NHS WESTERN ISLES

Meeting:	**Integration Joint Board**
Meeting date:	**17 December 2020**
Item:	**6.5**
Title:	**Remobilise, Recover, Renew - Covid 19 Return of Services**
Responsible Executive/Non-Executive:	**Gordon Jamieson, Chief Executive**
Report Author:	**Chris Anne Campbell, Resilience Manager**

1 Purpose

Please select one item in each section and delete the others.

This is presented to the IJB for:

- Information

This report relates to a:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Western Isles in common with all Boards were asked by the Scottish Government (SG) to produce plans setting out how services would be remobilised, recovered and renewed within the context of Covid19. The second version of our plan was submitted to the SG on 31st July with the caveat that the plan was in "final draft" format and not been formally agreed by the NHS Western Isles Board at that point

2.2 Background

Covid 19 has had a significant impact on Health, Social Care and Public Health Services across NHS Western Isles; GPs and AHPs stopped all planned clinics, many face to face out-patient clinics were cancelled, diagnostic capacity reduced to urgent and emergency,

Emergency Department access reduced significantly, bed capacity significantly reduced and admission restricted to emergency or urgent patients. All routine surgery was paused. A Covid ward including ICU provision was set up in Erisort Ward in the Western Isles Hospital and areas segregated in to red zones at the Uist & Barra Hospital and at St Brendan's.

Staff were redeployed, upskilled and prepared to care for patients with Covid 19. To date the number of patients admitted to hospital has been very low in the Western Isles and only one transferred from Uist to the Mainland for more intensive care.

From June SG requested that we begin the process of re-mobilising services and our first plan was submitted on 25th May.

Our objectives continue to be focussed on safe and effective pathways for patients identifying;

1. What services can resume and continue with safe incremental steps and can incorporate safe systems of work and patient pathways
2. How we learn from the past and the particular changes that were implemented during the Covid 19 pandemic, with positive feedback and outcomes
3. What changes that will be continued
4. The things that:
    a) Will improve and complement
    b) Will be discarded and agree alternative
5. Opportunities for change and reform

2.3 Assessment (brought up to date as at October 2020)

2.3.1 Quality/ Patient Care

- Number of patients attending GPs reduced in the first couple of months of lockdown but campaign "your NHS is here" saw consultations increase.
- GPs consulted mainly by telephone and some NearMe but telephone is the preferred option
- The number of new referrals in to secondary care are now increasing but are still not up to pre-Covid levels. September saw the greatest number at 650 compared to January and February which showed 843 and 740 referrals respectively.
- Urgent and emergency referrals continued to be treated timeously.
- Many clinics continued with NearMe and telephone consultations and now all clinics are up and running albeit with reduced numbers to allow for social distancing and enhanced cleaning.
- NearMe and telephone consultations continue but the current majority of patients are seen face to face at clinic
- Endoscopy activity commenced in June with small numbers to begin with, now increased as processes became more streamlined. We have made good progress reducing the numbers waiting for scopes with 73.6 completed across general surgery, gynaecology and urology. Of those remaining from the backlog they have all been offered appointments but either asked for a delay or were unavailable for that time.
- All bowel screening patients waiting were clinically prioritised and completed

- Cancer patients were treated timeously within targets to date.
- Cardiac and Diabetes clinics reinstated
- Surgery recommenced in June. For TTG we have completed 55.3% of the number of patients waiting for surgery. The remaining number all fall in to the P4 category for clinical prioritisation. We continue to prioritise any new patients who fall in to a higher category P1-P3 ahead of any prioritised as P4.
- Community Nursing and AHPs continued necessary home visits wearing appropriate PPE
- AHP clinics remobilised as far as physical distancing and infection control precautions allow

2.3.2 Workforce

Staff were extremely agile and flexible during this time and as time has gone on have got back to some semblance of "normal" activity.

Currently working on a more comprehensive/ responsive workforce plan in the event of emerging Covid 19 surge

2.3.3 Financial

There have been many estate adjustments made which will incur an additional cost to the Board. A return has been made to the Scottish Government where costs are arising or likely to incur a cost pressure

2.3.4 Risk Assessment/Management

Risks are identified and addressed within area

2.3.5 Equality and Diversity, including health inequalities

State how this supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

To be established

2.3.6 Other impacts

Describe other relevant impacts.

N/A

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

To support remobilisation NHSWI has established 6 partnership groups to facilitate the process. The groups include stakeholders from all the islands and across all services; GPs, Acute Care, IJB, AHPs, SAS, Estates, Procurement, Finance, HR, Public Health, social Care and Staff Side. Much work has been completed and there is currently less of a requirement to meet frequently.

A questionnaire was sent out via the Patient Panel to Patient Peer Support Groups and to Third Sector organisations that had access to communities of interest such as those with dementia, learning disability or mental health conditions.

This survey was then followed up with an inter-island virtual Patient Panel meeting which allowed for shared learning across patient groups

2.3.8 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- CMT

2.4 Recommendation

2.5

- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

- Remobilisation Plan submitted to Scottish Government