanying Delivery Plan for the delivery of the milestones for 30 September and the requirements for the immediate six month period. We have also established three assurance Boards on transformation, infrastructure and wider RMP delivery – each of these are chaired by the Deputy Chief Executive, the Director of Finance and Chief Executive respectively.

Beyond the RMP4 submission, and as highlighted in the previous section, the Board is also taking steps to set out its strategic intent and direction for the medium term and developing a three operational delivery plan, the latter taking account of the NHS Recovery Plan and Programme for Government. Section 3 sets out the work already underway supporting the NHS Recovery Plan.



Risk

To manage risk, NHS Grampian uses a simplified version of the Risk Management Lifecycle consisting of four stages, with risks stored in the Datix database system. Risk management activity to support our plan is ongoing and evolving, the following risks have been identified that may have the potential to impact on our plans.

Title	Risk	Mitigating action
Vaccine programme	Because there is a lack of certainty around the new vaccination programme funding there may be insufficient capacity to deliver the programme beyond April 2022, which could result in patients not receiving vaccines, increased infection within the community with resultant increased demand upon system capacity and delivery.	The NHS Grampian Vaccinations Programme Board have developed a plan for the delivery of a whole system vaccination programme. This will form the basis of ongoing discussions with the Scottish Government Health and Social Care Directorate regarding the direction of the future vaccination programme and operational delivery model.
Health & social care staff recruitment	Should we be unable to recruit community health and social care staff to vacancies, particularly in advance of winter, we may not have the capacity to maintain services or respond to increased presentations which could lead to poor and unsafe levels of direct care for vulnerable individuals.	As set out in the plan, we have vacancies in a number of key clinical services and locations which is impacting on capacity. We have however made offers to all newly qualified nurses, continued with additional junior doctors recruited in 2020 rotation and have enhanced capacity in our recruitment teams, in addition to streamlining our processes and onboarding.
Restrictions on capacity	Because of continuing restrictions on our capacity (COVID-19, legislation, clinical guidelines), we may be unable to remobilise to the extent required to achieve demand / capacity balance and backlog recovery, which could lead to long term harm or poorer outcomes for patients and low morale for staff.	We will continue to operate in accordance with the relevant COVID-19 and clinical guidance to maintain safe environments for our staff and patients. It is likely that the ability to source workforce will be a greater limiting factor that the ability to increase physical infrastructure capacity. Our Grampian Operational Escalation System will support the decisions we require to take as surges in demand present across the entire health and social care system.
Workforce pressures	As a result of the demands facing our workforce and the continued gaps in certain key areas, we may be unable to meet health and social care demand as currently planned and delivered, which could lead to loss of staff and missed opportunity to change and redesign	Ths plan set out the approach we will take during the next six months to respond to the system wide demand and anticipated surges in activity. We have a well established elective clinical prioritisation system which will remain in place to ensure that our highest priority patients are identified and resources allocated to meet their needs.
Resilience	Due to the uncertainties around the impact of the EU Exit, COVID-19 response, and Cop 26, there is a possibility that our support system is not resilient enough to deal with emergency situations over a sustained period, which could lead to failure to deliver our statutory functions	We continue to take a proactive role in planning for the range of contingent events which are impacting or could impact on our service reslience. We are continually reviewing and updating our contingency response plans, conducting additional training and testing where appropriate.

Title	Risk	Mitigating action
Age and condition of infrastructure	The age and condition of our infrastructure (and insufficient funding to meet required standards) means that we might be unable to plan on the basis of having reliable and sustainable facilities and equipment which could lead to disruption to services.	We have a integrated infrastructure strategy and clarity regarding the risks and allocation of available funding. Key elements of our estate – theatres, laboratories and critical care – will require major backlog, reconfiguration and statutory compliance works which may have service implications over the next five year period.
Digital Change	A lack of resources might mean that we are unable to embed and accelerate Digital Change as one of the key agreed organisational renewal priorities which underpins and supports transformation across NHS Grampian meaning that we may beunable to deliver against the Digital Work Plan priorities set against the Digital Health and Care Strategy and Remobilisations Plan Failure to achieve organisational objectives, this could lead to reputational impact across NHS Grampian and potential failure to meet agreed deliverables	The Board have approved the Digital Strategy in October 2020 with a strong ambition to use digital solutions to positively change and redesign services. The most significant challenge is the capacity within services and our eHealth team to support the changes at the pace which would make a difference for staff and patients. The Board is refreshing its wider strategy and consideration will be given as to how we resource our transformation programme, including our digital work plan.
Test and Protect	As staffing are on temporary contacts, there is a possibility that capacity within the programme may decrease over the next six months and limit our ability to respond	The risks around the continuity of the Test and Protect programme have been discussed with SG colleagues and joint working continues to clarify the requirements for the service and need to provide certainty of funding to secure the necessary capacity to operate without disruption.

For more information on our Risk Management approach, please see the embedded document below.

Risk Management Lifecycle - Grampian

7. Finance

In terms of resources required to support the implementation of this plan to 31 March 2022, we would reconfirm the estimation of additional COVID-19 financial resources set out in our Quarter 1 FPR submitted in July. These were £63.5m for NHS Grampian services and £20.1m for IJB services. We will continue to refine these estimates as the financial year progresses. The level of resources reflects the current profile of spend on the areas included in the plan, adjusted for any additional support agreed with Scottish Government e.g. scaling up Test and Protect capacity.

With regard to the plan for the remainder of this year we would note the following:

Support for decisions on funding for key public protection measures

- Given the criticality of the three main public protection responses – COVID-19 Vaccinations, Test and Protect and the Regional Laboratories – we would seek early agreement in relation to the planning and funding assumptions for these services beyond the end of March 2022. The staff that are primarily involved in delivering these services are contracted to the end of March 2022 and without certainty of continuity of funding we are now experiencing increasing levels of attrition as staff leave for permanent posts within or outwith the health service. This would place these elements of our response for the remainder of 2021/22 at risk given the pressures on delivery of core health and social care services.

Support for additional capacity (next six months) and to assist recovery post 1 April 2022

- The plan sets out the challenges facing delivery of services over the next six months and we would be seeking your support to fund any additional capacity or resources that could be identified. In the first instance, we would seek authority to commit up to a further £6m between now and the end of the financial year, with any resources required beyond this, agreed with you in advance. The funding would be used to increase whole system resilience and to deliver capacity to support the implementation of our surge plans and would be targeted at the following priority areas. We have requested recurring funding for a number of areas as the capacity will be required beyond 1 April 2022 and will contribute to the recovery and remobilisation of services.

Area	Funding request (non-recurring)	Funding request (recurring)
Additional care home beds – led by the Chief Officer – Aberdeen City IJB our elective and unscheduled care team have been working closely with our care home providers to identify additional staffed beds within the care home sector which could operate in response to emergency situations (not requiring hospital admissions) or as step down to enhance flow and discharge. Capacity has been identified which would assist to alleviate the system wide pressures we are facing and the signficant challenges around staffing additional surge beds	£1.5m (for period to 31 March 2022)	£2.5m (from 1 April 2022)

Area	Funding request (non-recurring)	Funding request (recurring)
Recruitment of Band 2 and 3 Health Care Support Workers – given the challenges in recruiting additional registered professionals for the immediate future we would seek permission to be able to recruit up to 150 additional HSCW to enhance capacity in both hospital and community settings. The training and development of this element of our workforce has already proven to be of benefit in a number of services during the last 18 months.		£4.2m (commencing recruitment now)
Recruitment of additional staff to increase capacity of Care at Home Servcies – we are experiencing challenges in patient flow due to constrained capacity to care for patients in homely settings, which is impacting on the level of delayed discharges in our hospitals. We would seek permission to be able to recruit up to 100 additional Care at Home staff to supplement our HSCP teams to improve patient flow. In the current employment market we are unlikely to be able to recruit staff on short term contracts so would be seeking recurring funding in order to sustain a higher level of Care at Home capacity.		£3.0m (commencing recruitment now)
Enhancing patient discharge – we have submitted a proposal to the Scottish Government Access Team to establish an OPAT (out-patient parenteral antibiotic therapy) service by which patients who require intravenous antibiotics may be discharged from hospital to receive this care in an out-patient setting under the supervision of a specialist team. This has the potential to reduce boarding patients in elective beds by c10-12 per day (and enhance capacity to treat ESCat 0 and 1 patients)		£0.5m (commencing recruitment now)
Additional agency and locum staffing – we would seek permission to optimise the availability of temporary staff across a number of professional grades to increase resilience in our workforce during the next six months eg to address the gap with surgical services to meet the demands for our most critical patients.	£1.5m (for period to 31 March 2022)	

Accelerated backlog programme

- At your request, we have identified a number of areas where additional capital funding would address high and significant backlog or compliance issues and would request an additional £1.6m to advance schemes targeted at the priorities which have been risk assessed. These schemes are set out in the embedded lists, together with the rationale for progressing, the risk the work mitigates and an indicative cost.

Backlog Funding request - RMP4.xlsx

Appendix 1: Delivery Plan for October 2021 to March 2022

The Grampian Delivery Planning template accompanying this document sets out:

- a RAG status and progress update against each of the milestones set out in the Grampian RMP3 for the period April to 30th September 2021 (high level summary provided on page 7 of this document);
- an updated set of milestones for October 2021 to 31st March 2022, where appropriate, status progress and risks have been included; and,
- alignment of these milestones to outcomes (as per RMP3), to high level deliverables, lead delivery body and national programmes of work.

Given the changing environment, along with the current and predicted pressures on the health and care system over the next six months, we have undertaken a comprehensive review of the all the milestones set out within the RMP3 for the period October to March 2022. The aim of this was to ensure that:

- all activities contribute to delivery of our agreed objectives and deliverables for the next six months;
- we continue to support delivery of Scottish Government priorities; and,
- what we set out to do is deliverable and maximises available resources (based on the situation at September 2021).

In summary, there are a total of 250 milestones for October to March 2022 compared to 224 set out in February 2021. 12 milestones have been revised and and 45 added as new priorities or timescales revised (due to changing focus, environment or policies). A total of 19 were removed (contained within 'De-Prioritised' section) as these were deemed no longer a priority or deliverable in the next six month period due to anticipated pressures on the system.

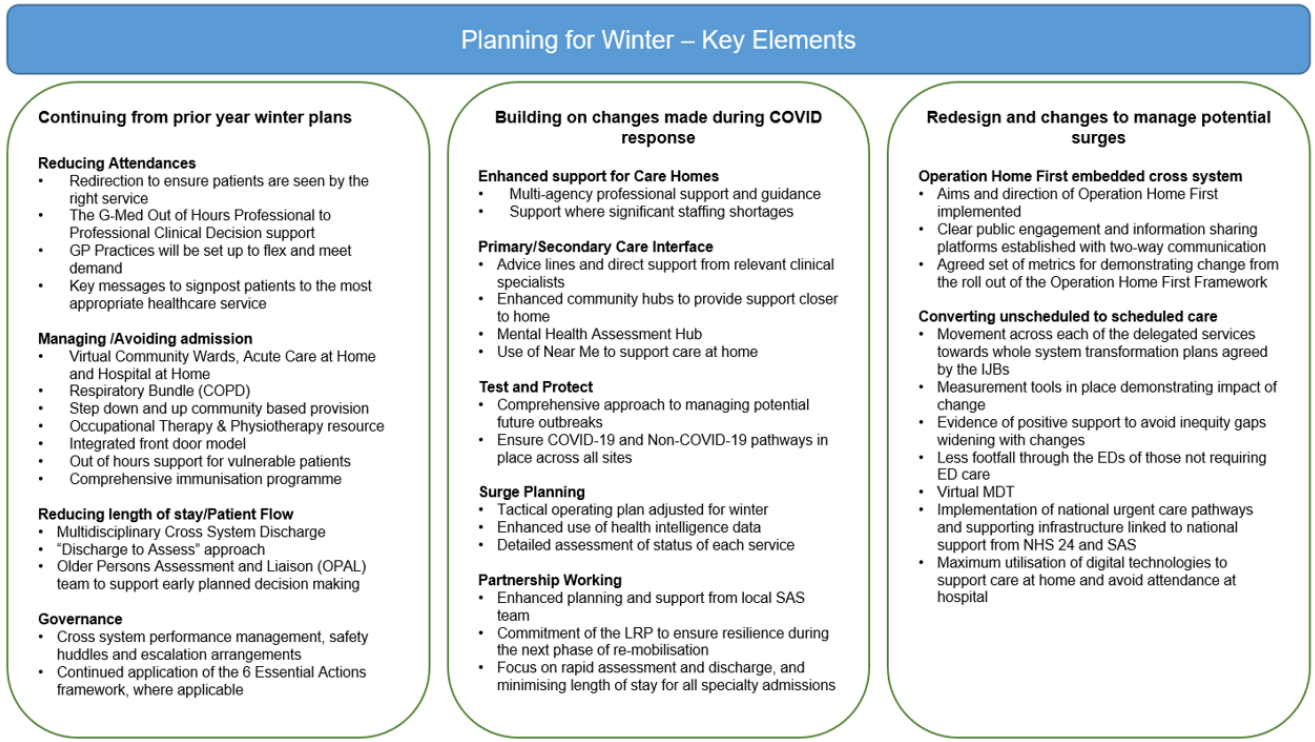
The milestones remain in the sections as presented within RMP3 as summarised in the table below.

Section	Total Milestones
Home First - Redesigning Unscheduled Care	14
Improving Population Health for All	21
Child Health	19
Primary and Community Services – General Practice	5
Primary and Community Services – Dental Services	11
Primary and Community Services – Optometry	10
Primary and Community Services – Pharmacy	10
Whole System Approach to Re-Mobilising Planned Care	16
Mental Health and Learning Disabilities	15
Psychology Services	12
Supporting the Safe Provision of Adult Social Care in our Care Homes and Care at Home	14

Section	Total Milestones
Rehabilitation – Allied Health Professions	7
Embedding Realistic Medicine	8
Establishing the Right Culture	5
Staff Health, Wellbeing and Safety	8
Infection Prevention and Control Measures to Deliver Safe Care	18
Workforce Planning, Education and Research	15
Digitally Enabled Services	15
Infrastructure Plan	6
Transport	14
Communication and Engagement	7

Appendix 2: Planning for Winter

Improvement activity has been an established part of our preparation for the winter months and previously described in a winter plan. It is has been recognised that whilst 'winter' operational pressures have been spread over a six month period from October to March, COVID-19 has moved this to require a focus on improvement activity to support an all year round pressured unscheduled care system. This schematic sets out the work streams established building on our learning from COVID-19.



Key Risks

- Surge Bed capacity (Acute and Community)
- Very limited scope for surge expansion within staffing and nosocomial restrictions
- Workforce and staff health and wellbeing
- 4-hour emergency access target
- RSV/COVID-19/Seasonal Flu/other
- Vaccinations – staffing and vaccine delivery

Key Priorities for October 2021 – March 2022

- Optimising Flow – 90 day Improvement Collaborative (inc ambulances stacking)
- Establishment of Grampian Operational Escalation System (G-OPES) & BCPs and development of cross system operational winter surge plan by end Oct
- Workforce and Cross system scenario planning and testing of the G-OPES and agreement re surge bed capacity (acute and community) that can be staffed.

Winter Preparedness 2021/22 (Please refer to Supplementary Checklist – Winter Preparedness 2021/22)

Current Position

As outlined in the above section, our 'winter preparedness' is incorporated as part of our cross system planning to respond to all operational pressures over the next six months.

Capacity and surge planning is our key focus and currently being finalised across our Portfolio operational areas. This reflects our ongoing cross system response to managing COVID-19 alongside enduring system pressures and also takes cognisance of learning from last winter, national/local data modelling and three key challenges highlighted in the Academy of Medical Sciences report COVID-19: Preparing for the future, Winter 2021/22 and beyond outlined below:-

- Resurgence of respiratory infectious diseases including COVID-19, Influenza and respiratory syncytial virus (RSV) with potential for influenza in the winter to be twice the magnitude of a 'normal year' *(see Winter Checklist Sections 4 & 5)*
- Wider health and wellbeing impacts of the pandemic – including long COVID-19, mental and physical deconditioning. During the winter months, non-communicable diseases such as asthma, COPD, IHD, MI and stroke are likely to be exacerbated too. (*see Winter Checklist Section 6*)
- Continued disruption to health and social care service delivery – managing the backlog of treatment and diagnosis, continued IPC measures, prolonged duration of pandemic response impacting on staff wellbeing, staff capacity and vacancies

Key Achievements and Learning from April - September 2021

- Cross system winter debrief undertaken during May 2021 to capture lessons learned and identify actions required in advance of winter 2021/22
- Dedicated bed base prioritised to maximise ESCat 0 and 1 activity
- Provision of safe healthcare environments for patients, staff and public with segregated COVID-19 pathways maintained to reduce risk of nosocomial transmission. Our COVID-19 clinical pathway of care was established during the first wave of the pandemic and is now integrated alongside community testing programmes and the Test and Protect Service *(see Winter Checklist Section 2, No 2.1).* Continued cross system focus on reducing avoidable admissions, facilitating discharge and 90 Day Improvement Collaborative underway to optimise flow across our system *(see Winter Checklist Section 2, No's 4.1-4.4, 5.1)*
- New leadership approach to maintain whole system approach to ongoing pandemic response and additional challenges and pressures which have carried on throughout summer and will continue to impact significantly during winter *(see Winter Checklist Section 3, No 13 & 14)*
- The Civil Contingencies Team has run debriefs and workshops at the request of individual sectors and teams and delivered a series of resilience related TEAMS courses including for the three HSCPs
- IPCT measures relating to COVID-19, norovirus, seasonal flu and other seasonal viruses well established with updates and reminders via daily COVID-19 brief and intranet dedicated section for staff *(see Winter Checklist Section 4)*

Key Priorities October 2020 – March 2022

- Outlined in previous section under Operational Pressures Activity and in Delivery Planning Template

Seasonal Planning

We are aware that for some services there are significant surges in activity at particular points during the festive period, particularly when this coincides with four day breaks over Christmas and New Year as is the case this year.

Work remains ongoing across our sectors and operational areas to finalise staff rotas including for the festive period and to test and refine our respective surge plans/actions as part of the G-OPES development. *(see Winter Plan Checklist Section 2, No 3.1)*

Site management rotas are in place covering the hospital Medical Director, Lead Nurse, duty and site managers with full understanding of the surge plans and hospital major incident plan.

Staff rotas are being finalised for Christmas and New Year. Rotas have been reviewed to ensure adequate staffing cover over the festive period for all inpatient, outpatient, clinical and non-clinical areas and inclusive of all disciplines.

HSCPs are reviewing services and staff covering PH and OOH including festive rotas and Senior Managers on call. The GMED OOH service will increase the number of clinical and support staff on the rota over the festive period and recruit additional bank GPs and support staff. *(see Winter Checklist Section 2, No 3.1 and Section 3)*

Staff and public communication

Seasonal Influenza and COVID-19 booster campaigns, media releases for public providing basic self-help messages for winter and highlighting the 4 day Public Holiday, Know Who To Turn To (KWTTT). *(see Winter Checklist Section 1, No 4 and Section 2, No 6.1 and 6,2)*

Adverse weather

Increased risk of severe weather incidents during winter can result in significant disruption to the normal delivery of health and social care services. Recent experience of severe weather incidents over the last 18 months has tested our business continuity plans and highlighted the importance of enhanced partnership working in these situations.

A national adverse weather policy is in place and Met Office warnings and messaging available via NHS Grampian intranet. *(see Winter Checklist Section 1, no 3)* An SLA is in place with COTAG for use of a 4x4 vehicle to facilitate staff transfer to and from work to promote essential safe staffing levels. Arrangements put in place during initial COVID-19 response will provide accommodation for staff if weather prevents safe travel to and from work.

Prevention

Test and Protect and the COVID-19 booster and Seasonal Influenza Programmes are two important critical services that should also assist in reducing both COVID-19 and seasonal influenza challenges over the next six months. *(see Winter Checklist, Section 5)*

RSV

Our teams have been involved in the national work that has been undertaken regarding the potential impact of RSV and have been preparing accordingly. We have reviewed supplies, delivered extra training to staff who work out with HDU and we have ensured junior medics are aware of the disease process. We have been working in conjunction with our colleagues in Adult ITU regarding the pending RSV outbreak and aware that critical care units across Scotland are prepared. *(see Winter Checklist , Sections 1 and 5)*

ICU beds

We doubled capacity from our baseline of 16 general ITU and 6 cardiac ITU *(see Winter Checklist Section 2, No 2, 1 and Annex A Bed Template)*. The role of ECMO has now been established and Aberdeen is the National ECMO Centre with a requirement to provide surge as part of the UK ECMO network up to a maximum of 6 patients (triple the baseline commissioned service).

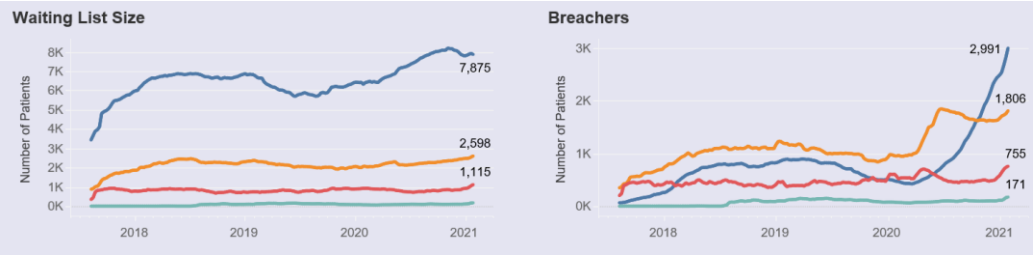
Appendix 3: Planned Care - Recovery Plan & Transforming Pathways

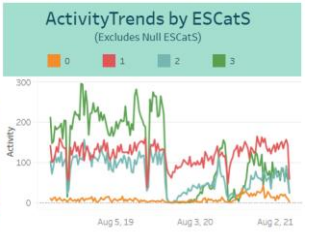
Overview

As set out in the anticipated revised trajectories for planned care we are anticipating, despite being able to source additional capacity in a number of areas, that the overall number of patients waiting for first outpatient appointment or treatment will increase by 31 March 2022. Based on the anticipated surges in unscheduled care and COVID-19 cases we will at best maintain access to ESCat 0 and 1 patients (including cancer).

During the period to 31 March 2022 and as set out below, the overall bed and theatre capacity will continue to be significantly reduced to allow for the required capacity to meet COVID-19 and unscheduled care demand. Using the G-OPES, significant whole system work has been progressed to improve flow and to enable the re-establishment of the required number of beds and other capacity to maintain critical and protected services across the entire Grampian health and social care system.

Performance is scrutinised by the Chief Executive Team (who also operate as GOLD Command), with regular review and challenge by the Board and Performance Governance Committee.

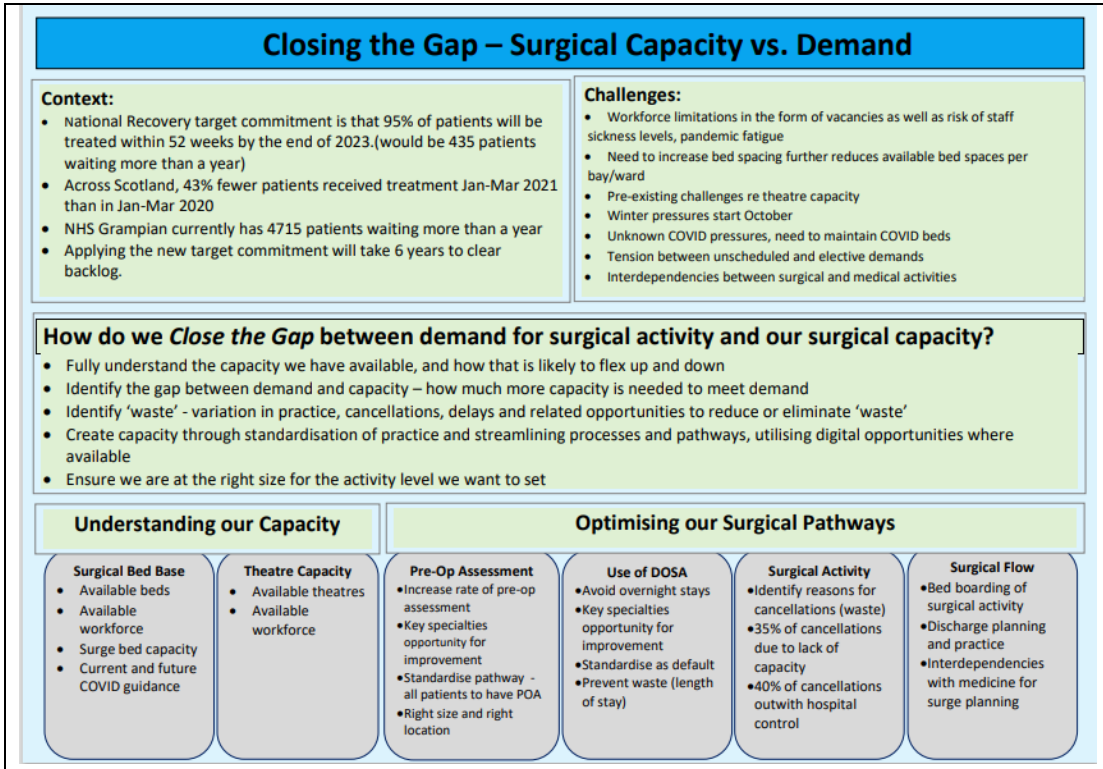




Within NHS Grampian, we have a mature and well established clinical prioritisation system (ESCatS) which ensures that all patients on a treatment waiting list are prioritised according to their clinical need. We are able to monitor and report on the ESCatS status on a daily basis and make decisions on the prioritisation of resources.

In relation to wider cross-system clinical and protected services, we established during Operation Rainbow the following decision making process which we will continue to use throughout the period of the COVID-19 response. Whilst the current position is extremely challenging we have set out below the steps that we are planning to take to support recovery post 1 April 2022 (or earlier should the predicted winter trajectories be less severe than planned).

Our approach



Key Challenges and Risks for the next six months and beyond

- Theatre capacity remains significantly constrained with minimal ESCatS 2 and 3 activity being carried out. The loss of DGH inpatient surgical capacity due to estates issues has exacerbated this situation as has the delayed and limited remobilisation of Stracathro Regional Treatment Centre
- OP activity remains constrained with workforce redeployed to cover the secondary care hubs and some of the secondary care hubs occupying physical space that would otherwise be used for face to face outpatient accommodation throughput is limited
- Physical distancing has limited throughput per clinic though the updated guidance should allow a relaxation of this

Key Priorities for October 2021 – March 2022

- Maintain ESCatS1 at current level of performance
- Maintain and improve cancer performance as much as possible
- Address key risks areas by targeted use of additionality either internally where possible or via private sector contracts where not
- Progress actions aligned to the programme of best practice being driven and co-ordinated by the Centre for Sustainable delivery and planning for significant additionality to address backlog position with delivery commencing in 2022/23

The Challenge

Bed capacity

A series of work plans have been progressed by the Integrated Specialist Services Portfolio Team to:

- Confirm the current bed base compared to March 2020
- Confirm the bed capacity required to meet the demand of ESCat 0 /1 (including cancer surgeries)
- Undertake a rapid review of services to identify opportunities which would allow immediate improvement in bed capacity

Assessment of bed capacity

In terms of current bed capacity the work plans confirmed the following:

	Available Beds (IP/DC)	Available Trollies	**Total Available**	Surge	Others
Pre COVID-19	341	34	**375**	0	0
Current	270	16	**286**	29	11
Total Capacity lost since March 2020			**89**		

Summary of daily capacity availability/requirements assuming 85% occupancy of current 286 beds available, we have current total available capacity of 243 beds

Required to meet all elective capacity	317 beds
Shortfall	**74 beds**

Required to meet non-elective; cancer & ESCat 0/1	283 beds
Shortfall	**40 beds**

Rapid review of current system – immediate improvements identified to increase capacity

In terms of improvement action to address the shortfall and taking account of the challenges in recruiting additional registered nurses over the next winter period we are focused on the following key actions (in addition to the work being undertaken in collaboration with the Centre for Sustainable Delivery: (1) implementation of the OPAT (out-patient parenteral antibiotic therapy) model to reduce patients boarding in acute beds; (2) working with the local care home providers to optimising available capacity for emergency patients to either step down from acute or prevent admission; thus protecting elective beds and (3) optimisation of DOSA and use of robotic surgery to reduce patient lengths of stay.

Theatre capacity

The Main Theatre Suite (MTS) environment consists of 17 operating rooms of which 4 provide emergency services and 13 elective surgery. The Post Anaesthetic Care Unit (PACU) consists of 17 patient bays. It is recommended that PACU bay calculation should be 1.5-2 bays per theatre to allow for consistent and reliable flow. The current 17 bays when full creates a bottleneck as theatres are unable to decant into PACU.

Assessment of theatre capacity

To provide optimum capacity for Cancer, ESCat 0 & 1 and non-ESCat demand across all ARI Theatres the overall need is just under 15 theatres per day. The table below summarises the breakdown of each category across the 3 types of theatres. This excludes all ESCatS 2 and 3 demand.

Summary of Daily Theatres Required	MTS	SST	202	Total
Cancer	2.35	0.51		2.86
ESCat 0	0.65	0.11	0.04	0.80
ESCat 1	5.91	0.85	0.06	6.81
Non-ESCat (expedited / diagnostic)	2.95	0.37	0.89	4.21

Cancer/0/1	**8.90**	**1.47**	**0.09**	**10.5**
All incl Non-ESCat	**11.86**	**1.84**	**0.98**	**14.7**

Presently Main Theatre Suite (MTS) deliver elective activity through 9 - 10 theatres per day with the available theatre staff. Overall, the MTS suite has circa 220 WTE Establishment, with c72 reported vacancies. Whilst significant improvements have been achieved (e.g. ARI Period 2020 Workforce Strategy), we currently roster 60-65 9.5 hour agency sessions a week (16.5 WTEs). Additionally, a full time 5 day a week independent sector team is employed for trauma orthopaedics equating to 7.92 WTEs. Total supplementary staffing dependence equates to 24.5 WTEs across emergency and elective MTS.

Impact of addressing 'critical' backlog

On the basis of current theatre and bed capacity the time to clear the current critical backlog for the main specialties is noted below. The critical backlog is defined as all patients who have reached 150% of their maximum ESCatS category waiting period.

Specialty	Critical Backlog	Time to clear
General Surgery	571 patients	23 weeks
OMFS	259 patients	35 weeks
ENT	643 patients	33 weeks
Plastic Surgery	273 patients	136 weeks
Urology	273 patients	22 weeks
Gynaecology	451 patients	27 weeks
Orthopaedics	709 patients	12 weeks

In addition to theatre capacity access to critical care (ICU and HDU) will be a constraint, particularly for those patients within our ESCat 0 and 1 cohort. Our capacity plans reflects the ability to surge, as during the prior 18 months, but with increasing demand on the overall system there are a greater number of cases requiring emergency or planned access to critical care.

Working with the Centre for Sustainable Delivery (CfSD)

In addition to the immediate improvements noted above which are being progressed, we are working with CfSD and have produced a Heat Map along with action plan (embedded within page 3) which sets out the improvement work at speciality level over the next six months and beyond.

Cancer

In terms of cancer services, significant work has been undertaken to provide access to diagnosis and treatment, whilst operating within a safe environment for our patients and staff. In addition, we have reviewed our quality measures and MDT arrangements to ensure that our processes and governance are operating effectively.

We are fully committed to and engaged with the national cancer recovery plan and have noted below a number of the additional measures and steps we have taken to meet patient demand within a timely basis as part of an integrated and comprehensive improvement plan.

Integrated Improvement Plan

Quality and Governance

- Weekly tracking meetings take place for all services attended by MDT co-ordinators, tracking assistants, service managers and a cancer performance manager.
- All patients are reviewed on a case by case basis to ensure scrutiny of the pathway and any Waiting Times Adjustments are applied. Breach analysis and appropriate escalations which are recorded in the patient tracking notes.
- No tracking meetings have been stopped throughout the COVID-19 response and the majority of the MDT team have been able to track working from home using remote access and laptops.
- MDT co-ordinators and trackers have attended the education day that was presented with support from Macmillan. The Team are managed by the Cancer Pathway Support Manager who is a member of the Data and Definitions group and can provide additional support around any uncertainties in cancer pathway tracking.
- Creation of referral criteria, referrer performance monitoring , feedback systems to be devised in many areas to ensure appropriate referrals and application of Realistic Medicine principles.
- Efficiency work to ensure the available capacity within IR theatres is efficient with time being used effectively.

Innovation

- The Macmillan Navigator Service was launched in March 2020. This service is the first of its kind in Scotland and encompasses elements of realistic medicine through personalised care and innovation. The use of this service has continued to grow over the last 12 months and, owing to its success, will continue to be developed further within NHS Grampian.
- A test of change is underway to operate one-stop clinics for Urology patients. If successful NHS Grampian will be the first board in Scotland to operate this model for the diagnosis of prostate cancer. The aim is for patients to undergo an MRI scan in the morning which will be hot reported and if a diagnosis is confirmed the patient will be booked for biopsy later the same day.
- We are fully committed to the implementation of Colon Capsule Endoscopy and Cytosponge.
- We welcome the National Recovery Plan and will align our local plan and actions to ensure that we optimise the benefits to be delivered for the benefit of our patients, including remobilisation of national screening programmes, early diagnostic and prioritisation of available capacity using the Board's ESCat system.
- Enhanced robotic surgery which will assist in terms of reducing lengths of staff and improving clinical outcomes for patients.

Scottish Access Collaborative

NHS Grampian embeds the principles of realistic medicine across its cancer services. Examples include:

- **Shared Decision Making** – treatment plans are made with patients by expert clinicians, informed by MDT recommendations, and ongoing support from clinicians, clinical nurse specialists and cancer navigators.
- **Personalised Care** – modern molecular pathology and genetics techniques allow the use of appropriately targeted therapies, and shared decision making allows the personalisation of care to the individual patient's circumstances.
- **Reduction of unwarranted variation** – NHS Grampian representation on national bodies, scrutiny of atlases of variation, and regional and national MDTs for small volume cancers are all embedded in clinical practice.
- **Reducing harm and waste, and managing risk better** – NHS Grampian has detailed risk registers, clinical risk management, and patient feedback services, and is a learning organisation.
- **Improvement and innovation** – NHS Grampian is a leader within Scotland for robotic surgery, has extensive research links with the University of Aberdeen, Institute of Medical Sciences, and the Rowett Research Institute, all on a shared campus, and is soon to become the first department in Scotland to provide adaptive radiotherapy.

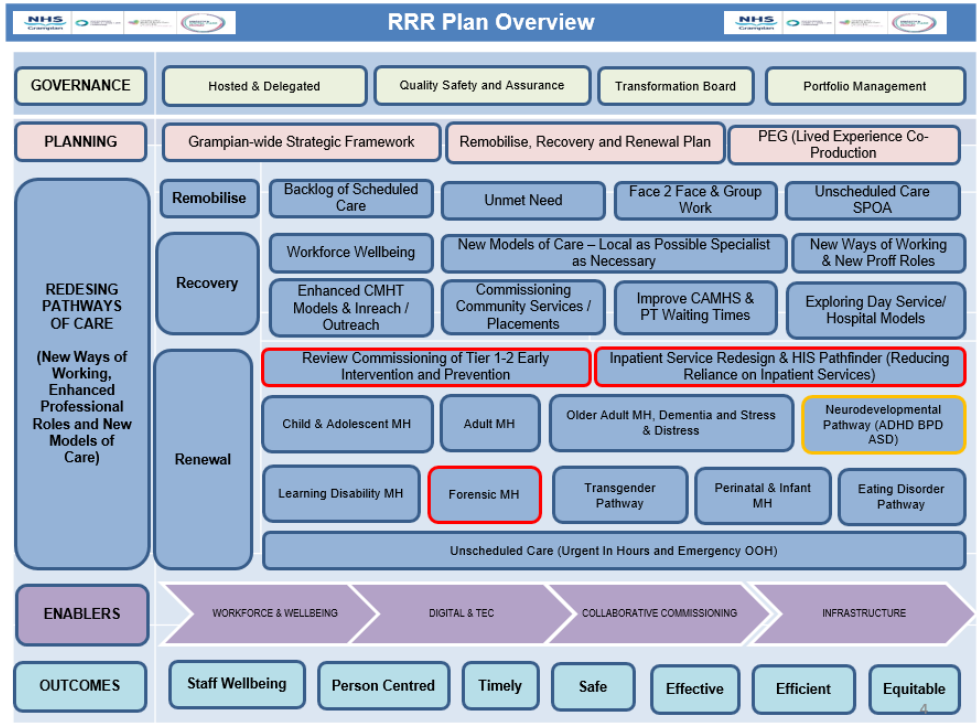
Increasing Capacity

- The COVID-19 pandemic has impacted outpatient and diagnostic capacity due to social distancing constraints. Some services have been operating weekend waiting list initiatives to meet demand and maintain waiting times. The use of Near Me and telephone consultations have been increased to meet demand.
- In terms of diagnostics, additional capacity has been sourced where possible to reduce lengths of wait. Funding has been provided and is supported enhanced capacity for endoscopy, additional radiology equipment, mobile MRI capacity and to further support investment in capacity within our clinical teams.
- We continue to work with SG Access Team to explore the potential to continue to access the local Albyn Hospital to provide additional capacity and resilience to our cancer pathway, building on the benefits this support has provided in the last 18 months.

Appendix 4: Mental Health and Wellbeing

Transformation Plan

In line with the priority being given locally and nationally we are implementing a Mental Health Transformation Plan as set out below:



Key Priorities for October 2021 – March 2022

- **Remobilisation Priorities** include; focus on backlog of scheduled care, targeting unmet need, incremental remobilisation of face to face and re-configuring accommodation to re-establish group work, reviewing demand coming in via the Unscheduled Care Hub (urgent in hours and emergency out of hours referrals), ongoing focus on workforce challenges across City CMHT, Shire CMHT, Inpatient and Specialist Services
- **Recovery Priorities** include; workforce health and wellbeing and Resilience Programmes, delivering enhanced CMHT redesign to maintain increased in reach to home and outreach to community placements, embedding new professional roles and new ways of working supported by Renewal Fund Investment, commissioning additional community placements for older adults (dementia care), focus on backlog of waiting lists for CAMHS & PT, recommending a new model of care for Day Hospital Services and completion of the Ligature Reduction Programme to ensure maximum utilisation of the functionally suitable estate for inpatient services, constant review of Delayed Discharges to ensure right place, right time
- **Renewal Priorities** include; review progress against the Action 15 Targets and review commissioned services at Tier 1-2, review of Forensic Mental Health Pathway, HIS Pathfinder to Reduce Reliance on Inpatient Services, agree new pathway for MHLD access to Secondary Care Diagnostic Hubs, QA&PM metrics for the MHLD Tableau Dash Board and develop a robust risk profile for MHLD services, implementation of Grampian OPEL system-wide escalation metrics for MHLD

A focus on the key national priorities

We welcome the additional funding that has been allocated to increase capacity across our mental health and learning disability services. As summarised below, we are progressing to commit the funding allocated and in line with the plans we have developed. The funding has been fully ring fenced and will be used solely in line with the guidance included in the allocation letters. We will be happy to provide expenditure forecasts following completion of the latest recruitment process. We have confirmed with SG finance that any funding uncommitted at the end of March 2022 will be protected and fully deployed to support the expansion of services.

CAMHS
In June 2019, we completed the transformation programme for the 0-18 service which has improved access. The additional funding will provide the necessary capacity required to meet growing referral levels and recruitment is well advanced to ensure that we can maintain the current improved performance. We have held a widely attended stakeholder event to shape development of the 18-25 service and we are progressing plans around the other priority areas e.g. neuro-developmental pathway.

Psychological Therapies
Our three IJBs are leading on the implementation of plans to enhance our capacity to meet the growing demand for support in our communities. Our psychosocial hub remains in place.

Mental Health Recovery and Renewal Fund (CAMHS and PT) - £3.2m

Alcohol and Drug Partnerships
The three ADPs in Grampian are in the process of engaging with stakeholders in relation to additional funding received as part of the National Drugs Mission

This will inform the development of plans to increase capacity to widen the range of services and access to services for this client group.

Funding uplift for Alcohol and Drug Partnerships - £1.9m

Mental Health Support
The funding has enabled the service to enhance capacity for those patients hospitalised with COVID-19.

As we develop our knowledge and understanding of the impact of COVID-19, opportunities to fund additional capacity are welcome and enable patients and their families to receive the necessary support to assist in their recovery.

Mental Health Support for those hospitalised with COVID-19 - £0.1m

Perinatal and Infant Mental Health
We have welcomed the recent discussions with the Minister and policy lead and for the support given to the model we wish to implement in Grampian.

We are progressing with the recruitment of the posts, we are establishing a location for outpatient appointments which is in a central and accessible location and co-ordinating the input of the professionals and teams required to ensure that as the enhanced service model is implemented the pathways for patients and referrals are well developed.

Perinatal and Infant Mental Health Services - £1.7m

Appendix 5: Staff Health and Wellbeing

We Care Programme

Staff health and wellbeing remains a key priority for the Board and is overseen by the We Care Programme Board.

Staff Health & Wellbeing Programme

WE CARE ...because you care

Executive Lead: Tom Power **Programme Lead:** Emma Hepburn **Programme Manager:** Laura Kluzniak

Report Date:	30/09/2021
RAG Status:	

Programme Workstreams Progress

Team Recovery & Recuperation

Lead Emma Hepburn – Clinical Psychologist
Emma Condon - Project Co-ordinator

- First meeting held 08 September
- Building capacity initial priority and consideration on how to take this forward - options include Train the Trainer approach with facilitators
- Recovery workshops - being delivered in Elgin for x3 teams, approx. 15 staff in each

Communications & Web Admin

- Social Media Accounts: Twitter / Facebook & Instagram set up in August – Twitter has 178 followers to date
- We Care Wellbeing Wednesday; weekly update on COVID-19 Brief
- We Care NEWSLETTER established – 1st edition shared 08 September – positive feedback to date
- Communication Schedule updated
- Working alongside PH website My Health Workplace www.myhealthyworkplace.net

Personal Resilience & Mental Health

HUGE Thank you to Pauline Gilbert for all her hard work, energy and drive – Pauline has stepped down from her role within We Care & as Cell Lead

Emma Condon - Project Co-ordinator

- Cell has identified 3 priorities going forward cell until 31 March 2022
- Turas We Care page has been developed; Org Dev & Public Health training advertised and bookable on Turas Learn
- 3 staff members from We Care team being trained on use of Turas (EC, KS, IG)
- Psychological Safety workshop developed
- Summary report of training delivered developed - in simple visual format

Next steps:

- Finalise new Wellbeing/Resilience workshop
- Conversations work to be started
- Further work to understand managers needs
- Generic evaluation form developed and will be distributed to training facilitators

Remote & Hybrid Working

Lead Dianne Drysdale – Corporate Sector
Fiona Anderson - Project Co-ordinator

- Cell has identified 3 priorities going forward until 31 March 2022
- Continue to link with high risk (previously shielding) groups
- Attended (remotely) Cultiv8 conference (Europe wide)
- Supporting Marketplace work with provision of information for remote & Hybrid Working
- Attend Smarter Working Project Board

Next Steps:

- Continue with identified work-steams above re Marketplace and Smarter Working

WE CARE ...because you care
Contact us: gram.wecare@nhs.scot
Website: www.nhsgrampian.org/wecare

Healthy Lifestyle Support

Lead Julie Phillips – Public Health
Fiona Anderson - Project Co-ordinator

- Cell has identified 5 priorities going forward until 31 March 2022
- An overall plan was developed over the next 6 months and website My Healthy Workplace updated
- Meeting with sector Healthy Working Lives and linking with We Care co-ordinators
- Linking with Active travel planning and survey

Next Steps:

- Healthy Eating – information and interventions including recipe challenge
- Alcohol 'sobering thought' and various monthly physical activity events
- Carer Positive accreditation Action Plan
- Staff Discount schemes being explored
- Living Wage accreditation plan over next months
- Finance focus re energy changes and smoking

General Updates:

CHARITIES TOGETHER BID:

- Submitted 27th September for £351,288
- Includes bids for: Long Covid, TRiM, Mindfulness, Coaching, VBRP, IT equipment & Project Support

MARKETPLACE:

- VBRP video first draft complete
- OHS, Psychological Resilience Hub and Remote & Hybrid cell videos now being worked up

FEEDBACK PORTAL:

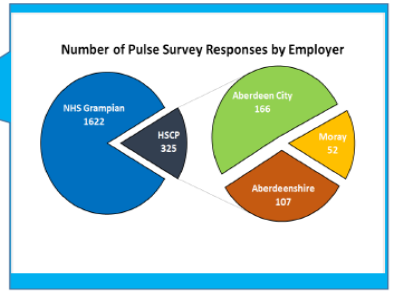
- Anonymous feedback form for staff being well utilised

NEXT STEPS:

- Development of We Care Information Sessions
- Development of Peer Support

Survey & Evaluation: Pulse Survey #2

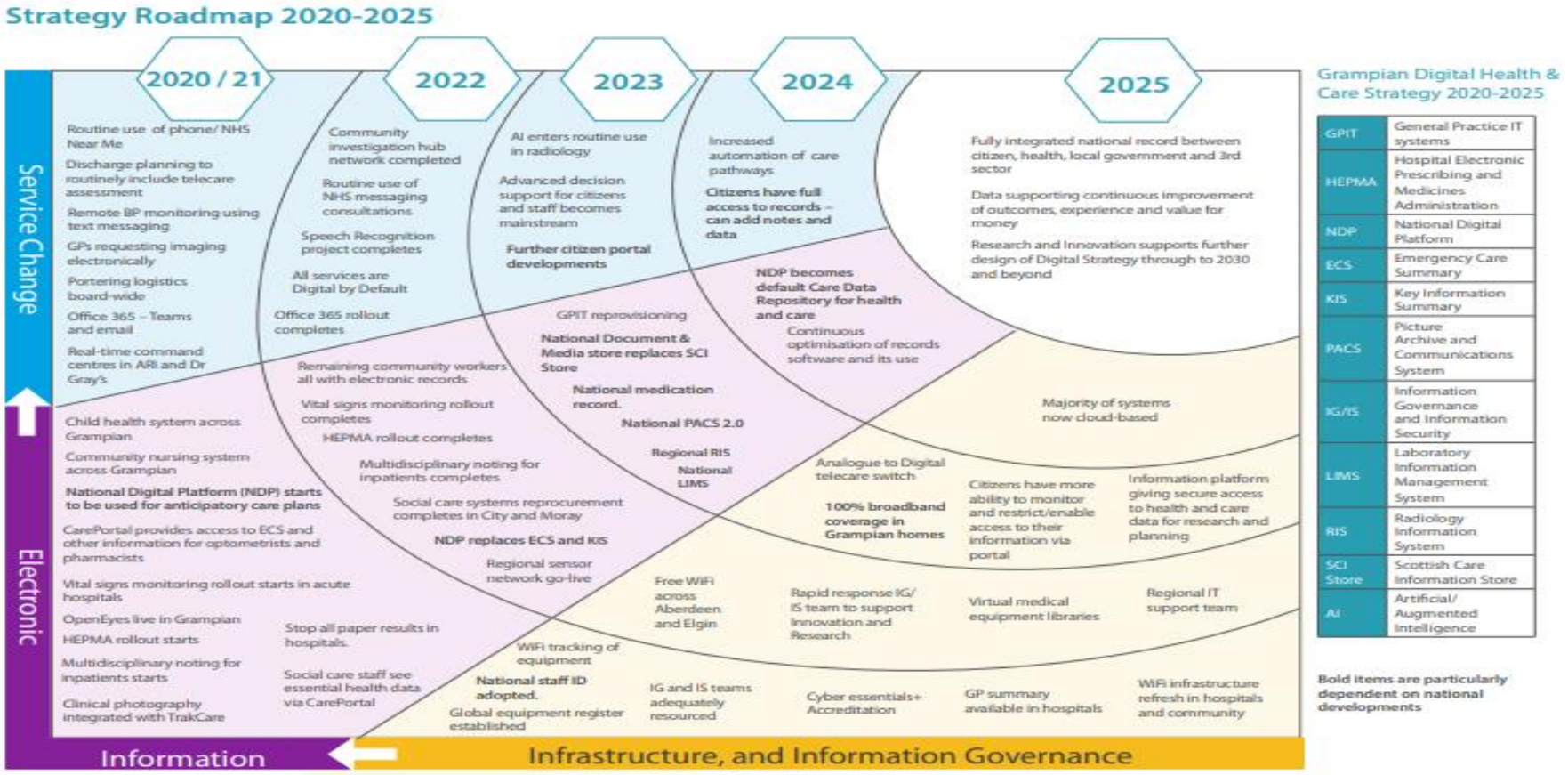
- 1947 health and social care staff completed our August Pulse Survey #2
- This was a 62% increase from Pulse Survey #1 - of these, 1622 staff work in NHS Grampian and 325 in our partnerships
- From the partnerships, we had almost double the number of staff complete our survey from each partnership (107 from Aberdeenshire, 166 from Aberdeen City and 52 from Moray)
- Within NHS Grampian, we increased our number of responses from all areas of work with 21%-125% increase response rates across sectors. Our largest increase percentage wise was in Workforce / People & Culture, which saw more than double the responses. Our biggest area increase in submission numbers was acute which saw a 226 increase in submissions to 741
- Survey #2 had a communication plan to ensure all staff groups were included, this will continue to develop
- Results have been collated and will be shared with staff via our existing We Care communication channels **Thank you to all staff who took part in the survey**



Key Challenges and Risks for the next six months and beyond	Key Priorities for October 2021 – March 2022
Ensuring We Care ethos is experienced by staff We recognise the signals of distress from our workforce gathered via a range of surveys and research. They highlight the challenge of ensuring that We Care is not experienced as detached form the reality of the pressures being faced and the cumulative impact of the pandemic on wellbeing. **Staff engagement:** Effective Staff engagement is therefore imperative to inform the development of the programme, to make We Care meaningful. Good quality engagement will ensure staff have realistic expectations and understanding of We Care, and that it develops with staff needs at the heart. **Supporting effective people management** Beyond We Care, the biggest positive impact will be through supportive line management. Our system leadership team will focus on ensuring that all people managers demonstrate visibility for individuals and teams; provide clarity where possible and ensure effective communication; and prioritise people, including their own self-care. **Longer term sustainability:** Notwithstanding the key role of line managers, We Care has helped bring together and align a range of groups that can contribute to supporting workforce health and wellbeing. Remobilisation presents a challenge to their ongoing involvement. The availability of dedicated staffing for We Care beyond 2021-22 is critical to the spread and scale required for both responding to and recovering from current system pressures. **Monitoring demand and capacity:** There is already some evidence that demand will outstrip the capacity of staff support resources, particularly given additional pressure of the pandemic. Effective use of contingency funding, and additional monies that may be secured via NHS Charities Together may help to mitigate this. We will also continue to engage directly and via professional networks with SG Health Workforce Directorate to contribute to discussions around what national support may help to respond effectively to these demands.	**Health, Safety and Occupational Health** • Continue to monitor and support use of PPE as appropriate to stage of pandemic and policy guidance • Provide Face Fit Testing and Asymptomatic Staff Testing in line with Scottish Government requirements • Complete all planned break and rest area enhancements, including ARI Boardroom and 24/7 Café areas • Maintain timely and equitable access to psychological and counselling support for individuals where appropriate • Provide support for those staff experiencing Long COVID-19 to enable their rehabilitation and safe return to the workplace. • Evidence progress in addressing priority non-COVID-19 health and safety issues across the system **Health and Wellbeing** • Deliver 'We Care' priorities of team recovery support, non-therapeutic support for resilience, home / remote working, healthy lifestyle • Ensure all 1,300 teams have been signposted towards support for recovery, with triage prioritisation in place • Test joint approaches to supporting wellbeing for public and third sector staff in NE Scotland • Complete bid for NHS Charities Together Funding in support of recovery and implement support in line with allocated funding • Develop funding proposal for continuation of enhanced staff health and wellbeing support via 'We Care' during 2022/23

Appendix 6: Digital

Digital Strategy



Current Position, Key Achievements and Learning from April - September 2021

- The significant digital delivery programmes progressed are: Cyber Security, M365, HePMA, EPR, Near Me (Virtual Consultations), Agile/Remote working, ICT infrastructure investment (upgrades and/or new equipment covering network, desktop devices and associated peripherals) and OpenEyes.
- Digitally Enabled Services underpin 24% activities in RMP supporting Surge and Flow, Vaccinations, Contact Tracing, Test and Protect, and Health and Wellbeing.
- 23 milestones completed i.e. assisting with COVID-19 tracking, contractor access to ECS, roll out of Microsoft M365 and Teams, Digital Health and Care Strategy, Test and Protect; 1 duplicate milestone removed.
- Complementing the strategy, the CE Team challenged eHealth to review at pace a vision underpinning our digital ambition. eHealth has developed a digital transformation strategy from an organisational and employee experience perspective called “My Digital Workplace”.
- Major recent upgrades to the following systems during 2021 - PACS V12, Opera V5.6, CHI, Netcall IVR, Telephone Directory (Jul), CHI (Aug), ASSSKINGME live and Swan network bandwidth increased (Sept)

Key Challenges and Risks for the next six months and beyond

- Lack of funding – short-term vs long-term funding to help support the delivery of the Digital Transformation through Digital Strategy
- Ensure appropriate governance, transparency and resources are in place to address demand for digital solutions.
- Conflicting priorities and appropriate stakeholder approvals
- Dependencies on national programmes of work
- NHS Grampian service area/department engagement to support My Digital Workplace and M365 project data migration (Digital Champions and management required)

Key Priorities for October 2021 – March 2022

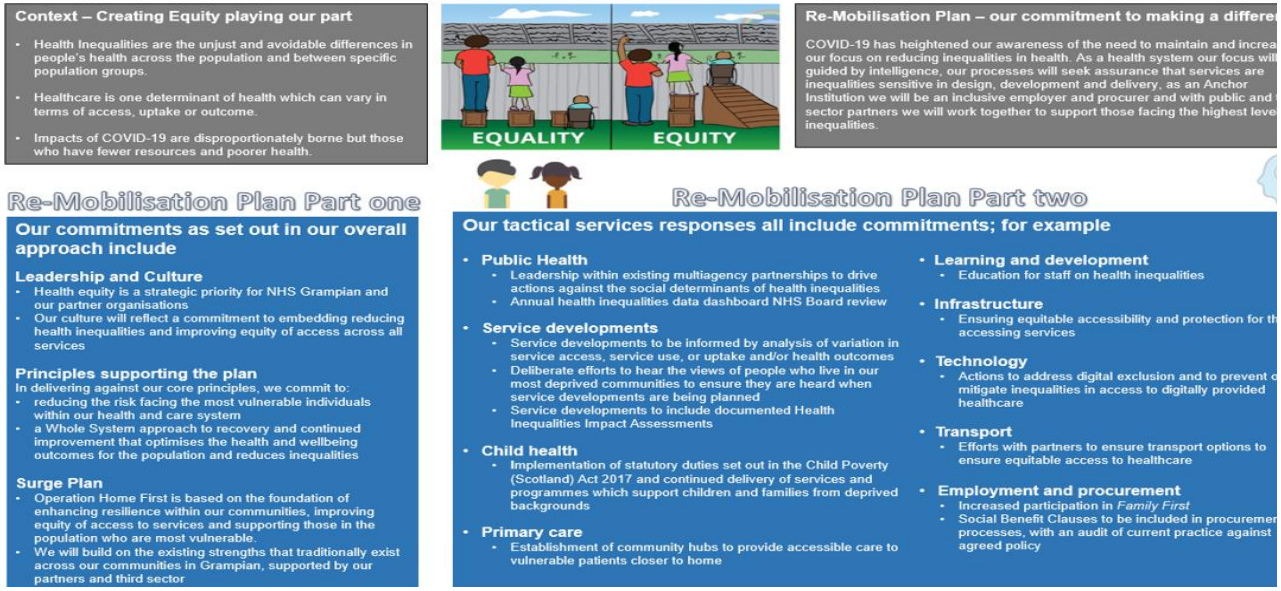
- Key IT infrastructure upgrades covering the City Region Deal fibre upgrade to health sites across the region and upgrade to the core network increasing capacity and availability for digital systems.
- As a pilot Board for the national M365 project, NHS Grampian will migrate all unstructured data into the Microsoft Cloud helping to support My Digital Workplace strategy.
- Regional HEPMA and Pharmacy Stock Control to go live with wards also being provided ‘computers on wheels’ to support the new system aligned to the Digital Ward initiative.

Appendix 7: Improving Population Health & Reducing Health Inequalities

Our Public Health Delivery Plan includes the key actions needed for response, recovery and remobilisation until March 2022. It addresses some of the enduring population health concerns that have intensified during the pandemic, including mental health and wellbeing; child poverty; and the role of place in health, recovery and sustainability. Through our newly formed Population Health Alliance, we will be re-thinking our approach to each of these and how we can make sizable improvements to the lives of people and communities, particularly those who are most disadvantaged.

We remain in COVID-19 response whilst delivering the most essential and statutory functions. However we are planning for the future and galvanising action to prepare for the next phases of the pandemic, including living with COVID-19. Our Test and Protect Health Protection Strategy continues, although there may be changes in emphasis and approach as vaccination coverage increases. We will be building on the success of health intelligence and public health surveillance and gearing our efforts to other infectious diseases most prevalent in winter (e.g. RSV, influenza), long COVID-19 and the wider impacts of population wellbeing.

Our emphasis as set out in RMP3 (summarised below) remains consistent. Our key learnings to date, along with our key focus for October to March 2022 are summarised overleaf.



Current Position and Learning from April - September 2021

Evidence of work to reduce inequalities:

- Income maximisation pilot implemented across Grampian hospitals, aiming to deliver welfare rights/money advice alongside holistic wellbeing support. Early Years Practitioners have continued to deliver the Financial Inclusion Pathway throughout the pandemic.
- Re-start of Childsmile work.
- Targeted breastfeeding peer support work to reduce health inequalities associated with breastfeeding rates.

Response to the recommendations made by the Expert Reference Group on COVID-19 and Ethnicity:

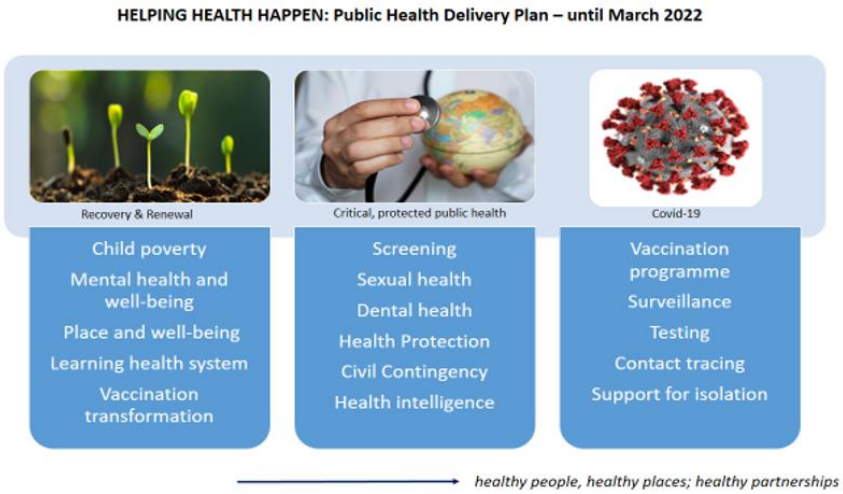
- Governance, assurance and reporting processes have been refined to ensure a robust infrastructure to enable us to respond to inequalities.
- Working closely with Grampian Regional Equality Council and community champions to;
  i. Increase informed uptake of COVID-19 vaccination within priority ethnic populations; and
  ii. Design and disseminate translated/pictorial messages around risk reduction and support to isolate.
- Equality Impact Assessment of services attached to the Diabetes Framework.

Work to significantly improve health ethnicity data:

- Monitoring of SMR00 and SMR01 data continues; demonstrates NHS Grampian is consistently above Scotland average for collecting patient ethnicity data.

Key Challenges and Risks for the next six months and beyond

- Evidence of impact of the Early Years Financial Inclusion Pathway is not known. The DPIA that is required for us to share referral information between NHS Grampian and local identified welfare rights/money advice partners via a dedicated email address was submitted to IG in March 2021.
- Efforts to help us understand our 'system' around child poverty will enable us to align policy areas and identify capacity and realise efficiencies within the system to deliver outcomes. Currently, capacity is challenged.



Key Priorities for October 2021 – March 2022

- Agreed areas of focus on place and wellbeing including our role as an anchor organisation; workforce, procurement and estates.
- Recovery from mental health problems and promoting wellbeing, including targeted interventions to support those with very low levels of wellbeing.
- Agreed areas of focus for children and families; maximise household income, food security and workforce confidence and competence.
- Development of our outcomes framework and robust data and intelligence infrastructure to ensure that our activity is needs led and improvement focused.
- Plans to understand and address any negative impacts on staff with protected characteristics via key actions in the new NHS Grampian Equality, Diversity and Human Rights Policy and an Anti-Racism Policy. Production of an anti-racism video.

Please see the 'Improving Population Health for All' section of the Delivery Plan which details progress to date, risks and key milestones for the next six months.

Appendix 8: Lessons Learned

In developing this updated plan, we have taken account of the recently published Scottish Government Lessons Learnt from the initial health and social care response to COVID-19. In addition, we have also had the governance around our initial response reviewed by internal audit. The combination of these reports and learning from our own experience is being used in terms of planning for future waves of COVID-19 response, on-going recovery and remobilisation, as well as future incident preparedness. Within this section we summarise our response to the high level findings in the Scottish Government report. This focuses on the following eight key actions and three high level lessons included in the Scottish Government report.

Illustration 05 – Eight Key Actions to Consider Going Forward

Three high level key lessons

- The recognition of the importance of multiple stakeholders in any key decisions
- The centrality of digital and data to the provision of health and social care now and in the future
- The changing shape of roles and responsibilities and how teams interact within and across organisations

High Level Lesson 1: The recognition of the importance of multiple stakeholders in any key decisions

The approach and key priorities within this plan have been informed through significant support and engagement from a wide range of partners across the health and care system. It has been based on a shared commitment to learning from experiences during the initial responses to COVID-19 and we are currently building on this as we plan for the next six months, further resurgence of COVID-19, seasonal flu, RSV and other seasonal pressures.

We will continue to build on this collaborative approach with clinical and non-clinical staff, advisory and partnership colleagues, and our partners in the north east, north of Scotland and nationally over the coming months to help further shape and focus this plan based on the emerging learning, experiences and data – we are very conscious that due to the recent resurgence in COVID-19 we have not been able to engage at the level we would aspire to do as staff and partners are rightly focussed on the frontline delivery response.

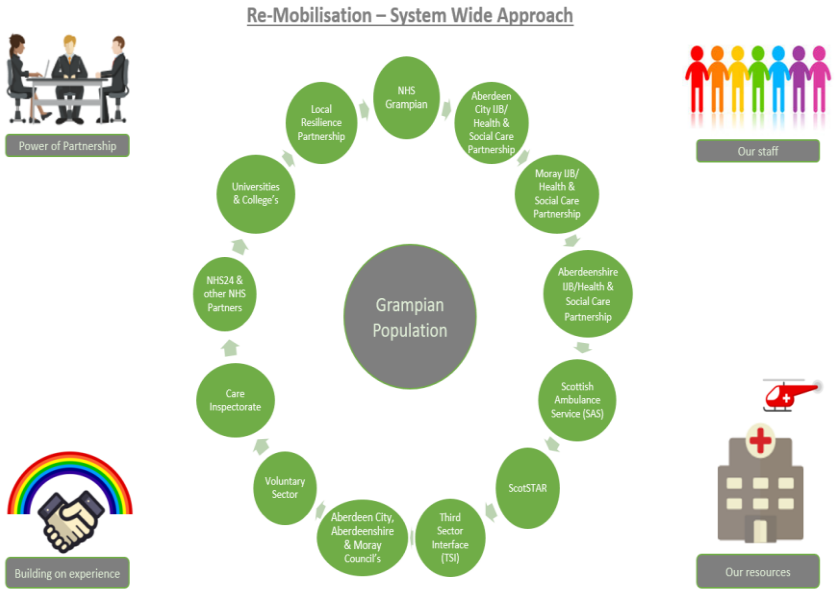
We had the opportunity for a wide stakeholder session prior to submission of RMP3. This highlighted a number of areas for further development - this will be captured in the next version of the plan due early April 2021. In addition to this, during summer 2021, we have had wide public and staff engagement to begin the process of co-producing the development of a refreshed strategic intent.

Consultation and Engagement

This plan is based on ongoing engagement and consultation across our key partners, including:

- Our Board and the three Integration Joint Boards (Aberdeen City, Aberdeenshire and Moray)
- Our system leadership team and system leaders across the north east through a series of facilitated sessions which also included colleagues from the Scottish Ambulance Service, Third Sector and the North of Scotland Planning Group
- The three local authorities - Aberdeen City, Aberdeenshire and Moray
- Area Clinical Forum (ACF), Clinical Board and Area Partnership Forum (APF) representing our professional, advisory and staff side partnership within NHS Grampian
- A series of staff and patient representative focus groups.

We would particularly acknowledge the significant contribution from the three Health and Social Care Partnerships (HSCPs), the three Local Authorities, the Local Resilience Partnership (LRP) and local communities who have provided invaluable support, resources and advice during the COVID-19 response and in our key decision making at all stages.



The NHS Grampian Board approved the 5 year digital strategy to exploit digital technology to improve health and care, enable staff to work to the best of their abilities and support financial sustainability. The goal is to modernise services.

To do this will require universal adoption of electronic records and for relevant information to be accessible to all who need it – citizens, clinicians, care providers and analysts. In turn, those electronic systems need to be safe, secure, accessible and reliable.

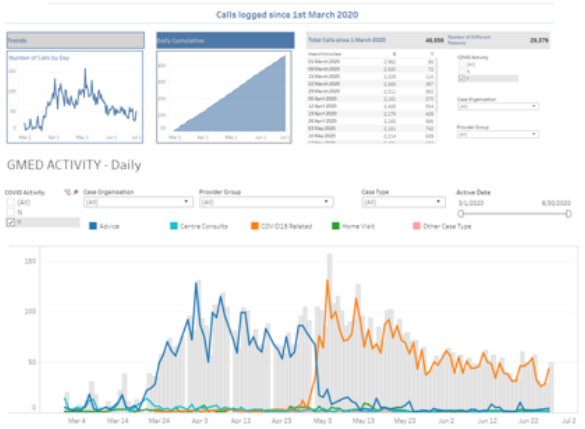
The proposed strategy sets out an opportunity to create a digital and interoperable health and social care system, supporting improvement in the safety, effectiveness, efficiency and citizen-centred nature of the services we offer. Influence the creation of a modern digital environment with H&SCPs, Local Authority and business partners. Governance A Digital Transformation Delivery Group has been established to primarily oversee delivery of a digital vision and 5-year strategy for Grampian to support investment and decision making within an integrated care system and regional alignment framed with partner organisations

Progress of digital developments since February 2020:

	February 2020	February 2021
Number of Near Me consultations (weekly)	≈ 80	≈ 3500
Number of active Near Me service waiting areas	16	≈ 200
Number of laptops issued	2800	≈ 5500
Remote working capacity (Internet circuit) upgrade	100MB	300MB
SWAN VPN licences	0	93 enrolled/in progress, 253 pending
MS Teams accounts setup	0	≈ 23000
Active MS Teams accounts	0	56%

Throughout our response at all stages in the last 18 months data and intelligence has been central to our multi-agency decision making and actions.

1) Keeping vigilant of community activity using local, national & public data



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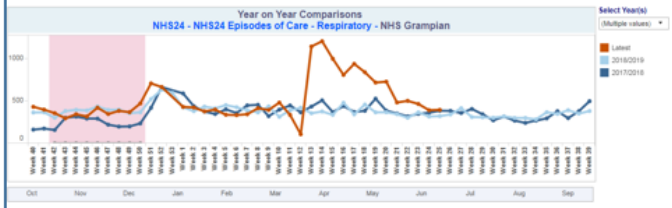
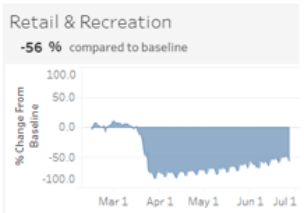
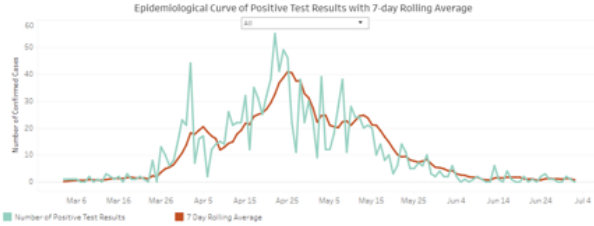


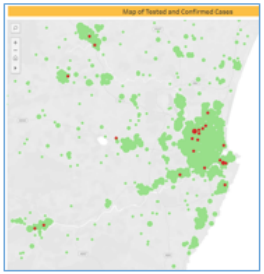
NSS System watch



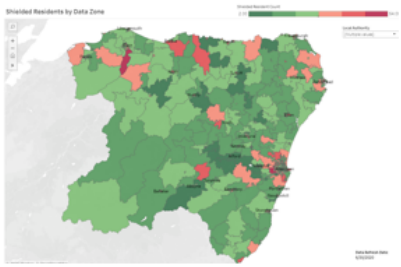
Google activity

2) Monitoring COVID-19 testing across the community…





…being mindful of vulnerable and other groups

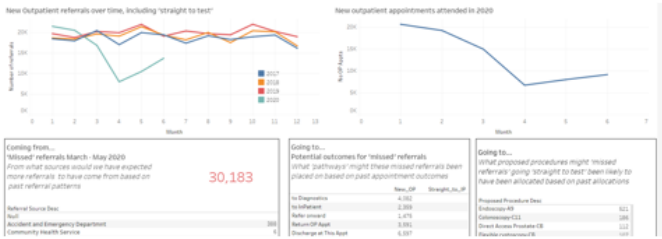


working with IJBs, local councils and within the Aberdeen Centre for Health Data Science.

3) Providing up to the minute data on acute activity

…with an eye on performance

and considering the future…

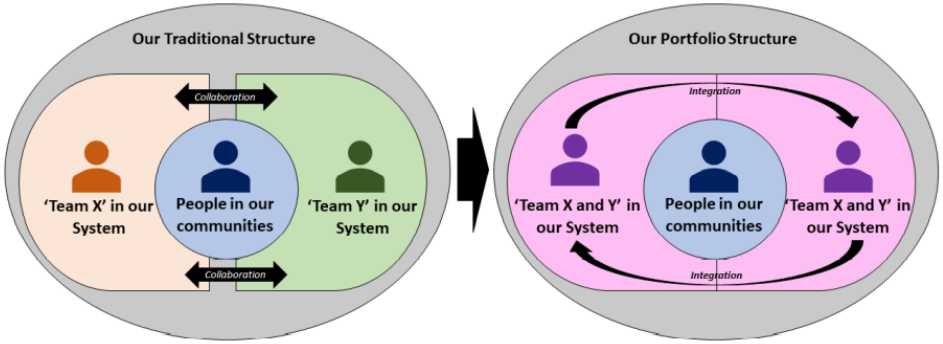


High Level Lesson 3: Changing shape of roles and responsibilities and how teams interact within and across organisations

It has been recognised that some of the complexities and challenges that we are now facing can only be met through a more cohesive response at a systems level. This means working more collaboratively across organisational boundaries to ensure we can care and support our population in a holistic way. The Public Bodies (Joint Working) (Scotland) Act 2014, through the establishment of Health and Social Care Partnerships, has been one such enabler towards closer collaboration between many aspects of our system as a whole. The recent COVID-19 pandemic, a period that has been an undoubted challenge for all, has also demonstrated the opportunities provided by public sector, partners and communities working together. Collectively, this means that:

1) The right environment needs to be created for people to work more-easily in a cross-system way; and
2) That a different style of leadership will be required to enable and support people to work in this way.

In order to create the system leadership required to address the challenges we will face, the NHS Grampian Board, at its meeting in August 2021, approved the development of the Portfolio Management approach. At the beginning of 2021, Grampian had four Chief Officers: three for each Health and Social Care Partnership, and one for the Acute Sector. This model, whilst appropriate at the time, reinforced a structural separation between different parts of our system: one being community-based services, and the other being hospital based services. Understanding that many of our service users require support from several parts of the system, we are taking the opportunity to further integrate how services are planned and delivered, improving the quality of care and ensuring that the system is person-centred. The introduction of Portfolios, to break down silos between community-based services and hospital based services by dispersing accountability to delegated officers, provides a structural enabler to delivering services more cohesively (as illustratively depicted below).



Making changes that transition from our traditional structures are exciting and ahead of the curve, but they require appropriate mitigations put in place to ensure any potential risks are minimised. NHS Grampian has already invested time in developing its Systems Leadership Approach to generate an organisation of system leaders, and this will continue into the future. However, further mechanisms are being implemented to augment our assurance processes, including: Technical Partnership with the Kings Fund – A collaboration with the Kings Fund (a health charity who help shape health and social care policy, practice and NHS leadership development) to further develop our Systems Leadership Approach.

Eight key actions

	Key action	Our response
	Continued acceleration of digitally enabled care transformation	NHS Grampian approved a comprehensive Digital Strategy which sets out how we will accelerate and support transformation of service provision from a patient access, safety and efficiency perspective. This will take account of the supporting requirements regarding investment, staff training and development, redesign and addressing inequalities in access that may arise.
	Adopted solutions to become sustainable	As set out in this plan and will be reflected in the revised Grampian strategy it is our intention to embed a number of the changes made during COVID-19 to adapt services as part of our plan to recover, remobilise and renew e.g. a greater focus on public health, provision of wider range of services in communities and whole system approach to planning and decision making.
	Focus on tasks and competencies not job roles and titles and revise existing workforce plans	Our response to the various situations presented in the last 18 months has been to utilise the skills and expertise across the organisation and to ensure that colleagues with those skills were able to take on responsibilities and new roles. Our new proposed system leadership model is based on continuing with this approach and developing staff to be able to enhance their professional skills, experience and competency to support our operational and strategic ambitions.
	Prevent staff attrition and burnout and improve support for flexible and remote working	The period of response for COVID-19 has been far greater than for the 'normal' contingent events that would present. We will be reviewing our pandemic plans to ensure that the learning from dealing with enduring contingent events is embedded in future planning. Our ability to support a large number of staff to work remotely from home has been a success and we are now developing plans to support hybrid working arrangements as a permanent change to the way we operate.
	Build and adapt new models to deliver healthcare and address backlog	Addressing the backlog in health and social care will present one of the largest challenges for the Board and we are developing a number of options to support recovery which will be dependent on available workforce, funding and infrastructure. We would anticipate the recovery period will be over several years and will require innovative solutions and engagement with our patients and public.
	Increased virtual support at home or in a residential setting	Our digital strategy and revised Grampian strategy will set out our ambition to use new and emerging technologies to change how we deliver and provide access to health and social care.
	Command centres to embed operational management systems for monitoring and managing system capacity and performance	The learning from each COVID-19 response stage has enabled us to develop the required arrangements to enable us to step up and down the contingency levels and implement at pace the required management, reporting and decision making systems to respond to different scenarios. This will be continually reviewed to ensure that it is a key element of our training and development.
	Collaboration and continuity planning across organisations and systems to provide a centralised view	We have well developed and constructive working relationships with our key partners through which we will continue to collaborate and plan for the provision of health and social care. The plan reflects the strength of these local partnerships and the whole system approach we are adopting.

Appendix 9: Dr Gray's Maternity Service and Independent Review

Strategic Context

Dr Gray's Hospital continues to play an essential role in delivering services for the populations of Moray and Grampian. It faces considerable workforce related sustainability challenges and is engaged in a programme of work to determine its future profile of services. There is a specific focus on the need to deliver safe, sustainable maternity services, and since July 2018, the service model has been one described as a 'hybrid' model, with clinical pathways of care for low risk mothers delivered in Dr Gray's and higher risk women travelling to Aberdeen. In addition, NHS Highland agreed that Raigmore Hospital would be the pathway of care for appropriate intrapartum women requiring transfer from Dr Gray's Hospital.

Whilst work progressed to identify an optimal model in terms of safety and sustainability (Phase 1 Plan in Nov 2018, Phase 2 Plan in May 2019), a paper setting out the "hybrid" model based on the Phase 2 plan including identified risks and benefits was discussed at the Board Meeting of 25 June 2019. The Board "Acknowledged the benefits and risks associated with delivering and sustaining the proposed services and supported ongoing assessment to ensure that the proposals can be delivered in a safe and sustainable way". These on-going risks and benefits led to the decision for NHS Grampian to commission an external review which was led by Professor Alan Cameron.

The report of this review was initially received in November 2019 and formally published in December 2019. The findings and recommendations of the external safety review signposted implications for the deliverability of the Phase 2 Plan, outlined in more detail in the advice to the NHS Grampian Board from the Clinical Governance Committee (CGC) in February 2020; notably that "the Phase 2 Plan in its current state cannot be delivered and requires to be modified in collaboration with the North Region Health Boards."

On the 21st February 2020, the position was discussed at the Board Clinical Governance Committee (CGC) meeting and the outcome minuted was: "Committee agreed they were assured approach appropriate, that Phase 2 plan as it stands cannot be delivered, to receive a high level action plan at next meeting 15th May 2020, to include the report along with the CGC Board report".

Work to take this forward was initiated under the banner of Best Start North, a key purpose of which is to 'oversee and direct the development and implementation of a model of care for maternity and neonatal services that operates as a single system across traditional Board boundaries and is sustainable and deliverable in line with the vision and principles of The Best Start: a Five Year Forward Plan for Maternity and Neonatal Services'. With the advent and sustained impact of COVID-19 and the Scottish Government directed reallocation of focus and resources as part of NHS Scotland emergency footing, this plan could not be finalised, nor therefore presented to the CGC or the Board. Although the NHS in Scotland remains on an emergency footing, remobilising Best Start North has been prioritised and actions have been taken to recommence this work in recognition of the impact this unavoidable delay has had on women and families who live in Moray and on NHS Grampian teams who work in maternity services.

Scottish Government Review

As previously advised to the Board, an independent advisory review to describe the best obstetric model that will provide safe, deliverable, sustainable and high quality maternity services for the women and families of Moray was externally commissioned by the Cabinet Secretary for Health. The review is being carried out in partnership with NHS Grampian and led by the Chief Executive of NHS Borders. It is commenced in spring, with a report to be produced in this calendar year. NHS Grampian is fully supportive of this independent review and has supported the work through collaboration and joint planning with Scottish Government colleagues, for example, on communications, and the production of a detailed chronology of events incorporating decision making, documents and communications since July 2018. In addition, senior leadership is providing support to staff impacted by the process of the review; to ensure that there is a range of support options for staff to select a model that feels suitable for them, that these options are well communicated, and that leadership teams monitor the effectiveness of these tools.

Grampian and Highland Maternity and Neonatal Collaboration

In March 2021, the first meeting of the Grampian and Highland Maternity and Neonatal Collaboration was held, and was co-chaired by the NHS Grampian Acute Director of Nursing and Midwifery and NHS Highland Acute Medical Director. This group has been established to collaborate on clinical agreements on intrapartum transfers between Dr Gray's Hospital and Raigmore Hospital. This group brings together the representatives of all professional key stakeholders related to maternity and neonatal service delivery across NHS Grampian and NHS Highland, enabling collaboration to support a culture of shared learning, co-production and excellence in care. Crucially for a model of care in the north of Scotland, this group will map out and agree the clinical care pathway for mothers and babies who will move, between board areas, for maternity and neonatal care.

Best Start North

The key planned outputs from Best Start North incorporated a detailed understanding of maternity services across the North; development and exploration of potential models for the future, i.e. 'the art of the possible', and the production of a clinical strategy that could deliver an optimal model for maternity, neonatal and women's services across the north of Scotland that was safe, sustainable and in line with the principles of 'The Best Start – A Five Year Forward Plan for Maternity and Neonatal Services'.

Stakeholder engagement workshops to develop a shared understanding of services in the north and to develop future models were held in 2020, with later planned actions postponed due to COVID-19. This engagement process has recommenced under the leadership of the Director of Nursing, NHS Shetland. It will not, however, immediately include the planned public engagement tool, as Scottish Government have advised this should not proceed during the period of the external review. Given the inclusion of a greater number of Boards, the scope of Best Start North is wider than the scope of the planned external review described above; however Best Start North will be greatly informed by the outcomes and any recommendations from the Scottish Government review