

**1. The formal Remobilisation Plan must be in line with Scottish Government Guidance**

- a) Feedback from the SG on overall remobilisation plans should be considered in detail and discussed (preferably approved) by the Board/governance committee
- b) The extent to which SG guidance can be met in full should be overtly considered by the Board

**2. Remobilisation, reconfiguration and renewal planning must have an appropriate methodology and be informed by timely, relevant, reliable and sufficient data**

- a) Data on changed modes of working should be assessed in terms of efficiency, access and safety. Incident reports will be valuable to assess any potential dis/advantages of new ways of working
- b) Data provided should be as up to date as possible to allow revised ways of working to be assessed in real-time and to allow the impact of covid on workforce, demand and operations to be understood as it is happening
- c) Management should consider the reliability of data so that decisions can take into account any uncertainty and also allow the correct balance between speed and validation
- d) Information requirements should be risk-assessed so that limited resources are focused on the most useful and relevant information, which may be very different from that provided pre-covid

**3. There must be appropriate consultation and stakeholder input including staff, third sector, IJBs and regional planning partners**

- a) Consultation should be in line with the letter issued to Board chairs on 25<sup>th</sup> June
- b) All parties should understand that speed is of the essence and processes should be adjusted to allow nimble and rapid decision-making and to ensure that consultations add real value

**4. Remobilisation, reconfiguration and renewal planning must link to, and inform the revision of, Health Board and IJB Strategies and supporting strategies**

Implicit and explicit assumptions within the strategic plans should be reassessed in the light of covid and work on remobilisation should:

- a) capture the extent to which strategic objectives are still realistic/desirable and which have increased in priority/demand e.g. mental health.
- b) Identify potential changes to resource requirements and availability
- c) Understand the impact of and potential for different ways of working

There should be a process to ensure that this information informs a structured review of Health Board and IJB strategic plans and regional plans

Supporting strategies will require fundamental review and in particular:

- a) The workforce strategy will need to reflect the likely changes such as a loss of some older workers, increased availability of younger workers and the need for greatly increased training which maintains social distancing and maximises the use of technology
- b) The digital strategy will need to reflect increased demand, the need to support new ways of working and shifting the balance of care and the

revised IJB and Health Board strategies. Consideration will need to be given to addressing long-standing issues around resourcing as well as the increased threats relating to cyber-security.

- c) Estates/asset strategies will again need to reflect the required shift in the balance of care as well as the impact of remote working and remote patient contact, as well as the need for social distancing and the imperative to work with local authority partners
- d) The financial strategy will need to reflect all of the changes referred to above and be flexible enough to facilitate the changes required in the use of resources
- e) The Strategy must address resolving backlogs, adjusting for increased case-mix and prioritisation of treatment

**5. Remobilisation, reconfiguration and renewal planning must be genuinely transformative, taking advantage of technology and new ways of working and learning from the achievements and ambition of the last 6 months**

- a) There should be no assumption of a return to previous models of operation and all services should move forward on the basis of the best model of operation. This will require monitoring at ground level as well as designing remobilisation approval processes which ensure that new ways of working are evaluated on at least an equal footing with prior models.
- b) All remobilisation plans should recognise that many services were not sustainable pre-covid and will be even less so now unless changes are made
- c) The lessons learned exercise should identify changes which can be used in the reconfiguration of other services and ensure they are communicated and adopted where appropriate
- d) Each plan should state how it has considered and wherever possible used new technology
- e) Wherever possible, solutions should learn from innovation and experience in other Health Boards across Scotland

**6. Remobilisation, reconfiguration and renewal planning must link overtly to realistic medicine, transformation programmes, efficiency savings and other initiatives**

- a) The process must ensure that remobilisation plans incorporate the objectives and principles of prior sustainability projects especially, transformation, realistic medicine and savings as well as the requirement to shift the balance of care
- b) There should be clear understanding of how these different strands will be co-ordinated and clear delineation of responsibility and authority
- c) This must include any elements being taken forward by the IJB and/or HSCP
- d) Governance oversight and decision making must reflect this understanding so that there can be holistic overview of all these processes accompanied by streamlined reporting

**7. Departmental/local recovery plans must be resilient sustainable, clinically safe, financially viable and flexible in the face of uncertainty.**

- a) Each plan should reflect all three elements of the triple aim and each component should state how it is improving these areas

- b) Clinical safety should be a priority and assurances on safety should feature predominantly
- c) Each plan should overtly state the assumptions it has made and why, as well as how it can be flexed in case these assumptions do not come to fruition. Flexibility best be embedded in all plans.
- d) In particular local recovery plans should allow for further waves and overtly address known elements of uncertainty around staffing, demand and the impact of covid on processes and interactions
- e) Known issues such as changes to future mental need e.g. Mental Health caused by covid and to treatment case mix caused by the prior cessation of services should be overtly addressed in each plan as should any likely clinical consequences.

**8. The principles underlying remobilisation and reconfiguration planning should be approved by the Board which should be engaged in all key decisions and aware of the '5Ps' – Principles, process, product, priorities and parameters**

- a) The Board should agree overall principles to be applied, the process to be applied and to set parameters for areas which should not be considered for change.
- b) It should understand and approve what will happen if, for some reason, they cannot be applied or need to be amended, and how assurance will be provided on their application
- c) It should clearly understand the timing of outputs, which decisions will come to them which need to be delegated to management
- d) It should understand how it will be kept informed of progress, of changes to the risk profile and of the impact of changes including appropriate post-project monitoring
- e) All Board members and particularly non-execs should be fully briefed and have the opportunity to raise issues of principle without involvement in operational detail which is the preserve of management
- f) Board members should discuss and agree how they will support a culture of change, understand potential issues which may arise and how they might be resolved. This will be the key factor in successful change.

**9. Risks should be identified, mitigating actions recorded and assurances provided over those actions at all levels**

- a) Each service level/local recovery plan should explicitly identify changes to the risk profile caused by covid as well as risks to the achievement of the remobilisation plan
- b) Each plan should identify the ways in which these risks will be mitigated and how these actions will be monitored
- c) Directors should consider common themes and how these risks aggregate and interact so that they can be incorporated into revised operational risks
- d) As the overall strategy and supporting strategies are revised, risks to their achievement should be overtly identified, again together with mitigating controls and assurance mechanisms
- e) The output should be used to allow fundamental revision of the Board's strategic risk register so that each risk fully reflects its link to overall strategy and the impact of Covid
- f) Risks should take into account all relevant factors including the risk of inaction and of lost opportunity (see below)

**10. Planning and implementation should be appropriately resourced and supported by culture and policies which facilitate new ways of working**

- a) Capacity and capability requirements for remobilisation /reconfiguration should be assessed for all services, including those under the direction of the IJB and time and resources for these activities should be protected and monitored
- b) There should be a clear understanding, agreed by the Chief Executive's team and the Board of what activities can and will be deprioritised to free up time and resources
- c) All plans should include an assessment of the level of resource required including planning, OD/change management, IT, HR and finance
- d) There should be a process to allow the identification of policies and culture which inhibit rapid change and an escalation route to Directors and the Board which pro-actively identifies and implements solutions.
- e) Support functions should ensure they balance their individual risks against the needs of the organisation
- f) IT and IG capacity in particular should be considered urgently in the context of increased demand and increased risk