Dear Carole

HIS REMOBILISATION PLAN (VERSION OF 25 MARCH 2021)

Thank you for submitting the latest HIS Remobilisation Plan, which we received on 25 March 2021, and which sets out HIS’ priorities for the coming six months. As previously discussed, the expectation is that Health Boards will be asked to review and update their plans later on in the year, to reflect the changing situation with regards to the COVID-19 pandemic. Requests for further iterations will offer the opportunity for Scottish Government guidance on key areas to be updated, and be informed by any additional or amended priorities in respect of incoming Ministers.

COVID-19 Resilience

Whilst, at present, we are seeing a steady decline in COVID-19 hospitalisations and patients in Intensive Care Units, we are moving into a period of uncertainty as relaxation of restrictions starts to occur. In terms of risk, we can expect some behavioural changes in the population in advance of the time when all eligible people are fully vaccinated. There is also the risk of new variants emerging which may exhibit a level of resistance to the available vaccines.

Whilst the pandemic is ongoing, our key priority is to suppress infection to as low a level as possible, which is the best way to ensure that the NHS is not overwhelmed, long COVID is minimised, and new variants are made less likely.

Staff Wellbeing and Sustainability

The recovery of our services will not be possible without the recovery of our workforce. The ongoing support of staff wellbeing, and embedding sustainability into the workforce, were identified as key priorities in the commissioning of these plans. The process of remobilising services has to be effectively managed alongside ensuring that staff have the opportunity to decompress and heal. That is why Boards were tasked with ensuring that forecasted activity levels are fully informed by this approach. Colleagues in the Scottish Government Health
Workforce Directorate will continue to offer appropriate support as you move to the implementation phase of your Remobilisation Plan.

**Partnership Working and Staff Engagement**

It is clear that HIS’ latest Remobilisation Plan has been developed in collaboration with key strategic partners. The availability of robust and effective mutual aid and partnership working emerged as key themes when reviewing plans from all Boards. I encourage you to continue this approach while implementing HIS’ latest Remobilisation Plan, and when developing any further iterations, as well as ensuring that all stakeholders are meaningfully involved. I similarly encourage HIS to continue to ensure strong and active engagement with HIS’ workforce, not least via the Area Partnership Forum, and with third sector interfaces.

**Supporting Adult Social Care**

Your latest Remobilisation Plan demonstrated that HIS is aware of its responsibilities in this area, and has clear plans in place to fulfil these responsibilities. The Independent Review of Adult Social Care in Scotland, published shortly before Boards submitted their plans, will be a valuable tool and reference point during the implementation phase of HIS’ latest Remobilisation Plan, and as HIS continue to develop their longer term response in this area. It will be for the new Parliament to decide how to take the review’s recommendations forward, and we will be in touch further in this regard.

**Supporting the Spread of Best Practice and Innovation**

The Scottish Government has commissioned the establishment of the Centre for Sustainable Delivery (CfSD), which sits within the Golden Jubilee. As you know, this is a national unit that will build on existing improvement programmes and develop new innovative programmes to support local Boards to deliver national priorities, incorporating new tools and techniques and bespoke assistance to help tackle areas of challenge.

This is very much a collaborative approach, with the CfSD working alongside boards and key strategic partners to support remobilisation, recovery and redesign, and the progress and developments that are required in 2021/22. This includes the rapid rollout of new techniques, technology and clinically safe, faster and more efficient pathways for patients. Local boards are asked to work with the CfSD during the development of AOPs to identify how it can support the wide range of programmes and consider what bespoke support may be required to deliver the priorities over the next twelve months.

Research, development and innovation are core to NHS Scotland’s role as a person-centred, evidence-based healthcare system, and have played a crucial role in the response to the COVID-19 pandemic. It is critical that NHS Scotland continues to recruit patients into Urgent Public Health (UPH) studies, as designated through the UK-wide prioritisation framework. This research activity is essential to develop approaches that will reduce transmission, reduce the number of patients that require hospitalisation and guide the treatment and care of patients, now and in the future.

I should also say that the level to which innovation has already been embedded, particularly in relation to Near Me and other digital solutions, is to be maintained. The continued roll-out and consolidation of these innovations will be vital going forward.
Addressing Inequalities

Another key cross-cutting theme is the need to address inequalities which have arisen or been exacerbated by COVID-19. This has been recognised in HIS’ latest Remobilisation Plan, and emerged as a key theme nationally. It is vital that implementation of the plans, and HIS’ longer term strategic thinking, retains this aspiration and delivers on HIS’ commitments to reduce inequalities across the Health and Care System – including, but not limited to, those which relate to minority ethnic groups and people living in greatest deprivation.

Feedback on Remobilisation Plan

HIS’ latest Remobilisation Plan will be used as the basis for engagement with the Board over the coming year. As always, the plan was shared with members of the SG/HIS Internal Network for their review. Their detailed feedback, along with that of other policy colleagues and the Sponsor Team, has already been passed on to you, and we thank you for your consideration of this. Feedback will continue to be provided to HIS by individual policy teams within the Health and Social Care Directorates, and it is vital that this feedback should be taken on board as you move into the implementation phase of your Remobilisation Plan.

I understand that there are some new areas of work currently being developed with HIS, such as the Quality Assurance of Neurological Conditions, which is likely to feature in the next iteration of HIS’ Remobilisation Plan. I am also aware that many areas of HIS’ work – such as elements of the Excellence in Care and Scottish Patient Safety Programme – had to be paused over the course of the pandemic. I expect that these will, in time, be restarted, although in some cases this will perhaps be with a renewed focus. In particular, I expect that we will see far greater focus on areas like patient safety, social care and mental health as we begin to recover from the pandemic. I look forward to seeing how this is reflected in the next iteration of the plan.

Due to the emergency footing we find ourselves in, in relation to COVID-19, the Scottish Government have had to progress some programmes of work. We look forward to continuing to work together with HIS to ensure there is close re-alignment, and to avoid any duplication, particularly in relation to the Older People work.

Designing patient pathways with the citizen experience at the centre is key to the successful remobilisation and recovery of services. Re-mobilise, Recover, Re-design: the framework for NHS Scotland commits Boards to ensuring that the patient experience is included in the design and delivery of high quality care and support. I, therefore, welcome content in the plan that recognises the importance of supporting health and social care organisations to take a person-centred approach to redesigning and improving services to meet user needs during and following the pandemic. I note that Person Centred Design and Improvement is a priority workstream, and that production of models of care based on what matters to individuals is noted.

I understand that John Connaghan, Chief Operating Officer, has spoken with Robbie Pearson with regards to HIS supporting Territorial Boards in their development and improvement plans for Annual Operating Plans.

I was pleased to see that, where possible given the current circumstances, HIS are giving thought to the future, beyond 2021.
Finance

SG Finance have reviewed your financial plan for 2021/22, and provided detailed feedback on 15 March 2021. In relation to HIS' £2.5 million savings target for 2021/22, we note that your financial plan reports £0.8 million of identified savings (2.8% of HIS' baseline funding). Discussions are ongoing around achieving the remainder of the savings target. There continues to be significant uncertainty about the financial impact of COVID-19 in both the short and longer-term, and what this will mean both for service delivery and associated financial plans.

As in 2020/21, we will look to assess progress against your plan through the formal Quarter 1 review process, when the in-year COVID-19 funding and costs will be clearer. As part of this review we will look for an update as to the revised financial projections for 2021/22, and the progress HIS has made in taking forward savings plans. Further details around the Quarter 1 review process will be provided to NHS Directors of Finance in the coming weeks.

In the interim we expect that HIS will continue to develop sufficient – as far as possible - recurring savings options to meet the financial challenge outlined in your financial plan.

As previously indicated, we aim to return to three year financial planning, and the next steps on this will be detailed in due course. The timing of this will, however, depend on the impact of COVID-19 over the coming year.

Conclusion

In conclusion, I would like to thank HIS for its continued support during the pandemic. I recognise the challenges that COVID-19 has placed upon the organisation, and its staff, as well as HIS' many great achievements over the past year.

I can confirm that this concludes the current review phase of HIS’ Remobilisation Plan. I am aware that the plan will need to be published, together with this letter, in due course. Given the strict requirements in place during the pre-election period, we would ask that HIS’ Remobilisation Plan, and the contents of this letter, are not published until immediately after the election.

Please contact the HIS Sponsorship Team if you have any queries on the content of this letter.

Yours sincerely

Linda Pollock