Borders NHS Board

Meeting Date: 2 July 2020

Approved by:	June Smyth, Director of Strategic Change & Performance
Author:	Joanne Craik, Planning and Performance Officer

COVID-19 RE-MOBILISATION PLAN (RECOVERY) UPDATE

Purpose of Report:

This paper updates NHS Borders Board on the Covid-19 Re-mobilisation (Recovery) Plan, including the underpinning programme plan and progress to date.

Recommendations:

The Board is asked to **note** the update on the Covid-19 Re-mobilisation (Recovery) Plan, including the underpinning programme plan and progress to date.

Approval Pathways:

The paper was considered by the Board Executive Team on the 23rd June 2020. The report is based on the work to date of the Recovery Planning Group.

Executive Summary:

The first iteration of NHS Borders COVID-19 Remobilisation Plan (Recovery) was submitted to the Scottish Government on 25th May 2020. Subsequent, requested information was provided to the government on 11th June.

The virtual Recovery Plan Group (RPG) continues to meet weekly to co-ordinate the recovery response.

The expectation is that NHS Borders will recover its local services in line with the NHS Scotland Framework. Based on information available a local framework is being developed which will set out what we expect from our services in each of the phases. The first draft of this will be shared with the Board prior to the meeting on 2nd July.

The RPG and the business units have been asked to develop plans for service recovery in line with the assumptions, principles and constraints as set out in the first draft of the recovery plan taking account of the local phased framework for recovery.

To date the following key areas of the programme have been considered and the following agreed as a way forward.

- Phase one of the acute services inpatient plan has been approved by the Pandemic Committee (Gold Command) which will implement changes in our inpatient areas to provide at least 2 metres between beds in the majority of ward in the BGH.

- With the agreement of Gold Command the Borders General Hospital (BGH) is working to become an 'Amber' site for all elective surgery. This will provide for designated areas on our acute site to allow separate streaming of proven and suspected COVID-19 patients. All elective surgical patients will be screened and a separate pathway for routine elective patients is being established within the hospital to provide a safe elective surgical ward area.

- The Transport Recovery Plan has been agreed to the end July 2020 in the first instance. An updated Transport Recovery Plan is being produced which will confirm plans to end December 2020.

- For GP services, a range of actions continue to be taken to prevent escalation from level 2 to level 3 (full suspension of services).

- The Clinical Interface Group had its first meeting on 12th June 2020.

- An organisational wide space and staffing audit is underway to establish space requirements to ensure social distancing throughout all NHS Borders clinical and non clinical areas.

It is anticipated that the next iteration of our recovery plan will be due for submission to the Scottish Government in mid July 2020.

The Board is progressing the communication and engagement plan for the recovery plan and feedback will be included within the next iteration of the plan.

Impact of item/issues on:	
Strategic Context	The Board needs to develop a COVID 19 remobilisation Recovery Plan. This needs to be submitted to Scottish Government for consideration.
Patient Safety/Clinical Impact	This will be assessed as part of the detailed recovery plan discussions currently underway.
Staffing/Workforce	This will be assessed as part of the detailed recovery plan discussions currently underway.
Finance/Resources	Work is underway to understand the financial impact of recovery but this is not yet complete.
Risk Implications	This will be assessed as part of the detailed recovery plan discussions currently underway.
Equality and Diversity	A Health Inequality Impact Assessment is being undertaken.
Consultation	Consultation and engagement plan on the Boards' recovery plan and this is being progressed
Glossary	RPG – Recovery Planning Group

Borders NHS Board

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Purpose

This paper updates NHS Borders Board on the COVID-19 Re-mobilsation (Recovery) Plan, including the underpinning programme plan and progress to date.

Background

NHS Borders had its first confirmed COVID-19 case on the 9th March 2020 and its first COVID-19 positive hospital admission on the 16th March 2020. Up to 21st June 2020 there have been 346 positive COVID-19 tests and 39 deaths in hospital with a confirmed COVID-19 positive test. Up to 24th June (latest data available from National Records for Scotland), there had been 69 deaths where COVID-19 had been mentioned on the death certificate. NHS Borders put in place a mobilisation plan to deal with COVID-19 which significantly impacted on how we deliver healthcare to the population of the Borders. The COVID-19 activity levels in NHS Borders has reduced and our focus is now on developing plans to recover and renew services in a safe way for our patients and staff.

The NHS Borders virtual COVID-19 Recovery Plan Group (RPG) was established in April 2020 to provide and co-ordinate a system wide approach to the NHS Borders COVID-19 re-mobilisation. The RPG's membership includes leads from each Clinical Board/Business Unit, (Acute, Primary & Community Services, Mental Health, Learning Disabilities, and Corporate Services). The group also has membership from Adult Social Care, Public Health and Partnership. The RPG reports to the Board Executive Team and the Pandemic Committee (Gold Command), who in turn report to Borders NHS Board. The purpose of RPG is to oversee the development of an integrated Health and Social Care approach to recovery taking into consideration the first wave and potential subsequent waves of the virus.

The first iteration of NHS Borders COVID-19 remobilisation plan (recovery) was submitted to the Interim Chief Executive NHS Scotland on 25th May 2020, a copy of which is attached in **Appendix 1**. NHS Borders discussed the content of the plan with Scottish Government representatives on the 4th June 2020. This was followed up with a written response which NHS Borders received on 5th June 2020 which requested further information and clarity on a number of points in the initial draft. This information was provided on the 11th June 2020.

It is anticipated that an updated version of NHS Borders re-mobilisation plan will be requested by Scottish Government the third week in July in which we will be required to detail service provision between the period July 2020 to March 2021.

A second letter was issued by the Interim Chief Executive of NHS Scotland on 4th June asking that NHS Borders implements recovery "plans to safely and incrementally resume

paused services as quickly as possible while continuing to maintain a COVID-19 capacity and resilience." The remainder of this paper discusses progress to date in implementing our COVID-19 remobilisation (recovery) plan.

Framework for Recovery

At the Pandemic Committee (Gold Command) meeting on 21st May 2020 a set of recommended recovery assumptions, conditions, principles and constraints were approved. These were recommended by the RPG and previously discussed and agreed at the Board Executive Team COVID-19 development day with senior leaders on 19th May. These are our 'Parameters of Recovery' which are in line with the Scottish Governments COVID-19 Framework to *'Respond, Recover and Renew',* and are to be applied when considering the recovery of our services.

The Scottish Government COVID-19 Route-map was launched by Jeane Freeman, MSP/Cabinet Secretary for Health & Sport, within 'Remobilise, Recover, Redesign – The Framework for NHS Scotland'. This sets out the four phases of recovery and what will happen in each of the phases. The timeline for each of these phases will become clear in due course.

The expectation is NHS Borders will recover its local services in line with NHS Scotland Framework. Based on information available a local framework is being developed which will set out what we expect from our services in each of the national phases. This local framework will be shared with the Board prior to the meeting on 2nd July.

Programme Plan

The RPG and the business units have been asked to develop plans for service recovery in line with the assumptions, principles and constraints as set out in the first draft of the recovery plan, taking account of the local phased framework for recovery.

Using this approach a draft programme plan has been created which underpins the recovery plan. This sets out week by week over the next 6 weeks by service area the key critical steps/decision points for recovery and maps the 'interdependencies to support successful delivery. The draft programme plan will be shared with the Board prior to the meeting on 2nd July.

These key critical steps/decision points include:

- Recovery of elective operating, non urgent outpatient services and radiology
- Implementation of the arrangements for the Emergency Department / Acute Assessment Unit / Gynaecology and Surgical Assessment Unit (ED / AAU / GSAU) which considers increases in activity while continuing to deal with COVID-19
- Step up of activity in cancer services and paediatric services
- Revisiting how maternity services and the pregnancy assessment service is delivered, as the service model for these services changed during the initial response phase to the pandemic
- Recovery of primary and community care services which includes reviewing the community hospital bed plan, how AHP services are delivered and exploring the use of community hubs
- Confirmation of how Mental Health outpatient and inpatient services will operate in the future

- Recovery of Learning Disabilities particularly day support services

All of these are underpinned by a number of areas which are fundamental to most if not all of the critical decision points:

- Future bed modelling including the future impact of COVID-19
- The level of general services and IM&T support required to support services to recover
- Appropriate staffing resource
- Adequate space to ensure social distancing throughout all services

Programme Plan Progress

To date the following key areas of the programme have been considered and the following agreed as a way forward:

- Phase one of the acute services inpatient plan has been approved by the Pandemic Committee (Gold Command) which, following advice from Infection Control colleagues, will implement changes in our inpatient areas to provide at least 2 metres between beds. As a result the 6 bedded rooms in the DME, surgery wards and the Medical Assessment Unit will be reduced to 4 beds and palliative care services will return to the Margaret Kerr unit. This has no resource implications. It should be noted that there continues to be 6 bedded rooms in General Medicine wards 5 and 4, and mitigating actions will be put in place to minimise the risk of beds being less that 2 metres apart.

- Where possible there should be physical separation of COVID-19 positive and negative patients and elective surgery should be carried out in COVID-19 free (Green) sites. This is not possible in the Borders General Hospital therefore the ambition is to become an 'Amber' site for all elective surgery as per the Scottish Government Cancer Surgery Framework. This will provide designated areas on our acute site to allow separate streaming of proven/suspected COVID-19 patients from screened routine electives. All elective surgical patients will be screened and a separate pathway for routine elective patients is being established within the hospital to provide a safe elective surgical ward area. In order to deliver post-operative care elective screened patients who require ITU/HDU level care must be separated from unscreened elective, unscheduled and COVID 19 patients. The current ITU infrastructure makes separating elective screened patients unworkable, therefore a number of options are being considered on how to address this.

- The Transport Recovery Plan has been agreed to the end July 2020 in the first instance. This provides patient transport requirements that meet the Scottish Ambulance Service patient needs assessment, planned regular patient transport for dialysis patients and shielding outpatients, planned regular commitments such as tests to NHS Lothian laboratory, patient testing and discharges. An updated Transport Recovery Plan is being produced which will confirm plans to end December 2020.

- For GP services, a range of actions continue to be taken to prevent escalation from level 2 to level 3 (full suspension of services) in collaboration with our GP colleagues. This includes continuing to review all practices escalation status of level 2 on a weekly basis. In line with the ongoing requirements to minimise footfall and reduce the risk of transmission outlined in stage 1 of the Scottish Governments Recovery Roadmap we are not currently recommending any change to the status of practices at this point in time.

- A Clinical Interface Group has been established with the first meeting taking place on 12th June 2020. This includes representation from primary and community, acute, mental health and learning disability services, and will support COVID-19 recovery.

- An organisational wide space and staffing audit is underway to establish space requirements to ensure social distancing throughout all NHS Borders clinical and non clinical areas. A report from this audit is expected to be considered by the RPG on the 29th June.

Risks

As part of the organisations response to COVID a risk register has been developed. The key risks are summarised in **Appendix 2.**

The risk register is reviewed on a weekly basis by Gold Command. In addition the Risk Management Board has undertaken a deep dive into the COVID-19 risk register. Updates on the risks associated with COVID-19 response and recovery will be provided to the Board in future papers.

Next Steps

In line with the programme plan it is anticipated that the following key decisions will be considered in the next 3 weeks:

- Primary care recovery plan
- Community hospital bed plan to take account of social distancing
- A business case for the establishment of a COVID 19 testing team
- A report on how routine outpatient appointments will be stepped up
- The impact of the space audit with recommendations
- Mental health inpatient and outpatient recovery steps including the potential impact of increased referrals
- The remobilisation of radiology services including MRI capacity
- Consideration of a new model for unscheduled care activity

The programme plan will support the next iteration of the NHS Borders COVID-19 Remobilisation Plan (Recovery), due for submission to the Scottish Government the third week in July, which will set out our plans from end July 2020 to end March 2021.

The Board is progressing the communication and engagement plan for the recovery plan and feedback will be included within the next iteration of the plan.

Recovery planning will continue to be informed by discussions across the East region of Scotland to ensure a supportive and consistent approach to our recovery plans.

Summary

The first iteration of NHS Borders COVID-19 Remobilisation Plan (Recovery) was submitted to the Scottish Government on 25th May 2020. Subsequent requested information was provided to the government on 11th June.

The virtual Recovery Plan Group (RPG) continues to meet weekly to co-ordinate the recovery response.

The expectation is NHS Borders will recover its local services in line with NHS Scotland Framework. Based on information available a local framework is being developed which will set out what we expect from our services in each of the phases. The first draft of this will be shared with the Board prior to the meeting on 2nd July.

The RPG and the business units have been asked to develop plans for service recovery in line with the assumptions, principles and constraints as set out in the first draft of the recovery plan taking account of the local phased framework for recovery.

To date the following key areas of the programme have been considered and the following agreed as a way forward:

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- The Transport Recovery Plan has been agreed to the end July 2020 in the first instance. An updated Transport Recovery Plan is being produced which will confirm plans to the end of December 2020.

- For GP services, a range of actions continue to be taken to prevent escalation from level 2 to level 3 (full suspension of services).

- The Clinical Interface Group had its first meeting on 12th June 2020.

- An organisational wide space and staffing audit is underway to establish space requirements to ensure social distancing throughout all NHS Borders clinical and non clinical areas.

It is anticipated the next iteration of our recovery plan will be due for submission to the Scottish Government in mid July 2020.

The Board is progressing the communication and engagement plan for the recovery plan and feedback will be included within the next iteration of the plan.

Recommendation

The Board is asked to **note** the update on the COVID-19 Re-mobilisation (Recovery) Plan, including the underpinning programme plan and progress to date.

Approved by

Name	Designation
June Smyth	Director of Strategic Change & Performance

Author(s)

Name	Designation
Joanne Craik	Planning & Performance Officer

COVID-19
RE-MOBILISATION PLAN: NEXT PHASE OF NHS BORDERS RESPONSE (RECOVERY)

25th May 2020

Draft v1

1. INTRODUCTION

NHS Borders had its first confirmed COVID-19 case on the 9th March 2020 and its first COVID-19 positive hospital admission on the 16th March 2020. Up to 24th May 2020 there have been 322 positive COVID-19 tests and 35 deaths in hospital with a confirmed COVID-19 positive test. Up to 11th May (latest data available from NRS), there had been 54 deaths where COVID-19 had been mentioned on the death certificate. NHS Borders has put in place a mobilisation plan to deal with COVID-19 which also significantly impacts on how we deliver healthcare to the population of the Borders. The COVID-19 activity levels in NHS Borders have reduced in recent weeks and our attention has turned to how we remobilise our services taking into account the ongoing impact of COVID-19. The key elements of the remobilisation in response to the Scottish Government's letter of 14th May letter are set out below. While the initial focus is on early recovery during the the period to the end of July 2020 this also includes early consideration of how we develop plans to renew our services based on the experience of the last 2 months and support the renewal of our local populations' wider health.

2. BACKGROUND

In response to COVID-19 NHS Borders produced a mobilisation plan, the key highlights of which are summarised below:

- Increased capacity
    - Increased ITU capacity from 5 to 19
    - Increased acute bed COVID-19 capacity up to the level of 156
    - Increased social care capacity
    - reduced Delayed Discharges by 60%
- Ensured preparedness for COVID-19
    - Developed COVID-19 modelling tool to inform management of capacity
    - Maximised Oxygen capacity
    - Modelled and sourced appropriate levels of PPE
- Established new services
    - Established a central GP Assessment Hub
    - Established a staff testing facility
    - Rolled out digital platforms
    - Created multi-disciplinary, multi-agency locality hubs involving health, social care and third sector
    - Establishing a clear intermediate care pathway utilising AHP's, hospital to home service "Home First" & bed based intermediate care in 24 hour care settings
    - Established temporary Care Inspectorate Registered Nursing Care Home to support patient flow from the acute setting
    - Established centralised functions including staff accommodation, absence line, transport, redeployment and staff hub
    - Established & implemented a Staff Wellbeing Plan (here4u)

This has had a significant impact on our services, including:

- All GP practices providing services at Level 2 with suspected COVID-19 patients managed through COVID-19 assessment hub
- Reconfiguration of inpatient footprint
- Essential elective surgery (except sendaways to SPIRE)
- Only urgent outpatients undertaken (virtually where possible)
- 42% reduction in ED attendances*
- 41% reduction in emergency admissions
- Restriction of elective surgery to essential activity only (except sendaways to SPIRE)
- Restriction of outpatients to urgent appointments only (virtual consultations where possible)

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- Significant reduced number of delayed discharges & additional nursing/residential/community care.
- Suspension of many corporate services & staff redeployed to support COVID-19. A summary of all the services which have been stood down in anticipation of coping with COVID-19 are detailed in **Appendix 1.**

3. PROCESS TO DEVELOP PLANNING FOR THE NEXT STAGE

The NHS Borders COVID-19 Recovery Plan Group (RPG) has been established to co-ordinate the recovery response to the pandemic. This virtual group meets weekly to provide a system wide approach, with representation from all business units (Acute, Primary & Community Services, Mental Health, Learning Disabilities, and Corporate Services). The group also has membership from Adult Social Care, Scottish Ambulance Service and Public Health. The RPG reports to the Board Pandemic Committee (Gold Command) who in turn report to Borders NHS Board.

As a first step in establishing the key areas of a recovery plan a number of key questions were asked of the recovery leads of each business unit. The questions were set out under the following headings:

- What should we do now to start the recovery process?
- How do we provide health services while we continue to deal with the pandemic/lockdown?
- What has been the impact of lockdown on our services?
- What have we learned from the last month on how we provide services and how we deal with major incidents?
- What has been the impact on our staff from the Pandemic and how do we support them to recover?

Recovery planning has also been informed by discussions across the East region with regional meetings attended by NHS Borders Chief Executive, Medical Director and Lead for COVID-19 Recovery informing our response. The key elements of the regional discussion to date have been included in this response, (see reference below – section 5.1).

4. FOUNDATIONS TO DEVELOP PLANNING FOR THE NEXT STAGE

At the Pandemic Committee meeting on 21st May 2020 a set of recommended assumptions, conditions, principles and constraints from the RPG were agreed. This is in line with the Scottish Governments COVID-19 Framework to *'Respond, Recover and Renew'.* Set out below are the agreed assumptions, conditions, principles and constraints that will underpin and impact on our recovery planning:

Assumptions:

***Respond*:**

- COVID-19 with us for the next 12-18 months
- Services provided in a way to meet circumstances
- Testing & contract tracing is key requirement
- Physical distancing, shielding, isolation & use of PPE will remain
- Agreed COVID-19 surge capacity as per mobilisation plan (Acute 89 - 156 beds/ITU 20 beds) to be reviewed on a regular basis, (subject to reduction of non COVID-19 activity)
- Ability to stand up / down services – ability to surge bed numbers at short notice based on agreed triggers
- Workforce levels & skill set clear
- Mutual aid to partners (regional care homes etc)
- Director of Nursing accountability for provision of leadership and guidance to all Care Homes and care at home.

***Recover*:**

- Identify & agree priority services and patient groups for recovery
- Clinically-led prioritisation for re-establishing services
- Elective patients need to be treated safely in line with national guidelines
- Work in partnership with social work & social care services to engage with elective patients pre-hospital
- Opportunity to address inequalities
- Some services centrally mobilised – staff deployment hub, centrally managed of PPE & Infection Control
- Wellbeing of our staff underpins everything we do – support our staff

Principles to underpin Re-Mobilisation:

- System-wide, safe and person centred services
- Clinical prioritisation
- Agile, flexible and responsive system
- Realistic care provided locally, regionally, nationally as clinically appropriate
- Protecting our workforce
- Digitally enabled
- Data enabled
- Staff (as per standards) & public engaged
- Equity of access
- Human Rights focused responses

Conditions required to support Re-Mobilisation:

- Data Modelling & Information
- Testing Strategy
- Clinical Prioritisation Model & Approach (based on risk)
- Joint working across the whole system
- Development of a Workforce/Resources Strategy/Model
- Expansion of the Digital Platforms
- Clear leadership/Decision making
- Services to respond within stated parameters

High Level Constraints that will impact Re-Mobilisation:

- District General Hospital
- Maintaining management of COVID-19 across the whole health & care system
- Addressing patient and family concerns, maintaining confidence for users of services & supporting attendance/access to services (e.g. shielding patients)
- Undertaking and maintaining public and stakeholder engagement
- Need to maintain physical distancing (Space constraints)
- Workforce - capacity, productivity, absence & wellbeing
- Supply Chain demands (PPE & high usage items)
- IT capacity, infrastructure & cost
- Organisational capacity
- Testing turnaround times & results
- Impact of contact tracing
- Rapidly changing national guidance/requirements
- Legislative requirements
- Financial resources - cost, lost activity & increasing demand, new services, financial turnaround, national funding & Health & Social Care impact

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5. PLANNING FOR THE NEXT PHASE

5.1 BED PLANNING ASSUMPTIONS

Modelling

We established a short-term predictive model early on in the pandemic and this is now updated and published daily. We will continue to use and develop these predictive modelling tools to support the planning and management of demand and capacity during the COVID-19 response.

- We are using the weekly updates of the national modelling to inform our local predictive model. This is updated daily with actual data and provides a 3-week forward projection of expected demand for services against a range of scenarios. We have established trigger points to provide early alerts of potential increases in demand. This is reviewed weekly by Gold Command to agree our ongoing response.
- We continue to integrate additional resource modelling into the overall model and are currently extending its scope to predict staff absence, social care and community resources.
- We are exploring ways of identifying the expected unmet need that may present in more acute presentations as a result of the restriction of routine healthcare activity. This will help plan mobilisation of appropriate resources to meet this demand.

The predictive model has informed planning for COVID-19 contingency beds as outlined below.

Clinical Prioritisation

NHS Borders will follow the clinical prioritisation principles and approach as developed by **Scottish Association of Medical Directors (SAMD) / Scottish Executive Nursing Directors (SEND)** in support of the work to develop the next phase of mobilisation:

- Addressing the needs of the population across physical and mental health through a clear clinical prioritisation process
- Developing a phased approach to the re-introduction of services and care based on need
- Aligning the available capacity recognising the preconditions of the different clinical specialties and the need for social distancing measures within hospitals
- The need for infection prevention and control to be at the forefront of clinical prioritisation
- High volume care as close to home as possible
- Complex low volume work concentrated in a small number of locations at regional and national levels, aligning clinical needs to the available capacity across Scotland.

This approach is detailed in **Appendix 2.**

While individual Board's planning for remobilisation will quite rightly reflect and take account of local conditions including continued response to COVID-19 impact, the East Region Boards have agreed that they will work collaboratively to achieve consistency across the region where possible and appropriate to do so. As future iterations of remobilisation plans are developed, we will continue to try to apply consistency in areas such as pre-admission/pre-attendance preparation and testing; clinical pathways; adoption and deployment of digital technologies; managing unscheduled care, amongst others.

5.2 ACUTE SERVICES

Emergency and Unscheduled Care

We are predicting a return to a full Emergency Department activity by 6th June 2020.

The COVID-19 footprint of Emergency Department (ED) has increased cubicle availability from 13 to 19. Following assumed sustained transmission and the need for new ways of working in the department, the unit has moved to having both suspected COVID-19 and non-COVID-19 patients cared for across the whole department. This extended footprint is required to meet the increase in demand expected as lockdown measures are relaxed ensuring the ED is not overwhelmed. Ambulatory care, which was moved to the ED as part of the initial COVID-19 response, has been moved back out of the ED footprint to free up capacity within the department. Plans to include surgical and gynaecological patients in this footprint, outwith ED, are in early discussion.

The data modelling for the Medical Admission Unit (MAU) indicates the requirement for increased cubicles; the unit is currently working out of 17 bed spaces with a configuration of using the 6 bedded bays as single rooms within this complement. Noting the demand on cubicles, there is work progressing to understand the implications of patients who are shielding, including the possibility of a risk stratification approach to allow for the appropriate cohorting of some patients. Emergency cardiac, cancer and stroke care will continue to be provided. The Borders Stroke Unit reopened last week having previously been incorporated within a mixed medical ward.

A new Acute Bed Plan has been developed that creates sufficient bed capacity for both non COVID-19 and COVID-19 activity. This model assumes the development of enhanced intermediate care in the community and community hospitals flexing their current locality boundaries for admissions. Current active COVID-19 cases in hospital in the Borders are 12, with a further 17 suspected cases. We do not predict an increase in this number before 1st June. Modelling has been completed which suggests 15 – 63 inpatient COVID-19 beds will be required (based on R number varying between current and 1.3). A single 30-bedded COVID-19 ward is being progressed with two further surge wards planned should activity increase as a result of a second peak, creating a potential total of 66 COVID-19 beds. These two surge areas would be delivered through the cessation of routine elective activity, as during our initial response.

Current active COVID-19 cases in ITU is 1 case. We are able to manage one COVID-19 case as an isolation case in our negative pressure room in ITU. Our current arrangements for the management of additional COVID-19 cases would require the release of theatre recovery area. For the next 6-8 weeks, whilst there is no immediate plan for commencing routine surgery, this could be achieved within very short timescale with minimal disruption in the short term to operating capacity. We are exploring options to increase ITU capacity by creating additional negative pressure side rooms in ITU. This would allow for the management of up to 3 COVID-19 patients before requiring to use theatre recovery. This would then reduce the future impact on our routine surgical capacity. Our existing plans for further surge expansion of ITU capacity would allow us to create 19 ventilated ITU spaces within ITU, Recovery and main theatre area with 7 days notice.

Elective Activity

NHS Borders is working on plans to recommence routine elective activity, ensuring the elective pathway is provided in a separate COVID-19 free area within the BGH. This will separate into 2 work streams - 'green' patients and 'blue' patients. The aim of pathway separation is to reduce the risk of nosocomial infection in a relatively at risk patient group. We have made assumptions around the level of separation required based on documentation from NHS England and various Royal Colleges. It would be helpful to have clear and consistent Scottish guidance for the appropriate pre-testing / isolation regimes for all elective patients in Scotland. Calculating resources required and a timeline to achieve this is difficult. Without an increase in resource (both capital and revenue), it is estimated that only 55% of previous levels of elective theatre capacity can be delivered. To achieve this we will need to repurpose already identified spaces for in-patient and surgical areas for screened surgical patients, implement a screening tool including the use of testing and case prioritisation, and separate staffing models for these areas. It is anticipated that this could be delivered in 4 weeks at the earliest.

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Outpatient Services

NHS Borders has managed to maintain a level of urgent outpatient services during COVID-19. Since early May we have increased our capacity for urgent appointments and our plan is to balance urgent demand and capacity by the end of May 2020.

There are a number of factors which will limit the outpatient capacity that can be restarted when Scottish Government relax lockdown measures; PPE restrictions on practice, physicians job planned time for outpatients reduced to support inpatient services, and social distancing impact on waiting areas. Mitigating measures such as a system to call patients from their car is being tested. It is currently thought that 50% of previous levels of routine in-person activity could be brought on line by the middle of July.

The Outpatient Recovery Team has an assessment underway for all specialties that will identify the improvements, quantify demand to telephone, Near Me and face to face consultations moving forward so that appropriate team service plans can be developed. Our assessment includes the status of Opt In, ACRT and PIR in each specialty and where there is further opportunity to focus support. We will consider all aspects of demand management which will include application of the national work on EQiUP. The assessment will be complete by 29th May 2020 and this will inform the development of capacity plans. Capacity plans will take a team approach as well as considering further technology. Administrative waiting list validations are also currently underway with an aim to complete these by 29th June 2020.

Our specialities teams are already delivering routine virtual consultations and aim, at this point, to bring all routine activity online by 6th July 2020. However, the outcome of the service assessments will inform a more detailed plan. It is recognised that our critical success factors in the mobilisation of our services are based on:

- release of medical and nursing workforce from unscheduled care and the local teams are working collaboratively to achieve balance and flexibility;
- collaborative working with our primary and community services and GP colleagues; and
- appropriate space / capacity to comply with social distancing to protect our patients and staff.

Where there are opportunities, we will be looking for support from our National Team colleagues in the development and implementation of plans.

Diagnostics

Capacity plans for urgent upper endoscopy and colonoscopy are being implemented. Whilst we have delivered an urgent service throughout COVID-19, our capacity has reduced with PPE restrictions and a reduction in workforce. We will factor PPE into our plans moving forward. We await national guidance on the restart of screening programmes which will need to be factored in.

Routine radiological investigations can be restarted as soon as lockdown measures are eased, however PPE restrictions will significantly reduce capacity. CT capacity has reduced by 50% of previous levels. A backup scanner is currently being utilised to alleviate some of the pressures of appointing routine work. When routine workload restarts, approximately 80% of previous activity will be feasible.

22 hours per week of MRI capacity has been lost due to enhanced cleaning and PPE, and therefore when routine activity is restarted this will be at significantly reduced levels. There is an opportunity to install the new MRI scanner as a second scanner to mitigate this, however this would have financial consequence out with the funding envelope of NHS Borders and would require an additional funding allocation to support this development.

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Cancer Services

A Cancer Recovery Group has been established to monitor the recovery of cancer pathways. This group will review all tumour groups in light of COVID-19 and those changes that will impact on cancer pathways (for example, 14 days isolation before surgery). Developments such as increased delivery of oral SACT at home will continue. Close regional working is in place to ensure pathways for all Borders residents are managed in a coordinated manner.

All non-cancer urgent inpatients and outpatients referrals are being reviewed by clinical leads to ensure that they are prioritised and patients are seen based on clinical need. A group led by the Hospital Associate Medical Director is currently exploring how decisions will be taken on prioritising between specialties.

NHS Borders recognises the need to consider the impact of mutual aid and regional working. Further discussion on the use of the Golden Jubilee National Hospital is also required.

Maternity Services

Within maternity services our Labour delivery, recovery and post-natal care are taking place within the Labour Ward, which has seen a reduction in length of stay and person centred care has improved. In response to COVID-19, the Pregnancy Assessment Service has been moved to a community outpatient service.

Paediatric Services

Paediatric services are actively using and expanding Near Me and other virtual consultation approaches and plan to maintain this on an ongoing basis. The inpatient paediatric ward relocated during the peak of the pandemic activity. Although it has now returned to its previous location, the service is actively reviewing new ways of managing day cases and the long-term inpatient requirements. The Health Board is currently exploring limiting the number of patients throughout the BGH to better achieve social distancing at ward level; this work may include consideration of the option of displacing the paediatric ward to ensure sufficient inpatient capacity.

5.3 PRIMARY AND COMMUNITY CARE

The NHS Borders Board Executive Team will consider a paper on Tuesday 26 May 2020 which proposes the establishment of a Clinical Interface Group to support COVID-19 recovery. The paper proposes that this will be an agile group with key representatives from the 3 clinical business units with key clinical and operational representatives. This group will report through NHS Borders COVID-19 Recovery Planning Group (RPG) into Gold Command. This group will assist in whole systems clinically led recovery planning.

The majority of Primary & Community services, including General Practice, remain accessible on a reduced basis through the use of remote consultation including telephone triage and the use of Near Me. However face to face appointments continue to occur when required. The exception to this is the dental service where dental practices have all closed, however urgent care centres have been established in line with the national approach.

There are significant constraints associated to General Practice which have reduced capacity by around 50-70% for the following reasons:

1. physical space within GP practices to maintain social distancing meaning that practices can only accommodate a reduced footfall;
2. the requirements surrounding infection prevention and control measures including PPE donning and doffing have almost doubled the time per appointment (75-100%).

It is anticipated that demand will increase further over the coming weeks with a reduction in lockdown measures and a phased return to normality for the public. As a result, NHS Borders is exploring technological packages to assist in reducing minor ailment demand. NHS Borders would support a national approach (e.g. NHS24) to divert the minor ailments demand away from General Practice. NHS Borders will work to develop this further.

In relation to the review of all long term conditions and chronic disease, NHS Borders will continue to work with GP practices to ensure that these patients continue to be reviewed where possible.

COVID-19 suspected patients requiring out of hours primary care review will continue to be managed through the COVID-19 Hub and Assessment Centre for the near future. This has successfully provided high-quality and streamlined care. Activity remains low, however, and we are exploring models for more effective utilisation of this resource. It is challenging to undertake predictions of GP out of hours activity currently whilst the COVID-19 Hubs and Assessment Centres are in place. Demand will be assumed to be at current levels, but will change if there is any change to numbers referred to the COVID-19 Hub.

NHS Borders will work to restart the services specifically noted within the mobilisation letter including diabetic foot and hypertension clinics and adult screening programs, including cervical screening which is delivered within GP practices.

Some of the other screening programmes are being progressed by Public Health as detailed below.

Whilst referrals to Secondary Care have reduced, Primary care continues to refer to Secondary Care. The reduction is a result of reduced footfall in GP practices rather than any rationing of access.

Anticipatory care planning is ongoing and continues to be delivered by GPs' however NHS Borders will work to further support this process through the consideration of using nursing staff to assist. We will continue to to follow Scottish Government guidance regarding GP input into care homes.

NHS Borders is considering the development of Near Me pods in the Community Hospitals and the Scottish Borders Council estate, potentially including the Community Hospitals and the Scottish Borders Council Community Assistance Hubs. These Pods will open up access to Near Me locally, for those who do not have compatible hardware or access to the internet, and will assist in the reduction of physical footfall of patients requiring a consultation from across Primary care, Community services, Secondary Care and Mental Health/Learning Disability Services.

NHS Borders has developed a Primary and Community Services COVID-19 Silver Response group, who as part of their remit respond operationally to COVID-19 across all or our Primary & Community & Services, assess the day to day capacity and capability of the workforce, assess risks and issues, and provide assistance where necessary. This group reports into the NHS Borders Gold Command and escalates accordingly.

NHS Borders is starting to consider the future of community hubs and treatment centres with reference to the Primary Care Improvement Plan and requirement for ongoing redesign of community services including the 'community front door' to better ensure that demand is managed as locally as possible. This work will commence in the next two months.

Primary Care services in NHS Borders have enhanced access to diagnostic interventions which assist in the assessment required to decide on whether an urgent cancer referral is required. We are considering the expansion of virtual MDTs between Primary and Secondary Care which include the patient using Near Me technology, as have already been in place.

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The delivery of a flu vaccination programme this year will be more challenging as it is expected that there will be greater demand for the vaccination, and due to social distancing in the context of the General Practice estate, and PPE requirements, we will need to consider the use of other facilities (e.g. Sports Halls, drive through facilities), and additional staff to support delivery of the vaccination programme. At this stage, we are exploring the practice of other countries including the developed practice in Australia, which will commence shortly and conclude by the end of August prior to the anticipated roll out of the flu vaccine.

We are working closely with community healthcare teams to support resilience during this phase of COVID-19 and exploring new models of care to prevent admission and support discharge as part of planning for renewal of services.

5.4 WIDER COMMUNITY SERVICES

Optometry

Community Optometrists are following Scottish Government guidance and continue to triage and consult with patients by telephone and onward refer where necessary. Patients are not currently being directly seen in the community due to PPE provision and disposal considerations.

NHS Borders have established an Emergency Eyecare Treatment Centre within NHS Borders Eye Centre where and all sight threatening emergencies and non sight threatening urgent cases are referred directly from community optometrists.

The EETC has Optometric and Medical cover to ensure that patients are given access to the appropriate level of care and this service can be scaled up as required to support Community Optometrists.

Dentistry

All dental practices are currently closed. Urgent dental problems continue to be managed in line with national guidance including telephone triage from all dental practices in the Scottish Borders. All urgent dental care is provided within urgent dental care centres (UDCCs). Based on the directive to increase activity within UDCCs, we are planning the operational requirements for an increase in throughput including aerosol generating procedures within UDCCs. In addition to extending throughput within existing UDCCs, we anticipate opening an additional UDCC to support an increased capacity for delivery of urgent dental care. Increase in throughput within UDCCs is scheduled to commence Monday 25th May 2020.

The Board will work towards re-opening NHS GDS practices in line with direction from the Chief Dental Officer and Scottish Government.

The Public Dental Service (PDS) core activity and all patient/public facing dental public health improvement programmes are currently paused. Re-mobilisation of these services will be led by national guidance for dental public health programmes and recovery of PDS core activity is dependent on the re-opening of dental practices.

Pharmacy

As a board the pharmacotherapy team working in GP practices are taking forward serial prescriptions with practices, supported by Community Pharmacy Borders and NHS Borders Primary Care Pharmacy Teams. All 23 GP practices are issuing serial prescriptions and in the last 4 weeks compared to this time last year the number of scripts issued has increased by 46%.

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The National Roll out of Pharmacy First was due to start around 23rd April however this was delayed and we await a launch date from the Scottish Government. We will support the roll out of this once we have further information. As a board we are working with colleagues around Scotland to finalise the Pharmacy First Formulary of products that can be supplied.

5.5 MENTAL HEALTH SERVICES

Community Mental Health Teams

Adult Community Mental Health Teams (CMHT) in response to COVID-19 prioritised the existing caseload on a Red, Amber, Green (RAG) status based on clinical presentation and clinical risk. Priority was given to those patients identified as Red or Amber with a "holding position" to those assessed as Green. Child and Adolescent Mental Health Service (CAMHS) and Mental Health Older Adult Service (MHOAS) implemented the same process, including the Post Diagnostic Service (PDS) and the Care Home Community Assessment Team (CHCAT). Borders Addiction Service (BAS) were able to sustain their existing caseload and maintain the 3 week RTT HEAT Standard. The Community Rehabilitation Service (CRT) also sustained contact with their existing caseload. Where appropriate community teams have adapted their processes to ensure a dynamic and timely response to new referrals ensuring management of cases according to clinical priority.

The next phase will involve all Community Mental Health Teams progressing reviewing and managing **all** appropriate mental health referrals and existing caseloads. This includes Child and Adolescent Mental Health Service (CAMHS), Borders Addictions Service (BAS), Adult Community Mental Health Team (CMHT), Community Rehabilitation Team (CRT) and Mental Health Older Adult Service (MHOAS) including Post Diagnostic Support (PDS) and Care Home Community Assessment Team (CHCAT).

Team managers with support from the MDT will review all patients identified as green within the service by the 1st June 2020. Dependant on review, patients will be provided with ongoing support and treatment or discharged from service with relevant signposting and advice. Teams will consider, as part of their detailed recovery plans, what processes and resource will support the assessment and management of new and existing cases going forward.

Children & Adolescent Mental Health Services (CAMHS)

NHS Borders performance against the National HEAT standards relating to waiting times (CAMHS, Psychological Therapy and BAS) has declined due to COVID-19. The CAMHS service will continue to provide effective assessment and intervention using innovative approaches where needed.

The CAMHS service plans to return to normalising the management of waiting lists using Near Me or telephone consultations. Innovative approaches will be considered for more complex assessments.

The CAMHS Clinical leads and management plan to return to Standard Operating Procedures for the management of waiting times and data relating to CAMHS 18 week RTT and Psychological therapies by 1st July 2020. Prioritising progression and implementation of EMIS reporting for waiting times will be by 1st August 2020.

The multi-disciplinary team of senior CAMHS clinicians will triage the current waiting list by 30th June 2020. As far as possible, and in line with clinical priority, Borders-wide cases will be treated in turn, rather than by geographical split to ensure patients and families receive a responsive service. It is anticipated this can be delivered by 30th June 2020.

The Local Child and Adolescent Mental Health Task Force Steering group stopped in relation to COVID-19 as did work related to reviewing the Mental Health CAMHS national specification standards. The Child and

Adolescent Mental Health Local Task force steering group plans to reconvene and progress associated actions. The review of Mental Health CAMHS national specification standards will be reinstated. The Child and Adolescent Mental Health Local Task force steering group will reconvene by 1st July 2020. Clinical leads and managers within CAMHS will reinstate the review of the national standards and associated action tracker by 1st July 2020.

Psychological Therapies

Solutions for delivering group interventions and increasing access to psychological therapies are actively being considered to return the delivery of psychological therapies within all mental health clinical areas.

Clinical Psychologists will review all patients waiting on psychological waiting list to ascertain who Near Me or telephone contact will be suitable for and existing patients will recommence psychological therapy by 1st July 2020.

In-patient Mental Health Services

In response to COVID-19, the process for admission to In-patient Mental Health Wards was adjusted to reduce risks of infection – every potential admission is required to be discussed with the Consultant Psychiatrist covering the geographical area within the hours of 9am – 5pm. Out of Hours admissions are discussed with the Consultant Psychiatrist on call. As the service moves into the next phase this process will remain in place.

The Lindean Ward (for functional older adults) temporarily moved and integrated into Huntlyburn Ward (adult acute Inpatient ward) to support COVID-19 response within the acute hospital. The Lindean Ward has returned to their clinical area.

The In-patient alcohol detox service was temporarily suspended and a higher threshold for admission implemented. The service plans to reinstate admissions of patients who are assessed and require In-patient alcohol detoxification.

The In-patient wards will continue to function in response to COVID-19 with each In-patient areas having a specified Standard Operating Procedure to manage specific challenges faced within these settings, i.e. Huntlyburn Ward/Melburn Lodge have the option to segregate the ward to manage new admissions or those suspected or confirmed COVID-19 positive. East Brig/Lindean will support patients individually and within their own bedroom area. These in-patient areas are testing patients over 70.

These current changes in practice will remain in place for the foreseeable future and will be subject to change based on government advice regarding lockdown and social distancing measures.

All mental health wards are continuing to apply best practice guidelines cited by The Mental Welfare Commission, the Mental Health (care and treatment) (Scotland) Act 2003, The Adults with Incapacity Scotland Act 2000 and associated guiding principles identified by the Scottish Minister for Mental Health.

Crisis Service

The Crisis Service included crisis response being undertaken within the adult CMHT to allow a robust out of hours service (OHH) to support mental health presentations via NHS 24, reducing presentations to the Emergency Department and supporting OOH GP services to allow full capacity to respond to COVID-19 related presentations.

Moving to the next phase, the aim is to provide a mental health service that adapts to and meets the needs of the patient population of the Scottish Borders including crisis and OOH response.

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The service will review processes and governance of in-hours/OOH crisis response to patients. They will establish positives and negatives of the temporary changes, bearing in mind the clinical presentation landscape with a view to implementing an effective and resilient service going forward. Collaborative change management processes will be ensured and followed for any permanent change to the service by 1st August 2020.

Adult day Service

Gala Resource Centre (GRC) closed when national social distancing measures were applied and alternative support arrangements were implemented where possible to ensure any essential short term needs were being met. The aim is to return GRC to a level of functioning that meets the needs of the patients that use the service. The service will review GRCs core function and remit based on the position of sustained transmission and maintaining social distancing measures by the 1st July 2020. This will be influenced by the developing national advice and guidelines that will be developed as we emerge from the pandemic. We will ensure collaborative change management processes are followed for any permanent change to services.

Mental Health Primary Care Service

The Wellbeing Plus service has been implemented to temporarily support COVID-19 related distress referrals from Primary care GP practices. There is a need to review this service and to consider how to manage the anticipated increase in mental health presentations within Primary Care. This will require collaborative working with GP practices and other providers of mental health support to patients within Primary Care, e.g. Recovery College, LACS, CLW's, Distress Brief Intervention (DBI) and the Well Being service.

A medium-term service to patients presenting with mental ill health within Primary care services will be established utilising the range of supports available, i.e. on-line resources, DBI, LACS and the Wellbeing Service. The Head of Psychology and General Manager will liaise with all stakeholders to establish a pathway and delivery model with sufficient surge capacity by 31st July 2020 (this will require the agreement and funding from the PCIP).

Digital services infrastructure

The Community teams have had to change the way in which they support patients related to social distancing measures, including mental health assessment and ongoing support. All mental health patients have access to timely assessments and appointments from community mental health services with the use of Near Me video conferencing.

All community mental health teams now have access to the facility Near Me and the aim is to fully implement by 1st June 2020. Community mental health teams will have access to GP practices/health premises across the Scottish Borders to enable Near Me video conferencing and provide face to face appointments if deemed necessary.

Medical Staffing

A variety of medical staffing changes were undertaken in order to support the overall response to the COVID-19 pandemic. This included removal of junior medical staff from the out of hours mental health rota in readiness for redeployment to the acute and primary care settings, realignment of medical time to focus on areas of need (such as increased time within Borders Addiction Service and Liaison Psychiatry within the general hospital) and areas of clinical responsibility.

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The nature and priority status of clinical presentations has changed and future trajectory anticipated to present further challenges. Further adaptation of services and the medical resource to those is likely to be needed going forward including some additional resource requirement. This will included the return of staff redeployed as appropriate, e.g. from GP hub to support remobilisation.

Junior medical staff partial return to out of hours rota is complete. Full resourcing of the rota is anticipated at the new changeover in August 2020 though this is dependent on full time/other working patterns of new trainees. It is anticipated that additional resource to inpatient unit will be required in the medium term, allowing more senior medical time focussed within the Addictions Service. Recruitment to key consultant and substantive middle-grade posts will continue. Medical staff in collaboration with the AMD will continue to flexibly adapt their areas of clinical responsibility where safe and appropriate to do so in order to meet the changing pattern of clinical need and impacts of the COVID-19 pandemic.

A Mental Health Improvement and Suicide Prevention sub-group reports to the Mental Health and Wellbeing Board. This group has an active three month work plan in response to the COVID-19 crisis. A current survey of members will inform future planning for the group.

5.6 LEARNING DISABILITY (LD) SERVICE

The learning disability service are currently forming a detailed action plan involving the full MDT across a number of work streams. Highlights are detailed below:

- Standard operating procedure is being drawn up to manage referrals, waiting times and caseloads through COVID-19 and in the medium term.
- Consultations will continue to be non face to face as far as possible.
- Increased access to and use of Near Me for meetings and consultations with people with learning disabilities across the LD service (health and social care).
- Priority being given to exploring how to open up some day support services and respite and short breaks – increased awareness of family carers and people with LD starting to struggle with the locked down position.
- Continuing to track progress of young people in Transition into adult services.
- Continuing to progress set up of Shared Lives Service – starting with young people.

The Learning Disability Service will continue to support some people with learning disabilities accessing primary care services where necessary. We will monitor access issues, e.g. technology, physical spaces and social distancing. Currently, there is limited access to clinic space for Near Me appointments and this is actively being explored.

For wider community services the Local Area Co-ordination Team has plans to engage with community services as they unlock. With social distancing continuing for some time, we will explore ways with service users to access appropriately. Detailed action planning is taking place. Opening up of Housing and construction services is awaited to progress housing projects linked to the Learning Disability Service for specific accommodation needs.

To support clients with mental health, detailed recovery /mobilisation planning is taking place.

Cancer screening development is on hold in line with national programmes.

Fortnightly forums with commissioned services are taking place via Microsoft Teams. The service is working closely with, and support being given to, Commissioned service providers as required. Learning Disabilities nursing supported some providers with nursing staff in place during the peak of the COVID-19 staffing crisis. Some AHP's redeployed into NHS Borders have now returned.

To ensure our Learning Disabilities plans are robust and informed:

- Detailed planning is on-going within the learning disability service and conversations have opened up with commissioned service providers.
- Currently exploring how to ensure the voice of supported people and carers are heard in the planning of all recovery/mobilisation.
- The learning disability service's governance of these action plans is through the LDS management structure and through the NHS Borders Recovery oversight group.
- LDS governance meetings are being reinstated.
- LDS service will engage with other boards within NHS Borders to raise any concerns around equity of access to people with learning disabilities.

5.7 CORPORATE SERVICES

Corporate Services have supported the response to COVID-19 across the organisation and this has led to the deployment of some staff to other areas. As these services plan for the recovery phase, they are considering what COVID-19 services they will need to continue supporting whilst re-starting relevant functions which have been stood down. These include as well as others IM&T, performance reporting, workforce and training. Detailed plans will be developed during June.

Public Health is key to responding to the pandemic and supporting our recovery in this period. Local capacity for Health Protection has been strengthened through redeployment, however, is expected to require enhanced capacity over the next period. In addition, the organisation will require to support new functions and increasing levels of staffing for testing, contact tracing and support to Care Homes.

The impact of COVID-19 on health inequalities is emerging: direct impact from infection on those who are more socio-economically deprived and vulnerable and indirectly from the social distancing response on incomes, the mental and physical health impacts of social isolation, and the disruption to essential services and education. These impacts are likely to be borne disproportionately by people who already have fewer resources and poorer health. There is therefore a need to retain a strong focus on prioritising whole system preventative population health approaches to mitigate inequalities.

NHS Borders has established a local COVID-19 testing facility based at the BGH serving to support business continuity of Health, Social Care and Critical Services. It is expected to change depending on changing risk assessment/ national guidance, including introduction of contact tracing. The availability and timeliness of this testing service is subject to laboratory and staff capacity.

NHS Borders COVID-19 Testing Team are increasing the current staff capacity to allow us to respond to the testing demand from satellite site testing in response to any outbreak where health care staff and patient testing is deemed a priority. In addition, increasing access to testing has also been achieved by providing transport for those staff who are unable to come into the Borders General Hospital testing centre on their own. NHS Borders are constantly reviewing and making changes to how we test for COVID-19 in line with Government recommendations.

As part of the national COVID-19 Test, Trace, Isolate, Support Strategy (Test & Protect), announced by the Scottish Government at the beginning of May, all territorial boards in Scotland have been asked to establish and deliver a local Contact Tracing Service. This work is underway in NHS Borders.

Locally, a team of Case Interviewers and Contact Tracers is being established with existing members of staff from across the organisation who are being trained. This is being led by the local Public Health Team. This local service will be operational from the 25th May 2020. The capacity of this service will be increased over the coming weeks and the service developed in line with national guidance / developments.

At the outset of the COVID-19 pandemic, services faced an immediate challenge that patients who required transport and were known or suspected COVID-19 positive could only be safely transported in vehicles with bulkheads. This restricted transport to emergency ambulances only. This rapidly proved to be a major risk in the discharge and movement of patients.

Subsequently other additional transport requirements were identified:

1. An immediate need to provide specific and dedicated transport for patients with known or suspected COVID-19. These patients could not be transported in normal SAS vehicles, taxis or other transport arrangements.
2. The need to provide safe and appropriate transport for patients who do not have COVID-19. This includes suitable social distancing in vehicles.
3. Replacement transport services where providers are no longer able to operate (e.g. volunteer drivers for dialysis patients).
4. Specific transport requirement for transport for people unable to make own arrangements to COVID-19 Assessment Centre, Emergency eye and dental services.
5. New transport demand created as a result of COVID-19 response (e.g. additional lab runs, home swabbing etc).

A Transport Hub has been established to ensure all patients have access to appropriate transport services.

As normal activity starts to resume, transport services will be affected. Capacity within Scottish Ambulance Service vehicles will be reduced by an estimated 50% and provision for shielding patients who would otherwise have made their own transport arrangements will need to be established. This will require NHS Borders to establish and fund transport arrangements at additional cost that would not normally be part of their remit or planning assumptions.

A Transport Recovery plan to end July has been developed in conjunction with partner organisations (SAS, Lothian Flow Centre) and a review of this is being taken forward – **Appendix 3.**

6. NATIONAL PROGRAMMES:

All screening programmes are paused, with the exception of pregnancy and newborn.

NHS Borders is considering its recovery plans in conjunction with NSS to provide a view on the local capacity that is available to enable the breast, bowel, cervical, diabetic, retinopathy and abdominal aortic aneurysm screening programmes to be safely restarted.

It has been agreed nationally that screening programmes that have been paused will recommence as soon as it is established safe to do so and this will be based on the evidence received on the progress of COVID-19 within the population. There is currently not a confirmed date for recommencing these programmes.

The one stop Breast clinic is in operation with reduced numbers following a reduction in referrals. Routine follow up patients are on hold but will be appointed as soon as lockdown measures are eased".

NHS Borders are continuing to, where possible, assess infertility patients by phone and refer to IVF where eligible. IVF is not carried out in NHS Borders, individuals are referred to Edinburgh and NHS Lothian are in the process of re-opening their service again. There will inevitably be increased times to treatment due to the backlog caused by COVID-19, but perhaps also by the need for social distancing in the unit.

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7. SUPPORTING DELIVERY

Our daily top up and stock management systems are now in place and function across Acute, Community and Mental health teams, and our local PPE Committee has been established and is meeting regularly to discuss operational issues and personnel protection requirements. Our Social Care colleagues are included in this process.

Eye protection continues to be our area of particular local challenge and we are work closely with staff and Infection Control teams to ensure safe, consistent and sustainable guidance is given to clinical teams in the use of available equipment. There is likely to be an ongoing requirement for training and education of our staff as the level of risk and PPE guidance changes in response.

Scottish Borders Council continues to overseeing the distribution of PPE to both its own care services as well as to external care providers. This work covers both residential care and home care. The voluntary sector is also being supported through the provision of their PPE.

NHS Borders is working closely with NSS on the acquisition, use and deployment of PPE including on local storage and stock activity to ensure we have adequate stock of PPE.

We are participating in the national data modelling requirements for PPE. This is a weekly process and includes additional PPE requirements associated with recovery of any service. A process has been set up to ensure supplies including PPE is incorporated into recovery plans for each service, with assurance of adequate supplies being a core requirement for service recovery plans.

8. ENSURING PLANS ARE ROBUST AND INFORMED

Working in Partnership

We recognise the importance of working closely with, and including, staff side and unions in the development our recovery plans. We have Partnership representation on the NHS Borders Recovery Plan Group (RPG).

The NHS Borders Medical Director, Director of Nursing & Midwifery and Acute Services, and Director of Public Health continue to contribute to our progressing plans. A Board Executive Team (BET) Development Day took place on 25th May 2020 with attendance from the full BET Team and senior management from across our Clinical Boards / Business Units to discuss and agree our recovery assumptions, conditions, principles and constraints, and discuss lessons learned in the last 2 months.

We are sharing our next phase plans with the Area Partnership Forum, General Practice and the Area Medical Committee and our plans will be updated accordingly to ensure they fit with their requirements.

It is crucial that there is shared ownership across our Health Board, Local Authority and IJB, and whilst we have not had the opportunity to link with them to date as events are moving so quickly, we will ensure that our plans are co-produced with them. We have local authority representatives on our Recovery Plan Group (RPG) who are supportive of our plans to date.

Staff Well-being

Staff Wellbeing is a priority within NHS Borders and we are committed to looking after our staff while they look after our patients.

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The Psychological Wellness Hub within the Work and Wellbeing Department, which is led by NHS Borders Psychological Services, provides ongoing support to staff. The Staff Wellbeing Plan (practical support) is attached at **Appendix 4.**

We are also launching a programme – Collecting Your Voices – to capture and share the experiences of staff during the COVID-19 pandemic. This seeks to acknowledge the challenges and positives experienced by staff, to support staff and services to build personal resilience and new ways of working and to develop with staff an enduring memory of their experiences during this time.

Financial Consequences

The financial impact of remobilisation is currently being quantified. As well as a number of one off costs the ongoing impact of COVID-19 will result in a requirement for recurring financial investment. This is being highlighted as a key issue at this point.

National Messaging

Some of the proposals in these initial and subsequent plans, seek to build on the positive changes implemented over the last few months in delivering health and care services – changes in the way we manage access to urgent and unplanned care, directing patients to the most appropriate health professional, and reducing the need for face to face consultations in primary and secondary care. In the forthcoming weeks patients and public will need to adapt and comply with these changes and essential safety measures such as self-isolation and pre-admission testing, social distancing measures and reduced access to hospitals for visiting.

In order to support and consolidate these changes we will require strong and consistent national messaging to patients, carers and the wider public, led by and fully supported by Scottish Government. We have a unique opportunity to influence and direct important changes in the health and care system at this point that will deliver significant long term benefits to the NHS and the population.

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APPENDICIES

- **Appendix 1 - Services Stood Down:**

Appendix 1_
Services Stood Down

- **Appendix 2 - Clinical Prioritisation – SAMD / SEND:**

Appendix 2_Clinical
Prioritisation_SAMD_

- **Appendix 3 – Transport Recovery Plan**

Appendix 3 - Patient
Transport Recovery P

- **Appendix 4 - Staff Wellbeing Plan:**

Appendix 4_Staff
Practical Support - W

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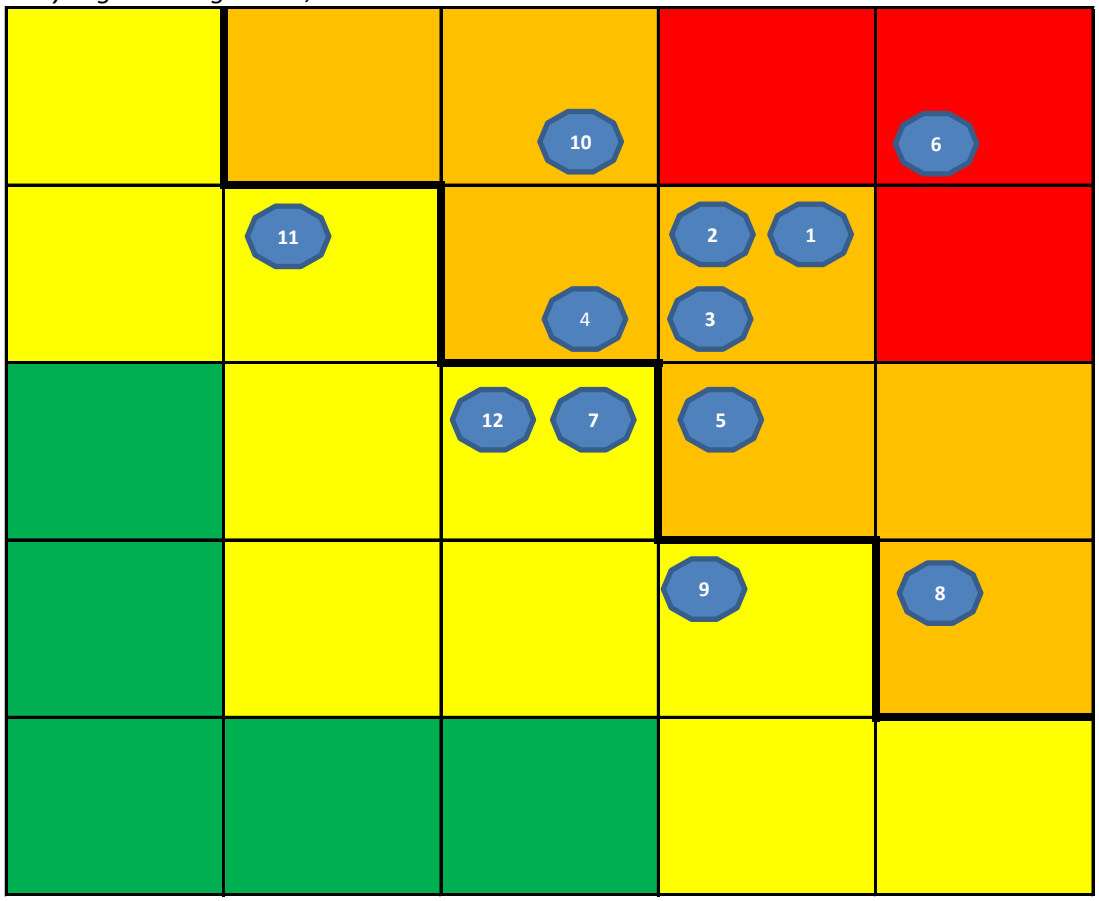
NHS remains in a state of emergency amidst the pandemic as such there are some high level risks that, through necessity, have to be tolerated at the present time. These risks are reviewed on an ongoing basis by risk owners.

Crisis Risk Management

Very High and High Risks, concerns and issues 24.06.2020.



Very High
High
Medium
Low

Risks/Concerns/Issues

1. PPE
(2 risks)
2. Business as usual
(13 risks)
3. Financial governance
(2 risks)
4. Training
(1 risk)
5. Medication
(2 risks)
6. Safety
(12 risks)
7. Workforce
(2 risks)
8. ITU Capacity
(2 risks)
9. Oxygen
(1 risk)
10. IT
(2 risks)
11. Reputational
(1 risk)
12. Wellbeing
(2 risks)
Blank and not recorded on profile
(4 risks)