NHS Highland Remobilisation Plan 2021 - 2022

Summary Document

DRAFT V3.0 Final March 2021

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1 Introduction to the Summary Document

NHS Highland's (NHSH) Remobilisation plan sets out the journey in its response to Covid19 and recovering performance in the context of the NHS Scotland Covid19 Framework for Decision Making of *Re-mobilise, Recover and Re-design* and the subsequent correspondence received from the Scottish Government regarding remobilisation.

This plan takes us through 2021-2022 and focuses on the areas agreed as priorities with the Scottish Government. A significant amount of work has been completed to this effect since the last remobilisation plan was submitted to the government (31 July 2020) and we continue to develop our plans about how our services will remobilise and recover.

In the Covid19 response, NHSH set up a clear incident management structure of Gold, Silver and Bronze Command (GSBC); stepped down non-urgent clinical and non-clinical business and ensured manpower and physical capacity was released and repurposed to support the incident response. Until lockdown in January 2021, NHS Highland had increasingly remobilised to new business as usual arrangements and has been working at a significant pace to deliver planned improvements and remobilisation and recovery.

In Jan 2021 in line with SGHD guidance, elective inpatient / day case activity was once again reduced to clinically urgent and cancer surgery. We are also rolling out our Covid19 vaccination plan in line with Govt. targets whilst maintaining Test and Trace Services.

NHSH will spend 2021-2022 looking forward as an organisation to the future, working with our workforce, key care partners, and communities to identify our priorities and the shape of services for the future, looking to 2022 and beyond. Our aim is to have a long term Clinical and Care Strategy in place for 2022 and beyond that reflects the changes in our population profile, the learning from the pandemic response and the ambitions for the future in relation to health and care across NHS Highland.

Quality and Care Standards

In 2020 NHS Highland began the process of updating its Clinical Strategy, aiming to develop a Clinical and Care Strategy ready for 2021. A Project Manager was appointed, and work began on a collaborative approach involving staff, local communities and the 3rd Sector in developing the strategy. Key work streams were identified, SROs appointed to lead on the development of the strategy, including key performance indicators in relation to the work streams; however then everything was placed on hold due to the global COVID-19 pandemic.

NHS Highland is now planning to restart the development of this strategy. A new Project Manager is currently being recruited to lead on the delivery of this work, with the plan to have a completed strategy ready for implementation at the beginning of 2022. Given the service changes, redesign and different approaches to integrated service delivery achieved during the pandemic NHS Highland plans to take a refreshed approach in identifying key areas for development of the next 5 years. This work will be achieved using a collaborative approach engaging staff, local communities, the 3rd sector and other relevant agencies and institutions to ensure this clinical and care strategy reflects national and local priorities and is informed by people with a vested interest in the success of NHS Highland Health Board.

Argyll & Bute

The Health &Social Care Partnership has managed to temporarily increase outpatient and diagnostic capacity by procuring additional resource and waiting list initiative (WLI) clinics with the waiting times funding awarded in July. This has again been limited by the availability of NHS GGC consultants however has made a notable impact on the recent waiting times position and overall remobilisation level.

This document provides a summary of the narrative based submission, and highlights the key deliverables, key performance indicators and outcomes for each clinical service.

NHSH has identified the following additional resources to deliver the Remobilisation and Recovery Plan in 2021-2022.

Service Area	(£)
Public Health	6,829,550
Infection Prevention	340,225
Community	598,875
Emergency & Unscheduled Care	4,808,552
Acute Care	9,898,773
Cancer Care	1,836,909
Diagnostics	2,085,900
Mental Health	No costs included at this time. NHS Highland is committed to working SG's enhanced support team to discuss improvement with CAMHS and PT
Culture & Workforce	no costs included investment plan being developed
Digitally Enabled Services	3,850,869
Estates	800,000
Total	**31,048,853**

NHS Highland will continue to work nationally and Regionally in the North Region to delivery services as we seek to delivery our planned care programmes. For Argyll and Bute population the Health and Social care Partnership has a strong relationship with the West Region and Greater Glasgow and Clyde Health Board.

Key Performance Indicator information

Key Deliverable information

Costing information

2 Governance & Structure

Quality Improvement will form a key part of the Clinical and Care Strategy: NHS Highland established The Highland Quality Approach a number of years ago, investing significantly in QI education, training, leadership and quality improvement initiatives, gaining international recognition and commendation for this work. In 2018, with the establishment of the Performance Management Office to support the return of the Board to financial stability, QI facilitators were moved into the PMO to support this work – achieving the alignment of quality and efficiency. This approach has been successful, and the Board is close to achieving its financial targets.

Whilst NHS Highland has been a leader in the development and delivery of Value Management and has seen significant improvements in its SPS Programme - specifically in falls and pressure ulcer prevention the Board is planning a refreshed approach to Quality Improvement, building on previous work but also exploring new and innovative approaches to achieving dynamic and sustainable quality improvement.

Argyll & Bute Integrated Joint Board

Argyll and Bute will continue to remobilise, following the Scottish Governments route map. In conjunction with NHSGG&C and NHS Highland, all services throughout 2021 - 2022 will link closely around remobilisation targets, ensuring clinical prioritisation and alternative pathways available, linking with AHPs.

In 2021/22 work will commence on a clinical & care strategy which will link to the developing 5 year strategy for NHS Highland to key NHS Scotland documents including Realistic Medicine. Our approach to remobilisation, recovery and redesign is to engage with patients and clients using the “talk before you walk” model of care, whilst following the realistic medicine philosophy. Development of models of virtual care delivery to keep care as close to home as possible continue through the optimisation of digital technologies.

To aid remobilisation and recovery we are taking a multi-disciplinary approach and have undertaken workshops and table top exercises to develop and test our plans and assumptions. This Plan is based on a number of assumptions, and NHS Highland will continue to evolve the plan in light of the changing developments with the pandemic. NHSH have consulted with professional groups and multi-disciplinary management teams, developed and updated Project Initiation Documents for the workstreams, and commenced testing of the plan through workshops, table top exercises and consultation with key teams.

During remobilisation, the further revision and development of our governance structure using the Clinical Response Group and the setting up of the performance Recovery Board, Financial Recovery Board and Workforce Board together with the establishment of our Systems Leadership Team continue to ensure robust performance management for our services and transformation plans.

Current Position & Lessons Learned

NHSH Covid19 mobilisation plan (4th April 2020 and 31st July 2020) describes how a whole system approach had been adapted to the mobilisation response. This whole system approach is mirrored in the work to reopen services and founded on the following principles:

- Plans will be aligned to regional and national strategies
- Plans will incorporate the principles of realistic medicine
- Plans will be developed in partnership with our staff, trade unions, communities and partners
- Patients will be supported to access services appropriate to meet needs as local as possible and from a

variety of community health and partners
- Resources will be maximised to deliver prioritised care to those that have greatest need in as timely a fashion as possible

The lessons learned through the challenges faced in 20/21 has evidenced that Argyll and Bute have remobilised slightly slower within Outpatients than North Highland. This is due to the slower ability in NHSGG&C to remobilise due to their higher prevalence of Covid19. There is an expectation that a similar situation will be experienced in 2021-2022.

Many of our Services were *not* stepped down during or after the first lockdown in 2020 and to date in the second lockdown. In order to provide leadership, direction and oversight to the remobilisation, NHS Highland has established a Performance Recovery Board led by the Chief Executive. This, in collaboration with the Finance Recovery Board and Workforce Board, will support the NHS Highland Board and Executive Director's Group in delivering change and improvement effectively. This is illustrated overleaf.

This summary document contains a concise picture of each Operational Service within NHS Highland (NHSH) and is intended to be read in conjunction with the wider contextual document which is more narrative and descriptive. It is further supported by relevant appendices.

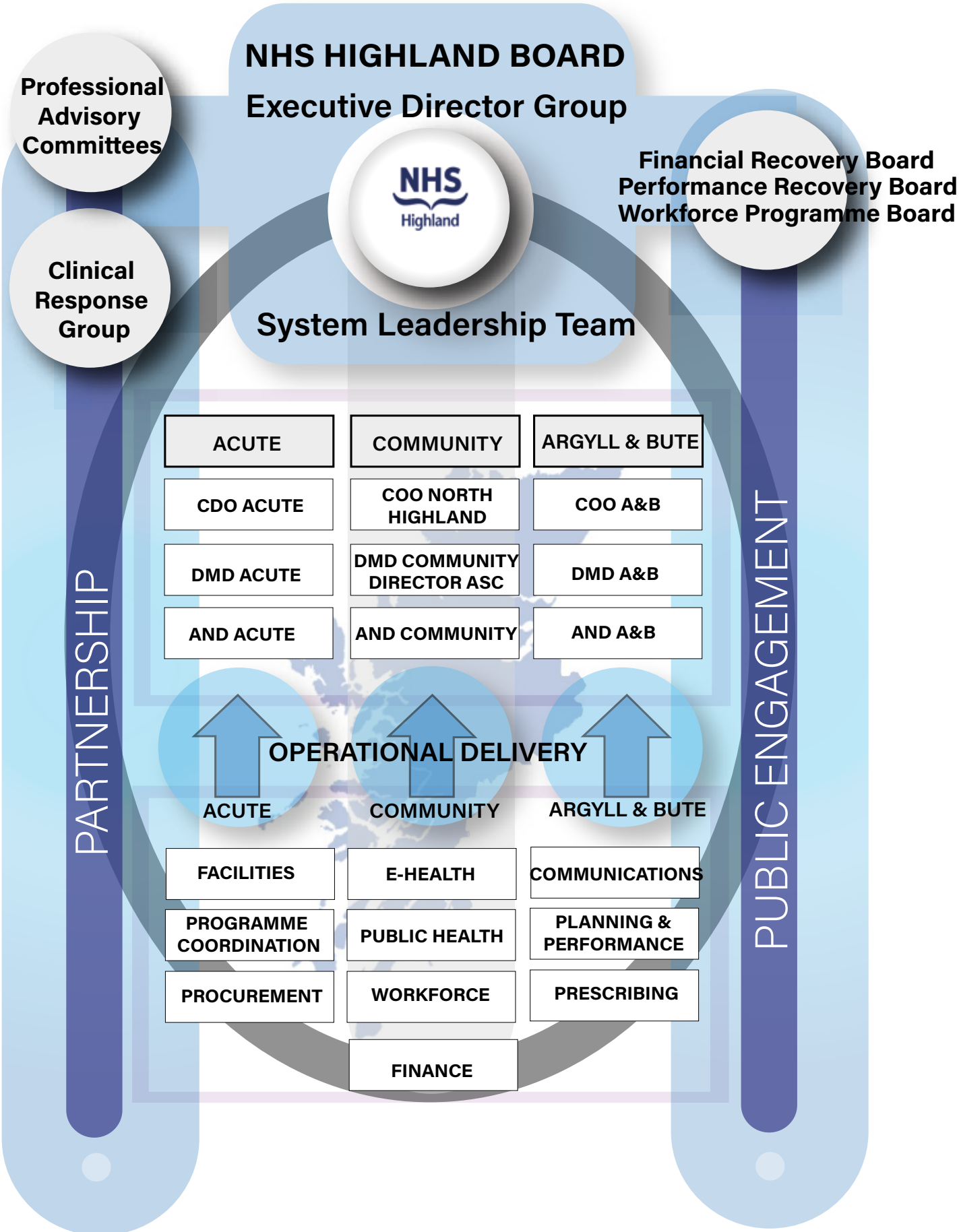


Figure 1. Governance structure, NHS Highland

Public Health

Service Statement

Public Health work aims to respond to the Scottish Government's Public Health priorities and to improve and protect the health of the population.

Key Performance Indicators 2021-2022

Key Performance Indicator statement	current performance	baseline	target
Covid 19 Vaccination Programme	meeting schedule for first cohort doses	N/A	to meet Scottish Government schedule for completion of vaccination cohorts
Covid19 Test & Trace	exceeding target	N/A	at least 80% of new Covid19 cases have their close contacts traced and in quarantine within 72 hours of case confirmation
Flu Vaccination Programme	2020-2021 season cumulative uptake by week 7 **Uptake among people aged 65 yrs. and over =80.5%** **Uptake among people in clinical at risk groups = 60.1%**	2019 / 2020 season cumulative % uptake by Week15 **Uptake among people aged 65 years & over=71.6%** **Uptake among people in clinical at-risk groups=45.7%**	Uptake among people aged 65 years & over: 75% Uptake among people in clinical at-risk groups: 75%
Pre-school vision screening programme delivered.	**Currently finishing P1s and deferred entry who should have been screened academic year 2019/2020 (1350 from October) but have also started preschool cohort (2200 approx) in smaller nurseries when visiting P1s**	**50%**	Without any further lockdown and with anticipated extra SG funding we would hope to have started next years cohorts by autumn. Not possible to give exact numbers

Key Deliverables 2021 -2022

Priority of Deliverable 1	immediate - less than 2 months	
description	dependency	outcome
HP : annual flu & Covid19 vaccination programmes, & test & protect	Contact tracers, vaccinators, logistic & clinical support, project / programme management	Vaccination programmes delivered / test & protect
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 2		
description	dependency	outcome
Screening : resumption of screening programmes (breast, cervical, aortic aneurysm, bowel)	Staffing capacity to deal with backlog	Screening programmes resumed
area of remobilisation addressed	recovery to 2019-20 level	

Priority of Deliverable 3		
description	dependency	outcome
Screening : reduction of colposcopy & colonoscopy waiting lists	Staffing capacity to deal with backlog	Waiting lists reduced
area of remobilisation addressed	recovery to 2019-20 level	

Priority of Deliverable 4		
description	dependency	outcome
Remobilise diabetic retinopathy service - up to 1,000 screening appointments lost due to Covid19	Staffing capacity to reinstate service delivery & catch up with backlog	Screening programme back to pre-Covid19 position
area of remobilisation addressed	recovery to 2019-20 level	

Priority of Deliverable 5		
description	dependency	outcome
Health Inequalities : resumption of MH improvement & suicide prevention plans / social mitigation programme / initiatives to address alcohol, drug & tobacco misuse	Sufficient staff capacity to deliver programmes	Health & wellbeing programmes delivering key KPI targets
area of remobilisation addressed	aid recovery	

Priority of Deliverable 6		
description	dependency	outcome
Identification of a pan-Highland sustainable model for vaccination programmes	identifying e-Health, data support and a functioning digital platform	sustainable vacccination programme
area of remobilisation addressed	aid recovery	

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	comment
1 Flu & Covid19 vaccination programmes,	Staffing resource as per SBAR[1]	non recurring	5,374,050 as at Feb 2021	cost associated with vaccine programme
test & protect			805,900 non recurring 354,600 recurring	assume funding via Covid19 funding stream
Mental health initiatives	2 x health imp specialists, partner agency financing	non recurring	150,000 145,000	additional resource for promotion of mental health & wellbeing and mitigating health inequalities through further support for financial health as part of our recovery/ remobilisation

Infection Prevention

Service Statement

We will achieve all Scottish Government infection indicator targets and ensure patient and staff safety through adherence to strict infection prevention and control measures being in place in line with National Infection Prevention and Control Manual and national guidance relating to Covid19.

Key Performance Indicators2021 - 2022

Key Performance Indicator statement	current performance (%)	baseline	target
Clostridium Difficile Infection	16.2	16.2	14.9 per 100,000 AOBD
SAB	15.3	15.3	11.8 per 100,000 AOBD
E-Coli	25.7	25.7	17.1 per 100,000
Antibiotic Indicators			
Primary Care (10% reduction)	1.38	1.38	1.72 or less per 1000 patients per day
Secondary Care use of IV antibiotics (use no more in 2022 than 2018)	0.54	0.54	0.666 DDDs per 1000 popn. per day
Acute Hospital use of World Health Organisation (WHO) antibiotics (At least 60% of all antibiotic usage from WHO Access list)	61.5%	61.5%	60%
Surgical Site Infections			
Caesarian Section SSI	surgical site surveil-lance suspended nationally (Covid19)		2% or below
Orthopaedic SSI	as above		2% or below
Colorectal	as above		2% or below

Key Deliverables 2021 - 2022

Priority of Deliverable 1	6-12 months	
description	dependency	outcome
Achieve CDI target Achieve SAB target Achieve E Coli target	Continued reduction of antibiotic prescribing; focus on robust management of indwelling devices and focus on improved resident hydration in care homes	Targets are achieved
area of remobilisation addressed	aid remobilisation	

There is a co-dependency on this activity with Public Health

Priority of Deliverable 2	6-12 months	
description	dependency	outcome
Achieve Antibiotic usage targets	Close co-operative working with prescribers including GPs	Targets are achieved
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 3	6-12 months	
description	dependency	outcome
Reduced Surgical Site Infection rates are achieved	National surveillance programme is restarted and robust implementation of PDSA cycle to change and improve practice	Surgical site infection rate is reduced
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 4	6-12 months	
description	dependency	outcome
Achieve 90% compliance with Hand Hygiene and Why IPC Matters mandatory training	Robust focus, monitoring and feedback	90% compliance is achieved
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 5	6-12 months	
description	dependency	outcome
Ensure IPC measures continue to be in place in line with national guidance in relation to COVID-19	Sufficient staff capacity including specialist staff	NHS Highland is compliant with national guidance
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 6	6-12 months	
description	dependency	outcome
Work with specified Care Home Managers to improve residents hydration to help reduce risk of E coli infections	Sufficient staff capacity including care home staff and specialist IPC staff	E coli infection rates reduce
area of remobilisation addressed	aid remobilisation	

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	cost status	comment
6	Delivery of Care Home Agenda Band 5	recurring	8,369	additional	
	Band 6	recurring	143,212	additional	
	Band 7	recurring	67,825	additional	
	Audit Nurse	recurring	41,455	additional	
	Part funding of Infection Control Manager	recurring	40,153	additional	SG funding 45% of total cost
Total recurring costs			301,014		
	Delivery of Care Home Agenda Band 3	non recurring	7,305	additional	
	Band 5	non recurring	31,906	additional	
Total Non recurring costs			39,211		
Total Costs 2021-2022			340,225		

Primary Care Services

Service Statement

To improve access, provide high quality Primary Care Services and greater resilience.

Key Performance Indicators2021 - 2022

Key Performance Indicator statement	current performance	baseline	target
No of practices offering consultations by NearMe	96	96	96
No of practices resuming enhanced services	96	96	96
No of practices delivering national screening & vaccination programmes	96	96	96
No of beds being occupied monthly by top 1% & 5% of users	42 top 1% 95 top 5%		
No of optometry practices resuming full range of services	49	52	52
No of dental practices resuming full range of services	to follow		

Key Deliverables 2021 - 2022

Priority of Deliverable 1	immediate - less than 2 months	
description	dependency	outcome
Phased approach to restarting dental activities, & resumption of Public Dental Service & procedures requiring general anaesthetic	Availability of GA sessions to deliver waiting list.	Reduced waiting list.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 2	immediate - less than 2 months	
description	dependency	outcome
Complete phased approach to restarting general optometry & enhancing the range of non-GOS optometric services provided in primary care	Lockdown restrictions are lifted	High Street Optometrists reopened with improved access for NHS Highland population and complete backlog of P1 and deferred entry (1350) start in October
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 3	high 3-4 months	
description	dependency	outcome
Implementation of NearMe consulting, increase serial prescribing & pharmacist prescribers within rural settings, launch & roll out Pharmacy First	Use of NearMe in CP is not high, as people still have full access to their pharmacy	Pharmacist Independent Prescriber numbers now increasing. Pharmacy First fully rolled out. Link to FNC created to maximise use.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 4	high 3-4 months	
description	dependency	outcome
Increase serial prescribing by 10%, prioritise care home residents for medication review, establish central pharmacy hub with remote access to GP practice clinical systems		Improved medication for patients in care homes
area of remobilisation addressed	aid recovery	

Priority of Deliverable 5		
description	dependency	outcome
Practice Quality Clusters engaged in quality improvement activities supporting organisational priorities	Organisational priorities to be defined.	Programme of audit work aligned to organisational priorities to be developed.
area of remobilisation addressed	aid recovery	

Priority of Deliverable 6	high 3-4 months	
description	dependency	outcome
Full implementation of Primary Care Modernisation Programme to ascribed budget	Dependent upon local models of care being defined.	Board delivered services developed for CTAC, VTP, Urgent Care and Mental Health.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 7	medium - 4/ 6 months	
description	dependency	outcome
Delivery of an extended range of services to support people to be managed within a community setting		Reduced acute hospital admissions
area of remobilisation addressed		

Priority of Deliverable 8	low - 6/ 12 months	
description	dependency	outcome
Maintain the number of independent contractor providers	Supporting viability of GMS practices, preventing practices from becoming 2C	Maintain current number of GMS practices
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 9	low - 6/ 12 months	
description	dependency	outcome
To develop an investment plan that sees GDPs providing pre-Covid activity	health protection measures are followed	100% of patients with urgent and essential need for treatment receive care
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 10	low - 6/ 12 months	
description	dependency	outcome
Public Health (PDS)restart the delivery of Childsmile and Fluoride Varnishing programmes for 'at risk' children in August 2021		Restart the National Dental Inspection Programme of school age children is in the academic year 2021-22
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 11	low - 6/ 12 months	
description	dependency	outcome
develop a plan for Education for outreach BDS and UHI BSc undergraduates	limited in terms of the number of students that may be present on the Teaching Clinic and the number of AGP treatments that they can provide	introduction of pods within the poly clinic to deliver AGP treatments and identification of additional staffing to accommodate 2 x final year BDS students.
area of remobilisation addressed	aid remobilisation	

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	cost status	comment
Continue to staff CAC - not a primary care budget/ operational responsibility	Additional staffing & premises	non recurring			Costs have been included in NHSHs covid submission

Community Care Services

Service Statement

To maximise opportunities associated with delivering high quality care whilst maintaining people's independence. moving from institution centred and service led care delivery to community based, decentralised care delivery

Key Performance Indicators2021 - 2022

Key Performance Indicator statement	current performance Dec 2020	baseline March 2020	target
Treat more patients closer to home, avoiding unnecessary admission to acute settings	1,423	1,257	Reduction in emergency/ unscheduled admissions for 65 yrs.+
Move from institution centre and service led care delivery to community based, decentralised care delivery	11,130	14,516	Reduce the rate of hospital bed days for people aged 65+ by 10%
Reduce % of inpatients delayed in acute sector	3,317	4,025	reduce in line with target
Reduce number of patients admitted in last month of life	9,965	9,965	reduce by 10%
Long Covid. waiting times, referral numbers, conversion to local team/self-management will be monitored to assess longer-term requirements.			390 NHSH (NH 260, A&B 120)

Key Deliverables 2021 - 2022

Priority of Deliverable 1	high 3-4 months	
description	dependency	outcome
Implement robust intermediate care and rapid response community services provision including 24 hour access to community based adult health and social care to respond to crisis – extending the Inverness model across Highland	Investment in sufficient staff capacity. Implementation of digital health strategy to support remote consultations, remote patient monitoring, telecare, telehealth and electronic patient records in community services.	Increase capacity to support people in their own community. Supports acute bed reduction. Reduces overall costs of service delivery. Reduces unscheduled hospital admissions. Improves efficiency of discharge planning supporting move to zero delayed discharges and zero patients waiting in hospital for assessment for long term care provision. Delivers discharge to assess and home first as default position for patient discharge
area of remobilisation addressed	Aid remobilisation	

Priority of Deliverable 2	For North Highland Only	
description	dependency	outcome
Expand palliative and end of life care provision	Deliverable 1 needs to be in place with sufficient staffing capacity to support improved community support for palliative and end of life care. Supported by partnership working with Highland Hospice on End of Life Care Together project	Improve choice for patients at end of life, reduce numbers of patients and length of stay for patients in hospital for palliative and end of life care
area of remobilisation addressed	Aid remobilisation	

Priority of Deliverable 3		
description	dependency	outcome
Review and reconfigure community hospitals provision and function to support improved access to community based support including bed based support where required		Opportunity to change primary function of community hospitals to support intensive rehabilitation. Support acute hospital bed reductions and length of stay.
area of remobilisation addressed	Aid remobilisation	

Priority of Deliverable 4	For North Highland Only	
description	dependency	outcome
Ensure full integration with the Adult Social Care plan and implementation of Community Led Support in a whole system approach to redesigning health and social care services across all sectors and professions	Part of Transformational Programme with Highland Council	Improve access to proportionate, timely support that is person focused rather than service led. Identify efficiencies in service delivery and reduce staff time spent on interventions. Reduce waiting lists. Reduce number and cost of statutory social care services used.
area of remobilisation addressed	Aid remobilisation	

Priority of Deliverable 5	medium - 4/ 6 months	
description	dependency	outcome
Design a diagnostic and rehabilitation pathway for Long COVID	Working across acute and community services. Numbers are projected. The need for the service is current, time and inability to recruit will impact.	Effective virtual central provision of self-management, advise, monitoring and sign-posting to local services. Expert support across NHS Highland for clinical teams eg. AHP's and GP's.Planning for 18 months service, KPI's waiting times, referral numbers, conversion to local team/self-management will be monitored to assess longer-term requirements. Requirement to implement a level of support as soon as possible.
area of remobilisation addressed	Aid remobilisation	

Priority of Deliverable 6	medium - 4/ 6 months	
description	dependency	outcome
Agree and implement funding strategy for long covid	funding from SG neurological framework	Agree investment to deliver Long Covid pathways
area of remobilisation addressed	Aid remobilisation	

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	cost status	comment
1	Expansion in community nursing, AHP, and social care provision in each locality.	recurrent			full year costs included in the Acute Services section of the plan as an Enabler
2	Include provision for palliative and end of life care in expanded community teams	recurrent			Costed Plan being developed in partnership with the Highland Hospice
6	Long Covid	recurrent	598,875		bid has been submitted to Scottish Government under the Neurological Framework

Emergency & Unscheduled Care

Service Statement

Unscheduled Care

NHS Highland is invested in The Redesign of Urgent Care supporting the local development of the Flow Navigation Centre and the scheduling of unscheduled care. The Highland Health and Social Care Partnership Integration models (Argyll and Bute and North Highland) brings Acute and Community service arrangements together to transform and design services across the vast Highland geography. This has enabled us to better meet the demographic health and care challenges that can have a significant impact on the remobilisation of elective services. New ways of integrated working are emerging at clinical service level and management and clinical leadership levels that are supporting sustained improvements to patient flows and pathways that are better designed to meet the demographic health need of the Highland population and thus reducing challenges due to bed blocking and delayed discharges.

To provide safe delivery of emergency care across the Emergency & Unscheduled Care system. To support the safe delivery of Emergency Care as attendances increase in Emergency Departments across Highland. To support delivery of an ED 4 hour performance of 98%.

Key Performance Indicators2021 - 2022

Key Performance Indicator statement	current performance	baseline	target
ED attendances - % reduction in the no of walk ins	3063	66.3%	Reduce walk in activity by 7.5% through redirection of patients to suitable alternative services
ED 4hr performance - achieve at least 98% performance vs 4hr target	88.9%	89.1%	98% of 4 hour breaches taking into account unique geographic issues which prevent safe and timely discharge of patients
ED 12hr breaches - deliver zero 12hr breaches	4	0.12%	Zero avoidable breaches
4hr breaches waiting for first assessment - deliver 100% in flow group 1	96.4%	99.9%	100% of 4 hour breaches in flow group one through maximising use of all available MI services
Monthly AEC activity nos - target increase to 10 daily AEC admissions (subject to including ED pull)	340	3.7/day (7-day wk) 5.2/day (5-day wk)	increase by end of Q3 through improved awarenjess of AEC pathways in Primary Care
Reduction in delayed hospital discharges	106	115	0 delayed discharges

Key Deliverables 2021 - 2022

Priority of Deliverable 1	medium - 4/ 6 months	
description	dependency	outcome
Maximise the potential of FNC to reduce self presenters at ED & MIU through the expansion of pathways	Capacity of FNC	Reduction in the number of walk ins
area of remobilisation addressed	redesign - increased service	

Priority of Deliverable 2	medium - 4/ 6 months	
description	dependency	outcome
LIRGH, Oban - substantiate minor ailments	capacity and accuracy of signposting FNC digital and IT capacity/ resource	reduction in ED and MIU attendances - potential to achieve and maintain 2021 outturn allowing for seasonal peak due to tourism
area of remobilisation addressed	redesign - increased service	

Priority of Deliverable 3	low - 6-12 months	
description	dependency	outcome
Reduction in Average LoS for non elective patients	Increased Capacity in Home First Services and D2A Team	Reduction of 1 day in Average LoS for non elective patients
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 4	low - 6-12 months	
description	dependency	outcome
Reduction in AvLoS for Community Hospital Inpatient beds	Redesign of CH pathways to focus on rehabilitation functions	Have three categories of rehabilitation provision 10, 14 and 21 day length of stays. CH provision focused on delivering to this level of rehabilitation
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 5	low - 6-12 months	
description	dependency	outcome
Increase ED capacity at Raigmore through relocation of MIU/Walk-In services elswhere	Availability of Estate to house MIU services including x-ray facilities Resources to provide MDTassessment for this patient flow to redirect/ support admission avoidance activity	Larger ED in Raignore for better flow and management of more complex patients
area of remobilisation addressed	aid remobilisation	

This activity has a co-dependency with Estates & Physical Environment

Priority of Deliverable 6	medium - 4/ 6 months	
description	dependency	outcome
Improved discharge planning processes including robust implementation of choice guidance	Availability of workforce development capacity to make significant cultural and practice change in hospitals	Fewer DHDs, more appropriate choices for long term care made by individuals; more rigourous approach to planned date of discharge for all patients and monitoring of patient journey
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 7	medium - 4/ 6 months	
description	dependency	outcome
Delivery of Highland wide equipment coordination	Changed approach to equipment governance and provision across hospital and community	Improved coordination of equipment supply and availability. Faster response to requests, cheaper and more efficient procurement
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 8	low - 6-12 months	
description	dependency	outcome
Maximise the potential of FNC to reduce self presenters at ED & MIU through the expansion of pathways	Capacity of FNC	Reduction in the number of walk ins
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 9	low - 6-12 months	
description	dependency	outcome
RGHs introduction/expansion of patient triage, MIU / ailments streaming and introduction of AEC where not in place	Resource requirements and potential estates work to support change in service delivery approach/patient pathways	Provision of alternative streams for patient flows, consistent with delivery of FNC and RUC programme. Better mangement of flow in ED as a result.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 10	low - 6-12 months	
description	dependency	outcome
Review AEC pathways to increase volume of available pathways for referral. Increase capacity of AEC service to reduce ED referrals	Needs review of current pathways against ARC guidance. Space and capacity needs reviewed to determine how much volume can be safely managed	Reduction in ED referrals and improved flow. Faster turnaround of patients with reduced level of admissions
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 11	low - 6-12 months	
description	dependency	outcome
increase the ED medical workforce at Raigmore Hospital	Staff recruitment	improve demand and flow through ED
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 12	low - 6-12 months	
description	dependency	outcome
increase number of general medical trainees in ED		improve the training experience for junior doctors and encourage sustainability of recruitment
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 13	low - 6-12 months	
description	dependency	outcome
to create an infection control unit within Raigmore Hospital		improve patient outcomes and reduce spread of infections
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 14	medium - 4/ 6 months	
description	dependency	outcome
To produce a business case for the funding of the ED's module of trakcare to be included on a Pan Highland basis.		Business case fully developed
area of remobilisation addressed	aid remobilisation	

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	cost status
2	Workforce - Increase navigation hub management resource	recurring	1,204,900	ANP and HSCWs
3	Workforce - Increase hub admin support	recurring	447,326	
4	Workforce- FNC clinical leadership	recurring	60,000	
9	recruitment of ED medical workforce	recurring	374, 020	
	general medical trainees	recurring	685,000	
	control of infection unit	recurring	1,438,306	
5	redesign of minor injuries unit	recurring	599,000	

Acute Care including elective care, cancer care, outpatient services, woman & child services & diagnostics

Acute Service Statement

Acute services across NHS Highland are reshaping to deliver high quality clinical services that are accessible across the Rural General Hospitals and Raigmore Hospital through a one Hospital, Four sites model and across our unique and vast geographical area. Remobilisation of elective care is progressing in line with clinical prioritisation and in accordance with a clinically led and managerially enabled multidisciplinary approach to service restart. Prioritisation will be given to those with highest clinical need with a range of bespoke recovery plans being taken forward across a range of impacted services.

Context for Elective Care

The approach aims to deliver more equitable and sustainable service delivery models by improving on the local accessibility of services across the Highland area and the utilisation of available high quality clinical staff and real estate capacity across all acute sites. It will also aim to maximise the application and use of technologies to help reduce inequalities of access across our geographically challenged areas and improve efficiency of our service delivery models.

The Covid 19 pandemic has had a significant impact on the delivery of Acute clinical services through the first and second waves. This has required a repurposing of clinical time and space to manage demand and alternative service requirements for a period and significantly reducing theatre, outpatient, inpatient and diagnostic capacity due to revised infection control precautions to meet the requirements of the pandemic. As Acute services remobilise for a second time we will take advantage of our learning from the successful and productive approach to remobilisation plan one. With additional enhancements which will allow for the delivery of services to support meeting the needs of those with Covid infection and also to address the impact on waiting lists built up through the course of the Pandemic.

A comprehensive range of plans have been developed across a number of service areas to support our remobilisation plans.

Transport

Recognising that our one Highland Hospital will be delivering across a significantly geographically dispersed area. We will build on the transport plans tested through COVID and remobilisation 1 which support the timely movement of patients and support with equity of access and egress from our Acute services.

Patient administration services

In line with the principles of the Access Collaborative a redesign of booking services is being progressed to ensure the most efficient use of resource and application of waiting list management can be applied. Electronic systems have been implemented to allow for waiting list validation and ensure precious resource is targeted efficiently across in-patient and out-patient services in accordance with clinical prioritisation.

Out Patients

A range of Access Collaborative initiatives are in the process of being progressed across a broad range of service areas including the delivery of as much outpatient activity as possible through virtual means both Near Me and Telephone helping to improve access for patients and take advantage of available technological advancements. Active Clinical Referral Triage, Clinical Dialogue and Patient initiated return processes all

being progressed as a priority. In addition Community Treatment rooms will continue where patients are supported with access to diagnostic testing as a part of the virtual attendance model.

Theatre

Following ongoing collaborative working across the Rural General Hospitals and Raigmore plans are progressing to deliver minor surgery in a non theatre environment and deliver increased numbers of day case and less complex surgery onsite in the Rural General Hospitals ensuring all available capacity is gainfully employed to deliver services and reduce the numbers of patients awaiting surgical intervention. Allowing greater access to more complex surgery on the Raigmore Hospital site. A recent completed upgrade of theatres and critical care areas within Raigmore allow high quality clinical services to be delivered with an appropriate uplift in staffing.

Sustainable workforce

As we work to deliver through the most efficient practices we are also looking to build workforce capacity to support service sustainability across a range of services with investment in work force requested across a range of service areas; Orthopaedics, Radiology and Radiography, Gastroenterology, Paediatrics, Gynaecology, Anaesthetics and Intensive care, Nursing, Dermatology, Emergency Department, Infection services, Chronic Pain and Community services. Work progressed by our Deputy Medical Director utilising values based recruitment processes has seen high success rates in recruiting into substantive consultant posts over recent months.

National Treatment Centre

Orthopaedics has been significantly impacted through the pandemic and bespoke plans to address this challenge have been included to allow for an increase in Orthopaedic Operating onsite in Raigmore. This will see the reinstatement of the ringfenced orthopaedic ward and an increase in the operating capacity to pre-covid levels. In addition plans are progressing at pace towards the opening of the National Treatment Centre in Autumn of 2022, where world class treatment will address capacity gaps NHS Highland has been challenged with to meet need in Orthopaedics and Ophthalmology over recent years.

Cancer Services

The Cancer remobilisation plan aims to deliver the 31 and 62 Days Cancer Waiting Times Standard by focussing on patient journey milestones.

- Seeing investigation of all patients commenced within 14 Days of referral
- Completion of all the Endorsed challenges within the Urology Access Collaborative Review and Implementation of the National Effective Cancer Management Framework (ECMF).
- Establishment of the Highland Urology Centre (HUC) and the provision of flexible Cystoscopy within a dedicated environment, releasing Endoscopy Unit for other procedures,
- Develop proposals for the expansion of SACT (Systemic Anti Cancer Therapy) capacity within the Board
- Development of the Highland Urology Centre to incorporate imaging services to further enabling the development of one stop services.
- Recruitment to key vacant posts within Colorectal, Oncology, Urology, Pathology and Radiology and other single handed specialties
- Implementation of Once for Scotland clinical pathways
- Compliance with recommendations of the National Endoscopy and Urology Diagnostic Elective Care Group (EUDECG)

Diagnostic Services

High quality Diagnostics are a key foundation stone of the full range of clinical services. A range of initiatives are being progressed to ensure these services are sustainable in Endoscopy very much focussed now on recruiting the sustainable workforce to continue with the delivery of the fourth endoscopy room and the urology hub and also increasing Radiology and Radiography staffing capacity within the Highland area. In addition further funding is sought to deliver further on the successes of Radiology equipment replacement programme.

Woman and Child services

Woman and Child services are focussing on a number of service redesign initiatives. In addition to supporting efficient working practices across all area there are a number of exciting initiatives being progressed within this area.

The Best Start Programme continues to be embedded as services are enhanced in Caithness for gynaecology and maternity with a redesign of Caithness maternity services ongoing. A Community Midwifery Unit is being introduced in Invergordon and ongoing collaboration and shared working to support the West Moray Obstetric service through joined up working with Raigmore Hospital. Gynaecology services are being enhanced with additional staffing to support and increased capacity for colposcopy and outpatient gynaecology services in Caithness and Raigmore. A capital investment plan is in development to support Raigmore Maternity services physical upgrade.

Investment plans have been developed for an enhanced staffing model to support paediatric service delivery.

Argyll and Bute

Acute services delivered in the Argyll and Bute areas have been challenged due to the Pandemic and particularly due to the closeness to Glasgow which was highly impacted with heavy infection burden through Covid. The Lorn and Isles Hospital in Oban is working collaboratively with Belford Hospital in Fortwilliam through the One Hospital four sites model to deliver sustainable services. At times each Hospital has supported the other when there have been challenges with workforce.

Acute services across Argyll and Bute have engaged in new ways of working with the Northern Acute services supported by the Chief Officer Acute to support newly embedded performance management practices.
Bespoke plans to meet the needs of patients to access services in Argyll and Bute have been progressed over the course of remobilisation 1 and have again been developed through local planning within the Integrated Partnership area to meet the needs of patients within Argyll and Bute across a range of service areas as we look to remobilisation plan 2. In addition new ways of working in accordance with all service areas laid out above are being embraced by the clinical teams within Argyll and Bute.

Summary of Acute Planned Care with additional investment

	new patient activity	return patient activity	TTG	diagnostics - endoscopy
with no additional investment	37,484	85,356	13,252	2,568
additional investment	9,370	35,869	588	3,536
total activity if fully funded	**46,854**	**121,225**	**13,840**	**6,104**
all ITR activity (16,800) is included in return patient activity				

Acute Care Services Summary of Key Deliverables

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022		Benefits or disben-efits	additional information	2021-2022 funding request
Acute	Required recurrent funding as per previous agreements	April staff in post	Included in mobilisation template		Allows activity to continue / reduction in established posts and increasing waiting lists and reduced	As per spreadsheet as per previous years	2,276,028
Acute	Remobilise Orthopaedic Activity in the Unstaffed Theatre in Raigmore Hospital	August Orthopaedic Activity in the Unstaffed Theatre in Raigmore Hospital	400 - 560 patients	400-560 patients depending on case-mix	No activity against this initiative longer waiting lists	Open theatre that has not been utilised to date to deal with waiting list backlog. Activity based on 3-4 joints per list to allow for increased case mix complexity	822,500
Acute	Business case for the fourth Endoscopy room	May	1600 - 2400	1600 - 2400	Increased Cancer performance sustainable improvement increased capacity as described in business case	Continuation of 2021/22 funded activity scaled back by one third to allow for increased social distancing and cleaning associated with COVID. In line with the priciples of the business case agreed with SG last year	783,000
Acute	Appoint 2 Consultant Gastroenterologist from Quarter 3	October	300-400 new patients plus returns	300-400 New only from October to March. Returns will be additional	Inflated waiting lists risk of service collapse due to health impact post pandemic	Consultants, support staff and Diagnostic Tests. Mix of face to face and virtual patients and also increasing capacity for delivery of scope capacity.	251,450
Acute	Waiting times improvement bid in A&B as a result of GGC Covid 19 and remobilisation position	various	contained in appendix		Waiting lists continue to rise and health needs of local population remaining unmet		590,840
Acute	Outpatient Community Treatment Rooms to support virtual attendance	April	An average of 1400 patients per month	16800	Increased requirement for face to face intervention and a reduction in our ability to deliver required levels of virtual consultation	Continuation of 2021/22 funding plan to support the continued unpredictable volume of activity required to meet increasing demand post COVID as per attached SBAR agreed with SG last year	90,380
Acute	Optimising Renal Dialysis and Discharge Flow patient transport to assist SAS	April	20 patients per week	1040	Potential risk to patients care and financial risk	Continuation of 2021/22 activity as per attached paper agreed with SG last year	122,524

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022		Benefits or disben-efits	additional information	2021-2022 funding request
Acute	Referral Management Centre (central booking service)	June	Year 1 Strategic booking review and redesign		Capacity to take forward the redesign and modernised approach to delivering out patient services compromised	This is a three year redesign programme based on the recommendations of the access collaborative and the GG&C model	208,700
Acute	Dermatology National Tender	April	2000-2200 new and return patients per annum	200-2200 New and Return (New and Return to be seperated)	Inflating waiting lists and lack of sustainable option	Use of national tender pending recruitment to consultant staffing as sustainable option	229,220
Acute	SCN in Medical Short Stay	April	12 Beds		Increased LOS for medical patients risk of impact on surgical bed capacity	This was trialled as per the paper agreed and attached last year. The impact of the anticipated benefit has been reduced due to the impact of COVID in medicine in Raigmore. The principle aim of this unit is to reduce medical patient length of stay and improve efficiency for short stay arrangements.	55,044
Acute	SSN and floor Co-ordinators in CDU	April	22 beds with a volume allowance for up to 60 patients per day		Increased COVID risk for hospital as a whole and increased risk of impact on surgical service delivery	This has been the mainstay of the Raigmore COVID response over 2020 /21 and has proved to meet the expectations as articulated in the paper. The CDU receives both Surgical and Medical patients and ensure patients are placed into the appropriate tratment pathways to ensure efficient use of resources for medical and surgical emergency patients thus reducing LOS and reducing the potential for emergency pathways to impact on scheduled care service delivery.	193,200
Acute	OMFS Head & Neck Service	April	15 - 20 complex surgeries per annum plus 4-500 new out-patients	15 - 20 complex surgeries per annum plus 4-500 new out-patients	Waiting list inflation and long waits for high risk patients	Continuation of 2021/22 funded activity to safely manage complex head and neck cancer patients as per annual arrangement articulated in paper and agreed with SG last year note that during COVID activity has been less and we are assuming complex case demand will increase to pre COVID levels	336,000
Acute	Gynae Workforce	July	2000 patients per annum	1,336 from August to March	The number of referrals for gynaecology continue to rise, which will have an adverse impact on patient outcomes.	Sbar and business case articulate request for funding to address long waiting patients on the out patient waiting list. Aim is to improve and adress cancer waiting times also as outlined	213,750

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022		Benefits or disbenefits	additional information	2021-2022 funding request
Acute	Paeds Workforce	September	30 new patients and 90 returns per week	780 new and 2,340 return	The number of patients awaiting treatment would continue to inflate with significant risk to children	Requirement for workforce increase to support delivering a resilient and responsive service which reduces waiting times across key areas.	415,125
Acute	Anaesthetic/ITU	october	10 ITU beds		Preserve core operating levels to approximately 150 - 170 operations per week.	ITU increased staffing to maintain operating levels through the next COVID resurgence	808,750
Acute	Chronic Pain Management Services	April	2-3 year improvement strategy		Chronic pain waiting lists will continue to deterioriate with further impact on physical and mental health waiting lists	2 year improvement strategy working with Janes Omalley from SG. Includes delivering virtual AHP clinics and new models of working to increase access and capacity of the service through new ways of working	778,009
Acute	Urology Diagnostic Hub one stop clinic proposal	may	600 patients per annum for scope		Cancer waiting times continue to be substandard	This initiative as per attched paper is aimed at reducing length of cancer patient journeys and thus improved cancer waiting times	70,500
Acute	Community proposal - Enhanced Community Health & Care Model (Inverness)	April	As outlined in attached paper with an anticipated 1500 bed day saving per annum		Elective activity within the Raigmore Acute Hospital setting continues will be impacted as remobilisation progresses operating levels will not be maintained due to bed blocking	As agreed with SG last year continues to be progressed also attached is an updated advising the progress with the development and learning todate. This bid is taking forward transformational change to support better patient outcomes for the future. It is a long and challenging piece of work as patient pathways are redesigned and reshaped to better meet local need.	1,653,753
Total							9,898,773

Diagnostic

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022	Benefits or disbenefits	additional information	2021-2022 funding request
Acute	Cross-Sectional Radiography (MRI & CT) Workforce	September 2021 to have additional staff in post & new rotas	To match capacity with demand particularly cancer patients Ax and Rx. To increase the access to imaging daily and weekly by % volume demonstrated via 23%increased demand for urgent IP's	30% increase in capacity. Compliance with HSE Covid19 Safe working practices. Extended access to imaging. Improved/ poor patient experience.	Impact on extended patient journeys for diagnostics and impact on cancer patient pathways	222,500
Acute	Ultrasound workforce	September 2021 to recruit & stabilise	To address forecasted demographic challenges proleptically.	To be able to resume pre-covid activity levels in a dispersed geographical model & embrace extended roles.	Extended roles and skill mix possibilities, increased training opportunities - possible new model of dispersed service delivery	343,400
Acute	Medical equipment - planned imaging upgrade	Throughout 21/22 Throughout 21/22	To ensure enabling works and infrastrutures in place for the necessary equipment relacement pan NHSH	Compliance with IRMeR regulations & H&S requirements. Modern and fit for purpose radiological equipment	SBAR from Head of Medical Physics	670,000
Acute	Radiology workforce	Throughout 21/22 dependent on recruitment straategy and market	Additional Consultant Radiology capacity, redesign of services pan NHSH and improvement capacity.	To maintain viable and sustainable Radiology to Acute Services. To improve patient access & staff experience	independent national workforce MacRitchie Report which includes modelling based on national activity analysis and projections. Also to lead and deliver necessary service management and redesign as requested as a prioirty by the consultant group	550,000
Acute	Outsourcing		To maintain current but reducing levels of external reporting of images	Service stability & viability whilst agreeing the target operating model pan NHS Highland and securing digital benefits of order comms and PACS upgrade	This is a key area of performance improvement work supported through a programme management approach	300,000
Total						2,085,900

Cancer

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022	Total Expected Volumes to March 2022	Benefits or disbenefits	additional information	2021-2022 funding request
cancer	Establishment of Patient Centred Care Project	immediate	Single point of contact for the 12600 people living with Cancer and the 600 referrals per month with a suspicion		single point of contact, proactive management from pre diagnosis onwards, tailored support for the patient and their family	This Macmillan project currently funds the provision of support for patients from diagnosis onwards. This will permanently fund the initiative as well as extent its provision for from referral onwards	463,000
cancer	AHP Support Pre-surgery	01/08/2021	This is a pilot programme commencing with approx 200 CRC patients p.a.	119	Co-ordination of a universal prehab service for cancer patients linking to a pan Scotland network.	Timescale assumes successful recruitment to posts	51,500
cancer	SACT - Additional Treatment staff	01/08/2021	Reduction in waiting time from 3 to 2 weeks max.		Additional Systemic Anti Cancer Therapy capacity with evening and weekend opening providing a 20 % increase in treatment slots and reducing significant risk of treatment delays.	Difficulties in recruitment to the SACT trained nursing posts are anticipated and alternatives solutions will be utilised in the short term if required until the posts are filled	163,200
cancer	Acute Oncology Team	01/08/2021	tbc	tbc	Reduced hospital visits, admissions and LOS. Improved outcomes and experience due to specialised team, improved co-ordination, communication and ability to meet increasing AO demand. Provide expertise and service across numerous hospital sites within Highland, ensuring patients are treated/cared for with minimal amounts of travel. · Improve the pathway and diagnostic experience of CUP for patients presenting with non-specific symptoms.	This proposal will also reduce the burden on the Consultant establishments providing increasing and more complex treatments within OP settings	250,000
cancer	Pharmacist - Cancer Independent Prescriber	01/08/2021	tbc		Increased number of SACT episodes managed by Pharmacist rather than Medical Teams.	Difficulty in recruitment to this post is anticipated and alternatives solutions will be utilised in the short term if required until the posts are filled	73,700
cancer	Patient Pathway Plus		1500 patients being tracked	44,287	More proactive and more timeous management of all patients being tracked. Improved ability to use systems for clinical purposes and decision making		49,840
cancer	Cancer Information Officer	01/08/2021	1500 patients being tracked		Supporting the Mgmnt Team in the provision and analysis of meaningful date to inform decisions in operational/strategic processes		44,900

SG funding stream	Key Deliverable	Timeframe 2021-2022	Volume (est) 2021-2022	Total Expected Volumes to March 2022	Benefits or disbenefits	additional information	2021-2022 funding request
cancer	Consultant Radiographer - Prostate Radiography	01/08/2021	200/yr		An efficient and cost effective way of dealing with heavy workload. Reduced reliance upon Oncologists time. Improve the urology patient pathway through Oncology by freeing up the Consultant Clinical Oncologists to concentrate on other essential patient work both Urology and other	Role will work in complement with the oncologists and have a take responsibility for implementing 'Lean' methodologies to "pull" patients from MDTs and minimise the delays in Oncology referral and treatment	79,000
cancer	Support Contact for Medical Imaging App		500 referrals per year	500	The 31 & 62 day targets will measure how quickly melanoma patients are seen and treated. By being able to prioritise the most clinically urgent cases, we will also be able to list some patients directly for treatment. Trak care will help us audit how many patients can be reassured directly and avoid the wait for outpatient assessment	Improved ability to monitor how many images are sent for review and the quality of the images provided	6,600
cancer	Pre-existing initiatives funded in 2020/21	immediate			CWT Initiatives established in 20/21 Melanoma, Haematology and GI Nurse Specialists, Consultant PA shortfalls and Ass Service Mgr		383,469
cancer	Mutual Aid/IS capacity at Dr Grays		estimated 360 scopes and 90 IP cases	360 Scopes 90 IP	Additional capacity for 15 weekends to see USC patients dependent upon demand at time		100,000
cancer	Development of Urology component of patient portal	01/08/2021	600 pts on Prostate Active Surveillance (AS)	600	Rapid notification of results for patients on AS. Freeing up of NS staff (1 day per week) for more appropriate activity		20,000
cancer	Urology - Advanced Clinical Nurse Specialist	01/08/2021	36 flexible cystoscopies per week once ACNS is fully trained	1,080	This post addresses the inability to appoint new and replacement post and maximises the skills and abilities of the non medical workforce	In keeping with the aims and vision of the Scottish Access Collaborative. This would be a second NS post providing capacity in this area	87,700
cancer	Haematology Specialist Doctor	Immediate, once funding confirmed	100 return per month	1,200	With reduced cons capacity Spec Dr able to manage return cases and free up Cons to see more complex pts. Bridge gap between Nursing & Consultant level staff., improved ward level support		64,000
Total							1,836,909

Mental Health

Service Statement

NHS Highland is committed to working with Scottish Governments enhanced support team to discuss improvements in both CAMHS and PT Services

Scheduled care

Improved rate of responsiveness to new referrals to Psychological therapies and reduction in waiting list numbers . Optimisation of medical capacity and digital delivery in outpatient settings. Managing increase in demand for PT services (pan Highland including Eating Disorders). Development of service models where no dedicated provision in place e.g. EI in Psychosis (pan Highland), Eating Disorders, Personality Disorder and Forensic (A&B), Primary Care (North Highland). Significant service risks exist due to low baseline staffing and service models.

Unscheduled Care

Increase of in hours and establishment of out of hours MH specialist input including home treatment and assessment functions (pan Highland). Likely to require significant investment due to minimal current service and remote and rural delivery costs.

In-patient care

Remobilisation of beds closed due to COVID response with increased available bed days (pan Highland)

Increase in support hours to supported people reflecting timescales of reopening of building based services and continuation of new/emerging service models.

Key Performance Indicators2021 - 2022

Key Performance Indicator statement	current performance	baseline	target
Scheduled Care (Psychological Therapies) - each service element to deliver to clinical priority CAMHS	77.5% 85.2%	79.1% 85.3%	18 week RTT target 90%
Scheduled Care- optimise the focus of outpatient activity through caseload reveiw and maximisation of digital delivery	30% Adult Psychiatry NH, 0% all other services	Total caseload numbers	100% Adult Psychiatry(NH), 50% OA Psychiatry (NH), 100% PT (NH), 25% Psychiatry (A&B), 75% PT (A&B)
In-patient Services- increase in available bed days in adult acute pathway	NH 670 bed days per month, A&B 426 bed days per month		NH 1200, A&B 639 bed days per month by March 2022

Key Deliverables 2021 - 2022

Priority of Deliverable 1	Very High	
description	dependency	outcome
For each service to deliver timely access in relation to its own clinical priortisation	accurate digital capture, progress with improvement plans, IT equipment for digital delivery, group platform resolution	high quality performance reports
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 2	High	
description	dependency	outcome
Increase in support hours being provided to supported people in any appropriate format	lifting on lockdown restrictions on building based services, digital capture of support offered	improved access to services
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 3	High	
description	dependency	outcome
Scheduled Care- optimise the focus of outpatient activity through caseload review and maximisation of digital delivery	accurate digital capture, IT equipment for digital delivery.	cleansed waiting list
area of remobilisation addressed		

Priority of Deliverable 4	Very High	
description	dependency	outcome
Unscheduled Care- Agreed investment plan with the Scottish Government Support Team in regard of devel-opment of extending in-hours and commencing out of hours assessment services and 24 hr home treatment service	Available funding, staff recruitment, agreement of service model	agreed investment plan that is cogniscent of the remote and rural challenges faced by NHSH
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 5	Very High	
description	dependency	outcome
Scheduled Care- Agreed investment plan with the Scottish Government Support Team in regard of develop-ment of new services where no current provision in place- EI in Psychosis (pan Highland), ED (A&B), PD (A&B), Forensic (A&B) Primary Care (North H)	funding and recruitment to new service, accomodation and digital delievry equipment	development of new services
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 6	Very High	
description	dependency	outcome
Increase in adult acute beds as Maree and Succoth Ward is remobilised between November 21- March 22	staffing	improved in-patient care
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 7		
description	dependency	outcome
Develop a programme to enable the implementation of the National CAMHS service specification outlined by the National Programme Board	Recruitment and retention to a staffing level sufficient to cover the service and OOH support	SBAR accepted prior to COVID19 by SG
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 8		
description	dependency	outcome
With increased resource develop Mental Health pathways and services for vulnerable children and young people, aligned to the work of 'The Promise' Agree and support the implementation of a neurodevelopmental service specification /principles and standards of care	Service review by local team, consideration of route to referral, criterias	Clear guidelines for those referring into the service. Critreria directing service users to the most appropriate health professionals
area of remobilisation addressed	aid remobilisation	

CAMHS deliverables were previously in the Woman & Child Section

Costs 2021 - 2022

deliverable	new cost description	cost type	amount (£)	cost status	comment
Costs to be provided following agreement with the Mental Health Support Team					

Adult Social Care

Key Performance Indicators

- Day and Respite Services are remobilised.
- Services are restarted for all service users where appropriate, safe and necessary.
- Carers benefit from Short Breaks.
- Reducing delayed discharges.
- To reduce the numbers of inpatients awaiting Adult Social Care assessment.
- To reduce the overall time from a care assessment in hospital to care home placement/provision of at-home care package.

Key Deliverables for 2021-2022

- Discharge to assess model to be introduced
- Improved placement co-ordination ·
- Review existing models of care within in house care homes
- Review complex care pathways and capacity with a view to commissioning revised models ·
- Development of a Provider Relationship Management Programme and Support Plan · Development of Future ASC Commissioning Intentions · To identify flexible and increased capacity for planning and commissioning
- To create a sustained shift in the balance of care, particularly from Acute Care with innovative and creative community based programmes · Detailed Three Year Plan and Joint Transformational Change programme with Highland Council · To move both resources and staff, where appropriate, from Acute Services to the Community.
- supporting a reduction in overall delayed discharges by improving flow to adult social care/available community services from acute hospitals.
- Ensuring that extended acute hospital stays are subject to timely review and assessment of suitability for alternative care arrangements.
- Targeting available social care resource by reducing the frequency and/or intensity of care packages, where possible. This will be achieved through targeted assessment and providing more care packages in the community and/or at home, ensuring packages are always subject to timely review.
- To agree an appropriate resource shift from Acute Services to Community Services to support the transfer in the balance of care.
- Targeting available social care resource by reducing the frequency and/or intensity of care packages, where possible.
- To support the delivery of the transformational/ Cost Improvement Plan in 2021-22, noting challenges with Covid19 and re-mobilisation of our core services.
- To agree an appropriate resource shift from Acute Services to Community Services to support the transfer in the balance of care.
- Resetting day care services (in accordance with National guidelines) - critical to support carers who are under pressure with little respite support;
- Recommencing care/needs assessments - prioritising patients by need to assess their care needs and how to support them in an appropriate socially distanced way. Risk assessments being undertaken for the most vulnerable users where socially distancing is not possible. In such circumstances ensuring that staff/contractors have adequate training and safeguards;
- Develop and deliver an effective communication plan with users and external stakeholders.

Additional Challenges for 2021 -2022

- Significant management and operational resource is already in place to support the care home sector,

a flexible and responsive care home support team is available for deployment where necessary.

- Testing remains a significant challenge for care home staff.
- There have been deaths, isolation of residents, financial issues and significant strain on staff within care homes for older adults.
- Care home placement acceptance from providers has slowed significantly.
- There are concerns about viability of some care homes.
- Social Distancing concerns are impacting on ability to place some people.
- Increased support/scrutiny is highlighting some concerns (2 LSI's in process at present)
- Full Social work care assessments have not been taking place in line with Scottish Government guidance, partial assessments will require review.
- Adult Support and Protection remains a significant issue due to isolation of individuals and large scale concerns referenced above. Nationally, an increase is expected during transition from lock-down.
- The need to shield and maintain social distancing is driving a reducing in acute bed capacity however the expected shift of investment to community services has not transpired.
- Focus on providing care in the adult's home wherever possible is more important in view of social distancing and shielding

No	Good Practice indicators	Measures/ KPIs	Targets	Current performance
1	Day Services are remobilised	% of Services Registered to provide day care are active and able to offer services safely	(TBC) 75% by Sept 21	no attendance
		Number of Day Care service users are increased in line with specific mobilisation plans	To increase the number of service users attending day care, using April 21 as baseline	
2	Respite Care Services in a care home and at home are remobilised	% of Services Registered to provide respite care are active and able to provide services safely	(TBC) 75% by Sept 21	Limited access only
		Number of Respite Care service users are increased in line with specific mobilisation plans	To increase the number of service users accessing respite care, using April 21 as baseline	
3	Carers benefit from Short Breaks	% of Carers with Eligible needs who report they are receiving a short break currently; or have one now planned	(TBC) 20% by end Aug 21 (TBC) 50% by end Oct 21	Limited access only

Culture & Workforce

Service Statement

NHS Highland is committed to continuing to build on the progress made in strengthening our workforce and transforming our culture throughout 2021/2 and beyond. Having responded well to the pressures of Covid, keeping our workforce safe and well and rapidly responding to the need to increase and redeploy our capacity to deliver critical services and support test and protect and vaccination. We continued to focus on culture, and put in place additional support mechanisms and our bespoke healing process as well as reinvigorating our governance and management structures and capability. We also adapted quickly to deploying services and support remotely and we've embraced increased partnership working to help us be more engaged and effective.

Our priorities for 2021-2022 are described in our 2021 Vision, Objectives and Values which we will be launching to colleagues in early April. Our aspiration to be a "Great Place to Work" will be delivered by our five examples of: growing talent, being inclusive, learning from experience and improving wellbeing.

Planned activities are outlined below.

Key Performance Indicators

KPI statement	current performance	target
Absence rates - we will work to understand and address mental health related absences with education, targeted intervention and support. Specific data on this will be available from April	4.8% (overall)	4% (overall)
Colleague engagement - IMatter and introduction of other tools including a May culture survey	IMatter completion 2020 - 58% Everyone Matters experience 2020 - 6.56	IMatter Completion 2021 - 60% plus IMatter 2021 experience - 7.00
Vacancy rates - we will leverage current interest in NHSH and also track key hard to fill areas. We will also look to reduce time to fill key vacancies.	c6.5% overall	5% overall
Supplementary staffing unfilled rates - we will reduce our reliance on agency and bank staffing by reviewing our establishment and filling key roles	c 25% + unfilled on average	less than 20% unfilled on average

Key Deliverables

Priority of Deliverable 1	immediate - less than 2 months	
description	dependency	outcome
Culture programme 2021-2 is fully supported and resourced and delivers its key objectives and actions, including a team based intervention for all colleagues	Confirmation of budget and resource - will be confirmed in Q1 following detailed costings	All colleagues benefit from improved experience at work
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 2	immediate - less than 2 months	
description	dependency	outcome
Workforce strategy and plans are place identifying and delivering talent, internally and externally.	confirmation of plans and strategy for 2021/2 2022-5 strategy developed	Workforce plans for 2021/2 delivered for 30 April and work starts on 3 year plans
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 3	high - 2/ 4 months	
description	dependency	outcome
Robust workforce data and control systems in place, along with established culture metrics	Investment in culture tools Additional capacity in systems and data team	Robust new metrics avaialble to track progress in IPQR reports, committees and local leaders
area of remobilisation addressed	aid recovery	

Priority of Deliverable 4	medium - 4/ 6 months	
description	dependency	outcome
Our long term leadership and management development programme will have been developed and piloted with key cohorts, ready for full roll out in 2022	investment, as part of culture programme Organisational capacity to engage in the programme	clear basic leadership upskilling proposition in place, in modular format and flexible delivery and priortised plan in place to deliver across organsation
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 5	high - 2/ 4 months	
description	dependency	outcome
Wellbeing Strategy developed and fully implemented by March 2022	resource allocated to support (as part of culture investment / endowment funding)	clear and joined up approach to wellbeing, covering mental health and practical support for colleagues
area of remobilisation addressed	aid recovery	

Priority of Deliverable 6	medium - 4/ 6 months	
description	dependency	outcome
New and innovative ways of working are implemented and embedded as part of a clear strategy in how we work and how we deliver our services	Clarity of longer term restrictions Technology	colleagues can work more flexibly , harnessing benefits of tech changes but retaining positive team culture and input
area of remobilisation addressed	aid remobilisation	

Costs

deliverable	new cost description	cost type	amount (£)	cost status	comment
1	Culture Programme	non recurring			A full funding request for all culture staffing will be discussed and approved in Q1 - mostly non recurring resource for delivery over the next 12- 24 months
1	Wellbeing	non recurring			

deliverable	new cost description	cost type	amount (£)	cost status	comment
2	Culture Programme	capital & recurring			A full funding request for all non staffing culture items will be discussed and approved in Q1 - including culture metrics tools, team based interventions, learning materials and case management systems and infrastructure

Headlines

NHS Highland has delivered strongly on it's Culture priorities in 2020/1 including the delivery of its unique Healing Process to address past harms and implementation of an independent Speak Up Guardian Service, the first in Scotland.

This ongoing culture programme has been delivered throughout the pandemic response, where we have adapted to innovative new ways of working and provided internal and external capacity for all the new activities required.

We've rolled out a significant "Courageous Conversations" learning package to over 800 leaders and colleagues, via Teams, as the start of our transformation of how people work together.

We've launched our own wellbeing website, our 24/7 employee assistance programme, launched our Wellbeing Wednesday emails and provided practical support to front line colleagues.

Over 2020/1, we've recruited permanently to our leadership team, improved our governance structures, built sustainable relationships with the Board and elected members and participated in ongoing development.

We've focussed on listening and learning from past experiences, including the healing process, a root cause diagnostic and internal audit of our culture programme and this has informed the culture programme plans we have for 2021/2 and beyond.

We have robust scrutiny of our culture programme and progress, via a dedicated oversight group, and then discussions at our leadership meetings, the Board, Staff Governance Committee and the IJB.

Our actions planned for 2021/2 will deliver a culture survey in May, a team based intervention for all colleagues focussed on embedding values and behaviours and introducing the principles of "Calling it out with Compassion". We will be designing and implementing our Wellbeing strategy and adopting a more agile way of working that balances the opportunities of remote and flexible working with the needs of our services and our colleagues and ensures the benefits when we do work together are maximised. We will be finalising our workforce strategy and plans to deliver on all that is set out here and in our longer term strategy. We'll also deliver systems leadership training for senior managers and pilot our management skills programme. This will ensure we are working towards our aspiration to be a Great Place to Work, and our 5 key people objectives for 2021/2 growing talent, leading by example, being inclusive, learning from experience and improving wellbeing.

Education & Research

Research Development and Innovation (RDI)

RDI is the integration the three functions of Research, Development and Innovation into one Division. NHS Highland remains the only Health Board in Scotland to have done this.

The Division has supported 15 Covid 19 studies over the past year and has recruited over 700 participants in these. Studies include RECOVERY (which is the world's largest clinical trial for Covid19) and a number of other treatment trials in secondary and primary care.

While the Division suspended many of its 150 non-Covid19 clinical trials during the periods of lock-down, Cancer Trials continued to support all patients on cancer trial drugs and the non-cancer NHS Highland Clinical Research Facility team supported patients on acute trials. The Division is now approaching a point at which most trials are ready to recommence fully. The key risk facing the clinical trials activities of the Division is the current lack of resource in Radiology.

Many staff have been working at home but have now begun a pandemic safe return into work. The clinical teams have largely stayed in work where able, especially as they have been working to recruit and support patients in the Covid19 wards.From the Development perspective the Division has been working with clinical and non-clinical Divisions to support service re-design and service improvement. Specific projects taking this forward include early interventions into hospice support for patients with medium and severe COPD, support for mothers with mental health concerns with new babies, improvements into the management of Lyme Disease through behavioural change and into better diagnosis, support for GP practices in the use of new satellite connectivity for diabetes, GP education and patient mental health.

Innovation is a key component for the Division. It is has set up an Innovation Infrastructure Group (IIG) which has developed a review and approval methodology for resources process for all innovation projects proposed in or external to NHS Highland. This IIG approach includes not only RDI, but also senior managers in eHealth, Medical Physics, Technology Enabled Care, Estates, and Procurement. The Division works closely with all other Innovation Centres in Scotland ,Universities and other organisations. It frequently receives enquiries a week from companies or others about new innovations that might be suitable for test-bedding in NHS Highland.

As RDI receives funding from the CSO annually to support this activity it provides a no-risk approach for the HB to test new technologies and to obtain evaluated and evidenced reports from RDI on the viability of these for HB scale-up. There are many examples of these but they include digital products (RDI works with around 40 digital health / innovation companies), medical devices, data analytics, and other tech. RDI also works to support in-house NHSH inventions or ideas - through direct support and funding, through governance, testing, commercialisation and manufacture. Big project focuses include the use on Internet of Things technologies for non-clinical IoT, and the use of drones to alleviate pressure of services generally.

In 2020, an independent commercial entity, Highland Health Ventures Ltd, was established through a Collaboration Agreement to work with the Health Board to provide a no-risk venture able to address the key interests of the Health Board, to own shares and to pursue joint ventures and other opportunities. Through the Agreement, this company, following payments of costs and small amounts of investment, will generate revenue to be gifted tax-free to NHSH as a revenue stream. A target of £2 million revenue over the next 2 -3 years has been identified.

RDI is currently mapping all of its current, expected and opportunity identified activities against the new Remobilisation Plan (and the new HB Strategy) to provide all staff with an understanding of how the Division contributes to the work of the service, and how it can be used to address all issues at whatever level throughout the Board.

The Division runs all Good Clinical Practice training for NHSH and NHSWI and all local stakeholders who require it. Additionally, we run a comprehensive Research Programme providing a high quality teaching approach for anybody wanting to do any research activities at any level.

Digitally Enabled Services

During 2020/21 the NHS saw a significant increase in the use of digital solutions fuelled by the need to work differently due to the Covid pandemic. SGHD direction in CEL of 14 December states “Remobilisation Plans should also show how you will, continue to embed and extend the role for Digital Health”

NHS Highland changed rapidly with a huge uptake in remote and flexible working across all staff groups with the introduction of MS Teams and a more robust remote access solution. The use of Near Me increased significantly as both patients and staff embraced the new way of delivering clinical care. Asynchronous consultations were also introduced with the vCreate solution working well in paediatric neurology and NHS Highland was involved in the development work for the Covid remote monitoring application (now live).

During 2020/21 there was a focus on upgrading the core digital infrastructure to support the increased demand for digital solutions during the pandemic and this has stretched and exceeded the core resource within eHealth. It is recognised that to embed and develop this 2021-2022 and beyond requires an increase in the eHealth staff resource in not only system support but facilitation and organisational facilitation to ensure adoption of “Digital First”.

The clinical and care remobilisation plans detailed will continue to be heavily reliant on these new ways of working. In fact, our ability to meet the current and future Covid-19 health and care needs requires ongoing remobilisation and recoveryof services which are dependent on digital modernisation to achieve an integrated whole system and community health and well-being service.

The focus for the NHS Highland digital plans for 2021-2022 are focused into two areas: firstly remobilising and recovering clinical and care services with the introduction of a number of digital solutions into clinical and care settings; and secondly continuing the work to ensure that NHS Highland has a performant, security digital environment that provides benefits to patients and reduces the burden of work on staff and enhances productivity and efficiency of our systems.

The impact of this digital remobilisation and recovery requirement on services is summarised below:

	Digital Outcome	Purpose
	Universal care record	Health and care professionals have immediate access to all relevant information about a patient’s care, treatment, diagnostics and previous history for all patients across Argyll & Bute;
	Universal clinical and care access	Health and care professionals can operate in the same way independent of their geographic location
	Universal transactional services	Health and care professionals can access a common directory of services and make arrangements for the appropriate referral to the next stage of the care pathway
	Shared health and business analytics	Health and care professionals have the analytical information they require to run an efficient and effective service for patients e.g. anticipatory care and patient risk profiles. This can be collated and used to inform population health management and achieve productivity and efficiency targets.
	Online and single points of access for patient and care services.	Patients can access their medical and social care records online and use other online services e.g. book a GP or hospital appointment or ask a clinician or social worker a question or have a single point of access.

	Digital Outcome	Purpose
	Expert systems	Health and care professions and patients have access to knowledge bases to support the care processes
	Personal digital healthcare	Patients or clients receiving care can use Technology Enabled Care including personal technology to support their health and care eg. a device can automatically send data to alert their GP or care agency or access and connect and share information their network of friends and family.

NHS Highland Digital Modernisation planning requirements for 2021-2022 is split into three sections reflecting the Health and Social Care operating and governance arrangements of its catchment area.

1. Pan Highland initiatives
2. Argyll & Bute Health & Social Care Partnership initiatives
3. North Highland Health & Social Care Partnership initiatives

Pan Highland Digital Plan

Clinical Remobilisation and recoveryInitiative	status
Hospital Electronic Prescribing & Medicine Reconciliation (HEPMA)	Regional and local funding allocated
Order Communications – Primary Care	Funding allocated
Order Communications – Secondary Care	Funding allocated
Replacement for the obsolete Immediate Discharge Letter System	Funding was to be allocated from ADEL funding. If this is an issue for 2021-2022 then additional funding will be required £411k
Introduction of clinical documentation into hospital settings (medical, nursing and AHP)	The initial proof of concept is being funded from existing funding. To fully implement may require additional funding
Introduction of vital sign recording solution (NEWS2)	The initial proof of concept is being funded from existing funding. To fully implement may require additional funding
Increasing the functionality with the Care Portal to include access to both the Primary Care & Social Care datasets	This work is being funded by North Highland and Argyll & Bute funding sources
Remote Patient Monitoring	Work is progressing on solutions that will support remote patient monitoring, some of this work is funded, however, additional resources will be required to implement this at pace

Core Services Initiative	status
Creation of a single digital domain across NHS Highland	Funding Available
Upgraded WiFi service across Healthcare sites with an initial focus on hospital setting	The initial work for this has been funded. A survey of all sites is currently being carried out which will lead to the development of a business case
Continued rollout of Microsoft 365 tools	Funding being discussed - requirement to have a team in place to support
Cyber security/Information Governance	Recent audits have identified a need for additional staff to ensure NHS Highland is compliant
Data Protection	Recent audits have identified a need for additional resources to ensure NHS Highland is compliant

Core Services Initiative	status
Support for National Digital Programmes GP IT Re-Provisioning CHI & Child Health Replacement	Awaiting developed of business case templates so that a local business case can be developed and submitted.
Support for the National Treatment Centre (NTC)	eHealth is currently absorbing this work, however, additional staff are required to ensure the vision for the NTC is delivered
Replacement devices	During 2020/21 NHS Highland purchased around 1300 replacement devices. To maximise the benefit users receive from these devices will require a temporary dedicated team (4 * band 4 fixed term for 6 months

The digital remobilisation and recovery of services has identified a number of areas where NHS Highland's core digital teams have 'bottlenecks'. Some of the schemes included above and below have funding approved, however, the Covid pandemic saw a significant increase in the use of digital solutions that was not planned or funded. This has resulted in a large backlog of work for the eHealth department which at the last resource review would equate to an additional 30 staff (approximately).

As well as staff resources there will be a requirement to invest in non-recurring revenue to support the infrastructure required to deliver digital remobilisation and recovery. NHS Highland is currently undertaking a review of the WiFi network across all sites and this audit will identify where we need to enhance the existing network to ensure that critical services are able to be delivered using mobile technology. As the audit has not concluded there are no figures available, however, the costs will be significant - approximate cost for 2021-2022 £500,000 + VAT

Summary of Non Recurring costs	
Upgrading of WiFi network	£ 600 000
Potential funding to support Immediate Discharge Letter replacement if ADEL funding not available	£ 411 000

Argyll & Bute Digital Plan

Planned Deliverable	description	funding source	£
GP merge/server consolidation - change to single AD Infrastructure	New centrally hosted and managed platform includes less use of traditional hardware, software licenses and eHealth support travel costs	A&B HSCP	20,000
Rothesay and Argyll Street GP Dunoon merger/server consolidation	New centrally hosted and managed platform includes less use of traditional hardware, software licenses and eHealth support travel costs	A&B HSCP	20,000
EPR Digital Scanning	Access to scanner and workforce to scan health records locally within NHS Highland EPR program	A&B HSCP	35,000
CareFirst - Portal link	Interface costs with NHSH Portal	A&B HSCP	30,000
Replacement of CareFirst Social Care and Community Health system	Single integrated social Care and community health system	A&B HSCP	475,000
Primary care vision/EMIS – portal link	Interface costs with NHSH Portal	A&B HSCP	30,000
Replacement Argyll & Bute Hospital Telephone system	7 Hospital sites- replacing BT featurenet service – cost saving	A&B HSCP	245,000
Handsets and server infrastructure for hospital telephone system		A&B HSCP	25,000

Planned Deliverable	description	funding source	£
Digital/Telecoms Facilitator	Support digital training and administration of mobile telephony and reduce costs	A&B HSCP	40,000
Server Replacement	General IT maintenance upgrades etc.	A&B HSCP	40,000
Total			960,000

The additional investment required is the E-Health workforce resource within Argyll & Bute to meet the core service needs, and support the digital modernisation agenda is:
Argyll & Bute staff recurring resource requirements

The additional investment required is the E-Health workforce resource within Argyll & Bute to meet the core service needs, and support the digital modernisation agenda over the next 3 years.

The HSCP has currently only one GP Facilitator for 31 practices which is well below the national standard and does not meet primary care demand.

The HSCP will require networking expertise to help support our new Maintel telephony service across the HSCP. Other IT Support Officer's to help support many of the schemes outlined within our eHealth Delivery Plan for 2021/22 and beyond, to sustain the level of increased service and demand as we redesign operational services and remobilise to address the backlog of health and care demand within a reduced capacity footprint.

This investment will ensure the productivity and operational gains achieved via digital working over the last 12 months are embedded and developed as the norm within Argyll & Bute health and care service delivery.

As well as staff resources there will be a requirement to invest in non-recurring revenue to support the infrastructure required to deliver digital transformation. NHS Highland is currently undertaking a review of the WiFi network across all sites and this audit will identify where we need to enhance the existing network to ensure that critical services are able to be delivered using mobile technology. As the audit has not concluded there are no figures available, however the costs will be significant - approximate cost for 2021/22 £500,000 + VAT

North Highland Digital Plan

Planned Deliverable	status
Implementation of the 'Morse' community system	Funded
Support for new builds and redesigns	No resources available to support the Lochaber redesign, additional resources will be required for Caithness redesign
Increase use of Near Me	Currently unfunded
Increased rollout of Clinical Dialogue, eVetting and eOutcoming	The eHealth department has some resources available to support these solutions however if the rollout is to happen at pace additional resources will be required
Implementation of 'Patient Hub' to support waiting list validation	Funded
Maternity Services – remote patient monitoring (CTG)	Unfunded
Implementation of single laboratory system	Unfunded – a business case needs to be developed to identify all the costs involved in this initiative
Mental Health Services	Funding required to support the work identified in the recent review of services

Planned Deliverable	status
Adult Social Care	Funding required to support WiFi in Care Homes and there may be a requirement to increase this to include a NHS network connection and services at each site

2021-2022 resource plan		rec/non rec	AFC grade	Cost 21-22	cost 22-23	rec WTE	rec cost 22-23
North Highland							
cyber security & information governance	increased demand due to requirement for DPIA and SSPs for all service redesigns	rec	6	43,649	87,298	3.0	130,947
data protection	increased demand due to requirement for DPIA and SSPs for all service redesigns	rec	5	38,385		1.0	38,385
IT systems	To support rapid development of replacement devices (4xfixed term posts to support new build programmes including NTC	non rec	4	64,852			
		rec	4	32,426	32,426	2.0	64,852
System development	to support rapid move to digital clinical documentation and single system of working (LIMS)	rec	5	36,385	36,385	2.0	72,770
		rec	6	43,649	43,649	2.0	87,298
network team	to ensure that NHSH has a performance digital network. This is an enabler for digital clinical solutions	rec	6	43,649	43,649	1.0	43,649
			5	36,365	36,365	2.0	72,770
clinical application	to support clinical dialogue, patient flow, clinical digital documentation, evetting and eoutcoming	rec	4	32,426	64,852	3.0	97,278
			5	36,385	72,770	3.0	109,155
			6	43,649	87,298	3.0	130,947
business analyst	to support the change process and work with the service to define new ways of working	rec	6	43,649		1.0	43,649
implementation team	to manage the change process and support development of business cases	rec	6	43,649		1.0	43,649
			5		36,385	1.0	36,385
training team	to support the change process to digital services	rec	5		36,385	1.0	36,385
		rec					
clinical team	to work within the clinical setting to promote new digital ways of working	rec	7	26,936	26,936	1.0	53,871
Total Pay				644,108	626,375	31.0	1,205,630
non pay costs	upgrading of wifi network	non rec		600,000			
	immediate funding to support immediate discharge letter replacement if ADEL funding not available	non rec		411,000			
Total North Highland				1,655,108	626,375		1,205,630
Argyll & Bute							
network team 1FTW band 6 rising to 2 in year 2	to ensure that Argyll & Bute has a performance digital network. This is an enabler for digital clinical solutions	rec	6	43,649		1.0	43,649
IT systems support 1FTW band 5 1FTW band 6	to support clinical and system operation across Argyll & Bute and new build programmes	rec	5	36,385		1.0	36,385
			6		43,649	1.0	43,649
implementation & facilitation 1 FTW band 6 GP facilitator	31 GP practices increase from 1 to 2 posts to support primary care digital	rec	6	43,649		1.0	43,649
IT administration 4 temporary band 4 6 months	free up IT support officer capacity to support service resilience, device programme and support data protection security and cyber security compliance	non rec	4	64,852			
			4	32,426	32,426	2.0	64,852
	travel, IT equipment	rec		3,000	2,000		5,000
Total Argyll & Bute				223,961	78,075	6	237,184
Investment total				1,879,069	704,450	6	1,442,814

Estates & Physical Environment

Service Statement

We will continue to provide support to the operational units of the organisation to allow them to provide optimal patient care in a safe and suitable environment. We will work with the clinical services to establish what facilities are needed, assisting them to remobilises as efficiently as possible and incorporating any changes needed to deliver their service. We will assess all the current office accommodation and what changes need to be undertaken to allow for the creation of a safe working environment when remobilising services back to full capacity. We will continue to progress with the capital planning for future service needs to allow for continual improvement of patient care throughout NHS Highland

Key Performance Indicators

KPI statement	current performance	baseline scottish average	target
FMS Benchmarking PPM performance	NHSH 93%	85.9%	exceed scottish average
Facilities Monitoring Tool (Estates)	NHSH 97.6%	96.8%	exceed scottish average
Facilities Monitoring Tool (Domestic)	NHSH 96.4%	95.7%	exceed scottish average

Key Deliverables

Priority of Deliverable 1	immediate - less than 2 months	
description	dependency	outcome
Complete the changes to the current estate within New Craig's to reduce ligature risk and allow for service moves from Raigmore	Ability for contractors to complete refurbishment work in line with programme	Services moved out of Raigmore to allow for provision of a better patient experience.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 2	high - 2/ 4 months	
description	dependency	outcome
Continue with assistance in the redesign of maternity services delivered within the Raigmore site.	An agreed clinical pathway for patients. Capital funding from SG to carryout agreed option.	Facilities will meet current guidance in relation to facility. Better patient experience.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 3		
description	dependency	outcome
Complete review of all office accommodation needs for full remobilisation of services to allow for safe introduction of office based staff.	All directorates moving to agile working principles and responding with	Confirmation of the Estate needed to all for safe working under longer term physical distancing restrictions
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 4		
description	dependency	outcome
Continue to monitor the performance of the department making sure that we are utilising digital technology where appropriate to enable the department to work as efficient within the financial budgets attributed.	Introduction of patient catering ordering system. All outstanding posts recruited to. Maintain performance levels.	Efficient use of budget funding in maintaining the healthcare estate
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 5		
description	dependency	outcome
Complete the Initial Agreement documentation for the redesign of Belford Hospital.	The clinical model of service being agreed. Setting up of governance groups for the process.	Project board established. Project team members agreed and have resource to participate
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 6		
description	dependency	outcome
Completion of the new community hospital facilities in both Aviemore and Skye.	Construction programme competing on time. Commissioning of building in line with programme	New state of the art facilities for the communities of Skye and Aviemore allowing improved patient care
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 7		
description	dependency	outcome
Reduce significant/ high risk backlog maintenance within the estate	Allocation of capital funding being enough to eliminate all current risks	Higher quality environment and systems for provision of healthcare.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 8		
description	dependency	outcome
Upgrade work on Home Farm Care Home to meet statutory guidance.	Capital funding provision provided previously allocated this financial year	Facility suitable to provide safe, efficient care to the residents.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 9		
description	dependency	outcome
Continuation with the option appraisal process on North Skye.	Current restrictions are re-laxed and resource available to conclude process	Conclusion of outcomes from Ritchie report and allow for service redesign including capital investment.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 10		
description	dependency	outcome
Continue with the production of Initial agreement documentation for Caith-ness Hospital services redesign	The clinical model of service being agreed. Setting up of governance groups for the process.	Issuing of the Initial Agreement document to SG for approval to proceed to Outline Business Case in line with programme.
area of remobilisation addressed	aid remobilisation	

Priority of Deliverable 11		
description	dependency	outcome
Initiate site master planning for Raigmore improvements to allow for redesign of services.	Acute service redesign has been completed with clear outputs.	Facilities will meet current guidance in relation to facility. Better patient experience.
area of remobilisation addressed	aid remobilisation	

deliverable	new cost description	cost type	amount (£)	cost status
1	all costs		800,000	

Communication & Engagement

In developing our NHS Highland Remobilisation Plan, we have engaged with our colleagues, our communities and our stakeholders.

Colleagues

Colleagues receive regular updates and information through a range of communications channels, including e-mail, Intranet nuggets and to a lesser extent, poster campaigns across NHS Highland estate. We also use our external social media when appropriate, recognising many of our colleagues don't have regular access to internal systems. We encourage the use of local leadership and management cascades to ensure important information is quickly distributed.

Over recent months we've added new channels, including a Wellbeing Wednesday email which has been well received and covers a range of topics around physical and mental health. We've also use video messages from our Executive team, to update on important priorities and the local and national Covid status and our clinicians across Primary and Secondary care have a fortnightly hosted presentation and Q&A cover clinical updates, wellbeing and Covid progress . One of our most well received new tools has been the "Ask Me Anything" sessions, where key senior leaders present on emerging topics and respond to pre submitted and live questions. We've also launched a "listening" email address for suggestions, ideas and feedback from colleagues.

We've also been using technology to encourage less formal interactions and feedback, whilst many are working remotely. Team has radically transformed our meetings and committees and the functionality of Office 365 when fully rolled out will transform our ability to share information and engage.

Our Argyll & Bute teams have been holding regular drop in "Virtual Coffee and Chat" sessions for colleagues hosted by the Chief Officer and her SLT, which have been hugely popular and given opportunities for real time feedback and temperature checks. Other teams, including the Executive Directors, have scheduled "informal team tea breaks" once a week at the end of the day, to check in on each other, chat and catch up, which replicate the missed opportunities of working in the office.

We've complemented the formal Partnership forum with weekly partnership meetings, which has improved our ability to rapidly respond to concerns and get feedback and input on all emerging issues. We have staffside representatives at all our key leadership meetings and project boards as well as on working groups covering testing, PPE, vaccination and those that support remobilisation and service redesign.

Our priorities for 2021/2 are to strengthen and expand our resource and systems to support communication and engagement with colleagues, recognising the challenges of our remote and rural geography and the nature of the work colleagues do meaning they don't all have constant access. Our new Head of Comms and Engagement started in December 2020 and is already moving us forward effectively.

We'll have finalised our comms and engagement strategy and resource plan in Q1, and will be investing in a new website and creating additional roles providing more capacity and for the development and progression opportunities for our team. This will move us to a much more proactive and digitally enabled service.

We'll also be at the centre of creating a clear brand and messaging to ensure that our Vision, Objective and Strategy, along with our NHS Scotland can be clearly communicated and embedded and understood by all colleagues and the wider population. This will cover our remobilisation and our culture progress and clearly link this all together in a simple and recognisable way.

Communities

We work hard to ensure that future service design engages with our communities, we've been very successful in this in the current work in Caithness, and also with our stakeholders to update local communities on ongoing estate development.

We are reviewing how resource and plan this activity in order to take a more strategic approach to community engagement and this is part of the strategy being developed and posts being created. We are building relationships with the HIS Community Engagement team in the North to stay abreast of best practice and garner learning from engaging during the pandemic. We are paying particular attention to the anticipated impact of Covid19 on public health and health inequalities when engaging our communities.

We have also been exploring how to optimise Care Opinion as a measure of the impact of change through the re-mobilisation plan on patients and carers, and to broaden the diversity of communities sharing their story. Again, this should enable us to gauge the impact of re-mobilisation on all communities, including people who live in deprived areas and would not normally engage with us through our formal feedback channels. Care Opinion is also a helpful tool in engaging staff in remobilisation.

We are increasing our reach through digital and social media channels. Through participation in various specialist and sector forums, we are able to influence what communications assets we need at national level and leverage these at local level at Board level. This is helping build public understandingof a return to a "new normal."

Stakeholders

We are working with a range of stakeholders, including other NHS Boards, the GP community, Local Authorities, the Third Sector and Volunteer groups in order to take a more whole system approach and co-ownership of new ways of working.

We've been proactive in holding monthly calls with our MSPs and MPs, with the board chair, chief exec and the exec directors and we have weekly briefs to them and our council elected members. These have been well received and have reduced the level of requests, FOIs and complaints from these sources.

Finance

To deliver the commitments within this Remobilisation Plan costs of £**31,048,853** have been identified as required. It is assumed that those within the Public Health Section associated with the roll-out of the Covid Vaccination Programme and Test & Protect will be funded via the Covid funding stream with regular submissions of costs and estimates provided to Scottish Government Health Finance as the programme develops.

Service Area	(£)
Public Health	6,829,550
Infection Prevention	340,225
Emergency & Unscheduled Care	4,808,552
Community	598,875
Acute Care	9,898,773
Cancer Care	1,836,909
Diagnostics	2,085,900
Culture & Workforce	No costs included as investment plan is being developed
Digitally Enabled Services	2,890,069
Mental Health	No costs included at this time. NHS Highland is committed to working with SG's enhanced support team to discuss improvement with CAMHS and PT
Estates	800,000
Total	**31,048,853**

NHS Highland is committed to working with Scottish Government's enhanced support team to discuss improvements in both CAMHS and PT Services as such whilst discussions continue no costs associated with the remobilisation of Mental Health Services have been included at this time.
This remobilisation plan is presented against an ongoing backdrop of Financial Recovery. The aspiration when NHS Highland was escalated to level 4 of Government's escalation framework, was to return to financial balance over a period of 3 years.

Since escalation in 2018, the Board has;

- Implemented a best practice cost improvement delivery assurance process managed by the NHSH Programme Management Office (PMO).
- Ensured strong governance around financial improvement, including regular workstream meetings and a weekly Financial Recovery Board led by managers and clinicians, which is accountable to the Finance Committee.
- Delivered financial improvement training and education for staff, along with communications around the importance of using resources efficiently.
- Implemented enhanced grip and control processes for pay and non-pay.
- Developed a new process for the prioritisation, scrutiny and approval of requests for funding/investment.

This has been transformational within the Board and has resulted in changed behaviours and buy in from staff at all levels and disciplines and ultimately has a significant impact today. For example;

- In 2019/20, the Board exceeded its' year 1 savings target by delivering £28.4m of savings against a

£24m target, of which over two thirds were recurrent. In addition, pressures of over £6m were mitigated or managed during the year allowing the Board to meet its financial targets in full.

-
- For 2020/21, the development of a pipeline of schemes was well under way during February but work was paused during March – May 2020 with project management resources diverted to help with the pandemic response
- Work resumed in June albeit with areas which were no longer appropriate for review during the pandemic. In spite of these, the PMO is on track to deliver £16m of its' £24M savings target and whilst the recurrent percentage reduced to 40% overall, this is a considerable achievement in the circumstances.
- Overall, £20m of the Board-wide savings target will be delivered in 2020/21, with the shortfall covered from Covid-19 funding. The assumption throughout our return for 2021/22 is that all covid-19, recovery and remobilisation costs will continue to be funded as in 2020/21.

Moving into 2021/22, the Board's underlying deficit carried into the year is higher than planned due to the areas highlighted above however, plans to deliver have already started with £12m of potential schemes already within the pipeline undergoing the rigour to move them forwards into delivery.

Agreement with The Highland Council is looking positive for the next year with agreement close to being reached on a contribution towards the gap, together with the agreed flexible use of late 2020/21 allocations, this will fund the social care gap for the next financial year.

In addition, the NRAC injection has certainly offset the potential impact of non-recurrent and unidentified savings from 20/21 and this has enabled NHSH to submit a balanced budget as part of this return.

The submission of a balanced budget is a significant milestone for NHS Highland, in keeping with the original trajectory for recovery which comes mainly as a result of the Boards work in improving financial management and governance arrangements. However, this submission is made against a number of assumptions linked to the ongoing uncertainty around the required response to the pandemic and subsequent remobilisation. These include but are not limited to:

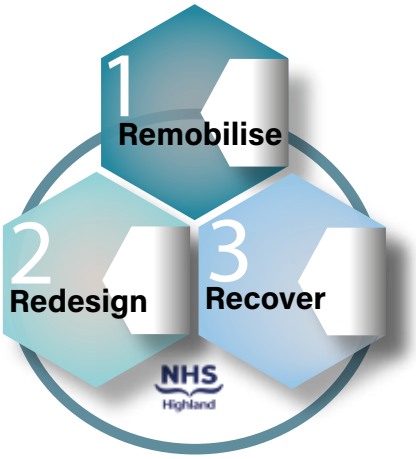
- Negotiations continue with Highland Council with a view to resolve the recurrent funding gap.
- A number of new potential cost pressures and clinical priorities have been identified which require management and/or mitigation to ensure that they do not materialise in-year.
- Costs associated with the response to the pandemic will attract additional funding from Scottish Government.
- Waiting times recurrent costs continue to be funded.
- Capital programme with significant projects to be delivered and pressure on backlog maintenance
- Prescribing and PPRS – clarity around new approved drugs and variation in prices
- Ongoing issues with the GG&C SLA with Argyll & Bute
- Unknown potential impact of Brexit
- No financial provision for tackling the waiting list backlog has been incorporated.

Delivery of the savings programme, particularly the joint programme with Highland Council, will be challenging as NHS Highland continue to respond to the pandemic.

There are also some fairly significant risks associated with delivery of a balance budget by 31 March 2022 detailed within the plan which will require constant scrutiny and mitigating actions when necessary. Boards below level 4 have the ability to manage these risks using the +/- 1% flexibility, albeit it in a planned way however this flexibility is not available to Boards on level 4.

The financial plan submitted alongside this Remobilisation Plan builds upon the successes which have been delivered in 2019/20, particularly the delivery of significant levels of savings on a recurrent basis. However, it is also recognised that the delivery of cost improvements continues to become increasingly difficult each year and there is reliance within the plan for the Clinical and Care Strategy to yield financial benefits in years 2 and 3 to allow the Board to return to, and remain in, financial balance.

Delivery of the savings programme, particularly the joint programme with Highland Council, will be challenging as NHS Highland continue to respond to the pandemic


1
Remobilise
2
Redesign
3
Recover
NHS
Highland