AGENDA ITEM No.5

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership **Held on**	Integration Joint Board 24 June 2020
Agenda Item	5
Title	HSCP COVID-19 Recovery Plan

Summary

This report sets out East Renfrewshire HSCP's approach to the transitional, post-emergency phase of the COVID-19 pandemic. The plan sets out key principles and priorities for the recovery period and outlines our wide-reaching planning approach and the arrangements being put in place to oversee our recovery.

Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.

Presented by	Steven Reid, Senior Performance Management Officer

Action Required

The Integration Joint Board is asked to note and comment on the report.

Directions	**Implications**	
☒ No Directions Required	☒ Finance	☐ Risk
☐ Directions to East Renfrewshire Council (ERC)	☒ Policy	☐ Legal
☐ Directions to NHS Greater Glasgow and Clyde (NHSGGC)	☒ Workforce	☒ Infrastructure
☐ Directions to both ERC and NHSGGC	☐ Equalities	☐ Fairer Scotland Duty

BLANK PAGE

East Renfrewshire HSCP
COVID-19 Recovery Planning outline

1. Purpose of plan

This high-level planning documents sets out the approach East Renfrewshire HSCP will take to the transitional, post-emergency phase of the COVID-19 pandemic. During this recovery period we will be working across service areas in collaboration with partner organisations, service users and the wider community to gradually re-establish service provision to meet the needs of our residents.

This plan sets out key principles and priorities for the recovery period. It outlines our wide-reaching planning approach and the arrangements being put in place to oversee our recovery.

Our recovery activity will follow a phased approach in line with the phased relaxation of lockdown outlined by the Scottish Government. As is broadly recognised, the ongoing situation regarding the coronavirus pandemic is changing week-to-week and needs to be closely monitored particularly in relation to further waves of infection, potentially characterised by localised outbreaks. Given the developing situation it is essential that our approach to recovery recognises the need for flexibility and allows us to respond quickly to change.

This plan and our ongoing approaches are being developed in recognition of the recovery planning activity taking place at East Renfrewshire Council, NHS Greater Glasgow and Clyde and at the national level.

2. Context / background

The current phase of the COVID-19 emergency response has seen incredible resilience, commitment and creativity from staff in all services across East Renfrewshire HSCP. Within a very short space of time teams have established and adapted to new ways of working and have continued to maintain and deliver safe and effective services to our residents. There has been innovation and collaborative working across the health and care system including with external stakeholders and our communities.

Our response to the pandemic has necessarily been tailored within client groups to meet the specific needs of communities and respond to specific challenges posed within these services. The below list summarises the key actions taken across the HSCP:

- Redeployment of staff to work from home;
- Co-location and social distancing of staff to maximise use of buildings;
- Introduction of staff rotation and shift working for certain staff groups to ensure adequate support balanced with social distancing and staff protection;
- Roll out of technology such as Microsoft Teams to enable communication and meetings;
- Suspension of certain services (e.g. Day Care centres, group work);
- Redeployment of staff to cover essential services;

- Prioritisation of service provision based on the most urgent or complex needs (e.g. reduction of home visits to only critical need or the continuation of immunisations and first visits for children);
- Extensive use of technology to support advice and triage processes (e.g. telephone and video-based conferencing, Attend Anywhere);
- Introduction of new services and service models (e.g. telemedicine model, postal medicine/collection from clinic options and temporary Assessment Centre)
- Introduction of teleconsultation and video-consultation with service users.

It is clear that for many months to come, health and social care services will need to be responding and further adapting to the challenges from the COVID-19 pandemic. We now need to plan and deliver services beyond the current 'emergency phase' and through a transitional 'recovery phase' where we progressively return to more 'normal', planned provision of services.

For the HSCP this means thinking about how we have addressed the crisis, what we have learned about the way we deliver services, and what longer-term changes we may be seeing in terms of demand, needs and expectations. It means setting out practical approaches for an efficient return to more normal provision, and thinking creatively about how services can change for the better as a result of our experiences in 2020.

In developing our recovery planning activities we will need to think about the way we worked before COVID-19 and how we have adapted as a result of the crisis. We need to work through each element of how our services operate and, where appropriate, identify how we can re-establish areas of work that have been put on hold or significantly reduced. We also need to identify what new approaches have worked well for service users, staff and wider service delivery, and find ways to maintain those benefits and build on them where we can.

It is recognised that the recovery phase and the return to planned day-to-day arrangements is unlikely to be straightforward or predictable, given the ongoing requirement for social distancing and public health controls. Some aspects of recovery planning will be possible through planned steps, but often these will be dependent on policy decisions that are not yet known. In addition, there remains the potential for further waves of COVID-19 infection which may mean we are required to 'step back' to restrictions seen in previous phases.

The Scottish Government has set out its key principles and approach to decision-making for the transition out of lockdown in *Coronavirus (COVID-19): framework for decision making*, available here: https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/pages/3/
Further information to support the framework, reflecting the latest position nationally, is available here: https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-further-information/

3. Recovery principles

Since the COVID-19 outbreak our focus has been on implementing business continuity plans to ensure sustainable provision of health and social care services for East Renfrewshire residents. This has seen innovation and collaborative working across the health and care system including with external stakeholders and our communities. Reflecting on the approaches we have been taking will illustrate the benefits and challenges experienced during the period and highlight opportunities for better processes, models and collaborative relationships going forward. The long term impact of COVID-19 will be significant so it is crucial that we learn from the pandemic and our response locally and nationally, and use this knowledge and insight to guide and improve how we work going forward.

We would expect that most of the successful aspects of our COVID-19 response which saw rapid and effective change across the health and care system will be replicated in the recovery phase. Equally, less successful approaches with potentially detrimental impacts need to be identified and addressed.

The key principles underpinning our approach to recovery can be summarised as follows:

Phased approach - Restarting services should be managed via a phased approach using the Business Continuity plans and service-level Recovery Plans. Sequencing of restarting services may be different to the reduction/removal of services during the emergency and should focus on building the required infrastructure for consistent, high quality services to vulnerable citizens and be responsive to the easing of restrictions referred to in the Scottish Government's Route Map. Recovery activity should be considered early, and in tandem with incident response.

Safeguarding - The key principle which must guide recovery planning is the need to provide safe and effective services for people which maximise the health benefit for our residents, promotes independence and protects the most vulnerable. The safety of staff, service users, patients and carers will be paramount throughout recovery, including adherence to local and national testing and isolating guidelines and the continued provision of appropriate levels of PPE. The HSCP will ensure the safest environment and conditions possible for staff to best meet the needs of the population, recognising the safety and wellbeing of health and social care staff is on a par with the rest of our population.

Intelligence-led - Our recovery will be based on the lessons we have learned during the emergency phase; and also on lessons as they emerge during the transition for example around unequal impacts of the COVID-19 crisis on different groups and the changing nature of medium to longer term patterns of need and demand. We will collate learning from across service areas. We will keep any changes applied under review, collecting feedback from relevant stakeholders to inform ongoing recovery and planning for the future. Decisions made will be informed by evidence and learning about what has worked well during the response, what has not been successful and where might there be opportunities to make additional modifications to service provision to support long term, flexible recovery.

Flexibility - Restarting services must be done in a way that is considerate to the fact that COVID-19 still represents a very real public health challenge to the country and its population. The HSCP will be required to react quickly and decisively to additional outbreaks of the virus that may require further adaptations for services and staff, and to respond to external influences such as additional or changing guidance from the UK and Scottish Governments. Recovery of services will also have to be managed to cope with any predicted or unexpected increase in demand for services that may arise as lockdown restrictions are lifted.

Opportunities-focussed - The HSCP will seek to identify, and wherever possible, take advantage of any opportunities that have emerged during the response to the pandemic. A wide range of changes have been made to services. Some of those changes have been successful and consideration must be given to retaining and developing them in order to progress the strategic priorities of the IJB. Where opportunities emerge to stop working in ways that no longer meet requirements they should be explored and considered. Maximising opportunities will include building on the adoption of technological opportunities in response to the pandemic.

Collaboration - The restarting of services will be done on the basis of maintaining ongoing and meaningful collaboration and cross-system working with our key stakeholders. This includes staff, service users, partner providers and Trade Unions/Staff Side. The HSCP will seek to utilise the collective knowledge and experience across the sector to ensure services continue to meet the needs of residents in a sustainable and equitable manner. Decisions about changes to services will be informed by appropriate levels of consultation and engagement with those most affected, and with consideration and assessment of the impact in terms of equalities and human rights to ensure equity of access.

Compassionate leadership - The HSCP will take a long term approach to safeguarding the mental health and wellbeing and resilience of its staff by addressing any psychological impacts that result from our ongoing response to the pandemic. Embedding a culture of compassionate leadership will support individual and team resilience and well-being, learning from and harnessing the support mechanisms, techniques and behaviours which have evolved during the crisis.

Innovation and integration - A key element in the response to the pandemic has been the ability of the HSCP and its partners to demonstrate agility and innovation in making the changes required to meet the needs of our residents. Through recovery activity the HSCP seeks to harness, identify and support innovation and embrace new approaches and ways of working (e.g. digital).

Communication and transparency - The IJBs approach to recovery will include appropriate communication with all stakeholders. The success or failure of any re-starting of services or making/retaining changes to services will rely on ensuring those affected understand the decisions being taken and how that affects how they access the services. We are developing a dedicated communications strategy to ensure a high level of communication to staff and residents.

4. Learning from and building on our crisis response

In response to the emerging challenges resulting from COVID-19 the activity of the HSCP required to be significantly adapted, as discussed above. In many cases services were suspended and require in the recovery phase to be re-instated. In other cases more fundamental alterations were made to existing services and service models to enable services to continue within the constraints of the lockdown restrictions. The HSCP is currently reviewing changes made during the crisis to identify areas where change has been positive.

Examples of positive changes that have taken place during the crisis include:

- Use of digital technology to facilitate new and existing service user assessment, consultation and review (e.g. Attend Anywhere) where face to face methods are not essential

- Evidence of improved partnership/joint working and information sharing (e.g. daily liaison with partner providers)
- Expansion of Technology Enabled Care solutions
- Use of teleconferencing and videoconferencing amongst health and social care staff (where able to access the same platforms/software)
- Flexibility/permission for homeworking
- The growth of the wider network of community/voluntary supports and models of co-production
- An increased focus on mental well-being (including that of staff) and social connectedness.
- The opportunity for services to undertake a review of the priorities and optimal methods of meeting need
- Improved team working and strengthened team leadership

Over the emergency period there have been a range of specific issues that we have had to face. The issues listed below represent the potential barriers that we may face as we move forward through the recovery phases:

- Staffing levels (increased need for isolation anticipated once Test and Protect introduced);
- Confidence/willingness of service users to return to face to face service delivery;
- Ongoing lockdown and delay in returning staff to work in offices (ensuring social distancing guidance applied);
- Sufficient funding to support new ways of working and COVID-19 related costs;
- Capacity of staff able to work either from home/office;
- Reduction in current high levels of community support as people return to work;
- Potential gaps/delays in the recruitment process;
- Availability and capacity of IT to support staff to work from home where necessary;
- Access to the required resources and knowledge to maximise the effectiveness of new ways of working (e.g. digital inclusion);
- Closure / threat to sustainability of some partner organisations or specific services they provide
- Access to PPE
- Financial pressures as a result of increasing demand and decreasing capacity to respond
- Failure to engage and communicate with relevant stakeholders, leading to opposition to change or misconceptions.

Key enabling factors that will support our recovery include:

- Commitment and flexibility of staff
- Ability of staff to work in partnership to find innovative solutions
- Capturing the learning from staff across the system
- A readiness and enthusiasm to harness opportunities and consider new practices
- Capturing service user feedback as a regular part of service development and redesign
- Opportunities to deliver services using volunteers and/or different platforms.
- Opportunity to build on the sense of resilience, partnership and community spirit.

Consideration of the positive changes that have taken place during the COVID-19 crisis, the potential challenges and barriers that we will face as we transition to recovery, and the key enablers will inform our decisions on whether we reinstate 'business as usual' in specific service areas, amend service models or choose to stop delivering services.

5. HSCP-wide planning for recovery

Where possible, we will use existing structures for the ongoing development of the recovery plan, and the DMT will support these structures and processes. Our recovery planning will be developed and supported by a Recovery Planning Working Group made up of representatives from across services and involving staff representatives.

The Recovery Planning Working Group, chaired by the Head of Finance and Resources, will report to the DMT/LRMT and feed in to the Recovery Tactical Group in the Health Board and the Council Recovery and Renewal Sub Group respectively through their reporting structures. This will enable a system-wide overview of component plans to inform recommendations presented to the IJB.

Our recovery plan establishes how key issues will be addresses with estimated milestones. It sets out HSCP-wide approaches for issues such as premises, workforce and ICT and specific arrangements for service areas.

We are taking a programme management approach to the planning and ongoing delivery of activity during the transition / recovery phase. We have established eight thematic work-streams to address key HSCP-wide issues. The work-streams will be the arena for discussion and proposals relating to distinct areas of work, and will give clarity to services moving forward.

Each work-stream will be led by an appropriate key person with a strong understanding of the subject matter of the work-stream. Leads and deputies have been appointed. A summary of the work-streams including aims and objectives is given below.

Table 1 – Thematic work-streams for HSCP recovery planning

WORKSTREAM	DESCRIPTION	AIMS & OBJECTIVES
1. Governance	To manage the Governance framework for Programme Board and reporting to DMT, ERC, IJB, NHSGGC, Partner Organisations and Scottish Government. To ensure clear communication within the HSCP and to our population that we support.	• Implement learning from first IJB 'Teams' meeting on 24 June • Look at next scheduled PAC and consider approach • Look at next scheduled Clinical and Care Governance and consider approach • Restart governance groups such as the Joint Staff Form, Health and Safety Committee • Consider whether the HR Subgroup restarts as a stand-alone or as part of workstream 3. • Ensure cost implications are captured
2. Accommodation	The overall management of all HSCP buildings including HSCP staff areas, GP practices and patient/client interaction in a physical setting over the short, medium and longer term.	• Securing safe staff working environments within our buildings whilst social distancing measures remain in place; and creating user guidance on this. • Securing safe access and consultation arrangements for patients requiring physical, person-to-person interactions with GP and HSCP staff in our buildings • Drafting and agreeing a communications plan for staff, patients and service-users on expected compliance with any guidance created for the above • Assessing suitability of existing accommodation space to facilitate the above, including risk assessments. • Assessing need and viability of obtaining additional accommodation for use during current restrictions, including a realistic assessment of required 'decant' measures.

		• Agreeing a prioritisation matrix and schedule for the re-introduction of services and how these are delivered on a safe basis moving forward.
3. Workforce	All issues relating to staffing and working practices.	• Detailed aims and objectives currently being developed under the two main headings of HR Policy and Staffing Requirements
4. Partner Organisations	Continued partnership working with external support agencies and related commissioning activities.	• Planning – review strategic commissioning aims and objectives across the range of our partner providers. • Procurement – working with DMT to agree a procurement work plan. • Contract Management – review and recommend an approach to managing contracts that is proportionate in the recovery phase and move to a new framework • Data – data platform/s for commissioning and planning purposes be explored.
5. IT Requirements	Essential IT equipment, software and digital capacity required to support the recovery planning process and access to agile working.	• To confirm all status of agile equipment to ensure staff are appropriately equipped – including Window's 10 devices / O365 • Look at supplementary equipment required to enable agile working and quantify requirements • Utilise and consider maximising the use of MS Teams functionality • Utilise input from HSCP Digital Champions to support work-stream aims and objectives
6. PPE	Resourcing, storage and distribution of essential PPE.	• To review the existing management of PPE (ordering delivery, storage, distribution) and make recommendations for managing this service through recovery and eventually its return to business as usual across the HSCP. • To consider the location of the PPE Hub

7. Change Programme	Refresh and re-introduction of the projects that are on hold during the crisis.	• To formulate and agree a realistic timescale for the resumption of work on all projects forming part of the current HSCP Change Programme. • To acknowledge outcomes of work on other recovery work-streams that may require establishing new projects for consideration within the Change Programme and subsequently submit Project Mandates to DMT/Change Programme Board.
8. Ongoing COVID-19 Response	Continued focus on the ongoing crisis management work that is required at any point throughout the recovery period.	• Using the feedback from services on individual service recovery plans, creating the capacity and agility to assist in overcoming issues as they arise and providing HSCP input to ERC and NHSGGC recovery work.

In relation to the work-streams we recognise we need to be flexible and respond quickly to change. This means that work-streams may have to start, stop and adapt as appropriate to changing circumstances while the COVID-19 pandemic continues.

Immediate/short-term HSCP-wide priorities are being addressed and the accommodation work-stream is well under way. All of our accommodation is currently being reviewed with a prioritisation rationale being established. This will form the backbone of much of our recovery planning to ensure facilities are set up for social distancing measures, building access, changes to reception seating areas etc. This work includes GP and dental practices. In addition we are working with partner providers on changes to each building.

Currently working from home remains the default position. Where critical services are already being delivered from our buildings the current reduced footfall means there is sufficient space to continue to socially distance.

We will ensure a high level of communication to staff and residents on our approach to recovery. The HSCP has briefed their communication lead on recovery and an approach document has been drafted. This outlines the aims and objectives of the communications plan as well as considerations, audiences, timing and some initial ideas. The full communications plan has been drafted and will evolve alongside our recovery plan. Our communication approach will tie in with our partners to endure consistency and continuity.

6. Service-level recovery planning

HSCP-wide decision-making (e.g. on accommodation) as well as decisions taken at Board, Council and national level will gradually allow services to fulfil their own recovery plans and return to more normal models of service provision.

Detailed transition planning is underway across service areas. Service representatives, in collaboration with staff teams (and more widely if possible), were asked to undertake an initial planning exercise according to a consistent process and using a planning template. The intention is that our approach allows for flexibility while establishing clear activities and timescales that can be regularly reviewed as we move forward.

Teams were asked to set out what the impact of emergency lock-down has been for services (and for staff and resources), how these compare to normal (or desired) arrangements, and what process needs to be undertaken to return to ‘normal’ or establish new arrangements. Services have been encouraged to develop their plans following a process of open-minded creative discussion and robust risk assessment guided by up-to-date information and guidance.

The plans that have been produced clearly prioritise activities and set out timescales and responsibilities (subject to changing circumstances). The plans have allowed services to set out what needs to be undertaken immediately, and in the medium and long term.

We recognise that the delivery of service-level plans is highly dependent on HSCP-wide and national decisions on the pace of transition. As part of our planning approach we would expect services to review recovery plans regularly and make adjustments as required. Governance/reporting arrangements for the fulfilment of service-level plans will be established through the Governance work-stream. The service-level template has been included at Appendix One.

7. Recovery planning programme

Phased transition

The Recovery Planning Working Group have been considering the potential milestones and phases for the transition period, linking our planning to the 4 phases established by the Scottish Government on 21 May 2020 in *Scotland's route map through and out of the crisis,* available here: https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis/pages/4/

We have produced a table drawing out the main elements in the Scottish Government routemap that are of particular relevance to the provision of health and care, and matched these to anticipated local scenarios. This considers the gradual easing of lockdown restrictions, the anticipated status of health and care services and the potential impact of initiatives such as Test and Protect. We have then set out the local planning response we would expect to be undertaking at each phase. The phases with potential timeframes are set out in Appendix Two.

Given the uncertainties of the pandemic, the potential that we may have to take backward steps, and the fact that some elements may move faster than others, it is unlikely that our recovery will move in perfect tandem with the national phases as currently set out. But this gives a good longer-term outline of the stages we can expect as we move out of lockdown and where would hope to be in our transition to recovery at each stage.

Our planned work programme

As stated, we are taking a programme management approach to the planning and ongoing delivery of activity during the recovery phase. We have established a work programme which allows us to assess options and identify priorities for the resumption of services suspended or reduced during the emergency period. The programme allows for a managed approach that balances the need to resume services alongside the on-going COVID-19 response including social distancing, support to shielding groups, PPE provision and other initiatives; as well as the potential impact of Test and Protect on staff capacity.

Accommodation issues are key to the recovery process. Early and ongoing decisions to ensure appropriate social distancing will enable services to gradually return to normal models of provision. The work programme will also explore opportunities for new and better ways of working for example through the use of digital technology and strengthened partnership working with our voluntary/community organisations and partner providers.

Initial Recovery Action Plan – Phase One

Tasks		Lead	Timescale
WS1 – Governance			
1.1	Ensure all interdependencies are captured and acted on	Lesley Bairden	June 20
1.2	Agree communication approach and plan		
1.3	Agree reporting protocol for this Recovery Programme of Work		
1.4	Complete mapping exercise on partner organisation liaison including timescales and forums to be considered		
1.5	Reinstate Joint Staff Forum and other groups		

1.6	Revise standing agendas to include Recovery		
WS2 – Accommodation			
2.1	Identify available office space for HSCP critical functions (for Health Centres initially)	Mairi-Clare Armstrong	19/06/20
2.2	HSCP critical functions template developed and updated by service representatives on Recovery Group		12/06/20
2.3	Meeting with ERC Corporate Landlord in relation to St Andrew's House requirements		09/06/20
2.4	DMT agreement on critical services working from Barrhead and Eastwood Health & Care Centres		10/06/20
2.5	Social Distancing plan developed for Barrhead & Eastwood Health & Care Centre		18/06/20
WS3 – Workforce			
3.1	HR Policy – to be developed	Lisa Gregson	*Tbc*
3.2	Staffing Requirements - to be developed		
WS4 - Partner Organisations			
4.1	Prepare and submit Strategic Planning Review (dependency on overall strategic review - so actual start date will require subsequent amendment).	Kevin Beveridge	04/12/20
4.2	Agree Procurement work plan with DMT including agreement and sign-off of resource requirements		14/09/20
4.3	Development of Engagement & Participation Strategy		28/08/20
WS5 - ICT Requirements			
5.1	Provide overview of 'as is' position of IT estate across HSCP	Claire Dillon	03/07/20
5.2	Agree prioritisation of roll out of Windows 10		31/07/20
5.3	All users live on Windows 10		29/06/20
5.4	Ensure all NHS equipment on order		22/06/20
5.5	List of all staff equipment		22/06/20
5.6	Record status of outstanding NHS kit		29/06/20
5.7	Issue formal data governance reminder for all staff		31/07/20
5.8	Issue Mobile Phones with email access to all staff who require this.		17/07/20
5.9	Review network connectivity for ERC staff in EHCC and BHCC		18/09/20
5.10	Implement changes identified in Task 31		18/09/20
WS6 – PPE			
6.1	Outline current practices and make recommendations for future progress, including location, to RPSG	Pamela Gomes	19/06/20
6.2	Implement changes and return all PPE ordering, storage and distribution to business as usual activity across the HSCP.		24/09/20
WS7 – Change Programme			
7.1	Review existing in-flight projects and provide recommendations on viable re-start dates for discussion at RPSG	Jim Anderson	12/06/20
7.2	Submit report to DMT on recommended resumption of Change Programme agenda		23/06/20
7.3	Resume discussions with IT and external suppliers on proposed Telephony Upgrade project		24/07/20
7.4	Convene Project Board meetings for in-flight projects to agree new timescales for project delivery in line with PIDs		07/07/20
7.5	Agree Project Brief for use of Payment Cards		07/07/20

7.6	Submit updated position to DMT for Homecare Mobile Phones and Application		14/07/20
7.7	Secure Project Resources		28/07/20
7.8	Agree Project Mandate for CM2000 System upgrade or replacement		07/07/20
WS8 – Ongoing COVID-19 response			
8.1	Collate all Service Recovery Plans as received	tbc	19/06/20
8.2	Approve overall view on service recovery plans to provide basis for HSCP reporting and input to ERC and NHSGGC Recovery Groups		19/06/20
8.3	Submit report to ERC Recovery Group		23/06/20
Cross-cutting			
	Development and review of service-level recovery plans	Steven Reid	June 20 and ongoing
	Participation in ERC and NHSGGC Recovery Planning Groups		Ongoing
	Collation of key learning outcomes from the emergency phase		June 20 and ongoing
	Agree approach for needs assessment and development of next HSCP Strategic Plan		tbc

A full (draft) Gantt chart setting out the work programme is included at Appendix Three. This includes anticipated timescales and highlights suggested critical milestones in red.

Addressing accommodation issues

It is recognised that acceleration of the accommodation workstream is crucial to the wider HSCP Recovery Plan. Ensuring that our buildings and those buildings from which HSCP staff work from are safe and meet the current health and safety requirements is paramount, as such a weekly update is provided to the DMT.

Due to social distancing measures the capacity of our buildings is vastly reduced. Work has already been undertaken to confirm safe numbers of staff and public within our buildings. For the HSCP this has meant that services working from our buildings have had to be prioritised based on service need and risk. This will continue to be reviewed in line with national guidance and service requirements.

The HSCP is working closely with our partners to ensure a consistent approach as our buildings are adapted to meet social distancing requirements and ensure a safe environment for staff and the wider public. We are working in partnership with GP and dental practices and other services who use our health and care centres to determine patient flow whilst ensuring the number of people in the building remains safe.

Progress to date incudes:

- Project team in place;
- Project plan and critical milestones identified;
- Building capacity calculated;
- Identification of critical services who require to work from the office;
- Social distancing plan for both health and care centres progressing collaborating with GPs, dentists and other services who use our buildings;
- Risk assessments being progressed.

BLANK PAGE

Appendix One – Service-level Recovery Action Plan Template

Service / Resource Area (e.g. service, staff, resources)	**Current/Emergency Arrangements**	**Normal/Desired Arrangements**	**Process to achieve Normal / Desired Arrangements** (if to be delivered in stages, set these out)		**Decisions or Circumstances Needed for Change**	**Priority score and Risk Rating**	**Current position (RAG)**
			Activity	**Timescale**			

BLANK PAGE

Appendix Two - COVID-19 Recovery Planning phases

Phase	Scenario / SG anticipated easing of restrictions	Planning response during phase
Lockdown (March to June 2020)	• Emergency position • Lockdown in place with individuals shielding and physical distancing • Full restrictions on movement with only essential travel allowed • Remote working is default position • All non-urgent care/heath care services stopped and capacity focused on COVID-19 response: hubs and assessment centres; urgent care; reducing delayed discharge and prioritising "home first"; prioritising safety and wellbeing of care home residents and staff. Urgent health care remains available. • HSCP services remodelled to focus on critical and essential care • Support provided to shielding and Group 2 individuals • East Renfrewshire CAC in place (15.04.20 – 05.06.20)	• Stocktake of current situation for staff and services – service delivery changes, redeployments, absences, wellbeing and transition requirements • Assess changed and potential future service demands • Consideration of HSCP-wide changes and recovery activities (in line with Board and national principles) • Recovery and transition planning underway by services and HSCP-wide • Establishment of governance structure for recovery and transition phase • Programme for recovery designed
Phase One *(Current: June to August 2020)*	• Gradual reduction in lockdown conditions begins • Physical distancing remains in place • Individuals with underlying health conditions continue to shield *(guidance on shielding being established)* • Remote working remains default position for those who can. Where workplaces are reopening, staggered starts / flexible working patterns encouraged. Testing and tracing implemented – potential for impact of (multiple) staff self-isolations • Gradual resumption of key services inc: - Greater direct contact for support services with at-risk groups and families - Access to respite/day care to support unpaid carers - (Potential) introduction of designated visitors to care homes - Restarting primary and community NHS services inc MH services - Roll out of NHS Pharmacy First Scotland service • Support provided to shielding and Group 2 individuals • Increasing demand for HSCP services • East Renfrewshire CAC remains in place with reduced capacity	• Establishment and implementation of clear HSCP-wide principles re shared issues e.g. building use, working practices and conditions etc • Establishment and coordination of thematic workstreams • Ongoing development and delivery of detailed HSCP-wide and service-level plans focusing on increased direct support to most vulnerable • Support the reassignment of staff and start phased reintroduction of suspended/reduced services • Revisit transformational and savings plans to review and update in light of new position

Phase Two *(July-Oct 2021)*	• Gradual reduction in lockdown conditions continues • Physical distancing remains in place • Individuals with underlying health conditions continue to shield *(guidance developing)* • Remote working remains default position for those who can. Where workplaces reopening staggered starts / flexible working patterns encouraged. • Testing and tracing continues – potential for impact of (multiple) staff self-isolations • Further scaling up of public services where safe to do so • Remobilisation plans implemented by Health Boards and Integrated Joint Boards to increase provision for pent up demand, urgent referrals and triage of routine services. • Increased number of home visits to shielded patients • Potential review of social care and care home services. • Expansion of GP services • Phased resumption of visiting to care homes by family members in managed way. • Demand for HSCP services continuing to increase with additional shifts towards particular services e.g. mental health • East Renfrewshire CAC closed	• Delivery of HSCP-wide and service-level recovery plans. • Support reestablishment of services/team structures where safe to do so in line with recovery plans • Continue the phased reintroduction of suspended/reduced services • Support the reestablishment of referral pathways as GP services are reintroduced • Support requirements from national review work re social care and care homes.
Phase Three *(Aug-Dec 2020)*	• Gradual reduction in lockdown conditions continues • Physical distancing remains in place • Individuals with underlying health conditions continue to shield – moving to more detailed clinical advice about personal risk *(guidance developing)* • Remote working remains default position for those who can. Non-essential indoor office workplaces can open. • Able to meet with people from more than one household indoors (making group work more viable). • Testing and tracing continues – potential for impact of (multiple) staff self-isolations • Continued scaling up of public services where safe to do so • Demand for HSCP services returning to pre-covid levels with shifts towards particular services e.g. mental health	• Continued reestablishment of services/team structures where safe to do so in line with recovery plans - with potential for increased group activity • Continue the phased reintroduction of suspended/reduced services • Re-establish full governance arrangements • Re-establish planning and performance reporting arrangements • Re-establish transformational planning arrangements

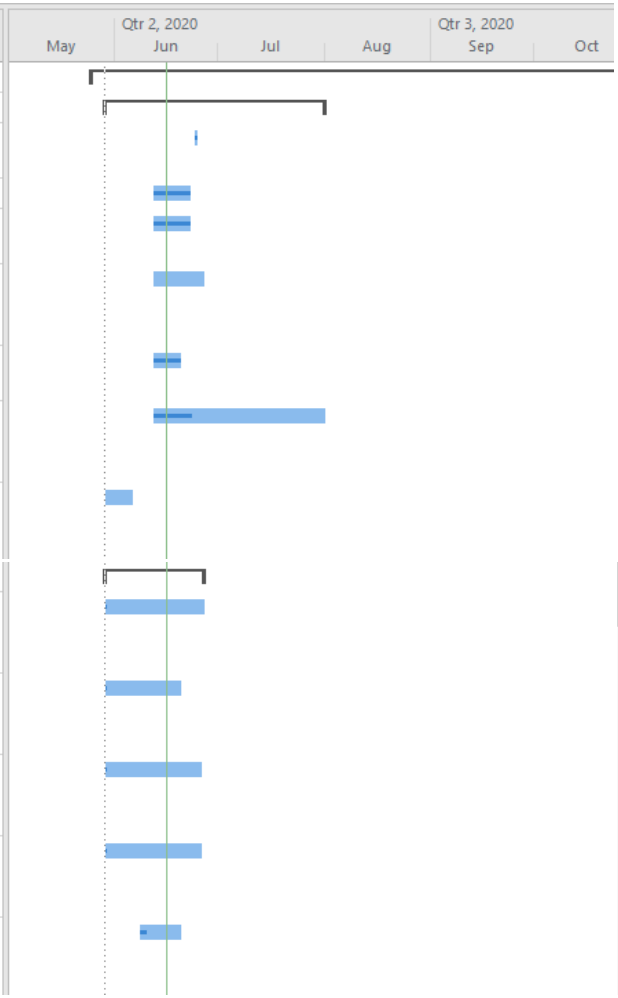
Phase Four *(Dec/Feb – July 2021)*	• Physical distancing requirements to be updated on scientific advice • Remote and flexible working remains encouraged – all workplaces open with improved hygiene • Full range of health and social care services provided and greater use of technology to provide improved services to citizens. • Potential for additional peak of COVID-19 infections reducing • Testing and tracing in place – lowered potential for impact of (multiple) staff self-isolations	• Fully re-establish 'normal' staff deployment and service delivery arrangements • Continued reform of services in line with strategic/transformation principles and savings plans • Stand-down planning and reporting to the IJB including costs, key lessons learned, successes, staff acknowledgements seeking authority to stand-down BCP • Stand down BCP

BLANK PAGE

Appendix Three – Recovery Programme Gantt Chart (at 12 June 2020)

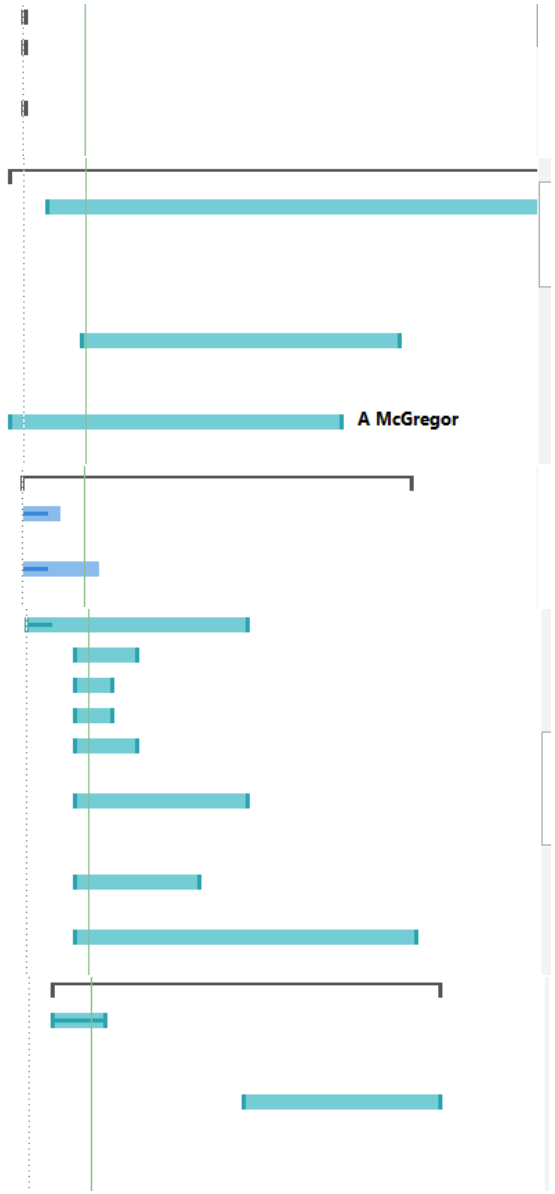
N.b. – Initial critical milestones in red

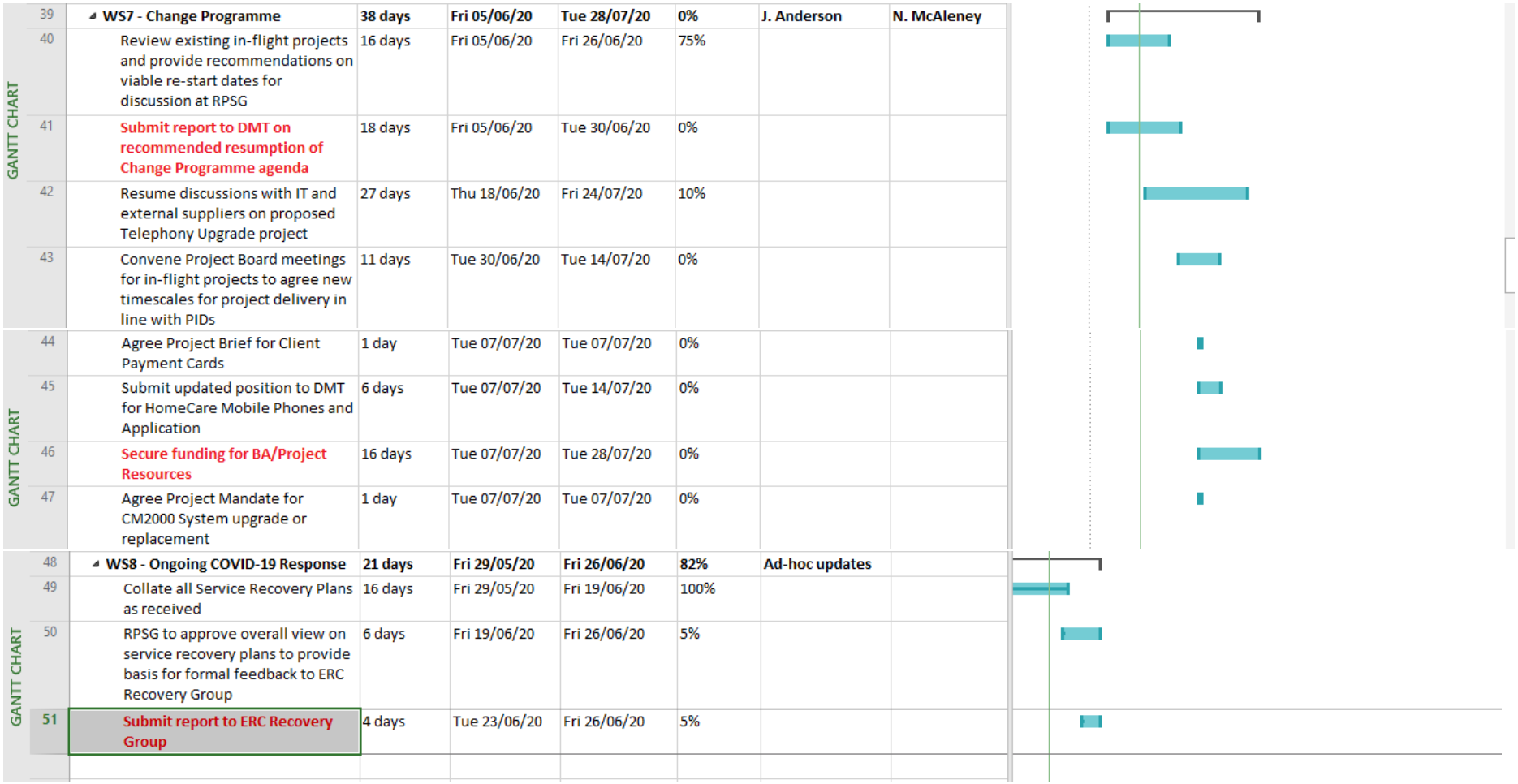
	Task Name	Duration	Start	Finish	% Work Complete	Resource Names	WSL Sub
1	**HSCP Recovery Planning Programme**	**140 days**	**Mon 25/05/20**	**Fri 04/12/20**	**14%**		
2	**WS1 - Governance**	**46 days**	**Fri 29/05/20**	**Fri 31/07/20**	**40%**	**L. Bairden**	**P. Gomes**
3	**Submit Recovery Planning report to IJB on 24 June**	1 day	Wed 24/06/20	Wed 24/06/20	100%		
4	Reinstate Joint Staff Forums	7 days	Fri 12/06/20	Mon 22/06/20	100%		
5	Put in place revised standing agenda for Joint Staff Forum	7 days	Fri 12/06/20	Mon 22/06/20	100%		
6	Complete mapping exercise on partner organisation liaison including timescales.	11 days	Fri 12/06/20	Fri 26/06/20	0%		
7	Agree reporting protocol for this Recovery Programme of Work	6 days	Fri 12/06/20	Fri 19/06/20	100%		
8	Ensure all interdependencies are captured, recorded and acted on accordingly	36 days	Fri 12/06/20	Fri 31/07/20	20%		
9	Agree communication approach and plan for Recovery Planning Programme	6 days	Fri 29/05/20	Fri 05/06/20	100%		
10	**WS2 - Accommodation**	**21 days**	**Fri 29/05/20**	**Fri 26/06/20**	**5%**	**MC Armstrong**	**J. Clark**
11	**Identify available office space for HSCP critical functions (for Health Centres initially)**	21 days	Fri 29/05/20	Fri 26/06/20	3%		
12	**HSCP critical functions template developed and updated by service representatives on**	16 days	Fri 29/05/20	Fri 19/06/20	4%		
13	Meeting with ERC Corporate Landlord in relation to St Andrew's House requirements	20 days	Fri 29/05/20	Thu 25/06/20	3%		
14	DMT agreement on critical services working from Barrhead and Eastwood Health & Care	20 days	Fri 29/05/20	Thu 25/06/20	3%		
15	Social Distancing plan developed for Barrhead & Eastwood Health & Care Centre	10 days	Mon 08/06/20	Fri 19/06/20	20%		



GANTT CHART

16	**WS3 - Workforce**	**1 day**	**Fri 29/05/20**	**Fri 29/05/20**	**0%**	**L. Gregson**	**L. Brown**
17	**HR Policy**	**1 day**	**Fri 29/05/20**	**Fri 29/05/20**	**0%**		
18	Tasks under development				0%		
19	**Staffing Requirements**	**1 day**	**Fri 29/05/20**	**Fri 29/05/20**	**0%**		
20	Tasks under development				0%		
21	**WS4 - Partner Organisatons**	**140 days**	**Mon 25/05/20**	**Fri 04/12/20**	**0%**	**K. Beveridge**	**L.Bairden**
22	Prepare and submit Strategic Planning Review (dependency on overall strategic review - so start date will require subsequent amendment.	131 days	Fri 05/06/20	Fri 04/12/20	0%		
23	Agree Procurement work plan with DMT including agreement and sign-off of resource	66 days	Mon 15/06/20	Mon 14/09/20	0%		
24	Developent of Engagement & Participation Strategy	70 days	Mon 25/05/20	Fri 28/08/20	0%	A McGregor	
25	**WS5 - IT Requirements**	**81 days**	**Fri 29/05/20**	**Fri 18/09/20**	**6%**	**MC Armstrong**	**N. McAleney**
26	Provide overview of 'as is' position of IT estate across HSCP	7 days	Fri 29/05/20	Mon 08/06/20	72%		
27	Agree prioritisation of roll out of Windows 10	16 days	Fri 29/05/20	Fri 19/06/20	32%		
28	**All users live on Windows 10**	46 days	Fri 29/05/20	Fri 31/07/20	11%		
29	Ensure all NHS equipment on orde	12 days	Fri 12/06/20	Mon 29/06/20	0%		
30	List of all staff equipment	7 days	Fri 12/06/20	Mon 22/06/20	0%		
31	Record status of outstanding NHS	7 days	Fri 12/06/20	Mon 22/06/20	0%		
32	Issue formal data governance reminder for all staff	12 days	Fri 12/06/20	Mon 29/06/20	0%		
33	Issue Mobile Phones with email access to all staff who require this facility.	36 days	Fri 12/06/20	Fri 31/07/20	0%		
34	Review network connectivity for ERC staff in EHCC and BHCC	26 days	Fri 12/06/20	Fri 17/07/20	0%		
35	**Implement changes identified in Task 31**	71 days	Fri 12/06/20	Fri 18/09/20	0%		
36	**WS6 - PPE**	**80 days**	**Fri 05/06/20**	**Thu 24/09/20**	**24%**	**P. Gomes**	**L. Bairden**
37	Outline current practices and make recommendations for future progress to RPSG	11 days	Fri 05/06/20	Fri 19/06/20	100%		
38	Implement changes and return all PPE ordering, storage and distribution to BAU activity across the HSCP.	41 days	Thu 30/07/20	Thu 24/09/20	0%		





39	**WS7 - Change Programme**	**38 days**	**Fri 05/06/20**	**Tue 28/07/20**	**0%**	**J. Anderson**	**N. McAleney**
40	Review existing in-flight projects and provide recommendations on viable re-start dates for discussion at RPSG	16 days	Fri 05/06/20	Fri 26/06/20	75%		
41	**Submit report to DMT on recommended resumption of Change Programme agenda**	18 days	Fri 05/06/20	Tue 30/06/20	0%		
42	Resume discussions with IT and external suppliers on proposed Telephony Upgrade project	27 days	Thu 18/06/20	Fri 24/07/20	10%		
43	Convene Project Board meetings for in-flight projects to agree new timescales for project delivery in line with PIDs	11 days	Tue 30/06/20	Tue 14/07/20	0%		
44	Agree Project Brief for Client Payment Cards	1 day	Tue 07/07/20	Tue 07/07/20	0%		
45	Submit updated position to DMT for HomeCare Mobile Phones and Application	6 days	Tue 07/07/20	Tue 14/07/20	0%		
46	**Secure funding for BA/Project Resources**	16 days	Tue 07/07/20	Tue 28/07/20	0%		
47	Agree Project Mandate for CM2000 System upgrade or replacement	1 day	Tue 07/07/20	Tue 07/07/20	0%		
48	**WS8 - Ongoing COVID-19 Response**	**21 days**	**Fri 29/05/20**	**Fri 26/06/20**	**82%**	**Ad-hoc updates**	
49	Collate all Service Recovery Plans as received	16 days	Fri 29/05/20	Fri 19/06/20	100%		
50	RPSG to approve overall view on service recovery plans to provide basis for formal feedback to ERC Recovery Group	6 days	Fri 19/06/20	Fri 26/06/20	5%		
51	**Submit report to ERC Recovery Group**	4 days	Tue 23/06/20	Fri 26/06/20	5%		

BLANK PAGE