



**Remobilisation Plan 4 –
Mid Year Update against
RMP-3 Responding to
COVID-19**

2021/22

30th September 2021

Table of Contents

1. Introduction	3
2. Pandemic Response	4
3. Winter Planning	6
4. Trauma & Orthopaedic	7
5. Care & Wellbeing Programmes	8
6. NHS Recovery Plan & Transforming Pathways	8
7. Mental Health & Wellbeing	8
8. Staff Wellbeing	10
9. Digital	12
10. Finance	12
11. Looking to the Future	13
12. Appendices	14

Glossary

Abbreviation	Meaning
RMP3	NHS Borders Remobilisation Plan 2021/22
RMP4	NHS Borders Mid-Year Update to Remobilisation Plan 2021/22
CfSD	Centre for Sustainable Delivery
TTG	Treatment Time Guarantee
SBC	Scottish Borders Council
HSCP	Health & Social Care Partnership
ICU	Intensive Care Unit
JCVI	Joint Committee for Vaccination and Immunisations
VTP	Vaccination Transformation Programme
GP	General Practitioner
RSV	Respiratory Syncytial Virus
CAMHS	Child & Adolescent Mental Health Service
NRAC	NHS Scotland Resource Allocation Formula
OH	Occupational Health
WSS	Workforce Specialist Service
CYV	Collecting Your Voices
LMP	Local Mobilisation Plan

Introduction

- 1.1 This document and subsequent appendices are an update to NHS Borders Remobilisation Plan 2021/22 RMP3 which has been signed off by Scottish Government and has been published on our website.
- 1.2 The update RMP4 focuses on key areas required as set out by John Burns in his commissioning letter dated 20th July 2021 and key deliverables described for the remainder of this year are focused on previously committed deliverables contained within RMP3. There are several areas that remain outstanding in the plan and these will continue to be developed when operational pressures allow; the clinical and management teams need sufficient time to decompress from the increased activity and service pressures currently being experienced across the whole health and care system and then to understand the implications for NHS Borders. These areas are:
 - CfSD Heat Map
 - Deliverables against NHS Recovery Plan
 - Deliverables against the National Care Programmes
 - Deliverables against National Digital Strategy
- 1.3 It has to be noted that at the time of developing this update NHS Borders continues to face significant pressures across our whole organisation. Whilst NHS Borders had been able to remobilise to the levels set out within RMP3 our Remobilisation Plan we have subsequently had to take the difficult decision to cease elective operating and pause the majority of remobilisation activities on 12th August 2021 to allow us to once again respond to increased COVID-19 activity within our acute hospital. Workforce has had to be diverted to ensure the continued provision of emergency, cancer and urgent care, and to ensure sufficient capacity for increasing COVID-19 levels.
- 1.4 As at September 2021 there are a number of areas of performance that will not meet the expected level as set out in our previous plan:
 - Return of 100% of Pre-COVID-19 activity for Elective Operating by October 2021
 - Return of 100% of Pre-COVID-19 capacity for Routine Outpatient Appointments by October 2021
 - Mental Health Transformation Programme and associated deliverables – these are currently paused
- 1.5 A strategic risk is documented within the corporate risk register highlighting the risks associated with the failure in implementing the COVID-19 remobilisation plan and the ramifications this could have throughout NHS Borders. This is supported by documented operational risks throughout NHS Borders highlighting risks being faced including, but not limited to, staffing risks, clinical risks, occupational health and

safety risks and corporate risks. These risks continue to escalate in severity across the board.

- 1.6 Our Treatment Time Guarantee (TTG), Outpatients and Diagnostics performance trajectories have been reviewed and updated to reflect the pressures we are currently facing and the anticipated impact this will have on waiting times. To support these updates we have included our assumptions in **Appendix 3**.
- 1.7 Our Hospital Delayed Discharge performance projections are currently being worked through with our colleagues in Health and Social Care and will not be available on the date of submission 30th September 2021, these will follow under separate cover once available.

2. Pandemic Response

2.1 ICU Capacity

- 2.1.1 NHS Borders has received funding of £256K to permanently uplift our ICU capacity by 1 Level 3 bed which will require the recruitment of additional staff. The recruitment process has been initiated however there is a moderate risk that we will be unable to recruit the number of trained staff necessary or that local recruitment has the potential to destabilise other ward areas if we are unable to backfill any successful internal candidates.
- 2.1.2 In RMP3 we set out our ability to surge up to 20 ICU beds. Whilst there is the physical capacity to create this number of beds, due to workforce pressures, remobilisation of other services across the organisation and updated national guidance around safe ICU staffing ratios we no longer have sufficient staffing to reach this level. Exceeding 12 level 3 beds would require nurse: patient ratios below 1:2 and would impact on emergency, urgent and cancer care.
- 2.1.3 Based on our experience during the previous waves we have the capacity to surge to ICU beds up to 12 of which 8 would be suitable for COVID-19 positive patients. It should be noted that this is lower than request from Scottish Government to be able to quadruple our core ICU capacity.

2.2 Vaccination Programmes

- 2.2.1 The Flu Vaccination Programme has been extended for 2021 to include additional cohorts. These will be run according to the Stages outlined by Scottish Government in Tranche 2 and continue to be run for the majority of the population through a series of community vaccination clinics, ensuring people receive their vaccination as close to home as possible where practical.
- 2.2.2 The primary and secondary school programme will incorporate pupils and eligible teachers, nursery teachers and pupil facing support staff and will be delivered on

school sites. Mop up for teachers and pupil facing staff will be run through mass vaccination clinics, with Pupil mop up planned for local clinics from December 2021.

- 2.2.3 The maternity pathway will continue as has previously done so. A National health and social care worker portal will identify staff that are front line patient facing who may be eligible for vaccination once registered staff will be able to attend scheduled clinics. Plans are in place for some of the district nursing and care home team staff to support the vaccination of care home residents and housebound patients alongside the vaccination team. In addition, mop up clinics run via Community Pharmacy but will not include maternity patients or those resident in care homes.
- 2.2.4 COVID-19 Third Dose/Booster vaccination clinics will be run alongside the community clinics for those eligible for a third dose, awaiting clarification from the Joint Committee for Vaccination and Immunisations (JCVI) which is expected September 2021.
- 2.2.5 The Health and Social Care Worker online self-booking portal went live on 21st September; communications have been circulated to all NHS Staff that highlights which staff groups are eligible for both Flu and COVID-19 Booster. A link to the portal is included along with registration guidance. These communications have also been shared with local authority partners to distribute accordingly.
- 2.2.6 Clinics for winter period will be expanded from 5 to 17 sites allowing easier localised access for both staff and patients. Weekly communication updates are sent to staff with clinic venues and dates.
- 2.2.7 The Vaccination Transformation Programme (VTP) is progressing and will be implemented from October 2021. Childhood immunisation planning is in place and will be administered by the Health Board starting 4th October 2021. Travel Health proposals are currently being worked up looking at using Community Pharmacies to support these immunisations.
- 2.2.8 At risk pneumococcal is planned to commence January 2022 dependent on vaccine supply with the shingles programme running from March 2022. It is planned that those patients identified as severely at risk by GP's will be called for pneumococcal vaccination over November and December 2021.
- 2.2.9 School routine vaccination will continue as previously done so via Health Board run school clinics.
- 2.2.10 Short timeframes, limited resources and on-going demands from the COVID-19 and flu vaccinations programmes continue to put pressure on the vaccination programme.
- 2.2.11 With vaccinations transitioning from GP practices to Health Board run clinics, vaccination uptake will be closely monitored. The new vaccination service must seek to maintain or improve vaccination uptake to protect patient and public health.

2.3 Test and Protect

- 2.3.1 NHS Borders set up a Test and Protect Service with posts specific to the service to allow us to operate at establishment of twelve whole time equivalent staff members.
- 2.3.2 In line with other Boards nationally, we are facing challenge from both attrition, combined with recruitment challenges, and staff sickness. Attrition is leading to difficulties in maintaining an appropriate skill mix within the service. We are currently engaging contingency measures to mitigate these challenges and to date have been able to work close to establishment. The service continues to be challenged by fluctuating demand in addition to the challenges identified above. These issues are monitored tightly and action taken in a timely manner to address issues as they arise. This will continue to be the plan over the coming winter period. The service is set up to continue to deliver at establishment through to 31st March 2022 and will undertake recruitment to fill posts if they become vacant.

3. Winter Planning

- 3.1 This year's winter plan has been developed in a context of increased workforce pressures, a requirement to maintain an ability to deliver COVID-19 capacity which can surge to meet demand and anticipated increased non COVID-19 pressures. The NHS Borders Winter Planning Board is well established with representation from Primary and Community, Mental Health, Secondary Care, Social Care, Public Participation Group and the Third Sector. This year's plan replicates successful components from previous year's plans while targeting new activities specific to the new context services find themselves in.
- 3.2 This year's winter planning approach was adapted to strengthen the final plan; work was undertaken with Public Health Scotland to model anticipated demand over the winter period. This gave focus as projects and plans were developed to meet anticipated demand. The process for assessing winter bids was also strengthened to ensure projects selected had a high chance of delivery.
- 3.3 Given workforce pressures, particularly in the availability of registered nurses, winter projects have been selected that recruit to a variety of professions and grades. This should aid the overall likelihood of delivery. Projects are included that seek to directly meet workforce challenges; for example short term investment is planned for the council's Human Resources function to target recruitment to care posts, increasing Home Care capacity.
- 3.4 This year's plan recognises that there will be insufficient workforce for a bed based winter capacity solution. As such, winter funds are being targeted at community capacity to prevent admission and support discharge; increased intermediate care at home capacity ('Home First') will extend the hours of this service supporting discharge later in the day. Home Care capacity has been funded seeking to reduce

the recent increase in Package of Care delays across the system. The Community Care Review team will be expanded to increase the reviews of Home Care packages thus releasing more capacity into the system. These measures aim to create capacity outside of healthcare beds complementing the winter surge beds planned inside the Borders General Hospital. These developments will also be complemented by the planned development of a new Health and Social Care Discharge Coordination Team that will function across healthcare beds to reduce length of stay for patients discharged to care.

- 3.5 It is anticipated that Respiratory Syncytial Virus (RSV) in the paediatric population is likely to be significant this year and as such capacity planning has focussed on paediatric services this year. Surge capacity plans have been reviewed across ward 15 (paediatric ward) and the Special Care Baby Unit. Recruitment is underway to increase the number of registered nurses in Paediatrics through the winter period. The paediatric consultant workforce has recently increased which will also support the additional pressures expected.
- 3.6 Specific winter projects planned for this period are included in our Delivery Plan Template submitted as part of this update to our Remobilisation Plan.
- 3.7 Recent COVID-19 modelling suggest COVID-19 activity will be greater than assumed during the initial planning of this year's winter plan. As such, the Winter Board is rapidly reviewing assumptions around capacity and what can be done to create further capacity for both non-COVID-19 and COVID-19 demand.

4. Trauma & Orthopaedics

- 4.1 The commissioning pack indicated the need for Health Boards to set out key deliverables in relation to planning the return to 110% of pre COVID-19 activity by March 2021 and set out a number of activities we should include.
- 4.2 Due to the significant pressures currently being faced by NHS Borders, with elective operating being cancelled since the 12th August 2021 and likely to continue into September 2021, we are not in a position to be able to commit to this level of activity. If the situation improves we will look to update our plan internally and will revisit this. As things stand at present it is highly unlikely that 110% of pre COVID-19 activity can be recovered by March 2022 given activity, workforce, infrastructure and ongoing pandemic pressures. The two sets of trajectories submitted as part of this updated plan project a best case performance of 90% for outpatient activity and 70% for treatment time guarantee and a worst case performance of 65% outpatient activity and 30% treatment time guarantee, see **Appendix 4** and **5**.

5. Care and Wellbeing Programmes

- 5.1 NHS Borders' operational teams continue to engage with the Centre for Sustainable Delivery (CfSD). At the point of writing this update to our remobilisation plan we are not in a position to plot out key deliverables against the specific care programmes as was requested in the commissioning pack. We will continue to engage with CfSD and complete our Heat Map as we further remobilise our services following the current increase of inpatient demand.

6. NHS Recovery Plan and Transforming Pathways

- 6.1 As we have set out throughout this document at the point of submission NHS Borders is facing critical pressures across our system. In order to understand the implications of the NHS Recovery Plan our teams need to be given the time and headspace to work through the plan in detail. As the plan was published after the commissioning pack was issued there has not been the time to do this. Again this will be considered should current service pressures reduce and we are able to refresh our plan.
- 6.2 NHS Borders is currently focussed on plans to restart routine surgery from the second half of October 2021. Remobilisation activities are restarting with a refreshed delivery structure to ensure 'best case' scenarios, **Appendix 4**, can be achieved where operational pressures allow. This programme of work will focus on delivery in the following areas:
- Redesign of elective inpatient pathway to increase capacity within workforce constraints
 - Theatre utilisation improvement
 - Session productivity work in Ophthalmology to increase theatre efficiency
 - Outpatient clinic capacity project
 - MRI full backlog recovery
 - Projects as outlined in the Centre for Sustainable Delivery (CfSD) Heat Map
- 6.3 It is anticipated that the CfSD Heat Map will be complete by the end of October 2021.

7. Mental Health and Wellbeing

- 7.1 The Scottish Government Renewal and Remobilisation letter of 5th May 2021 set out additional funding allocated to NHS Borders to deliver an improvement plan for the CAMHS and Psychological Therapies Service. An interim plan was submitted on 2nd July 2021 and followed up with more detailed document detailing of the improvement plan 23rd July 2021 as per Scottish Government request. A document was produced that demonstrates solely on how the allocated funding, as well as the additional resource that is required, will enable us to achieve the key requirements

set out by the Scottish Government. This was sent to the Directorate for Mental Health 13th August 2021.

- 7.2 For the backlog and CAMHS specification deliverables to be met, significant investment is required to support the workforce with a flexible approach to the range of skill mix- dependent on the success of the recruitment campaign. NHS Borders CAMHS already goes up to 18 years of age before transition to adult services takes place where further support is required. A Transition Care Plan Protocol is undergoing a review process and will be implemented in line with the CAMHS 18-25 funding stream.
- 7.3 The funding allocated to Psychological Therapies will enable us to reduce our backlog, but not clear it by March 2023. This is due to a capacity gap, as well as the current allocation provided not covering all of the backlog funding we need. With the current structure of Psychological Services and NHS Borders being the smallest mainland board, having enough resource to enable services to be resilient is a significant issue. There are also gaps where we are unable to offer a sustainable Psychology Service and further investment to improve our resilience and skill mix will be needed.
- 7.4 Overall the funding allocated to NHS Borders using the NRAC formulae is insufficient to achieve the objectives set out in the Recovery and Renewal letter from Scottish Government. Recruitment to achieve backlogs and on-going stabilisation, including the 18-25 requirements and the Clinical Director roles, are clearly long term in nature and therefore need to attract recurrent funding to allow us to meet the outcomes set out in the Recovery and Renewal fund letter and Improvement Plan. It is recognised that these particular posts, along with other posts within our Improvement plan, will also require permanent contracts to enable successful recruitment.
- 7.5 NHS Borders Mental Health Service is facing a critical period in terms of operations as it responds to the latest COVID-19 pandemic pressures. All services are under immense pressure and clinical prioritisation is currently underway to assess what is essential and what can be stopped. Difficult conversations are starting around redeployment of staff to support critical situations. We are seeing higher numbers of referrals, with seemingly higher acuity, which are saturating an already limited resource, the service is still coping with long-term sickness and prolonged vacancies. Day to day operations are stretched to the limit already.
- 7.6 Until the service is stabilised, or is at least at a level that releases capacity for programmes work to be carried out in accordance with our governance and quality improvement measures, the decision has been made to take a critical pause for 2-3 months while the service responds to the current crisis. Progress will carry on where possible with our projects in areas that will not affect a clinical impact on the service.

8. Mental Health and Wellbeing of Staff

8.1 NHS Borders is in the process of developing a Staff Wellbeing Plan which will be a vital component part of a wider Workforce Strategy, and sit alongside the Health Board's Workforce Plan and Training & Organisational Development Plan. The plan will describe interventions to help the workforce get through the remainder of the emergency response phase and set out plans in the medium-longer term, including learning to live with COVID-19 and building resilience to face any future adversity/challenges.

8.2 Work and Wellbeing

8.2.1 Work and Wellbeing team are adapting/ increasing resources and services to meet staff demand. Recent weeks has seen a significant increase in 1:1 sessions for staff from Occupational Health (OH) Practitioners including OH Nurses, Physiotherapists and Counsellors. There has been an increase in onsite support 1:1/departments bespoke to staff needs and requests. Stress and resilience training/Working Health Matters and Managing Mental Health for Managers courses and resources are being revamped to be more accessible to staff where these have previously been classroom and workshop based delivery.

8.2.2 We now have a dedicated Staff Psychologist who is able to offer specialist psychological support for those dealing with the impact of traumatic situations, or those with a history of mental health issues who may benefit from high intensity psychological intervention. Support is available through 1:1 support, as well as talks and guidance to teams, examples include compassionate wellbeing workshops and psychological debrief following difficult workplace events.

8.2.3 The new psychology service compliments existing services available from Work and Wellbeing Services and Organisational Development. There has been an increase in coaching and mentoring offered to Staff through our Coaching Network.

8.2.4 All of the above is being done in conjunction with the promotion of National Resources through the National Wellbeing Hub e.g. The Workforce Specialist Service (WSS).

8.3 Staff Wellbeing Group

8.3.1 NHS Borders operates a Staff Wellbeing Group populated by; a range of management, clinical and staff-side representatives. The group has agreed projects to support the mental health of NHS Borders staff and are currently progressing the Spaces Project, which sets out to identify and establish fit-for-purpose indoor and outdoor spaces for staff to use during their rest breaks. Areas will promote a relaxing environment for staff, allowing them to decompress during the working day. Internal communications have been increased to remind staff and managers to support staff taking breaks. Hydration continues to be encouraged and supported with complimentary drinks bottles and access to free hot beverages. Snack boxes

have also been supplied to busy wards and community hospitals where high patient acuity and staffing shortages (absence/isolating) makes it hard for workers to leave their clinical area.

8.4 Collecting Your Voices (CYV) Project

- 8.4.1 Our Collecting Your Voices initiative has been guided by staff from the outset in terms of its design and delivery and has involved staff sharing their thoughts on what it has been like to live and work during the global pandemic; what aspects have been positive and which have not been so positive.
- 8.4.2 The first phase of Collecting Your Voices was completed in 2020. It captured a wide range of staff experience of COVID-19. NHS Borders received 100+ responses from employees amounting to 2,000 distinct points of feedback. These have been grouped into 10 themes including team working/relationships, decision-making, communications and leadership. Feedback has been shared in the form of a full archive of responses, a summary and slides. Staff report that they don't have time to access computers and look at materials so the CYV team has produced a set of 2 minute video bites on each of the themes. These can be viewed on-line on PCs, on phones or be presented to audiences.
- 8.4.3 In our current situation of extreme pressure on services and staff, we are maintaining and extending our CYV work by providing staff with very easy and continuing access to ways of sharing their experiences and stories. This consists of:
- Short video sharing the most recent feedback on staff experiences through the 2nd and 3rd wave of COVID-19
 - A dedicated CYV e-mail box
 - One-click access to a space to share experiences through QR code access, as well as intranet and paper access
 - Collation of responses and a 2 weekly sharing of feedback to all staff through a staff share e-mail.
- 8.4.4 We will continue to ensure that CYV provides a flexible and independent route for staff to speak openly and freely about how it feels to deliver care in the current environment.
- 8.4.5 The output from CYV will influence the strategic planning of the board and is used as a model for future consultation and developments. The health and wellbeing of people working in NHS Borders is influenced by our commitment as an employer to create and sustain good work, and positive, safe and supportive environments in which to work and practice. We believe this will provide and sustain the highest possible quality contribution to health and care for the people of the Borders.

9. Digital

- 9.1 Once the refreshed national strategy is published NHS Borders will need to undertake an exercise aimed at identifying our current position against it, it is not anticipated that we will have the capacity to complete this prior to the submission of this update to our Remobilisation Plan.
- 9.2 We are currently in the process of developing a new local digital strategy which will be one of our key deliverables for the remainder of 2021/22, and this will take into account the key deliverables of the refreshed national strategy.
- 9.3 Our Digital teams continue to support services as they respond to the current activity levels, COVID-19 response & recovery, including Vaccination, testing and tracking as well as increases in remote working.
- 9.4 There is a significant backlog of project work across the infrastructure, patient management systems and service areas. Following a prioritisation process our immediate focus is on delivering critical projects that are time dependant or high risk mitigation. Predominantly this is within the infrastructure, including Windows desktop upgrade and Office 365 migration and actions to meet NIS & cyber compliance and security.

10. Finance

- 10.1 The Board recently submitted its Quarter One (Q1) review outturn forecast to Scottish Government, which reported a projected £8.4m deficit.
- 10.2 This position was predicated on the assumption that COVID-19 related expenditure would be fully funded in line with the projected costs submitted through the established LMP tracker mechanism. In addition it was assumed that expenditure incurred to support recovery and remobilisation of services, including performance improvement against access targets, would be in line with resource allocations.
- 10.3 In total, the expected cost of the Board's COVID-19 related expenditure in 2021/22 is c.£13m. Any changes to this forecast will be advised as part of the board's mid-year review (and included in the Quarter Two Financial Performance Return). At this stage it is not expected that there will be material adjustment to forecast, despite the issues highlighted in this report. This recognises that the additional workforce available to expand capacity is unlikely to be available in the short term and therefore it is likely that there will be limited scope for increased expenditure. One area where changes are expected is in relation to Vaccination programmes, with recognition that the planning of COVID-19 booster and winter flu vaccination plans, together with the expanded scope of COVID-19 vaccinations into children and young people, will require extension from the original planning timescales through to end March.

- 10.4 Funding assumptions with regard to Access standards for Elective care, Unscheduled Care improvement, Mental Health Recovery and Renewal, and remobilisation within primary care, are in line with Scottish Government allocations and the details of these plans are described elsewhere in this report. It is important to note that we have not yet undertaken modelling to assess the medium and long term resources required to fully address backlog in performance. This work will be conducted as part of the preparation of the Board's financial plan for 2022/23 and beyond.
- 10.5 The Q1 forecast gap of £8.4m represents a c.£2m deterioration from the projected outturn identified in the board's financial plan. Within this performance, savings identified in year is c.£7.9m however the majority of these are expected to be delivered on a non-recurrent basis. The board's financial turnaround programme remains suspended and project management resources are largely redeployed to support remobilisation planning; management and service capacity to support service review and redesign remains severely constrained due to ongoing pressures. We have identified actions for the reintroduction of savings programmes however timescales continue to slip and at this time it is not expected that we will be able to significantly improve in year savings delivery. We remain committed to developing recurring savings plans for 2022/23 however work to re-establish this programme is at an early stage.
- 10.6 Our financial plan projected a recurring deficit at end March 2022 of £16.5m. This position is now expected to increase and will be reviewed in preparation of our financial plan for 2022/23 and beyond.

11. Looking to the Future

- 11.1 We recognise that the challenges facing NHS Borders and our partners in delivering services include:
- Systemic challenges due to changing demographics – an increasing demand for services for older people and a decreasing availability of working age population to form our workforce
 - Ongoing and increasing demand for services due to lost activity during the pandemic, deteriorating health status due to loss of preventative services and deconditioning as a result of lockdown and catch-up activity for cancelled elective work
 - Immediate crisis response related currently to COVID-19, but also to predicted surges in influenza, RSV, other respiratory diseases and norovirus over the winter period

- 11.2 We have identified that we need to take a strategic approach to addressing all these requirements in tandem, albeit working to different timescales, so that we are dealing with the most acute or high-impact issues initially but working to develop solutions for providing long-term sustainable solutions. We have used the detailed recommendations within the Academy of Medical Sciences report, COVID-19: Preparing for the future: Looking ahead to winter 2021/22 and beyond, as a framework for developing this and will be assessing relevance to our local situation, our current status and future actions required to tackle these.
- 11.3 This work is at an early stage but is expected to form the basis of our developing Clinical and Operational Strategy and 3-year plan.

12. Appendices

Appendix 1- Delivery Plan Template

Appendix 2- Winter Planning Checklist

Appendix 3- Version 1 Planned V Actual Template

Appendix 4- Version 2 Planned V Actual Template

Appendix 5- Version 1 Trajectories

Appendix 6- Version 2 Trajectories

Appendix 7- Projections Template