NHS Tayside

Specialty remobilisation, recovery and redesign toolkit

Restarting routine planned care whilst living with COVID-19

August 2020

Working draft v1.0

If you wish to provide any immediate feedback on this tool, please click here.

Developed with the support of

Healthcare Improvement Scotland | ihub

Published August 2020

www.healthcareimprovementscotland.org

Contents

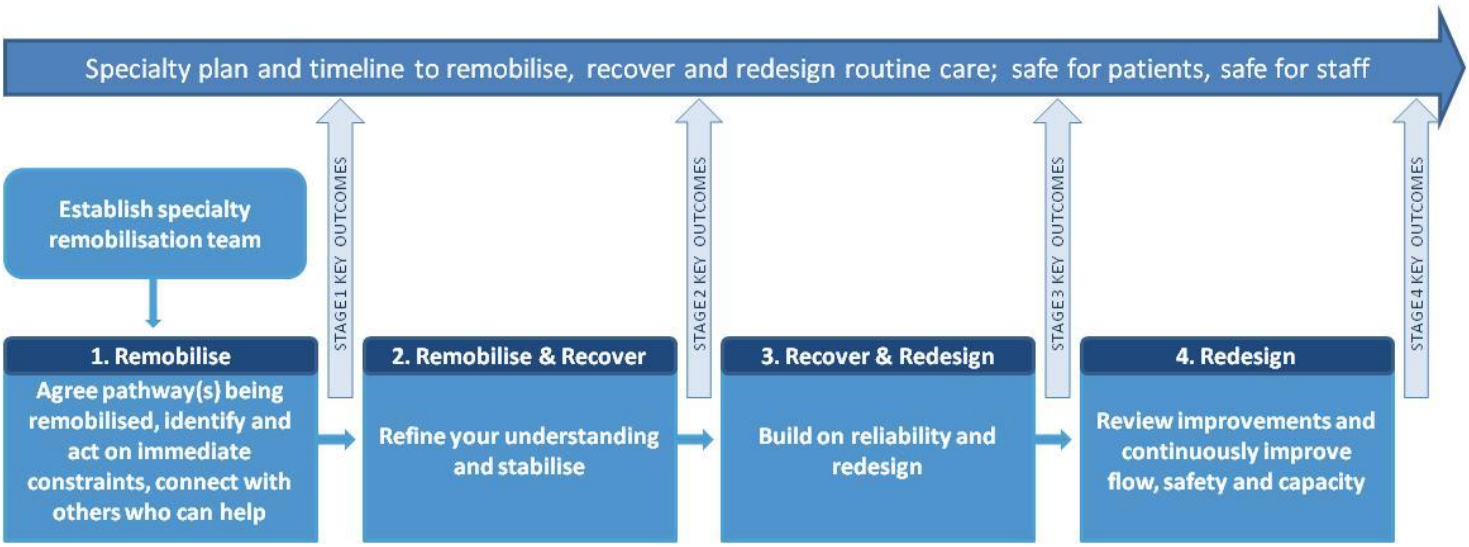
Introduction

NHS boards mobilised to respond to the initial spike in coronavirus cases by creating COVID-19 capacity in our acute hospitals and by creating new ways of delivering services across our health and social care systems. The decreasing trend of COVID-19 positive patients means that clinical teams are progressing plans to remobilise more routine activity whilst ensuring people are safe and they are treated in the most appropriate environments.

NHS Tayside's remobilisation of routine planned care whilst living with COVID-19 is underpinned by four key principles:

- Patients should only attend hospital if there is no other alternative,
- The six challenges of Realistic Medicines,
- Maximise the use of available resources to deliver clinically prioritised care to as much of the population as possible, and
- Working in partnership with primary care and health and social care partners.

This document outlines a structured approach to address these challenges while safely and effectively remobilising routine planned care in a way which is safe for patients and safe for staff. It provides guidance on establishing a specialty remobilisation team and an action-focused process structure to support the safe remobilisation, recovery and redesign of routine planned care (below), against a timeline set by the specialty. Your timeline should consider how to provide the fastest route to remobilisation for your patients in a way which is safe for patients and safe for staff.



This document was developed for use in NHS Tayside. It is shared as a working draft to enable other NHS boards to learn about the Tayside approach to help inform their own approach to remobilisation. The approach outlined in this document will not be perfect and will be refined as new learning emerges in NHS Tayside. The urgency across Scotland to safely remobilise planned care does not allow for the luxury of time to fully test and refine the approach before sharing.

Please contact his.accessqi@nhs.scot if you would like a copy of this document in MS Word to edit it for local use.

Establish specialty remobilisation team

Specialities will need to ensure appropriate infrastructure is in place to progress remobilisation. Time needs to be prioritised for the right people within the service to meet regularly. The Clinical Lead, Service Manager and Lead Nurse for each specialty should own and oversee the process but individual pathway(s) mobilisation will require the following team:

1. **Subject matter experts** related to particular pathways – from across the pathway,
2. **Improvement** skills from within the specialty if there is to be large scale change,
3. **Finance** representative to help quantify the costs of the pathway,
4. **Capacity managers** to link job and service planning
5. **Information analyst** to enable access to data about the pathway, and
6. **Administrative** support to provide knowledge around admin processes, and for arranging meetings, noting actions and supporting reporting.

The table below provides guidance and tools to help the team to work effectively to remobilise the service.

Considerations	Description
Meeting Schedule and Structure	Regular meetings are important to review progress, assign actions, solve problems, create space for innovation and promote leadership. The first meeting would usually last 1 hour but the length will depend on the complexity of the discussion. The frequency of meeting should be agreed at the outset with consideration to the number of change ideas and complexity of those changes. Typically the meetings would occur fortnightly or monthly. A key objective of the first meeting will be to set out timeline against which this work will be done. Virtual meetings are safe for staff and may provide greater flexibility and pace around this process.
Stakeholder Identification	Are there existing structures that allow regular communication with key stakeholders from other services and departments? Consider how you might use existing structures to communicate and collaborate throughout the specialty remobilisation. Particular consideration should be given to engaging with: • Patients who have used the pathway in the past, • Primary Care as a key referral route to elective care, • Health and social care partnership services who may support patients before or after treatment, • Diagnostic services, and • Other services which share common spaces, such as a waiting areas. Within your board there are a number of identified support functions who may be able to support with the delivery of key actions to remobilise your service (appendix II). If you are unclear on who to engage with, try using a stakeholder analysis to help identify key services, departments and individuals you may need to engage with.
Capturing and Prioritising Actions	This action planning template can be used to track actions. A Prioritisation Matrix can help prioritise what actions to take forward first if you have too many actions that can be completed within the agreed timescale for remobilisation.
Informing Staff, Management and the Public of Changes	Creating and delivering a communication and engagement plan will help to keep key groups informed.

Stage 1: Remobilise

Agree the pathways being remobilised, identify immediate constraints and connect with others

Stage 1 focuses on engaging the team, agreeing the focus of their efforts, identifying and acting on immediate constraints, and connecting with others who can help. There is a need to:

- Agree pathway(s) that will be considered by the remobilisation team and overall aims and timescales for the team.
- Ensure key stakeholders are present, or represented if attendance not possible.
- Introduce the methods set out in this self-remobilisation toolkit.
- Obtain a high level picture of **flow** through the specialty. This includes:
  - Key interfaces with other teams.
  - Agree what performance and activity data is desirable and understand what data is available.
  - Identify what TrakCare issues are impacting on care that need to be addressed.
  - Page 11 contains additional considerations around flow.
- Consider the constraints in the **physical environment**. This includes:
  - Constraints related to physical distancing,
  - Transport to and from clinic, and flow through clinic
  - Clinic room turnaround times
  - Page 12 contains additional physical environment considerations
- Consider what **digital constraints and opportunities** might exist to reduce physical contact
  - Which consultations can be done remotely?
  - When in your pathway is the option of remote introduced to the patient?
  - Page 13 contains additional digital considerations around reducing physical contact.
- Consider **workforce** constraints.
  - Agree which members of staff deliver the pathway to determine workforce required within the service to deliver the pathway. Are those staff available now?
  - Consider the impact of a resurgence in Covid-19 on your workforce and think about contingencies or how you might step down a pathway if required. Are staff prepared, skilled and equipped to work from home should the need to self-isolate arise?
  - Consider staff governance standards. Involve staff side in your planning
  - Page 14 contains additional considerations around team capacity you may wish to consider.
- Consider **Realistic Medicine**.
  - How well is shared decision making happening at each step of your pathway? Are treatment options changing as a result of the constraints you are working within?
  - What do the constraints you have identified mean for how you offer personalised care?
  - How might you minimise or remove harm and waste as you remobilise?
  - Are you minimising unwarranted variation in practice and outcomes?
  - How will you manage risk well as you remobilise?
  - What innovations will you keep and how will you keep innovating as you remobilise?

Key outcomes from Stage 1: Are these in place?

✓	Key Outcomes
	Defined pathways that will be the focus of the team.
	Sufficient information about the pathways gathered for maps to be drawn before next meeting.
	Request for baseline data on activity.
	Identify who will link with TrakCare support needs.
	Compile list of constraints regarding the environment, digital infrastructure, workforce etc.
	Provide solutions to these constraints where possible, and connect to those who can help where they can't be resolved within specialty. Page 10 contains a list of support services who may be able to help.
	If pathway has not already remobilised then decide if this is currently possible and recommend appropriate action to line management. The aim should be to safely remobilise at this point if possible and then adjust and improve as you progress.
	Identified key referral guidance and tools, and opportunities to improve these.

Stage 2: Remobilise & Recover:

Refine your understanding and stabilise

Stage 2 should occur as soon as possible following Stage 1. The aim of this stage is to better understand the specialty plans against what's happening in practice, to reflect on learning since stage 1, and to stabilise the remobilised pathways.

- Does the high level picture of the pathway accurately reflect the inter-relationships with other specialties etc?
- Is the data on activity good enough to reflect activity in the pathway? If not, why not?
- Return to the pathway maps and adjust according to feedback, populate with numbers at each stage if possible. Consider how reliably each step in provision is being met.
- What do you know about the experience of service users?
- Have you thought through potential inequalities? Is your plan likely to reduce or increase the inequalities gap? How might you monitor and respond?
- Are you maximising remote consultation where appropriate?
- Identify areas for clarification around the use of TrakCare in the pathways chosen
- What have you learnt so far about the constraints you are working within around remobilisation?
- Do you have the right expertise and support given the constraints you face?
- Where are your major mismatches in demand and capacity?
- Are actions in place to manage constraints identified in meeting 1? Have any new constraints emerged and why?
- Can the remobilised pathways be paused safely and efficiently if further need arises?
- Revisit the Realistic Medicine questions

Key outcomes for Stage 2: Are these in place?

✓	Key Outcomes
	Quantify demand that is normally placed on the service and the size of recurring unmet demand.
	Specify the work still required around TrakCare. Agree who will take this forward and in what timescales.
	Theme patient experience data or agree a plan to gather such data to inform pathway changes.
	Check your plans in light of inequalities and identify steps to learn more about this within your planning.
	Engage with digital team to maximise use of remote consultation.
	Ensure there is a clear plan and support to deal with known constraints and unforeseen pressures.
	If pathway has not already remobilised then decide if this is currently possible and recommend appropriate action to line management. The aim should be to safely remobilise at this point if possible and then adjust and improve as you progress.

Share your intentions within your specialty and with other stakeholders and invite constructive comment.

Stage 3: Recover and Redesign
Build on reliability and redesign

Stage 3 builds on the stability and learning from stage 2. The focus is on stability and innovation and includes:

- Review of baseline data
- Identify areas of potential change, consider some of the following:
    - Feasible approaches to reduce demand
    - Scheduling practice
    - TrakCare clinic configuration
    - Unwarranted variation in practice within pathway
    - What do you know about inequalities in service provision now?
    - Duplicated/ unnecessary steps or investigations
    - Review arrangements
- Define goals for the team to aspire to in terms of quality, performance and cost. How do these compare with standards set by Colleges/ other professional bodies, Healthcare Improvement Scotland and with the aspirations within Realistic Medicine?
- Redraw pathway map with changes identified
- Identify clinician or patient facing guidance that will improve the pathway
- Review constraints, support and actions relating to these from last meeting
- Can the remobilised pathways be paused safely and efficiently if further need arises?
- Review feedback from within specialty, and from patients and other stakeholders
- Revisit the Realistic Medicine questions

Key outcomes for stage 3: Are these in place?

✓	Key Outcomes for stage 3
	Assign actions to develop pathway changes e.g. new guidance for staff.
	Define key measures considering outcome, process and unintended consequences.
	Engage with finance team to provide costing analysis of old and new pathway.
	Pathway should be remobilised at this stage if this has not previously been done. If the pathway is already remobilised then instigate improvements.
	Ensure there is a clear plan and support to deal with known constraints and unforeseen pressures.

Communicate findings and goals with the whole team and other stakeholders and invite constructive comment.

Stage 4: Redesign

Review improvements and continuously improve flow, safety and capacity

Stage 4 assumes stable service provision which is safe for patients and safe for staff. Key constraints have been addressed; however there is now a need to redesign. Stage 4 focuses on reviewing changes made to see if the service has improved. This may be done with a mixture of formal meetings and other forms of group communication. It is assumed that the specialty has remobilised at this stage.

Stage 4 requires:

- Review of data with graphs to show changes over time and how they relate to changes in the service
- Review of changes that have been tested to see what has worked and what needs further refinement
- Consideration of how to share this learning with the team and other specialties
- Revisit the Realistic Medicine questions
- When the service has been remobilised, challenges are likely to occur that have not been foreseen in the remobilisation process. Adopting a quality improvement approach will help services continuously adapt and improve their service in light of unforeseen challenges

The table below outlines key considerations in using a quality improvement approach to continuously improve the mobilised service.

Considerations	Description
Consider the use of regular team huddles	Do you huddle regularly at a service or pathway level? Huddles are a great way to sustain changes and improvements as well as rapidly identify emerging issues, problem solve and check in with staff. Huddles are short meetings, ranging in frequency from daily to weekly.
Consider regular review of data to identify issues	Reviewing data on a regular basis (as part of huddles) will help identify challenges and support possible feedback from staff or patients. In particular as services start to fully remobilise it will be essential to look at data relating to demand, capacity, activity and flow. For more information please see the Access QI measurement plan.
Use QI approach to test solutions to issues	Where there are emerging issues and challenges identified consider the use of QI methodology to deliver sustainable improvements within your service. The QI Zone contains a range of tools and advice to use QI methods to address emerging issues.
Consider sharing of local innovations to support other services	Are there mechanisms within your board that allow the sharing of local innovations to support others in their efforts to remobilise? Consider the use of these both to share and learn from the work of others. You can also visit the Healthcare Improvement Scotland Access Learning system to learn about local innovations across Scotland and beyond.

Your board Improvement team may be able to provide you with advice and support to continuously improve your service.

Key outcomes for stage 4: Are these in place?

✓	Key Outcomes for stage 4
Develop reports on this pathway(s) that are provided regularly on a business as usual basis describing:	
	Quality of service
	Performance of service
	Patient experience and safety
	Inequalities in service provision and accessibility
	Staff experience and safety
	Cost of service
Communicate with team members, the wider organisation including:	
	Updated clinical guidelines
	Updated patient information
	Self management guides etc.
	Service resilience and contingency plans
Decide on a date to stand down the remobilisation team and move to business as usual: __/__/____	

Share your intentions and progress within your specialty and with other stakeholders and invite constructive comment.

Appendix I – Action planning template

Action planning template.xlsx

Appendix II – List of key support functions

This is a list of key support functions that can help you remobilise the service. Contact information from NHS Tayside has been removed for wider sharing.

- Quality Improvement
- TrakCare
- Health Records
- eHealth
- Remote consultations
- Capacity Planning
- Health & Business Intelligence
- Staff side
- Finance
- Infection Prevention and Control
- Diagnostics
- Allied Health Professionals
- Estates
- Workforce
- Transport
- Referral/Clinical Guidelines

Appendix III - Changing pathways and flow

Changing the management of the physical environment and introducing new ways to support patients will have an impact on the flow of the current pathways.

Considerations	Notes
How is shared decision making retained or enhanced in the new pathway?	
Have pathways been amended to remove redundant steps or include new steps?	
Are there any changes with referrals to diagnostics or how diagnostic services will operate that may impact on the flow of your pathways?	
Have pathways been changed to minimise the need for aerosol generating procedures? When they are required, have steps been put in place to minimise risk of infection?	
Have pre-op pathways been updated to include pre-surgery COVID-19 testing as outlines by Test and Protect? Has the SIGN rapid evidence review on reducing the risk of postoperative mortality due to COVID-19 in patients undergoing elective surgery been taken into account?	
Is more time required during clinics for staff to don PPE on/off?	
Has data been reviewed to understand how many patients can been seen by the modified pathway per day?	
Have Primary Care been involved in creating patient information about what patients expect when they are referred to the specialty?	
Does TraKCare need changed?	
Have Referral Guides been updated to reflect pathway changes?	

Support for changing pathways and flow can be accessed from:

- Business unit,
- eHealth
- Public health,
- Infection control,
- Patient flow,
- Referral/Clinical Guidelines,
- Improvement Team can help with mapping pathways and value stream mapping, and
- Community Engagement Officers from Healthcare Improvement Scotland (previous known as Scottish Health Council) can help with engaging with communities while redesigning services.

Appendix IV - Physical environment

Increased physical distancing will require a redesigning of how physical spaces are used which is expected to reduce physical capacity.

Considerations	Notes
Does the remobilisation plan allow for 2m physical distancing in waiting areas and other potentially congested areas?	
Have other services that share waiting rooms and other common areas been involved in the planning process?	
Do you know what the physical capacity of the waiting areas are to help determine the number of patients that can wait per day?	
Have alternatives to traditional waiting rooms, such as virtual waiting rooms in car parks, drive through clinics or off-site clinics been considered? Have evening or weekend clinics been considered to stagger the use of physical space? If they have, can all patient groups access care, including those without a car?	
If the specialty is delivered across multiple different sites, have changes been considered by all sites?	
Has patient transport been considered and how will it need to change to support remobilisation?	
Are there infection control mechanisms in place for the public entering the area and to manage patient flow within the clinic? Are they clear communicated to patients in plain English?	

Support for changing the physical environment can be accessed from:

- Estates,
- Transport,
- Infection control, and
- Improvement teams who may be able to help you understand and address issues with physical flow.

Examples of services managing their physical environment for COVID-19 can be found on the ihub website.

Appendix V – Digital constraints and opportunities

Avoiding face to face appointments is the default position during COVID-19 and has been widely welcomed by patients. This reduces the risk of COVID-19 and other nosocomial infections and also helps specialities deliver care with constraints on the physical capacity.

Considerations	Notes
What appointment types can be carried out remotely by telephone and Near Me appointments? Is equipment available for Near Me and do staff know how to use it? Have appointment types been amended? How are you preventing patient groups from being digital excluded? Are you monitoring the inequalities gap to ensure use of remote is reducing rather than widening it?	
Has active clinical referral triage (ACRT) used to routinely review referrals to enable people to be supported without a physical consultation or have a patient initiated review?	
Has a one-off waiting list validation exercise been considered to remove patients who no longer need support?	
Which care pathways can be delivered by clinicians in Primary Care or Health and Social Care Partnerships? Have Primary Care or Health and Social Care Partnerships been involved in the re-design process to explore options?	
What care pathways should not be remobilised as they low impact on positive patient outcomes or do not prevent harming patients? EQUIP website has more information on effective quality pathways.	

Support for changing the reducing physical contact can be accessed from:

- your local NHS Near Me Lead (or visit the national Near Me website)
- eHealth, and
- Health records.

Examples of services enabling digital access for COVID-19 can be found on the ihub website.

Appendix VI - Workforce

Changes to pathways will change how your team's capacity is used and will impact on job plans.

Considerations	Notes
Do you have the right people with the right skills in the right place at the right time? A suite of tools are available at Healthcare Improvement Scotland's Workforce Planning website.	
Have you considered using Team service planning as an approach to create flexibility and support specialties to make better use of the capacity and skills across the while team.	
Are you following the NHS Scotland Staff Governance Standards? Your staffside colleagues and partnership fora can help you with this.	

Support for maximising service capacity can be accessed from:

- Business unit,
- Staffside, and
- Finance.

Examples of maximising service capacity for COVID-19 can be found on the ihub website.

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