

Our System-Wide Mobilisation Plan – 2020

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Working together to protect the health and wellbeing of our patients and staff

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Foreword

NHS Forth Valley has moved to an emergency footing in response to COVID-19 and we have activated our Pandemic COVID-19 Response Framework.¹ In response this Mobilisation Plan describes how we will organise, deliver and maintain essential and urgent care for local people across NHS Forth Valley. This Plan has been informed by our senior clinical and non clinical decision makers in primary and community care, health and social care partnerships, acute hospital and support services, and their service specific mobilisation plans. NHS Board Leadership will move to a simplified and clear management approach led by myself supported by NHS Executive Directors.

We will increase our capacity in primary care, in our communities and in our acute hospital to ensure our staff are resourced and supported to provide care and treatment for patients with COVID-19. We will take steps to support people in their own homes and communities. We will segregate patients with non-respiratory illnesses and isolate those with respiratory illness if they are admitted to Forth Valley Royal Hospital. Nationally, social distancing steps will help reduce the number of people presenting to the acute hospital.

A Community Hub will take calls and where appropriate direct people to a local assessment centre. We will have 4 Centres operating during the day from 8am – 8pm and one in Larbert operating overnight. We have increased the available number of ITU spaces from 19 to 43 and work is underway to further increase the number at Forth Valley Royal Hospital.

We have taken steps to postpone non-urgent appointments and operations. I appreciate this is very difficult for local patients who have been waiting for treatment and we will do everything possible to reschedule these appointments as soon as possible.

We will work to ensure that vital cancer treatments, emergency, maternity and urgent care continue to be provided. This includes essential community nursing, rehabilitation and immunisation services to ensure that we shield and meet the needs of our most vulnerable patients.

None of these changes would be possible without the support of all health and social care staff across Forth Valley who have worked and continue to work tirelessly to meet the needs of local patients and their families. This is a period of unprecedented change, challenge and uncertainty. I would therefore like to take this opportunity to thank everyone involved in the development and implementation of our plans and for their tremendous efforts to date. In going forward, it is important that we continue to care for our patients and each other as we work together to meet the challenges ahead.

Cathie Cowan
Chief Executive

¹ NHS Forth Valley Pandemic COVID-19 Response Framework

Executive Summary - Mobilisation Highlight Plan (Key Actions)

Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Infrastructure	Pandemic (COVID-19) Response Framework agreed and activated	02/03/20	02/02/20	100	G Foster	
Infrastructure	Testing Centre (Community), Contact Tracing and Surveillance	06/03/20	06/03/20	100	G Foster	Moved to containment phase - 13 March 2020. Essential health care workers (and their families) test centre established in place from 18/03
Infrastructure	Control Structure (strategic, tactical and operational) established – e.g. IMT, Primary Care IMT, Acute Care IMT Cell and Scientific & Technical Advisory Cell informed by operational groups including Partnerships	06/03/20	06/03/20	100	C Cowan	30/03 Gold Command in place - on call duties moved to NHS Board Directors to release Silver Command Directors / Senior Managers to focus on implementing service specific mobilisation response
Infrastructure	Control Centre staffed/established and single point of contact (email box) activated, daily huddle calls in place. Opportunity to test system and review system effectiveness	09/03/20	09/03/20	100	L Donaldson	Centre opening times extended
Infrastructure	SITREP daily in place/reporting established internally and with S Govt to include COVID-19 admissions inc ITU, discharge, cancellation rates, delayed discharge rates, workforce/absence rates	09/03/20	09/03/20	100	L Donaldson	In place 12/03 - reporting updated 18/03
Infrastructure	FV LRP established – initiate 1 st meeting and schedule thereafter	10/03/20	10/03/20	100	G Foster	LRP - Category 1 Responder meetings formally established from w/b 30/03
Infrastructure	Communications – COVID-19 in place via intranet and using local media including radio to promote messaging. Regular staff, public and media briefings to provide information and advice and address any questions or concerns.	09/03/20 23/03/20	09/03/20 23/03/20	100 100	C Cowan/E Campbell	Programme of CEO visits in place to meet with clinical and non clinical staff – visits supported by MD and/or ND
Infrastructure	Mobilisation Preparation Meetings	18/03/20	18/03/20	100	C Cowan/A Murray	Mobilisation (Service specific) Plans received - CEO preparing FV Mobilisation Plan

Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Infrastructure	COVID-19 Financial Governance Arrangements risk mitigation plans to support payroll and supplier payments in place - as these are business critical services	16/03/20	16/03/20	100	S Urquhart	
Infrastructure	Infection Prevention & Control – Raising Awareness & onsite training Communication to Care Home and Care Providers – providing guidance and offering on site training	02/03/20 20/03/20	02/03/20 20/03/20	100	A Wallace J Horwood	Dr Foster issued further PPE guidance to all staff working in NHS and shared guidance with our Local Resilience Partnership (LRP) partners - 26/03
Infrastructure	Emergency Planning and Resilience processes in place	06/03/20	06/03/20	100	G Foster	
Infrastructure	Establish staff redeployment hub (see workforce ref)	30/03/20		95	L Donaldson/A Murray and A Wallace	Hub will include DME – work underway to set up and on target
Infrastructure	Access lab facilities on FVRH site	w/c 30/03/20		95	A Murray	MHRA approval to be confirmed, this will enhance our current staff/families testing
Infrastructure	Absence Monitoring – daily recording facility – SSTS implemented	16/03/20	16/03/20	100	L Donaldson	Importance of daily recording issued
Infrastructure	Public Protection	16/03/20	ongoing	N/A	C Cowan	Maintain robust systems via Chief Officers Groups
Infrastructure	Interim changes to NHS Board Corporate Governance Arrangements	31/03/20				CEO in collaboration with Chair has drafted paper for NHS Board approval
Primary Care	Mobilisation Plan preparedness	18/02/20	18/02/20	100	K O'Neill/S Cummings	Mobilisation Plan in place
Primary Care	COVID-19 Community Triage Hub and Assessment Centres: Clinical Assessment Centres in Larbert (overnight) scheduled for 23/03/20 and 2 Centres in Kersiebank and Stirling operational. Three other centres to be mobilised over week commencing 30/03/20	23/03/20	23/03/20	100	As above	Community Hub operational from Monday, 23/3 Clinical Assessment Centre in Kersiebank (8 to 8) and in Larbert overnight open as of 23/03 - further 3 Centres planned with Stirling becoming operational 27/03

Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Primary Care	Non Essential Services Stopped / GP telephone Triage / escalation process established	17/03/20	17/03/20	90	As above	Tier 1 and 2 in place limiting face to face contacts
Acute Care	Initial surge capacity S Govt submission – Beds and ITU	06/03/20	06/03/20	100	A Fyfe/ A Bridges/P Wilkieson	Revised and resubmitted
Acute Care	Mobilisation Plan preparedness	18/03/20	18/03/20	100	As above	Mobilisation plan in place
Acute Care	Mobilisation Plan Escalation – postpone non urgent OP/DC/IP, safeguard urgent OP/DC/IP activity inc. cancer	18/03/20	18/03/20	100	As above	Level 2 in place 4 levels
Acute Care	ED and Front Door streaming with separate respiratory area and testing facility at front door. Redirect MIU activity to Stirling site (as part of ongoing escalation plans)	17/03/20		90	As above	Work continues to segregate, cohort and isolate patients. Meeting with Clinical Directors 26/03 (CEO and MD participated) – very productive in agreeing final steps including MIU redirection
Acute Care	Initial response to create cohort wards identified (64 beds) plus 31 negative pressure rooms (34 in total – three in women/children)	18/03/20	18/03/20	100	As above	Plans to increase COVID-19 patients being finalised
Acute Care	Increase ITU capacity from 19 spaces to 43 spaces Ongoing work to review capability and access to staff including supervisory ITU staff	18/03/20		90	As above	CEO and MD met ITU leads (26/03/20) to discuss ITU capacity including increasing ventilation spaces (in line with Govt announcement to quadruple spaces across Scotland), PPE & supplies requirements
Acute Care	Significantly reduce delayed discharges on acute site	30/03/20		95	AM Black, P Cassidy	46 delays across system as at 27/03 with 6 delays in acute – huge progress achieved with work underway to continue
Mental Health	Mobilisation Plan preparedness	17/03/20	17/03/20	100	K O'Neil/ J Crabb	Mobilisation Plan in place

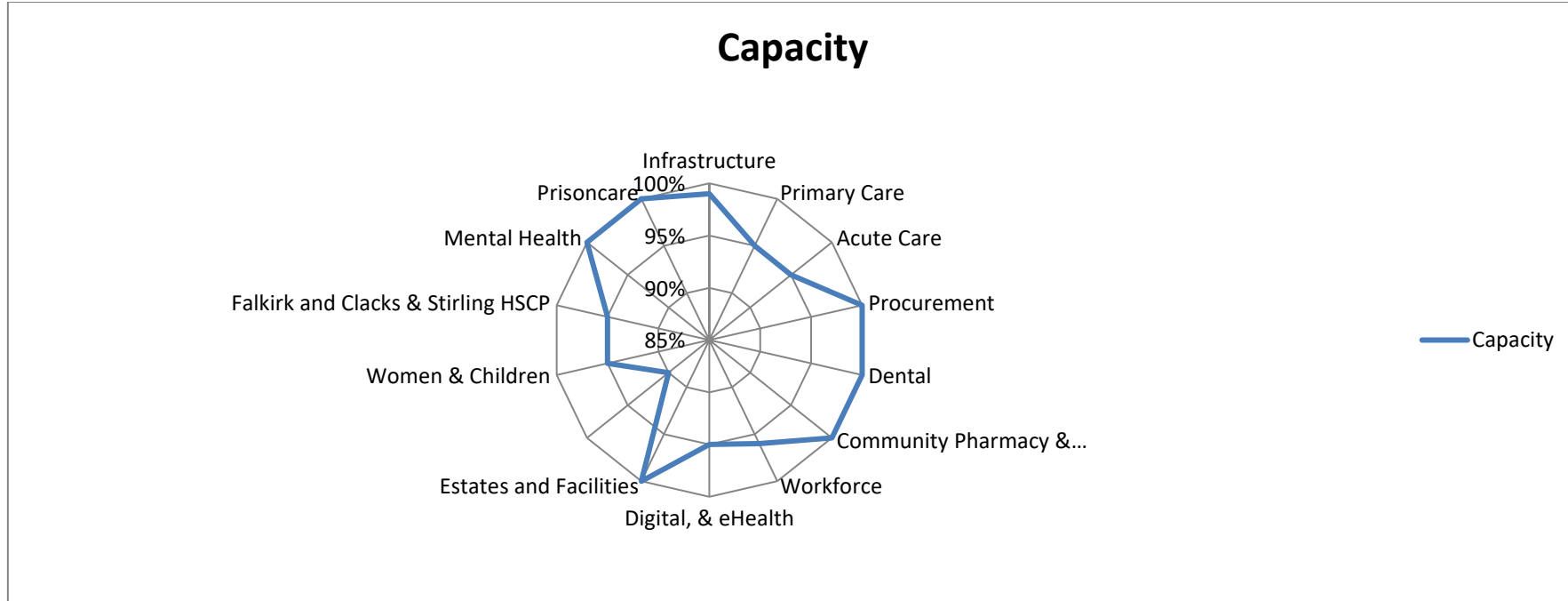
Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Mental Health	Mobilisation Plan Escalation – vulnerable patients identified (e.g. clozapine, depot, methadone)/updating next of kin details	18/03/20		100	K O'Neil/ J Crabb	Care of Delirium patients moved to from Ageing Health to MH Service
Mental Health	Segregation area for COVID-19 positive patients IPCU arrangements realigned to support cohorting of COVID-19	23/03/20	23/03/20	100	As above	
Learning Disability	Self-isolation arrangements - Lochview	23/03/20	23/03/20	100	As above	Single rooms and en-suite facilities in each of the bungalows help to facilitate isolation
Prison Healthcare	Mobilisation Plan preparedness in collaboration with SPS, CEO letter to Governors	18/03/20	18/03/20	100	K O'Neill/ C Cowan	Mobilisation Plan in place
Prison Healthcare	Mobilisation Plan Escalation - high risk areas identified Rule 41 will apply with lockdown and medication services only	18/03/20	18/03/20	100	K O'Neill	Escalation Plan informed by activity, workforce etc
Clks/Stirling HSCP	Mobilisation Plan preparedness	18/03/20	18/03/20	100	AM Black	Mobilisation Plan in place
Clks/Stirling HSCP	Mobilisation Plan Escalation – increased capacity in community including digital tech support, increased access to care homes and care providers i.e. block purchase, address delayed discharge rates in acute/community NHS facilities, monitor LOS rates	05/04/20			As Above	27/03 – delayed discharges 10: (9 Stirling and 1 Clks). Plans in place to reduce to zero
Falkirk HSCP	Mobilisation Plan preparedness	18/03/20	18/03/20	100	P Cassidy	Mobilisation Plan in place
Falkirk HSCP	Mobilisation Plan Escalation - increased capacity in community including digital tech support, increased access to care homes and care providers i.e. block purchase, address delayed discharge rates in acute/community NHS facilities, monitor LOS rates	05/04/20			As above	27/03 – delayed discharges 36. Plans in place to reduce to zero :
Women & Children	Mobilisation Plan preparedness	17/03/20	17/03/20	100	G Morton/ K Ekevall	Mobilisation Plan in place
Women & Children	Mobilisation Escalation - postpone non urgent OP/DC/IP – e.g. parenthood classes home confinement bookings, safeguard urgent OP/DC/IP activity inc. Cancer, segregation of symptomatic women patients presenting to labour access zone	18/03/20	18/03/20	100	As above	
Women & Children	CAMHS, Psychological Therapy (PT) Services – postponement of group working and non-urgent services. Services on heightened awareness for vulnerable patient/patient groups	18/03/20	ongoing	N/A	G Morton/J Sproule/J Borthwick	PT staff supporting health and wellbeing activities for staff

Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Dental Care	Mobilisation Plan preparedness	17/03/20	17/03/20	100	J Rogers	Mobilisation Plan in place
Dental Care	Mobilisation Plan Escalation – e.g. postpone non urgent aerosol generating procedures, appts, General Anaesthetic Service for urgent cases in place	18/03/20	18/03/20	100	As above	
Dental Care	Helpline (in hours) operational, Langlees Dental Centre for asymptomatic patients, Domiciliary Care – access via helpline in hours Symptomatic patients – access in hours via helpline, service based in Falkirk Community Hospital out of hours access via NHS24	18/03/20	18/03/20	100	As above	
Optometry	Guidance for Opticians & Optometrists including links to Ophthalmology Team	18/03/20	18/03/20	100		
Community Pharmacies	Reduced public facing hours and have established telecall (twice weekly) with CP Forth Valley (contractor body) to share issues	18/03/20	18/03/20	100		
Procurement	Mobilisation Plan preparedness	18/03/20	18/03/20	100	J Procter/D Logie	Mobilisation Plan in place
Procurement	Mobilisation Plan Escalation – e.g. PPE availability to protect staff (and others) to ensure staff have access to resources to protect them Stock levels – monitoring in place and NPD links in place – managing the supply chain	09/03/20	09/03/20	100	As above	27/03 – Local Authority (LA) and NHS drop points in place, these will be reviewed to ensure PPE stock lines are maintained to support service demand
Procurement	PPE – social care and others – Scottish Government progressing	20/03/20	19/03/20	100	J Procter/D Logie, LA CEOs and Chief Officers	27/03 - LA supply drop points in place
Procurement	PPE from other sources – e.g. Grangemouth	18/03/20	N/A	N/A	R Stevenson	Being followed up
Estates and Facilities	Mobilisation Plan preparedness				J Procter/M Farquhar	Mobilisation Plan in place
Estates and Facilities	Mobilisation Plan Escalation – e.g. FM and Domestic Services and collaboration with SPV and FM provider (SERCO) and transport	16/03/20	16/03/20	100	J Procter	Additional staff being recruited e.g. domestic staff
Workforce	Overarching Workforce plan to support mobilisation plans	23/03/20		95	L Donaldson	As part of redeployment hub

Category	Action	Target Date	Comp. Date	% Completed	Owner	RAG Rating and/or comments
Workforce	Redeployment processes	30/03/20	30/03/20	95	L Donaldson	Acute Hub – aim to implement 30/03. PC Hub redeployment to accommodate Community Hub /Clinical Assessment Centres underway to meet 23/03 deadline
Workforce	Increase capacity across all areas: identify and contact all retirees to offer bank work / short term contracts / University staff / students	16/03/20	ongoing	N/A	L Donaldson	Letters issued
Workforce	Establish Skills assessment process and Register for all critical posts	23/03/20	ongoing	N/A	L Donaldson	Good progress in acute
Workforce	Establish 24/7 Senior HR on-call	20/03/20	20/03/20	100	L Donaldson	
Workforce	Staff Accommodation	23/03/20	23/03/20	100	C Cowan/L Donaldson	Nearby accommodation sourced
Digital	Accelerate roll out of digital enablers: Near Me; MS Teams	16/03/20	16/03/20	100	J Procter/S Bishop	S Govt. response completed and submitted GPs notified re 'near me' All virtual 'waiting rooms' for practices created on the system
Digital	Purchase of hardware and software to deliver enablers and step up remote access arrangements	16/03/20	16/03/20	100	J Procter/S Bishop	Remote tokens received – 600, further 100 ordered on 13/03. 100 additional laptops procured, with a further 75 ordered 16/03 Kit
IT	Mobilisation Plan preparedness	16/03/20	16/03/20	100	J Procter/S Jaffrey	
IT	Mobilisation Plan Escalation – non essential work postponed, business continuity plans refreshed and cyber resilience review	18/03/20	18/03/20	100	J Procter/ P Pennman	S Govt. submission sent on 17/03 Disaster recovery provisions and business continuity tested

In summary:

Figure 1: Escalation Performance in key priority areas:



SECTION 1: ABOUT THIS PLAN

DOCUMENT CONTROL

Date	Version	Revision/Amendment Details & Reason	Author
16/03/2020	1.0	Original Version	Cathie Cowan
27/03/2020	1.1	Key Actions updated as at 27/03/20	Cathie Cowan

PLAN PURPOSE

To provide an appropriate and proportionate response so that NHS Forth Valley can:

- instil and maintain trust and confidence by ensuring our staff, public and partners are well informed throughout the pandemic
- look after the health and wellbeing of our staff (includes testing symptomatic health care workers and their families)
- minimise the spread of COVID-19
- ensure that essential services are maintained and expanded in response to surges in demand
- provide an integrated response with other services, partners, community and voluntary organisations to contribute to and support a Forth Valley response
- minimise unnecessary disruption or adverse economic impacts where possible
- reassure staff, patients and members of the public are ensure they are kept updated on the latest information and advice
- maintain essential IT services and be responsive to increased levels of cyber attacks
- reduce morbidity and mortality from COVID-19
- cope with an increase in deaths

PLAN REMIT

This Plan covers all NHS services and locations including those operating within our health and care integration space.

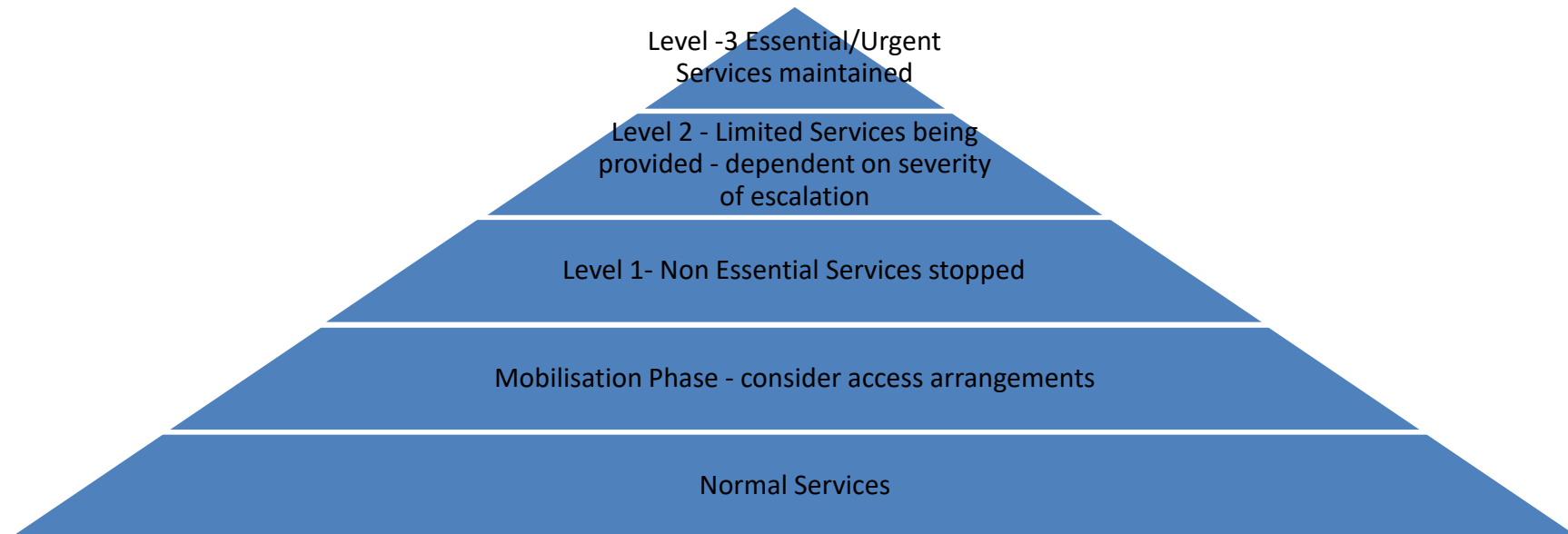
PLANNING ASSUMPTIONS

The following planning assumptions have been adopted in Forth Valley for assessing the impact of COVID-19 based on that 80% of patients will experience mild or no symptoms.

- Those most at risk will be over 60 and/or will have underlying health issues including those that are immuno compromised.
- The hospitalisation rate of 4% and those requiring critical care of 1% for the whole population will equate to an effective hospital rate of 20% and critical care of 5% for the identified at risk cohort.
- For Forth Valley this equates to 62,000 individuals who may be at significantly more risk.
- Excess mortality rates for the whole population have been identified at 1% again this estimate should be raised to 5% for the at risk cohort.
- Although the reasonable worst case scenario uses an infection rate of 80% public health interventions estimate this could be lowered to 50%.
- The estimates for staff absence is 20% to 50% however this may be higher at the peak of the pandemic due to other commitments if schools are closed and other services are withdrawn.

A modelling tool has been developed using the assumptions described above which allows for real time data to be monitored as we move through the pandemic wave. This will allow the CEO/Health Board Directors to escalate our approach and mobilise further interventions to manage e.g. increases in activity, reductions in workforce and/or supplies across the whole health and care system. The Escalation Model (Figure 2) below is informed by triggers, notably: number of cases and virulence of infection, workforce, workload factors as well as the availability of supplies and equipment. The approved NHS Forth Valley Pandemic COVID-19 Response Framework sets out NHS FV essential services to be provided during the COVID-19 pandemic.

Figure 2: Forth Valley Pandemic COVID-19 Escalation Model



STAFF HEALTH & WELLBEING

Testing for healthcare workers extending to their immediate families has been established from 18 March and will be picked up through our absence monitoring system. The accreditation of our local laboratory will support our current staff and their families testing service and increase the number of tests we can complete daily. Accreditation has been confirmed in advance of our deadline (29/03/2020), this is testimony to and reflects the efforts being made by all of our staff at this very challenging time.

NHS Forth Valley is taking steps to ensure staff feel safe and protected during this pandemic. This includes ensuring mechanisms are in place to:

- raise issues or concerns that require a system wide immediate response
- put forward ideas to improve how we work as a team during this exceptional period
- highlight acts of kindness

We are ensuring that our ability to provide wellbeing support to our staff who are providing front line care to our patients are in place. In addition to local support, further psychological support will be available and provided in a coordinated way by our Occupational Health Service, Psychologists, Chaplains and HR staff. The support from the Armed Forces will help us deliver staff health and wellbeing. Accommodation for staff living near to their place of work is also being progressed should this be required.

COMMUNICATIONS – INTERNALLY AND EXTERNALLY

Regular communications will be issued internally and externally to ensure staff, patients and the public are kept updated as the latest information and advice. This will include regular staff updates, media briefings and use of social media to reach as large an audience as possible, NHS Forth Valley's Communications Department will also work closely with Scottish Government and council colleagues to ensure a consistent and coordinated approach.

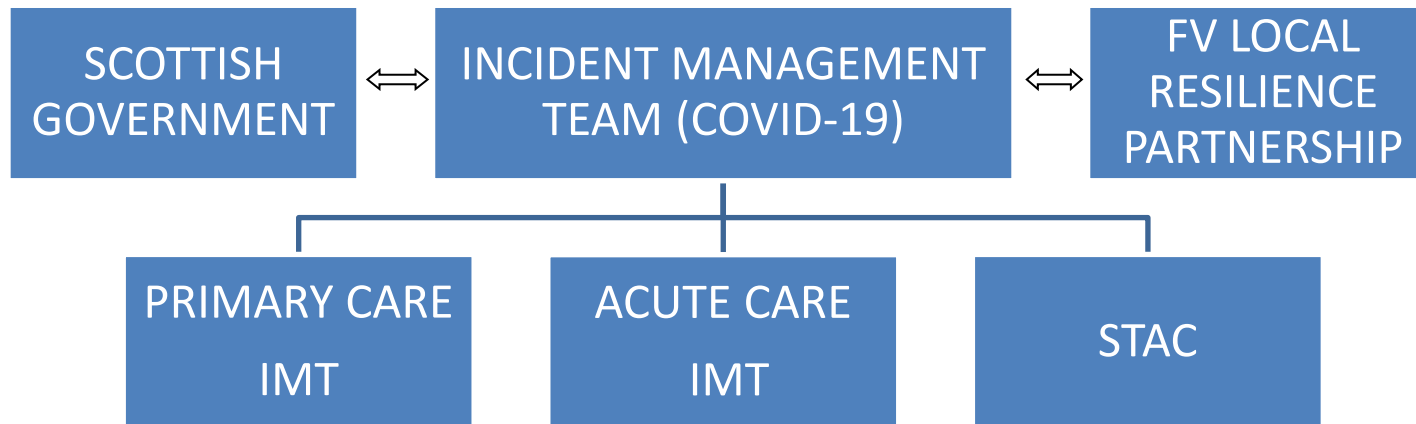
FORTH VALLEY (FV) INCIDENT MANAGEMENT TEAM (IMT) STRUCTURE

The NHS Forth Valley System Leadership Team approved the NHS Forth Valley Pandemic COVID-19 Response Framework on 2 March 2020. At this meeting it was agreed to have initial Incident Management Team and FV Local Resilience Partnership (LRP) meetings. Our FV Incident Management Team met on 4 March and at this meeting incident management reporting arrangements were agreed. Figure 3 describes these arrangements and makes reference to communication links to the Scottish Government and the FV LRP. At our FV IMT it was also agreed that a FV Control Centre should be established which is now operational 7 days a week from 8am to 8pm. A daily huddle (telecall) connects with services and partnerships, Monday to Friday, these huddles enable people to:

- share intelligence including Government directives
- chart and monitor key indicators (SITREP measures)
- test operational performance and resilience
- raise issues and problem solve together
- agreed actions and make decisions
- seek assurance on implementation of agreed actions and test their impact
- agree action that need to be escalated to Executive Board Directors and Scottish Government

On the 24 March 2020, in response to a proposal by NHS Forth Valley the Local Resilience Partnership met with Government colleagues to further enhance local resilience partnership working. A proposal including membership - i.e. Category 1 responders has been agreed, the membership will include our military liaison officer. NHS Forth Valley has also reviewed its 'gold, silver and bronze' command structure. This leadership structure will replace the Corporate daily huddle set out above. The COVID-19 huddle will be led daily by the Chief Executive as Gold Commander.

Figure 3: IMT Structure (there are a number of other Teams/Groups feeding into this structure)



HEALTH & SAFETY – INFECTION CONTROL (IC)

Raising awareness

In January 2020, the Infection Prevention Control Team (IPCT) notified relevant stakeholders regarding COVID-19 to start preparing for the potential impact to the NHS Board. As the international picture developed, preparations were stepped up, patient symptoms; countries/areas of concern were circulated to admission areas in preparation for receiving suspected patients. Updates were provided to stakeholders of the international situation on a weekly basis including the circulation of hyperlinks of the most up-to-date guidance.

The Incident Management Team coordinates all activities across Forth Valley in relation to COVID-19 to ensure all stakeholders including Health & Social Care Partnerships remain updated and informed.

Infection Control (IC) Precautions

Intensive IC support was and is provided to receiving areas and designated downstream wards where patients suspected or confirmed COVID-19 patients will receive care, to ensure staff and patient safety is maintained. In addition all other downstream areas across the hospital setting and primary care are aware of the precautions necessary to be taken in the event of managing a patient with confirmed or suspected COVID-19.

PPE Guidance

PPE guidance has been circulated to acute and primary care services across NHS Forth Valley in accordance with the National Infection Prevention & Control Manual and HPS COVID-19 guidance. Supplies of PPE equipment are being coordinated by NHS Forth Valley's Head of Procurement, who is working with nominated leads in directorates and Health Social Care Partnerships to ensure that items are distributed as quickly as possible in line with clinical and service needs. Managing this scarce resource and how this also fits with our changes to visiting numbers/times will be critical as the pandemic escalates.

In response to a number of PPE questions including a discussion at the LRP meeting on 24 March 2020, guidance was issued on 26 March 2020. The guidance was issued to all three Local Authorities through the Chief Executives Offices. The same guidance was re-issued to NHS Forth Valley staff including primary care.

On the 27 March 2020, PPE supply 'drop points' were agreed for Local Authorities and NHS Forth Valley (no change to NHS Forth Valley central distribution store located in Stirling).

Training

IPC training is ongoing across Forth Valley including correct and appropriate use of PPE for the management of confirmed and suspected COVID-19. FFP3 fit testing for the pandemic stock FFP3 masks commenced on 16th March, this builds on previous testing. Training and support to Health & Social Care Partnerships notably Care Homes and Care Providers is currently being agreed. Additional face fit testing equipment was procured on 8 March 2020.

LINKS TO OTHER PLANS

- NHS Forth Valley Interim Pandemic COVID-19 Response Framework
- NHS Forth Valley Directorate Mobilisation Plans
- NHS Forth Service Level Business Continuity Plans
- NHS Forth Valley Major Incident Plan
- Forth Valley Local Resilience Partnership COVID-19 Framework
- Forth Valley Local Resilience Partnership Mass Fatalities Plan
- Health Protection Scotland COVID 19 Guidance (various)
- Scottish Government, Health and Social Care Guidance (various)
- Scottish Prison Service Pandemic Plan
- UK Government and Devolved Administrations, Coronavirus: action plan -A guide to what you can expect across the UK

SECTION 2: PLAN ACTIVATION – MOBILISATION

PRE MOBILISATION

The 'lead in time' was/is being used to:

- raise awareness and review/refresh e.g. Anticipatory Care and RESPECT Plans, Medication Plans, At Risk/Vulnerable patient registers to support shielding approach
- raise awareness and refresh infection control arrangements (including training) across our health services
- review/refresh business continuity plans within: primary and community care services, acute care, support/corporate services including SERCO
- clarify how we support care home providers, care homes to raise awareness, refresh infection control and highlight need for good business continuity plans, offer training
- develop communication briefs which will be sent out regularly to direct staff to relevant information and advice
- review/refresh our supplies and distribution plans
- review/refresh our waste management plans
- determine our IT requirements to support video or telephone consultations and home working and raising IT security requirements
- reaffirm and establish mutual aid with other NHS Boards

MOBILISATION

This Plan is being activated in preparation for a surge in capacity to minimise significant disruption to service delivery/business continuity, particularly the delivery of key/critical activities. Examples of circumstances triggering activation of this Plan include:

- loss of critical services – e.g. IT, primary care, community including social care and acute care
- HPS led surveillance of hospitalised COVID-19
- access to beds, ITU beds and/or loss of critical service interdependencies (diagnostics, labs, ITU)
- loss of key staff or skills e.g. above normal levels of absenteeism due to illness, school closures
- access to staff to support ITU (work underway to train staff to be able to work in this environment – see ref. – dental care)
- significant reductions in equipment stocks including PPE, medications and disruption to the supply chain

RESPONSIBILITY FOR ACTIVATION

The Chief Executive has activated this Plan informed by NHS Board Directors and senior managers and clinical decision makers. Having activated the Plan NHS Forth Valley is operating at Level 2 of our escalation pyramid.

SECTION 3: MOBILISATION MANAGEMENT

Over the forthcoming weeks and months, there will be a disruption to normal services, this is now happening and will increase as COVID-19 increases its impact. The planning assumptions set out on Page 7 have been adopted in Forth Valley for assessing the impact of COVID-19 based on that 80% of patients will experience mild or no symptoms.

Mobilisation Plans having been developed by Senior Managers in collaboration with their Teams. This Plan is an extraction of the key actions being developed and/or finalised/implemented. In developing service plans we have considered a number of key themes and how they apply within each of our escalation Tiers or levels (see escalation pyramid above):

- awareness raising – e.g. Infection Prevention and Control, IT security
- review of pathways e.g. to support hot and cold segregation and cohorting of patient groups/presentations
- reviews/risk assessments of people within our current vulnerable at risk groups living in the community
- training of staff to refresh/induct and support new ways of working in variety of locations to meet future clinical presentations and ongoing care needs
- segregation
- cohorting
- non COVID-19 Emergency/Urgent Care
- increases in capacity – primary and community care, acute and ITU
- workforce and review of skills to support future clinical presentations and care
- mutual aid (neighbouring NHS Boards and across NHS Regions)

In addition to the above, we have included enabling actions to support safe and effective service delivery. These actions include access to PPE, IT video and telephone consultations as well as home working.

Primary Care

90% of all Heath Board activity occurs in primary care.

Despite the difficulties being faced it is recognised that General Practices have continued to make huge efforts to maintain services through these very challenging times.

Primary Care Leads in collaboration with the GP sub-committee and GP colleagues have developed a Mobilisation Plan that follows the levels set out in our escalation pyramid. Practices have moved from the mobilisation phase to postponing non-essential services, e.g. chronic disease management work, routine bloods and increased use of remote working.

Practices have moved to postpone routine appointments, triage by phone and increase remote working further to maintain and prioritise services for patients with more complex healthcare needs. Plans for practices to use reciprocal arrangements to cover patient care where capacity is lost or significantly reduced are being finalised. We have referred to this as 'cold site working' and GPs will continue to respond to e.g. non respiratory urgent referrals, unstable long-term care management, palliative care in the community and serious mental health presentations.

All practices have agreed contingency plans and are working in collaboration with neighbouring practices to agree Cluster Contingency Plans for activation as practice teams reach Level 2 escalation.

Out of Hours will continue to play a key role in supporting our response to this emergency. In a meeting with the Chief Executive, Director of Public Health, Medical Directors and Primary Care Associate Medical Director and GP Sub-Committee it was agreed that Direct and Local Enhanced Services and the formal need for Extended Hours will be postponed as from 23 March 2020. Postponing these activities would potentially result in loss of income however steps have been agreed nationally to protect practices against this.

In line with the national directive from the Scottish Government, supported by the BMA, NHS Forth Valley has prepared a model to introduce a local **Community Hub** and separate local **Clinical Assessment Centres** to triage and manage patients who potentially have coronavirus.

This approach is intended to free up capacity in primary care in anticipation of workload and workforce challenges while continuing to manage as many patients in the community. These steps are also intended to help avoid unnecessary hospital presentations and/or admissions.

The timeframe for implementing this change by Monday 23rd March has been extremely challenging but has been met. We have had encouraging support from practice, clinical leads, secondary care colleagues and the GP Sub working in collaboration with the NHS Board.

Taking this forward will require GPs and practices to work together and work differently over the next few months as we move through the pandemic.

The national model will mean that all patients presenting with concerns about coronavirus will be directed to call NHS24 on 111 for initial triage. Those individuals who are considered to be at risk will be passed for further triage to our Forth Valley Community Hub based in Stirling. The Community Hub will operate 24/7.

While it is anticipated that the majority of patients will be given advice, a number will require clinical assessment. It is likely that this number will be relatively low initially but will steadily grow in the forthcoming weeks.

We plan to have 4 assessment centres across Forth Valley. In the main the Centres will operate between 8am and 8 pm. There will be one assessment centre based in Forth Valley Royal Hospital (FVRH), this centre will operate 8pm to 8am and will be aligned with the Emergency Department.

The Community Hub became operational on Monday 23rd March 2020. The Falkirk (Kersiebank) Assessment Centre also opened on 23rd March as did the FVRH overnight Assessment Centre. The Stirling Assessment centre opened on Friday 27th March with the other two centres becoming operational over the next two weeks in response to demand.

All centres require to be supported by both General Practice and Secondary Care Services. The support from secondary clinicians notably in Paediatrics and Ageing for Health has been well received. Home visits are an issue which we are working to resolve and already there are steps to increase capacity in our Enhanced Care Team and community in general. In addition:

- Geriatrician support to our Health and Social Care Partnership NHS/Local Authority colleagues around AWI and Guardianship continues
- Community hospital support and pathways are being progressed/agreed
- 7 day Consultant Geriatrician advice via Wifi phone 0800 - 2030hrs is in place and will link into the Community Hubs and Primary Care in general
- Overnight Consultant Physician (from a pool of Geriatricians and General Physicians) will be available for advice 2030 – 0800hrs, 7 days

All practices have been asked to agree a dedicated contribution of clinical time to work in the Triage Hub or Assessment Centre. It is agreed as important that this is managed equitably with contribution from all practices in releasing clinical time to support this model. It has been suggested that each practice should commit to contribute approximately 3 hours of clinical time/1000 registered

patients/week. There will be extenuating circumstances and factors that prevent this being an absolute requirement but practice engagement is essential. There is also recognition that the initial model will require to be evaluated and is likely to evolve over time.

Dental Care

Colleagues in Public Dental Service have worked alongside Health Board staff to prepare their Mobilisation Plan. The mobilisation phase has been used to consider access arrangements and like GP colleagues general dental practitioners will be required to give thought to collocating to support services as they move to 'limited' and 'essential' service provision.

A triage Public Dental Service (PDS) Helpline is now operational and all Epidemiology and Health Improvement Programmes, Undergraduate Outreach training has been postponed with domiciliary dental care being provided using telephone triage. General Anaesthetic urgent cases will be supported as we move to an essential service only. Langlees Dental Centre, Falkirk has been established for asymptomatic patients and Falkirk Community Hospital for symptomatic patient's in-hours period (accessed through the helpline) and out of hours patients will be seen in Falkirk Community Hospital accessed via NHS24. Routine dental care involving aerosol generating procedures have been postponed and staff will be deployed given to clinical duties given the rich skill set amongst our dentists and dental nurses. Consideration to using in particular members of the dental team to work within ITU/HDU is currently being explored.

Community Care

Mental Health

Mental Health Leads (managers and clinicians) have been working collaboratively with colleagues noting the interdependency between primary and secondary (acute hospital) care services. The mobilisation phase to consider access arrangements using the escalation pyramid has resulted in a number of actions, notably:

- clinical staff generating a list of vulnerable patients (e.g. patients receiving clozapine, depot, methadone) they would assertively outreach to support remote support and consultation
- updating next of kin on care partners details to ensure there are alternative ways of checking on patients should patients not respond to calls
- installing 'near me' software on IT devices to support virtual consultations and provide ongoing advice and support
- establishing a segregated single room facility (IPCU) to care patients with COVID-19 including transfers from Bellsdyke Hospital
- IPCU patient facilities currently being established on site within Ward 2 FVRH in segregated area of ward.

- all patients requiring IPCU can be cared for on general mental health wards on an interim basis, until changes in ward 2 can be completed (expected by 30/03/2020)

Learning Disability Services

Learning Disability Service Leads (managers and clinicians) have been working collaboratively with colleagues. The mobilisation phase to consider access arrangements using the escalation pyramid has resulted in a number of actions, notably:

- patients with COVID-19 symptoms will be self isolated and managed on the Lochview site (all Houses have single room/en suite facilities)

Prison Healthcare

NHS Forth Valley is working with colleagues in our 3 national prisons: Polmont, Cornton Vale and Glenochil. Scottish Prison Service (SPS) have developed their SPS Pandemic Plan, March 2020.

NHS Scotland and Health Protection Scotland's plan is the guidance that NHS FV Prison staff will use, "Covid-19 - Guidance for Primary Care".

The escalation pyramid applies to prison healthcare and will be triggered in the main by staff shortages and/or COVID-19 symptomatic patients in custody. Patients with respiratory presentations notably, influenza-like illness or secondary complications arising from COVID-19 will be clinically assessed by nursing staff, if they meet the criteria of COVID-19 symptoms they will be placed in isolation and monitored under Rule 41 with a care plan. If the patient deteriorates the prison GP, Advanced Nurse Practitioner or Out of Hours Service will assess and if required the patient will be transferred to acute care. If the numbers of patients are significant mutual aid between territorial NHS Boards will be required.

Health & Social Care Partnerships

NHS Forth Valley is working with its two Partnerships and three Local Authorities as part of local resilience partnership arrangements to support our most vulnerable people and communities. Public Protection will remain high on all our agendas and our work whilst at a distance will continue in line with our Chief Officers responsibilities. In regard to health and social care services within each of our partnerships the escalation pyramid applies. Our work is advanced in both of our Partnerships to respond to:

- anticipated significant increases in demand and complexity of care in the community (at home) and community intermediate care and community hospital facilities and in this regard Partnership colleagues are:
 - ✓ increasing Homefirst team capacity across our acute and community sites
 - ✓ seeking access to more AHP resources
 - ✓ increasing resources in MECS overnight support to support Rapid Response Teams
 - ✓ developing at pace Hospital at Home services to support enhanced care in the community
 - ✓ refreshing pathways to develop Rapid Response and Reablement Teams to support Home Care, Enhanced Care and ReACH services
 - ✓ providing essential community nursing support to continue to support people at home, including vulnerable older people
 - ✓ working with Third Sector Providers to maintain resilience and build additional community capacity
 - ✓ postponing non essential services e.g. respite services, day services for younger and older adults (risk assessments being finalised for individual people to mitigate risks), routine reviews in care homes
- delayed discharges within our health system and work to discharge all acute delayed discharges and at least 95% of people currently delayed in our community and or mental health beds by early April 2020 by:
 - ✓ block purchasing: care at home hours, care home beds including spot purchasing of younger adult care home places
 - ✓ work with Housing Services to support timely discharges
 - ✓ mobilise community resources, notably in Strathkendrick House, Thorton Gardens, Ludgate House and Community Hospitals

Women & Children Services

Directorate senior managers and clinical decision makers have worked to develop a service mobilisation plan using the escalation pyramid to consider access arrangements – i.e. mobilisation phase for community, outpatient, daycase and inpatient services. The Directorate also manages Paediatric and Neonatal Care, Health Visiting, School Nurses and the Family Nurse Partnership, CAMHS and Psychological Therapies as well as maternity services.

This work has included consideration about the frequency and scale of activities as well as redeployment of the workforce across essential services and the interfaces with other key services notably Local Authorities e.g. keeping children safe and child protection especially now the schools will close.

In CAMHS there will be a daily huddle to identify vulnerable patients who need to be assertively outreached using remote 'near me' video and/or telephone consultation. Access to psychological services will primarily be provided via 'near me' remote video and telephone consultations.

The Directorate has produced very helpful 'flowcharts' for symptomatic women requiring urgent maternity care. Segregation and cohorting of confirmed COVID-19 cases are included within the Directorate's Mobilisation Plan; these include access to 1 negative pressure room. Group Parenthood education, Breast Feeding volunteers and home confinement bookings have all been postponed. To ensure the directorate remain responsive to the emerging situation, escalation of access considerations have been developed for all services. These are detailed in the Directorate/Service Plan.

Paediatric and Neonatal Services also have segregation arrangements in place. These areas have access to 2 negative pressure rooms. The status of parents (COVID-19) will be checked should a baby/child be required to transfer to a tertiary centre, SCOTSTAR will be informed.

Many school nurses and AHPs working in children's services will be deployed along with physiotherapists, where possible, to support emergency and urgent care.

Acute Care

Work to prepare for COVID-19 acute presentations has been intensive over the last few weeks. Our planning has included:

- postponing all non-urgent elective outpatient, daycase and inpatient activity
- maintaining urgent elective outpatient (OP), daycase (DC) and inpatient (IP) services to support vital suspected cancer presentations and priority appointments and/or emergency presentations e.g. trauma whilst being alert to COVID-19 infection prevention and control measures
- creating segregation zones within ED to respond to non respiratory presentations and respiratory presentations notably, flu like illnesses or secondary complications arising from COVID-19
- providing COVID-19 testing on site (FVRH Labs to support diagnosis confirmation – QA process being progressed)
- redirecting minor injuries to the Stirling MIU when required / in response to demand triggers
- increasing our bed base capacity to be able to respond to surges in presentations
- cohorting confirmed positive COVID-19 patients
- increasing ITU capacity in response to increasing presentations across our ITU, theatre and surgical assessment unit footprint
- identify and fast track ITU training
- working to have no delayed discharges on the acute hospital site and a 95% reduction in our community hospitals

Emergency Department (ED)

New ways of working in ED have been implemented to support zoning/segregation of patients presenting with respiratory presentations notably, flu like illness or secondary complications arising from COVID-19. The Community Triage Hub is now operational as from Monday 23rd March and will operate 24/7. Work is also underway to establish 4 Clinical Assessment Centres based in localities across Forth Valley. An overnight Assessment Centre (8pm to 8am) is now in operation from our FVRH site. In addition Stirling and Falkirk have operational Centres in place as at 27th March 2020. Two further Clinical Assessment Centres are planned and will be established in response to demand.

The pathway includes symptomatic COVID-19 patients calling NHS24 in and out of hours or via a direct primary care presentation. The Primary Care Senior Decision Maker will determine through a triage call if the patient should present to a local clinical assessment centre and an appointment time will be confirmed with the patient who will be directed to their local centre. The same decision maker will also determine if a hospital assessment based on acuity of symptoms is required, in these cases individuals will be referred to Emergency Department (ED), Forth Valley Royal Hospital and ED staff will be informed of the referral.

Minor Injury presentations may be directed to the Stirling Minor Injury Unit if demand becomes significant. In these circumstances minor injury services will be postponed on the acute site. Redeployment of additional staff to the Stirling MIU will be actioned and access hours may be extended.

Urgent and/or Emergency Care

As of 18 March 2020, NHS Forth Valley has 2,424 people waiting more the 12 weeks for an outpatient appointment and 968 patients exceeding the 12-week treatment time guarantee and on average the Acute Services Directorate provides:

- 3,544 OP appointments per week
- DC/IP - 175 theatre appointments per week
- Radiology – on average 4 modalities provide capacity for 610 essential appointments per week and 500 routine appointments per week

Elective non urgent OP, DC and IP activity will be postponed during this emergency. Urgent elective and/or emergency presentations – e.g. suspected cancer, cancer and or trauma will be maintained. Mutual aid will be sought from neighbouring NHS Boards should our bed capacity exceed our ability to offer OP, DC and/or IP care. The national cancer treatment group has been established to oversee access to cancer treatments.

Currently our planning assumptions based on our activity will require us to provide on a weekly basis:

- 640 urgent OP appointments
- 50 urgent DC and IP appointments/admissions
- 610 essential radiology appointments

The use of remote video and/or telephone consultation where appropriate will reduce the number of people presenting to the hospital site.

Bed based activity and cohorting of COVID-19 patients

Currently we can, in response to surges in demand, open additional capacity. Maintaining flow within the acute site will be vital and people near ready for discharge could be accommodated in other suitable accommodation and facilities. Plans to increase capacity are under development, these plans will involve our Local Authority partners and other neighbouring NHS Boards.

ITU Capacity

NHS Forth Valley Royal Hospital is equipped with 19 ITU spaces supporting a range of patients with acuity levels of 1 (e.g. deteriorating patient with high care needs/observations) level 2 (e.g. single organ failure with high care and observation needs) and level 3 advanced respiratory support with 2 or more organs failing). Adjacent to the Unit is the Surgical Assessment Unit (SAU) with 10 bed spaces. A stepped approach will be activated based on acuity and demand breaching the escalation triggers. This is set out in the Acute Hospital Mobilisation Plan. Based on the Plan and during anticipated surges ITU capacity can increase using the ITU, theatre recovery and SAU footprints. Work to respond to the Government's request to quadruple our ITU capacity is being progressed. Admission to ITU will be supported by an agreed four nations clinical triage algorithm to ensure ITU receives appropriate admissions.

Facilities & Infrastructure

Digital & ehealth & Information Management Services

All non essential services have been postponed to enable staff working within this area of work to:

- accelerate roll out of 'Near Me'
- initiate Microsoft Teams roll out to support meetings and communications
- identify and introduce messaging solutions for clinical and operational teams
- increase wifi access for key staff at Forth Valley Royal Hospital
- establish remote access arrangements for staff (600 remote tokens are in place with a further 100 procured – bringing this to c50% coverage for primary care)

- procurement of a further 200 laptops and mobile devices. Further supplies will be considered in the light of uptake and availability
- cyber security and steps to ensure business continuity e.g. through disaster recovery provision in place. Further details have been supplied to SG in accordance with requests to Health Boards
- ICT business continuity plans reviewed/refreshed with OOH support under review
- operational arrangements for key IM reports to be generated to inform SITREP reporting externally and internally and to support decision making in place
- IT and Communication support for Hub & Assessment Centres e.g. Adastra and TRAK functionality along with telecoms.

Procurement

PPE availability to protect staff and others is a key priority, mitigating steps to ensure adequate supplies to our health and care system is being reviewed and tested using a 'stock fast track' system to support NHS services. Key delivery points that include our Local Authorities (LA) have been agreed. These arrangements include support to nursing care homes and providers. PPE Guidance has been shared with our LA partners and our NHS staff to ensure appropriate PPE application. Appropriate PPE application to ensure we manage stock levels and ensure supplies are allocated where they are needed most is vital.

Facilities Management (FM) and Domestic Services

NHS Forth Valley and SERCO/ Forth Health have a very strong working relationship which will help us address the unprecedented challenges we all face. Key operational standing operating procedures to support 'deep cleans' are in place and communication as to how to access this service is also in place. The management of clinical waste has been reviewed and additional capacity to support all NHS sites (primary/community and hospitals) is in place.

SERCO and Forth Health business continuity plans have been reviewed and have been referred to/included in the Facilities and Infrastructure Directorate Mobilisation Plan. Business Continuity Plans for domestic services are being reviewed and additional fixed term staff to maintain services is underway.

Transport and travel arrangements are under review; this will be ongoing in line with our escalation pyramid.

Workforce

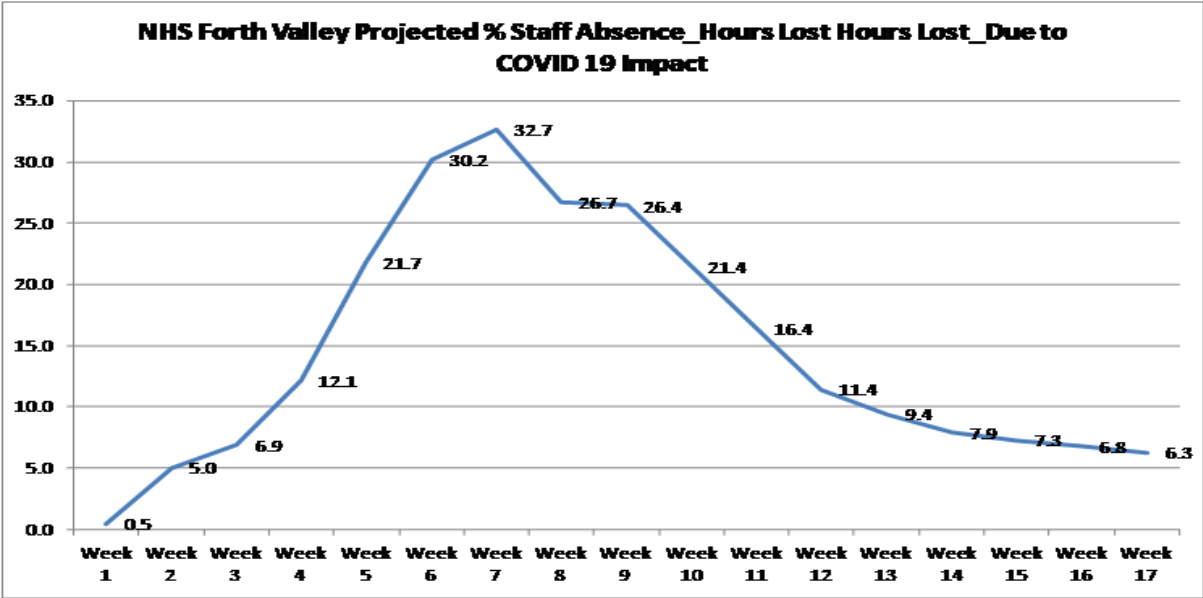
Workforce Projections

NHS Forth Valley has based its workforce projections based on the COVID-19 trajectory using our planning assumptions including those in 'staff anticipated vulnerable staff groups' and those with caring responsibilities. Furthermore, based on this data, we are identifying staff

with dependents involved and those impacted by the recent school closures. The steps taken to support key workers with children at school is welcomed and we are working with our Local Authority colleagues to ensure our staff are able to present for work.

Our HR Director has been instrumental in developing a redeployment hub with input from AHP, medical including DME and nursing senior decision makers in line with clinical priorities and in response to staff absence as it presents across NHS Forth Valley.

Projected Staff Absence



NHS Forth Valley is adopting a phased approach in response to the impact of the COVID-19 pandemic on the workforce. In response we have adopted an escalated approach, notably:

Current staff - redeployment of capacity to support critical services notably - ITU:

- realign with support and/or training all senior clinical (e.g. medical) staff in non-essential services to areas of clinical demand

- realign with support and/or training all non-direct facing registered nursing roles in non-essential services to areas of clinical demand
- relocating nurse specialists (chronic disease management) to essential services
- redirect Clinical Development Fellows to support essential services
- redirect doctors and nurse in training (confirmation that trainees will not rotate in April 2020) to support in the first instance non patient areas of demand

Additional staff:

NHS Forth Valley has proactively reached out to retired colleagues and those on our staff bank:

- planned leavers are being contacted and asked to delay or retire and return
- phone contact is ongoing to recently retired staff members within 24 months (55-64) in all staff groups, in addition correspondence has been sent to all the remaining retirees from the last 24 months where no contact has been made so far
- staff on the bank have agreed to increase availability, and our EOL system ensures visibility of all demand 24/7
- nursing students have been contacted either directly if registered on staff bank or via University to offer guaranteed hours as HCSWs on an allocation on arrival basis
- medical students we are awaiting national guidance on this but the Staff Bank is on standby to facilitate this
- redeployment register is being reviewed
- redeployment of staff who have become available as we move to only essential service delivery – a Workforce Redeployment Hub is being established to assist with the co-ordination of available staff
- volunteers – screening process in place with staff bank, coordinating offers and determining best role match which will be then be fast tracked onto staff bank at band 2
- increasing number of available drivers through fast track recruitment
- increasing numbers of domestic staff through fast track recruitment
- relevant checks completed at time of appointment

Support from Non-Clinical Staff

Non clinical staff are the backbone of our services and their support to maintain NHS services are is vital. Consideration is being given to training required to prepare staff to mobilise across other sites. We have a headcount of 1481 staff in these roles across the NHS Board and deployment will be agreed in line with service priorities on clinical sites whilst preserving other essential functions.